SMILES FOR MOTHERS PROGRAM PLAYBOOK

A GUIDE FOR COUNTRY ADOPTION OF WHO'S REVISED RECOMMENDATIONS ON THE USE OF UTEROTONICS FOR PPH PREVENTION (BASED ON SFM EXPERIENCE IN NIGERIA)

INTRODUCTION

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Smiles for Mothers program aims to reduce maternal mortality due to postpartum haemorrhage in Kano, Lagos, and Niger States. The program supports the three states to implement the latest international guidelines on PPH and roll-out of medicines aligned with WHO's recommendations on uterotonics for the prevention of postpartum haemorrhage. We also supported the three states to apply Human-Centred Design (HCD) principles to develop costed roadmaps for up to two additional innovations to improve access to optimal uterotonics and PPH management. The program is committed to improving the quality of care for the prevention of PPH in public health facilities and reducing mortality due to PPH using a system strengthening approach that covers patient literacy and community awareness, supply chain management, and service delivery.

CONCEPTUALIZATION

The program used a human-centered design approach to engage with stakeholders and understand the context and situation of the program states before developing key activities involved in the roll-out of a new innovation and the need to develop a costed roadmap.

Human-centred design (HCD) is a creative and iterative approach to participatory problem-solving. The HCD approach ensures all major stakeholders play a role in developing the potential solutions, leading to a higher likelihood of finding the right solution for a long-lasting impact. The HCD process comprises of four phases namely:

- Readiness assessment and preparation phase: We extensively leveraged multiple sources of insights including 38 semi-structured interviews with health system stakeholders across the 3 states, 68 immersions with healthcare workers, mothers and their influencers across 12 Local Government Areas, 76 healthcare worker surveys in Lagos and Abuja, and over 60 document reviews.

- Co-research phase: We used clustering to synthesize over 2,000 findings and observations in a way that patterns and themes were easily identified allowing us to generate holistic ecosystem maps, user journeys, scenarios, and insights which were distilled and used to identify 4 opportunity spaces.

- Co-design phase: Over 300 ideas were co-created with the stakeholders during the co-creation workshops around the 4 identified opportunity spaces. These ideas were filtered and consolidated into 17 implementable solutions.

- Co-refinement phase: The identified solutions were refined in collaboration with state stakeholders to ensure that they were effective, feasible, and sustainable.

The program also developed a costed roadmap for each state to inform the states' implementation decisions on the innovative solutions to support at-scale rollout and adoption of the WHO recommendations.

Lessons learned:

1. A diverse set of stakeholders play a role in the contextualization, dissemination, and application of the WHO recommendation on uterotonics for PPH prevention.

2. State governments need to develop a robust plan/roadmap that captures the end-to-end process for the roll-out of the updated WHO guidelines and ensure that the plan is captured in the state's annual operational plan for quick implementation.

3. HCD offers new capabilities and enhances existing capabilities for various stakeholders by equipping teams with new tools and methods to understand users, collaborate, and develop new interventions more efficiently.

POLICY REVIEW AND REGULATION

The program simplified policy improvement with a step-by-step guide, tips for involving stakeholders, and sharing what we've learned from the review process, which included:

- Supporting and planning the launch event and distribution of the National Essential Medicines List to the Smiles for Mothers program states – Kano, Lagos, and Niger; and providing both technical and financial support for the review, validation and dissemination of the State Essential Medicines Lists.

- Collaborating with the Federal Ministry of Health and other implementing partners to review and update the Life Saving Skills Manual. Some key aspects of the review included: Updates to the modules on antenatal care, **inclusion of heat-stable Carbetocin as a uterotonic option PPH prevention,** inclusion of a new module on rational use of antibiotics, and inclusion of a section on the management of a woman with one or more disabilities.

- Ensuring strong stakeholder participation in policy review through meetings, one-on-one interviews, and workshops.

The policy review process involved six steps including:

- Planning meetings with relevant stakeholders to align on the process for the review, identify the needed resources for the review process
- Desk review to identify the gaps in the current policy documents, in line with global guidance
- Review meetings with subject matter expert to provide guidance for update, in line with the national and state context
- Refinement to adopt edits and recommendations from the review workshop and develop updated version of policy document
- Validation meetings to revise policy documents and receive official approval from government and stakeholders
- Dissemination of the validated policy document to the target users across all levels using launch meetings and ongoing physical and electronic document sharing

Lessons learned:

1. Government ownership is essential for a holistic review of any guideline or document.
   - Government needs to be actively involved in the review process to authenticate the review and also pave way for adoption at the lower levels
2. Early buy-in of other implementation partners can help fast track the review process
   - Alignment with other partners will help avoid duplication of efforts and give room for synergizing efforts and resources to complete the review process faster
3. The inclusion of subject matter expert from various fields is essential for a comprehensive review and update
   - The review committee needs to include relevant subject matter expert with a good understanding of the policies and implementation, to ensure the policy are easy to understand and use by the frontline health workers
4. A desk review is essential to identify any supporting documents/ policies and ensure alignment of the reviewed materials with all other existing related strategies, policies and guidelines
5. Bureaucratic delays as a result of competing priorities necessitates proper planning and advocacy to the appropriate officers at the Ministry
   - There is a need to factor in possible delays that may arise due to conflicting priorities.

SUSTAINABLE FINANCING

The program identified multiple financing options which exist in the public and private sector such as the Sustainable drug revolving fund, Free health policy scheme, Basic healthcare provision fund, State health schemes, Global fund for Malaria, TB and HIV, and PEPFAR fund for HIV, to sustainably fund procurement of maternal health commodities. Each financing option was ranged based on its historical procurement of uterotonics and sustainability of its funding sources, and each funding source was evaluated based on resilience, predictability, community ownership, and adequacy.
In addition, the program also:

- Developed an investment case for uterotonics, which included:
  - A clinical impact analysis conducted to present an argument for investing in a particular health area or intervention due to the potential impact on health outcomes. Prophylactic use of HSC demonstrated superior clinical outcomes compared to other uterotonics, with a projected 4.35% decrease in postpartum hemorrhage (PPH) events by 2026.
- A cost-effectiveness analysis conducted to assess the value for money and resource utilization of a range of interventions for achieving desired goals. The analysis revealed that HSC has a higher incremental cost effectiveness ratio compared to the other uterotonics.
  - Developed a uterotonics forecast and costing using a population-based model for Lagos state.

Lessons learned:

1. Forecasting using accurate aggregated data from multiple sources translates to improved fund utilization for procurement and prevents wastage of maternal health commodities through loss and expiry of health commodities
   - It is important to explore and understand the key factors that affect forecasting, as the factors present opportunities for improvement and challenges to overcome as well
   - This underscores the need to improve health and logistics management information systems data collection across the whole supply chain
2. Government leadership and participation in the landscaping and optimization of health financing mechanisms are key to identifying and implementing the necessary operational and administrative changes required to achieve sustainability
   - All landscape analysis should include a diverse range of stakeholders, including donors and the private sector, to gain buy-in and synergize fund optimization efforts
3. Sustainable financing for life-saving commodities requires understanding the total commodity requirements through effective quantification or commodity forecasting
4. Overall, the Drug Revolving Fund(DRF) is a potent option for sustainable and consistent funding of maternal health commodities at service delivery points
   - DRF requires strong, effective administrative and operational oversight to ensure funds are not mismanaged when seeded and to prevent health facility decapitalization
5. The investment case is a critical tool to enable policy makers to make the right choice on Uterotonics and other maternal health commodities as it combines findings from both clinical impact and economic perspectives
   - There is a need for strong expertise and technical knowledge from health economist to develop the complex cost effectiveness models and to generate accurate results

SUPPLY CHAIN

The program described key activities in the process for procurement and supply management of maternal health commodities which involved:

- Updating policy documents including the National Essential medicines list and Life Saving Skills manual to include heat-stable Carbetocin.
- Updating the states' essential medicines list to include heat-stable Carbetocin for use in both secondary and primary healthcare facilities.
- Registering HSC with the National Agency for Food and Drugs Administration and Control (NAFDAC) and receiving administrative approval detailing the NAFDAC number of the product.
- Importing HSC for the training of healthcare workers in Kano, Lagos, and Niger states and storing the commodity in the states' central medical stores.
- Training and conducting on-the-job coaching for Pharmacists and Pharmacy technicians on supply chain management processes to strengthen supply chain for uterotonics including HSC.
- Training clinicians on Emergency Obstetric and Newborn Care (EmONC) to ensure appropriate use of HSC within the program facilities.
- Conducting implementation research study across 6 high volume secondary health facilities in each program states to test the acceptance of the new commodity by healthcare workers.
- Finalizing registration with NAFDAC and receiving the NAFDAC certificate.

The program identified challenges across various supply chain themes which can be addressed through capacity building to inform the development of a training curriculum. Capacity building trainings were conducted for health facility Pharmacists and state Logistics officers across the three program states – Kano, Lagos and Niger, which resulted in significant knowledge gain across the states in each of the training modules and significant reduction in stockout rates.

Smiles for Mothers also implemented a 2-pronged approach to strengthen pharmacovigilance across its program states, which included:

- Developing a NAFDAC-aligned pharmacovigilance plan and supporting program facility reporting to strengthen national pharmacovigilance structure.
- Training healthcare workers on Adverse Drug Reaction (ADR) identification and reporting to National Pharmacovigilance Centre (NPC), increasing awareness and use of ADR reporting tools.

Lessons learned:

1. Supply planning should factor in potential delays in the supply chain processes that may extend the lead time for delivery of supplies, including unforeseen geopolitical events such as wars and pandemics like COVID19.
2. Utilizing adult learning techniques like on-the-job coaching in addition to didactic training approaches is effective in ensuring capacity transfer and behavior among health workers.
3. Pharmacovigilance can be greatly strengthened if governments as well as partners prioritize ADR reporting as a cornerstone for all program interventions and commit resources to ensure that capacity and tools are readily available at health service points and workers frequently sensitized

SERVICE DELIVERY

The program delivered the Emergency Obstetric and Newborn Care (EmONC) training using three key facilitation techniques, which included, lectures, demonstrations and case study reviews, with knowledge assessment results demonstrating significant improvement in participants' knowledge in EmONC. The trainings were backed up with close mentoring to reinforce the skills acquired during the training and create more learning opportunities.

In addition, we carried out implementation research to generate context-specific evidence to inform the safe and effective use of uterotonics for PPH prevention, by collecting and analyzing quantitative and qualitative data on factors that determine clinical management decisions on utilization of a newly introduced medicine (Heat-Stable Carbetocin). A significantly lower proportion of clinicians (3%) reported concerns about high-risk side effects associated with prophylactic HSC use compared to other commonly used uterotonics: Oxytocin (35%) and Misoprostol (18%).

Lessons learned:

1. A mix of didactic training, on-the-job training, and mentoring yields better results in achieving the overall training objective of passing knowledge.
2. Trainings should target the different cadres of health care workers to ensure uniform understanding and continuity of best practices.
3. Health workers' training curriculum should also include modules on proper clinical documentation.
4. The involvement of relevant stakeholders at the national and state levels, including institutions of higher learning is critical to ensure the institutionalization of training on new policies and guidelines

DEMAND GENERATION

This involved the development of a robust communication plan to drive advocacy efforts. The process included defining key messages, identifying relevant stakeholders in the maternal health space, and suitable communication channels to engage stakeholders and disseminate program lessons, such as, panel sessions, learning exchange workshops, webinars, newsletters, and program briefs.

Lessons learned:

1. Mapping out a clear communication strategy for stakeholders helps to ensure targeted engagements throughout the program implementation.
2. Strategic and continuous engagement with stakeholders helps identify new opportunities to leverage for the scale-up of innovations.
3. Tracking stakeholder engagement helps refine communication approaches

DEMAND GENERATION

The Smiles for Mother's team developed the patient literacy materials (PLMs) through a consultative process with community members across the program states. We consulted them to identify gaps, developed the document and consulted them for feedback (the testing) to understand if the materials were applicable to the local context. The materials, pamphlets and posters, have messages that run through the different phases of the reproductive process, from pre-conception to antenatal, labour, delivery, until postpartum phase. The patient literacy materials will be primarily used within the communities to address women who may not ordinarily attend health facilities as a community engagement tool to generate demand for facility based antenatal services and delivery.

The program worked with state officers in the community engagement space to identify 90 community engagement personnel who were local to communities surrounding the 18 program implementation facilities to disseminate PLMs to educate women about facility-based antenatal services and delivery, reaching over 13,000 women and men in 6 months

Lessons learned:

1. Women in the community remain open-minded and embrace opportunities to gain more knowledge on their reproductive life, and respectful maternity.
   - There is a need for integration of community engagement platforms and resources as well as improve coordination of community engagement activities across programs.
   - Government and partners need to channel more resources to strengthen community engagement in order to promote health knowledge in communities.
2. The use of patient literacy materials (PLMs) is a good first step in addressing beliefs and perceptions in the community about facility deliveries
   - This would help drive demand for in-facility deliveries especially if engagement is sustained.
3. The adoption of the responsive feedback approach in developing patient literacy materials helped to ensure relevant, concise, fit-for-purpose information material that met the expectations of various stakeholders.
4. The focus on purposeful visuals and translation into the local languages helps to enhance the ease of use of the PLMs and drives target users' interest
   - Community volunteers need to be empowered to deliver health talks in the community using PLMs (flipcharts and posters).