



HEALTH POLICY PLUS

Catalyzing Action on Maternal and Newborn Health

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The Health Policy Plus (HP+) project—funded by the U.S. Agency for International Development (USAID)—is working across the globe to increase access to equitable and high-quality maternal and newborn healthcare. Reflecting global health and development frameworks, HP+ champions advocacy for respectful maternity care at local and global levels—working closely with project partner, the White Ribbon Alliance—and provides assistance to country health systems to reduce maternal and newborn mortality and advance progress on Sustainable Development Goals.

The project contributes directly to sustainable development by strengthening country capacity to plan, finance, and implement solutions to maternal and newborn health (MNH) challenges. Furthermore, HP+ fosters commitment for government, civil society, and private sectors to see these solutions through—effectively, inclusively, and with accountability. This brief outlines how HP+ is working to:

1. Increase demand for and utilization of quality MNH services
2. Increase accountability for improved MNH service delivery and outcomes
3. Improve the quality of MNH services
4. Expand choice through improved private sector delivery of MNH services

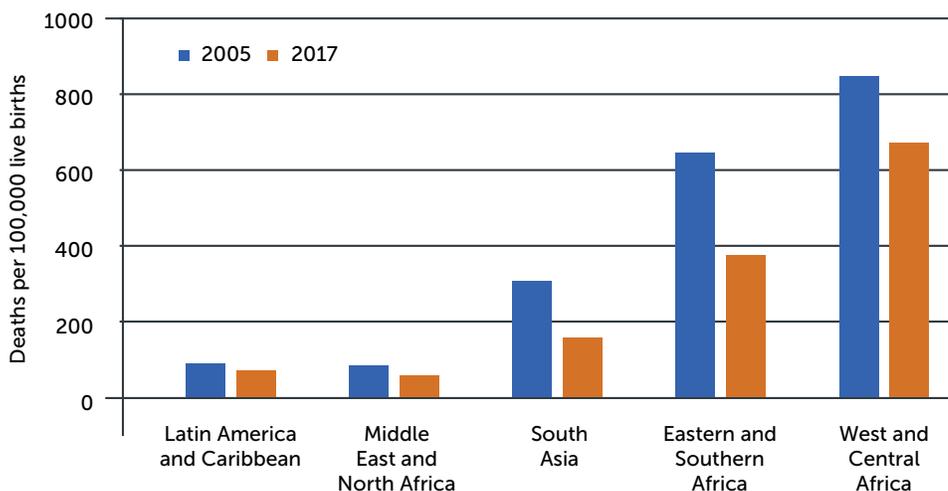


Increasing Demand for and Utilization of Quality Maternal and Newborn Health Services

Substantial efforts have been made in reducing maternal and newborn mortality in resource-poor settings, especially by leveraging the usage and delivery of quality maternal and newborn healthcare from skilled providers. However, barriers to access can deter women from attaining high-quality and safe services. Low affordability of services and lack of availability of drugs and diagnostic tests—coupled with client costs for transportation to and from a clinic for prenatal care, delivery, and postnatal care—can hinder access to and timeliness of MNH services. These barriers disproportionately affect women from poor and vulnerable segments of the population.

Gains from accessing skilled providers during childbirth have been made globally (see Figure 1); however, many countries' maternal and child mortality and morbidity rates are plateauing (WHO, 2016). Globally, there has been a shift in focus to address maternal and newborn deaths and disabilities through improving quality of care in facilities and ensuring that basic standards of respect and dignity for women and their newborns are met (WHO, 2016). Based on contextual needs and opportunities, stakeholders have the responsibility to provide financial support for demand and utilization of quality health services. HP+ facilitates approaches that encourage stakeholders to attend to community demand for high-quality care. For example, in Indonesia, Kenya, Malawi, Nigeria, and Pakistan, HP+ examined the barriers that decrease access to MNH services in order to generate evidence-based policy and financing recommendations.

Figure 1. Global Maternal Mortality Ratio by Region, 2005 versus 2017



Source: UNICEF, 2019

HP+ Support Highlights Value of Free Maternal Healthcare in Kenya

Linda Mama is a government-led program that aims to decrease maternal mortality in Kenya by providing pregnant women with an insurance card that will last up to a year after birth for postnatal and well-baby services. The government relaunched this initiative in 2016, administered under the Kenyan National Health Insurance Fund, which offers free maternity services at all public health facilities. HP+ assisted the Ministry of Health and National Health Insurance Fund to redesign Linda Mama and cost the benefits package so that the government can ensure availability of adequate resources. Costing showed that the elimination of user fees for maternal health services could save the lives of 18 mothers each day in Kenya.

HP+ also assisted the ministry with preparing policy documents that were related to the redesign. This included information requesting cabinet approval for increased allocation of funds for the free maternity services, implementing guidelines, and a technical policy proposal. As of July 2020, more than 1.1 million women across Kenya had received life-saving services through Linda Mama (Government of Kenya, 2017). To learn more, watch our video: "[Free Maternal Healthcare in Kenya Saves Lives.](#)"

HP+ Supports Nigeria to Strengthen Financing, Governance, and Capacity for Improved Primary Care and MNH

Nigeria's **Basic Health Care Provision Fund (BHCPF)** is an intervention designed to put the country on the path of achieving universal health coverage. The fund aims to ensure adequate and sustainable funding to efficiently and equitably provide quality health services while ensuring financial risk protection for all Nigerians, particularly the poor and vulnerable. The fund is poised to achieve this through the provision of a basic minimum package of health services that prioritizes MNH interventions. HP+ provided comprehensive support in three states (Osun, Abia, and Ebonyi) and Nigeria's Federal Capital Territory to meet the government's established readiness steps for accessing the fund.

As part of HP+'s technical assistance, the project strengthened the capacity of federal, state, and local stakeholders to train staff to prepare primary health centers and ward development committees to roll out the BHCPF program. Within a few months, community dialogues raised awareness of the BHCPF and, by the end of January 2020, enrollment climbed to 282,630 in Abia, Osun, and the FCT. Soon after, health insurance coverage was extended to 85,000 formal sector workers in Osun. Armed with evidence from fiscal space analyses, health expenditure tracking, household surveys, and resource mobilization plans, for which HP+ provided technical assistance, states and their revived multisectoral health financing technical working groups continue to generate additional state-level resources to help sustain progress. As of July 2020, Abia, Osun, and the FCT improved budget allocation by over US\$52 million and, along with Ebonyi, mobilized over US\$8 million in new funds for health. The comprehensive training and mentoring program, which HP+ assisted the Nigerian government to design, pilot, and roll out through trained multisectoral teams, is now being used by the government and partners to train Nigeria's other 34 states. To learn more, see our video: "[Reforms Lead to a Healthy Outlook for Nigerians.](#)"

- In **Indonesia**, HP+ collaborated with the National Team for Acceleration of Poverty Reduction (TNP2K) to [conduct an assessment](#) considering the financial stability, influence on healthcare access, impact on the private health sector, and equity of utilization of the national health insurance scheme—Jaminan Kesehatan Nasional (JKN). The assessment provides comprehensive recommendations that highlight improved access to services for pregnant women.
- In **Malawi** and **Pakistan**, HP+ organized citizen hearings on respectful maternity care, which enabled citizens to voice their concerns related to accountability, abuse, and disrespect experienced by pregnant women. This brought concerns from citizens to policymakers and stakeholders, and galvanized action to create mechanisms to report complaints and develop policies for the community. In Pakistan, HP+ [provided technical assistance](#) on the concept of respectful maternity care and stimulated multisectoral discussion to evaluate services and quality of maternal health. In Malawi, [HP+ trained hospital advisory committees](#) to serve as mediators for cases of patient disrespect and abuse during maternity care and integrated respectful care into the midwifery curriculum.



Increasing Accountability for Improved Maternal and Newborn Health Service Delivery and Outcomes

For sustaining reductions in maternal deaths (as shown in Figure 1) and achieving high-impact MNH goals, the Sustainable Development Goals emphasize the need for effective accountability, advocacy, and participation of government in the health system (Hamal et al., 2018). Increasing the use of data to make evidence-based decisions is key to improving accountability within MNH. Transparency and availability of quality data helps avoid misuse of the healthcare system and improve provision of quality care. Our work in Indonesia and Pakistan provide examples of HP+'s engagement with stakeholders in this area.



- In **Indonesia**, HP+ worked with the Ministry of Health and Ministry of Home Affairs to support minimum service standards for health, including MNH. As part of this work, [HP+ collected detailed cost data for the minimum service standards](#) and supported monitoring of all district-level performance through a dashboard. Through these activities, the Ministry of Health and subnational governments can better articulate the need for and prioritize resources to scale up MNH services. Overall, HP+ support will aid in monitoring district-level healthcare, increase the ability of local health systems to be held accountable for performance, and enable decisions or policies based on evidence that will benefit MNH outcomes.
- In **Pakistan**, HP+ mobilized nearly 250,000 women and girls to generate information on their priorities for reproductive, maternal, and newborn health. HP+ used the evidence to inform provincial and state-level policymakers on the changes that need to be made to ensure that care is provided in a way that takes into account women's and girls' views and expectations. This work continued during the COVID-19 pandemic with the development of a Strategic Framework for Provision of Reproductive, Maternal, Newborn and Child Health and Nutrition Services During and Post COVID-19.



Improving Quality of Maternal and Newborn Health Services

Stronger policies along with appropriate financing, an increase in the number of trained providers, reaching vulnerable populations, among other activities, have contributed to reducing maternal and newborn deaths. However, the global target of 70 maternal deaths per 100,000 live births cannot be achieved without ensuring equitable access to quality MNH services (USAID, 2019). HP+ advocates for driving policies to achieve global MNH goals and delivers on-the-ground technical support to ensure access to and use of quality medicines and commodities, improve referrals, and empower women and communities to scale up high-impact interventions that reduce morbidity and mortality (USAID, 2014; UNFPA, 2012). Our work in a number of countries provide examples of this support.

- In **Afghanistan**, HP+ supported the creation of the first Midwifery and Nursing Council, a regulatory body that ensures that high-quality care is provided with respect and ensures a supportive environment for nurses and midwives to work in.
- In **India**, HP+ provided technical support in the creation of the Laqshya Guidelines, a country-wide effort to ensure quality MNH services in all public healthcare facilities. HP+ supported the Ministry of Health and Family Welfare in incorporating respectful maternity care in the guidelines. HP+ also created the National Respectful Maternity Care Technical, Operational and Training Guidelines to support the government in rolling out the Laqshay initiative.
- In **Indonesia**, HP+ supported the Ministry of Health's Center for Health Financing to [evaluate health financing mechanisms supporting quality MNH care](#). With data collected from eight provinces, HP+ established the current capacity for quality obstetric care at primary care and referral facilities. HP+ findings highlighted the poor capacity for basic and comprehensive obstetric care at the primary care level and identified ways in which the country's subnational government and health insurance financing flows could better incentivize reducing the "three delays" related to MNH. Findings were shared with government and implementing partners, and the response to HP+ indicates that significant consideration will be given to improving referral mechanisms for pregnancies with complications as well as overall levels of funding for MNH in the future.

- In **Malawi**, HP+ focused on addressing the shortage of midwives, [justifying the need for more than 20,000 midwives](#) to be trained to meet World Health Organization recommended standards. To fulfill this need, the Government of Malawi committed to hire nearly 1,000 additional midwives in fiscal year 2018/2019 and sought technical assistance from HP+ to build their midwifery skills and promote respectful maternity care.
- Also in **Malawi**, HP+ has [introduced the Baby-Friendly Hospital Initiative \(BFHI\) to facilities in 12 districts](#). This initiative trains providers, other facility staff, and community health promoters to support exclusive breastfeeding for the first six months of life. Through training, mentoring, and supporting BFHI accreditation, HP+ has strengthened the capacity of 1,440 clinical and non-clinical staff, and oriented 360 community promoters to scale up this life-saving intervention. The districts in which hospitals have already been accredited as baby-friendly, have indicated an increase in early initiation of breastfeeding from 43 percent to 75 percent.
- In **Mali**, HP+ worked with the National Assembly's Health and Social Development Committee and the Association of Municipalities to draw attention to the need for [increased resources to sustain the country's community health worker program](#). As a result, about 150 local mayors signed an agreement to commit to effective implementation of community health workers to deliver essential community healthcare. Use of community health workers in Mali is considered a cost-effective intervention to address MNH, especially to reach pregnant women and children in rural areas who may not be able to reach a clinic.
- In **Nepal**, HP+ supported the government to incorporate principles of respectful maternity care in the Safe Motherhood and Reproductive Health Rights Bill in 2018. The legislation marks the first time that respectful maternity care has been included in national legislation and is an important step to ensure the rights of women and babies and ensure the provision of high-quality, respectful care in public and private health facilities.



Expanding Choice through Improved Private Sector Delivery of Maternal and Newborn Health Services

The private health sector increases service delivery access points for patients, helping to increase the availability of high-quality and high-impact services. A robust private sector can assist in preventing maternal mortality, as well as increase innovation and knowledge for solutions that are sustainable, effective, and efficient. By leveraging the private sector, governments can effectively and efficiently achieve universal health coverage goals for sustained and continued access to MNH services. HP+ works with governments to understand and establish policies that harness the private sector for quality and affordable health services. Our work in Indonesia and Malawi provide two examples.

- In **Indonesia**, HP+ produced a [landscape analysis](#) focusing on ways to leverage Indonesia's robust private sector, civil society, media, and academic institutions to improve MNH outcomes. Through this work, HP+ identified opportunities for private investors to bring market opportunities to reality—including specific opportunities for nine priority provinces—and identified entry points for the private sector and others to inform a holistic approach, with the goal of igniting change on MNH.
- In **Malawi**, HP+ is researching opportunities for establishing private midwifery practices to meet the demand for midwifery care that cannot be met solely by public health provision of services.



Summary

HP+'s active engagement and technical leadership in MNH creates an enabling environment to prioritize contributions to MNH through increased accessibility of services, sustained use of quality services, collaboration with local institutions, private-public sector engagement, and use of evidence and data for efficient and effective intervention. As shown through the examples provided in this brief, the project aims to provide assistance to help achieve national-level goals to drive improvements in MNH outcomes and attain the Sustainable Development Goals.

References

Government of Kenya. 2017. "The Big Four: Immediate Priorities and Actions." Available at: <http://cn.invest.go.ke/government-of-kenya-big-four-plan/>.

Hamal, M., M. Dieleman, V. Brouwere, and T. Cock Buning. 2018. "How Do Accountability Problems Lead to Maternal Health Inequities? A Review of Qualitative Literature from Indian Public Sector." *Public Health Reviews* 39: 9.

UNICEF. 2019. "Maternal Mortality." Available at: <https://data.unicef.org/topic/maternal-health/maternal-mortality/>.

United Nations Population Fund (UNFPA). 2012. *UN Commission on Life-Saving Commodities for Women and Children*. New York: United Nations.

U.S. Agency for International Development (USAID). 2014. *Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action*. Washington, DC: USAID.

U.S. Agency for International Development (USAID). 2019. *Acting On The Call: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths*. Washington, DC: USAID.

World Health Organization (WHO). 2016. *Standard for Improving Quality of Maternal and Newborn Care in Health Facilities*. Geneva: WHO.

To work with us, contact:

USAID

Veena Menon
AOR, USAID/Washington
vmenon@usaid.gov
Tel: +1 (571) 241-9572

Palladium

Suneeta Sharma, PhD
Director, Health Policy Plus
suneeta.sharma@thepalladiumgroup.com
Tel: +1 (202) 775-9680

Health Policy Plus

1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

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