

*Saving lives  
with clean safe  
care at birth*

# Soap Matters

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## Responding to the Changing World

Our fourth year has also been the first for the seventeen new Sustainable Development Goals (SDGs) set by the United Nations. The focus of Soapbox on ensuring clean safe birth in maternity units is relevant not only to the health-related SDG (Goal 3) but also to those addressing education (4), gender equality (5), clean water & sanitation (6), and innovation (9). The relevance of Soapbox to the new SDG agenda can be seen in the breadth and depth of our activities during 2016, as captured in this and previous newsletters. From the innovative training package for health facility cleaners

piloted in The Gambia, to the research on changing the hand hygiene behaviour of birth attendants in Zanzibar, Soapbox seeks to develop sustainable improvements in maternity units which include women from the poorest circumstances – “leaving no one behind” – the phrase used by the UN to emphasize equity at the heart of sustainable development. In 2017, Soapbox looks forward to developing and implementing a sharper strategic focus for its activities and partnerships – and one which ensures a contribution to the truly global agenda.

*Professor Wendy J Graham  
The Soapbox Collaborative Chief Scientific Advisor*

## Global Health & Humanities - More than a Medical Issue

Developed as part of the Medical Humanities block for 3rd year medical students at the University of Aberdeen, the six-week Global Health & Humanities module (24th Oct – 2nd Dec) has been a great success. The module, which forms part of a series of pathways to learning on global health that has been introduced to the MBChB curriculum, is coordinated by Soapbox's Professor Wendy Graham, Emma Morrison and Dr Jolene Moore. It showcases the breadth and depth of knowledge in global health in Aberdeen and lectures and tutorials explored topics from maternity services in humanitarian crises, nutrition and non-communicable diseases, to

water, sanitation and hygiene (WASH) in healthcare facilities.

As with previous cohorts, the students excelled, producing impressive pieces of written work, as well as delivering powerful & informative 'PechaKucha' presentations.



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2016's Global Health & Humanities students brainstorm ideas on how to quantify the volume of water required for good hand hygiene at birth.

## Maternal Health Lancet Series

September saw the launch of the new *Lancet Maternal Health Series* a decade after the first series was published on maternal survival. The six papers in the new series cover the epidemiology of maternal health, the current landscape of maternal health care and services in both high and low income countries, and future challenges and strategies to improve maternal wellbeing.

Soapbox's Chief Scientific Advisor, Professor Wendy Graham, co-led the Series and reports that “In all countries, the burden of maternal mortality falls disproportionately on the most vulnerable groups of women. This reality presents a challenge to the rapid catch-up required to achieve the underlying aim of the Sustainable Development Goals – “to leave no one behind”.

In line with the work of Soapbox, the Series authors, who include several members of the Soapbox team, found that many birth facilities lack basic resources such as water, sanitation and electricity. They warn that measuring progress via the current indicator of skilled birth attendant coverage is insufficient and fails to reflect the complexity of circumstances.

The Series identifies five key priorities that require immediate attention in order to achieve the Sustainable Development Goal global target of a maternal mortality ratio of less than 70 per 100,000 live births. These include prioritising quality maternal health services that respond to local needs; promoting equity through universal coverage of quality maternal health services; improving the health workforce and facility capability; and guaranteeing sustainable financing for maternal and perinatal health.

The full series can be accessed, with registration, through The Lancet website at: [www.thelancet.com/series/maternal-health-2016](http://www.thelancet.com/series/maternal-health-2016)

## Welcome to new Soapbox Manager

We are excited to introduce Catherine Francis as the newest member of The Soapbox Collaborative, who has joined the team as Manager. Catherine worked for Highlands & Islands Enterprise for several years advising community organisations in rural Scotland on project development and funding. She has overseas experience including living in the Altiplano region of Bolivia and working for a Bolivian NGO. Here she witnessed some of the issues relating to maternal and infant health that Soapbox is working to address.

We are delighted to welcome Catherine on board to manage the Soapbox team as our vision and remit evolves over the coming years.



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## Data collection gets under way in Malawi on the Deliver Life project

August and September saw Soapbox's Sandra Virgo head to Malawi as part of our collaboration with WaterAid on the Department for International Development (DFID) funded *Deliver Life* project. The goal of the project is to improve water, sanitation and hygiene (WASH) in sixteen Malawian rural health centres. On her return, Sandra wrote a short report on her time there...

"In the first couple of weeks of my trip I worked with our data collectors and collaborators from WaterAid Malawi to adapt and translate questionnaires, checklists and interview questions. Then, once the data collectors were trained up, we descended on the rural health centres to carry out comprehensive needs assessments.

"These needs assessments investigated all sorts of things: whether the facility had a functioning steriliser; whether the staff had ever had any training in infection prevention; what sort of toilets the heavily pregnant women would prefer to use; and lots more besides.



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"Now the data collection is all done and we are analysing the results. Already reports on the infrastructure at Linyangwa, Mtosa and Nayuchi facilities have been sent to WaterAid Malawi to inform building work that must happen before the rainy season starts. The rest of the findings will inform further building work at the other thirteen facilities, as well as helping to make decisions on future interventions, including training in infection prevention. It really is exciting to be on the ground with such a fast-moving and practical project and to know we will see positive outcomes very soon."

Sandra, a Research Fellow in Epidemiology, has worked with Soapbox since February 2015 and is based at the London School of Hygiene and Tropical Medicine.



Improvvised handwashing facility at a Malawian health centre where there are no sinks with taps next to the latrines.

## Evolving Partnership with Ethiopia

Soapbox's Dr Ryan Ellis has spent the last seven months at Felege Hiwot Referral Hospital (FHRH) in Bahir Dar, Ethiopia improving care in the operating theatre, promoting early recognition and prompt intervention of deteriorating post-surgical patients, and working in the intensive care unit (ICU) when patients become critically ill.

Ryan reports that working with exceptional staff in a very challenging environment has highlighted the vast benefits patients can gain from the very real, achievable and sustainable improvements that can be implemented in surgical and critical care.

The ICU, which begun development in April, has now been completed and is slowly expanding its capacity and capability. Soapbox continues to support this effort, with small improvements in care gradually being introduced. Dr Jolene Moore also joined the team in October to provide further training to staff in this department.

The Quality Improvement Department also continues to develop and more local staff are being employed to this expanding area to ensure the continuation of improvement projects across the hospital. Soapbox are committed to the ongoing support of this department by assisting in the employment of an Audit Clerk who can help the collection of data for locally inspired projects. Several protocols have now been put in place to enable this work to continue and expand.

A number of Aberdeen students have also travelled to Bahir Dar as part of the ongoing partnership over the preceding few months. These visits have resulted in the completion of a number

of valuable projects while working with Felege Hiwot Medical Residents. The projects have also been presented to the hospital staff promoting both quality improvement work and cultural exchange.

In October, Soapbox, along with NHS Grampian (NHSG), were delighted to welcome Dr Bazezew, a Medical Resident at FHRH, to Aberdeen. The aim of the visit was for Dr Bazezew to meet with colleagues at Soapbox, NHSG and the University of Aberdeen to further the on-going partnership to improve quality of care at FHRH. During his time here Dr Bazezew learnt much from his visits to a number of departments; the antenatal clinic, the obstetrics and gynaecology departments and maternity facilities at both Aberdeen Royal Infirmary and Peterhead.

The visit was a huge success with Dr Bazezew reflecting, "I shared an experience that I couldn't get anywhere [else], which I will try to share with my hospital and the university, I'm sure there are things which can be implemented here [in Ethiopia] that can bring significant [improvements to] patient care."



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## Antimicrobial Resistance: Call to Action

In September 2016, the United Nations General Assembly (UNGA) met in New York to discuss the fundamental threat antimicrobial resistance (AMR) poses to human health, development, and security.

The Soapbox Collaborative, along with our collaborators, published an article in *Global Health Action* ahead of the UNGA calling for joined-up thinking and working to address the current lack of attention, evidence, and action on the threat of AMR to maternity units. More than 50% of births now occur in health facilities and yet very little is published on AMR in maternity units in the very parts of the world where most births occur and where quality of care, including primary prevention of infections, is most lacking. Lack of water, sanitation and hygiene and infection prevention and control provision have been identified as significant drivers of AMR due to the resulting reliance on antibiotics. Combining primary prevention with essential actions to reduce inappropriate and unnecessary antibiotic use in maternity units will ensure that we can continue to save women and newborns in the foreseeable future.

September's high-level meeting was only the fourth time the UNGA has met to discuss health-related issues (only HIV/Aids, non-communicable diseases and Ebola have been discussed previously) and all 193 UN member states agreed to combat the proliferation of drug-resistant infections.

## Recent Publications

Gon G, Restrepo-Méndez M, Campbell O. *et al* (2016) Who delivers without water? A multi-country analysis of water and sanitation in the childbirth environment. *PLoS ONE* 11(8): e0160572

Graham W, Morrison E, Dancer S. *et al* (2016) What are the threats from antimicrobial resistance for maternity units in low- and middle- income countries? *Global Health Action* 9: 33381

Cross S, Afsana K, Banu M. *et al* Hygiene and maternity units: Lessons from a needs assessment in Bangladesh and India. *Global Health Action* (in press)