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What is needed for taking emergency obstetric and neonatal programmes to scale?

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Scaling up an emergency obstetric and neonatal care (EmONC) programme entails reaching a larger number of people in a potentially broader geographical area. Multiple strategies requiring simultaneous attention should be deployed. This paper provides a framework for understanding the implementation, scale-up and sustainability of such programmes. We reviewed the existing literature and drew on our experience in scaling up the Essential Steps in the Management of Obstetric Emergencies (ESMOE) programme in South Africa. We explore the non-linear change process and conditions to be met for taking an existing EmONC programme to scale. Important concepts cutting across all components of a programme are equity, quality and leadership. Conditions to be met include appropriate awareness across the board and a policy environment that leads to the following: commitment, health systems-strengthening actions, allocation of resources (human, financial and capital/material), dissemination and training, supportive supervision and monitoring and evaluation.

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Introduction

Questions of how to scale up programmes known to be effective are currently high on the global health agenda [1–9]. The focus is on translating evidence into policy and practice on a much larger scale in order to reach a larger number of people or a broader geographical area and to improve care [1]. Emergency obstetric and neonatal care (EmONC) should be considered a basic quality-of-care intervention for which universal access and coverage is needed [10].

Yamey contends that 'large-scale implementation is more likely if the intervention being scaled up is simple and technically sound and there is wide consensus about its value' (p. 3) [3]. Although EmONC programmes vary in complexity, in our experience, there are three basic building blocks that have to be attended to simultaneously: developing knowledgeable and skilled clinicians (training), allocating appropriate resources (including staff) to improve emergency services and building up a reliable referral transport system. For scaling up an EmONC programme, multiple strategies are needed. There should be an increase in the number of women and babies accessing more appropriate and better-quality emergency care as a result of: an increase in health worker skills; the reallocation of human, financial, capital and material resources [1]; improved health facility functionality in terms of signal functions; and improved service delivery mechanisms (e.g., emergency transport).

Interventions or innovations that are converted into a programme mostly start with a research phase where the intervention is tested in a research setting before being implemented in practice on a large scale [1,11,12]. After the pilot, it is expected that the key features of the intervention or innovation would be replicated in the further expansion, as it is important not to lose the essential characteristics of the tested new practices [13]. Implementation could entail the phased expansion of the intervention. The lessons learned on the way provide input for the refinement of further expansion [3]. In the case of EmONC, a number of interventions known to be effective for different emergency conditions are combined in a programme to be rolled out as part of health systems strengthening [7].

This paper reflects on the current evidence and experience, and it puts forward proposals with regard to what would be needed to (a) implement an EmONC programme, (b) scale up such a programme and (c) sustain the programme. The focus is on providing clinician practitioners and service managers with a better understanding of the conditions and challenges relating to the scale-up of EmONC, of how they should act within different country- and health-facility contexts and of how they should position themselves with regard to the implementation of an EmONC programme within the broader health system's policy of scaling up the programme.

Overview of the development and scale-up of EmONC programmes

EmONC is intricately linked to mortality and the health outcomes of women and babies [14,15]. This has led to the development of structured programmes to institute and scale up care. A number of well-known EmONC and related obstetric and neonatal programmes exist that demonstrate some elements of the scale-up processes. Most of these programmes use health-care worker training as the point of departure. They are often embedded in safe-motherhood-type programmes [16] or sector-wide approach (SWAp) initiatives [17]. Some of the more well-known programmes are Advance in Labour and Risk Management (ALARM) [18], Making It Happen [19], Practical Obstetric Multi-Professional Training (PROMPT) [20] and ALSO (Advanced Life Support in Obstetrics) [21]. There are also country-specific programmes such as Nepal's Safe Delivery Incentive Programme (SDIP) [22], Tanzania's comprehensive emergency obstetric and newborn care (CmONC) scale-up programme [23] and South Africa's Essential Steps in the Management of Obstetric Emergencies (ESMOE) [24].

The ALARM programme has been delivered in more than 16 low- and middle-income countries (LMICs), and internal assessment suggests that the programme not only improves clinical care but also acts as an enabler for countries involved to engage with other key stakeholders in their region [18]. ALARM has been tested in conjunction with audit and review and proven as a mechanism for improving maternal mortality in the QUARITE (quality of care, risk management and technology in obstetrics) trial in Senegal and Mali [25]. The Making It Happen programme from the Liverpool School of Tropical Medicine is based on the Royal College of Obstetricians and Gynaecologists' Life Saving Skills Programme [26] and it is currently rolled out in 11 LMICs in Africa and Asia [19]. ESMOE is based on this programme