# LEARNINGS FROM 9 SUB-SAHARAN AFRICAN COUNTRIES' EFFORTS TO INCLUDE HEAT-STABLE CARBETOCIN AND TRANEXAMIC ACID FOR THE PREVENTION AND TREATMENT OF POST-PARTUM HEMORRHAGE IN ESSENTIAL PACKAGES OF HEALTH SERVICES/HEALTH BENEFIT PACKAGES

**September 2022**

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## ABBREVIATIONS

CSO: Civil society organization
EAC: East African Community
ECOWAS: Economic Community of West African States
EML: Essential Medicines List
EPHS: Essential Package of Health Services
HBP: Health Benefit Package
HSC: Heat-stable carbetocin
MMR: Maternal Mortality Ratio
MoH: Ministry of Health
PPH: Post-partum hemorrhage
SDG: Sustainable Development Goals
TXA: Tranexamic acid
UHC: Universal Health Coverage
WHO: World Health Organization

**ESSENTIAL TAKE AWAY FINDING**

**Countries said they have benefitted from this project but need continued support to get HSC and TXA to the health care facility level with health workers trained in their use for prevention and treatment of PPH.**

**Without continued support at this critical juncture, achievements made in these 9 countries risk remaining only on paper.**

## I. BACKGROUND

Post-partum hemorrhage (PPH) is the no. 1 direct cause of maternal mortality globally despite being preventable and treatable. Since 2019, Concept Foundation and WACI Health have been conducting an advocacy and awareness raising project in sub-Saharan African countries to accelerate access in the public health system to heat-stable carbetocin (HSC) for prevention, and tranexamic acid (TXA) for treatment of PPH. Access to these two essential medicines requires Ministries of Health (MoH) include them in: Essential Medicines Lists (EMLs), Essential Packages of Health Services (EPHS), and Health Benefit Packages (HBPs), with sustainable financing, and for national obstetric guidelines to be updated accordingly. The approach involves engaging with Health Secretariats of the East African Community (EAC) and the Economic Community of West African States (ECOWAS), conducting regional and national workshops, and working collaboratively with Ministries of Health, professional associations and civil society organizations (CSOs) concurrently to advocate for normative PPH policy change. Thereafter the drugs need to be procured, supplied to health facilities, and health workers trained in using them safely and appropriately for PPH prevention and treatment. Inclusion of these drugs in the public health sector is part of a country's progress towards Universal Health Coverage (UHC) attainment.

This report describes the key learnings, as of June 2022, of the progress, obstacles, and enabling factors of 9 governments in sub-Saharan Africa in achieving these goals, in collaboration with Concept Foundation and WACI Health. The 9 countries are: Burkina Faso, Democratic Republic of the Congo, Ethiopia, Ghana, Liberia, Rwanda, Sierra Leone, South Sudan, and Uganda.

Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation, Concept Foundation and WACI Health meetings with MoH officials from several countries as well as with the World Health Organization Country Office in South Sudan, and literature review.

## II. MATERNAL MORTALITY IN THE 9 COUNTRIES

SDG Target 3.1 calls for countries to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 (Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births). The Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths up to 42 days after birth per 100,000 live births during the same time period. It depicts the risk of maternal death relative to the number of live births and

essentially captures the risk of death in a single pregnancy or following a single live birth (Source: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26).

Maternal deaths refer to the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy
(Source: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26).
The latest available data on the MMR and number of maternal deaths in the 9 countries is from WHO 2017, see Table 1. The data indicate there is much work to be done in each country to achieve the SDG target. Until the target is achieved, large numbers of women will continue to die each year from the lack of prevention and treatment of PPH.

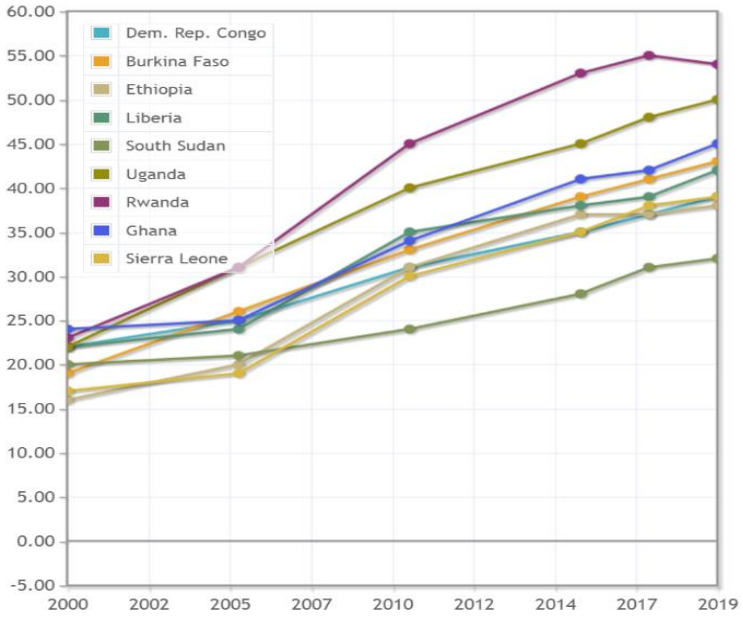
**Table 1: Maternal Mortality Ratio and Maternal Deaths per country in 2017**
Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births

| Country | Maternal Mortality Ratio (2017) | Number of Maternal Deaths (2017) |
|---|---|---|
| Burkina Faso | 320 | 2400 |
| Democratic Republic of the Congo | 473 | 16000 |
| Ethiopia | 401 | 14000 |
| Ghana | 308 | 2700 |
| Liberia | 661 | 1000 |
| Rwanda | 248 | 960 |
| Sierra Leone | 1120 | 2900 |
| South Sudan | 1150 | 4500 |
| Uganda | 375 | 6000 |

Essential medicines for PPH prevention and treatment exist but maternal mortality from PPH persists in these 9 countries essentially due to inequitable access to safe, quality-assured, and affordable medicines administered by trained health workers.

Essential maternal health services including for labour and childbirth are unequally available in the 9 countries. In addition, overall, basic health services are not sufficiently available in the countries, see Figure 1.

**Figure 1: Universal Health Service Coverage Index for Essential Health Services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, on a scale of 0 to 100.** Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare ?country=et#country=zr




Universal Health Coverage (UHC) means all people have access to the health services they need, when and where they need them, without creating financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. The path to UHC will vary from country to country, and there is no 'one-size-fits-all' approach. Local context, history, the existing health system, values and available resources will shape how countries finance and scale up services in their progressive realization of UHC. Source: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

An Essential Package of Health Services (EPHS) is a broad policy statement that identifies the health services that a government has prioritized. The government seeks to ensure that these essential health services reach the population equitably. The EPHS includes preventive, promotive, curative, rehabilitative and palliative health services aimed at individuals, typically delivered through five levels of health care – community level, primary health care facilities, first level hospitals, tertiary level hospitals, and at the population level. Source: https://www.emro.who.int//uhc-pbp/types-of-packages/index.html

A Health Benefit Package (HBP) is a set of health services that can be feasibly financed and provided under the actual circumstances a given country finds itself. Source: https://www.tandfonline.com/doi/pdf/10.1080/23288604.2016.1124171?needAccess=true

Table 2 shows the ranking of each country among 188 countries based on the gained value for coverage index for essential health services. For the countries to advance on the UHC pathway equitable provision of essential health services is fundamental.

**Table 2: Universal Health Service Coverage country ranking in 2019**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings

| Country | UHC Service Coverage Ranking |
|---|---|
| Burkina Faso | 169 |
| Democratic Republic of the Congo | 175 |
| Ethiopia | 178 |
| Ghana | 159 |
| Liberia | 171 |
| Rwanda | 136 |
| Sierra Leone | 175 |
| South Sudan | Not mentioned |
| Uganda | 146 |

Figure 2 shows the number of countries that have an EPHS, an HBP, a national budget allocation for maternal health services, and where patients and families do not pay out of pocket for maternal health services at the point of care. Officially, most of the countries (8 out of 9) have an EPHS and 8 out of 9 have an HBP. Burkina Faso is the one country that does not have either. All of the 9 countries have a national budget allocation for maternal health services and no out of pocket payment for maternal health services at the point of care however, the reality of each of these factors differs from official policies.

In South Sudan, for example, officially there is a national budget allocation for maternal health services including labour and childbirth with services free at the point of care. In reality, the public health system is donor-funded and maternal health services require out of pocket payments from patients/families at the point of care. In Burkina Faso, the MoH claims existing government policies correspond to an EPHS and HBP however, WACI Health/Concept Foundation discussions with the MoH were not conclusive and the general consensus was that there is not an EPHS or HBP.

Moreover, the existence of an EPHS or HBP does not mean they are updated to include HSC and TXA for PPH prevention and treatment. The process of updating is stepwise, dependent on country readiness, as well as advocacy from a trustworthy reliable CSO in-country.

**Figure 2: Number of countries with EPHS, HBP and Government-funded Public Health Financing**

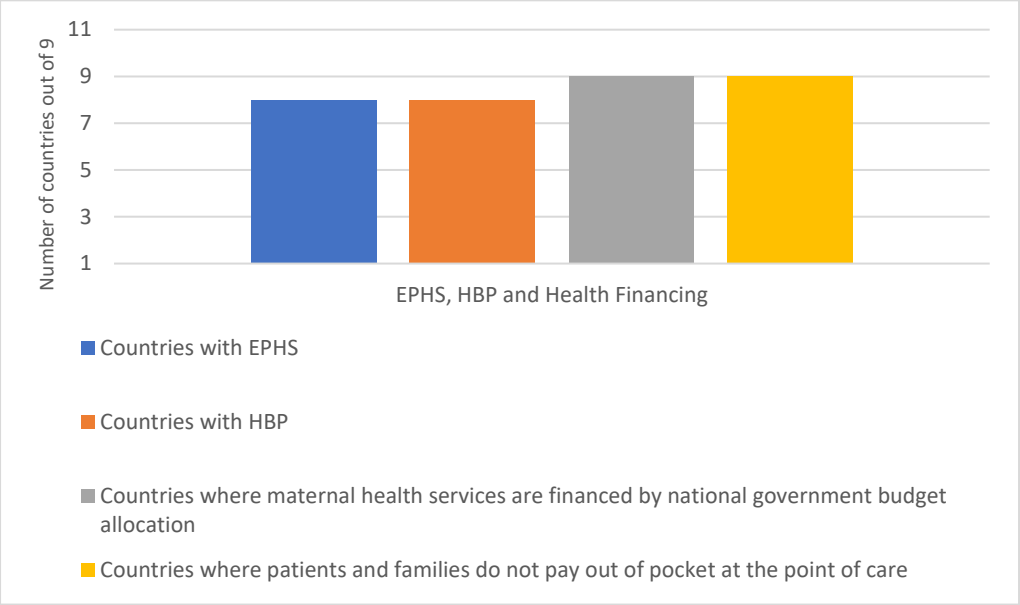



Figure 3 shows the number of countries where HSC and TXA are included in the EML and National Guidelines for Obstetric Care, where HSC is registered for the prevention of PPH, and where TXA is available for the treatment of PPH in health care facilities. Findings were variable.

TXA is included in the EML in all countries except Liberia and Uganda.

HSC is included in the EML in 6 of the 9 countries; it is currently not in the EMLs of Ethiopia, Liberia and Uganda.

TXA is included in the National Guidelines for Obstetric Care in all of the 9 countries however, the Guidelines are not widely distributed among health workers.

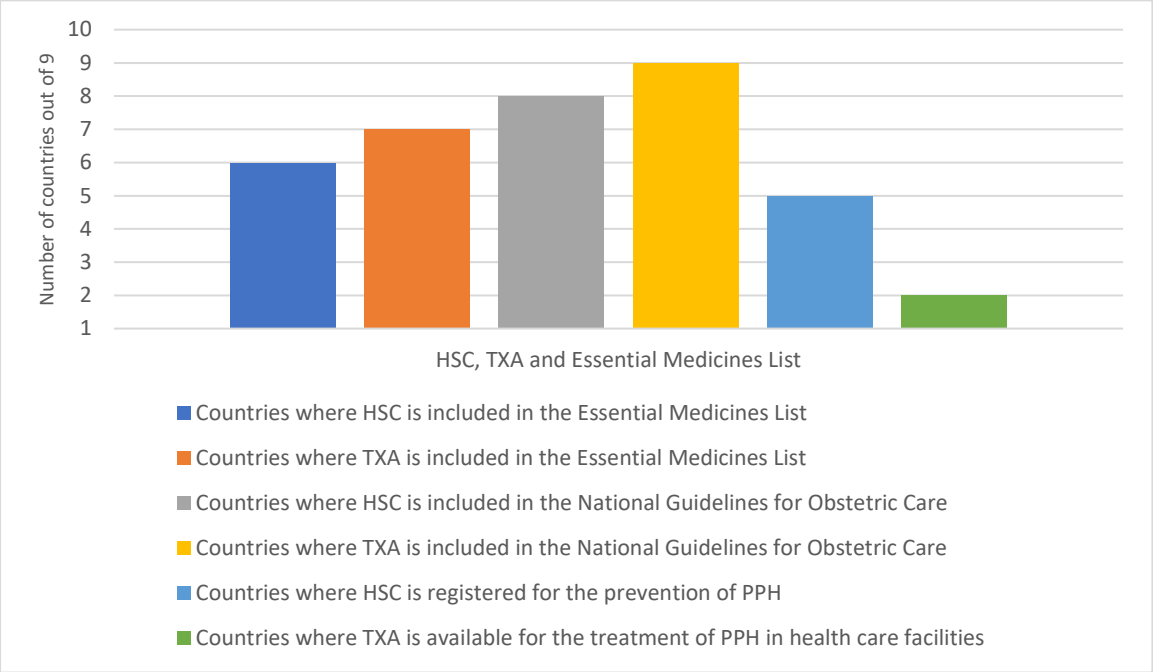
Similarly, HSC is included in the National Guidelines for Obstetric Care in all countries except South Sudan (the updated guideline is drafted but not yet validated by the MoH). More advocacy work is needed in South Sudan.

HSC is registered for the prevention of PPH in DRC, Ghana, Sierra Leone, South Sudan, and Uganda. Burkina Faso, Ethiopia, Liberia, and Rwanda are in the process of obtaining regulatory approval. HSC is not available at the national or facility level in any of the 9 countries.

TXA is available for the treatment of PPH in health care facilities only in Ghana and Liberia. More work is needed to make TXA available at facility level in all countries.

Even where TXA is available, health workers have not received adequate training in its safe and appropriate use for the treatment of PPH. All countries requested health worker training, with or without already having the drugs, and to receive continued support from this initiative.

**Figure 3: HSC, TXA and Essential Medicines List**



## III. COMMON CHALLENGES ENCOUNTERED

- It took a long time for the MoH to understand the project concept.
- Lack of political will created serious obstacles to advance the project.
- It took a long time for the MoH to understand the concept and importance of CSO engagement.
- Even with simultaneous interpretation during virtual meetings with the MoH, much information seemed to have been lost in translations.
- Compared to HBP, EPHS often is not well understood and is complicated as a broad policy document. EPHS often is under the responsibility of a different ministry or department, which MoHs have difficulty coordinating.
- MoHs tend to be very complex and bureaucratic, which WACI Health could not penetrate without a reliable trustworthy CSO, which was lacking in some countries.
- Countries often do not understand that EPHS and HBP are required under UHC and that EML cannot substitute as an HBP. This is further complicated by the insurance mechanisms for reimbursement of drugs and services.
- EMLs, EPHSs and HBPs needed to be updated before the project could advance but governments' willingness was not always there (workshops convened by WACI Health amplified voices of health providers who recognize the need for these essential medicines, reinforcing the need to bridge the gap between policy change and the reality on the ground).
- Supply-side challenges for delivering on prioritized services: lack of human resources and facilities; poor quality service delivery; prioritized services poorly aligned with clinical guidelines and EMLs.
- Lack of sufficient resources to deliver on the HBP.

**Challenges created by COVID-19 in all 9 countries**

- Keeping the initiative as a priority for the MoH,
- MoH and key stakeholders could not have face-to-face meetings,
- Technological difficulties hosting virtual meetings.

## IV. GENERAL RECOMMENDATIONS

- The elements for success are: inclusion of key relevant stakeholders and local champions, political commitment and country readiness.
- Continue to work with countries to validate EML, EPHS, HBP, bringing stakeholders together for consensus-building, particularly where this is a constitutional requirement (e.g., Liberia). Additional funds and advocacy will help to accelerate the process of validating the documents.
- Demand for the two drugs is created by health worker associations and facility levels. Advocacy, building political will and mobilisation are required to achieve change. Without procurement and distribution, provision to facilities and demand, as well as successes achieved through advocacy risk stalling at the most critical moment of ensuring use of HSC and TXA for PPH.
- MoH Policy and Planning Departments usually are responsible for the EPHS, different from those responsible for HBP. Need to form strategic partnerships with Policy and Planning Departments. Often the two departments do not communicate.
- MoHs and health workers requested training for healthcare workers for the use of HSC and TXA for PPH.
- Continue to work closely with stakeholders at country level to prioritize PPH prevention and treatment.
- Where needed, continue to work with countries to update the EML.
- Form strategic partnerships with CSOs, midwifery associations, nursing associations, MoH, UNFPA, WHO country offices as needed. Where needed find appropriate CSO for in-country advocacy.
- Provide all countries with health worker training, with or without already having the drugs in-country.
- Ensure National Guidelines for Obstetric Care are widely distributed to health workers at the national level.
- Re-engage with country when HBP update is due or where an HBP needs to be created, if there is political will.
- Re-engage with country when EPHS update is due or where EPHS needs to be created, if there is political will.
- Because updating the HBP is an infrequent process, explore with MoH if they could make an addendum instead of updating the entire document.
- Additional focus on TXA use and its regulatory approval for PPH treatment is needed.
- There is no TXA manufacturer in Africa. Explore whether a coalition of drug companies would be interested to create an African manufacturer. Large demand exists.

### RECOMMENDATIONS/COMMENTS MADE BY THE WHO COUNTRY OFFICE IN SOUTH SUDAN

- The remaining urgent actions are for the MoH to finalise the National Obstetric Guidelines, update the HBP, distribute the 2 drugs to health care facilities, and train health workers.
- HSC is an excellent option for South Sudan due to country context and cold chain challenges.
- WACI Health should speak with the WHO Country Office Health Systems Strengthening staff for information on updates to the HBP.
- The WHO Country Office will connect WACI Health to an active CSO.

## V. RECOMMENDATIONS FOR WHO

- When WHO Guidelines or lists are updated, Ministries of Health need continued support from WHO Country Offices to ensure updated drugs get into drug procurement lists and distribution chains to reach health care facilities. Often there is a disconnect between WHO-updated EML and countries updating their EML accordingly. In many cases, EMLs only got updated to include HSC and TXA for PPH because of the direct outreach, advocacy and support provided by WACI Health.
- EML, EPHS and HBP tend to be the responsibility of separate government entities which overly complicates the UHC pathway and leads to a siloed approach. Often countries do not understand the EPHS, which is not an MoH mandate. Countries tend to skip the EPHS and manage with EML and HBP. This indicates a need to streamline the UHC process so the 3 documents are under the remit of the MoH.
- Provide countries with a template for EML, EPHS and HBP showing inclusion of HSC and TXA for PPH and linked to insurance schemes -in country language, and an example of a good model from a country that has updated EML, EPHS and HBP for PPH.
- WHO EML Guidelines state carbetocin not heat stable carbetocin. Countries follow WHO Guidelines with EMLs being the key document tied to drug procurement. Oxytocin requires cold chain while quality problems often exist even with a well-functioning cold chain. This is an incentive to change WHO EML Guidelines to state heat stable carbetocin for clarity.

## VI. COUNTRY SUMMARIES

## Burkina Faso 

This summary describes the status, as of June 2022, of the government of Burkina Faso in achieving these goals. Information was collected through a survey completed by WACI Health, followed by consolidation meetings with WACI Health and Concept Foundation, as well as a Concept Foundation/WACI Health meeting with the Director of Reproductive Health and the Director of Policy and Planning at the MoH in an attempt to gain additional clarification from the government.

**Maternal Mortality Ratio: 320** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 2400** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- There was sufficient political will throughout the project process.
- The MoH Director of Reproductive Health and the Director of Policy and Planning were unaware of an EPHS or HBP even after numerous engagements with WACI Health.
- The EML is used as *the* policy document for the provision of maternal health services including childbirth.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population including maternal health services for which patients/families do not pay at the point of care. Funding is by a combination of national budget allocation and donors but is insufficient. Funding plus a lack of political will to develop an EPHS and HBP are thwarting access to the two drugs.
- The recently updated EML (2020) includes both HSC and TXA.
- HSC is not registered for the prevention of PPH in health care facilities but is in the process for obtaining regulatory approval.
- TXA is available for the treatment of PPH in health care facilities, but actual availability at facility level for obstetric use varies throughout the country.
- Health workers at the primary health care level have not been provided training in using HSC, for prevention, and TXA for treatment of PPH so far but the government plans to conduct training.
- The recently updated Guide for the Prevention and Curative Treatment of PPH (2021) includes HSC and TXA for PPH. Concept Foundation is currently leading an implementation pilot study in Burkina Faso assessing safe and appropriate use of HSC and TXA following training of health care providers.

### CHALLENGES ENCOUNTERED

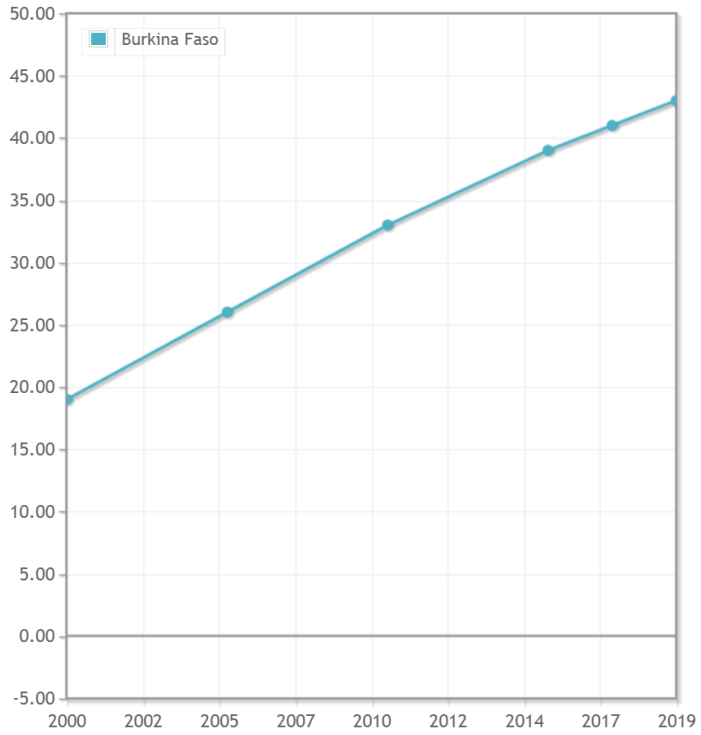
- WACI Health collaborated with the Director of Family Health in the MoH. The MoH does not see the need to specify the two drugs in any document other than the EML, which does list the drugs. The government considers its priority is to work with an international NGO (iNGO) which will make HSC and TXA available in the country. The Director of Family Health did not state whether the government is actively seeking such iNGO.

- An appropriate civil society organization could not be identified to carry out the necessary in-country advocacy work. The professional association of gynaecologists was engaged instead. A civil society organization could have been more effective. This was a significant limitation.
- The MoH was not able to identify anything equivalent to an EPHS or HBP, thus it was concluded that nothing similar exists in Burkina Faso.
- COVID-19 travel restrictions made it difficult for the MoH and key stakeholders to have face-to-face meetings which also may have impacted advancement of the project.
- COVID-19 may have made it challenging to keep the initiative as a priority to the ministry of health.

**RECOMMENDATIONS BY WACI HEALTH**

- Continuing to work closely with stakeholders at country level to prioritize PPH prevention and treatment is not alone sufficient because there is no active civil society organization to do the in-country advocacy.
- Re-engage with the country if there is political will to develop an HBP.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**Burkina Faso UHC Service Coverage ranking:** 169 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Democratic Republic of the Congo 

This summary describes the status, as of June 2022, of the government of Democratic Republic of the Congo in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio:** 473 (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths:** 16,000 (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- There was sufficient political will throughout the project process.
- There is an Essential Package of Health Services (EPHS) which does not include maternal health, labour and childbirth and which needs updating to list specific maternal health services.
- The Democratic Republic of the Congo has a Health Benefit Package (HBP) which lists specific maternal health services and specific drugs. The HBP needs updating.
- Updating the EML was completed in 2021 but discussion of the EPHS and HBP has not yet started. The process is stepwise and not everything can be addressed at the same time.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population, including maternal health services, labour and childbirth. Patients/families do not pay out of pocket at the point of care. Financing is by a mix of national government budget allocation, public insurance and external/donor funding.
- HSC and TXA are both included in the recently updated EML (2022).
- HSC is included in the recently updated Standards and Guidelines (2022).
- TXA is included in the recently updated Standards and Guidelines (2022) but is not available for this use. Information was not available whether TXA is available for the treatment of PPH in health care facilities.
- HSC is registered for the prevention of PPH in health care facilities but not currently available.
- Health workers at the primary health care level are not trained on safe and appropriate use of HSC, for prevention, and TXA for treatment of PPH.

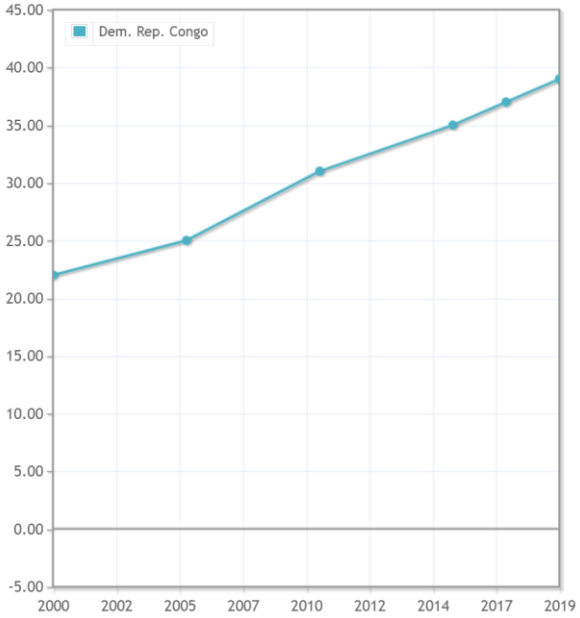
### CHALLENGES ENCOUNTERED

- It took a long time for the MoH to understand the concept of civil society organization engagement which slowed down the process significantly.
- The MoH is very complex and bureaucratic, which WACI Health cannot penetrate on its own. A reliable trustworthy civil society organization is needed but lacking.
- COVID-19 made it challenging to keep the initiative as a priority for the MoH.
- COVID-19 travel restrictions made it difficult for the MoH and key stakeholders to have face-to-face meetings, and hosting virtual meetings was met with technological difficulties.

**RECOMMENDATIONS MADE BY WACI HEALTH**

- Re-engage with the country when the HBP update is due.
- Support the country to update the EPHS.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment.
- The MoH requested training for healthcare workers for the use of HSC and TXA for PPH.
- Find an appropriate civil society organization partner for in-country advocacy.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 175 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Ethiopia 

This summary describes the status, as of June 2022, of the government of Ethiopia in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio: 401** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 14,000** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- Political will was sufficient during the project process.
- Ethiopia has an EPHS and an HBP.
- The EPHS lists maternal health services, including labour and childbirth and is in process of being updated.
- The HBP lists specific maternal health services and specific drugs.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population, including maternal health services, labour and childbirth. Patients/families do not pay out of pocket at the point of care. Financing is by a mix of national government budget allocation, public insurance and external/donor funding.
- HSC and TXA are both included in the recently updated Obstetrics Management Protocol (2021).
- The current EML includes TXA but not HSC, and has not yet been updated to include HSC, but the national procurement lists include both drugs starting in 2023. The government intends to update the EML and include HSC since it is already in the recently updated Obstetrics Management Protocol.
- HSC and TXA are included in the national quantification of maternal health drugs, conducted by the Ethiopian Pharmaceuticals Supply Agency, to ensure a coordinated procurement plan.
- TXA is not available for the treatment of PPH in health care facilities.
- Health workers at the primary health care level are currently not provided training in using HSC, for prevention, and TXA for treatment of PPH. Concept Foundation is currently leading an implementation pilot study in Ethiopia assessing safe and appropriate use of HSC and TXA following training of health providers.

### CHALLENGES ENCOUNTERED

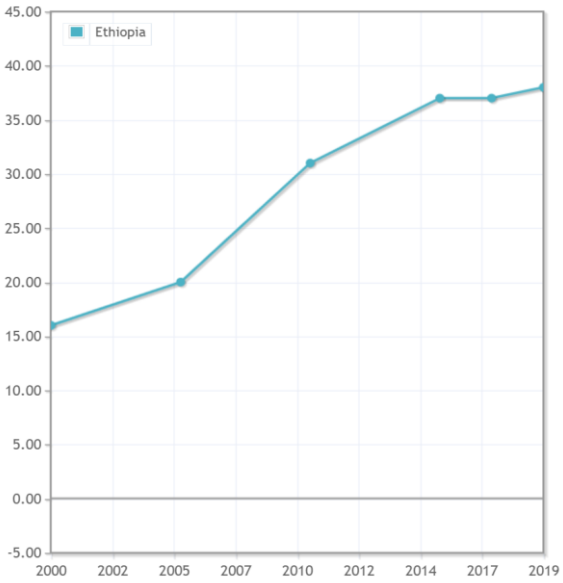
- The current political situation in the country is unstable and political will may be insufficient due to the instability.
- It took a long time for the MoH to prioritize the project objectives which slowed down the process significantly.
- The MoH is very complex and bureaucratic, which WACI Health cannot penetrate on its own. A reliable trustworthy civil society organization is needed but lacking in the country.
- COVID-19 made it challenging to keep the initiative as a priority to the MoH.

- COVID-19 travel restrictions made it difficult for the MoH and key stakeholders to have face-to-face meetings, and hosting virtual meetings was met with technological difficulties.

**RECOMMENDATIONS MADE BY WACI HEALTH**

- Re-engage with the country when the HBP update is due.
- Support the country to update the EPHS.
- Form strategic partnerships with civil society, midwifery associations, nursing associations.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment.
- Find an appropriate civil society organization partner for in-country advocacy.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 178 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Ghana 

This summary describes the status, as of June 2022, of the government of Ghana in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio: 308** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 2700** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- Ghana fulfilled the project requirements.
- The MoH was accessible, organized, transparent, and very easy to work with.
- Ghana has an EPHS and an HBP and has committed to update both.
- The EPHS lists specific maternal health services.
- The HBP lists specific maternal health services and specific drugs.
- There is a public sector national health insurance financing scheme that guarantees the provision of essential health services to the general population. Patients/families do not pay out of pocket at the point of care. Maternal health services including labour and childbirth are financed by a mix of national government budget allocation, public insurance and external/donor funding.
- HSC and TXA are both included in the recently updated EML (2021).
- HSC and TXA are both included in the recently updated Standard Treatment Guidelines for PPH (2021).
- HSC is registered for the prevention of PPH in health care facilities and is being added to the national health insurance scheme medicines list.
- TXA is available for the treatment of PPH in health care facilities and is included in the national health insurance scheme medicines list.
- Health workers at the primary health care level are currently not provided training in using HSC (for prevention) and TXA (for treatment) of PPH. Concept Foundation is currently leading an implementation pilot study in Ghana assessing safe and appropriate use of HSC and TXA following training of health providers.

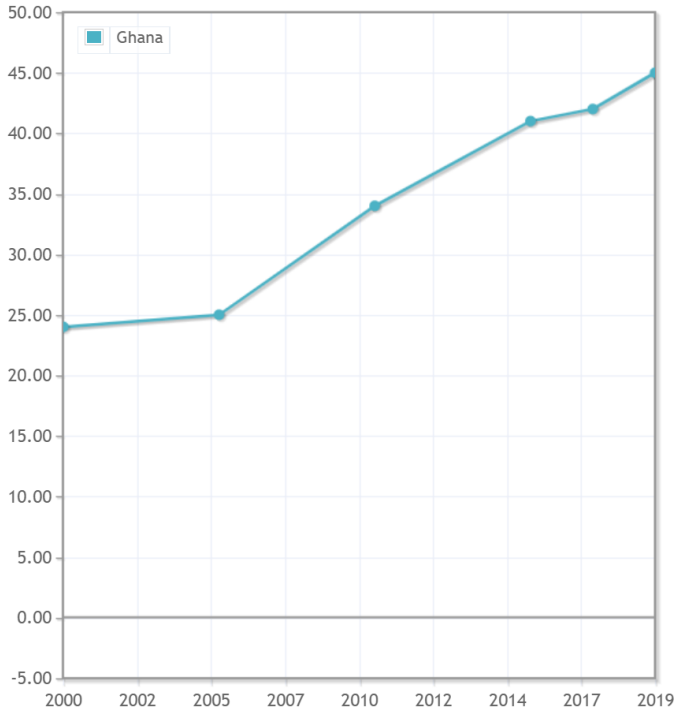
### CHALLENGES ENCOUNTERED

- It took a long time for the MoH to understand the project concept and there were extensive exchanges regarding the project budget and training for the country. These created significant delays.
- COVID-19 made it challenging to keep the initiative as a priority to the MoH.
- COVID-19 travel restrictions made it difficult for the MoH and key stakeholders to have face-to-face meetings, and hosting virtual meeting was met with technological difficulties.

**RECOMMENDATIONS MADE BY WACI HEALTH**

- Re-engage with the country when the HBP update is due. Because updating the HBP is an infrequent process, it should be explored with the country whether they would make an addendum instead of updating the whole document.
- Form strategic partnerships with civil society organizations and the Policy and Planning Department of the MoH.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment.
- The MoH recognises that health workers need training in using the 2 drugs safely and appropriately for prevention and treatment of PPH.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 159 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Liberia 

This summary describes the status, as of June 2022, of the government of Liberia in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio: 661** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 1000** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- The process of working with the government of Liberia was open and smooth for WACI Health and political will was sufficient for the project objectives.
- Liberia has an EPHS and an HBP.
- The EPHS lists specific maternal health services.
- The HBP lists specific drugs and specific maternal health services.
- Maternal health, including labour and childbirth, is included in the EPHS or the HBP.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population. Patients/families do not pay out of pocket at the point of care. Maternal health services including labour and childbirth are financed by a mix of national government budget allocation, public insurance and external/donor funding.
- The EML is not yet updated and the most recent version does not include HSC or TXA.
- HSC and TXA are both included in the recently updated Postpartum Protocol (2020).
- HSC is currently not registered for the prevention of PPH in health care facilities but is in the process of obtaining regulatory approval.
- TXA is available in the country but it could not be determined whether it is available for the treatment of PPH in health care facilities.
- Health workers at the primary health care level are currently not provided training on safe and appropriate use of HSC, for prevention, and TXA for treatment of PPH.

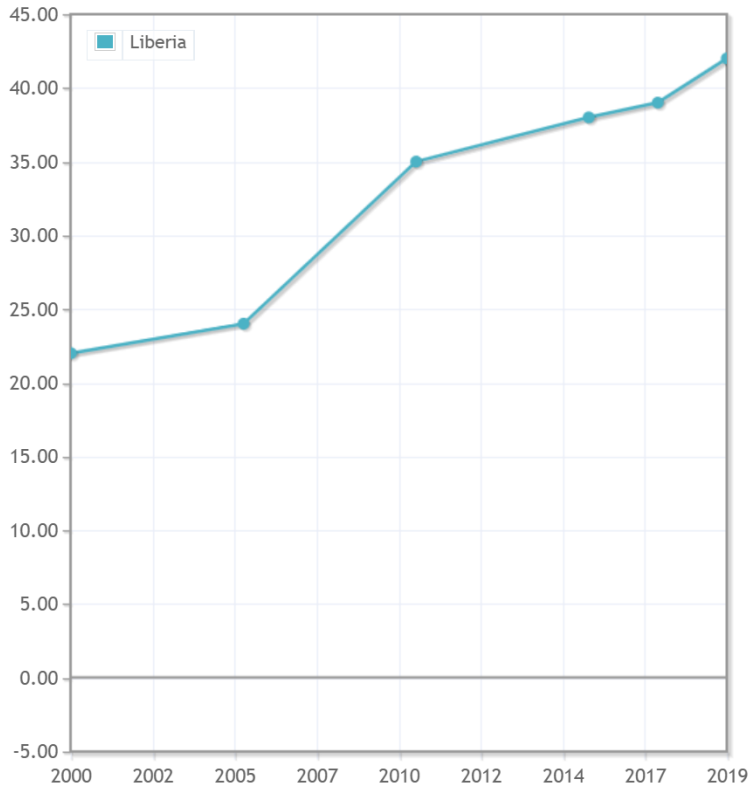
### CHALLENGES ENCOUNTERED

- The EML has not yet been updated to include HSC and TXA.
- COVID-19 made it challenging to keep the initiative as a priority to the MoH.
- COVID-19 travel restrictions made it difficult for the MoH and key stakeholders to have face-to-face meetings, and hosting virtual meetings was met with technological difficulties.

**RECOMMENDATIONS MADE BY WACI HEALTH**

- Re-engage with the country when the HBP update is due. WACI Health continues to work with the country to validate the final project documents (EML, EPHS, HBP). Bringing stakeholders together for consensus-building is a constitutional requirement in Liberia.
- Continue to advocate for the update of the EML, which is carried over from phase 1 of the Concept Foundation/WACI Health project.
- Form strategic partnerships with civil society organisations and the Policy and Planning Department at the MoH.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 171 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Rwanda 

This summary describes the status, as of June 2022, of the government of Rwanda in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio: 248** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 960** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

Rwanda has the best UHC coverage in all of Africa. The UHC plan is well laid out, all public health services are free and the insurance scheme works well. Rwanda however, is not aligned with the UHC pathway for maternal health due to the below points:

- Rwanda has an EPHS and an HBP however, both need updating.
- There was insufficient political will from the MoH which did not prioritise the project since the EPHS and HBP are not due for updates. The project stagnated because the MoH did not provide any leadership for updating the EPHS or HBP.
- The EPHS lists specific maternal health services including labour and childbirth.
- The HBP lists specific maternal health services and specific drugs but not HSC or TXA.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population. Patients/families do not pay out of pocket at the point of care. Maternal health services including labour and childbirth are financed by a mix of national government budget allocation, public insurance and external/donor funding.
- The EML was thoroughly updated in 2022 and includes Carbetocin ('heat-stable' is not included) and TXA.
- HSC and TXA are both included in the recently updated Obstetric Norms and Standards guideline (2020).
- HSC is not yet registered for the prevention of PPH in health care facilities.
- TXA is not available for the treatment of PPH in health care facilities but the MoH is aware that OB/GYNs want TXA in health care facilities.
- Health workers at the primary health care level are not provided training on safe and appropriate use of HSC (for prevention) and TXA (for treatment) of PPH.

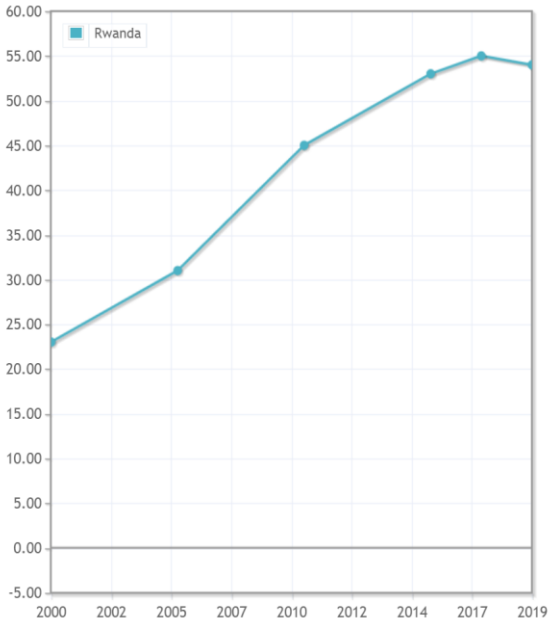
### CHALLENGES ENCOUNTERED

- There was insufficient political will from the MoH. The Minister of Health did not accept the project's work and said there had been a Presidential Decree that updating the EPHS and HBP was not a priority.
- The MoH's policy work is located in the Biomedical Centre however, because the government was not responsive WACI Health dealt with the Rwanda Medical Centre.
- COVID-19 made it challenging to keep the initiative as a priority to the MoH.
- COVID-19 travel restrictions made it difficult for the MoH and key stakeholders to have face-to-face meetings, and hosting vitual meetings was met with technological difficulties

**RECOMMENDATIONS MADE BY WACI HEALTH**

- Re-engage with the country when the HBP update is due, but this depends on the country's interest.
- Form a strategic partnership with the MoH Biomedical Centre as this is where the MoH's policy work is located.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment. To date PPH prevention and treatment are not priorities however, WACI Health will work with the stakeholders if they are interested in updating the EPHS.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 136 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Sierra Leone



This summary describes the status, as of June 2022, of the government of Sierra Leone in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio: 1120** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 2900** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- Sierra Leone is the model country in the project of what countries should do and is an excellent example of the success of the project. Thanks to the project, the country achieved all project requirements and now needs to procure the drugs.
- Factors that made the country a model process for the project included:
    - strong political will;
    - country-readiness for the Health Financing Policy Review of the social health insurance scheme;
    - stakeholders were driven and ready for action;
    - no bureaucratic blockage so that all key people were able to be at all meetings and made decisions together.
- Sierra Leone has an EPHS and an HBP, including specific maternal health services including labour and childbirth.
- The EPHS lists specific maternal health services.
- The HBP lists specific maternal health services and specific drugs.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population. Patients/families do not pay out of pocket at the point of care. Maternal health services including labour and childbirth are financed by a mix of national government budget allocation, public insurance and external/donor funding.
- Both HSC and TXA are included in the EML. The EML was updated in 2021.
- Both HSC and TXA are included in the recently updated National Standard Treatment Guidelines (2021).
- HSC is registered for the prevention of PPH in health care facilities.
- TXA is not available for the treatment of PPH in health care facilities however, the project made the government aware that it needs to include TXA for PPH.
- Health workers at the primary health care level are currently not provided training in using HSC, for prevention, and TXA for treatment of PPH. Concept Foundation is currently leading an implementation pilot study in Sierra Leone assessing safe and appropriate use of HSC and TXA following training of health providers.
- Next steps for the EPHS/UHC: desk reviews of evidence and stakeholder interviews were to be conducted in June 2022; technical assistance from WHO has been requested; regional consultations are scheduled for October 2022; pre-validation of the EPHS and HBP is scheduled for October 2022 and validation scheduled for November 2022; the EPHS is scheduled to launch on 12 December 2022.

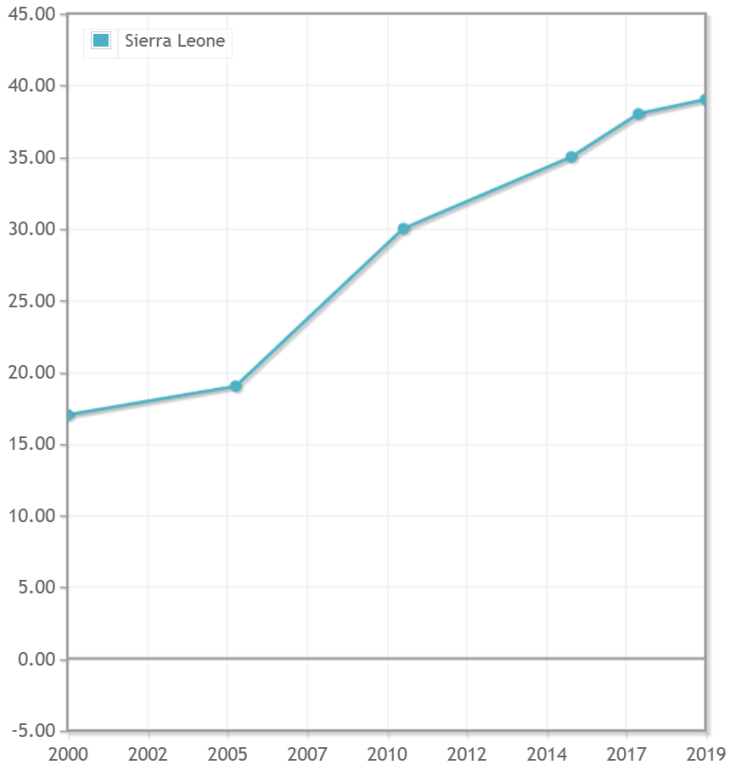
## CHALLENGES ENCOUNTERED

- Communication was challenging however, once the Department of Policy and Planning joined the process everything went smoothly thereafter.
- COVID-19 made it challenging to keep the initiative as a priority to the MoH.
- COVID-19 travel restrictions made it difficult for the ministry of health and key stakeholders to have face-to-face meetings, and hosting virtual meetings was met with technological difficulties.

### RECOMMENDATIONS MADE BY WACI HEALTH

- The project is working well for now as all stakeholders are engaged.
- Continue supporting the current efforts of the government and stakeholders as they are on the right path with the policy updates.
- Re-engage with the country when the HBP update is due; currently it is in progress.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 175 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## South Sudan 

This summary describes the status, as of June 2022, of the government of South Sudan in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation and an additional meeting with the technical officer for child/adolescent health in the WHO Country Office in South Sudan together with Concept Foundation/WACI Health.

**Maternal Mortality Ratio: 1150** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 4500** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- The two drugs are already in South Sudan's National Drug Procurement Plan for 2022. The WHO Country Office requested the project be extended to 2023 as this support is necessary to ensure demand and delivery of the two drugs.
- There was not sufficient political will throughout the project process.
- South Sudan does not have an EPHS.
- The country has an HBP called "Basic Package of Health and Nutrition Services" updated in 2020, which lists specific maternal health services, including labour and childbirth, and specific drugs but not HSC or TXA.
- The country does not have a government-funded public sector health financing scheme that guarantees the provision of essential health services to the general population. Financing mostly comes from external/donor funding. Health services are outsourced to private companies especially for remote and the poorest areas. Officially, maternal health services including labour and childbirth are free however, in reality, out of pocket payments are required from patients/families at the point of care.
- Both HSC and TXA are included in the EML, added as an addendum in the 2019 update.
- The Emergency Obstetric and Neonatal Care Service Guidelines were revised in 2020 to include HSC and TXA however, final MoH approval is pending. Thereafter a train the trainer project is planned, funded by UNFPA, to train health workers on the management of PPH using the two drugs, led by the MoH and OB/GYN associations.
- HSC is registered for the prevention of PPH in health care facilities.
- TXA is not available for the treatment of PPH in health care facilities.
- Health workers at the primary health care level are currently not provided training on safe and appropriate use of HSC, for prevention, and TXA for treatment of PPH.

### CHALLENGES ENCOUNTERED

- WACI Health was unable to find an active civil society organisation to work with in South Sudan.
- Lack of stakeholder presence at key meetings organised by WACI Health. The MoH must be seen as leading a meeting in order for stakeholders to come.
- The WACI Health workshop revealed that the WHO Country Office understood the project needs better than the MoH and that further support from the WHO Country Office is needed.

- There was no technical officer responsible for maternal and child health in the WHO Country Office for the past 3 years however, an officer was due to start in June 2022.
- The MoH was rigid about the need for the training of healthcare providers in the use of HSC, for prevention, and TXA for treatment of PPH.
- COVID-19 made it challenging to keep the initiative as a priority to the ministry of health.
- COVID-19 travel restrictions made it difficult for the ministry of health and key stakeholders to have face-to-face meetings, and hosting virtual meetings was met with technological difficulties.

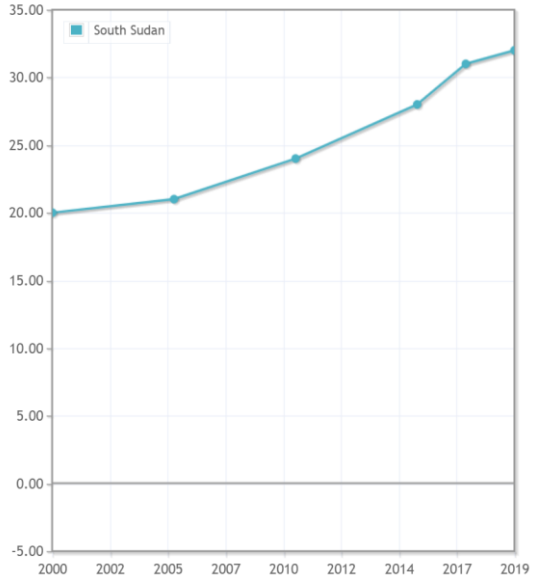
**RECOMMENDATIONS MADE BY WACI HEALTH**

- Re-engage with the country when the HBP update is due, depending on the country's interest.
- If the government wishes to update the EPHS, then strategic partnerships should be formed with:
  - the MoH,
  - UNFPA,
  - the WHO Country Office, and
  - civil society organisation(s).
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment. Remaining urgent actions are for the MoH to finalise the Emergency Obstetric and Neonatal Care Service Guidelines, update the HBP, distribute the two drugs to health care facilities, and train health workers.

**ADDITIONAL RECOMMENDATIONS/COMMENTS MADE BY THE WHO COUNTRY OFFICE**

- HSC is an excellent option for South Sudan due to country context and cold chain challenges.
- WACI Health should speak with the WHO Country Office Health Systems Strengthening staff for information on updates to the HBP.
- There are a few civil society organisations and international NGOs on the ground. The WHO Country Office will connect WACI Health to an active civil society organisation.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et-country=bf (2019)




**UHC Service Coverage ranking** out of 188 countries. Ranking for South Sudan was not available.
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)

## Uganda 

This summary describes the status, as of June 2022, of the government of Uganda in achieving these urgent goals. Information was collected through a survey completed by WACI Health followed by consolidation meetings with WACI Health and Concept Foundation.

**Maternal Mortality Ratio: 375** (SDG Target 3.1: By 2030 reduce the MMR to < 70 per 100,000 live births)
**Maternal Deaths: 6000** (all data from 2017) Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

### KEY FINDINGS AND PROJECT OUTCOMES

- Uganda has an EPHS and an HBP, including maternal health, including labour and childbirth.
- The EPHS lists specific maternal health services and is due to be updated by November 2022.
- The HBP lists specific drugs and specific maternal health services but it needs to be updated to include HSC and TXA for PPH.
- There is a public sector health financing scheme that guarantees the provision of essential health services to the general population. Patients/families do not pay out of pocket at the point of care. Maternal health services including labour and childbirth are financed by a mix of national government budget allocation, public insurance and external/donor funding.
- The current EML does not include HSC or TXA. The deadline to update the EML to include the two drugs was June 2022.
- HSC and TXA are both included in the recently updated Essential Maternal and Newborn Clinical Care Guidelines (2022).
- HSC is registered for the prevention of PPH in health care facilities.
- TXA is not currently available for the treatment of PPH in health care facilities.
- The Essential Medicines and Health Supplies list is currently being updated and will include HSC and TXA (this list formalises the government's commitment to ensure equitable access to essential medicines).
- HSC and TXA are included in the national commodity procurement list.
- Health workers at the primary health care level are currently not provided training in using HSC, for prevention, and TXA for treatment of PPH. Concept Foundation is currently leading an implementation pilot study in Uganda assessing safe and appropriate use of HSC and TXA following training of health providers.

### CHALLENGES ENCOUNTERED

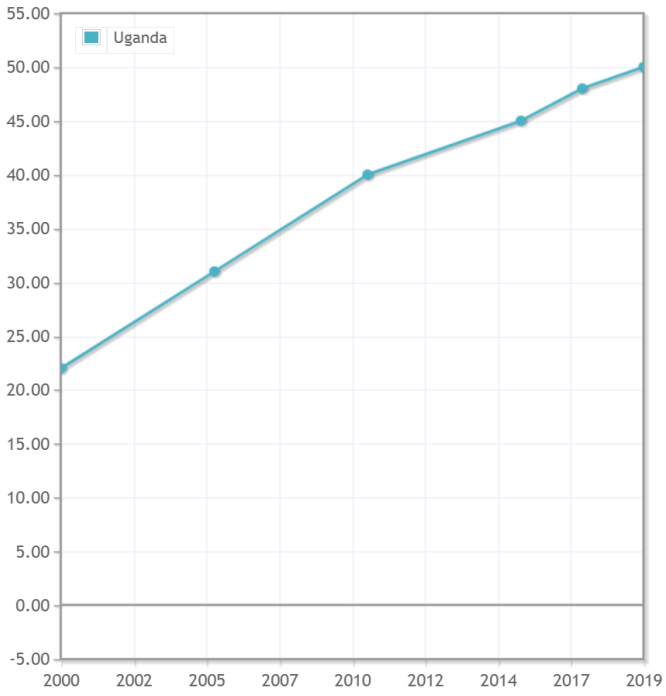
- Bureaucracy within the MoH was a major hindrance for project progress. It is difficult to reach the correct people and work through the many layers of decision-makers. Additionally, there was a change in leadership which created bottlenecks.
- The EML has not been updated yet even though WACI Health has been working with Uganda for 3 years to get the EML updated.
- The initial objective was to update the EML and EPHS to include both drugs however, WACI Health later discovered that the HBP had to be updated as that is where the drugs are listed.
- Due to difficulties working with the government, WACI Health has not yet been able to identify which department in the MoH is responsible for the HBP.

- COVID-19 made it challenging to keep the initiative as a priority to the MoH.
- COVID-19 travel restrictions made it difficult for the ministry of health and key stakeholders to have face-to-face meetings, and hosting virtual meetings was met with technological difficulties.
- There were technological difficulties in hosting virtual meetings.

**RECOMMENDATIONS MADE BY WACI HEALTH**

- Continue to support the government's current effort to finalize the EML and EPHS.
- Re-engage with the country when the HBP update is due. WACI Health is trying to get the country to update the HBP by the end of 2022.
- Work closely with stakeholders at country level to prioritize PPH prevention and treatment.
- Form strategic partnerships with all stakeholders engaged.

**Figure 1: UHC Service Coverage for Essential Health Services (maximum coverage = 100)**
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/compare?country=et - country=bf (2019)




**UHC Service Coverage ranking:** 146 out of 188 countries
Source: https://www.indexmundi.com/facts/indicators/SH.UHC.SRVS.CV.XD/rankings (2019)