



Developing networks of health facilities for improving access to emergency obstetric and newborn care at national scale

Experiences from Sudan and Cote d'Ivoire

17 June 2021, 1 – 2PM BST

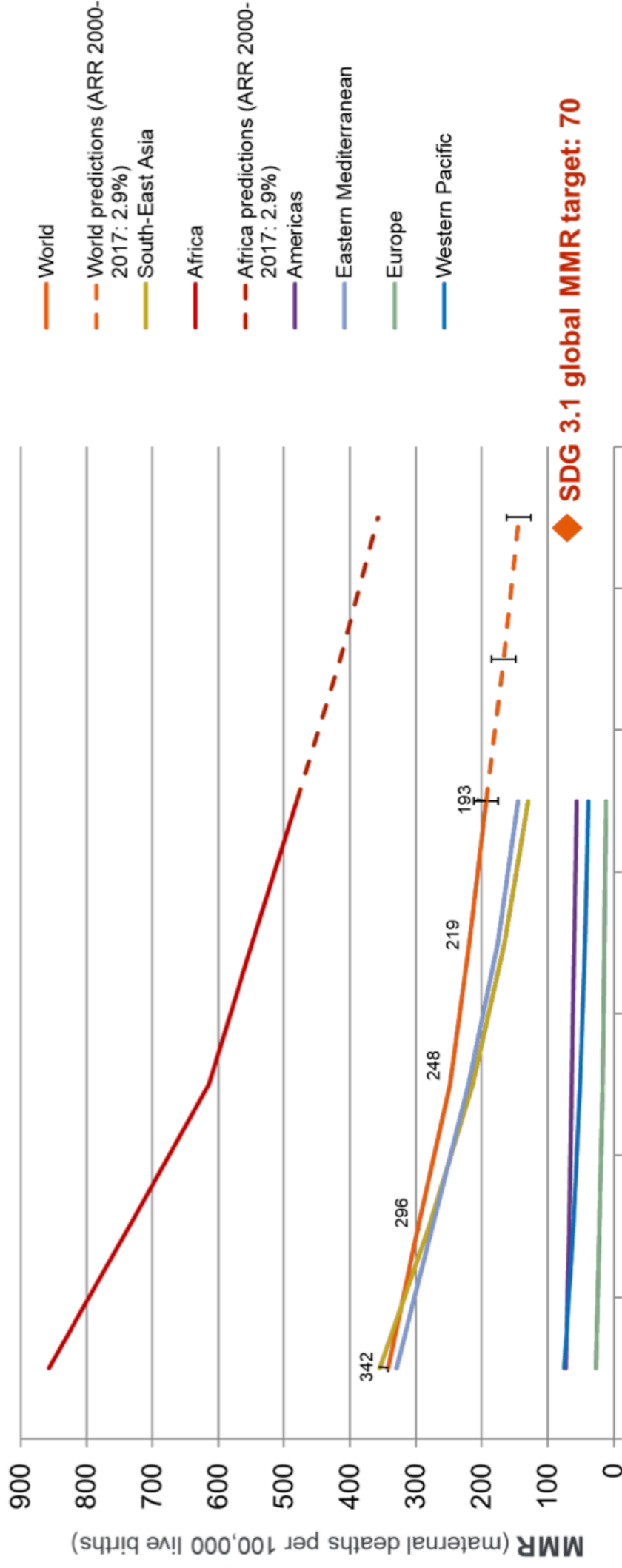
Dr Dalya Eltayeb, FMOH, Republic of the Sudan

Prof Joseph Vyankandondera, UNFPA West & Central Africa

Dr Michel Brun, UNFPA HQ

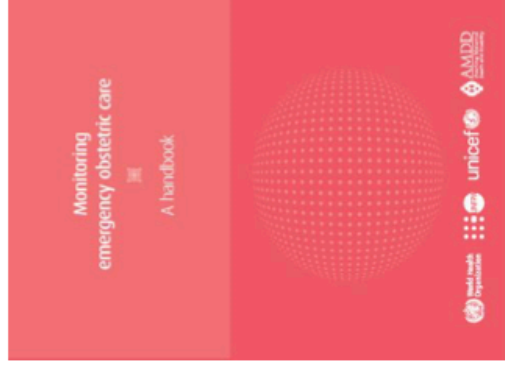
Jean Pierre Monet, UNFPA HQ

We are not on track to reach the SDG 3.1 target on maternal deaths reduction



Source: WHO, UNICEF, UNFPA, World Bank Group, United Nations Population Division. Trends in maternal mortality 2000 to 2017 estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019

Concept of Basic and Comprehensive EmONC health facilities



2009: Monitoring EmOC Handbook (WHO, UNFPA, UNICEF, AMDD) Implemented in 50+ countries

BASIC EmONC SIGNAL FUNCTIONS (B EmONC)

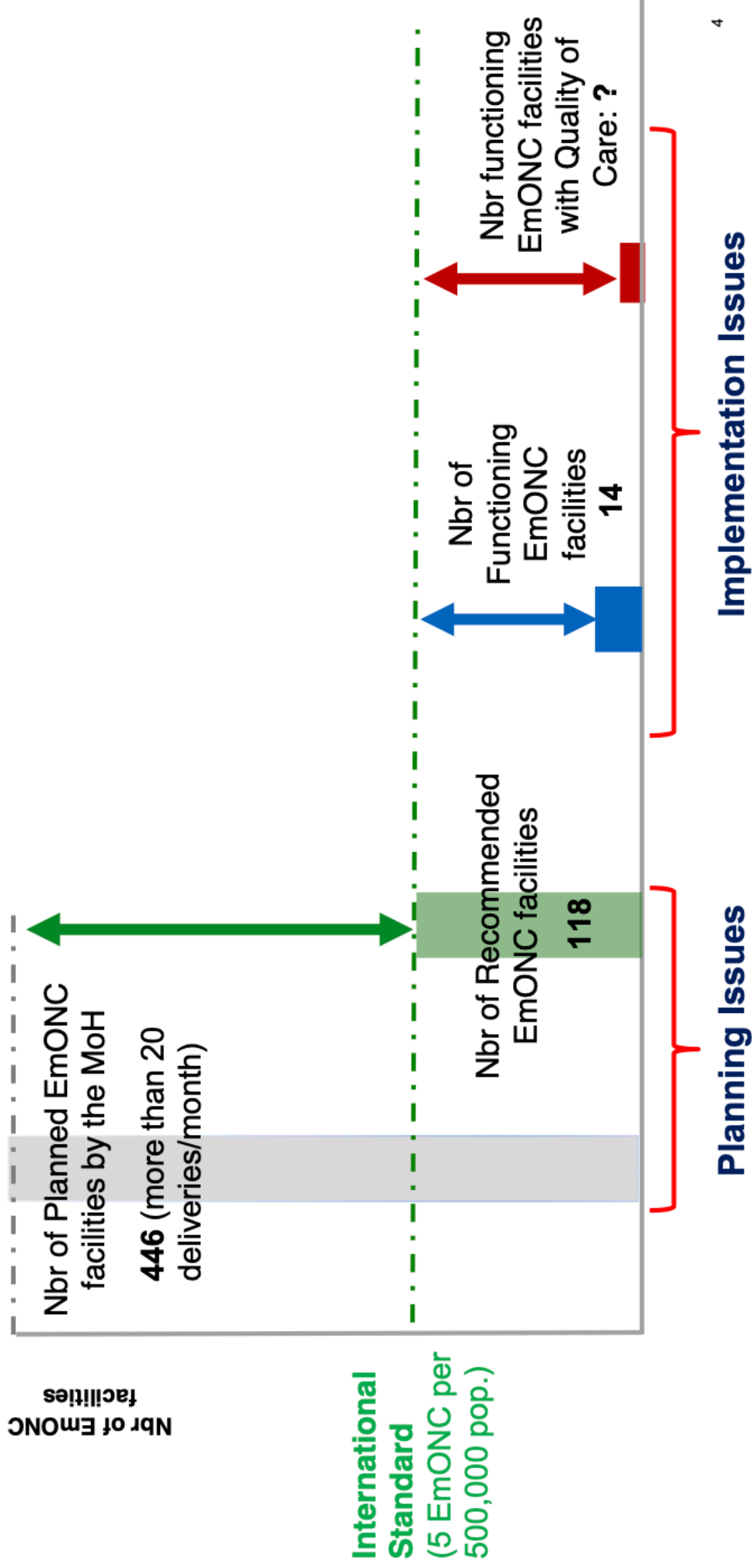
1. Administer parenteral antibiotics
2. Administer uterotonic drugs
3. Administer parenteral anticonvulsants
4. Perform manual removal of the placenta
5. Remove retained products
6. Perform assisted vaginal delivery
7. Perform basic neonatal resuscitation (with bag and mask)

COMPREHENSIVE EmONC SIGNAL FUNCTIONS (C EmONC)

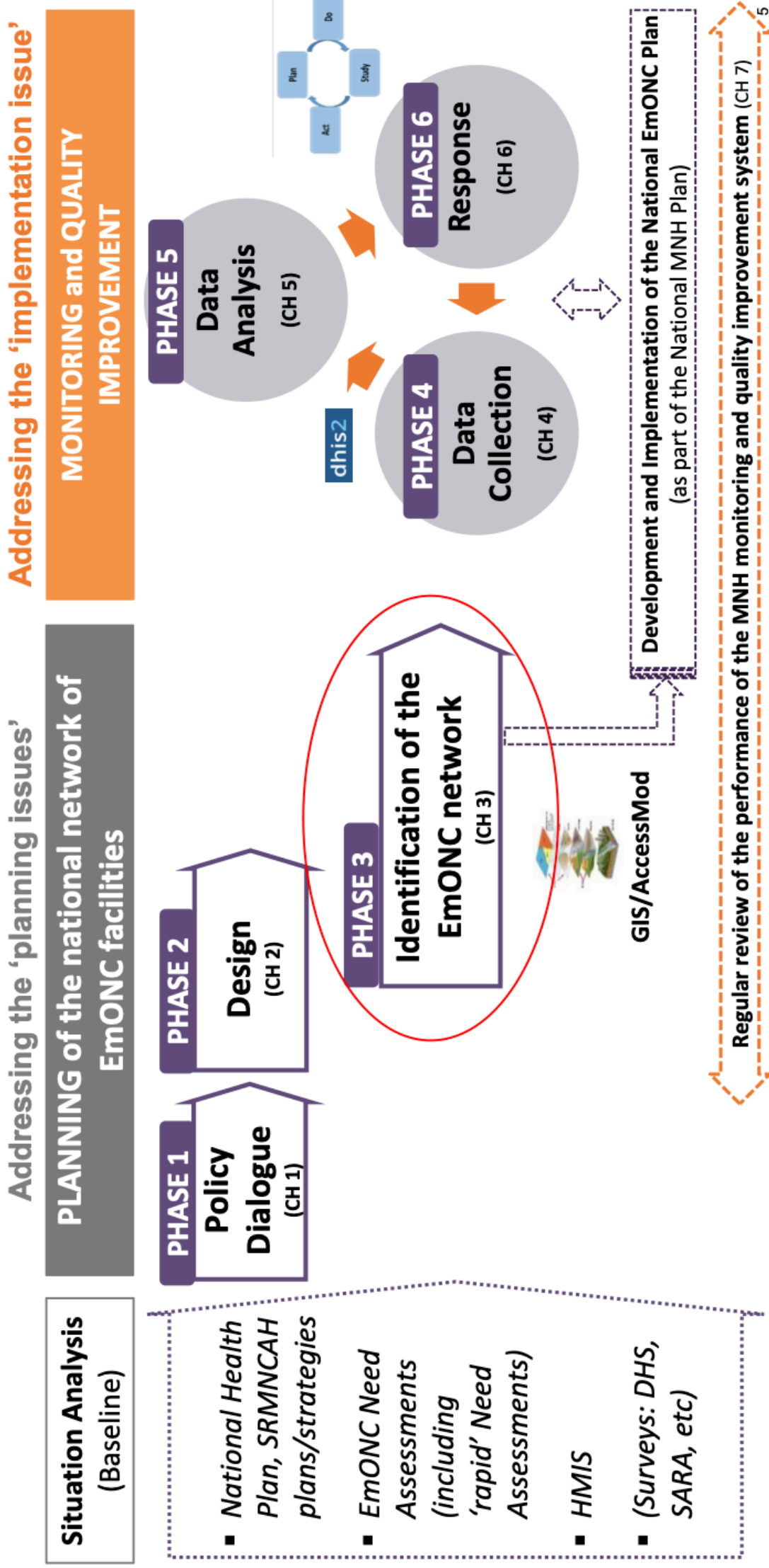
- BEmONC signal functions (1-7)
+
8. Perform Blood transfusion
 9. Perform Caesarean section

Services available 24h/24 and 7d/7

What is the situation of EmONC in high burden countries?



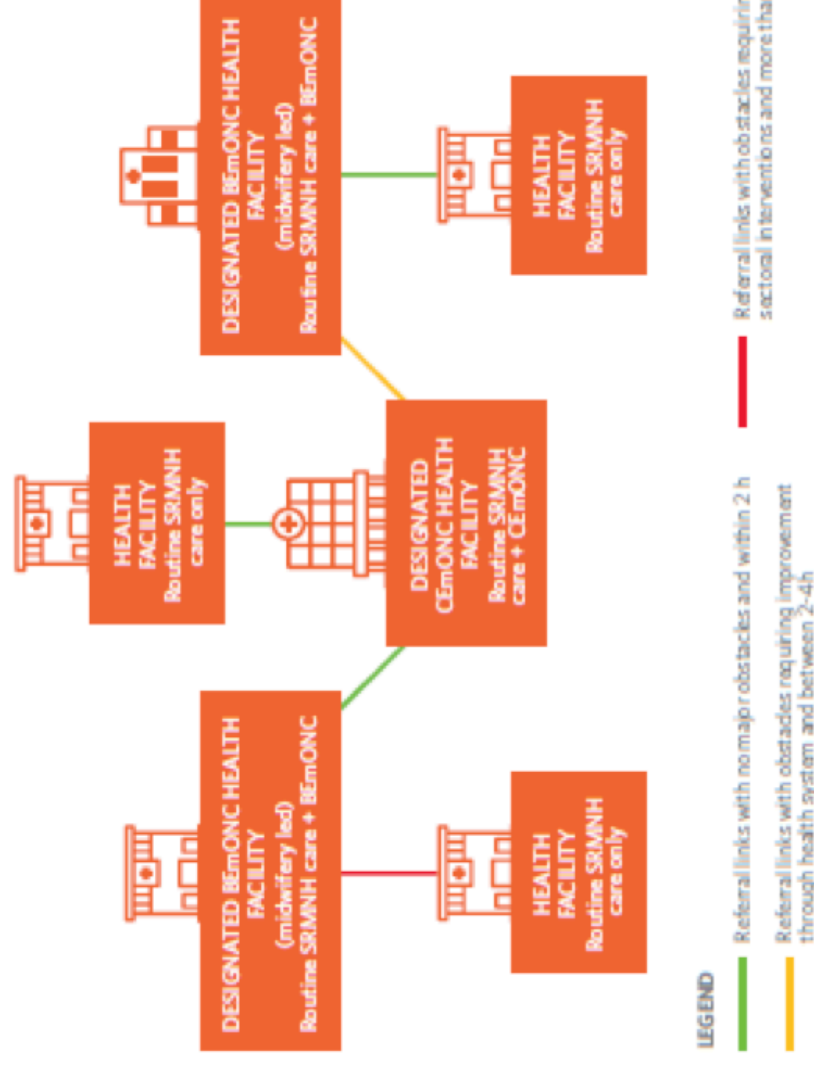
EmONC development process: 15 countries by 2020, more in 2021



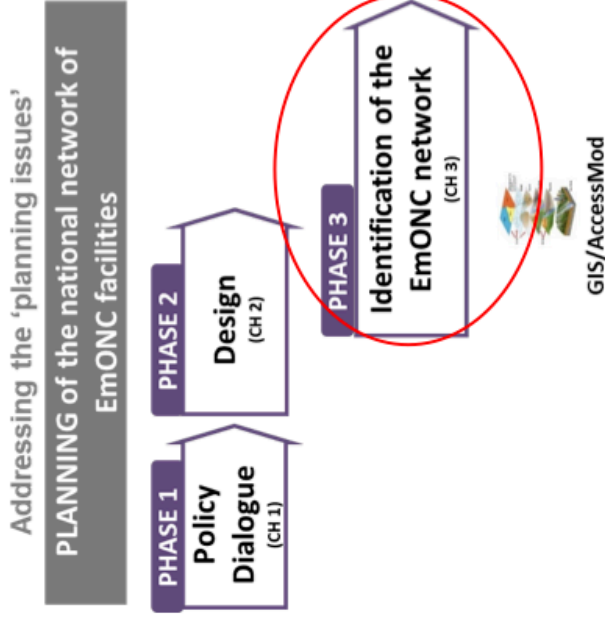
National network of EmONC health facilities

‘Set-up’ or ‘optimize’ the network of EmONC health facilities by addressing the planning and implementation issues integrating staff empowerment, data management, network vision, and quality improvement

- **BALANCE** between focus on limited number of EmONC facilities and good coverage of population
- What are the missions, roles of B EmONC facility?
- How to staff EmONC health facilities, in particular B EmONC facilities?
- How to monitor an EmONC network (incl. referral links) and support QI based on evidence?



Planning phase: design a national network of EmONC health facilities



Main criteria for identification of EmONC facilities:

- High population density (using a map)
- Important number of deliveries
- Strong referral links B EmONC to C EmONC
- Coverage of the population by the health facility (catchment area within 2h travel time – using a map)

Secondary criteria:

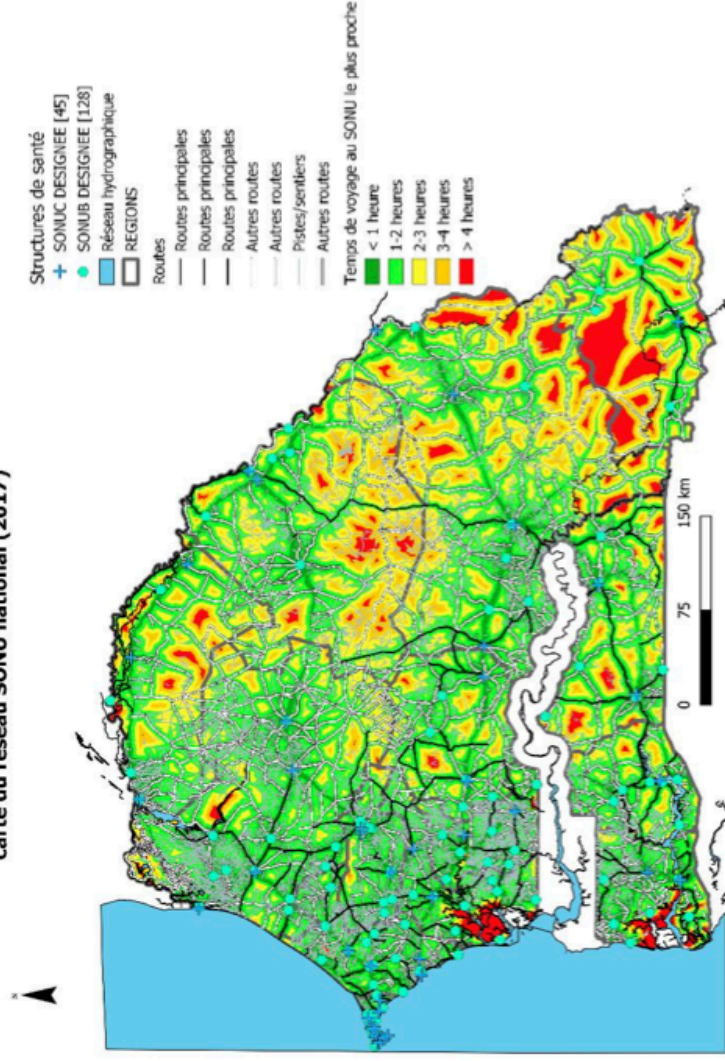
- Number of SBAs effectively working in the maternity (eg sufficient for 24h/7d)
- Limited gaps in signal functions
- Quality management/leadership in the HF
- Infrastructure fitting with the requirements for an EmONC facility

EmONC network prioritization in Senegal (all 14 regions)

Before « prioritization »

173 designated referral facilities covering
90% of the population within
2 hour travel time

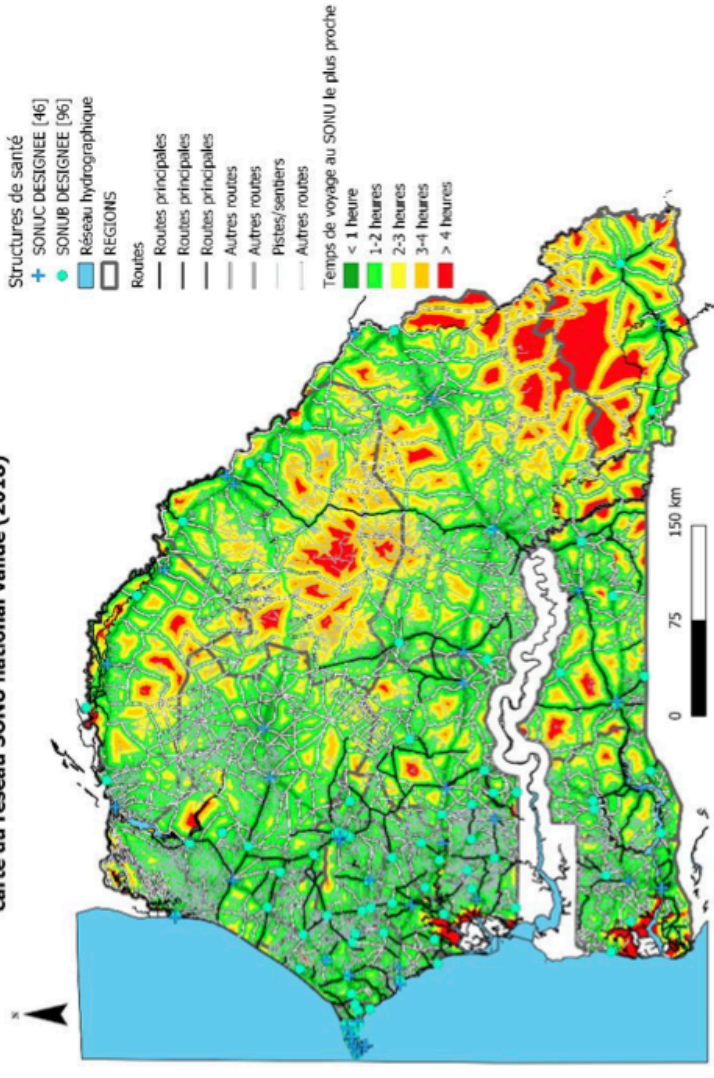
carte du réseau SONU national (2017)



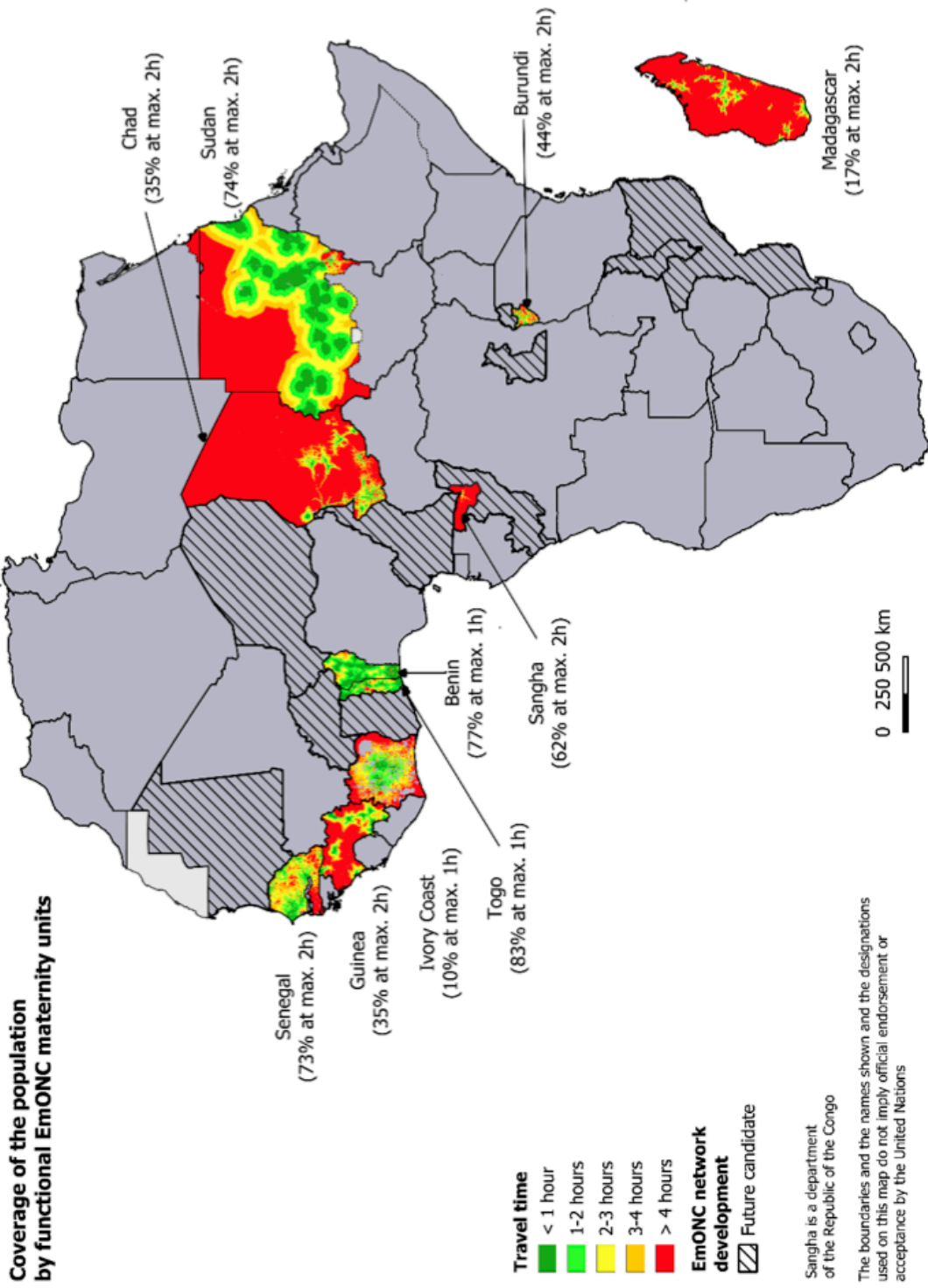
After « prioritization »

142 designated referral facilities covering 92%
of the population within
2 hour travel time

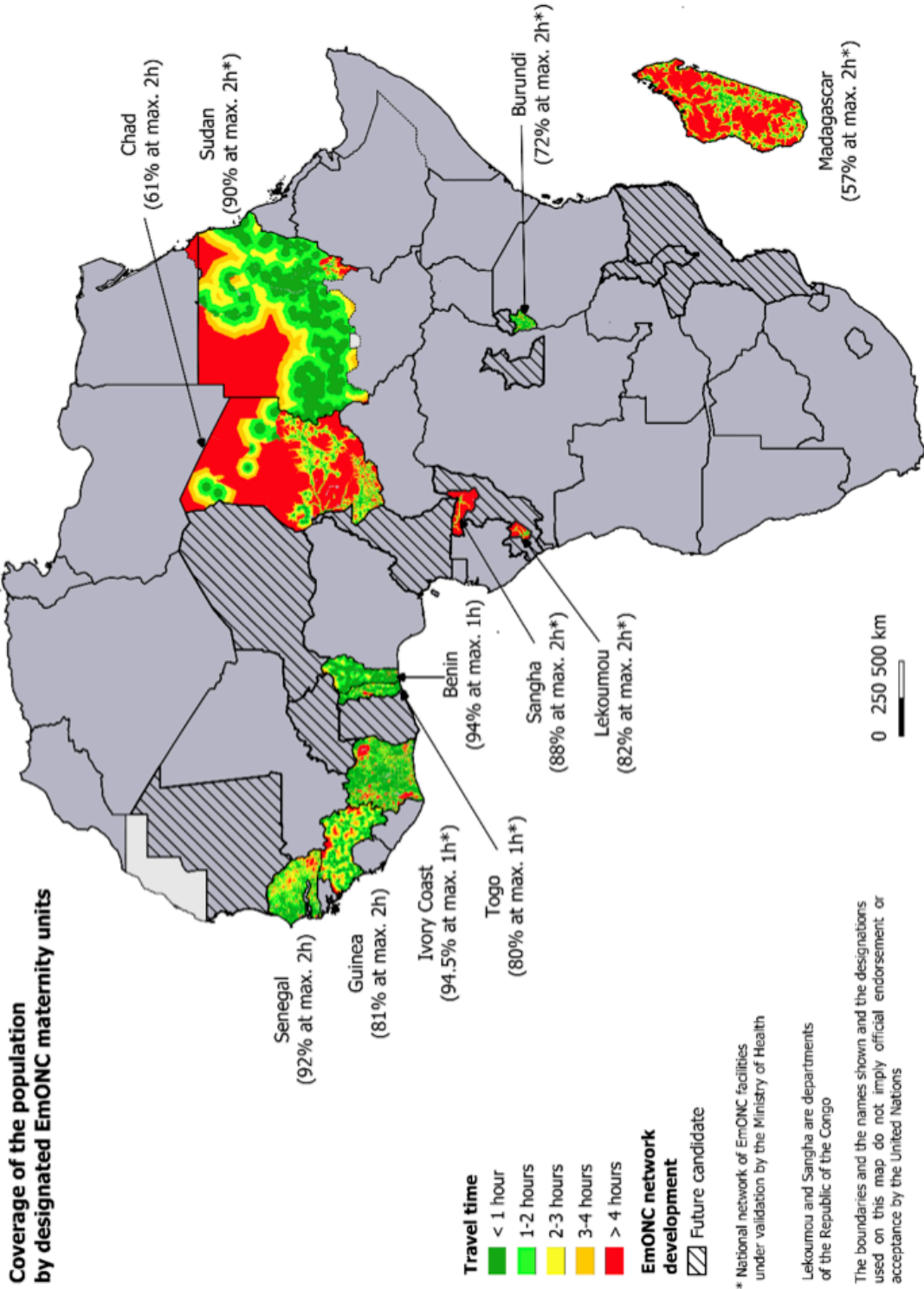
carte du réseau SONU national validé (2018)



Results: Geographic accessibility of population to functioning EmONC facilities in 10 countries

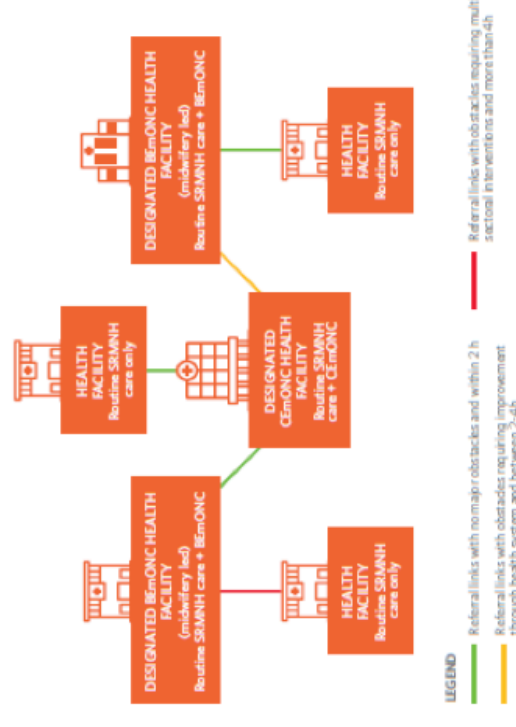


Results: Geographic accessibility of population to designated EmONC facilities in 10 countries



EmONC health facility network : monitoring of referral links between B EmONC and C EmONC facilities

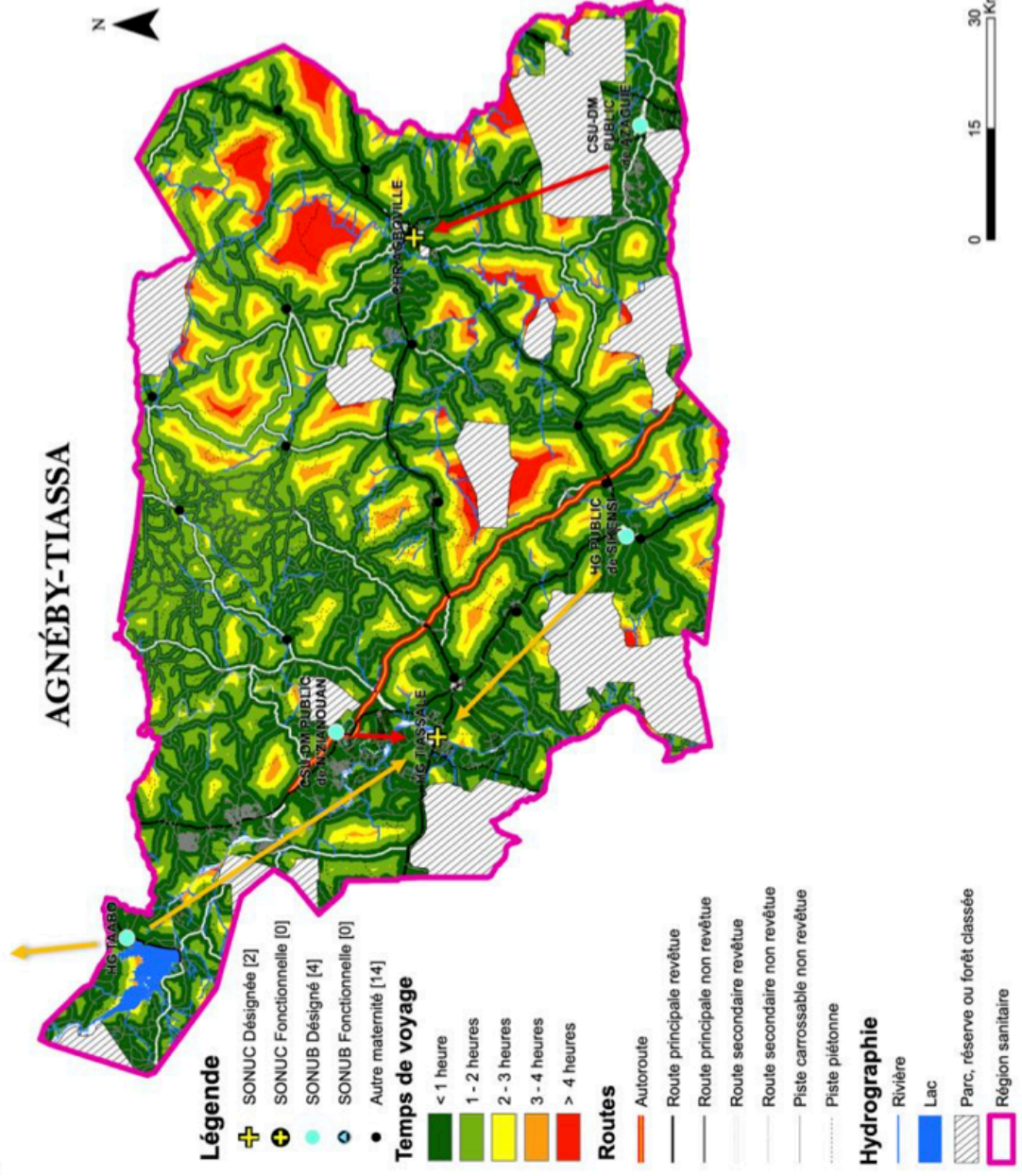
- Three categories of referral links¹:
 - Green**: unproblematic and done in less than 2 hours;
 - Orange**: difficulties that can be easily solved, generally by the health sector, and/or a reference between 2 and 4 hours;
 - Red**: major difficulties related to the road conditions or due to rivers, which are difficult to resolve in the medium term and which often involve other sectors than the health sector, and/or a reference above 4 hours
- Monitored once a year in each region (with baseline and target of green links)
- same approach should be used for the links between lower level maternity units and their closest EmONC health facility



Example of countries with a documented indicator on EmONC facilities referral links

Countries	Number of links in the national EmONC network (B EmONC to C EmONC facilities)	Proportion of green referral links
Benin	67	40%
Burundi	60	40%
Chad	42	57%
Côte d'Ivoire	150	11%
Guinea	61	21%
Madagascar	159	20%
Sénégal	112	51%
Sudan	89	56%

Cote d'Ivoire – access regional map of Agneby-Tiessa region



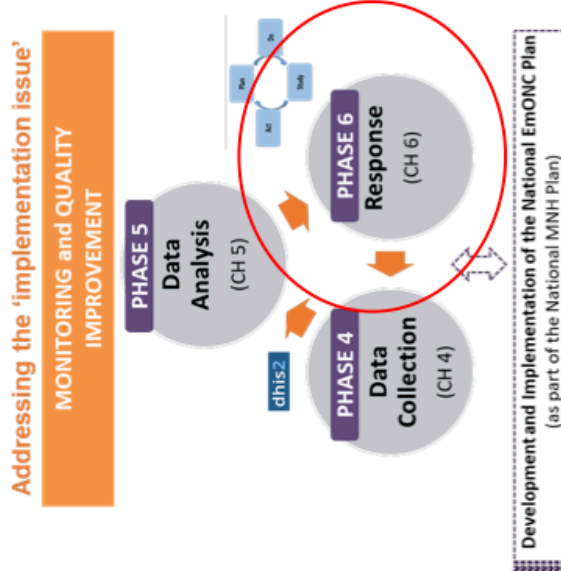
- **Population coverage at 1h travel time: 89%**
(6 designated EmONC facilities)
- **Population coverage at 1h travel time: 0%**
(0 functioning EmONC facilities)
- **Gap in midwives : 1**
- **Green referral links: 0%**
(2/5 red; 3/5 orange)

Example of subnational referral link analysis in Agneby-Tiassa, Ivory Coast

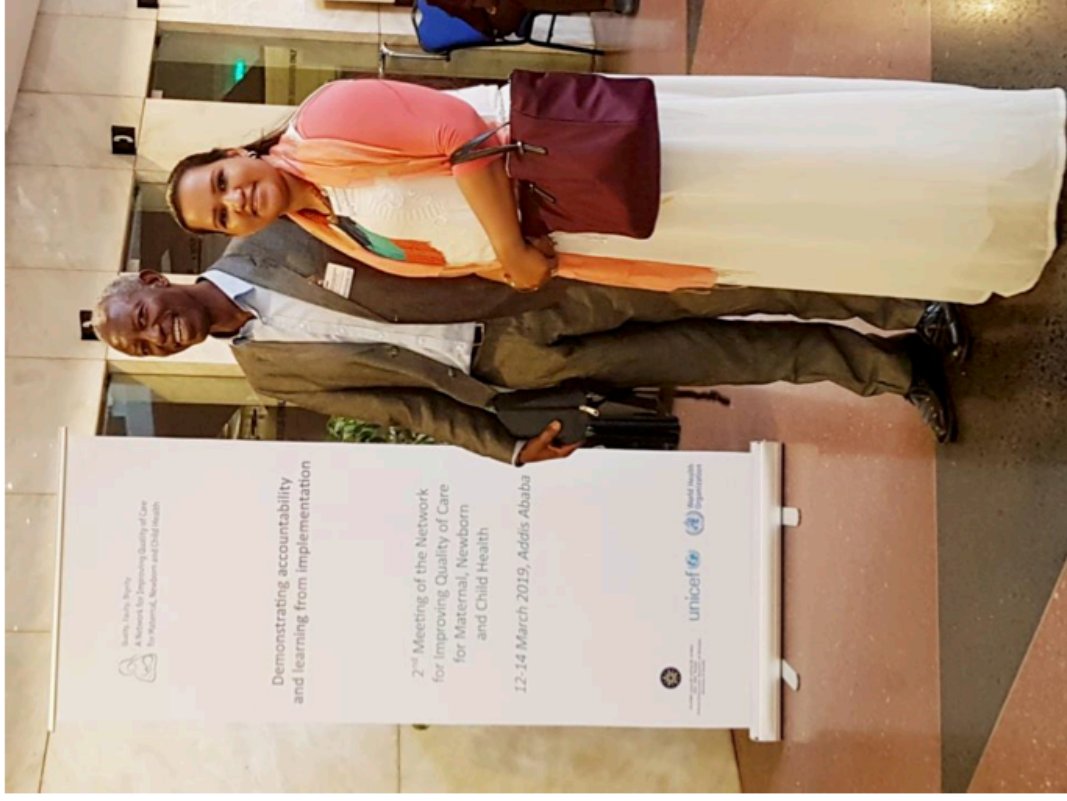
C EmONC facilities	B EmONC facilities	Referral time		Referral assessment	Referral means	Comments
		Dry season	Rainy season			
CHR Agboville	CSM-DU Azagué	30'	45'		ambulance	Financial barrier (12 000 CFA); bad road conditions; security issues
	CSM-DU N'Zianouan	45'	55'		ambulance	Financial barrier (20 000 CFA); bad road conditions; security issues
HG Tiassalé	HG Taboo	1h30	2h		ambulance	Financial barrier (30 000 CFA);
	HG public Sikensi	30'	40'		ambulance	Financial barrier (20 000 CFA)
HG Toumodi (Bélier province)	HG Taboo	1h	1h15		ambulance	Financial barrier (20 000 CFA)

Results from Benin and Togo

- **BENIN:** EmONC network set-up in 2019 with 109 EmONC facilities covering 97% of the pop. within 1h travel time
 - Increase of the number of functioning EmONC facilities from 25 in 2018 to 30 in 2019
 - Gap of 122 midwives in 2019 reduced to 91 in 2020
- **TOGO:** EmONC network set-up in 2013 with 73 EmONC facilities covering 96% of the pop. within 1h travel time
 - Increase of the number of functioning EmONC facilities from 14 in 2015 to 20 in 2019
 - Gap of 65 midwives in 2015 reduced to 13 in 2018
 - Increase in availability of magnesium sulfate in facilities from 0% in 2014 to 99% in 2019, and proportion of EmONC facilities with vacuum extractions performed from 5% in 2014 to 60% in 2019



PANELISTS



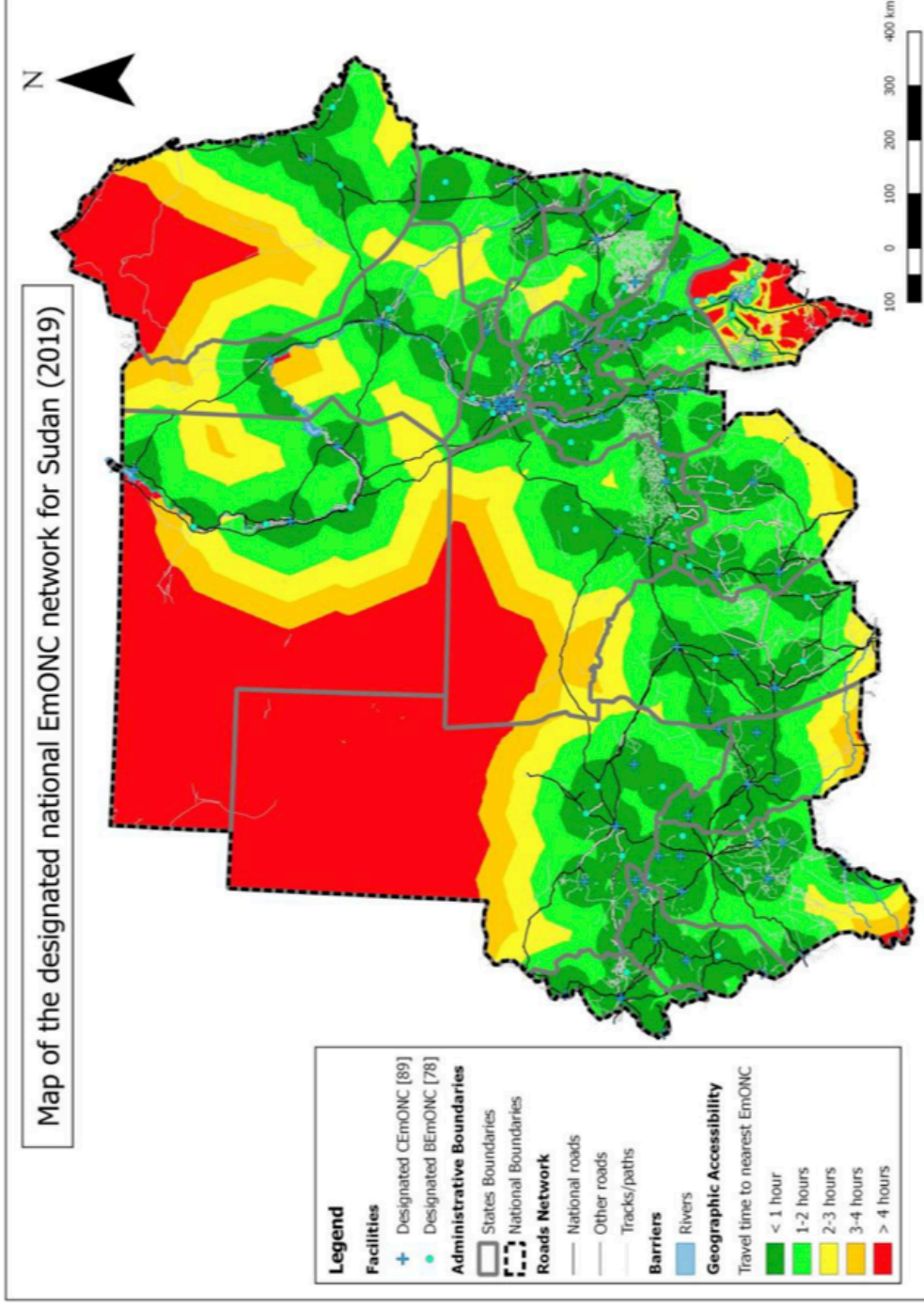
Dr. Dalya Eltayeb

- Medical Doctor and Public Health Expert
- PHC General Director, FMOH of Sudan
- Steering Committee Member of AlignMNH

Professor Joseph Vyankandondera

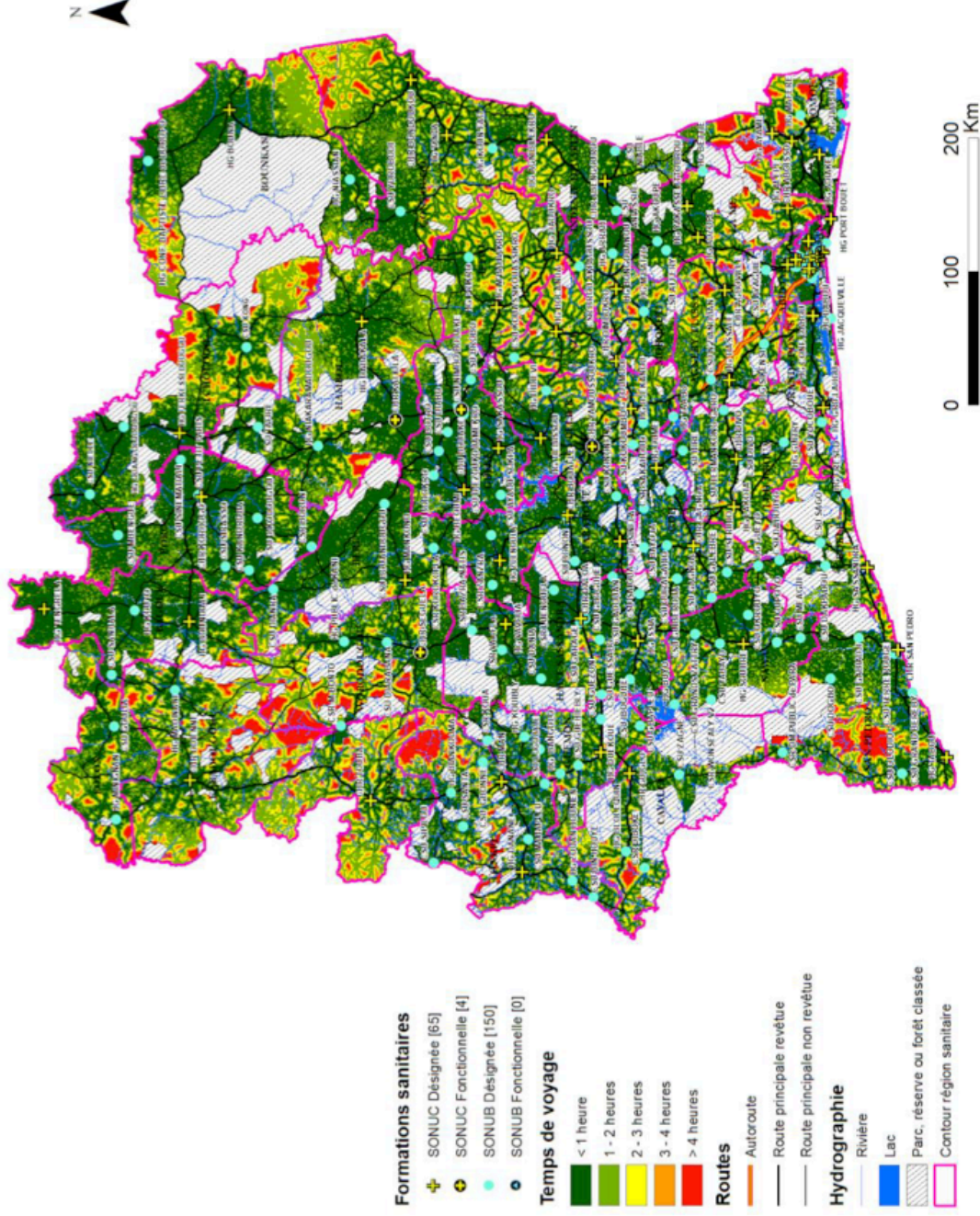
- Professor of Obstetrics-Gynaecology and Public Health Expert
- Health system strengthening and knowledge management at UNFPA West and Central Africa Regional Office

Sudan: designated network of EmONC health facilities



- 690 maternities covering 96% of the population within 2h travel time
- 167 designated EmONC health facilities covering 91% of the population within 2h travel time
- 55 functioning EmONC health facilities covering 74% of the population within 2h travel time

Cote d'Ivoire: designated network of EmONC health facilities



- 657 maternities covering 96% of the population within 1h travel time
- 219 designated EmONC health facilities covering 94% of the population within 1h travel time
- 4 functioning EmONC health facilities covering 10% of the population within 1h travel time

THANK YOU!

IMPLEMENTATION MANUAL FOR DEVELOPING A NATIONAL NETWORK OF MATERNITY UNITS
IMPROVING EMERGENCY OBSTETRIC AND NEWBORN CARE (EmONC)

EXECUTIVE SUMMARY
IMPLEMENTATION MANUAL FOR DEVELOPING A NATIONAL NETWORK OF MATERNITY UNITS
IMPROVING EMERGENCY OBSTETRIC AND NEWBORN CARE

In collaboration with:
UNIVERSITÉ DE CÔTÉ D'AZUR
UNIVERSITÉ DE GENÈVE

WHAT IS NEW?
This implementation manual provides concrete steps for public health authorities and institutions to implement the Emergency Obstetric and Newborn Care (EmONC) framework developed in 2009 by WHO, UNFPA, UNICEF, and the University of Columbia (AMCO). It aims to respond to the need of accelerating progress in the quality of EmONC, with a key component of primary health-care, the EmONC program.

- A participatory and 'bottom-up' health system approach to EmONC service and facilities to improve quality of care in a selected number of EmONC (preferred) health facilities, while ensuring their access by the majority of the population within two hours of travel time
- New financial and economic approaches to strengthen EmONC service and facilities
- New data collection and use to improve quality of care
- New indicators for measuring the population size and the EmONC service and facilities
- Resources for basic EmONC health facilities (EmONC)
- The use of EmONC health facilities as platforms for the integration of Sexual and Reproductive Health (SRH) services

JNFPA

**Q&A session NOW and NEXT WEEK
(June 24th at 1pm BST)!**

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<https://www.unfpa.org/featured-publication/implementation-manual-developing-national-network-maternity-units>