Saving Lives through a Systems Approach

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Saving Mothers, Giving Life
Focusing on high-burden, low-resource countries in Sub-Saharan Africa, SMGL’s aspirational goal was to:

Reduce maternal deaths by 50% in targeted districts in 1 year
How? By Addressing All 3 Delays

1. Delays in the decision to seek care
2. Delays in accessing appropriate care in a timely manner
3. Delays in receiving high-quality respectful care at a health facility
Theory of Change Model

Reduce MMR by 50% and NMR by 30% in SMGL-supported facilities by 2017

Strengthened resilient district health system capacity

- Improved self-care and increased demand for facility deliveries
- Timelier access to appropriate care
- Improved quality and experience of care

Health Systems Strengthening:

- Train health workers in data collection and health information systems
- Strengthen supply chains and blood banks
- Improve mentoring of district-level staff
- Increase MDSR utilization

First Delay
- Train community groups and leaders to support facility delivery
- Behavior change communication (mass media, drama kit, documentaries)
- Birth planning and self-care
- Communication materials distributed

Second Delay
- Transportation vouchers distributed
- Infrastructure improvements, facility capacity development
- Maternity waiting homes
- Ambulances, motorcycles, motorbikes procured
- Increased EmCNC facility access

Third Delay
- Improved EmCNC facility quality
- Training and mentorship of health care providers
- Essential medicines and medical commodities
- Hiring new health care providers

Existing maternity safety net

- Government of Zambia health system
- Government of Uganda health system
- USG PEPFAR and MCH platforms
- Private, not-for-profit, for-profit, and faith-based organizations
By Using a Systems Approach

- Understand the ecosystem of **safe delivery services** in a given area by assessing **both public & private service delivery points**

- Focus on the most vulnerable period for mother and baby: **labor, delivery and 48 hours post partum**

- **Integrate** maternal/newborn and HIV care
By Using a Systems Approach

- Ensure access to comprehensive emergency care within 2 hours should a complication arise.
- Rationalize financial and technical inputs to maximize coverage and quality of services.
- Count, analyze, and report all maternal and newborn deaths.
SMGL Countries and Phases

Planning & Proof-of-Concept
6/11 - 12/13

UGANDA
- SMGL Districts
  Population: ~2 million
  - Natl MMR 420*
  - Health facilities: 105

ZAMBIA
- SMGL Districts
  Population: ~1 million
  - Natl MMR 262*
  - Health facilities: 110

Scale-up & out
1/14 - 10/17

NIGERIA
Cross River State

Refined model scaled-up in:
- 10 Ugandan districts
- 18 Zambian districts
- All 18 LGAs in Cross River State, Nigeria

Endline Evaluations
1/17 – 10/19
- 2016 index year for SMGL results in U & Z
- 2019 for Nigeria results

*SMGL LGA
Population: ~4 million
- Natl MMR 867*
- Health facilities: 148

*2010
Key Proof-of-Concept Results
(after 1 year of implementation)
Results: Proof of Concept

Uganda

30% reduction in maternal mortality ratio in Saving Mothers’ Uganda districts

In Uganda, women who received services from Saving Mothers facilities were nearly 3 times more likely to provide a high rating of quality of care, compared to non-Saving Mothers comparison districts.

The number of facilities providing Basic Emergency Obstetric and Newborn Care increased.

Saving Mothers has increased the number of women giving birth in health facilities in Uganda.

200% increase

62% increase

Saving Mothers has trained staff in Uganda

147 new doctors, nurses and midwives hired

Saving Mothers has expanded access to testing and treatment for HIV/AIDS.

28% increase

Women who received prophylaxis or treatment for the Prevention of Mother to Child Transmission of HIV/AIDS in Uganda.
Results: Proof of Concept

Zambia

35% reduction in institutional maternal mortality ratio in Saving Mothers' Zambia districts

In Zambia, women's satisfaction with care in Saving Mothers districts was nearly 2 times greater than in non-Saving Mothers districts.

The number of facilities providing Basic Emergency Obstetric and Newborn Care increased.

Saving Mothers has increased the number of women giving birth in health facilities in Zambia.

100% increase

35% increase

Saving Mothers has trained staff in Zambia

199 providers trained to provide Emergency Obstetric and Newborn Care

Saving Mothers has expanded access to testing and treatment for HIV/AIDS.

18% increase

Women who received prophylaxis or treatment for the Prevention of Mother to Child Transmission of HIV/AIDS in Zambia.
Focusing on Uganda & Zambia, SMGL’s revised goal was to:

Reduce maternal deaths by 50% & newborn deaths by 30% in targeted districts in 5 years.
Saving the lives of pregnant women requires a functioning health system:

- There is **no ‘magic bullet’**
- Interventions are context specific but should be guided by systems organizing principles
- **System strengthening fosters** more resilient and adaptive healthcare delivery
What have we learned?

- **Country ownership** must be realized from the national to the district levels of the MOH

- **Integrating HIV- and MNH-related services** can result in better health outcomes than when provision is siloed

- **Robust M&E** provides powerful proof of effect:
  - Capture health outcomes
  - Tally expenditures
What have we learned?

We must build **all** political, public health, and community commitments on a foundation of **zero tolerance for preventable maternal and newborn deaths**.
Together we can save moms and babies!

www.savingmothersgivinglife.org