

Policy Change to Advance Scale-Up of High-Impact Reproductive, Maternal, Newborn, and Child Health Interventions

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Global and national policy¹ development and operationalization are essential for advancing United States Agency for International Development (USAID) objectives to end preventable child and maternal deaths. This brief focuses on the work of the Maternal and Child Survival Program (MCSP) in developing or updating reproductive, maternal, newborn, and child health (RMNCH) policies and the impact these policies will have in expanding coverage of key interventions globally and within the countries where MCSP works.²

MCSP’s Policy Contributions to Date

MCSP’s contributions to both global and country-level policy development span the full continuum of RMNCH services, from family planning (FP) to maternity care to child health services (see Figure 1).

Since its inception in 2014, MCSP has contributed to developing or revising 59 policies in 14 countries. These policies address critical elements to achieve effective coverage, quality, and equity in all aspects of RMNCH.

Figure 1: Number of national policies developed or revised with MCSP assistance

MCSP Policies by Technical Area {n=59}



How does MCSP foster effective policy development at the country level?

MCSP’s impressive track record of policy work is grounded in the strength of its leadership, experience, and partnerships both at the country level and on the global stage. MCSP builds strong partnerships with

¹ A policy is “a formal document or framework in which a government or other institution outlines goals and the guiding principles and strategies for achieving those goals, and gives the authority to undertake actions in pursuit of them.” Health Policy Plus. What is policy? Definitions and key concepts. http://www.healthpolicyplus.com/ns/pubs/6128-6226_HPPolicyOP.pdf. Accessed March 15, 2017.

² The 14 countries are Burma, Democratic Republic of the Congo (DRC), Ghana, Guinea, Haiti, India, Kenya, Madagascar, Malawi, Namibia, Nigeria, Rwanda, Tanzania, and Zimbabwe.

ministries of health (MOHs) and other national and subnational government agencies, professional organizations for clinical and public health practitioners, networks of health facilities, civil society, and community-based programs. These strong partnerships and field presence allow MCSP to contribute to national policies and strategies as well as to the introduction and scale-up of evidence-based RMNCH interventions. Directly supporting MOHs to implement health services gives MCSP opportunities to highlight operational policy barriers that can be corrected by creating new or revising existing policies.

Key Policy Development Steps

1. Problem identification and agenda setting
2. Policy formulation and costing
3. Policy endorsement, adoption, and approval
4. Implementation
5. Monitoring and evaluation

While evidence-based policy development is never a one-size-fits-all process, MCSP generally supports one or more of the five different steps of the policy development cycle (see text box at left).³ Key to the success of each step is stakeholder engagement and understanding of the evidence, while monitoring and evaluation—assessing the effectiveness of these policy steps—become critical at later stages in the process.

MCSP's country-level policy work concentrates on several priority areas across the RMNCH spectrum, including costing and finance, task shifting, strategic planning, and integrating new RMNCH evidence into national policy.

Costing and Finance—Accurately estimating the costs of implementing and scaling up a new health strategy is essential to determining whether the effort is affordable and sustainable. MCSP develops costing and budgeting tools and builds the capacity of governments to use them to inform financial decision-making during the policy development process. For example, MCSP gave technical support to policymakers in **Madagascar** to add cost elements to the country's 2015 *National Family Planning and Reproductive Health Strategic Commodity Security Plan*. In **Rwanda**, MCSP provided cost estimates to inform MOH-led national scale-up plans for newborn resuscitation/essential newborn care and postpartum family planning (PPFP).

Task Shifting—In several countries, MCSP has supported the development of task-shifting policies that expand coverage and equity of RMNCH. Where there are few highly trained health personnel, task-shifting strategies give lesser-skilled caregivers training and greater responsibility for service provision. MCSP has worked with governments on task-shifting policies for child health, FP, HIV voluntary counseling and testing (VCT), immunization, and more. In **Namibia**, an MCSP pilot program is demonstrating the feasibility of changing regulations to allow health extension workers to provide VCT. MCSP is also supporting **Tanzania** as it develops policies for a new cadre of paid community health workers (CHWs). In **Burkina Faso**, MCSP will investigate the potential for having CHWs distribute intermittent preventive treatment for malaria in pregnancy.

GHANA: Cost Estimating to Support Universal Health Coverage

Scaling up Ghana's *Community-Based Health Planning and Services (CHPS) National Implementation Guidelines*—a decentralization strategy that seeks to increase community participation in decision-making for primary care services—has been hindered by a lack of costing information for planning and budgeting. To provide this essential data, in September 2016 MCSP presented per capita cost estimates at a national forum, broken down by such components as community mobilization, infrastructure and equipment, and staff salaries. MCSP also introduced the CHPS Planning Tool, which helps stakeholders project investment and operating costs while allowing comparison of results against national benchmarks and data from other regions, and also suggests financing sources. The Ghana Health Service and the MOH are now using the cost estimates and funding source suggestions to strategize for CHPS scale-up at both the national and district levels.

NIGERIA: Task Shifting of Pneumonia Treatment to Save Children's Lives

In Nigeria, acute respiratory infection is responsible for 18% of deaths in children under 5. The treatment for pneumonia in children is amoxicillin dispersible tablets, but patent and proprietary medicine vendors (PPMVs)—the first source for treatment for common childhood illnesses in many parts of Nigeria—were not certified to dispense this antibiotic. To make treatment more available at the community level, MCSP supported the MOH in building consensus among stakeholders to rewrite sections of the 2014 *National Implementation Guidelines for Integrated Community Case Management of Childhood Illness*, with the objective of allowing trained PPMVs to dispense amoxicillin. This change makes it possible for treatment to begin sooner in many communities, potentially saving many young lives across the country.

³ http://www.healthpolicyplus.com/ns/pubs/6128-6226_HPPolicyOP.pdf

Integrating New RMNCH Evidence into National Policy

To bridge the gap between evidence and policy, MCSP works to improve how best practices and research results are conveyed to policymakers at the country level. In **Tanzania**, MCSP is supporting standardization of FP services to incorporate the latest evidence-based guidance on counseling and other key skills through its FP learning resource packages for CHWs. In **Egypt**, MCSP worked with the MOH to use the C3 tool (based on the Lives Saved Tool [LiST] and One Health Tool) to help develop national strategies for the CHW workforce. In **Burma**, MCSP is helping the government integrate the Helping Babies Breathe protocol—updated techniques for newborn resuscitation—into national capacity-building guidelines for basic health staff, as well as incorporating modules for Essential Care for Every Baby and Essential Care for Small Babies into national guidelines for integrated management of neonatal and childhood illness. In **Kenya**, MCSP helped incorporate the first-ever Baby Friendly Community Initiative implementation guidelines into the national Maternal, Infant, and Young Child Nutrition Policy.

National Strategic Planning—Strategic planning sets the stage for governments to discuss and determine priorities, identify financing solutions and budgeting strategies to enhance limited resources, and deliver effective health programming now and into the future. MCSP works with governments to support national strategic planning efforts on many levels, from data collection and analysis to reveal health care needs, to development of and training on useful tools to understand options and support decision-making, to costing exercises, to intensive guided workshops for stakeholders, and on through the strategy-writing process. In **Madagascar**, MCSP supported the MOH to host a national FP conference attended by more than 400 participants from all 22 regions of the country and provided technical assistance for the National Family Planning Strategic and Reproductive Commodity Security Plan. MCSP also supported **Tanzania**'s revision of its “One Plan” strategy to reduce maternal, neonatal, and under-5 mortality by 2020, identifying actions to scale up interventions promoted under the Every Newborn Action Plan.

HAITI: Cleaner Clinics Fight Infection and Build Trust

In Haiti, use of facility-based RMNCH services is relatively low. Unsanitary conditions at health facilities not only increase morbidity among clients but can also deter changes in care-seeking behaviors. To improve infection prevention and control (IPC) practices at health facilities and increase use of facility-based services, MCSP worked with the Haitian government to introduce the Clean Clinic Approach (CCA). The CCA is based on evidence that incremental improvements in health facility IPC are effective interim measures to both curb nosocomial infections and build community confidence that hospitals and clinics are safe. In 2016, an MCSP rapid assessment at 22 Haitian facilities revealed significant gaps in safe IPC practices. Later that year, an MCSP-sponsored workshop brought together health leaders from national- and local-level Haitian government agencies to review the results and use the CCA to develop minimum IPC and water, sanitation, and hygiene (WASH) standards for the country's health care system. At the workshop, MCSP helped health facility staff prepare IPC action plans and learn how to monitor their progress. Impressed with the CCA, Haiti's Directorate of Health Promotion and Environmental Protection decided to include it as an addendum to the *Référentiel Technique National Eau Potable et Assainissement*, which spells out Haiti's national WASH and IPC policies. The first monitoring visit revealed that participating facilities had improved their “clean clinic score” by an average 14 points from baseline (using a 100-point scorecard).

RWANDA: Strengthening and Scaling Up RMNCH Programs

Rwanda's commitment to improving RMNCH services enables a strong health policy environment, which was instrumental in Rwanda's achievement of Millennium Development Goals 4 and 5. However, contraceptive prevalence increased by only 3% between the 2010 and 2014/2015 Demographic and Health Surveys (DHSs), suggesting targeted strategies are needed to increase coverage. To scale up RMNCH interventions, including reaching more Rwandans with contraception, MCSP is leading a multi-stakeholder process to develop two new national five-year strategic plans: one for FP and adolescent sexual reproductive health (ASRH) and one for MNCH. These strategies will outline steps to further accelerate reductions in preventable maternal and child deaths. Before bringing partners together to think through priorities for the future, MCSP facilitated a process of deep analysis of the current situation, including secondary analyses of DHS data and surveys of stakeholders on the achievements and constraints of implementing the expiring strategies. MCSP is also taking advantage of existing modeling tools, such as LiST and the FP Goals and OneHealth tools, to guide prioritization of interventions in the new FP/ASRH and MNCH strategies. To cost out the FP/ASRH strategy, MCSP will use the Costed Implementation Plan toolkit.

How does MCSP contribute to creating a favorable global policy environment?

At the global level, working in partnership with such global health authorities as the World Health Organization (WHO), USAID, UNICEF, the African Union, and Gavi, MCSP offers cutting-edge technical leadership and—equally important—its rich experience working at the country level to contribute to effective global health policies that reflect the needs and health aspirations of frontline health workers and the women and children they serve. MCSP’s considerable presence at the country level allows the program to support countries as they align their policies with new global recommendations. MCSP bridges global and national policy efforts to help ensure that country experiences inform the global policy dialogue, and vice versa. This not only promotes a better understanding at the global level of national and local health system needs and challenges, but helps ground global guidance in country realities, which facilitates countries’ readiness to adopt and adapt evidence-based global policy frameworks. MCSP also translates global policy recommendations into short, focused briefs that clarify the issues and support operational guidance for decision-making at the country level. These are jointly produced with WHO and are disseminated widely through MCSP’s countries and WHO platforms.



Recently, MCSP provided technical support to develop and refine the **WHO maternal and newborn health (MNH) quality of care (QoC) framework** and accompanying country-level **quality improvement implementation guidance**. MCSP helped integrate PPFPP into that framework as part of antenatal, intrapartum, and postnatal care. Using its experience in Rwanda and Mozambique, WHO has—with MCSP support—begun to expand its MNH QoC framework to incorporate child health standards, quality statements, and quality measures. MCSP is further engaged with planning for the launch of a WHO MNH QoC network in the first-wave countries for implementation.

MCSP also helped revise the **Reaching Every District (RED) approach global guidelines**, which highlight equity and integration as key health components. MCSP helped to incorporate integrated child survival approaches into the guidelines, as well as to update the RED approach’s planning and monitoring tools. MCSP plans to field-test them in up to three countries, documenting the process.

Another way MCSP has shaped policy is by **co-convening large global/regional technical meetings**, such as the 2015 Global MNH conference, the 2016 Ministerial Conference on Immunization in Africa, the 2015 Accelerating Access to Postpartum Family Planning in Sub-Saharan Africa and Asia meeting (PPFP Global Meeting) hosted by Family Planning 2020, the 2016 Scaling Up Integrated Community Case Management (iCCM) meeting, and the 2016 Acting on the Call meeting; in March 2017, MCSP will also support the Institutionalizing Community Health Conference. These events open new channels of policy and advocacy influence as they facilitate frank discussion with high-level policymakers in key countries and, further, effectively convey the latest RMNCH evidence and global priorities to help stimulate national policy change. The 2016 Ministerial Conference on Immunization in Africa, for example, was a groundbreaking gathering attended by all 54 African nations that issued the **Addis Declaration on Immunization**, which calls for countries to increase political and financial investment in their national immunization programs.

One particularly broad global policy effort to which MCSP contributed is the multicountry **Postpartum Family Planning (PPFP) Action Plan**, conceived at the PPFP Global Meeting for fast-tracking country progress on increasing access to postpartum contraceptives, information, and services to millions of women and girls. MCSP co-hosted the PPFP Global Meeting Follow-Up Auxiliary event. This workshop brought together more than 130 people from 20 countries to develop action plans. MCSP has been actively following up with DRC, Madagascar, Nigeria, and Tanzania as they develop their own PPFP national and subnational action plans.