



■ Concept Note

MULTI-COUNTRY SURVEY ON STATUS OF POLICIES, PRACTICES, AND COMMODITIES RELATED TO POSTPARTUM HEMORRHAGE AND HYPERTENSIVE DISORDERS OF PREGNANCY

INTRODUCTION

Preventable maternal deaths from postpartum hemorrhage (PPH) and hypertensive disorders of pregnancy (HDP) remain unacceptably high, despite the fact that healthcare solutions to prevent and manage them are well known. For MOMENTUM Country and Global Leadership and MOMENTUM Private Healthcare Delivery to provide targeted technical and capacity development assistance (TCDA) for the reduction of morbidity and mortality associated with PPH and HDP, it is important to better understand national-level policy and implementation of policy issues that are either impeding or accelerating countries' ability to achieve Sustainable Development Goals related to PPH and HDP. Countries can then use results to gauge progress and prioritize where focus is needed such as policy development or policy implementation. The final report will be made available on the AlignMNH Knowledge Hub so that countries can reference their own and other countries' experiences in understanding bottlenecks and designing approaches to overcome obstacles with national-level policies, practices, and commodities to address PPH and HDP.

Key implications of the survey

- Update the respective country status of PPH and HDP policies, practices, and commodities in the public and private sectors.
- Identify country-level gaps.
- Identify priority countries for intervention.
- Develop a menu of TCDA options to address gaps.
- Identify research priorities to better understand why well-known solutions are not scaled up and/or sustained.
- Provide assessment tool for countries to compare their policies, practices, and commodities with other countries.

BACKGROUND

Under the Maternal and Child Health Program (MCHIP), a country-level landscape analysis was conducted in 2011 and 2012 in 31 and 36 countries, respectively, across Africa, Asia, and Latin America, including 23 MCHIP priority countries facing the highest disease burden (please refer to [Prevention and Management of Postpartum Hemorrhage and Pre-Eclampsia/Eclampsia: National Programs in Selected USAID Program-Supported Countries](#)). The purpose of this analysis was to document progress in national scale-up of PPH and pre-eclampsia/eclampsia (PE/E) reduction programs in all MCHIP and MCHIP-affiliated programs around the



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world. Results from the 2011 survey were used at national levels to make changes in policy and practice, resulting in numerous positive changes shown in the 2012 survey. The survey served as a catalyst for change and allowed countries to assess where they stood in relation to other countries with similar demographic and socioeconomic situations.

Ten years after the last survey, it is timely to conduct another one. This new survey will allow MOMENTUM Country and Global Leadership to evaluate progress made and any changes that have been sustained. The new survey will also address the following gaps in the previous one:

- Since 2012, there have been numerous updates on global recommendations and the availability of new drugs and commodities for the prevention and management of PPH and HDP.
- The previous survey did not address:
 - prevention of PE/E, management of other HDP, or management of potential long-term consequences of PE/E, HDP, and PPH;
 - the level of participation of end users and civil society in PPH and HDP prevention and treatment strategies;
 - participation of private organizations (including faith-based and nonprofit organizations) in development, implementation, and monitoring of PPH and HDP strategies; and
 - the role of professional societies in integration of global guidelines for PPH and HDP into national policy, service delivery guidelines, pre-service and in-service curricula, and quality assurance of these documents.

METHODS

We plan to conduct a key informant survey of national programs for the prevention and management of PPH and HDP. The survey will consist of an online questionnaire that addresses the following five core programmatic areas: 1) policy (including interventions available by level in the healthcare system and cadre); 2) quality assurance of medications and medication/commodity availability, distribution, and logistics; 3) key maternal health indicators consistent with current global guidelines for PPH and HDP; 4) key strategies to prevent and manage PPH and HDP (including types of interventions; stakeholders, participants, partners; levels of intervention, monitoring, and adaptive management); and 5) challenges to and opportunities for scale-up. Questions will require dichotomous yes/no responses, responses on a graded scale, and qualitative open-ended questions.

We plan to send the questionnaire to MOMENTUM Country and Global Leadership and MOMENTUM Private Healthcare Delivery priority countries. An in-country focal person from either project will lead the national review and data collection in each country. These focal persons will work with local partners and stakeholders through a national consultative group (a maternal health working group convened by either project) to gather the necessary information and data and to complete one questionnaire per country. Key informants will represent relevant departments of ministries of health; professional societies of obstetrics-gynecologists, midwives, and nurses; education councils; formal private sector partners such as faith-based organizations, community-based organizations, and for-profit organizations; and implementing agencies.

Through an iterative series of one to two participatory meetings, the partners will review the questions, provide responses, seek additional data for unanswered questions, and finally confirm the responses on the completed instrument. The groups will use nationally relevant documents, such as policies, the national essential medicines list, service delivery guidelines, and clinical standards to respond objectively and with sufficient detail. Since the experts expected to participate in these consultative meetings are the people who

will be at the forefront of policy implementation and practice in their countries, the information provided by them represents the most reliable and valid data available for the questions posed. Any clarification required by the consultative group will be provided by the MOMENTUM Country and Global Leadership/Washington team as required.

Survey responses will be sent to the MOMENTUM Country and Global Leadership/Washington office, where data will be reviewed, cleaned, and entered into a Microsoft Access database to facilitate ease of data entry and analysis.

We do not anticipate that ethical clearance will be required because the survey reports on publicly available information and respondents' responses are not recorded or individually reported.

RESULTS

Results will be used at the global and country levels:

- Data will be aggregated, and an analysis of gaps and successful strategies will be used to develop a menu of TCDA options that program managers can propose to country programs to improve prevention and management of PPH and HDP.
- Each country's data will be analyzed independently and shared with each participating country to use as a framework for developing a country-level response to address gaps. Ideally, this will lead to advocacy and funding for implementation of the response plan.

Using results from the proposed survey aligns with the major results of MOMENTUM Country and Global Leadership:

RESULT 1: Access to the latest information on PPH, HDP, and PE/E to develop action plans translates into promotion, use, scale-up, and sustained use of evidence-based, best practices in public and private sectors.

RESULT 2: Capacity of host country institutions, local organizations, and public and private sector providers to deliver evidence-based, high-quality PPH, HDP, and PE/E prevention and management strategies is improved, institutionalized, measured, documented, and responsive to population needs.

RESULT 3: Adaptive learning and use of evidence in PPH/HDP/PE/E prevention and management strategy programming in public and private sectors through sustained host country technical leadership is increased.

RESULT 4: Cross-sectoral collaboration and innovative partnership is increased.

Countries Included in 2022 Survey

AFRICA:

Burkina Faso
Cote d'Ivoire
Democratic Republic
of Congo*
Ethiopia*
Ghana*
Guinea*
Kenya*
Liberia*
Madagascar*
Malawi*
Mali*
Mozambique*
Nigeria*
Rwanda*
Sierra Leone
South Sudan*
Uganda*
Zambia*

ASIA:

Bangladesh*
Burma (Myanmar)
India*
Indonesia*
Nepal*
Pakistan*

LATIN AMERICA AND THE CARIBBEAN:

Bolivia*
Colombia
Dominican Republic
El Salvador*
Guatemala*
Honduras*
Paraguay*
Peru
Uruguay

*Denotes countries which participated in the 2011 and 2012 surveys.

CONCLUSION

Gaining evidence on the status of policies, practices, and availability of commodities to prevent and manage PPH, HDP, and PE/E in the public and private sectors will improve the relevance of TCDA provided by MOMENTUM Country and Global Leadership and MOMENTUM Private Healthcare Delivery for the reduction of morbidity and mortality associated with PPH, HDP, and PE/E.

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