

EXECUTIVE SUMMARY

IMPLEMENTATION MANUAL FOR DEVELOPING A NATIONAL NETWORK OF MATERNITY UNITS

IMPROVING EMERGENCY OBSTETRIC AND NEWBORN CARE



In collaboration with:



WHAT IS NEW?

This implementation manual provides concrete steps for public health authorities and stakeholders to implement at national scale the Emergency Obstetric and Newborn Care (EmONC) framework developed in 2009 by WHO, UNFPA, UNICEF, and the University of Columbia (AMDD). It aims to respond to the need of accelerating progress in the quality of EmONC, which is a key component of primary healthcare. The manual proposes:

- **A participatory and 'bottom-up' health system redesign approach for maternal and newborn health** to improve quality of care in a selected number of EmONC (referral) health facilities, while ensuring their access by the majority of the population within two hours of travel time (from home)
- **New programmatic approaches to strengthen routine data collection and use** to improve quality of care
- **New indicators** for measuring the population able to physically access EmONC services
- **Guidance for the role, infrastructure, and resources for basic EmONC health facilities (BEmONC)**
- The use of EmONC health facilities as **platforms for the integration of Sexual and Reproductive Health (SRH) services**



- **Standards for the minimum number of midwives required in an EmONC health facility** to provide services 24h/7d and on the maximum number of deliveries per midwife per month
- **Qualitative analysis of referral links** between basic and comprehensive EmONC health facilities.

WHY AN IMPLEMENTATION MANUAL ON EMERGENCY OBSTETRIC AND NEWBORN CARE?

Maternal mortality is decreasing globally, but not fast enough and with critical inequalities across the regions of the world. Dying while giving birth is not only an unacceptable human right violation but also violence against women in times when the majority of maternal deaths are preventable if appropriate healthcare is provided.

In its final report in 2015, the independent Expert Review Group on Information and Accountability for Women's and Children's Health (iERG) highlighted that "the global health community has largely failed to make progress in mobilizing action for emergency obstetric care". Too many women and too many newborns do not have timely access to quality healthcare and life saving interventions, when they face an obstetrical or newborn emergency, resulting in fatal outcomes.

WHAT IS THE PROPOSED APPROACH?

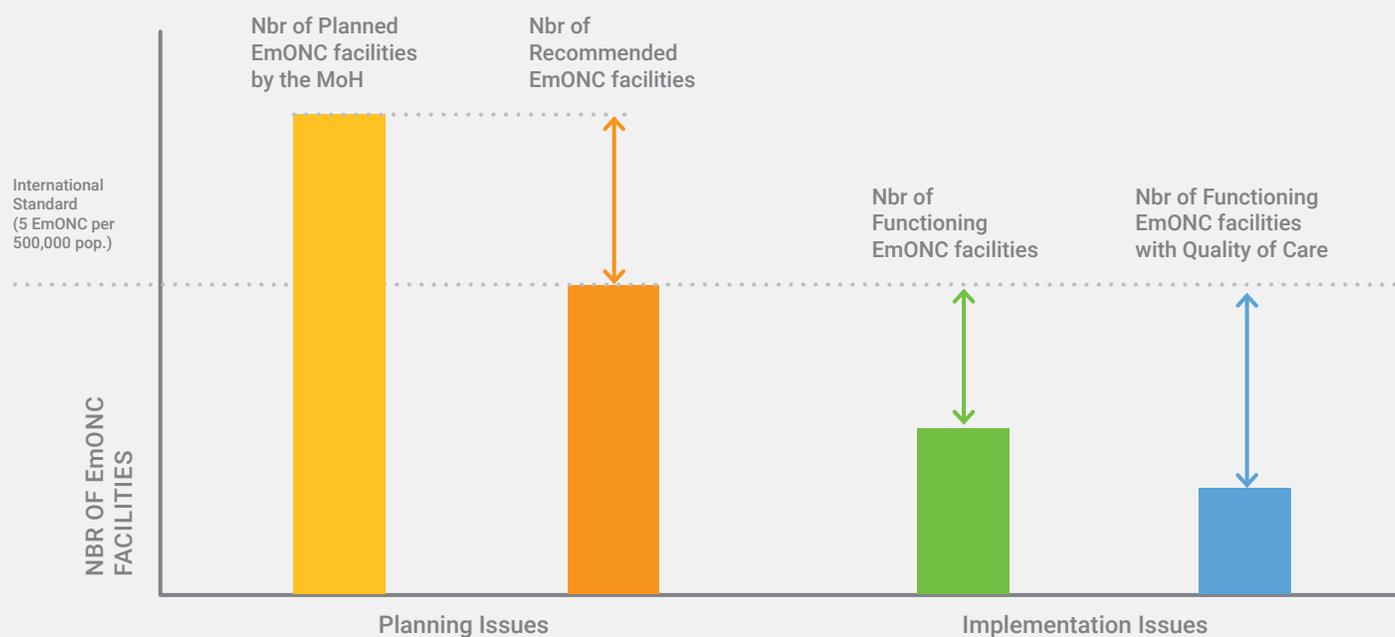
The proposed approach aims to respond to the need to accelerate progress in access to quality EmONC by women and newborns in low and middle-income countries. Building on existing health systems, it

proposes a reorganization of the maternal and newborn healthcare delivery system. It aims to balance the focus of available resources on a limited number of EmONC maternities (to make them functioning with quality of care 24h/7d) while ensuring their access by the majority of the population within two hours of travel time.

The approach builds on the lessons learned from its progressive implementation in several countries in sub-Saharan Africa and helps address the 'planning' and 'implementation' issues in EmONC development in countries with a high burden of maternal and newborn mortality and morbidity.

As highlighted in Figure 1, the number of health facilities planned or designated to offer 24h/7d EmONC services (yellow bar) is two to four times the recommended international standard (orange bar) of five EmONC facilities per 500,000 population. In countries with limited resources, this 'planning issue' leads to 'implementation issues' because it drives the limited available resources (such as equipment, infrastructure and human resources) to be distributed too widely; it also requires increased maintenance and supervision costs.

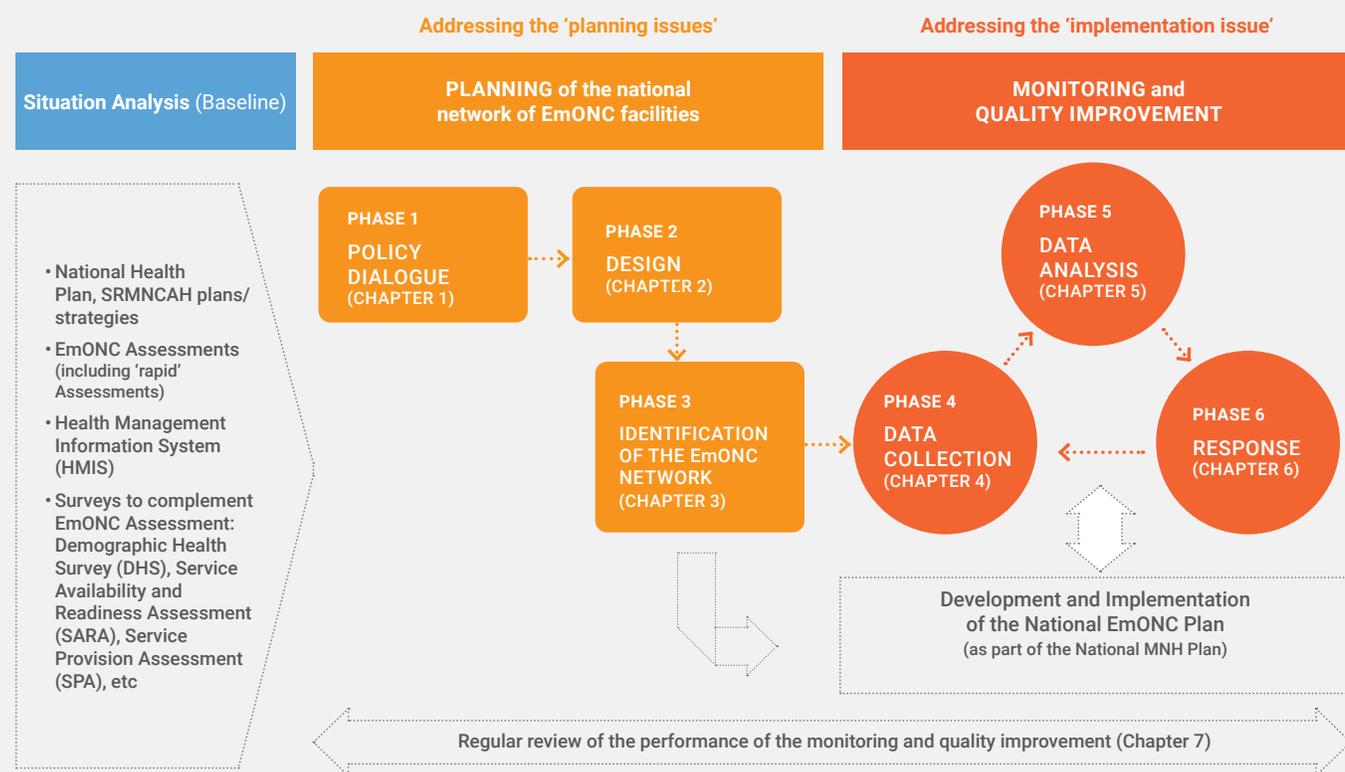
Figure 1: EmONC situation in countries with a high burden of maternal and newborn mortality



The EmONC health facilities that are actually functioning are therefore often very limited in number (green bar). They represent on average only 10 to 30 per cent of the number of EmONC facilities recommended by the international standard. This is a significant obstacle in accelerating the annual reduction of maternal and newborn mortality. Last but not least, a functioning EmONC facility is not necessarily a guarantee of quality of care. It is only a first required step towards improved quality of care (blue bar).

The implementation process for developing a national network of EmONC health facilities includes seven phases to address the 'planning' and the 'implementation' issues. They are summarized in Figure 2 and described in the manual. This process aims to support the Ministry of Health in the planning, implementation and monitoring of the national maternal and newborn health plan, and the EmONC plan in particular.

Figure 2: Process for developing a national network of referral maternity facilities



Specifically, the manual provides implementation steps to set-up a national network of EmONC health facilities that balances the focus on a limited number of health facilities while supporting access to EmONC by the majority of the population within 2 hours of travel time. The EmONC health facilities are identified/designated by national and sub-national stakeholders using context specific travel scenarios and health facility criteria (eg. number of deliveries/month, skilled birth attendants, etc). Each health facility of the national EmONC network is then monitored on a quarterly basis and supported by a quality of care improvement team. Such a network can play a major role in achieving the Sustainable Development Goals on the reduction of maternal and newborn mortality. If staffed with midwives educated to

international standards, equipped with quality essential medicines and commodities, and supported with sufficient and sustainable funding, these health facilities can strengthen the provision of quality EmONC at scale.

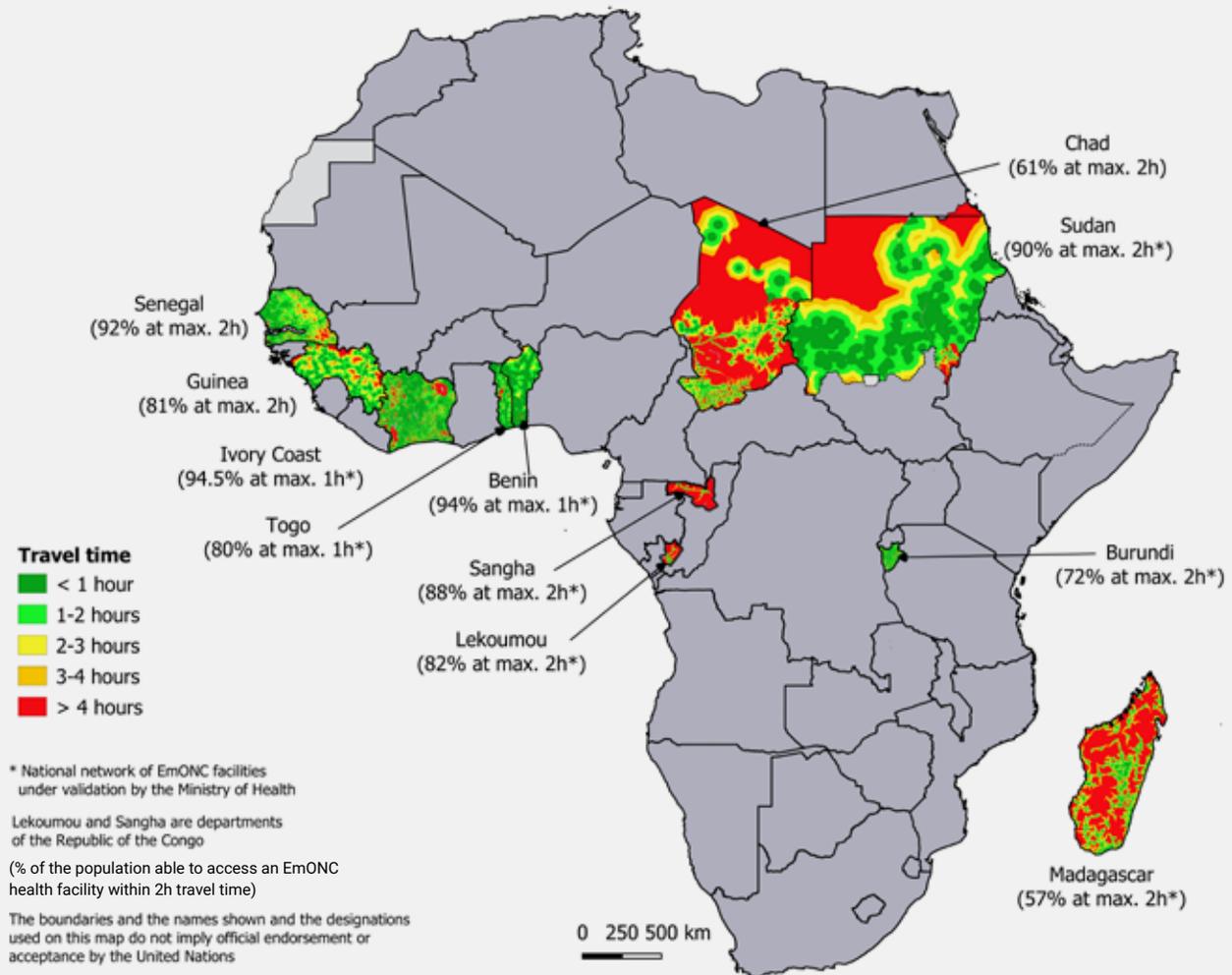
The management of all maternal and neonatal emergencies and their medical referrals need to be included in the Universal Health Coverage (UHC) package of services. The regular monitoring of these referral maternities is feasible at national scale and is essential for an effective national maternal and newborn health programme. Once set-up with the required infrastructure and staff, the referral maternities (EmONC) can serve as platforms for the integration of sexual and reproductive health services.

WHERE IS THIS APPROACH IMPLEMENTED?

By 2020, nine countries have implemented this approach at national scale: Benin, Burundi, Chad, Guinea, Ivory Coast, Madagascar, Senegal, Sudan, and Togo (cf. Figure 3). It is part of UNFPA's strategy to end preventable maternal and newborn deaths. The map below shows

the geographic accessibility of the population to the closest EmONC health facility (from home). In most countries, areas in red (population living more than four hours from the closest EmONC health facility) are less populated. Infrastructure improvement (eg. roads) and/or alternative strategies (eg. maternity waiting homes) are needed to complement the national EmONC network and to reach the population living in these areas.

Figure 3: Map of the geographic accessibility of the population to EmONC health facilities in 10 countries in Sub-Saharan Africa showing travel time from home to the closest designated EmONC health facility



The Implementation Manual for Developing a National Network of Maternity Units was published in September 2020 and is available on the UNFPA's website: <https://www.unfpa.org/publications/implementation-manual-developing-national-network-maternity-units>

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"Women are not dying of conditions we can't treat... They are dying because societies have yet to make the decision that their lives are worth saving"

Professor Mahmoud Fathalla, former President of the International Federation of Gynecology and Obstetrics (FIGO)