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## FIGO LOGIC INITIATIVE

## The advantage of professional organizations as advocates for improved funding of maternal and child health services in Uganda



Jolly Beyeza-Kashesya\*, Frank Kaharuzza, Daniel Murokora

Association of Obstetricians and Gynaecologists of Uganda, Kampala, Uganda

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## ABSTRACT

The attainment of United Nations Millennium Development Goal 5 has proven elusive for many countries. Efforts to reduce maternal mortality require concerted evidence-based efforts from all key players, including professional organizations. The Association of Obstetricians and Gynaecologists of Uganda used the results of maternal and perinatal death review to develop and pilot advocacy programs with parliamentarians, media, and government that aimed to improve maternal and newborn health in Uganda. This work translated to further parliamentary debate on the topic, increased resource allocation by government, and improved media-related public education.

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## 1. Introduction

The United Nations Millennium Declaration was signed by 189 countries in 2000. This declaration proposed eight goals to tackle global poverty and its related health issues; Millennium Development Goal 5 (MDG 5) aimed to reduce the maternal mortality ratio (MMR) by three-quarters by 2015. Although it is evident that most countries are struggling with the schedule for MMR reduction, Uganda has fallen far behind in achieving this target. Indeed, unless swift action is taken, Uganda might not be able to meet MDG 5 at all [1]. The Uganda Demographic and Health Survey reported a rebound of MMR from 435 per 100 000 live births in 2006 to 438 per 100 000 live births in 2011 [2]. Nonetheless, Uganda has experienced a slow decline in MMR over recent decades (527 in 1995, 505 in 2001, and 435 per 100 000 live births in 2006 [2,3]. Factors associated with poor progress included inefficient health systems, poor management of obstetric conditions, and inadequate funding for maternal and newborn health (MNH) services [3]. Efforts have been made by the Ugandan government to address the high MMR recorded in this country [4,5]. Unfortunately, however, these initiatives have been insufficient to reduce the number of maternal deaths as neither policy nor political support has translated into adequate resource allocation or efficient management of health services.

The Ugandan government could do much more by investing additional funds in reproductive health; however, increased funding must be accompanied by the implementation of more proactive controls to achieve efficiency. Evidence-based information is, therefore, required to guide governmental investments in priority areas for maximum results.

The Association of Obstetricians and Gynaecologists of Uganda (AOGU) has been concerned by the country's failure to make substantial progress toward achieving MDG 5, as well as MDG 4, which aims to reduce mortality by two-thirds among children younger than 5 years by 2015. In addition, AOGU realized that its members are in a unique position to understand the spectrum of challenges facing maternal health care, which include human resources, equipment and supplies, finance, and governance. Through the FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in Maternal and Newborn Health supported by the Bill and Melinda Gates Foundation, AOGU sought to advocate for the reduction of maternal deaths in Uganda by using a three-pronged approach. First, AOGU aimed to build the capacity of professional organizations to influence policy and so bring about change in Ugandan MNH services. Second, the organization worked to strengthen health systems to contribute to a reduction in the MMR through facility based maternal and perinatal death review (MPDR). Finally, advocacy interventions were prioritized at the healthcare facility level to reduce MMR and improve the allocation of resources for maternal health at the policy and political level.

## 2. Developing an advocacy plan for maternal and perinatal death reduction in Uganda

To effectively promote a program of MPDR in Uganda, AOGU needed to acquire skills in all attributes of advocacy, such as networking, making persuasive arguments, conduct of MPDR, and the use of MPDR recommendations for advocacy and action. The organization, therefore, received three days of training in June 2011 from an international specialist in MPDR and advocacy (Gwyneth H. Lewis, Institute for Women's Health, University College London, UK). In October 2010, four members of AOGU participated in a training program held in Addis Ababa,

\* Corresponding author at: Association of Obstetricians and Gynaecologists of Uganda, P.O. Box 11966, Kampala, Uganda. Tel.: +256 772405013; fax: +256 414533451.  
 E-mail address: jbeyeza@gmail.com (J. Beyeza-Kashesya).

Ethiopia, where they developed an advocacy plan. The steps taken to implement this plan are outlined in Fig. 1.

The AOGU advocacy plan was designed to leverage support for action from key groups of stakeholders. In addition to raising vital funds for MNH, international players, such as United Nation agencies and human rights groups, can exert pressure on the Ugandan government to deliver on its obligations. The media can help to publicize issues affecting MNH but also put pressure on the government by highlighting what it has failed to do. Professional organizations can provide the evidence required to initiate action. Finally, individual ministries within the Ugandan government can facilitate a multisectoral approach and support the Ministry of Health.

### 2.1. Generation of evidence

AOGU harnessed its expertise in obstetrics and gynecology to set up, train, mentor, and supervise MPDR committees at one national and three regional referral hospitals. Furthermore, national MPDR data analysis and report writing were conducted by the AOGU MPDR committee to ensure that the findings and recommendations were both accessible and useful beyond the healthcare systems (i.e. at a policy and/or political level).

The use of MPDR was identified as a tool to improve health systems in Uganda. AOGU used MPDR data from Fort Portal and Masaka regional referral hospitals and Mbarara and Mulago teaching hospitals to advocate for improvements in MNH.

### 2.2. Using maternal and perinatal death review data to advocate for improvements in maternal and newborn health

At a political level, advocacy in Uganda required a multi-stakeholder approach. Consequently, AOGU networked and formed coalitions with White Ribbon Alliance, Save the Children, the United Nations Population Fund (UNFPA), WHO, and the Ugandan Ministry of Gender. In addition, AOGU targeted other professional organizations, such as the Uganda Pediatric Association and Uganda Society of Anesthesia, to form MNH advocacy alliances.

In partnership with key stakeholders, AOGU engaged parliamentarians, the First Lady of Uganda, and the corporate private sector to advance the MNH agenda. Breakfast meetings and advocacy seminars

were held to demystify MPDR as a quality improvement tool and to advance the principle that collection of such data was not a litigation exercise. In addition, these meetings were used to disseminate MPDR data and to advocate for increased governmental funding for MNH. Advocacy activities included lobbying parliamentarians and the parliament's social services committee to pass a healthcare budget that substantially catered for MNH services. Finally, AOGU engaged the Ministry of Gender during the annual International Women's Day celebrations to showcase the MPDR scheme and highlight how the plight of women contributes to both maternal death rates and overall development of the nation.

### 2.3. Policy level advocacy

The active involvement of Ugandan policy makers is required to achieve the MDG 5 target. Advocacy and lobbying activities led by AOGU included meetings with the Ministry of Health leadership with the aim of engaging the Ministers of Health, the Director General of Health Services, the Permanent Secretary, and the Commissioner of Reproductive Health, either individually or in groups to prioritize MNH services to reduce MMR.

Furthermore, AOGU became an active member of several national MNH groups; in particular, the Maternal and Child Health Technical Working Group, the MPDR National Committee, and the Newborn Steering Committee. The Maternal and Child Health Technical Working Group includes all stakeholders in MCH. This group meets monthly and acts as a clearing house for approval of all projects, policies, standards, and guidelines relating to mother and child health, reporting directly to senior and top-level management in the Ministry of Health. AOGU was thus ideally positioned to make a substantial contribution to advocacy for improved healthcare financing by this ministry.

### 2.4. Media advocacy for maternal health improvement

AOGU identified gaps in media reporting of MNH among journalists and a lack of expertise in writing for non-medical audiences among obstetricians and gynecologists. The FIGO LOGIC team worked with media instructors to create a training program suitable for both journalists and clinicians. In the training workshop, which was held in November 2011, the team agreed on how to work together to improve factual reporting on MNH issues.

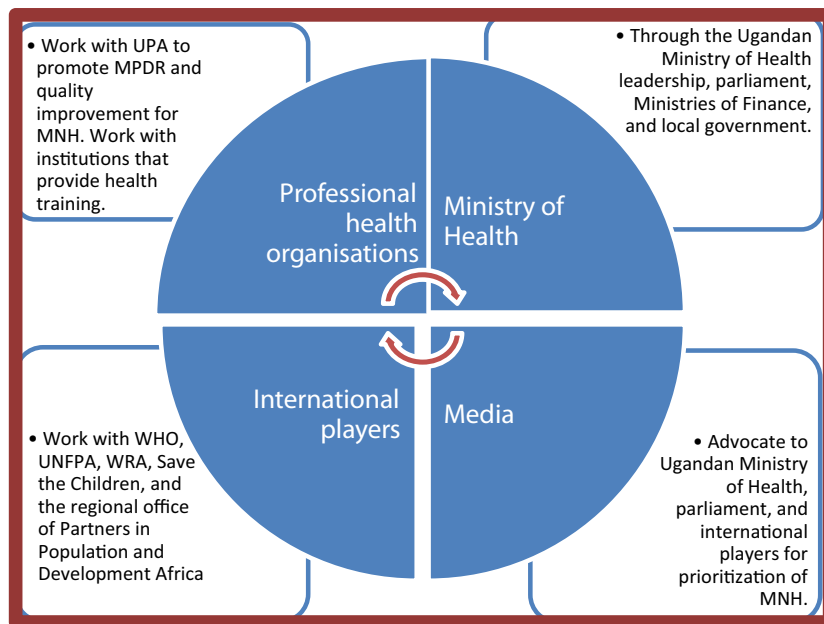


Fig. 1. Implementation steps for the Association of Obstetricians and Gynaecologists of Uganda (AOGU) advocacy plan. Abbreviations: UPA, Uganda Paediatric Association; MPDR, Maternal Perinatal Death Reviews; MNH, Maternal Newborn Health; WHO, World Health Organization; UNFPA, United Nations Population Fund; WRA, White Ribbon Alliance.

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