

Saving mothers' lives by preventing postpartum hemorrhage in Ghana

THE BIG PICTURE

In Ghana, high maternal mortality, particularly in the northern part of the country, has long been a key cause for concern among the government, civil society, and communities. The majority of maternal deaths are caused by postpartum hemorrhage (PPH)—excessive blood loss after the mother has given birth. Despite new technologies and advances in preventing PPH, advocates realized that progress was being delayed because there was no national strategy that specifically addressed prevention and management of PPH both in health care facilities and at the community level, where many women give birth. Capitalizing on relationships with decision-makers and evidence from local and global research, advocates catalyzed a broad-based coalition to develop a comprehensive national strategy that has set the stage to save the lives of many women across Ghana today.

IDENTIFYING THE POLICY CHALLENGE AND OPPORTUNITY

In 2008, the government of Ghana declared maternal mortality a national emergency. The high rates, especially in the northern part of the country, resulted in lives needlessly lost and kept the country off track in reaching the Millennium Development Goal 5 target—achieving a 75 percent reduction in the level of maternal mortality by 2015. The Ghana Health Service (GHS), which is the implementing arm of the Ministry of Health, had been struggling to identify the best way to prevent those deaths.

The data was clear that the leading cause of maternal death in Ghana was PPH, or excessive bleeding after birth. Because many women in Ghana give birth at home, unattended by trained medical professionals, they are at risk of dying from the relatively common occurrence of excessive bleeding. While PPH is best managed by health facilities, the reality that nearly half of pregnant women have their babies at home suggested that community-based measures were critically needed.

Global and local health organizations, including PATH, had been conducting research on new drugs and technologies that could be implemented in community settings to manage and prevent PPH. This research included a



PATH/Evelyn Hockstein

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community trial in Ghana conducted by PATH, in partnership with the GHS. The trial, which started in 2009, investigated whether Community Health Officers (CHOs) could safely and reliably administer the hormone oxytocin via the Uniject™ injection system, a simple, single-use device. The study results showed that CHOs were well equipped to administer oxytocin using the device.

At the same time, health groups were discovering the value of other new technologies. The nonpneumatic antishock garment (NASG) is one such device; it shunts blood from the abdominal area back to key organs in the upper parts of the body, thereby reducing or stopping bleeding and keeping the person conscious. The uterine balloon tamponade (UBT) is another technology that helps apply pressure on abdominal arteries to stop bleeding. Misoprostol, a uterotonic, was another key product recognized by health experts to have the potential to save women's lives from PPH.

Even with this research, however, advocates recognized that the country was lacking a policy framework that could help policymakers, health professionals, and CHOs plan and implement PPH efforts. Without a comprehensive, government-backed strategy, they knew that all other efforts would remain limited in their scope and effectiveness. They saw that a national strategy with broad-based support could serve several purposes: increase the accountability and responsiveness of health services; integrate current and future solutions along the continuum of care; and spur a collective impact by uniting the government, civil society organizations, health professionals, and the media under one set of objectives and solutions.

They also knew that there would be many challenges to developing such a framework. To be effective, the strategy would need to achieve broad support but also be specific in its recommendations. It must meet the needs of stakeholders at all levels, including policymakers, health care providers, and community health decision-makers. And because PATH was taking a leading role and working within the confines of project requirements, it must be completed quickly. They had one year to build a coalition, draft the strategy, and gain approval from all stakeholders, including the minister of health.

DEVELOPING THE STRATEGY

Advocates began by attending a PATH-led policy advocacy workshop alongside government decision-makers, which was held in conjunction with the Women Deliver Conference in Malaysia in 2012. There they learned about important steps toward achieving effective advocacy. Upon returning home, the knowledge gained from the advocacy workshop helped PATH and the GHS team to agree on overall goals, objectives, and an approach for developing the strategy. The group together then conducted a desk review of studies that looked at the various interventions in PPH treatment and management at country and global levels and drafted recommendations.

Advocates worked with the government to convene several meetings, both formal and informal, with the Family Health Division of the GHS and the Policy Planning Unit of the Ministry of Health to agree on how to move the recommendations forward. Out of the conclusions of these meetings, a technical working group was formed, which was intended to provide broad-based input and represent all of the country's stakeholders in the issue. The technical working group included a wide swath of representation from the Ministry of Health and the GHS, global organizations, and a number of health organizations, experts and civil society leaders. [see sidebar]

Members of the technical working group included:

- Ghana Health Service/Family Health Division
- Komfo Anokye Teaching Hospital
- Wa Regional Hospital
- Korle Bu Teaching Hospital
- Tema General Hospital
- School of Public Health, University of Ghana
- Kintampo Health Research Centre
- Ministry of Health/Policy Planning Monitoring and Evaluation
- Ministry of Gender, Children and Social Protection
- Ministry of Roads and Transport
- Ghana Health Service/ Institutional Care Division
- Ghana Health Service/Family Health Division (Nutrition Unit)
- Ghana Health Service/Health Promotion Unit
- Office of the Chief Pharmacist, Ghana Health Service
- National Blood Service
- Ghana Registered Midwives Association
- Ghana Nurses and Midwives Council
- US Agency for International Development
- World Health Organization
- United Nations Children's Fund

Good relations with stakeholders and an efficient, well-planned process proved critical for maintaining momentum.

The group then engaged a health systems and policy consultant to lead the development of the strategy, as an objective facilitator who could remain objective and incorporate all perspectives into the document. The technical working group held consultative workshops to brainstorm on issues concerning PPH within the continuum of care. The workshop agenda included a combination of group work and technical presentations covering global perspectives and directions on PPH; Ghana-specific statistics and experiences with implementation of innovations; and information on innovation technologies for managing and preventing PPH. The consultant also conducted one-on-one interactions with key individuals.

Using the results of these workshops and interactions, the group input was synthesized and incorporated into a first draft strategy, which was subsequently reviewed by the technical working group members in a number of meetings. A consensus-building meeting elicited further inputs from a broad range of stakeholders at both the policy and community levels, including government officials and traditional authorities, particularly Queen Mothers who serve as local decision-makers in Ghanaian communities.

During the process, advocates faced major challenges in coordinating and convening such a wide group of stakeholders from various locations. Because they were working under a donor-funded project with tight time constraints, the pressure to move quickly was intense. Good relations with stakeholders and an efficient, well-planned process proved critical for maintaining momentum. At several key points during the process, advocates saw significant returns from their earlier investments in building trust and strategic planning when they were able to quickly pull together meetings and get timely responses from stakeholders.

By the end of 2013, advocates had built a strong base of support for the strategy across the country, and they felt ready to launch it. Working with their government partners, they created the final draft PPH strategy and presented it to the minister of health. Despite their concerns about delays in approval, the minister offered to draft the foreword to the strategy and approved it quickly.

ACHIEVING THE POLICY GOAL

In January 2014, the strategy was launched by the minister of health, the director general of the GHS, and two past directors general of the agency. Media covered the launch extensively, and the coverage served to increase awareness of the issue of PPH, as well as the new framework.

Dissemination of the strategy followed the launch. Advocates also brought in an expert to cost the plan, which they hoped would give government stakeholders, donors, and health groups more information on which to base planning and implementation efforts. Already, the government has included the interventions within their planning and implementation framework. Civil society groups have used the strategy as a basis for proposals and procurement of new technologies to prevent PPH in communities.

FACTORS FOR SUCCESS

- **Research should involve high-level policy decision-makers actively from design stage through implementation and dissemination of findings.**

One of the main reasons that advocates were able to drive the strategy development process so quickly was that government decision-makers had already been involved for several years in community trials for PPH



PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue.
- State the policy goal.
- Identify decision makers and influencers.
- Identify the interests of the decision makers and influencers.
- Clarify opposition and potential obstacles facing your issue.
- Define your advocacy assets and gaps.
- Identify key partners.
- State the tactics you need to reach your goal.
- Define your most powerful messages.
- Determine how you'll measure success.

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyimpact>.

management and prevention. By the time the policy process began, they were familiar with the issues and supportive of the solutions.

- **Policymakers should be given orientation in policy advocacy.** The initial policy advocacy workshop attended by policymakers and advocates together helped all participants “get on the same page,” while also providing useful skills and helping them outline the objectives and process.
- **Advocacy takes time and can’t always be expected to align with project-based goals and timelines.** While this particular policy process was highly successful in a short amount of time, that rate of change would not have been possible without the earlier project-based trial efforts that netted trust and involvement by decision-makers.
- **Champions should be identified and supported at both the policy and community levels.** Gaining buy-in from a wide range of stakeholders, from the minister of health to the community Queen Mothers, took an investment in time but will increase the impact of the strategy’s implementation.



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455 Massachusetts Ave NW,
Suite 1000
Washington, DC 20001