Health Systems & MNCH Outcomes in West Africa

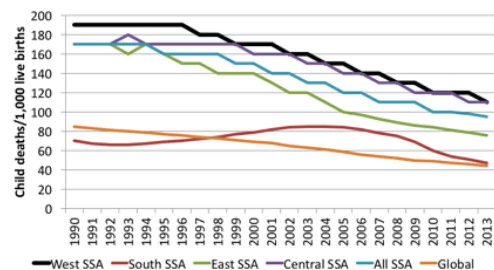
A study of Conducive and limiting Health Systems factors to improving Maternal, New born and Child Health (MNCH) in West Africa

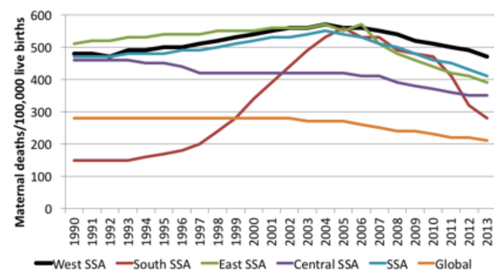
Background – West Africa

West Africa comprises *15 countries* with a total population of a*bout 350,000 people.* With *3 official languages (English, French, Portuguese) and* h*undreds of indigenous languages the diversity is immense. GDP per capita in nominal US$ ranges from $ 452 in Niger to $ 3,632 in Capo Verde (2014).*

Maternal Newborn and Child Health Outcomes in West Africa

The West African sub-region lags behind global as well as Sub-Saharan averages in its maternal, new-born and child health (MNCH) outcomes. This is despite the availability of an increasing body of knowledge on interventions that effectively reduce MNC morbidity and mortality. This suggests that beyond our knowledge of what interventions work, insights are needed on others factors that directly and indirectly facilitate or inhibit MNCH outcome improvement. One such factor important to understand is the health system and how it affects interventions and outcomes.





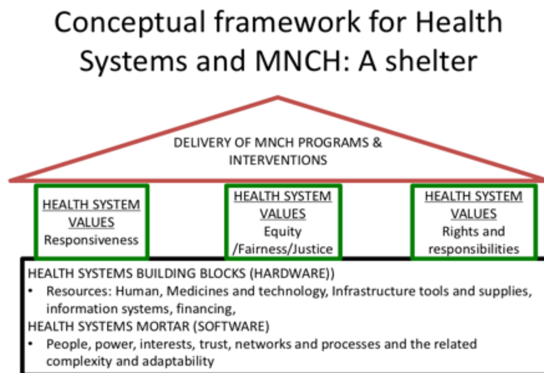
Objectives of the Study

This study aimed to explore health system factors conducive or limiting to MNCH policy and program implementation and outcomes in West Africa; and

how and why they work in context to affect implementation and outcomes.

Methods

Mixed methods multi-country case study focusing predominantly but not exclusively on the 6 West African countries (Burkina Faso, Benin, Mali, Senegal, Nigeria, Ghana) of the Innovating for Maternal and Child Health in Africa (IMCHA) initiative. Data collection involved non-exhaustive review of grey and published literature, and 40 key informant (KI) interviews. Validation of findings and conclusions at two separate multi-stakeholder meetings organized by the West African Health Organization (WAHO) in Accra and Dakar. Ethical clearance was obtained from the Research and Development Division of the Ghana Health Service. To guide data collection and analysis, a unique theoretical framework of the link between health systems and MNCH outcomes was developed. Framework conceptualized health systems and MNCH policies, programs and interventions as the foundations, pillars and roofing of a shelter for Mothers, New born and Children.



Findings

The Roof – Access and utilization of programs and interventions

A multitude of MNCH policies and interventions such as mortality and clinical audits; fee exemptions, health insurance, task shifting, antenatal care, skilled attendance at delivery, family planning etc. were being piloted, researched or implemented at scale in the West African sub-region.

Conducive factors for access and utilization

- *Adequate number of facilities*
- *Outreach that brings services closer to doorstep*

Limiting factors for access and utilization

- *Quality of care*
- *Policies that influence service delivery not being adequately translated into real work*
- *Geographic location /distribution of services /inequities in distribution*
- *Functional PHC with referral systems and pathways*
- *State of other health systems hardware (building blocks)*
- *Wider determinants*

Health System Values: The Pillars

Responsiveness to the legitimate social needs of people in care seeking such as treatment with respect, dignity, autonomy etc is usually treated in the literature as an instrinsic health systems outcome. We however felt it could be equally viewed as a health system value. There was limited research in the sub-region related to Responsiveness, Equity /Fairness /Justice and rights and responsibilities as values explicitly or implicitly held within the health system and specifically applied to MNCH and other programs. This is an area where much more research is needed in the sub-region

Health Systems Hardware (Building blocks): The Foundations

Governance and Leadership governance structures and arrangements

Conducive factors related to governance and leadership

- *Softened institutional power hierarchies,*
- *Egalitarian team functioning e.g. shared decision making and responsibility for results;*
  Facilitation of local innovation and
- *Successful devolution requires innovations in capacity development of all actors.*
- *Improving decision maker accountability is a potential tool for improving health system governance.*

Limiting factors related to governance and leadership

- *Hierarchical authority and resource uncertainty*
- *Insufficient decentralised decision-making authority*
- *Decentralization does not always have a positive effect on outcomes.*
  Decentralization policies that do not address public accountability of those who decide and act can be a limiting factor.
- *Floor level (facility) governance issues such as Leadership and interpersonal relations among staff and higher level officials, failure /refusal to recognize, acknowledge and deal with the frontline worker resource availability, motivation and constraints also affected implementation of interventions and programs*

Human resources

Conducive factors related to Human Resources

- *Task shifting*
- *Organizational environment /climate /culture that encourages and supports performance*
- *Qualified staff*
- *Availability of local training institutions*

Limiting factors related to Human Resources

- *Inadequate numbers*
- *Inappropriate numbers skill mix*
- *Inequities /inequitable distribution*
- *Insecurity /conflict /insurgency*
- *Migration*
- *Resources for further training*
- *Logistics /resources to work with*
- *Not classified yet*

Financing

Conducive factors related to financing

- *Removal of inequities and utilization barriers posed by out of pocket fees e.g. Health Insurance and fee exemptions (that work)*

Limiting factors related to financing

- *Inadequate public sector financing*
- *High user fees*

Medicines and Technologies

Conducive factors

- *Adequate financing and supply*

Limiting factors

- *Shortages, inadequacies, non availability of essential medicines, tools, supplies (includes blood) and technologies and problems with infrastructure*

Health Systems software

Actors and their roles & power

Actors at the Global level mentioned as influencing MNCH outcomes in the sub-region included bi-laterals such as USAID and multi-laterals such as WHO and UNFPA. At the West African sub-regional level ECOWAS, and WAHO were mentioned as the important actors. At Country (national) level politicians and senior national level civil and public service bureaucrats held a lot of power in policy decisions making. However, at the Sub-national levels of implementation, providers, local government, community and clients were seen as become more important in terms of stakeholders and power. Actors also crossed levels sometimes e.g. international donors were mentioned as also wielding powerto influence Health Systems and MNCH at country level.

Context

Cultural, Economic, Ideological, Political, Historical, International /Global context and the Status of women were all mentioned as important contextual factors that influence MNCH

In summary

Much of the research related to MNCH in the sub-region focused on interventions and issues in implementation and outcomes. The focus on health systems conducive and limiting factors was predominantly on the building blocks or hardware. Very few studies explicitly addressed health system values and their effect on policy and programs design, implementation and outcome. Similarly very few studies explicitly focused on what we refer to as the mortar or software of health systems i.e. people as actors and stakeholders, their power and how they chose to use it, networks, relationships, trust etc and its effects on policies, programs and outcomes. Implementation that took the complex adaptive nature of health systems and context into account did not appear to be the norm. Almost all of the interventions and programs faced multiple interacting conducive and limiting health system factors to effective implementation as well as contextual challenges. Context acted through its effect on health system factors as well as on the social determinants of health.

Conclusions and Lessons

To accelerate and sustain improvements in MNCH outcomes in West Africa an integrated approach of simultaneously addressing health systems and contextual factors alongside putting in place MNCH service delivery interventions is needed. This requires multi-level, multi-sectoral and multi-stakeholder engagement approaches that link the efforts of actors interested in health systems strengthening and those interested in maternal, new born and child health outcome improvement. Much more research is needed related to the software and the values of health systems in West Africa and how they influence MNCH policy and program development and implementation and how they can be positively used to support MNCH outcome improvement.

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