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USE OF ANTENTAL CORTICOSTEROIDS FOR WOMEN AT RISK OF IMMINENT PRETERM BIRTH IN THE DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, MALAWI, NIGERIA, SIERRA LEONE, TANZANIA AND UGANDA

A Policy and Implementation Landscape Analysis

Background, Objectives, Design, and Methods

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ACS Landscape Analysis: Introduction

Background:

- ACS is an effective preterm birth interventions to improve newborn outcomes when used in select settings for women at risk of imminent PTB.
- ACS is one of thirteen critical commodities identified by the UN Commission on Life Saving Commodities for Women and Children (UNCoLSC)
- LICs are at various phases of implementing ACS in low resource contexts.
- Challenges for safe and effective use of ACS in LICs.
- ACS is one of ten interventions in the WHO *Recommendations for interventions to improve preterm birth outcomes, 2015.*

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ACS Landscape Analysis: Introduction

Antenatal corticosteroid therapy is recommended for women at risk of preterm birth from 24 weeks to 34 weeks of gestation when the following conditions are met:

- **Gestational age assessment can be accurately undertaken;**
- **Preterm birth is considered imminent;**
- **There is no clinical evidence of maternal infection;**
- **Adequate childbirth care is available (including the capacity to recognize and safely manage preterm labor and birth); and**
- **Preterm newborn can receive adequate care if needed (including resuscitation, thermal care, feeding support, infection treatment and safe oxygen use).**

Source: WHO *Recommendations on interventions to improve preterm birth outcomes, 2015.*

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ACS Landscape Analysis: Introduction

Aim: UNCoLSC Newborn TRT commissioned the landscape analysis to provide insight into policy and implementation of ACS in seven of the UNCoLSC pathfinder countries implementing ACS.

Objective: To assess health sector readiness, health provider training, availability of maternal and newborn care services, and opportunities and challenges to expanded ACS implementation.

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Design: Overview

Formative Design:

Survey of primary data from country level key informant interviews, and secondary data gathered from publically available national and global sources

Framework of Landscape Analysis:

- Structured by:
  - WHO PTB Recommendation for ACS for safe and effective use
  - National Programs for ACS Implementation
  - Learning from ACS implementation
- Defined Points of query to frame content

Methodology: Framework

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Alignment with WHO recommendations for PTB 2015	National program for ACS implementation	Learning from ACS implementation
Aware of new WHO recommendations	Current ACS policy and clinical standards	Support for safe and effective implementation
Policy alignment with WHO recommendations (CEmOC services, SNC services)	Provision of ACS by cadre, level of care and clinical indication	Challenges and barriers
Clinical guideline alignment with WHO recommendations (imminent PTB, maternal infection, accurate GA, GA parameters for ACS)	Education/Training	Strengths and opportunities
	Metrics	Lessons learned

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Methodology: Overview

Data Collection:

- Desk review of publicly available national and global documents
- Semi-structured interview of key informants in 7 pathfinder countries
- 2015 HMIS MNH Indicator Survey from MCSP

Data Analysis:

- Country level desk review and interview data entered into Excel
- Analysis of interview data and secondary data done per country
- Attempts made to validate any inconsistencies in desk review data and key informant data through follow-up dialogue with key informants
- Align 2015 HMIS MNH Indicator Survey to ACS conditions for safe/ effective use

Timeframe:

- March to May 2016

Methodology: Desk Review

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National level documents reviewed:

- National standard treatment guidelines
- Essential medicines lists
- Drug formularies
- National strategies and plans
- National roadmaps
- Programmatic reports
- Intrapartum clinical care protocols

Global level documents reviewed:

- Countdown to 2015 Report
- UNCoLSC reports
- WHO Regulatory and Procurement Survey
- *Antenatal corticosteroids for management of preterm birth: a multi-country analysis of health system bottlenecks and potential solutions, BMC 2015*

Methodology: Key Informant Interview

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- **Tool:**
  - **Semi-structured questionnaire on ACS policy and implementation**
- **Tool design:**
  - **Developed framework of landscape analysis**
  - **Framework shared with members of ACS TWG for input**
  - **Questionnaire developed, translated into French**
  - **Questionnaire field tested and revised**
- **Key Informant selection:**
  - **Purposeful sample selected from in-country and international stakeholders including USAID/Washington, USAID Mission representatives, implementing partners and via Every Preemie in-country contacts**
  - **One key informant identified for each of the eight Pathfinder countries originally, and additional informants added as needed to complete the questionnaire**

Methodology: Number of Key Informants and Method of Interview

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COUNTRY	NUMBER OF KEY INFORMANTS	METHOD OF INTERVIEW
DRC	2	Phone interview with one informant and provision of French questionnaire to both informants for written responses
ETHIOPIA	1	Phone interview
MALAWI	2	In-person interviews
NIGERIA	1	Phone interview
SIERRA LEONE	4	Phone interview and provision of questionnaire to finalize answers due to poor connection
TANZANIA	1	Written responses
UGANDA	1	In-person interview

Methodology: HMIS MNH Indicator Survey – Proxy Indicators

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- **2015 HMIS MNH indicator survey conducted in the 23 USAID priority maternal and child health countries by USAID's Maternal and Child Survival Program**
- **Full list of indicators reviewed for subset of UNCoLS 7 Pathfinder countries**
- **Proxy indicators selected for the five WHO preconditions for safe and effective use of ACS**
- **Data available for six countries: DRC, Ethiopia, Malawi, Nigeria, Tanzania, and Uganda**

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Methodology: Every Preemie PTB/LBW Country Profiles

- **Selected demographic data from the *Every Preemie—SCALE Preterm Birth Country Profiles* published in 2015**
- **Used to inform the country-level demographics illustrated in the country infographics for this report.**
- **Derived from secondary data sources including population-based surveys such as the Demographic and Health Survey (DHS), Multiple Indicator Cluster Surveys (MICS) and Service Provision Assessments (SPA), where available.**

Special Thanks: Key Informants

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Country	Name
DRC	Dr Mavinga Laetitia
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Nigeria	Dr. Bose Adeniran
Ethiopia	Dr. Lisanu Taddesse
Malawi	Edward Moses
Malawi	Eneles Kachule
Sierra Leone	Olivia Hill
Sierra Leone	Dr. Jeredine George
Sierra Leone	Dr. Mariatu Tamimu
Sierra Leone	Dr. Lilly Varghese
Tanzania	Dr. Hussein Lesio Kidanto
Uganda	Dr. Jesca Nsungwa-Sabiiti