

Profile

Ndola Prata: fighting for women's reproductive health

"Ever since I was a little girl, I always wanted to fix things", says Ndola Prata, Scientific Director of the Bixby Center for Population, Health and Sustainability at the University of California, Berkeley. Prata battles daily for more pragmatic approaches to reproductive and sexual health care. "I find myself questioning why we don't focus on interventions that can be scaled up, thus reaching most of the women in need", she says. Her conviction that "it's worth fighting for what you believe in" comes from her parents, she says. Growing up in conflict-ridden Angola in the 1970s wasn't easy. Once Portugal acceded independence in 1975, some Angolan citizens left but Prata's parents resolutely stayed put, believing that Angola would "become a great country".

Prata was already well versed in the challenges of reproductive health in her country by the time she went to medical school. "In my extended family you couldn't go 5 minutes without someone talking about a problem related to reproductive health", she says. Although she initially wanted to be a neurosurgeon, her trademark practicality kicked in, and she realised that Angola would be better served if she tried to address its high fertility rates and poor reproductive care. By the late 1990s, Prata had practised medicine in Angola for a decade and had also completed an MSc in medical demography from the London School of Hygiene and Tropical Medicine in the UK. In 1998, she moved to the School of Public Health at the University of California, Berkeley, where she has stayed ever since, combining her work for the Bixby Center with her role as Associate Professor of Maternal and Child Health. Prata was fairly certain her move to the USA would be long term—she fell in love with an American scientist, who she would later marry.

Much of Prata's time, she says, "is spent fighting for realistically affordable methods of improving reproductive health to be used more widely". Her battle lines are often etched on that tricky demarcation between care that is ideal and that which is "good enough". In this, she says, "I often clash with proponents of gold standards of care. Some interventions have such high standards, that they are just not achievable on a large scale in resource-poor settings within an acceptable timeframe." This practical streak is partly a legacy, Prata says, of coming from a country like Angola—"you do what you can with what you have". Community health workers, such as traditional birth attendants, for instance, can be useful in improving access to maternal care, she says, but their use has stirred controversy. "They play an important role in family planning and maternal health because they are there with the women during pregnancy and birth. Like it or not, scientists need to engage with these workers to ensure their advice is medically sound. Not acknowledging their role is more damaging", she argues.

Prata's insistence on a real-world approach to research in low-income countries can lead to some difficult questions. "In some situations it is possible, and even necessary, to devise treatment policies without extensive randomised trials", she argues. Prata and her colleagues showed that the drug misoprostol could control post-partum haemorrhage in low-resource settings, but it took two applications and 4 years before WHO included misoprostol in its Essential Medicine List for post-partum haemorrhage. "Data showed that oxytocin is more effective than misoprostol; yet oxytocin is not available for most poor women in developing countries. Since misoprostol is also effective, it didn't seem to make sense to wait so long", Prata told *The Lancet*.

Prata is by no means dismissive of the importance of good evidence, however. Between 2001 and 2006, and again in 2010, she worked concurrently at Berkeley and for the US Centers for Disease Control and Prevention (CDC). At the CDC's Division of Reproductive Health she did national surveys in developing countries to gather evidence of the impact of reproductive health programmes. But she also points out, "Yet fine-tuning the knowledge base through extensive trials can have serious consequences for people desperate for treatment. It can get to a point where it is no longer ethical. Sometimes you have to use the information that exists. Doing nothing might be more detrimental."

At the Bixby Center, she works on family planning, which she thinks is "one of the greatest unmet needs in developing countries", in places such as Ethiopia and Mozambique. "Better access to contraception is required, but also an understanding of factors that can improve maternal health, such as spacing births", she says. Prata recounts how one woman told her during a recent field trip to Africa that "It was a really good year, because this year, I didn't get pregnant".

Prata's current research focus is "on task shifting in maternal health, financing mechanisms to scale up community-based contraceptives, and community-based systems to track maternal mortality". Her insistence on pushing against conventional thinking has made for some difficult times, and she relies on the support of mentors like Professor Malcolm Potts, former Medical Director of the International Planned Parenthood Federation, who set up the Bixby Center. Potts says that "One of the greatest joys in my professional life in the past 10 years has been to see Ndola's explosive impact on family planning and reproductive health in low-resources settings." Prata can't ever imagine settling for a quiet life. "I realised early on that I had a slightly different way of thinking from my peers. I always feel a great responsibility to be vocal and try to find solutions, rather than just complain."

Priya Shetty

