

# PRELIMINARY RESULTS OF THE 2022 GLOBAL SURVEY ON NATIONAL PROGRAMS FOR THE PREVENTION AND MANAGEMENT OF POSTPARTUM HEMORRHAGE AND HYPERTENSIVE DISORDERS OF PREGNANCY

MOMENTUM PRIVATE HEALTHCARE DELIVERY AND  
MOMENTUM COUNTRY AND GLOBAL LEADERSHIP

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Presentation to PPH CoP, June 28, 2022



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## SECTION 01

# Summary of the Evidence and Methods



# Background—postpartum hemorrhage and hypertensive disorders of pregnancy

Direct causes of maternal deaths account for nearly 75% of maternal deaths. (Lancet 2014)

- Hemorrhage (27.1%), mostly postpartum hemorrhage (PPH)
- Hypertensive disorders of pregnancy (HDP) (14%), e.g., pre-eclampsia/eclampsia (PE/E)
- Sepsis (10.7%), usually following birth

In 2011/2012, U.S. Agency for International Development (USAID) and the Maternal and Child Integrated Program conducted a survey of national programs working on reducing maternal mortality from PPH and PE/E.

Since 2012, several important updates have occurred in the global guidance on preventing and managing PPH and HDP .

However, we know little about policies, commodities, and quality of care provided in the private sector and the extent to which global guidelines, updated in the last 10 years, have been integrated into public and private sectors.

Additionally, we aim to understand the role of professional associations in policy development and whether updated guidelines are integrated into national education and training curricula.

# Methods

**Timeline:** January–May 2022

**Where:** 33 countries in sub-Saharan Africa, South and Southeast Asia, and Latin America and Caribbean (LAC)

**Sampling:** Purposive sampling of USAID priority countries, countries with MOMENTUM presence, and UNFPA priority countries

**Survey Instrument:** Instrument: 69-question survey focused on PPH/HDP. Seven themes. Some questions retained from the 2011 and 2012 iterations of the survey for time trends. Validated through a robust and iterative process with the Postpartum Hemorrhage Community of Practice (PPH CoP), USAID maternal health team, UNFPA, PSI, and the Jhpiego maternal and newborn health team. Translated into French, Spanish, and Portuguese by experienced translators and programmed into Survey Monkey.

# Methods

## Data Collection Procedures:

- MOMENTUM and Jhpiego country offices led data collection, except in 8 LAC countries where UNFPA led the process.
- Key informants were identified across multiple sectors and national Technical Working Groups were utilized.
- Series of technical discussions held at the national level, in-person or virtual due to COVID-19. Hard copies of the tools were also made available.
- Each country group went through the tool, reached consensus, and concluded with a single set of responses for the survey, which were then analyzed.

# Methods

## Data Analysis:

- Survey responses translated to English, reviewed for completeness, and clarifications obtained from country focal person, if needed.
- Quantitative responses analyzed across public and private sectors and across time from 2011 to 2022 using Microsoft Excel and Power BI.
- Qualitative responses were coded, aggregated by theme, analyzed, and mined for illustrative quotes using Survey Monkey and Microsoft Excel.
- Composite scores were developed for Themes 1–6 by calculating key components of each theme and giving a score of 1 for a “yes” or equivalent response, per indicator and totaling the scores.

# Participating Countries from 2011 to 2022

2011	Region	Countries	2012	Region	Countries (new additions shown in bold)	2022	Region	Countries (new additions shown in red bold)
2011	Africa	Angola, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Zambia, Zanzibar, Zimbabwe	2012	Africa	Angola, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Zanzibar, Zimbabwe	2022	Africa	<b>Burkina Faso, Côte d'Ivoire</b> , Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, <b>Sierra Leone</b> , South Sudan, Uganda, Zambia (n=18)
2011	Asia	Afghanistan, Bangladesh, India, Indonesia, Nepal	2012	Asia	Afghanistan, Bangladesh, <b>Cambodia</b> , India, Indonesia, Nepal, <b>Pakistan, Philippines, Timor-Leste, Yemen</b>	2022	Asia	Bangladesh, <b>Burma (Myanmar)</b> , India, Indonesia, Nepal, Pakistan (n=6)
2011	LAC	Bolivia, Guatemala, Honduras, Nicaragua, Paraguay	2012	LAC	Bolivia, <b>Ecuador, El Salvador</b> , Guatemala, Honduras, Nicaragua, Paraguay	2022	LAC	Bolivia, <b>Colombia, Dominican Republic</b> , El Salvador, Guatemala, Honduras, Paraguay, <b>Peru, Uruguay (n=9)</b>





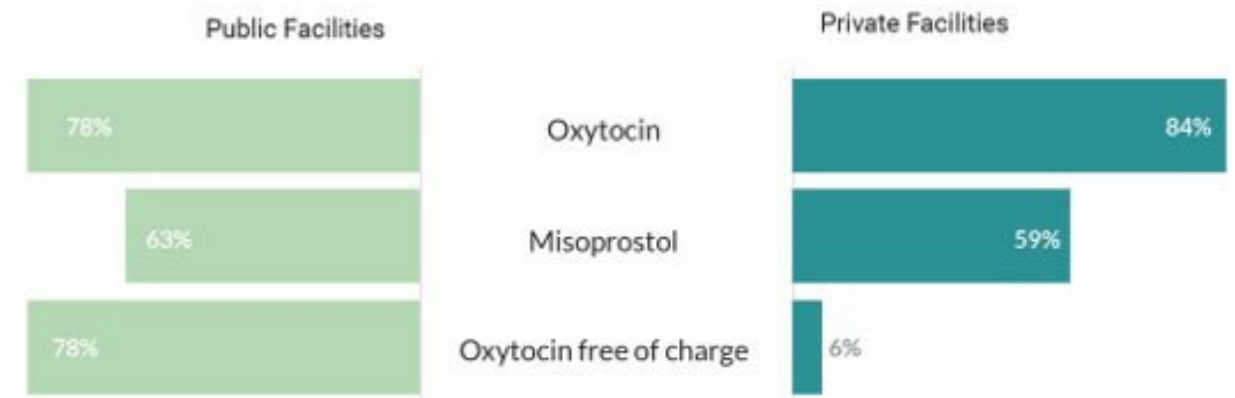
## SECTION 2

# Findings

# Theme 1: Essential Drug Availability

- Essential drugs on Essential Medicines Lists (EMLs) are generally reported as high for PPH and HDP drugs.
- All countries report oxytocin and magnesium sulfate (MgSO<sub>4</sub>) are on the EML with high rates of anti-hypertensive and other uterotonic drugs on the EML.
- Adequate drug availability at medical stores is reported in most countries, but lower rates of medications at the facility level compared to medical stores.

## Regular availability of PPH drugs in public and private sectors 2022

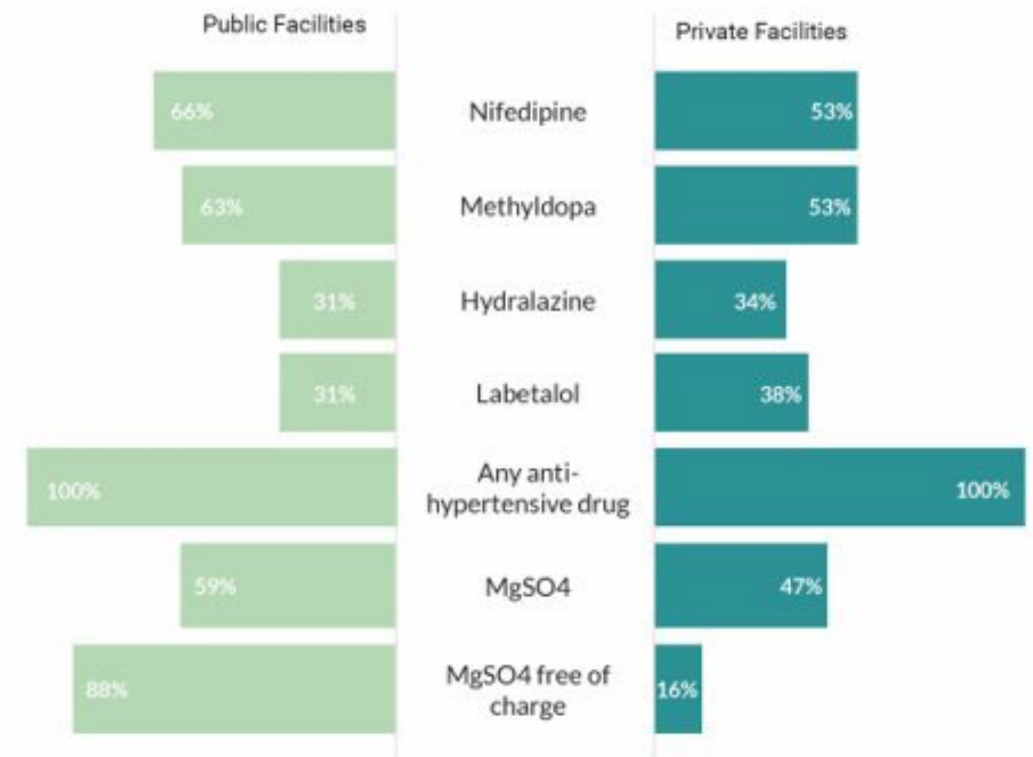


Regularly available is defined as > 80% of the time

# Theme 1: Essential Drug Availability

- HDP drug availability is less than optimal in both the public and private sector.
- While each country reported at least one WHO-recommended anti-hypertensive is on the EML and available at facilities, the rates of regularly available anti-hypertensives range from 33–71% in public facilities and 38–58% in private facilities.
- In addition, MgSO<sub>4</sub>, the first-line anti-convulsant recommended for all women with severe PE/E, is only available regularly at 63% of public and 58% of private facilities.

Regular availability of HDP drugs in public and private sectors 2022

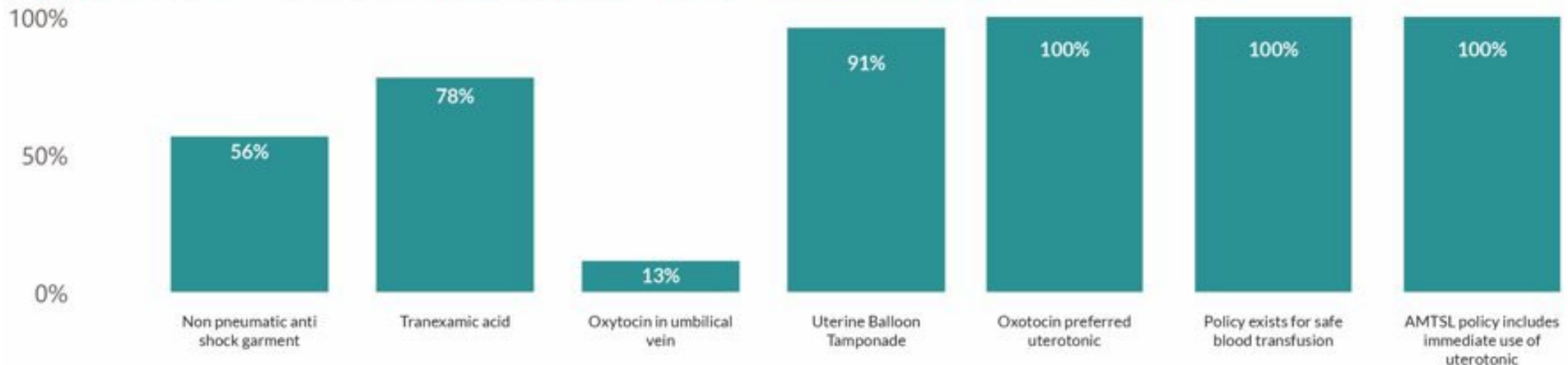


Regularly available is defined as > 80% of the time

## Theme 2: Updated National Guidelines

- More than half of countries report all WHO recommendations have been included in the national guidelines. There is still work to be done to integrate all WHO updates for PPH and HDP into national guidelines for all countries across public and private sectors.
- Since 2012, when misoprostol was reported as rarely available at most facilities with very few countries having misoprostol in its EML or in its national guidelines, misoprostol is now on 97% of EMLs and reported as regularly available in nearly 70% of all countries surveyed.

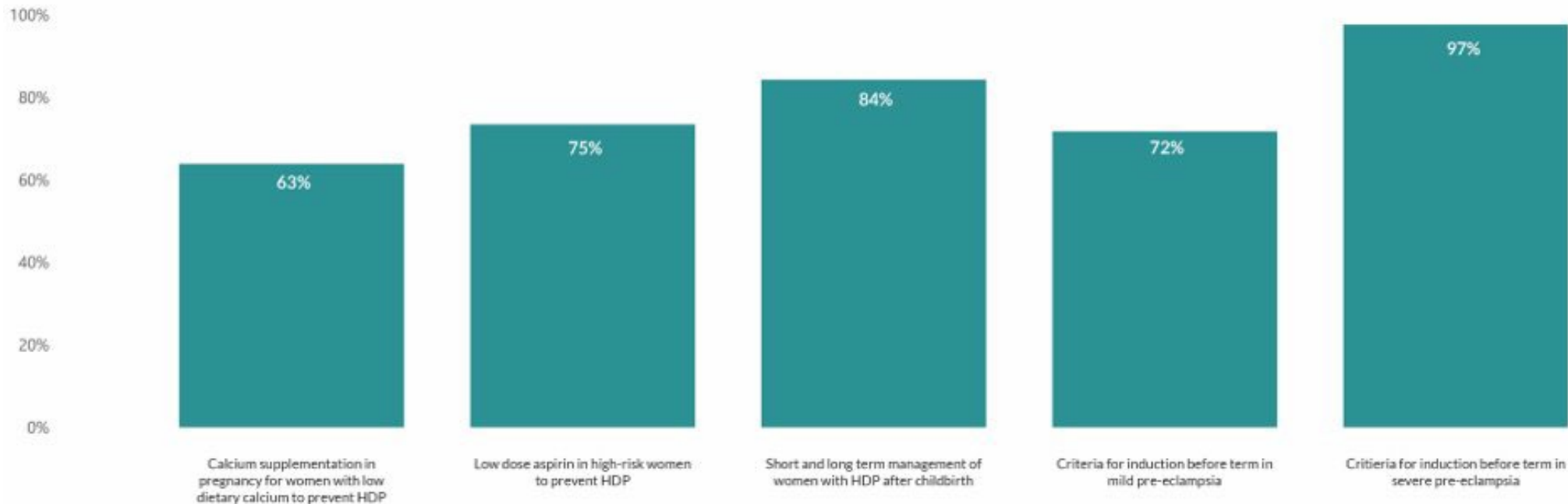
### National guidelines updated to WHO recommendations for PPH 2022



# Theme 2: Updated National Guidelines

- All countries reported updated guidelines that included criteria for induction of labor (IoL) before term for severe PE/E.
- 79% of countries reported updated guidelines for IoL before term in mild PE/E.
- 88% of countries had recommendations on short- and long-term management of women with HDP.
- 79% countries reported recommending low dose aspirin and calcium supplementation (67%) during pregnancy for high-risk women.

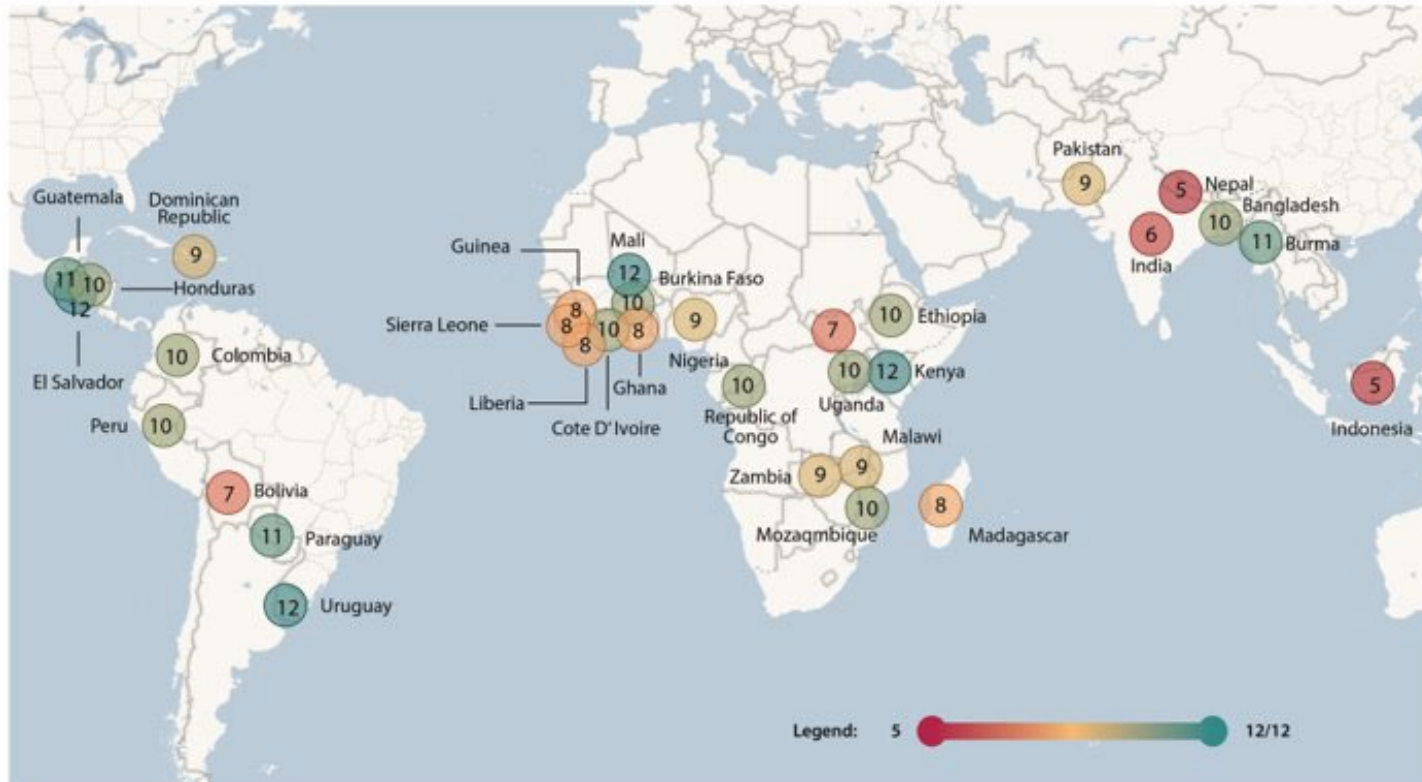
## National guidelines updated to WHO recommendations for HDP 2022





# Theme 3: Quality and Procurement Policies

Overview of quality and procurement policies at the national level 2022



- New theme.
- Data identified a need and interest in addressing quality of medications at point of delivery.
- Composite scores show variable progress across countries, ranging from 5–12.
- Quality, storage and safety for oxytocin and MgSO<sub>4</sub> in both public and private sector needs to be improved.

Note: Composite score for medication quality and procurement policies is comprised of 12 indicators including: whether national procurement and distribution policies exist for oxytocin, misoprostol, and ergometrine; whether systems exist to manage controlled cold-chain for oxytocin and to ensure a 50% solution of MgSO<sub>4</sub> in public and private facilities; and whether logistics systems exist to procure and distribute essential PPH and HDP drugs in the private sector.

# Theme 4: Midwife Scope of Practice

- Limited scope in providing basic emergency obstetric and newborn care (BEmONC) skills in some countries.
- There has been some progress in advancing midwives' scope of practice compared to 2011 and 2012 data for example, use of tranexamic acid and uterine balloon tamponade.
- Private sector seems to lag behind public sector.

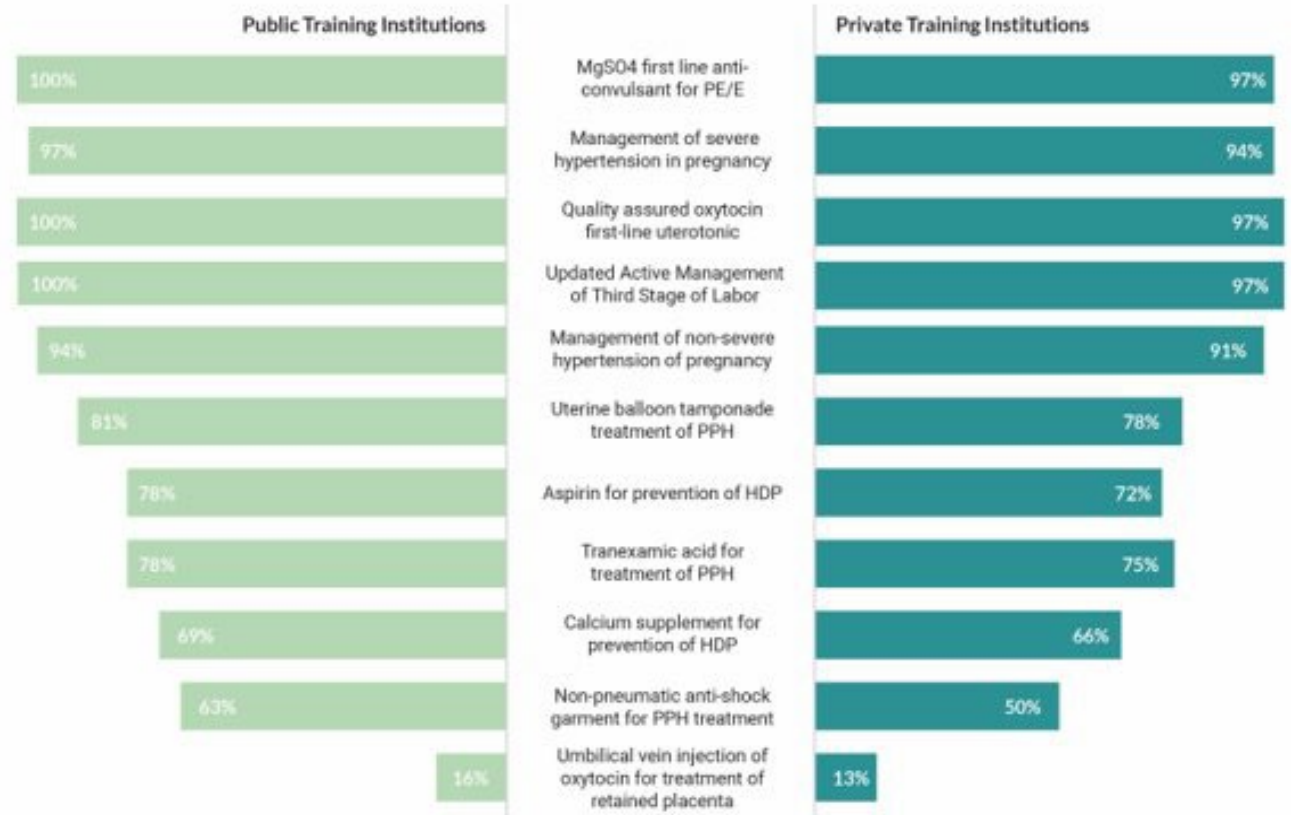
## Midwife scope of practice for PPH and HDP interventions 2022



# Theme 5: Capacity Building and Training

- Overall, many countries report pre-service and in-service curricula to have been updated.
- Private sector reports lower coverage by 5–10% in comparison to public sector for most global practice updates.
- Further examination of training curricula is needed.
- Capacity building and training across public and private sector was a consistent bottleneck identified.

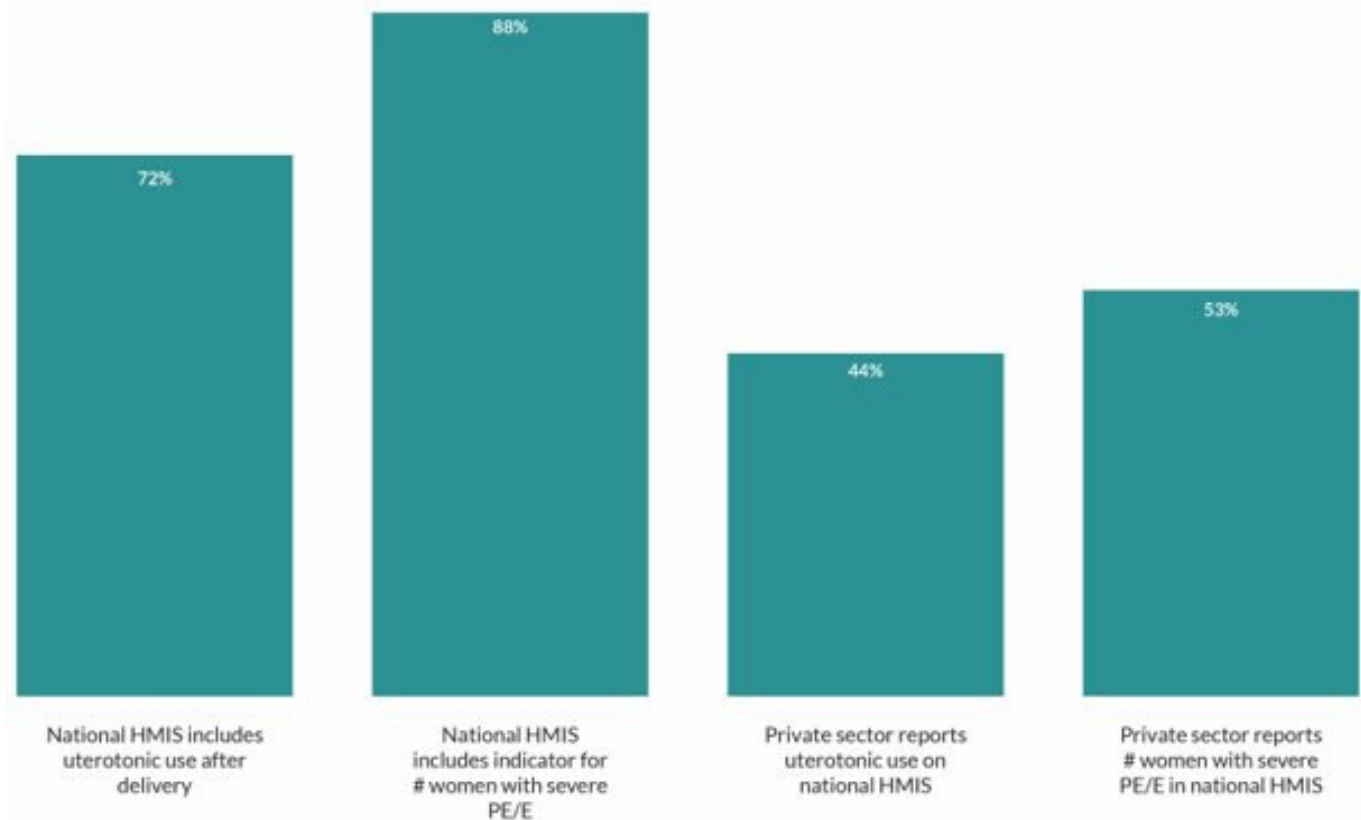
Pre-service curricula updated to global best practices for PPH and HDP 2022



# Theme 6: National Reporting on MNH Indicators

- Considerable improvements in national reporting on key coverage indicators.
- 75% of countries reporting on use of uterotonic compared to 43% of countries in 2012.
- 92% of countries reporting number of women with severe PE/E in the HMIS compared to 51% in 2012.
- Private sector reporting at lower rates.

PPH and HDP indicators on HMIS for public and private sectors 2022



# Theme 7: Scale-Up and Bottlenecks

## Public and Private Sector Collaboration

- Improve systems to ensure public and private sector adherence to the same national guidelines.
- Improve referral system within and between public and private sectors.
- Improve capacity of skilled MNH workforce across sectors in clinical areas.
- Strengthen coordination and M&E systems between public and private sectors.

## Quality Assurance and Quality Improvement

- Strengthen quality improvement approaches through collaborative learning and adaption/ data use.
- Improve quality control of medicines, including cold chain, availability of 50% MgSO<sub>4</sub>.
- Strengthen the policy environment that enables quality assurance of commodities and adherence to evidence-based practices.





### SECTION 3

# Summary and Recommendations

# Key Takeaways

Prioritize integration of all current global evidence and interventions into national policies and guidelines.

Amplify the dissemination of the current global evidence and guidelines through pre-service education and in-service training.

Strengthen professional associations' role in MNCH national forums, policy development, and ministry of health oversight across sectors.

Address lifesaving medication availability by focusing on national-level policy and guidelines to address district/regional medical store availability and distribution systems to facilities.

Expand the midwife scope of practice to include management of BEmONC as recommended by the International Confederation of Midwives' core competencies.

Create opportunities for public and private sectors to work together in capacity building, commodity supply chain, M&E and reporting, guideline standardization, emergency referral systems between sectors; and include private sector in strategic planning.

Continue to strengthen data collection on key MNH indicators to improve PPH and HDP surveillance.

# Implications for Future Research

**Quality of medications at point of delivery:** Improvements are needed in the quality of a controlled cold-chain system for oxytocin and systems to ensure a 50% solution of MgSO<sub>4</sub>. While several countries report having national procurement and distribution policies, it would be valuable to research environmental factors that enable and/or hinder application of those policies from point of manufacture to point of distribution.

**Private sector:** Opportunities for research identified in the qualitative and quantitative data include: involving private-sector providers in in-service training and updates, standardizing use of national guidelines in the private sector, improving data reporting between the two sectors, integrating private sector data within national HMIS systems, investigating the impact of a limited scope of practice for private sector midwives compared to public sector midwives, exploring the impact of fees for service on maternal health outcomes in the private sector, and investigating quality of care in the private sector, including removing barriers to access, affordability, and inclusion.

**Improve the emergency referral system.** Identify ways to improve the emergency referral and triage system within and between the public and private sectors.

**Advances in management of PPH.** This survey identified an additional research opportunity: examining the acceptability, feasibility, and impact of use of newer PPH interventions, such as tranexamic acid, uterine balloon tamponade, non-pneumatic anti-shock garment, and heat-stable carbetocin.

**Call to Action:** Build effective and streamlined MNH care pathways that guarantee high-quality, timely, routine and emergency MNH services in a coordinated fashion, irrespective of where clients choose to seek care, in a way that is inclusive and removes barriers related to access, affordability, and inclusion.

## INCREASE PUBLIC-PRIVATE PARTNERSHIPS

- Develop mechanisms for public-private partnerships and collaboration for all levels of the health system

## ADDRESS QUALITY OF CARE GAPS

- Assess existing quality of care for routine and emergency maternal and newborn care, close existing quality gaps through a variety of quality improvement approaches
- Understand the motivators and incentives to engage in quality assurance/quality improvement efforts and understand complex incentive structures.

## IMPROVE HEALTH SYSTEMS CAPACITY

- Address broader health system issues that affect the quality of care. Attention and investment is needed to address the multi-faceted components for a strong health system.

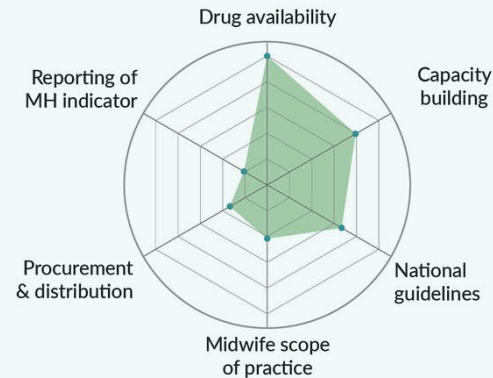


# Country Profiles: Highlight of Country- Specific Data

## Country Profile: **GUINEA**



### Current Composite Score



- Drug availability: **24/30** Current
- Capacity building: **19/40** Current
- National guidelines: **16/25** Current
- Midwife scope of practice: **8/10** Current
- Procurement & distribution: **8/12** Current
- Reporting of MH indicator: **5/6** Current

Numbers reflected in red are scores <75%

### DRUG AVAILABILITY FOR SELECT FIRST-LINE PPH AND HDP MEDICATIONS

	Drug on EML 2011-2022			Drug available at public facilities 2012-2022		Drug in national guidelines 2022
	2011	2012	2022	2012	2022	2022
Misoprostol	✗	✗	✓	✗	✗	✓
Oxytocin	✓	✓	✓	✓	✓	✓
Magnesium Sulfate	✓	✓	✓	✗	✗	✓





# THANK YOU

MOMENTUM Country and Global Leadership and MOMENTUM Private Healthcare Delivery are funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Jhpiego and Population Services International (PSI) under USAID cooperative agreements # 7200AA20CA00002 and 7200AA20CA00007. For more information on MOMENTUM, visit [www.usaidmomentum.org](http://www.usaidmomentum.org). The contents of this report are the sole responsibility of Jhpiego and PSI and do not necessarily reflect the views of USAID or the United States Government.



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