Countdown to 2030
Maternal, Newborn & Child Survival

MPDSR Implementation Lessons: A scoping review of 58 studies in 24 countries spanning 15 years

Mary Kinney on behalf of team
Phillip Wanduru, David Walugembe, Peter Waiswa, Asha George
20 April 2021
AlignMNH Opening Forum

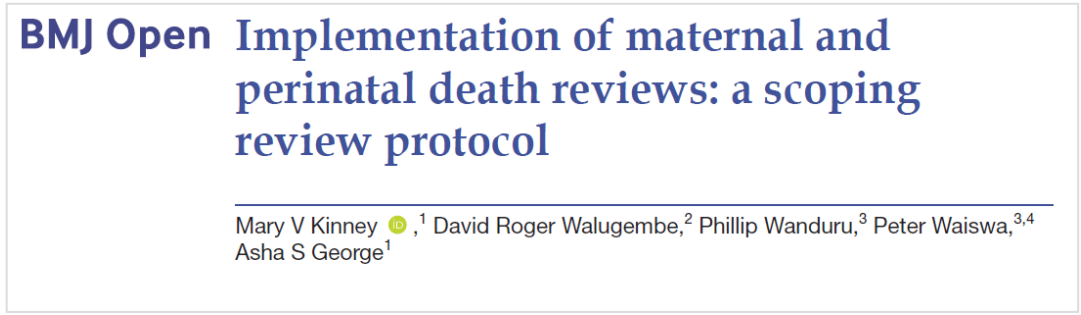
UNIVERSITY of the WESTERN CAPE

MAKERERE UNIVERSITY

Countdown to 2030
Maternal, Newborn & Child Survival

Outline

- Scoping Review
- Conceptual framework
- Key findings
- Conclusions


BMJ Open

Implementation of maternal and perinatal death reviews: a scoping review protocol

Mary V Kinney ,[1] David Roger Walugembe,[2] Phillip Wanduru,[3] Peter Waiswa,[3,4] Asha S George[1]

https://bmjopen.bmj.com/content/9/11/e031328


Health Policy and Planning, 2021, 1–19
doi: 10.1093/heapol/czab011
Review

OXFORD

Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors

Mary V. Kinney [1,*], David Roger Walugembe[2], Phillip Wanduru[3], Peter Waiswa[4] and Asha George [1]

https://doi.org/10.1093/heapol/czab011

Scoping review

Why

- Growing momentum to strengthen, expand and study the intervention
- Some reviews on implementation factors but *not* using framework or including both maternal and perinatal death audits or all LMIC

What

- Scoping review
  - To map and synthesize the available literature to identify and describe factors that support or hinder M/PDSR implementation
  - To develop a conceptual implementation framework that considers critical dynamic linkages and triggers of change.

How

- Systematic screening process of 1027 studies
- Data collection and analysis for 72 resources, including 58 studies

Inclusion criteria for screening:

- Published in English between 2004-July 2018
- Concept component: enablers and barriers of MPDSR implementation (all forms of maternal and perinatal death audit considered)
- Context component: LMIC only

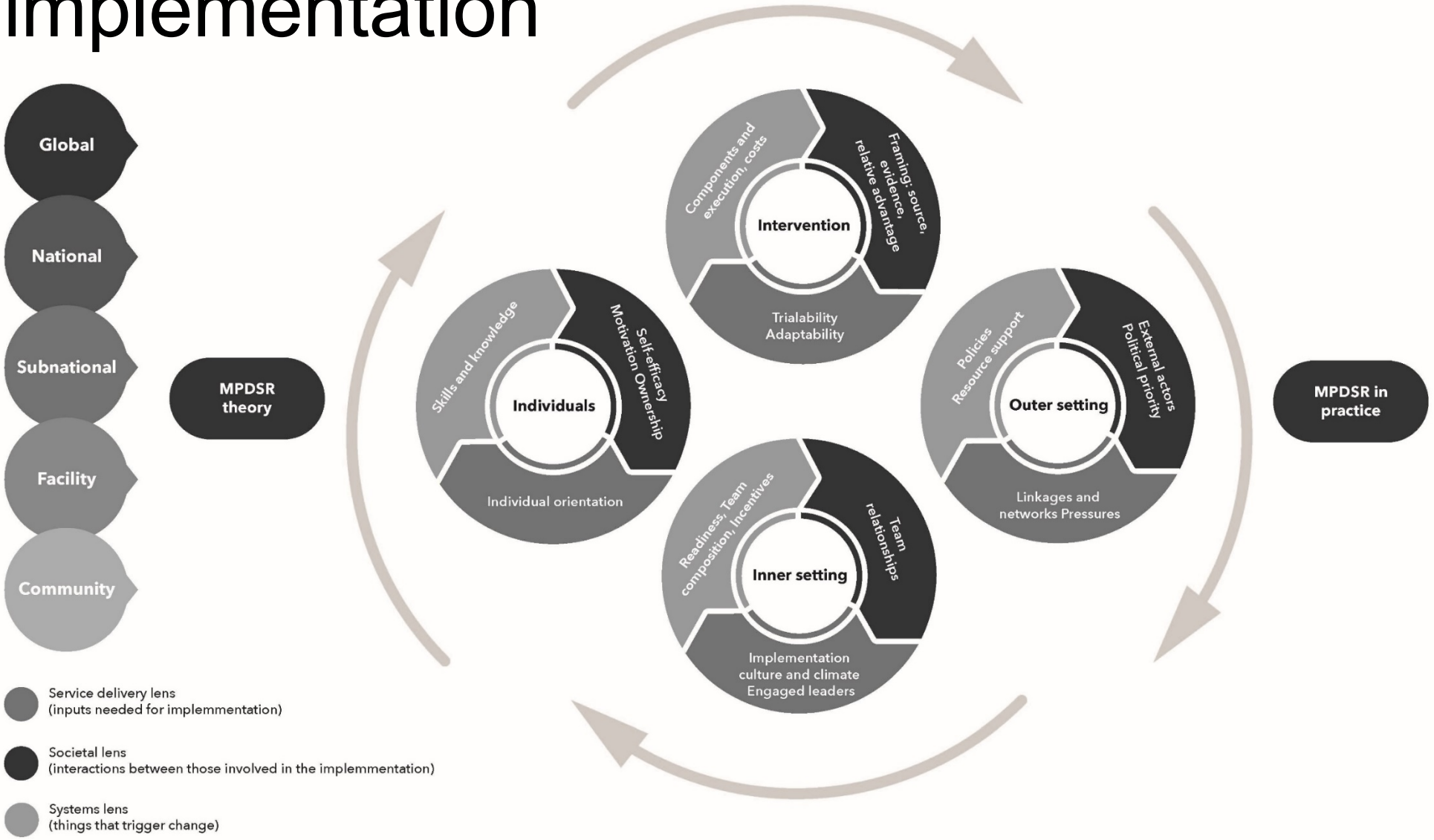
Screening methods

- 2 reviewers independently screened
- All discrepancies between reviewers resolved by a 3rd party.
- The reviewers regularly met during process

Data collection

- Extraction tool developed & piloted
- Data extracted by one team member and then reviewed by another team member
- Regular meetings and workshop to review and revise

Theoretical framework for studying MPDSR implementation



4 domains

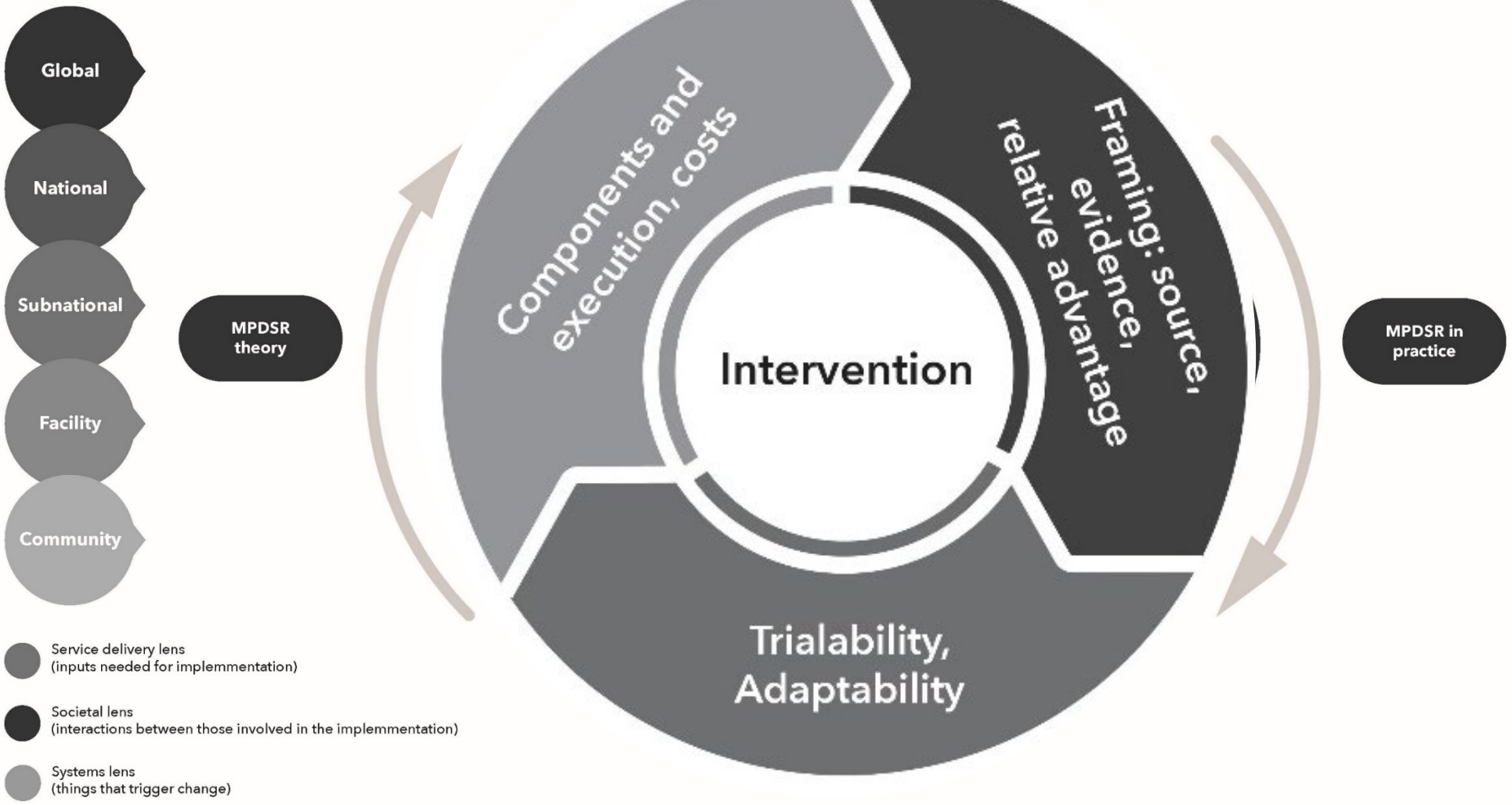
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses

- Service delivery
- Societal
- Systems

24 constructs in total

Theoretical framework for studying MPDSR implementation

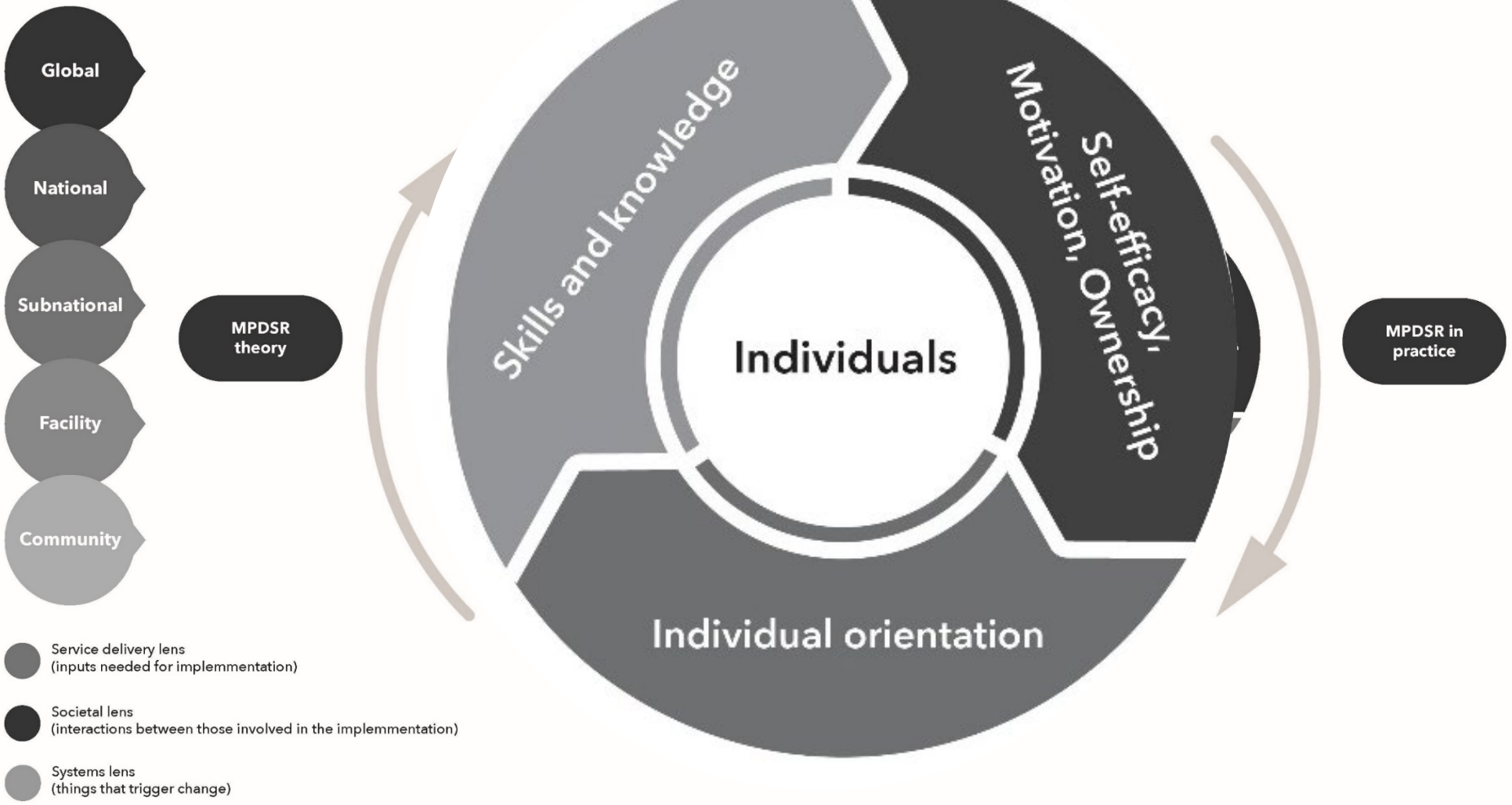


4 domains
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses
- Service delivery
- Societal
- Systems

24 constructs in total

Theoretical framework for studying MPDSR implementation

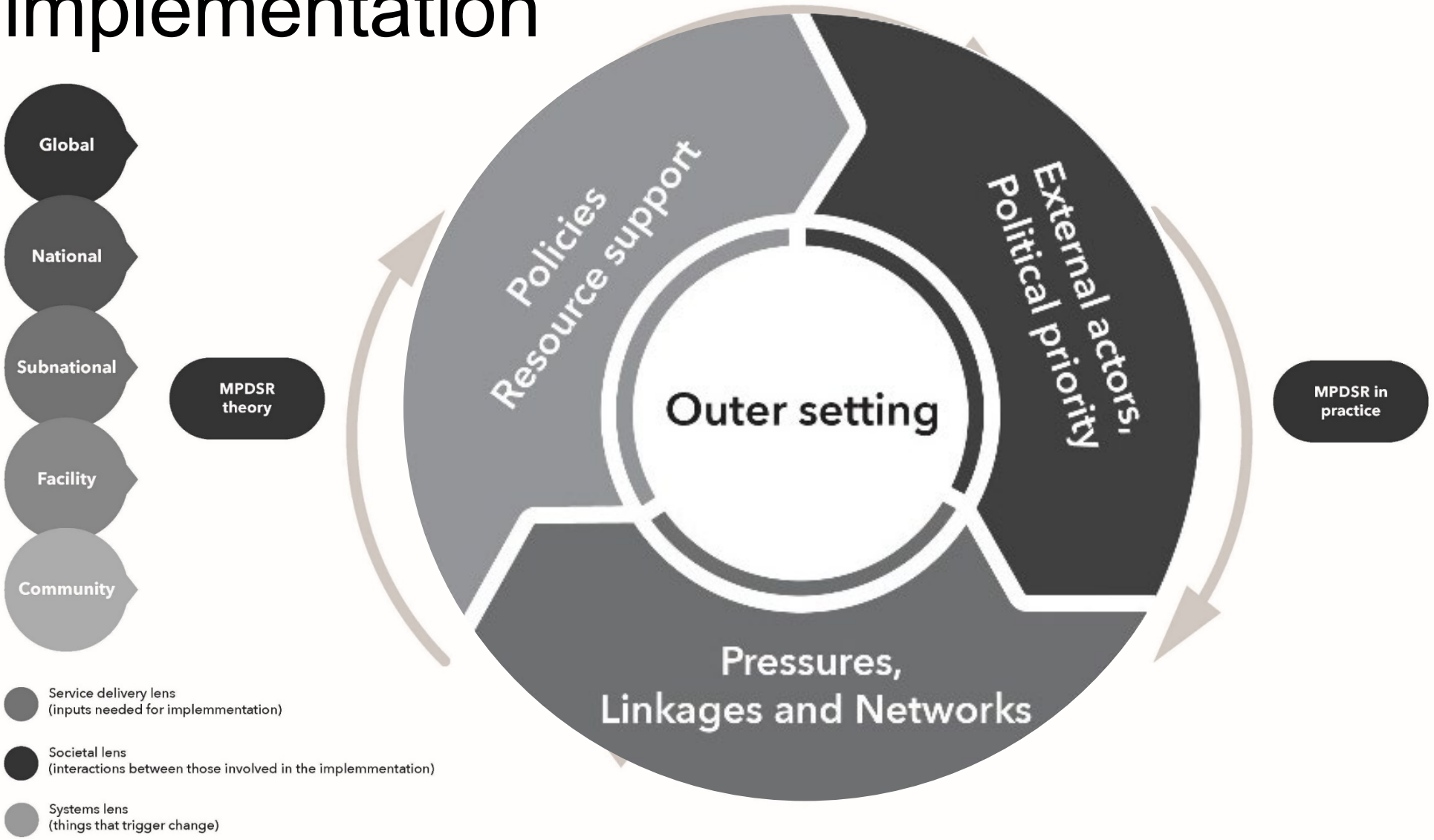


4 domains
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses
- Service delivery
- Societal
- Systems

24 constructs in total

Theoretical framework for studying MPDSR implementation

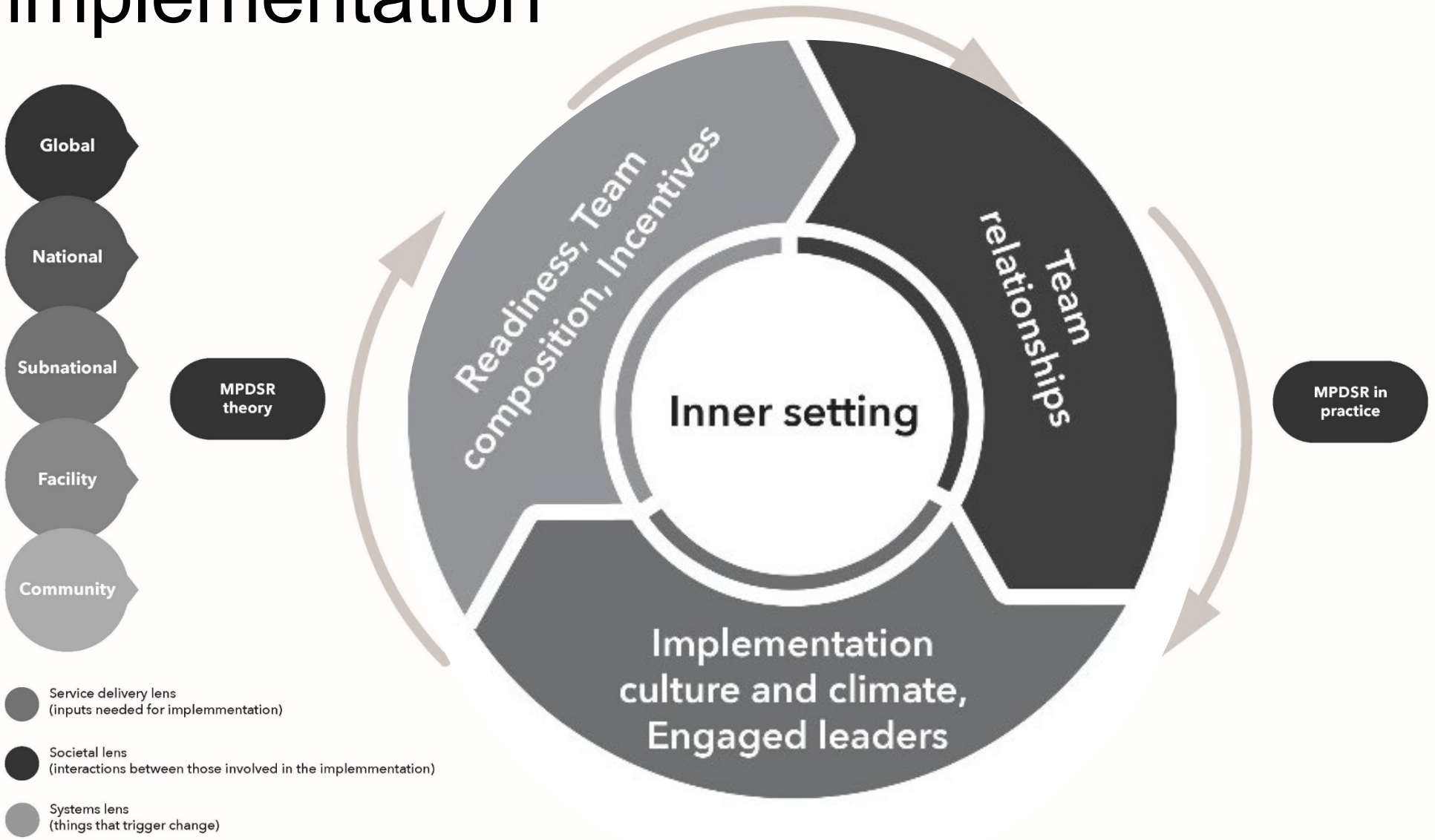


4 domains
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses
- Service delivery
- Societal
- Systems

24 constructs in total

Theoretical framework for studying MPDSR implementation

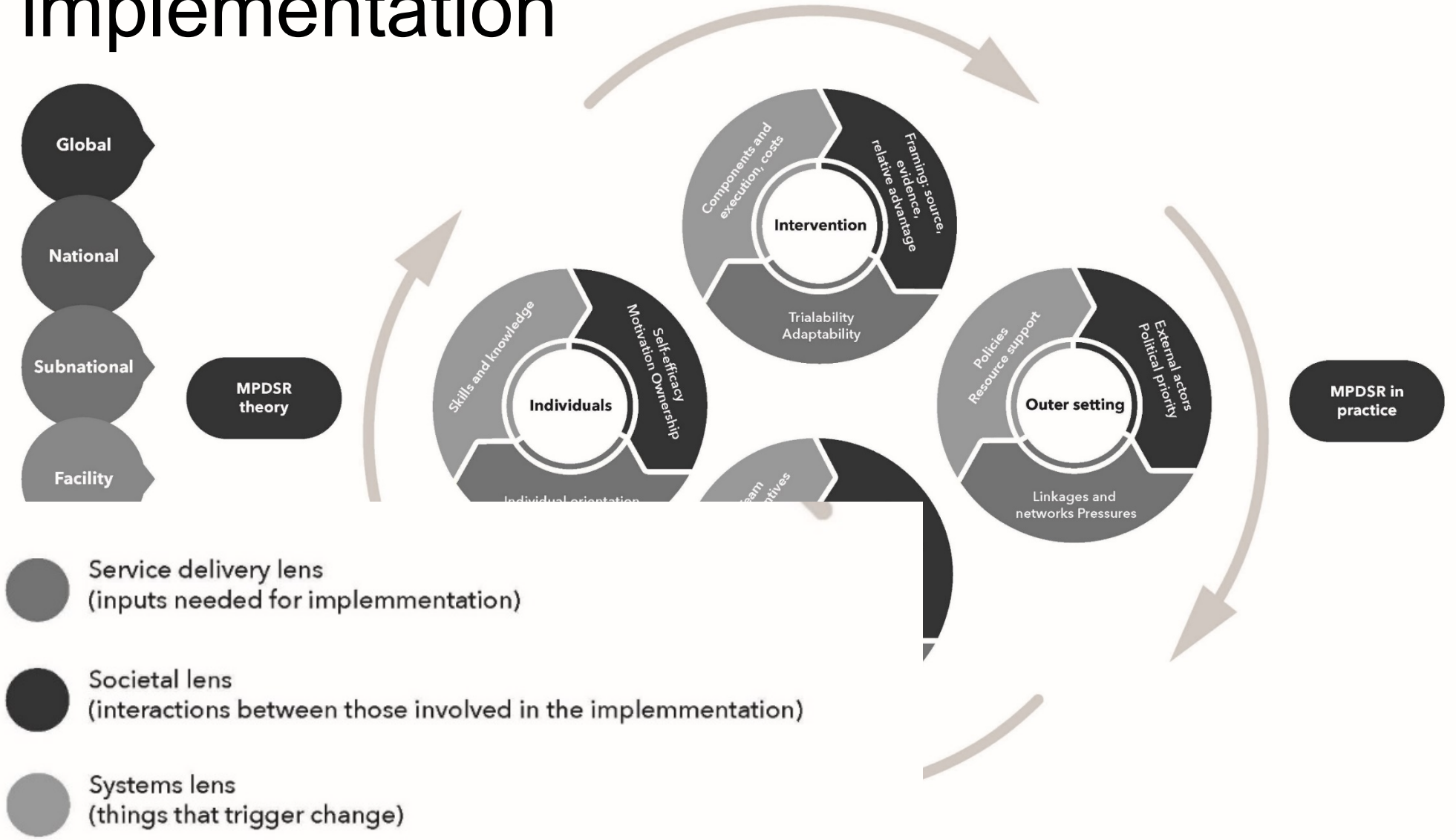


4 domains
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses
- Service delivery
- Societal
- Systems

24 constructs in total

Theoretical framework for studying MPDSR implementation



4 domains
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses
- Service delivery
- Societal
- Systems

24 constructs in total

Key findings: Record characteristics & data points (n=58)

- **WHERE -**24 LMIC; mostly Sub-Saharan Africa: 66% Sub-Saharan Africa; 12% South East Asia; 12% international; 6% other; Few from humanitarian and fragile settings: 16% (4 countries)
- **WHAT -** Maternal death reviews & MDSR. 53% maternal only; 39% maternal and perinatal; 9% perinatal only; Mostly combination of levels few meso or micro studies & few studies at sub-national level.
- **HOW -** Mostly qualitative. 45% qualitative; 28% mixed methods; 5% quantitative; 22% no methods indicated
- **WHOM –**Academia and government: 52% mixed including government; 26% University
  - First authors from LMIC: 69% but top 2 countries: UK (21%) & US (9%)
- **601 data points extracted and analyzed**
  - The outer setting, intervention and inner setting domains have the most data (27%, 29% and 30% respectively).
  - The domain focused on the role of individuals has the fewest data (13%)

Key findings: many assumptions vs. actual systematic documentation

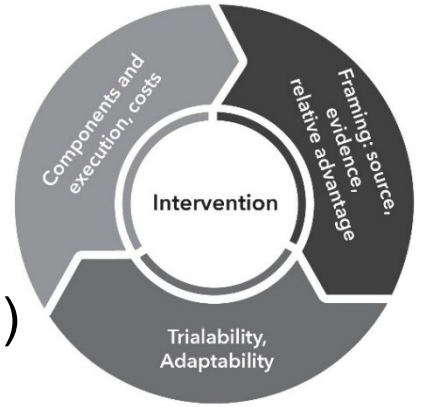
- Most studies describe tangible inputs addressed by the service delivery lens, but these are often measured inadequately or through incomparable ways.

- While studies document belief of individuals that MPDSR leads to change little evidence presented on “closing the loop” ie the response/action.

- Studies state that people and their relationships, motivations, implementation climate and ability to communicate influence implementation processes, but individual subjective experiences and relationships are inadequately explored.

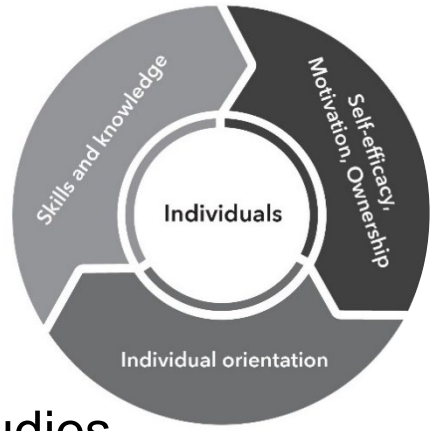
- MPDSR implementation contributes to accountability and benefits from a culture of learning, but few have studied the change dynamics involved.

Intervention: characteristics of the intervention being implemented in a particular setting



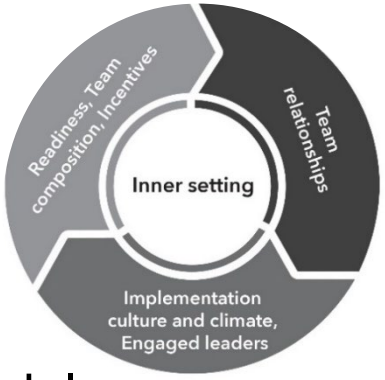
- No consistency in reporting on MPDSR (e.g. including all steps of the audit cycle)
  - No differences in implementation factors between different types of reviews
- Cost: Funds for training, transport and dissemination of results, human resources
  - Few studies actually reported costing data and no standard approach
- Framing of intervention source and evidence strength explored but not relative advantage
  - Countries adapt from WHO guidelines but context specific changes not documented or examined
  - Stakeholder perceptions of legitimacy not explored; some literature around belief MPDSR leads to change with little evidence
- Phasing and pilots used - local leadership was noted as a critical enabling factor; 9 pilots identified
  - No reporting on modification or expansion after these pilots,
  - Challenge of sustained implementation beyond projects
- Processes have adapted and changed over time in specific contexts and to the intervention itself, but we are not applying learning from previous literature/experience

Individuals: characteristics of the individuals involved in implementation



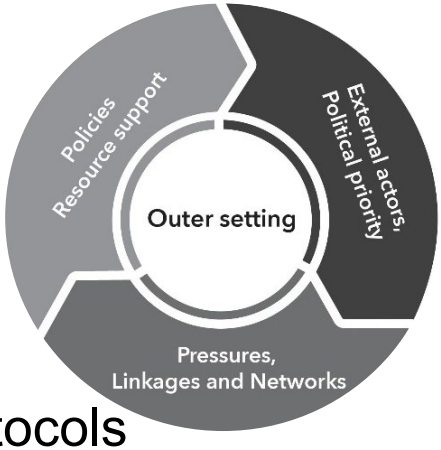
- Technical skills are required BUT no list of required competencies needed; few studies
- Individual confidence to implement MPDSR supported by supportive supervision, appropriate tools and oversight from sub-national management or health specialists.
- Motivation to implement driven by
  - extrinsic motivation: expectations from sub-national teams, skills or knowledge and incentives, improved quality;
  - intrinsic motivation: consciousness for self-improvement & value of life.
- Individual perception of the MPDSR process described as helpful, especially for learning.
- Few studies examined reasons for ownership or commitment to MPDSR; ownership may come over time as people see the benefits of change
- Individual orientation to collaborate not explored

Inner Setting: factors internal to the organization



- Required inputs to implement validated e.g focal person, committees, regularly scheduled meetings; available tools; audit charters, training, HR challenges
- Teams mostly described as multidisciplinary; challenges include high staff turnover, competing priorities, lack of interest, hierarchy
- Incentives mentioned (ie training, per diems, refreshments) but not investigated for impact. No research identified on sanctions or consequences of not implementing audit
- Team approach and organizational culture matters: a culture of accountability, learning and improvement; blame culture perceived as barriers with mixed results.
- Engaged leaders recognized widely as enabler yet little is known about the necessary individual leadership traits and critical thinking or problem solving skills.
  - Skills in facilitation one trait identified but not investigated

Outer Setting: factors external to the organization that influence implementation



- Policies and guidelines in place; few studies on impact of legal frameworks or protocols around death notification
- Funding source mostly from governments or development partners; lack of a budget line identified as a barrier with mixed findings on need for allocated resources
- Important role of external actors identified at all levels – development partners, professional associations, civil society – esp for developing guidelines and supporting implementation; sub-national actors for supportive supervision are critical
- Pressures to implement depends on level of implementation e.g. national level - political commitments; facility level - sub-national structures – but few studies investigate perceptions around how & why
- Interlinkages exist across domains and constructs are important ie better data and reporting improves communication across the health system as well as between team members

Conclusion

- M/PDSR is a complex intervention process and using a theory-based implementation framework helps to unpack the various components needed for implementation

- **How do we go beyond what we think we know works?**
  - Do we know enough about the “blue prints” for implementation?
  - What do we know about how to sustain such a process in systems that are under strain and with other competing time commitments?
  - We need to do better at comparably learning what works or doesn’t for MPDSR implementation.
  - Many **research** gaps especially of
    - individual perceptions & skills needed
    - sub-national level engagement, which plays a vital role in implementation for accountability, information flow and quality control
    - Adaption including in humanitarian and fragile settings

- Health policy and systems research looking **at how and why people adopt, adapt and sustain collective action** will strengthen our understanding of implementation

Thank you!

Access the paper:
https://bmjopen.bmj.com/content/9/11/e031328