

# Improving maternal health commodities through maternal health guidelines implementation in low and middle income countries

WHO recommendations for  
augmentation  
of labour

Dr Dina Neelofur Khan  
Department of Reproductive Health and Research  
World Health Organization, Geneva, Switzerland

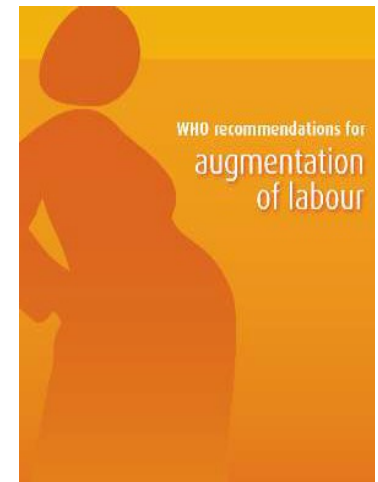
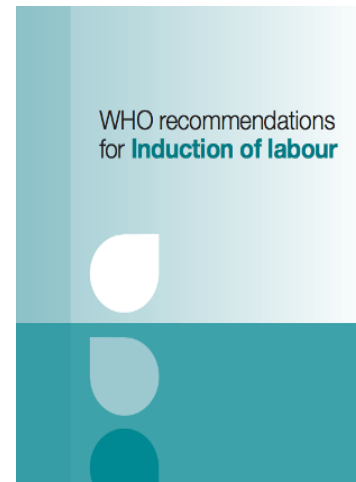
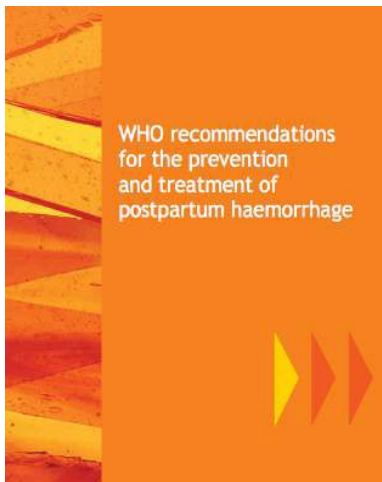
WHO recommendations  
for the prevention  
and treatment of  
postpartum haemorrhage

WHO recommendations  
for Induction of labour

WHO recommendations for  
Prevention and treatment of  
pre-eclampsia and eclampsia

# The guideline implementation challenge

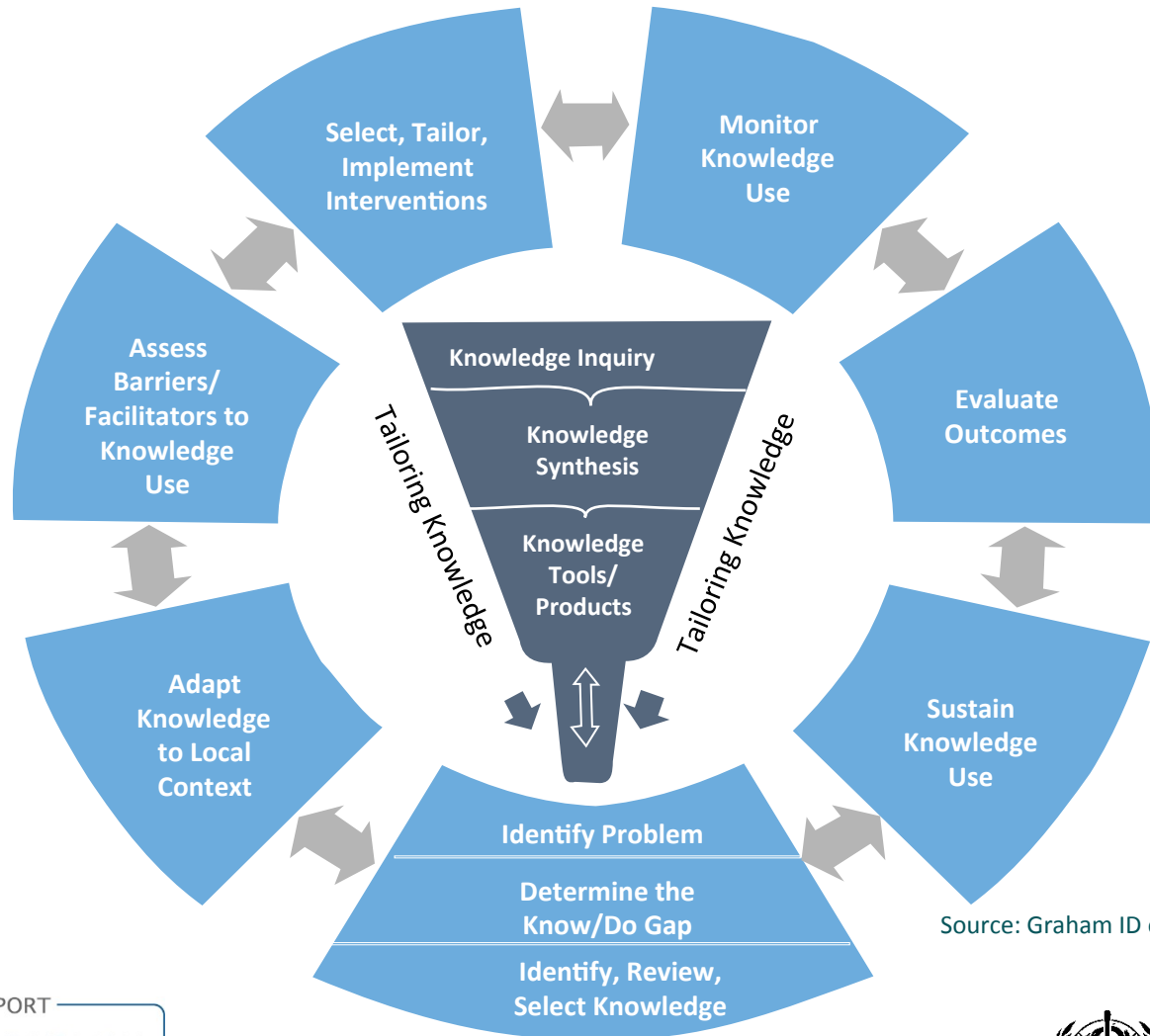
- Plenty of evidence, not enough implementation.
- **‘Evidence-based medicine should be complemented by evidence-based implementation’** Grol, BMJ 1997
- How can we best facilitate evidence-based implementation of WHO recommendations in resource-constrained settings?





Life  
Saving  
Commodities  
Improving access,  
saving lives

# The Knowledge-to-Action (KTA) Cycle



Source: Graham ID et al. *JCHEP* 2006;26:13-24

WE SUPPORT



EVERY WOMAN  
EVERY CHILD



World Health  
Organization

# In-country activities

## Following the Knowledge-to-Action Cycle

Aiming to improve implementation of maternal and perinatal health guidelines by:

- Identifying **local priorities** for implementation of recommendations
- Identifying **barriers and facilitators** at provider and health system levels
- Develop, initiate and sustain a **pilot implementation** strategy to improve guideline use based on local context
- **Evaluate outcomes**

# Methodology

Developed a protocol, applied & adapted in 3 countries – Ethiopia, Tanzania & Uganda

Mixed methods design

## Phase 1:

**Assessing priorities for guideline implementation  
barriers and facilitators to behaviour change  
potential implementation strategies**

Methods:

Pre-workshop quantitative **surveys**  
in-person **workshops** with focus group discussions and prioritization activities

## Phase 2:

**Develop, implement and evaluate evidence-informed, theory-driven  
program (ETP)**

Led by small, in-country working group

# Why do in-country workshops

- Early engagement/buy-in of stakeholders at beginning of process
- Foster cross-disciplinary dialogue by engage multiple disciplines and stakeholders
  - policymakers, health care providers, researchers, NGOs, professional associations, UN agencies
- Identify on priority recommendations, barriers, facilitators, feasibility and strategies
- Assess readiness for implementation





# Key lessons learned

- Similar barriers between countries
- Over-emphasis on barriers, under-recognition of facilitators
- Keep it simple and focused:
  - prioritize one or a few key recommendations/gaps, and focus on a sustained solution to improving these
- Turnover of key individuals – need for institutional strengthening and sustained partnerships
- Need for local ownership
  - Engage local partners in every step of the process, including leadership during in-country activities
  - Need for “the right champion” to make it work
  - Training and support

# Key implementation principles

- No silver bullet
- Implementation is incremental (but should not be “glacial”!)
- Need to plan and develop guideline implementation **as part of guideline development**
  - Better collaboration between guideline developers and guideline implementers
- Understanding barriers and facilitators to use of guidelines allows development of **tailored implementation strategies**
- Need for a lot more research on **how guidelines can be effectively implemented**, particularly in low- and middle-income countries
  - More documentation of implementation **success AND failure**



## Some resources

- Forthcoming publications on our experiences
- Web resources
  - [www.greatnetworkglobal.org](http://www.greatnetworkglobal.org)
  - [www.who.int/rhl](http://www.who.int/rhl)
  - [www.who.int/reproductivehealth](http://www.who.int/reproductivehealth)
  - [www.search.srhr.org](http://www.search.srhr.org)
- GREAT Network Newsletter