

Scale-up and Impact: How far have we come and where to next?

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*Tackling the biggest maternal killer:
progress and challenges in preventing PPH*

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USAID
FROM THE AMERICAN PEOPLE



POPPHI
Prevention of Postpartum
Hemorrhage Initiative

Definition of scale-up

Scaling-up

Efforts to bring more quality benefits to more people over a wider geographical area more quickly, more equitably, and more lastingly.*

**International Institute for Rural Reconstruction”*



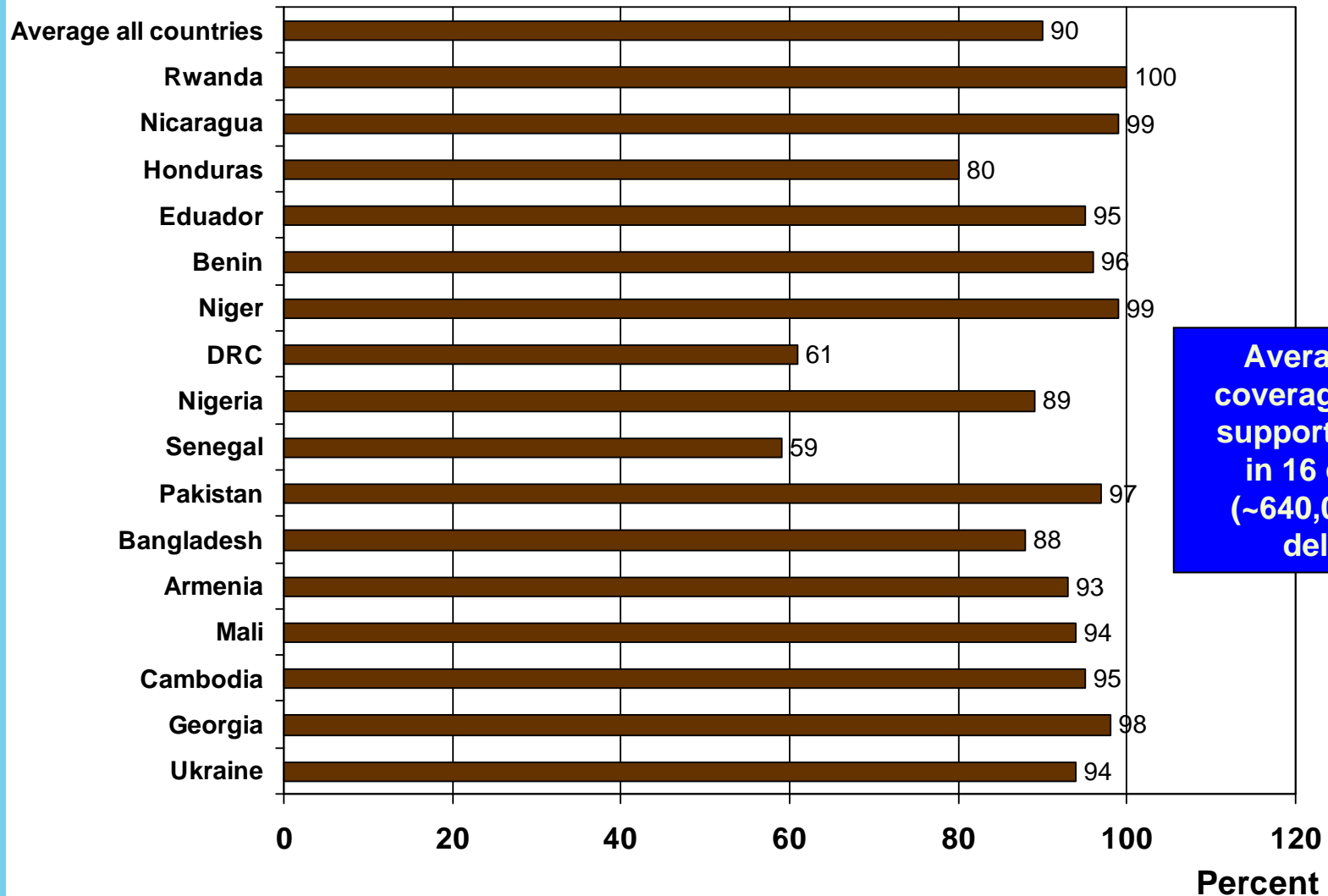
Strategies to achieve scale-up

- Quantitative scale-up strategy
 - **Increasing number of beneficiaries**
- Functional scale-up strategy
 - **Expanding the number and types of technical interventions**
- Political scale-up strategy
 - **Addressing national level barriers through influence, policy change, etc.**
- Organizational scale-up strategy
 - **Improving its own or another organizations' ability to support an initiative**



Quantitative scale-up strategy

High Coverage AMTSL in USAID-Supported Sites



Functional scale-up strategy

CAMBIO (Changing AMTSL Behaviors in Obstetrics):

- Proven strategies to change providers behavior; evidence-based methodology

SAIN training (Site and Individual):

- District level ownership; MD/midwife teams; self-paced learning for adjacent clinic staff with practicum; 81 providers trained in 3 mos.; ½ cost of group training

Immediate Postpartum Care Package:

- Combined AMTSL and essential newborn care training

National Action Plan for PPH Prevention

Functional scale-up strategy (cont)

Pilot projects

- Misoprostol and oxytocin in Uniject®

Collaboratives

- URC's work in Niger, Central America, etc

Data collection

- Recording and reporting on AMTSL

Continuum of care



Political scale-up strategy

POPPHI contribution is most significant in advocacy and policy

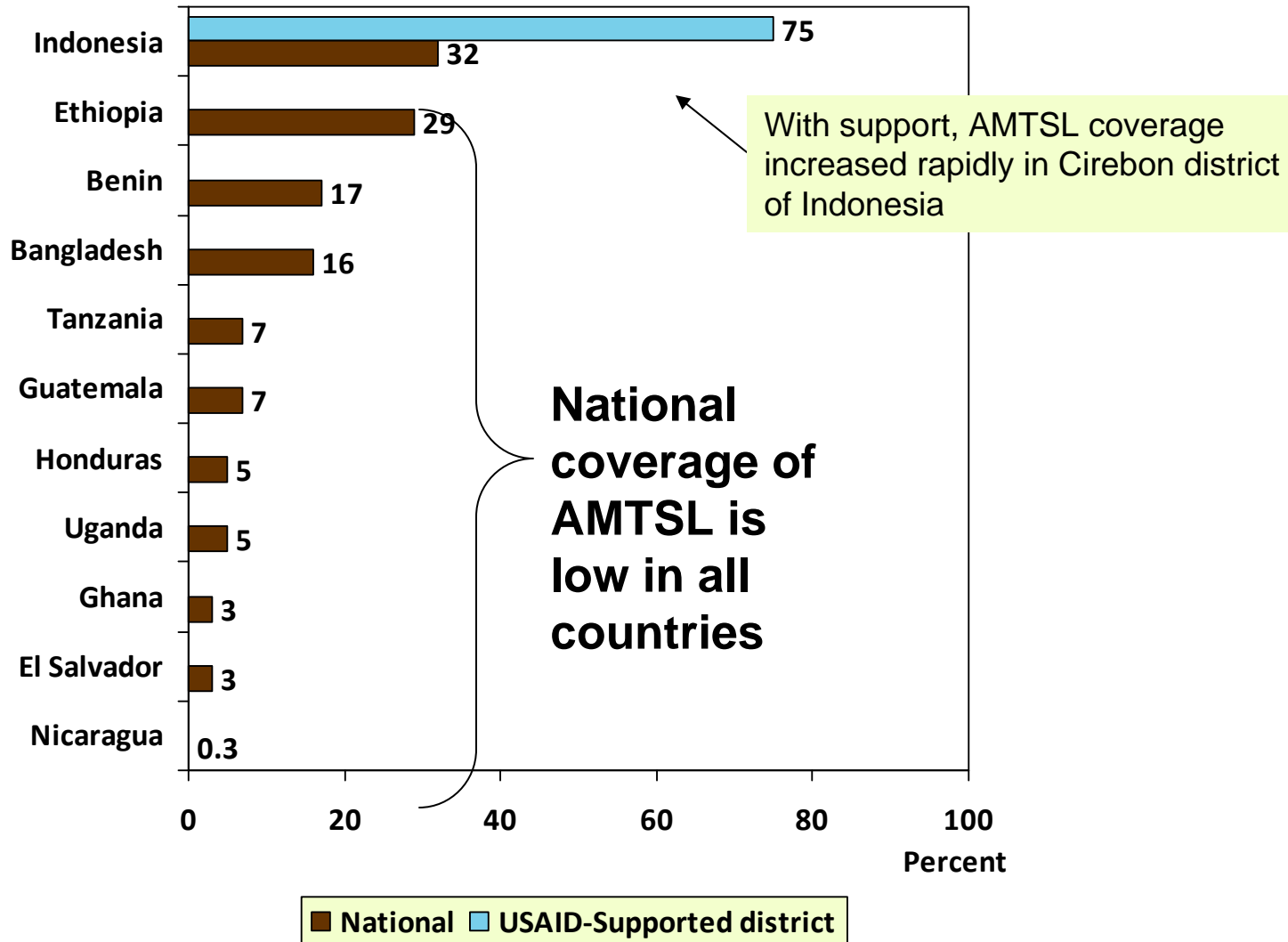
- **Added momentum to ongoing work on PPH prevention**
 - **WHO – already providing strong leadership**
 - **ICM/ FIGO – engaged and had created a Joint Statement on AMTSL**
 - **USAID – a priority across projects**
 - **NIH/ NICHD – important research**

Political scale-up strategy

Used established evidence to create a consistent message on AMTSL:

- **Large impact**
- **Do-able**
- **Gave policy-makers and program managers an intervention that they can see is possible**
- **Used AMTSL survey to collect data, determine reality on the ground, identify barriers, engage in-country stakeholders**

Political scale-up strategy



Political scale-up strategy

- Created forum for sharing data on misoprostol
- Supported dissemination of data from the seminal RCT in Belgaum, India
- Developed strategies and advocated for community-based strategies for PPH prevention
- Supported development and disseminated of ICM/ FIGO Joint Statement #2; miso on EML
- Misoprostol pilot planned for Honduras

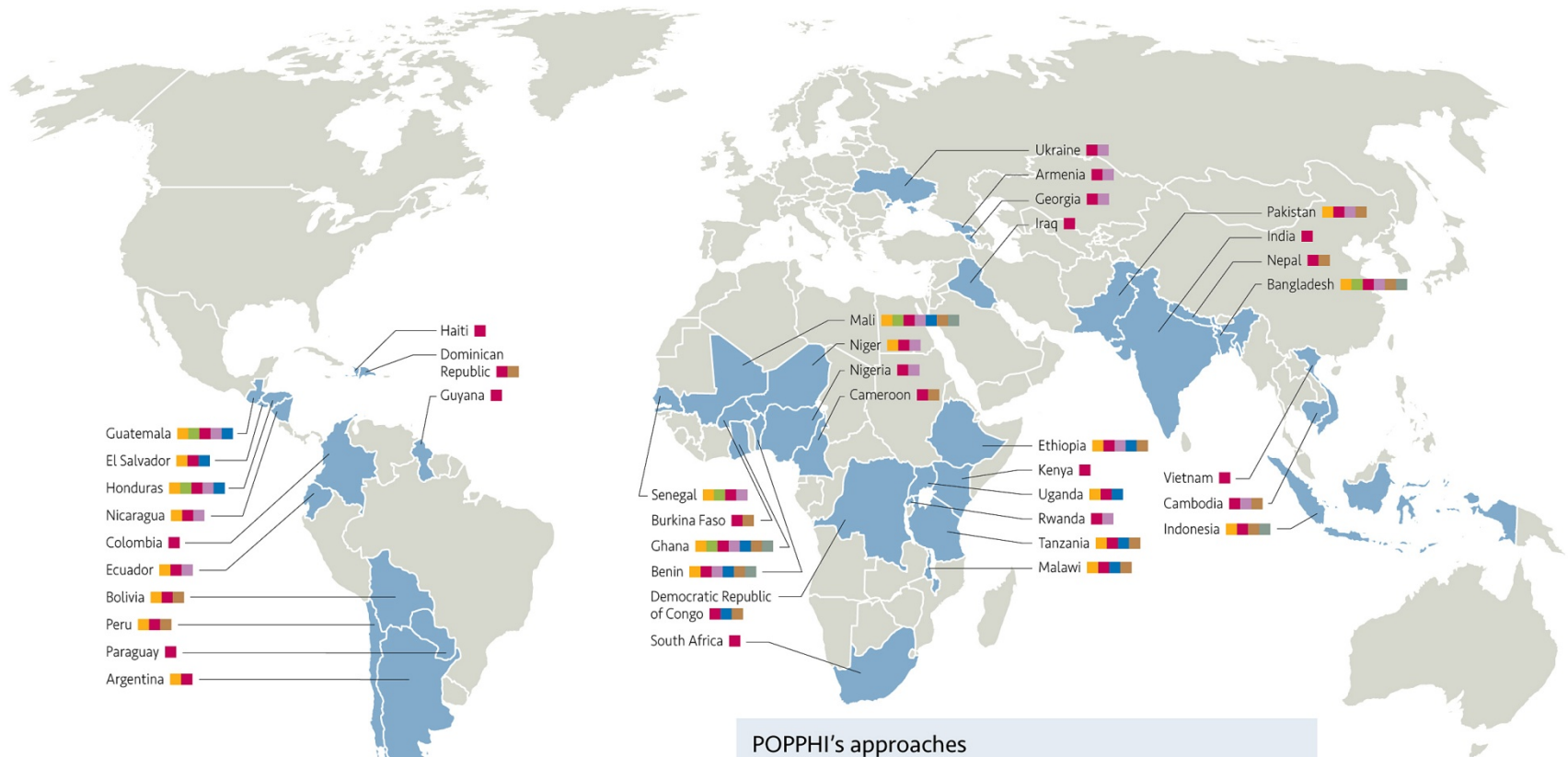


Political scale-up strategy



- Engaged 24 professional ob/gyn and midwifery associations; provided small grants to 16 associations
- Held or partnered in large international conferences on PPH prevention
- Initiated, facilitated, supported and advocated for many of the global and regional policy changes occurring during last 5 years

Organizational scale-up strategy



POPHI's approaches

- **Strengthening policy:** national AMTSL surveys, knowledge-sharing meetings with stakeholders and partners, and revised national AMTSL and drug guidelines.
- **Pilots and programs:** pilot studies of oxytocin in Uniject and misoprostol administration.
- **Improving provider practice:** CAMBIO approach to behavior change, SAIN training, immediate postpartum care package, and AMTSL training.
- **Expanding monitoring and evaluation:** addition of indicators to national health management information systems.
- **Updating drug storage and logistics:** strengthening of drug supply, storage, and logistics systems; development of visual aids and educational materials.
- **Small grants:** support for increasing local AMTSL practice.
- **Scale-up countries:** expanded use of proven interventions.

Organizational scale-up strategy

- POPPHI has a “footprint” in at least 40+ countries
- Encouraged other organizations to participate in PPH prevention work; to join Task Forces, participate in PPH Working Group and especially to provide in-country data
- Provided support, guidance, technical updates, materials, website, list-serve and more to organizations interested in working on PPH prevention

Factors influencing success of “scaling-up”

- Predictable, adequate **funding** comes from both international and local sources for **at least 10 years**
- **Political leadership** and champions ensure visible high-level of commitment and maintain vision of “scale”
- **Existing systems** are used/ adapted to introduce project technologies at a **sustainable price**
- **Technical consensus** about the appropriate biomedical or public health approach exists
- **Good management** on the ground is in place to maintain **quality** of the project
- **Effective use of information** for action.

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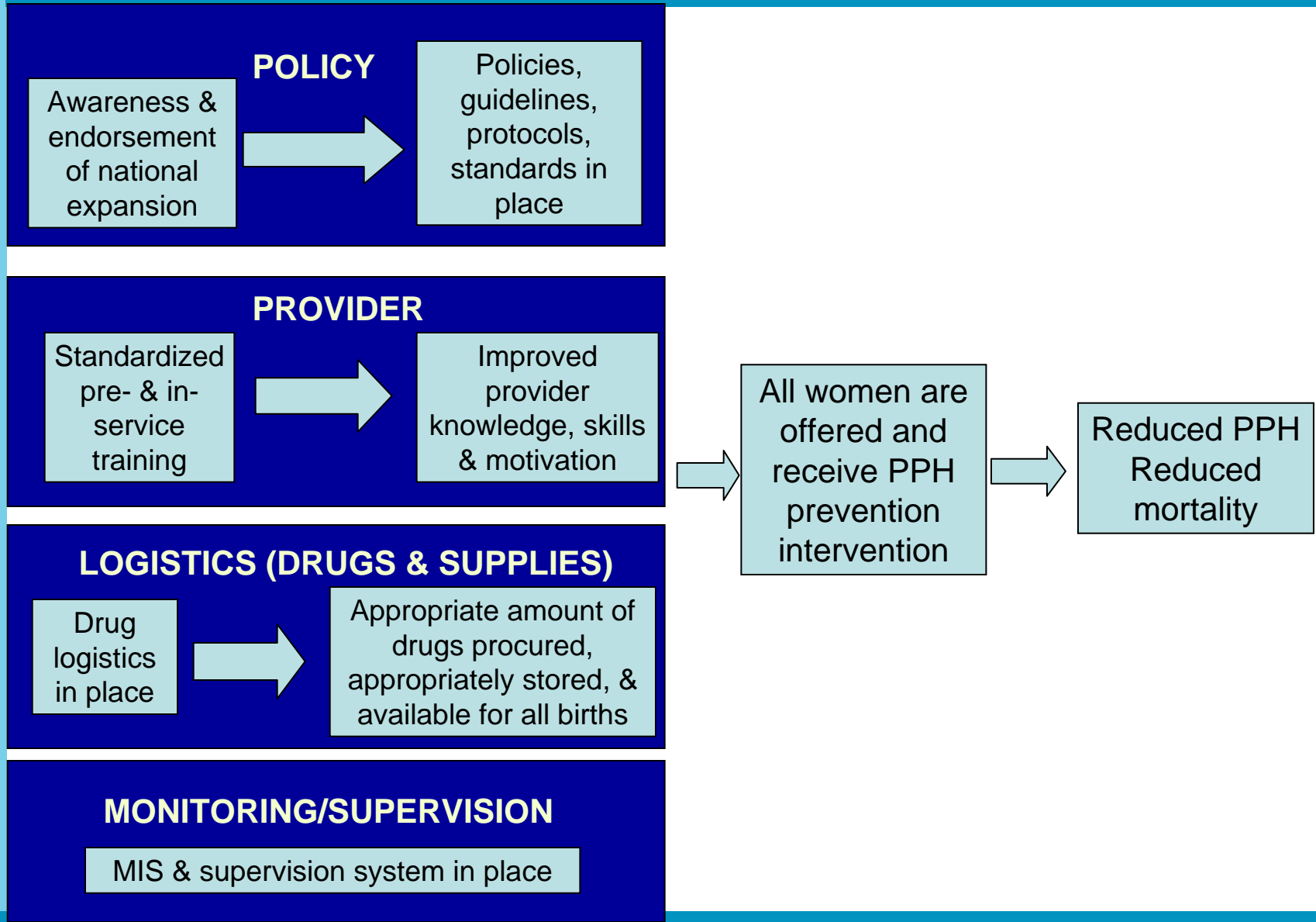
Definition of impact

Impact

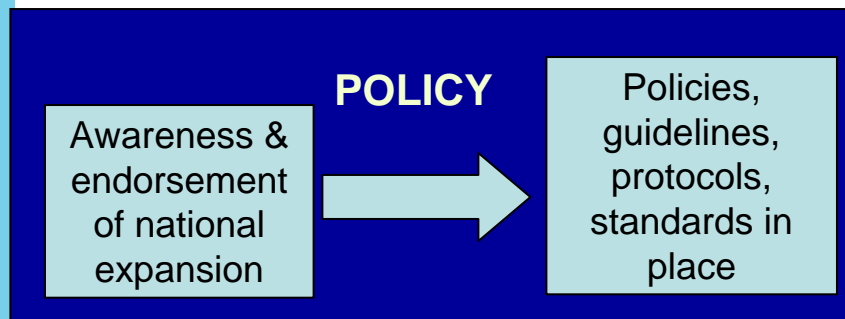
A strong effect;
influencing strongly; a
forceful consequence



Critical elements for expansion of AMTSL



Policy – impact at global level



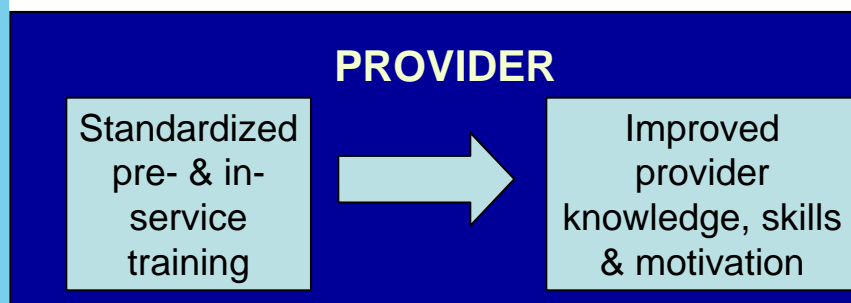
- Updated definitions of AMTSL
 - Removal of immediate cord clamping
 - Addition of massage/ surveillance
- United States Pharmacopeia changes oxytocin storage requirements
- Delayed cord clamping
- All women should receive a uterotonic (oxytocin or misoprostol) ...

Policy – impact at national level



- **AMTSL policy change:**
Benin; Mali (includes Matrones); Senegal; Ukraine; Bangladesh (National Standard Guidelines only); Ghana; DRC; Honduras; Nicaragua; Indonesia
- **National policy to support community-based PPH prevention:** *Bangladesh; Ghana*
- **Oxytocin as drug of choice**
Malawi, Tanzania
- **Misoprostol on the EML**
14 countries

Provider



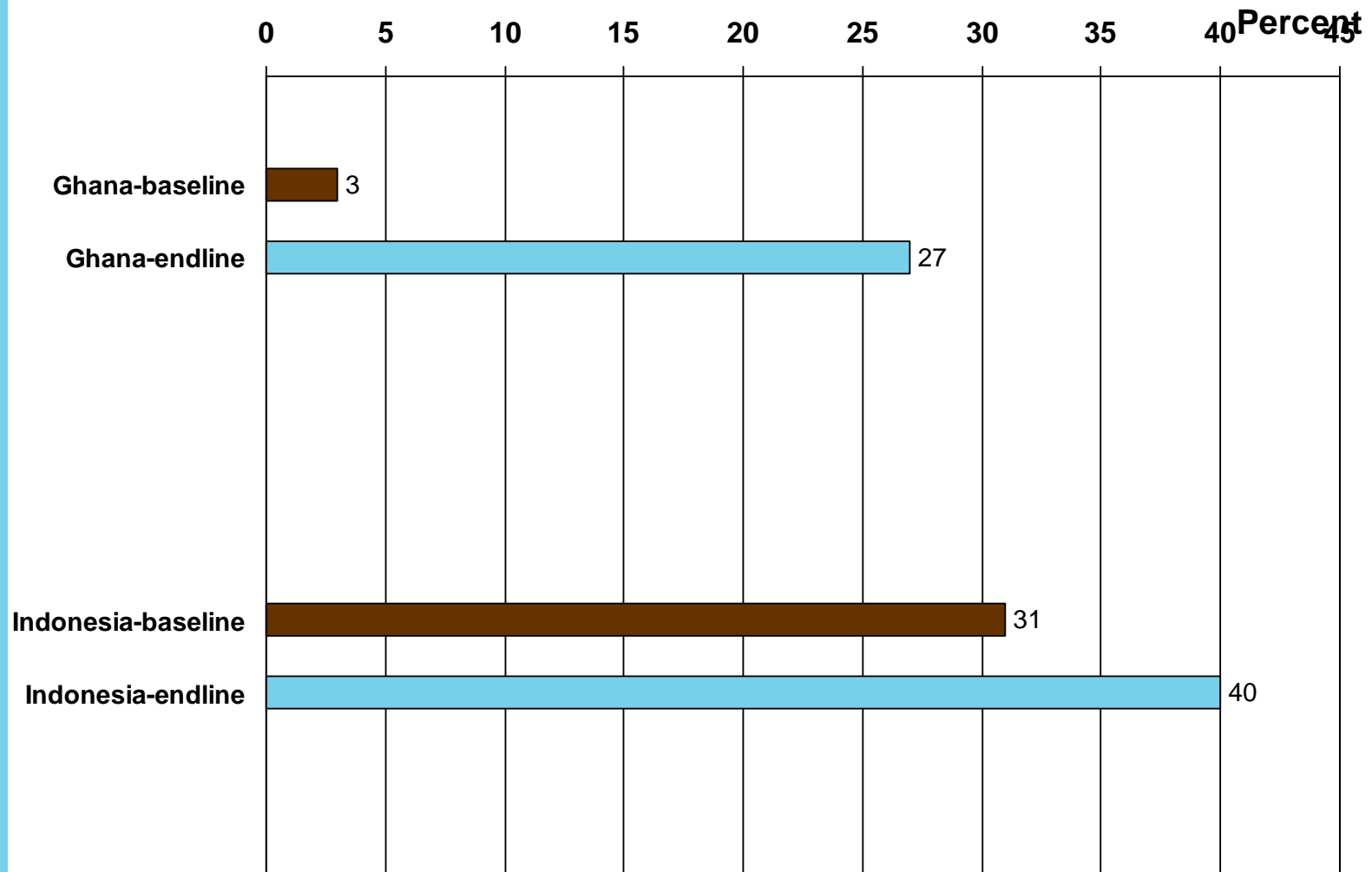
Standardized in-service programs available (SBA)

Benin; Mali; Senegal; Ukraine; Bangladesh; Ghana; DRC; Honduras; Nicaragua; Indonesia

AMTSL integrated into pre-service education programs

- *Benin, Ghana; Senegal ; Ukraine
Nicaragua; Indonesia*

AMTSL survey data : baseline and endline for Ghana and Indonesia



Provider

Active Management of the Third Stage of Labor (AMTSL)

Offer to every woman...

1

Give oxytocin within 1 minute of childbirth.



2

Deliver the placenta by controlled traction on the umbilical cord and counter-pressure to the uterus.



3

Massage the uterus through the abdomen after delivery of the placenta.



!

During recovery, palpate the uterus through the abdomen every 15 minutes for two hours to make sure it is firm and monitor the amount of vaginal bleeding.

*...at every birth,
by every skilled provider.*



RTI International PATH EngenderHealth
International Confederation of Midwives JHPEGO
International Federation of Gynecology and Obstetrics (FIGO)

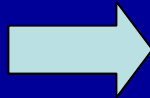


- Created tools, website, materials, list-serve to share info and make it easy to initiate activities
- Supported innovative ways to increase use of both AMTSL and misoprostol

Logistics (Drugs & Supplies)

LOGISTICS (DRUGS & SUPPLIES)

Drug
logistics
in place



Appropriate amount of
drugs procured,
appropriately stored, &
available for all births



- Highlighted inconsistencies in messages on oxytocin
- Held meeting with WHO Essential Medicine, USP, USAID drugs experts
 - Spotlighted Hogerzeil's work
 - USP updated their monograph on oxytocin
 - Large drug co. changed their storage requirements

Logistics (Drugs & Supplies)

- Partnered with RPM+ / Strengthening Pharmaceutical Systems project
- Created guidelines, visual aids and innovative ways to store and monitor drugs
- Linked Central Medical Stores/ pharmacy with clinicians and PH leadership
- Initiated literature reviews, expert meetings on induction/ augmentation

Entreposage des utérotoniques dans les dépôts de pharmacie



- Assurer la disponibilité des réserves adéquates d'utérotoniques et d'équipement à injection
- Vérifier les recommandations du fabricant en ce qui concerne l'entreposage de chaque utérotonique
- Assurer un système de surveillance des températures - enregistrer la température régulièrement dans le réfrigérateur de préférence au moment le plus chaud de la journée
- Respecter la règle du premier-périmé-premier-sorti (PPPS) pour diminuer le risque d'avoir les produits périmés
- Entreposer le misoprostol à la température ambiante dans une boîte fermée, protégé contre l'humidité
- De préférence, conserver les utérotoniques injectables entre 2 et 8°C
- Conserver l'ergométrine et la syntométrine dans une boîte fermée, protégées contre la lumière et la congélation

Monitoring and evaluation

MONITORING/SUPERVISION

MIS & supervision system in place

Partograph modified to include all 3 components of AMTSL

- *Benin; Mali; Indonesia; Ghana; DRC; Nicaragua; Indonesia*

Partograph modified to include single combined AMTSL component

- *Senegal*

Delivery record modified to include tracking AMTSL

- *Benin; Senegal; Mali; Ghana; DRC*

Monitoring and evaluation

Medical record modified to include tracking AMTSL

- ***Honduras***

AMTSL at facility level included in national HMIS

- ***Senegal; Honduras (Perinatal Information System); Nicaragua***

AMTSL protocol has been also added in to the supervision tools

- ***Senegal (national RH tools); Nicaragua; Indonesia; Ghana***



In summary...

Built on the evidence, WHO support, ICM/ FIGO Joint Statements and momentum of work on PPH prevention already ongoing

Obtained consensus on the messages and made it easy for others to join the effort

Linked partners, identified collaborators and created win-win situations to work together

Do-able – we helped policy-makers and program managers see that AMTSL and PPH prevention could be accomplished and have impact

Where to next?

- Continue momentum, build on successes, learn from challenges, expand effort
- Increase **SCALE UP EFFORTS** in countries with **POLITICAL WILL AND CHAMPIONS**
- Measure impact; global indicator for PPH prevention

Where to next?

POLICY

- Joint Statement on AMTSL (WHO, UNICEF, UNFPA, World Bank) with active strong guidance to field offices
- Physiologic management – info included in other statements
- Misoprostol: use Gynuity Pakistan data or complete needed research to end controversy and make available
- Induction/augment. guidelines for low resource settings



Where to next?

PROVIDERS

- Share and evaluate models for expanding coverage

DRUGS AND LOGISTICS

- Develop stronger partnership with CMS, pharmacy boards to strengthen systems of delivery and storage
- Expand use of oxytocin in Uniject® and complete research on thermostable oxytocin

MONITORING AND EVALUATION

- WHO - global indicator integrated into HIS

THANK YOU