



STRENGTHENING THE HEALTH SYSTEM IN ETHIOPIA THROUGH MATERNAL DEATH SURVEILLANCE AND RESPONSE

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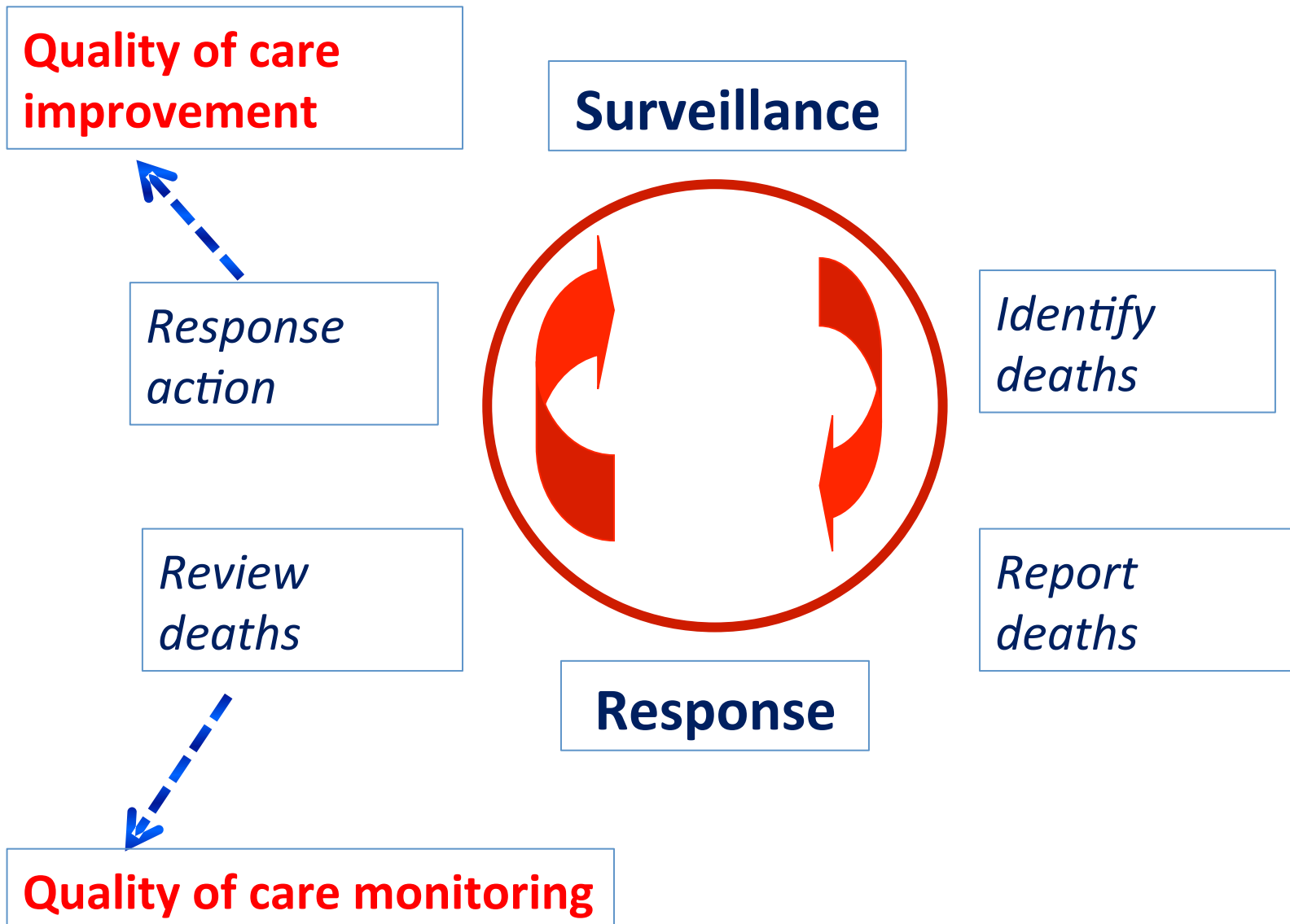


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Evidence for Action to Reduce Maternal &
Neonatal Mortality in Africa

Maternal Death Surveillance & Response system

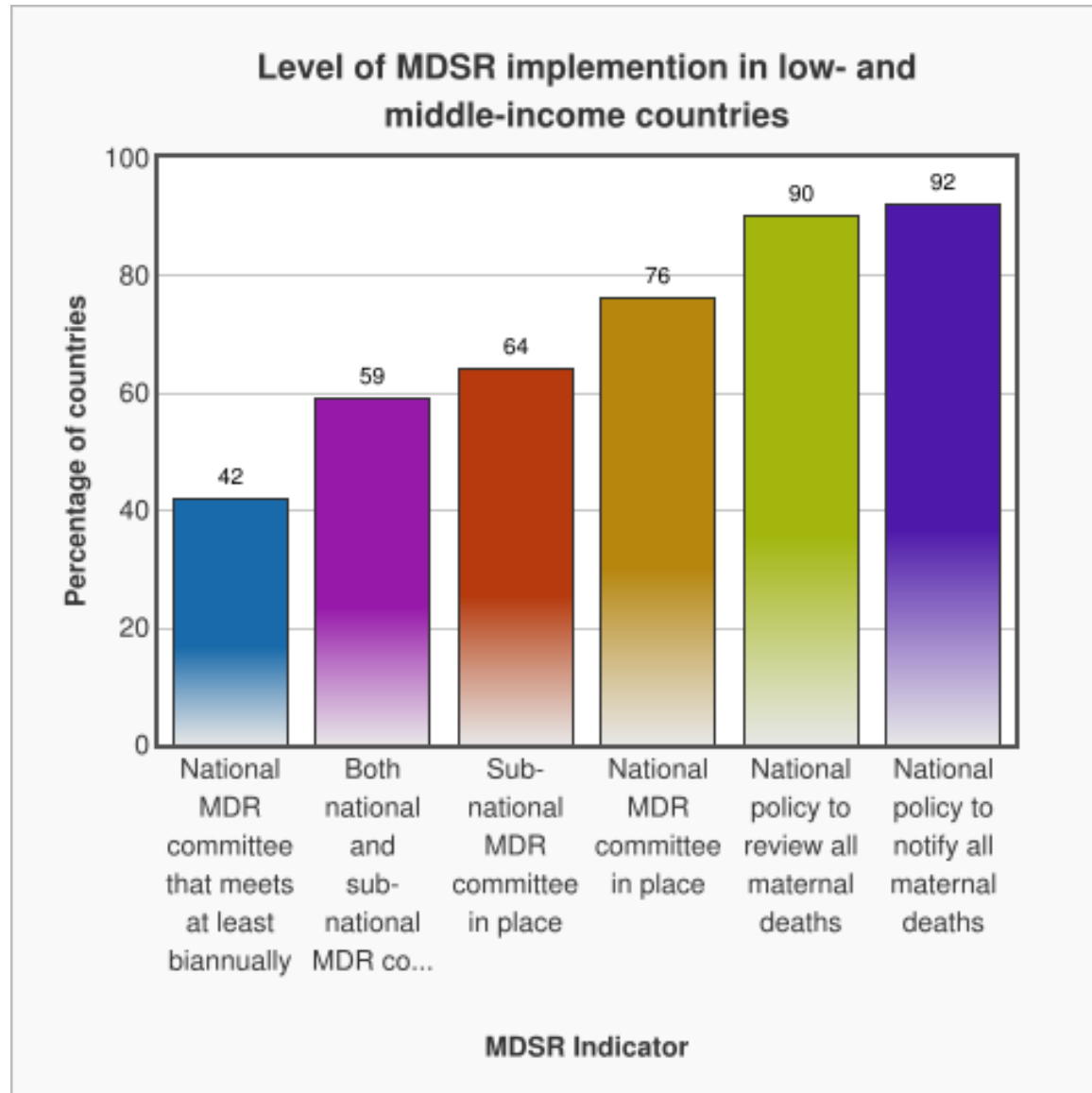


Why is MDSR important?

What opportunities does MDSR provide?

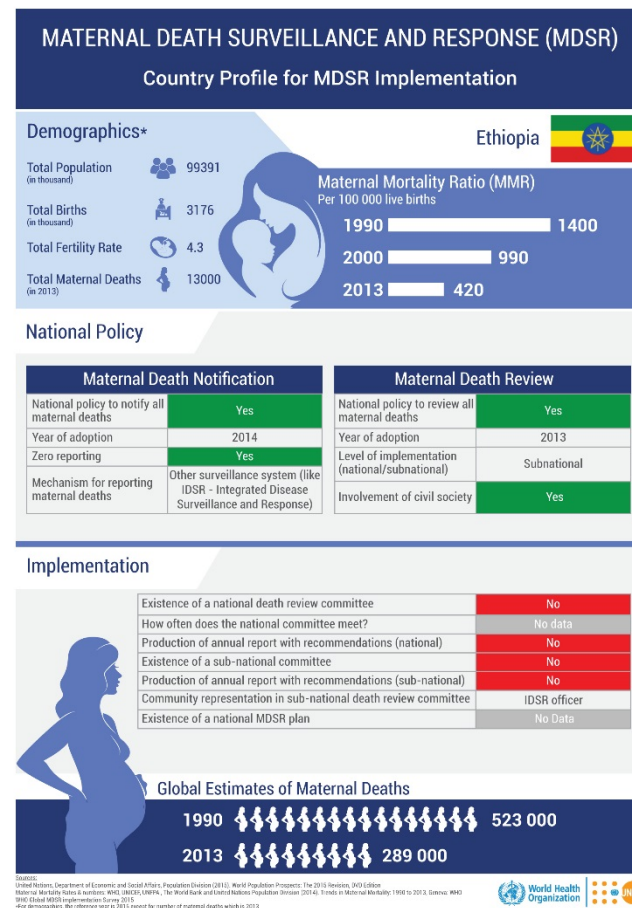
- Provides information for action
- Connects actions to results
- Makes maternal death visible at local & national levels
- Sensitizes communities & facility health workers
- Boosts country ownership of data
- Provides data in real time
- Enables progress towards capturing all deaths

New release of global reporting on MDSR implementation (Oct 2015)

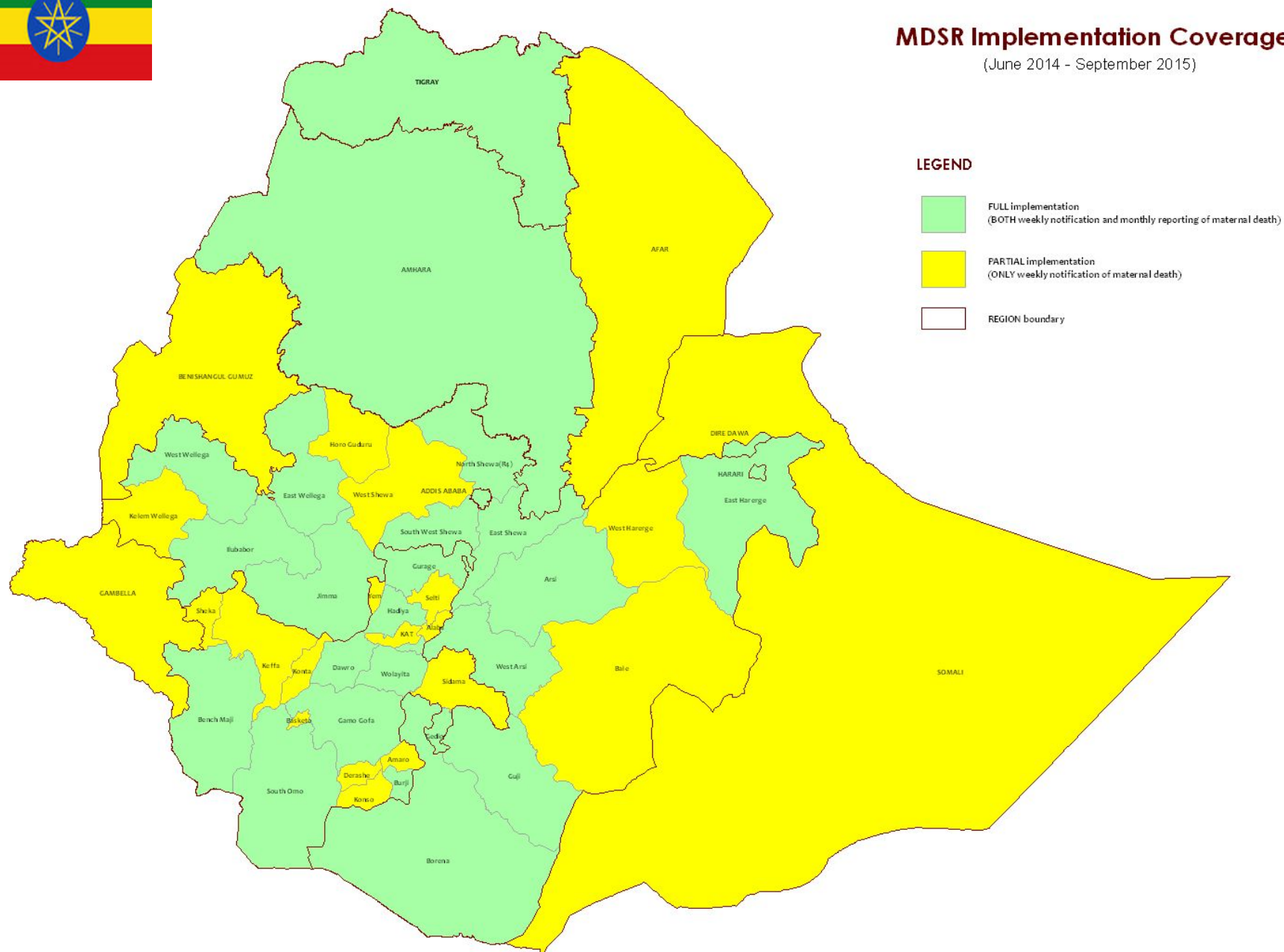
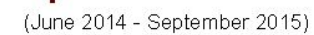


Why is Ethiopia at the forefront of the global movement for MDSR?

- RMNCH is a top national priority
- Federal MoH and Regional Health Bureaus' ownership of MDSR
- Part of Integrated Disease Surveillance & Response system (PHEM)
- Community link enabled by Health Extension Programme, HEWs, & Women's Development Army
- Action-focused MDSR from outset
- Strong champions
- Existing in-country expertise & experience



http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/en/



Does the implementation of MDSR act as a health system strengthening intervention? What are the challenges to implementation? What explains variation in implementation?

Methods: Four case studies conducted in four agrarian regions:

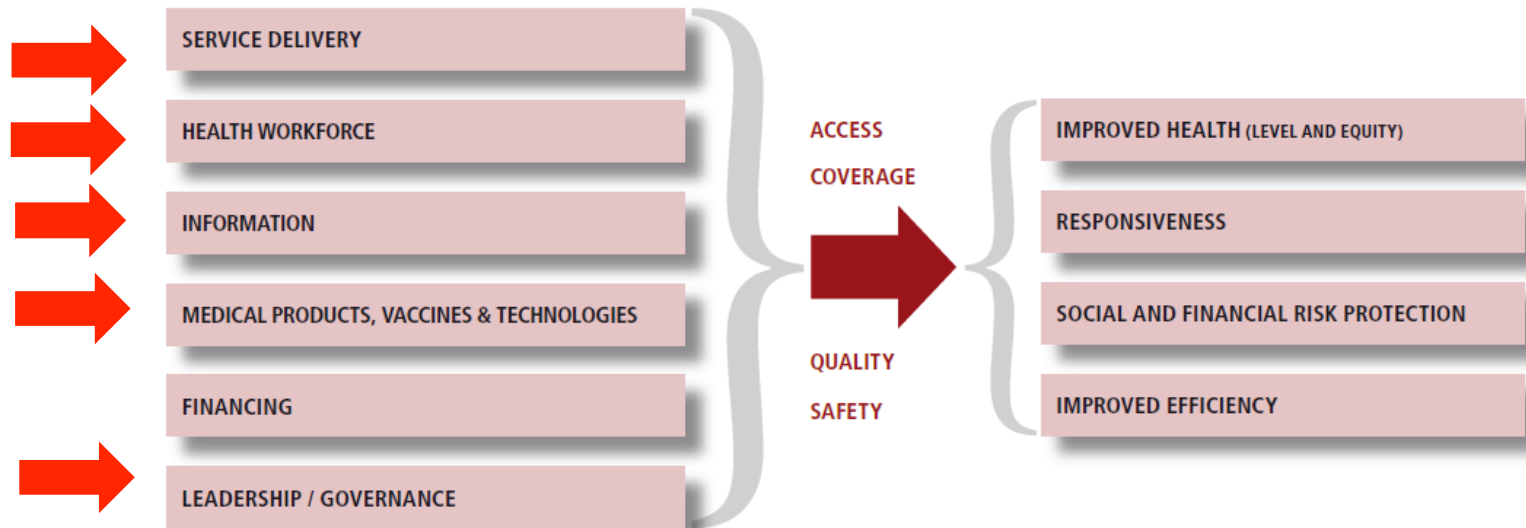
- Semi-structured interviews & focus group discussions with >50 key stakeholders at national, regional, zonal and district level
- Survey of health workers' views (n=179)
- Analysis of secondary data on broader context of change



THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

OVERALL GOALS / OUTCOMES



Information

- Communication & team work between health workers.
- Communication between health services & community.

Healthcare Workforce

- Skills of health workers in recognising obstetric emergencies.
- Skills of health workers in managing obstetric emergencies.

Service delivery & Leadership

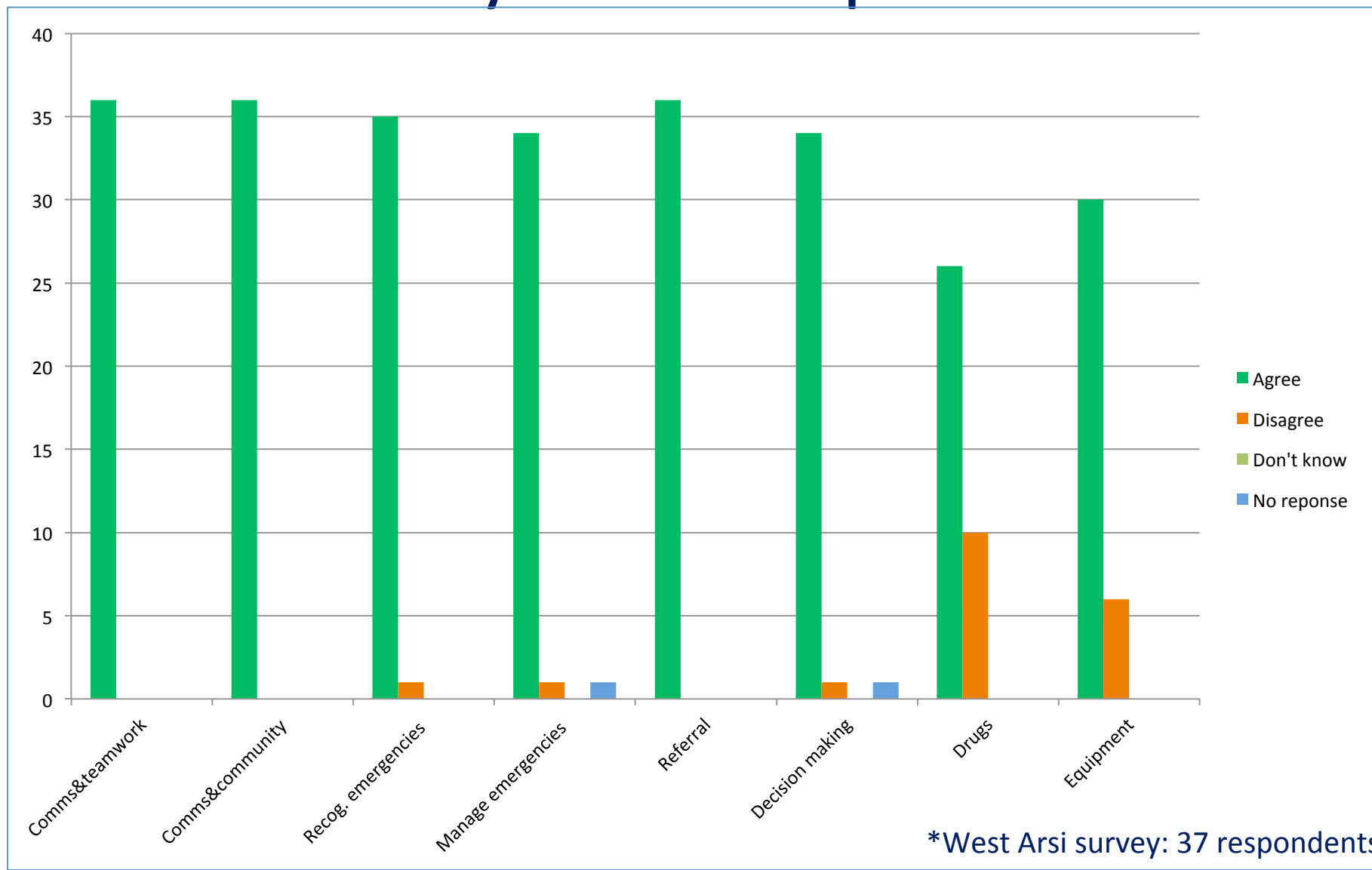
- Decision-making around avoiding maternal deaths.
- Referral of maternity cases between facilities.

Supplies, equipment

- Availability of essential drugs for maternity cases.
- Availability of equipment for maternity cases.

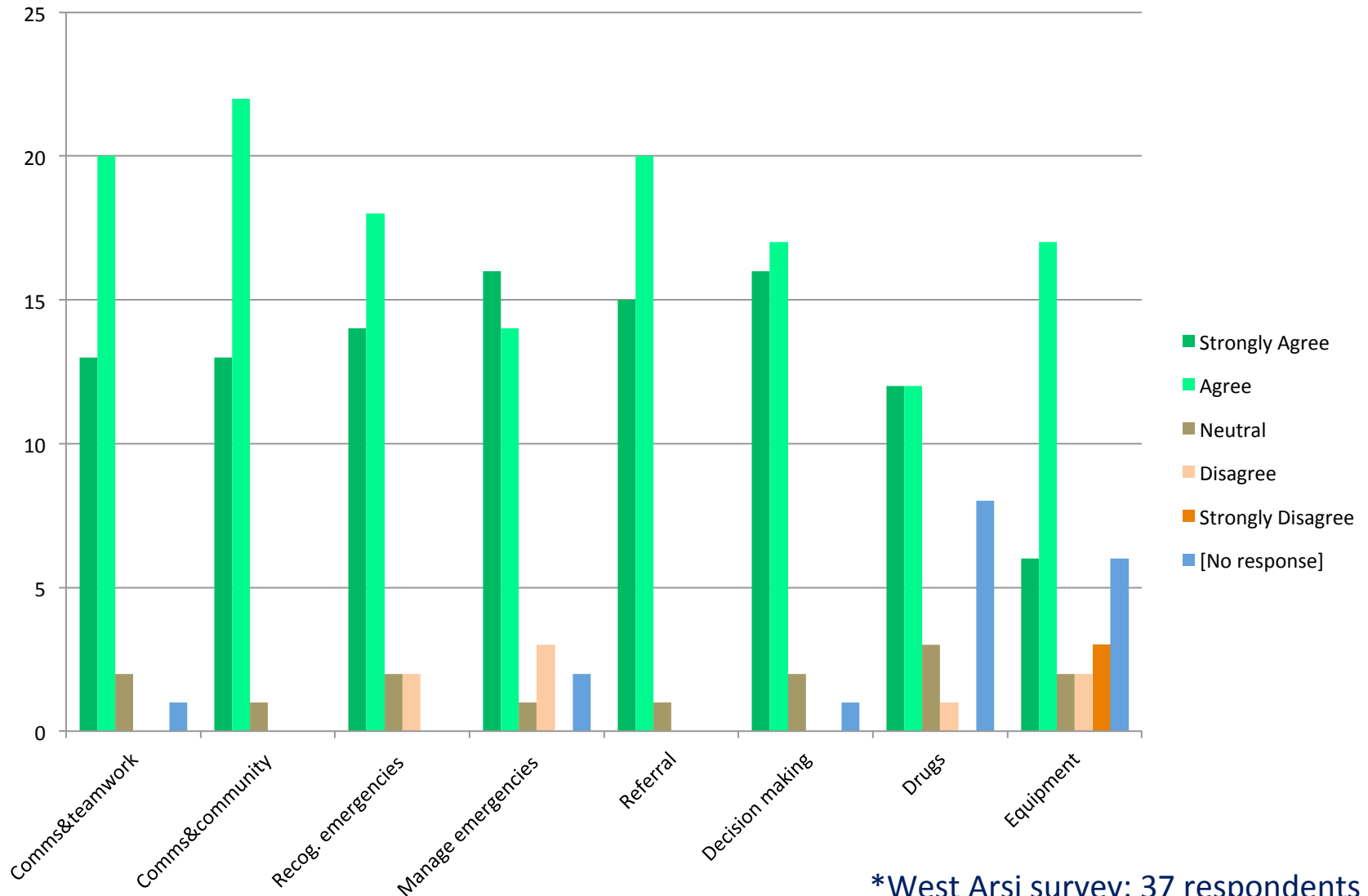
Questionnaire survey results* (1)

Levels of agreement with eight areas of improvement in the health system over the past 12 months



Questionnaire survey results*(2)

Responses to whether respondents think any changes observed were influenced by MDSR implementation



Qualitative interviews (1): **Service Delivery**

Opportunity for discussing weaknesses:

If there is a mistake done in the hospital, we discuss the gaps identified with health professionals ... and discuss in detail to avoid similar problems. (Hospital, Tigray)

Targeting responses:

The data come through the verbal autopsy. Based on that, we discuss our role to prevent this death. What is the main reason

for that death? Was it due to supply, technical problem or other limitation? So after identifying the reason, we set priority action. For example, if the problem is due to supply, we try to improve the logistics and if the problem is a skills gap we propose training and try to close the gap. (Zonal level, Oromiya)



Qualitative interviews (2): Information & Communication

- **Confidence in information:**

... since the data we get from the community is accurate, it is good for future reporting for the country instead of doing estimated work. ... What we are getting directly from the community indicates where we are and where we are going. (Zonal level, PHEM, Amhara)

- **Linking health system levels:**

There were problems that health centres referred inappropriate cases, without giving any treatments for those they referred. By giving health education to the health centre staff about how to use partographs, how and what [conditions] to refer, we reduced these problems after the [MDSR] committee was established. (Hospital management, Oromiya)

- **Understanding trends and patterns:**



We have realized that they are dying from haemorrhage. Before, maternal death reports merely showed numbers. 3 mothers died; 4 mothers died. Now it states the level of education: makes you wonder how [can] educated mothers die? (RHB level, Amhara)

Qualitative interviews (3): **Challenges & concerns with MDSR**

- **Fear & Blame:**

The management looks at it [maternal death reports] from a negative point of view, that they will be held responsible for the maternal deaths. (Zonal level, MNCH, Amhara)

- **Human resources:**

[There are] still limitations, for example there are only 30 maternal deaths reported with verbal autopsy this year. ... Of course there is staff turnover and lack of awareness. ... There is [also] a gap in activities when trained staff are not available. (Zonal level, Oromiya)

- **Weak infrastructure**



Transport last year was a problem - in the rainy season we couldn't enter villages. ... there is a problem with water supply ... it was maintained but now it is damaged and ... the electricity service is almost nil. We use cordless electrical or mobile solar equipment when we attend deliveries (Health centre, SNNPR)

Regional differences in implementation of MDSR

- **Higher performing regions exhibit ...**
 - *Better clarity on MDSR function within broader MCH*
 - *Explicitly defined roles and responsibilities within system*
 - *Clearer understanding of how MDSR is a cycle of reporting, analysis and response*
- **Facilitators to establishing MDSR include ...**
 - *Political will at RHB level to push through change*
 - *Well established Health Development Army structures*
 - *Facility management willing to take responsibility for action rather than waiting for community level change*
- **Barriers to strong MDSR remain**
 - *Limited distribution of forms, guidelines and database*
 - *Confusion around MCH and PHEM roles*

Conclusions

- Promising preliminary findings on wider benefits from MDSR as a health system strengthening intervention
- Sustainability of MDSR is ultimately dependent on:
 - commitment at all levels
 - clear contribution & recognised value for informing and achieving broader goal of continuous quality improvement



- ability to adapt and provide timely & relevant evidence for evolving MNH strategic goals and initiatives
- capacity to help fill evidence gaps & to flag news ones for research

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