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Reducing Maternal Mortality

Efforts, Progress, and Success in the
Dominican Republic

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Agenda

- Country Overview
- Key Results
- Elements of Success
- Challenges
- Acceleration and Sustainability



Country Overview: Dominican Republic

- 9.76 million total population
- 30% <15 years old
- 60% live in urban areas
- 25% live below the poverty line
- Maternal mortality 159/100,000 live births (DHS 2007)
- Infant mortality 25/1,000 live births (DHS 2007)
- 20.6%: Teen pregnancy
- 0.8%: HIV Prevalence
- 2.4: Fertility rate
- 51.9%: Prevalence of use of modern contraceptives
- Investment in health: US\$1.35 billion (2012 budget): 7% of GDP



- 18,704 sq. miles
(Size of Vermont and New Hampshire combined)
- 84.7% literacy rate



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Main Health Challenge

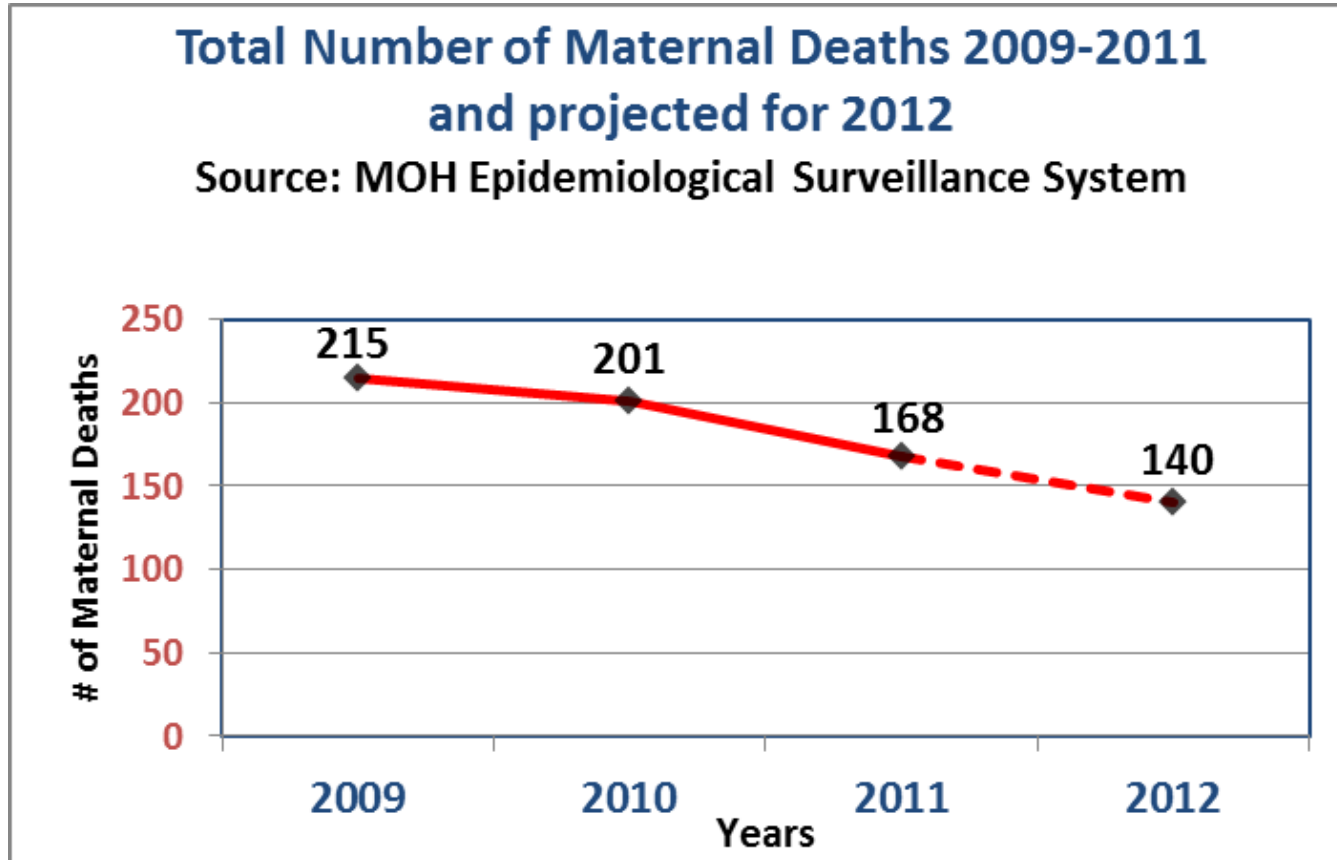
- Reduce maternal mortality (159/100,000 live births, DHS 2007).
- Respond to the “Dominican Paradox” (Miller, 2003):
“High maternal mortality rate despite the fact that virtually all (97%) of women receive prenatal care and births occur in hospitals attended by skilled health professionals”.

Results point to the need to:

- Improve the quality of obstetric and neonatal care
- Focus on humanization of care
- Address barriers to accessing services



Key Result: Reduction in Maternal Deaths



Reduction rates:

- 6.5% 2009-2010

-16.4% 2010-2011

-21.8% 2009-2011

-34.0% 2009-2012 (projected)



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Elements of Success



Political Leadership: committed to health

- Health Sector Reform in the D.R. (began in 2001)
- Social protection system with universal coverage.
- “*Zero Tolerance*” policy prioritizing Government’s efforts to reduce maternal and infant mortality:
 - Comprehensive surveillance system
 - Mandatory maternal mortality audits
 - Community oversight of services
- Successful family planning program previously supported by international donors maintained by the Ministry of Health.
- Implementation of Health Sector Reform with support from USAID and other multilateral organizations.
- Stability and continuity of public policies for over 7 years



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Health Service Quality Improvement

- Key Components:
 - Emergency Obstetric Care
 - “Chain of Life” to facilitate maternal survival: a series of maternal care practices focused on saving lives
 - System of on-the-job training and supervision using check lists
- Indicators:
 - Increase in active management of the third stage of labor (AMTSL) from 32% to 82%.
 - Reduction in episiotomies from 30% to 25%.
 - Increase in maternal mortality audits from 16% to 65%.



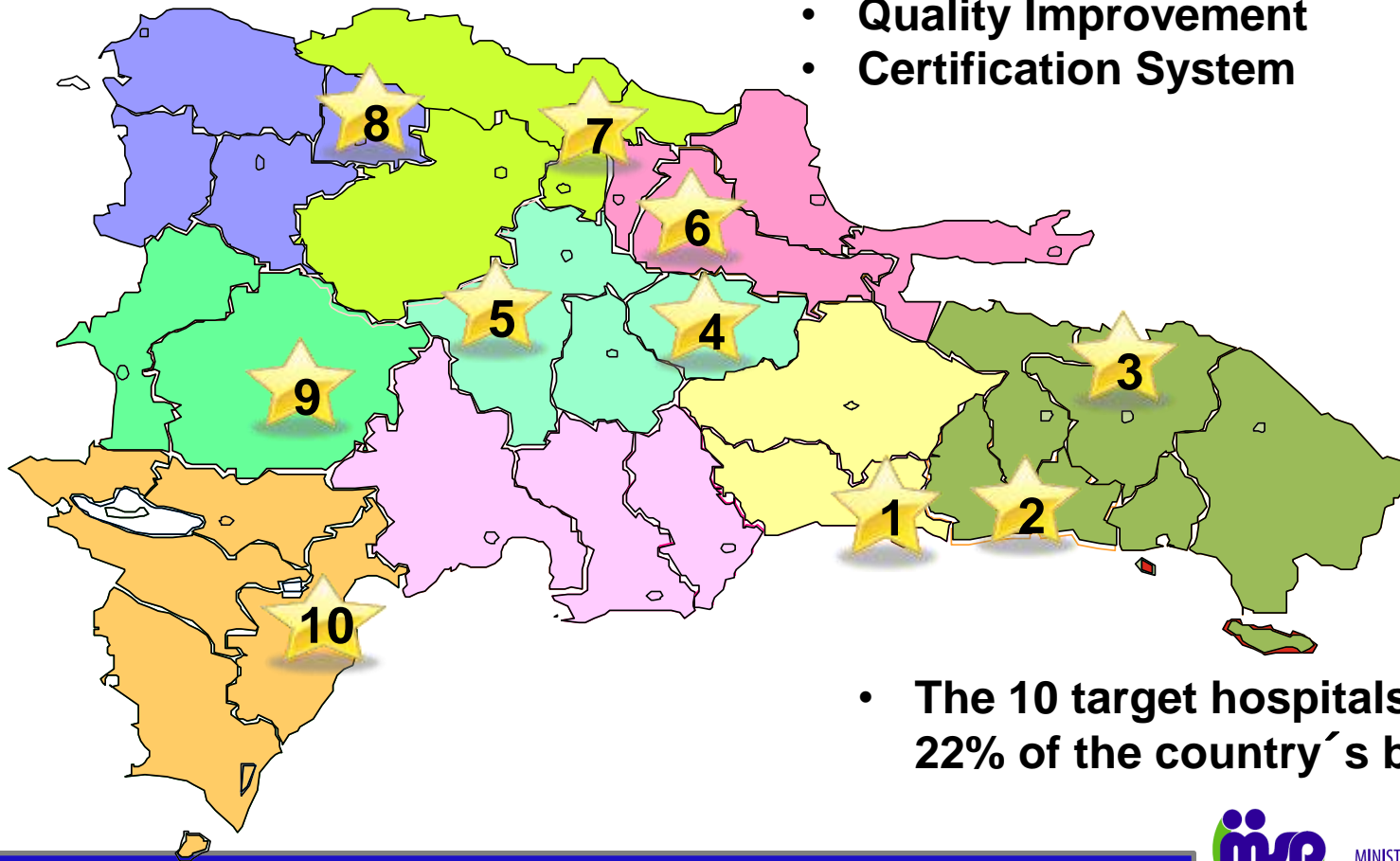
Health Systems Strengthened

- Human Resources Systems: Leadership of “change management” teams at hospitals.
- Strategic planning and management of processes.
- Continued quality improvement through use of the *Common Assessment Framework* (CAF).
- Logistics Management Systems: Implementation of a National Medical Supply Management system.
- Health Information Systems strong emphasis on surveillance, perinatal information and facility level systems (medical records, reporting systems).

<http://sigs.salud.gob.do/index.htm>

Centers of Excellence Model

- Focus in 10 out of 152 hospitals
- Change management teams
- Diagonal Approach: integrates health systems and MCH services
- Quality Improvement
- Certification System



- The 10 target hospitals attend to 22% of the country's births.

Greater impact in target hospitals

	2010	2011
Total Number of Maternal Deaths (nationwide)	201	168
Percentage decrease in the total number of Maternal Deaths		- 16.4%
Total number of Maternal Deaths at the 10 intervention hospitals	61	31
Percentage decrease in the number of Maternal Deaths at the 10 intervention hospitals		- 49.2%

Source: MOH Epidemiological Surveillance System



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Reducing Barriers to Access

The National Social Security System has allowed for:

- Shift to a culture of client empowerment and recognition of rights
- Health Consumer Protection Agency as a mechanism for clients to voice concerns
- Decrease in out-of-pocket expenditures from 75% (2001) to 56% (2011).
- Increased compliance with MOH Norms as a requisite for reimbursement of services rendered by health providers.
- Use of incentives to encourage focus on meeting objectives.

Increase in government investment in health:

- Investment in health: US\$ 802 mill (2008) to 1.35 bill (2012 budget)



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Challenges

- Reduce the percentage of cesareans
 - Main cause: previous cesarean (30%)
 - High rate of teen pregnancy (20.6%)
 - Demand driven by clients and families
 - Current systems for hiring and compensating health services provided
- Increase integration of HIV/AIDS and MCH programs
- Improve the referral system
- Strengthen system to ensure ongoing supervision and medical audits.
- Strengthen a continuous healthcare quality improvement system





Acceleration & Sustainability



Acceleration and Sustainability

- Increase population covered by the National Public Health Insurance System.
- Strengthen current programs such as family planning.
- Institutionalize the Centers of Excellence approach within the Ministry of Health.
- Disseminate lessons learned and replicate best practices to other hospitals.
- Institutionalize the certification system as a step towards the accreditation process.



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Thank You!