CHALLENGES AND OPPORTUNITIES IN BANGLADESH & NIGERIA

TASK SHIFTING TO MANAGE PE/E IN PRIMARY FACILITIES

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OBJECTIVES OF THE STUDIES

• Assess the involvement and awareness of policy makers and program managers;

• Evaluate availability, affordability, and quality of MgSO₄ at facilities;

• Describe procurement and potential supply bottlenecks;

• Assess stakeholders’ knowledge of WHO guidelines on prophylactic drugs; and

• Examine stakeholders’ views of referral systems and associated transportation logistics.
Policy makers - Nigeria

• Some know of the government’s policy and commitment to address PE/E

• Positive perceptions of PHC service providers’ capacity

• Unaware of WHO approval for aspirin and recommendation of MgSO$_4$ loading dose of at PHCs

“Studies have shown MgSO$_4$ is the best option [...] but I have not seen a national protocol written as such.”

“MgSO$_4$ is not something anybody can administer... we allow MgSO$_4$ to be administered by midwives and registered nurses.”
Bangladesh: Policy Findings
Policy makers - Bangladesh

- Confusion around PE/E policies
- Positive perceptions on task shifting to PHC service providers,

“Fifty percent of deliveries take place at home and if a problem arises they come to the PHC providers first. If we can make the service providers more aware and train them at the community level, they can identify, administer MgSO$_4$, and refer to save lives.”
Procurement and task shifting - Bangladesh

- Irregular supply of MgSO$_4$, calcium gluconate, and anti-hypertensives to facilities

- Directorate of Drug Administration conducts quality assurance checks, but only 30% of all drugs are checked

“Quality of drugs is very good because the government has a distinct department that ensures quality and maintains the standard.”
Procurement and task shifting - Bangladesh

- PHC providers cannot dispense and prescribe anti-hypertensive drugs

- No policy on use of aspirin for high-risk women

“[those] drugs are not supplied to our FP department. It may be supplied to health department.”
Referral system - Bangladesh

- Half of policy makers think existing referral system is weak
- Others feel there is a need for strengthening the referral system

“It is the era of mobile. You just have to pick it up. You will just call and tell them that I am referring a patient, please attend her and these are the problems. It is not a big thing.”
Bangladesh: Health System Capacity
Knowledge of prophylactic drugs to prevent pre-eclampsia - Bangladesh

Doctor (79) vs Nurse/FWV/SACMO (210)

- Doctor (79): 73% (Don't know), 20% (Incorrect), 6% (Calcium), 3% (Aspirin)
- Nurse/FWV/SACMO (210): 97% (Don't know), 3% (Incorrect), 0% (Calcium), 0% (Aspirin)

Service provider
Provider knowledge on signs and symptoms of PE (%)* - Bangladesh

- High blood pressure (140/90 mmHg or greater after 20 weeks) +: 99% by Doctor (79), 91% by Nurse/FWV/SACMO (210)
- Excess protein in the urine: 53% by Doctor (79), 80% by Nurse/FWV/SACMO (210)
- Oedema: 18% by Doctor (79), 37% by Nurse/FWV/SACMO (210)
- Headache: 6% by Doctor (79), 8% by Nurse/FWV/SACMO (210)
- Blurred vision: 5% by Doctor (79), 6% by Nurse/FWV/SACMO (210)

*Multiple responses
Provider knowledge of MgSO₄ loading dose for severe PE/E (Pritchard regime) - Bangladesh

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Don't know</th>
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<td>Doctor (79)</td>
<td>51%</td>
<td>14%</td>
<td>35%</td>
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<tr>
<td>Nurse/FWV/SACMO (210)</td>
<td>98%</td>
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Nigeria: Health System Capacity
MgSO$_4$ availability, accessibility, and affordability - Nigeria

- Knowledge of the procurement process is poor at national and state levels

- MgSO$_4$ is not readily available at PHC, though it is often available at hospitals
MgSO$_4$ availability, accessibility, and affordability - Nigeria

• Despite being on the essential medicines list, MgSO$_4$ is not always procured, especially in states that do not have donor support for procurement

• Though MgSO$_4$ is relatively inexpensive, cost was cited as a reason that it was not kept in stock
Referral system - Nigeria

- Heavy client load, low human resources

- Poor utilization of PHC due to lack of client confidence/trust in providers

- Poor understanding of the two-way referral system and low commitment

- Logistical/transportation challenges in implementing the referrals
Nigeria: Community Insights
Community beliefs and misconceptions - Nigeria

- Women often seek traditional or religious care prior to medical treatment

- Symptoms of PE/E are sometimes associated with:
  - An evil curse, spiritual attack or witchcraft
  - Stress, worrying or ‘over thinking’
  - Hard work

“When a woman is seen in this condition, [it is thought to be] related to witchcraft, jinns and the likes. We end up giving her concoctions and herbs. Awareness creation for both husbands and our pregnant mothers is what we need to emphasize.”
Bangladesh: Community Insights
Decision making and health behaviors during pregnancy

- Husbands and mothers-in-law decide whether a pregnant woman receives ANC, or goes to health facilities for complications.

- PE/E symptoms are believed to be normal experiences during pregnancy.

“Mother-in-law’s say that nowadays daughter-in-law’s don’t have faith in Allah. We did not visit hospitals during our time, we had no problems. It is not needed now as well. It is fine with the holy water given by the hujur. But they take us to the doctor when it’s too late”.
Conclusions

• Policies for PE/E prevention & management exist, but many policy makers are unaware
• Policy environment is conducive to task shifting

• Service providers lack knowledge of preventive drugs, PE/E symptoms, dose of MgSO$_4$, and signs of toxicity
• PHC service providers cannot prescribe and dispense anti-hypertensive drugs

• Poor health-seeking behaviors during pregnancy and lack of community awareness
# Recommendations

- Distribute policy documents to all levels of health system
- Drug subsidies to ensure affordability
- Improved budgetary policy for maternal health services related to PE/E

- Review of service providers’ curricula
- Feasibility study on use of anti-hypertensives by the PHC providers*
- Trainings for task shifting to lower-level providers
- Strengthened referral systems
- Simplified administration of MgSO$_4$
- Local manufacturing of MgSO$_4$*

- Using mass media and interpersonal communications, communities should be informed of danger signs, importance of ANC and timely treatment
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METHODOLOGY

• The study design was cross-sectional, involving qualitative research method (in-depth interviews)

• Ten policy makers in government agencies, local and international organizations working on preeclampsia and eclampsia were interviewed in six geopolitical zones of Nigeria.

• The interviews were recorded and additional notes were taken during the interviews. These were compiled and transcribed verbatim.

• Data was analyzed using N Vivo10 software