

# Country-Level Programs

Several countries have made significant progress in maternal health in recent years. Community-based maternal and child health services, training new cadres of the health workforce, an increased focus on postnatal care, and new models for delivering antenatal and postnatal care have each played a valuable part in reducing maternal mortality, improving birth preparedness, and increasing uptake of care.

## ETHIOPIA

The Ethiopian government has shown considerable political will to achieve the maternal and neonatal health Millennium Development Goals. The country has made significant progress in reducing maternal mortality from 1990 levels of 1,400 deaths per 100,000 live births to 990 in 2010 and an estimated 420 per 100,000 live births in 2013.<sup>1</sup> While the country has made progress, additional efforts are needed. The Federal Ministry of Health has invested heavily in developing a model for community-based primary care that is feasible and sustainable in low-resource settings.

Ethiopia's Health Extension Worker Programme was introduced in 2003. Health Extension Workers (HEWs) provide education, screening, prevention, and select clinical interventions. They identify pregnant women, deliver antenatal care and connect them with the formal health system in the event of elevated risk or complications. HEWs also follow up with women during the postnatal period, when care is critical for both mother and newborn.<sup>2</sup>

Antenatal care coverage, measured as the rate of women receiving at least one ANC visit, has substantially increased in Ethiopia from 26.8% in 2000 to 42.5% in 2011.<sup>3</sup> This gain is in part due to the development and deployment of the health extension worker cadre.

For more information, please visit <http://hsph.me/Ethiopia>.

## What programmes have been successful in your country for improving maternal health outcomes?

### References

- <sup>1</sup> WHO. Global Health Observatory Data Repository. The World Health Organization. [Online] 2013. [Cited: May 12, 2014]
- <sup>2</sup> Federal Democratic Republic of Ethiopia Ministry of Health. Health Sector Development Program IV. 2010.
- <sup>3</sup> Measure DHS. Ethiopia Demographic and Health Survey 2011: Measure DHS, 2012.

## NEPAL

Nepal has seen a dramatic improvement in maternal health over the past several years. The change has largely been due to the government's commitment to increasing access to health care across the country, including declaring health care to be a human right and providing free institutional deliveries and basic health care for all.<sup>1</sup> Between 1996 and 2011, maternal mortality in Nepal decreased from 538 to 170 deaths per 100,000 live births.<sup>2</sup>

Part of Nepal's commitment to improving maternal health was seen through several postnatal care programmes. Uptake of postnatal care among Nepali women, along with subsequent newborn and maternal health outcomes, have improved significantly under these programmes.

The national Community-Based Neonatal Care Package, launched in 2004, improved access to pregnancy education and increasing uptake of early postnatal care from 65% to 94% in 18 months.<sup>3</sup> The Nepal Family Health Program II, which

ran from 2007 to 2012, increased postnatal family planning from 20% to 31% of postpartum women.<sup>4</sup> The Birth Preparedness Package, rolled out nationally in 2009, used community-based messaging to significantly increase the use of health services as well as birth preparedness.<sup>5</sup>

For more information, please visit <http://hsph.me/Nepal>.

### What postnatal care programmes exist in your country?

#### References

- <sup>1</sup> Adhikari S. An Evaluation of Nepal's Free Health Care Schemes: Evidence from a Quasi-Experimental Design: Social Science Research Network, 2013.
- <sup>2</sup> Measure DHS. Nepal Demographic and Health Survey 2011: Measure DHS, 2010.
- <sup>3</sup> Pradhan YV, Upreti SR, Kc NP, et al. Fitting Community Based Newborn Care Package into the health systems of Nepal. *Journal of Nepal Health Research Council* 2011; 9(2): 119–28.
- <sup>4</sup> USAID. Nepal Family Health Program: Strengthening Post-partum family planning. Technical Brief #30, n.d.
- <sup>5</sup> McPherson RA, Khadka N, Moore JM, Sharma M. Are birth-preparedness programmes effective? Results from a field trial in Siraha district, Nepal. *Journal of Health, Population and Nutrition* 2006; 24(4): 479–88.

## PAKISTAN

The maternal mortality ratio in Pakistan has declined significantly from 490 deaths per 100,000 live births in 1990 to 260 in 2010, but the country is still far from meeting the MDG targets.<sup>1</sup> Nearly half of mothers and children are undernourished and over 1.5 million children are acutely malnourished.<sup>2</sup> Furthermore, few patients receive life-saving treatment for tuberculosis, malaria, and HIV/AIDS.<sup>1</sup>

Pakistan's Lady Health Worker Programme has been globally hailed as an effective, affordable, and scalable method for accelerating health and development. Lady Health Workers (LHWs) are community-based agents of change who provide integrated preventative and curative health services to their neighbours.<sup>3</sup> LHWs visit households to increase awareness, distribute medications, and provide basic maternal and child health services.<sup>4</sup>

In areas covered by LHWs, communities have seen increased uptake of antenatal services, skilled assistance at birth, family planning, preventative services, treatment of childhood diseases, and breastfeeding.<sup>3</sup> A 2006 study in the Punjab province showed that LHWs had helped reduce maternal mortality from 350 to 250 deaths per 100,000 live births and the infant mortality rate dropped from 250 to 79 per 1,000 live births.<sup>5</sup>

For more information about Pakistan's LHWs, please visit <http://hsph.me/Pakistan>.

### Would community-based primary care work well in your country? Why or why not?

#### References

- <sup>1</sup> WHO. Global Health Observatory Data Repository. *The World Health Organization*. [Online] 2013. [Cited: March 1, 2014.]



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- <sup>2</sup> Pakistan: health is an opportunity to be seized. Horton, Richard. 2013, *The Lancet*, Vol. 381, p. 2137.

- <sup>3</sup> Peers for Progress. Program Spotlight: Pakistan's Lady Health Workers: A National Model for Delivering Primary Healthcare and Peer Support. [Online] [Cited: March 17, 2014.] [http://peersforprogress.org/wp-content/uploads/2013/09/20130923\\_pakistans\\_lady\\_health\\_workers.pdf](http://peersforprogress.org/wp-content/uploads/2013/09/20130923_pakistans_lady_health_workers.pdf).

- <sup>4</sup> Oxford Policy Management. *External Evaluation of the National Programme for Family Planning and Primary Health Care: Lady Health Worker Programme, Management Review*. 2009.

- <sup>5</sup> Global Health Workforce Alliance. *Country Case Study: Pakistan's Lady Health Worker Program*. s.l. : Global Health Workforce Alliance and WHO, 2008. p. 8.

## TANZANIA

Maternal mortality in Tanzania has significantly declined in recent years, from 610 deaths per 100,000 live births in 2006 to 460 in 2010.<sup>1</sup> The Government of Tanzania has been highly committed to maternal and child health, particularly in the past two decades. In 2002, Tanzania adopted Focused Antenatal Care (FANC), a model for antenatal care recommended by the World Health Organisation.<sup>2</sup> Compared with the traditional approach, FANC's reduced number of visits, greater focus on quality of care, and integrated services intend to address some of the barriers to utilization of antenatal services and improve the continuity of care in low resource settings.

Although the model is intended to increase demand and minimize unnecessary costs for services, there have been some challenges to the implementation of FANC. While 88% of pregnant women in Tanzania attend at least one antenatal visit, only 42.8% of women attend four or more visits.<sup>3</sup> Health system factors such as a shortage of providers, weak referral systems, and lack of supplies can be significant challenges to implementing successful maternal health programs in Tanzania. At the same time, other factors like low community engagement, gender inequality, and cultural practices can also play a role.<sup>4</sup>

For more information about FANC in Tanzania, please visit <http://hsph.me/Tanzania>.

### What are some of the issues your country may face, or has faced, in implementing FANC?

#### References

- <sup>1</sup> World Health Organization. Health Systems Profile: United Republic of Tanzania: World Health Organization, 2004.
- <sup>2</sup> von Both C, Flebeta S, Makuwani A, Mpembeni R, Jahn A. How much time do health services spend on antenatal care? Implications for the introduction of the focused antenatal care model in Tanzania. *BMC pregnancy and childbirth* 2006; 6(1): 22.
- <sup>3</sup> World Health Organization. WHO African Region: United Republic of Tanzania statistics summary (2002–present). World Health Organization; 2012.
- <sup>4</sup> Ministry of Health and Social Welfare. The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008–2015. 2008.

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