# Saving Women's Lives

## Enabling Policy Environment for High-Impact Maternal Health Interventions: Strengthening the Practice of Active Management of the Third Stage of Labor in Africa

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## Introduction

African women are dying of preventable or treatable causes while giving birth. The Millennium Development Goal (MDG) to reduce maternal mortality by 75 percent by the year 2015 is the poorest performing of the eight MDGs, with only a few African countries on track to meet that goal.

Maternal mortality ratio is the best proxy of a functional health system. Weak health systems in Africa hinder progress to attain the MDGs.

The active management of the third stage of labor (**AMTSL**) is a feasible high impact intervention to treat post partum hemorrhage (PPH) which causes 34% of maternal deaths in Africa. Correct and consistent practice of AMTSL can reduce the occurrence of PPH by 60%.

Surveys in 3 East African countries (*Ethiopia, Uganda, and Tanzania*) show that consistent and correct use of AMTSL is weak—due to poor application of and outdated guidelines, and a lack of systematic and effective training for health care workers.

Leadership is needed to reduce maternal mortality and create policies that favor the initiation and scale-up of high-impact interventions. The East, Central and Southern African Health Community's (ECSA-HC) secretariat, in collaboration with development partners, assists governments to fulfill their leadership role in the areas of problem analysis, advocacy, reform of policies, guidelines and protocols to improve health in the sub-region.

## Strengthening the Practice of AMTSL in Africa

### Objective

To improve the capacity of African countries to institutionalize the correct and consistent practice of AMTSL

### Process for Change

**1 LAY THE GROUNDWORK**

**Sensitize** national experts and ECSA health ministers on post-partum hemorrhage and AMTSL

**Demonstrate** evidence with desk review & rapid assessment of AMTSL in 3 countries 2006–2007

**Organize** national workshops to review findings, identify gaps and build consensus on AMTSL

**2 CALL FOR ACTION**

**Endorse and/or adopt policies**

ECSA Health Ministers' Conference, February 2008

Regional workshop: dissemination of evidence on AMTSL, November 2008

ECSA Health Ministers' Conference, February 2009

**3 TAKE ACTION**

**Implement or scale-up AMTSL:**

Ethiopia 2009

Tanzania 2010

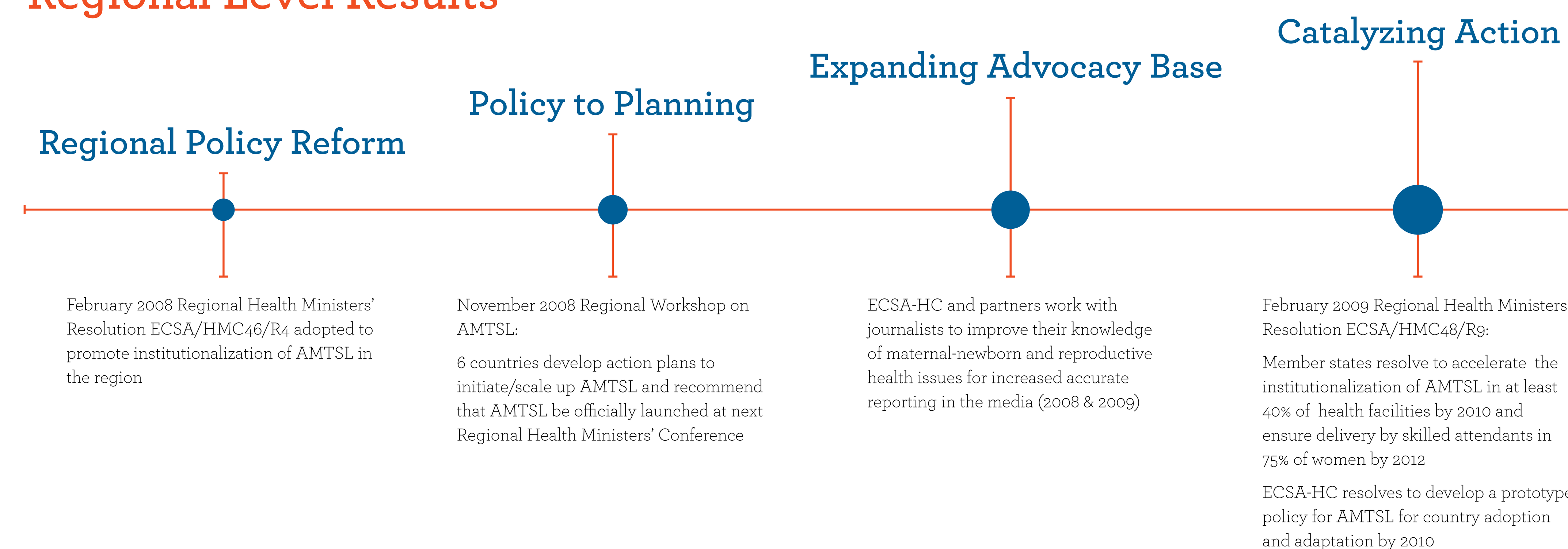
Uganda 2010

Kenya

Malawi

Zambia

## Regional Level Results




## Case Studies

### AMTSL in Ethiopia Since 2006 Survey

**Advocacy/Policy**

- National stakeholders created a favorable policy environment for AMTSL
- Consensus reached for inclusion of Misoprostol on national list of drugs
- Policy decision to allow health extension workers to administer Misoprostol for the control of PPH

**Guidelines and Protocols**

- National guideline for the prevention & treatment of PPH completed & officially endorsed by the Ministry of Health in February 2010
- Official launch of the guideline and the 1st round of national dissemination workshops held in May 2010
- The Drug Administration and Control Authority approved Misoprostol for use in the prevention of PPH

**Capacity Building**

- Training manual for AMTSL using Misoprostol developed
- Health extension workers trained to provide oral Misoprostol/Ergometrine
- Integrated Oxytocin-based AMTSL into preservice curriculum in 50% of public mid-level health professional training institutions.
- Integrated Misoprostol in curriculum in 50% of mid-level health professional training institutions: 15 public & 5 private mid-level
- Number of nursing-midwifery tutors trained Misoprostol-based AMTSL: 266
- Number of nursing-midwifery students trained in Misoprostol-based AMTSL: 6,000
- Number of training institutions teaching AMTSL based on 2007-8 evaluation: 17 public
- In-service and cascade training in 3 administrative regions

**Metrics**

- Revised national health management information system to facilitate documentation of AMTSL-related activities

### AMTSL in Tanzania Since 2006 Survey

**Advocacy/Policy**

- Policy in place to administer Misoprostol for PPH at facility level

**Guidelines and Protocols**

- The Drugs and Poisons Board registered Misoprostol for management of PPH

**Capacity Building**

- Trained doctors and clinical officers in hospitals, facilities and dispensaries to provide oral Misoprotol/ergometrine, practice controlled cord traction and manual removal of placenta
- Introducing AMTSL and Misoprostol for management of PPH in preservice training curricula of universities and mid-level colleges
- Inservice training planned for professional clinical guilds by MoH to start in 2010

**Metrics**

- Consensus reached to revise national health management information system to include information on AMTSL-related activities

## Lessons Learned & Conclusion

- Regional policy reform through Ministers of Health resolutions is a critical first step to country-level action
- The media can be an important stakeholder/ally for the adoption and scale-up of proven interventions
- Strategic partnerships with African leadership and experts to create an enabling policy environment are catalytic for adoption and scale-up of high impact interventions and attainment of the MDGs.

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