Policy dialogue

Preventing Community-Based Postpartum Haemorrhage in Zambia

Report

Lusaka
6 October 2011

This report was prepared by Dr Mariah Akani.

This policy dialogue was informed by the following policy brief: Preventing Community-Based Postpartum haemorrhage in Zambia with Misoprostol

What is a policy dialogue?

A structured discussion focused on an evidence-based policy brief

The agenda from the policy dialogue is attached as Appendix 1

Who participated in the dialogue?

People with relevant expertise and perspectives, including policymakers, civil society and researchers

The complete list of participants is attached as Appendix 2

What was the aim of the policy dialogue?

+ That discussion and careful consideration should contribute to well-informed health policy decisions

✕ The dialogue did not aim to reach a consensus or make decisions

What is included in this report?

+ **Views, opinions and insights of individual participants** reported without attribution

The opinions included in this report reflect the understanding (or misunderstanding) of individual participants in the dialogue

✕ These opinions may or may not be consistent with or supported by the policy brief or other evidence

It should not be assumed that the opinions and insights in this report represent a consensus of the participants unless this is explicitly stated

Nor should it be assumed that they represent the views of the authors of this report

Key messages

The following statements represent views, opinions and insights of individual participants in the policy dialogue.

- The problem is that postpartum Haemorrhage (PPH) or excessive bleeding after delivery is the leading cause of maternal deaths in Zambia. Barriers, including delays in decision making at the household and community level, inability to access health facilities, and delay in receiving care at the health facility contribute to PPH related deaths.

- The policy options presented are:

  Option 1: Distribution of misoprostol to women during antenatal care visits
  - May reduce the occurrence of community-based and/or facility-based PPH.
  - Will require 7 elements for implementation including policy guideline, advocacy, training and orientation, logistics, monitoring and evaluation, and resource mobilisation

  Option 2: Active Management of the Third Stage of Labour by a skilled health care provider
  - Active management of the third stage of labour is the most effective intervention for PPH prevention
  - Only available in health facilities
  - Out of reach to women in hard-to-reach areas of Zambia

  Policy option discussion included the following points:

  Potential misuse of misoprostol should be emphasised

  Routes of misoprostol administration should also be included

  More data is required on active management of the third stage of labour.

  A third option should be considered, for instance the use of traditional birth attendants for misoprostol distribution.

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Background

The Zambia Forum for Health Research (ZAMFOHR) is committed to providing an environment in which health research evidence forms the basis for policy and practice, leading to improved health. This vision will see ZAMFOHR and its stakeholders developing several policy briefs and conducting several policy dialogues over the next few years, with the third round delivery of policy briefs and dialogues currently underway. As part of the series of this process the Zambia Forum for Health Research held a policy dialogue in Lusaka on Thursday 6 October 2011 to engage with policy makers, researchers, and stakeholders around the policy brief entitled *Preventing Community-based Postpartum Haemorrhage in Zambia*. The policy dialogue brought together key stakeholders from government, academic institutions, civil society, and maternal health users' representatives.

Welcome by Moderator

By Dr Margaret Maimbolwa, ZAMFOHR Board Member, Assistant Dean, School of Medicine, University of Zambia

Dr Maimbolwa welcomed all and facilitated introductions of participants. She reiterated the basis on which ZAMFOHR was founded, that is, to promote evidence-informed decision-making among researchers and research users.

Speech by Ministry of Health Representative

By Dr Elizabeth Chizema, Director Public Health and Research

Dr Chizema greeted all participants present and recognised dignitaries. She stated that 25% of maternal mortality is due to postpartum haemorrhage (PPH). This policy brief has come at an opportune time when Zambia is trying to accelerate interventions on maternal mortality. She also said that as we look at the various options of interventions to reduce maternal mortality due to PPH, we should consider all the benefits. Cost effectiveness should not compromise the quality of the care that should be given to women. It was also recognised that we are fortunate to have a first lady who is a world renowned expert in maternal and child health. And we also now have 2 ministries that look at maternal health i.e. Ministry of Health (MoH) and the new ministry for Community Development & Maternal and Child Health.

Policy Brief Presentation

By Dr Lonia Mwape PhD, ZAMFOHR Fellow, University of Zambia

What is a policy brief?

- A document written to inform deliberations about health policies and programmes by policy makers, their support staff, and other stakeholders through summarising available local and global research evidence about the problem and possible solutions
- The policy brief is discussed as a background document to a policy dialogue meeting such as this

What is a policy dialogue?

- A structured discussion of the policy brief
- An opportunity for deliberation among policy makers, researchers, the media, civil society and other stakeholders which has the potential to contribute to evidence-informed health policy making
- A means of adding value to the policy brief through clarification of the problem
- A forum for sharing an understanding of the problems and their possible solutions

Preventing Community-based Postpartum Haemorrhage in Zambia

An evidence based policy brief

By Alice Hazemba

Introduction

- The health care that a mother receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and her child.

The problem

- Postpartum Haemorrhage (PPH) or excessive bleeding after delivery is the leading cause of maternal deaths in Zambia.
- PPH related deaths occur in home deliveries and in facilities that are either under equipped or lack adequately skilled staff capable of managing complications should they arise.
- PPH occurs without warning and can kill a healthy pregnant woman within 2 hours from onset.
- Research shows that two-thirds of PPH cases occur in women with no known risk factors.
- Barriers to accessing obstetric care contribute to PPH related deaths.
- Barriers include:
    - Delays in decision making at the household and community level
    - Inability to access health facilities
    - Delay in receiving care at the health facility.

Two options

Option 1: Distribution of misoprostol to women during antenatal care visits

- May reduce the occurrence of community-based and/or facility-based PPH
- May consequently reduce PPH related maternal deaths and morbidity
- Will require 7 elements for implementation including policy guideline, advocacy, training and orientation, logistics, monitoring and evaluation, and resource mobilisation

Option 2: Active management of the third stage of labour by a skilled health care provider

- Active management of the third stage of labour is the most effective intervention for PPH prevention and involves the following protocol:
  1. Give uterotonic drug, (Oxytocin) within one minute of childbirth.
     OR where oxytocin is not available, give misoprostol orally
  2. Deliver the placenta by controlled cord traction on the umbilical cord and the counter-pressure to the uterus
  3. Massage the uterus through the abdomen after delivery of the placenta
- Only available in health facilities
- Out of reach to women in hard-to-reach areas of Zambia

Next Steps

The aim of this policy brief is to foster dialogue and judgements that are informed by the best available evidence. The intention is *not* to advocate specific options or close off discussion. Further actions will flow from the deliberations that the policy brief is intended to inform. These might include:

- Deliberation amongst policymakers and stakeholders regarding the two options described in this policy brief
- Refining the preferred option, for example by incorporating components of both options, removing or modifying components
- Establish a coordinator with authority and accountability to lead the development and implement a plan and a team of people to work with that person in developing and implementing the plan within an acceptable time frame

The problem

Participants were divided into 3 groups for the plenary session at which the contents of the policy brief report were discussed. Group comments, observations and suggestions have been compiled as follows:

Participants appreciated the importance and urgency of preventing postpartum haemorrhage. They felt that the problem definition was well presented and included a comprehensive description of the causes of postpartum haemorrhage. Participants felt however that the factors underlying the problem should be expanded further and explain how risk factors such as multi-parity and teenage pregnancy contribute to PPH. Furthermore, the effects that male birth attendants have on the decision to seek obstetric care need to be included along with the ratio of trained medical human resources to the population. Also highlighted was that the Ministry of Health permits one skilled attendant at the rural health centres and that this overburdens the attendant.

Policy options

Option 1: Distribution of misoprostol to women during antenatal care visits

Participants suggested altering the option title to '*Misoprostol distribution to women at their first antenatal care visit*'. It was highlighted that misoprostol is currently used in Zambia as part of the active management of the third stage of labour although it is not registered for PPH prevention, but for treatment of peptic ulcers. Participants also agreed that due to inadequate human resources, the distribution should also include community health workers and that traditional birth attendants should be considered. Routes for administration should also be included, for example, rectal administration has been shown to work faster and better than oral. They noted that the risk of abuse for abortions was not emphasised and that it should be because this is of great concern. It was not clear who the policy was aimed at, who would receive the drug. It was generally agreed that advocacy is required to shift attitudes and behaviours. Mobile network providers have the potential to increase awareness of PPH and use of misoprostol for prevention, but strict caution must be applied as various challenges arise from perceptions of the target audience. Health provider attitudes also need to be considered. The fate of unused misoprostol should also be considered. Participants suggested a study on cost benefits be conducted and that consideration should be made towards conducting a clinical trial. Statements on household level use of misoprostol should also be included, such as World Health Organisation's statement that misoprostol use is not recommended without a skilled attendant.

Option 2: Active management of the third stage of labour by a skilled health care provider

Participants suggested altering the option title to '*Active management of the third stage of labour by all skilled health care providers attending to women at delivery*'. Generally participants felt that more information was required for the active management of the third stage of labour. The challenge with the active management of the third stage of labour is the lack of skilled attendants who can effectively carry it out. Participants felt that the document should emphasise that active management of the third stage of labour was not being replaced with misoprostol nor that women should elect to stay home and deliver from there rather than at the health facility.

Participants also suggested a third option – a combination of the two options above by strengthening already existing system while pushing forward misoprostol policy in areas where there is resource constraint.

Implementation considerations

Participants felt that barriers included antenatal care provider and user competence and attitudes towards the importance of misoprostol for prevention of PPH as well as insufficient financial resources to efficiently carry out implementation. In addition, the lack of training of health cadres other than doctors and midwives in active management of the third stage of labour and inadequate human resources could be barriers to implementation.

Closing remarks

Dr Lackson Kasonka, Chief Medical Superintendant, University Teaching Hospital

Dr Lackson Kasonka thanked all in attendance for participating actively. He thanked Director of Public Health and Research, Dr Elizabeth Chizema, for attending and for her contribution. He stated that 7 years ago a group of stakeholders sat to set goals they would like to achieve in 10 years and one of the millennium development goals (MDGs) set was to reduce the maternal mortality to about 200/100,000. There are now 3 years left to meet that challenge. Currently, the maternal mortality stands at about 500/100,000. He further added that this meeting should have been held years before but that it is never too late. Even now an intervention can still be done. The target may or may not be achieved but what is accomplished should be assessed. The goals were very ambitious goals. We should encourage ourselves with whatever will be achieved and that we should continue improving the health of mothers and children.

The meeting was then officially closed.

Next steps

- Refining the preferred option, for example by incorporating components of both options, removing or modifying components
- Establish a coordinator with authority and accountability to lead the development and implement of a plan and a team of people to work with that person in developing and implementing the plan within an acceptable time frame

Appendix 1:

ZAMBIA FORUM FOR HEALTH RESEARCH

In collaboration with

THE EVIDENCE-INFORMED POLICY NETWORK (EVIPNET)
THE SUPPORTING THE USE OF RESEARCH EVIDENCE (SURE) PROJECT
THE CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH (CCGHR)
THE AFRICAN NETWORK FOR TRAINING AND RESEARCH (REPRONET-AFRICA)

PREVENTING COMMUNITY-BASED POSTPARTUM HAEMORRHAGE IN ZAMBIA

Policy Dialogue Agenda

Date: 6th October 2011 | Time 8:00 am – 13:00 pm
Venue: Chrisma Hotel, Long Acres, Lusaka

Moderator: Dr Margaret Maimbolwa

Time	Activity	Responsible
08:00	Registration of Participants	Nkunda/Derrick
09:00	Welcome Remarks	Dr Margaret Maimbolwa
09:15	Official Opening	MoH
09:45	Policy Brief/Dialogue Presentation	Dr Lonia Mwape
10:00	Policy Brief PowerPoint Presentation	Mrs Alice Hazemba
10:20	Group Discussion	Dr Margaret Maimbolwa
10:40	**Tea Break**	
11:00	Plenary and summary	
12:45	Policy Dialogue Questionnaire	Nkunda/Derrick
13:00	Closing Remarks	Dr Lackson Kasonka
	Beverages and snacks	

Appendix 2: Participants

Organisation	Participant	Email	Phone
Action Africa Help	Herbert Kirinnya	hkirinnya@hotmail.com	0977280355
Action Africa Help	Brian Kansanka		0977966460
Chainama College	Mr Eddie Mbewe	kondwelanimbewe@yahoo.com	0977420775
Chainama College	Maria Akani		0977616426
ITC Solutions	Ms D. Magai	deevalmag@yahoo.com	0965174755
Marie Stopes	Dr Stephen Mupeta	Stephen.mupeta@mariestopes.org.zm	0965446655
Ministry of Health	Beatrice Mwape	Bmwape2002@yahoo.com	0977762132
Ministry of Health	Dr Max Bweupe	mbweupe@moh.gov.zm	0977775089
Ministry of Health	Mubita Luwabelwa	mubitaluwa@gmail.com	0977975744
Ministry of Health	Holo Hachonda	hhachonda@brhc.com	
Ministry of Health	Dr E. Chizema - Director Public Health & Research	echizema@moh.gov.zm	
Ministry of Health	Regina Yeta	reginayeta@hotmail.com	0968788290
Ministry of Health	Mbewe Chikuta		0977561337
Mulungushi University	Mrs Lidya Chibwe		0977464515
PLAN International	Mr Joseph Yowela	joseph.yowela@plan-international.org	0977797898
University of Zambia, School of Medicine	Dr. Fastone Goma	gomafm@yahoo.co.uk	0977772301
University of Zambia, School of Medicine	Dr Lonia	loniamagolo@yahoo.com	0964863425
University of Zambia, Community Medicine	Mrs Hazemba	alice_hazemba@yahoo.com	0977885285
University of Zambia, School of Medicine	Mrs Chanda	chanda.doro@gmail.com	0977847323
University of Zambia	Dr Margaret Maimbolwa	mmaimbolwa@yahoo.com	0977800067
University Teaching Hospital	Dr Kasonka -	kasonkalm@hotmail.com	0977885672
World Health Organisation	Mrs Patricia Kamanga	kamangap@zm.afro.who.int	0977773526
World Bank	Dr Caroline Phiri	drcarolp@yahoo.com	0977778854
Zambia Integrated Systems Strengthening Programme	Mr B. Kasawa	Kasawa2000@yahoo.com	0977849690

Authors
Nkunda K. Vundamina, Research Associate, ReproNet-Africa
Lonia Mwape, PhD (N), PhD, Lecturer, University of Zambia
Joseph M. Kasonde, MD, FRCOG, Executive Director, Zambia Forum for Health Research (ZAMFOHR)

Address for correspondence
Joseph M. Kasonde, Executive Director, Zambia Forum for Health Research (ZAMFOHR)
23 Chindo Road, Woodlands
Post-Net 261 Crossroads
Lusaka 10101
Zambia

Contributions of authors
All of the authors contributed to drafting and revising the policy brief.

Competing interests
None known.

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The Alliance for Health Policy and Systems Research. The Alliance's overall goal promoting the generation and use of health policy and systems research (HPSR) as a means to improve health and health systems in developing countries.

The Canadian Coalition for Global Health Research (the CCGHR or "the Coalition") is a network of people committed to promoting better and more equitable health worldwide through the production and use of knowledge. To achieve this vision, the Coalition networks, facilitates, coordinates and strengthens capacity with the ultimate aim of advancing equitable solutions to priority health challenges worldwide. http://www.ccghr.ca

The Evidence-Informed Policy Network (EVIPNet) promotes the use of health research in policymaking. Focusing on low and middle-income countries, EVIPNet promotes partnerships at the country level between policymakers, researchers and civil society in order to facilitate policy development and implementation through the use of the best scientific evidence available. www.evipnet.org

The Ministry of Health, Zambia. is the government ministry charged with administering the health system in Zambia. The Ministry's work is driven by its vision to provide the people of Zambia with equity of access to cost-effective, quality healthcare as close to the family as possible.

The African network for Research and Training in Sexual and Reproductive Health/HIV (ReproNet-Africa). ReproNet-Africa – The African Network for Research and Training in Sexual and Reproductive Health and HIV acts as an umbrella Regional network linking, coordinating, and strengthening existing reproductive health research and training institutions for the purpose of improving the RH status in Africa. www.repronet-africa.org

The "Supporting the use of research evidence (SURE) for policy in African health systems project. SURE is funded by the European Commission's Seventh Framework Programme (Grant agreement number 222881). The funder did not have a role in drafting, revising or approving the content of the policy brief. Andy Oxman, principal investigator of the SURE project, guided the preparation of the policy brief presented at the dialogue.

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