

POLICY BRIEF

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Ensuring successful implementation of emergency **obstetric care** policy in **Uganda**



Summary

The key messages outlined in this policy brief are the following:

- To implement EmOC policy efficiently and effectively, the key aspects of financing, workforce, provision of medicine and other products, and improved service delivery need to be well established.
- Certain barriers are recognised as major challenges to successful implementation of EmOC policy. These include inadequate funding, untimeliness in the availability of funds, unsustainable funding, the inability of services users to pay out of pocket for EmOC medication and services, inadequate stock of medicine, and lastly, inadequate healthcare workers.
- Financial challenges to implementing an EmOC programme can be overcome by making maternal health services free of charge, or by adopting effective financing mechanisms such as community-based health insurance schemes.
- Investment in human resources for maternal health may lead to improved emergency obstetric services.
- Intersectoral collaboration should be strengthened to address circumstances in which government is overwhelmed by the demand for medicine and other key medical products.

Introduction

Despite improvements in the provision of emergency obstetric care (EmOC), maternal mortality remains high in Uganda. Between 2000 and 2016, maternal and new-born mortality fell from 524 to 368 per 100 000 live births, but it is still far from the targeted goal of 131 per 100 000 live births. Reducing maternal and neonatal mortality is essential to achieving the third sustainable development goal (SDG) of ensuring healthy lives and well-being for all at all ages. In addition, the 5th Millennium Development Goal's (MDG) target is to decrease the maternal mortality ratio by 75% by 2030. In implementing emergency obstetric care policy effectively, the key aspects of financing, workforce, provision of medicine and other products, and improved service delivery need to be well established.

In Uganda's efforts to meet these targets, and to achieve universal health coverage, monitoring maternal mortality is of paramount importance. The implementation of effective EmOC services at primary care level was a significant aspect of working towards meeting these goals. This policy brief considers the effectiveness of key aspects of the implementation of the EmOC programme in Uganda. This policy brief is based on data from a study on Supporting Policy Engagement for Evidence-based Decisions (SPEED) for Universal Health Coverage in Uganda Project at Makerere University School of Public Health (MakSPH). The policy brief explores the challenges experienced in providing EmOC services in Uganda and makes recommendations for the improvement of the services.

Survey methods

The SPEED project conducted a survey in 2015 among central government officials, district officers, and health facilities (health centres and hospitals) and assessed the level of financing, workforce, medicine and products, and service delivery of the implementation and establishment of the EmOC programme. A six-level Likert scale was used to assess perceptions or opinions of the respondents on key aspects. To the propositions in the survey questions, respondents were asked to indicate: don't know, strongly disagree, disagree, moderate, agree, or strongly agree. During analysis, the responses of 'don't know', 'disagree' and 'strongly disagree' were combined. 'Moderate' was categorised separately, and 'agreed' and 'strongly agreed' were also combined and formed the third category. Details of the methodology can be accessed in the published protocol. Average scores were generated from responses for different study domains (financing, workforce, service delivery, and medicines and supplies) across the policies, and an overall average score was constructed for each of the policies.

Results

Implementation of EmOC policy

This section discusses the activities and bottlenecks experienced during the implementation of the EmOC programme (Figure 1). We categorise and discuss these under four subdomains of EmOC policy, namely, financing, workforce, medicine and products, and service delivery. On the whole, the responses indicated that implementation of EmOC programme was viewed favourably, as shown in Figure 1.

- To the proposition that EmOC strategies were adequate to achieve the policy objectives if they were implemented well, a high score of 4.12 was observed, as most respondents agreed.
- Respondents were moderately positive that there was good mobilisation and timely contribution from other sectors.
- In terms of financing the EmOC programme, most respondents' scores expressed moderate agreement on key related factors. A high average score (3.36) was observed as the majority of respondents expressed their moderate agreement that there was optimal value and benefits from the funds made available for the EmOC programme.
- Most respondents agreed that there was an adequate level of training and skills to support EmOC programme activities, but responded with 'moderate' to the notion that the salaries for the workforce were reasonable.
- In relation to medicines and products for EmOC, the overall average score was moderate and agree.
- The majority of respondents agreed that government was the main source of medicine and product.
- In addition, most respondents agreed that private sources of medicines and products were of acceptable quality, but disagreed that most users were able to pay out of their own pockets for their medicines.
- Lastly, service delivery was rated moderate overall. In this subdomain, most respondents agreed that EmOC services were adequate.

Figure 1: Overall average of response scores of EmOC programme by domain

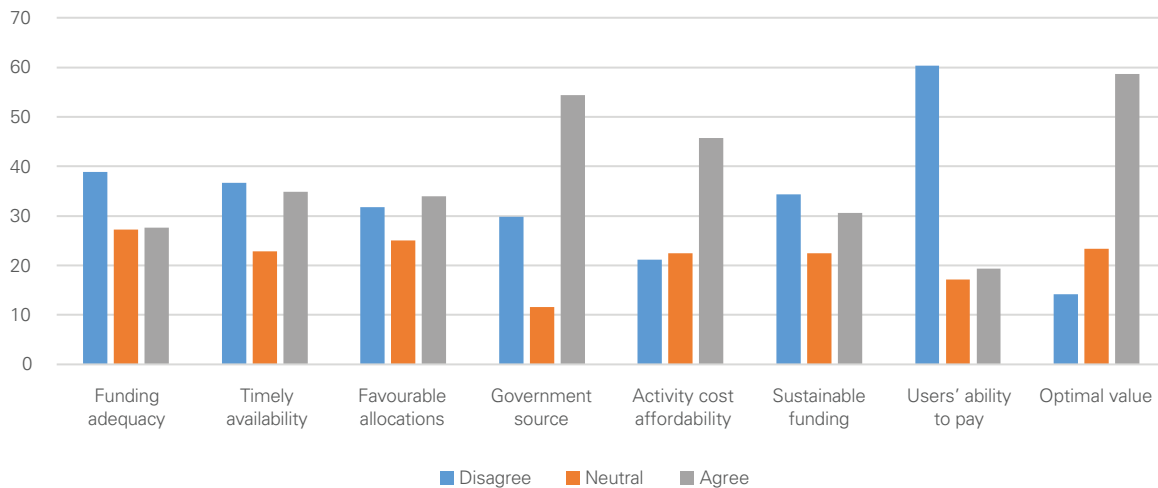


Source: Hongoro et al. (2018)

Financing

Respondents had mixed views about financial support for the emergency obstetric care programme, with many feeling that the programme did not enjoy adequate support and disagreeing with the notion that most users could pay for the programme services themselves. Figure 2 provides an overview of responses relating to the financing of EmOC.

Figure 2: Percentage responses on financing of EmOC by health financing sub-domain



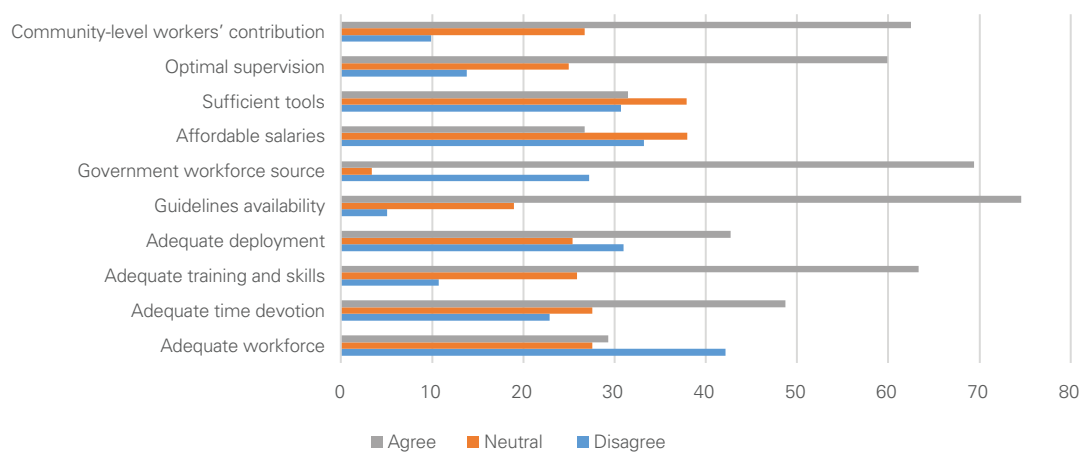
Source: Hongoro et al. (2018)

Responses indicated that the principal source of funding for EmOC was government. There were mixed responses regarding its timely availability (related to delays in disbursements), allocations to specific activities, and the sustainability of funding (related to consistence of annual funding levels). Overall the response was that financing of EmOC is considered optimal (that there was an adequate and reliable level of funding).

Workforce

There were varying opinions from the respondents regarding the workforce of the EmOC programme. On average, 50% of the respondents agreed on most key issues related to the workforce of the EmOC programme. While 42% disagreed that the size of the workforce was adequate, 38% were moderate that salaries and wages for workforce were reasonable.

Figure 3: Percentage responses on workforce for EmOC



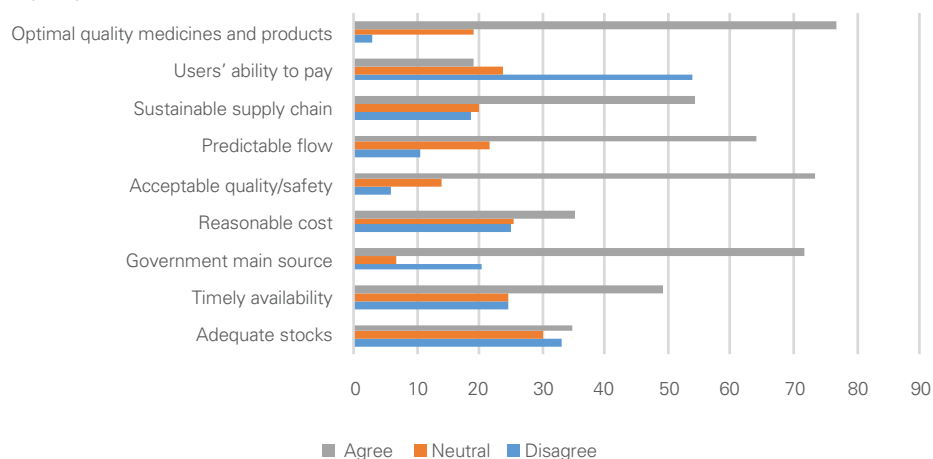
Source: Hongoro et al. (2018)

Medicine and other supplies

Respondents were asked to express their opinions on the medicine and other products available to EmOC. On average, 50% agreed on issues related to EmOC medicine and products: specifically, more than 75% agreed that the quality of medicine and product for EmOC were at optimal level, and that government was the main source of medicine and product. However, more than half of respondents disagreed that users were able to pay for medicines themselves.

Figure 4: Percentage responses on medicine and other products provided for EmOC

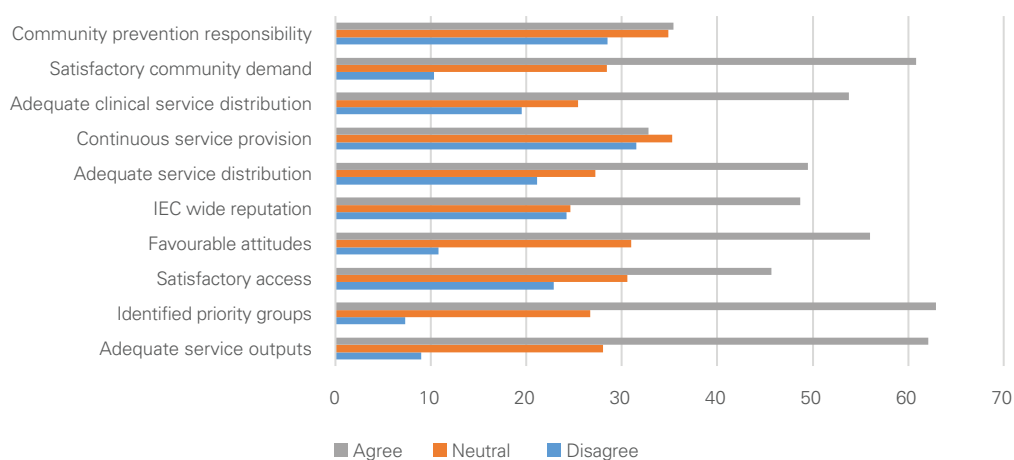
Source: Hongoro et al. (2018)



Service delivery

Respondents were asked to express their opinions on the level of service delivery of the EmOC programme. On average, 50% agreed on issues of EmOC service delivery: specifically, more than 60% agreed that the service outputs or benefits of the programme were adequate, priority communities for EmOC services had been identified for effective targeting, and demand for the programme service in the communities was satisfactory.

Figure 5: Percentage responses on EmOC service delivery



Source: Hongoro et al. (2018)

Conclusion

Uganda's EmOC policy aims to increase access to obstetric care through strategies to increase the EmOC health workforce, improve availability of medicine and other products, provide high quality services, and increase the availability of funds. This study highlights the complex issues that have arisen in terms of the implementation of the EmOC programme. The main challenges highlighted within financing for the EmOC programme were inadequate funding, untimeliness in the availability of funds, unsustainable funding, and the inability of services users to pay out of their own pockets for EmOC medication and services. Inadequate healthcare workers were reported as the main challenge for EmOC policy implementation. Lastly, inadequate stock of medicines and other products was also identified as a challenge that hinders the successful implementation of the programme.

Recommendations

1. Funding for EmOC services can be increased through the mobilisation of financial resources for non-government sectors. A multi-sectoral approach to targeting and/or pooling resources, particularly in hard-to reach or marginalised areas, will go a long way towards improving EmOC coverage and outcomes.
2. Financial challenges to the EmOC programme can be overcome by making maternal health services free of charge, or by adopting effective financing mechanisms such as community-based health insurance schemes or national health insurance (NHI) programmes. This strategy is common in most low and middle income countries that prioritise the health of the mother and child as an important pillar of addressing reproductive health challenges.
3. Finally, intersectoral collaboration should be strengthened and all stakeholders must work together towards the same goal of supplying improved EmOC services. This could help to address circumstances in which the public sector is overwhelmed by the demand of medicine and other products.

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