Uganda's rekindled safe motherhood journey, a case of the National Safe Motherhood Expert Committee (NASMEC).

J.P. Bagala, gives an account on the formation and achievements of an initiative that has been put in place to improve maternal and child outcomes in Uganda.

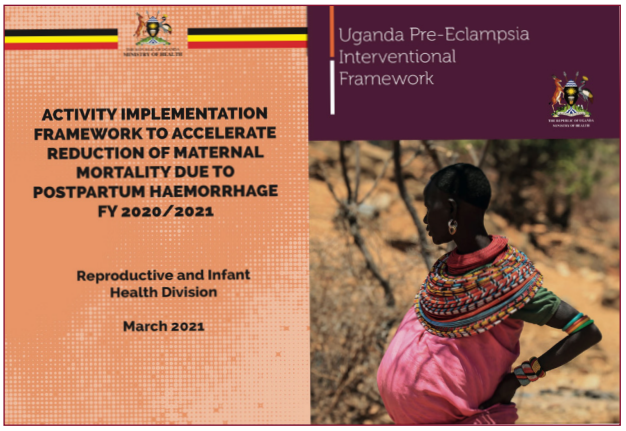
The Uganda Demographic and Health Survey report released in 2016 indicated the Uganda had a maternal mortality ratio of 336 deaths per 100,000 live births and a newborn mortality of 27 deaths per 1000 live births. Just like many other low-income countries, the 2030 SDG targets of reducing the maternal mortality ratio to 70 deaths per 100,000 live births and the newborn deaths to 12 deaths per 1000 live births was far from reach.

The advent of Covid-19 which was coupled with disruptions in service delivery meant that as a country we had to re-think our approach to stake holder engagements and ensure that innovative measures are instituted to continue service delivery. Just like elsewhere, the restrictions in human movement posed a challenge to the delivery of emergency obstetric care and we witnessed cases of delayed response which led to a spike in maternal and newborn deaths during the lock down period. The Covid – 19 pandemic tested our healthcare system to the core and we had to act differently and fast. Part of the quickest measures we had to institute was embracing virtual stake holder engagement on a routine.

This approach has been magical in quickening our response to issues affecting service delivery and keeping our ears on the ground at all times. We also had to quickly think of through the systems, processes and teams through which we would operate to reach masses on continuity of Safe motherhood service delivery. Our thinking led to the birth of the National Safe motherhood Expert Committee (NASMEC). This entity which convened the four major professional associations with a footing in safe motherhood (Association of Obstetricians and Gynaecologists of Uganda, Association of Anaesthesiologist of Uganda, Uganda Paediatric Association and the National Midwifery Association of Uganda) was officially launched in August 2020 by the Permanent Secretary of the Ministry of Health. Its core responsibility is to act as a Think-Tank to the Ministry of Health, inform policy decisions and develop system changing innovations aimed at strengthening the delivery of Safe motherhood in Uganda.

NASMEC is composed of four major subcommittees which target the leading causes of maternal death. These include the Preeclampsia, Postpartum Haemorrhage, Maternal and Newborn Infection Prevention and Safe birth subcommittees. From the onset, NASMEC was intentional in doing things differently and challenging the scholar community to make a significant contribution to the maternal and new-born care landscape. All the leads of these various NASMEC Subcommittees are subject matter expects in each of the designated areas.

One of the innovations that NASMEC started with was the development of intervention frameworks to reduce maternal mortality due to each of the leading causes of death. These frameworks stipulate targeted approaches aimed fixing service delivery gaps and ensuring that there are consented multistakeholder efforts to make service delivery better.



Snap shot of the Intervention Framework to reduce maternal mortality due to PPH and Uganda Pre-eclampsia Intervention Framework. These were developed by the NASMEC PPH and NASMEC PET Subcommittees respectively.

Part of the intervention frameworks are the annual catalytic safe motherhood campaigns. These catalytic campaigns are aimed at raising awareness against the leading cause of maternal and newborn death. They are month long activities and include activities like simulation trainings aimed to enhance health workforce skills and competencies, multi stake holder and political engagements, community engagements, mass media engagements and facility open days. These campaigns offer an opportunity to cascade the message of safe motherhood to the last mile and develop targeted interventions to address existing service delivery gaps. In the month of March of every year, NASMEC working closely with the Ministry of Health gears all its efforts towards raising awareness on safe birth, May is the Preeclampsia awareness month, August is for post-partum haemorrhage and November is designated for maternal and newborn infection prevention.

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From Top left corner: Preeclampsia champions under the NASMEC PET subcommittee raising awareness against PET in Church, on radio stations, in community and at health facilities during the PET awareness month of May 2024.

In the Quest to foster accountability for maternal and newborn service delivery, NASMEC supports the Ministry of Health in the weekly National Maternal Perinatal Death surveillance and response (MPDSR) virtual meetings. These meetings take place every morning at 7:30 am on Monday and Thursday and convene on average 500 participants from across the country to audit maternal deaths that have transpired across the country. These accountability meetings offer an opportunity to identify service delivery gaps and bridge them in real time, share learning among healthcare workers from the different Local Maternity and Neonatal Systems in the country and also share updates on the status of service delivery in the country. at the end of every year the ministry compiles the Annual MPDSR report which is a compilation of the maternal and newborn landscape in that particular year.

At the foundation of the weekly MPDSR meetings are the weekly maternal and newborn analytics. The statistical extracts including the mortalities, near misses and their causes which happen in any facility across the country. This measure enables the Ministry of Health to map the various deaths that happen and identify preventable measures that need to be instituted in order to avert other preventable deaths. These meetings are



Captions of the some of the National MPDSR Reports Launched in the past years.

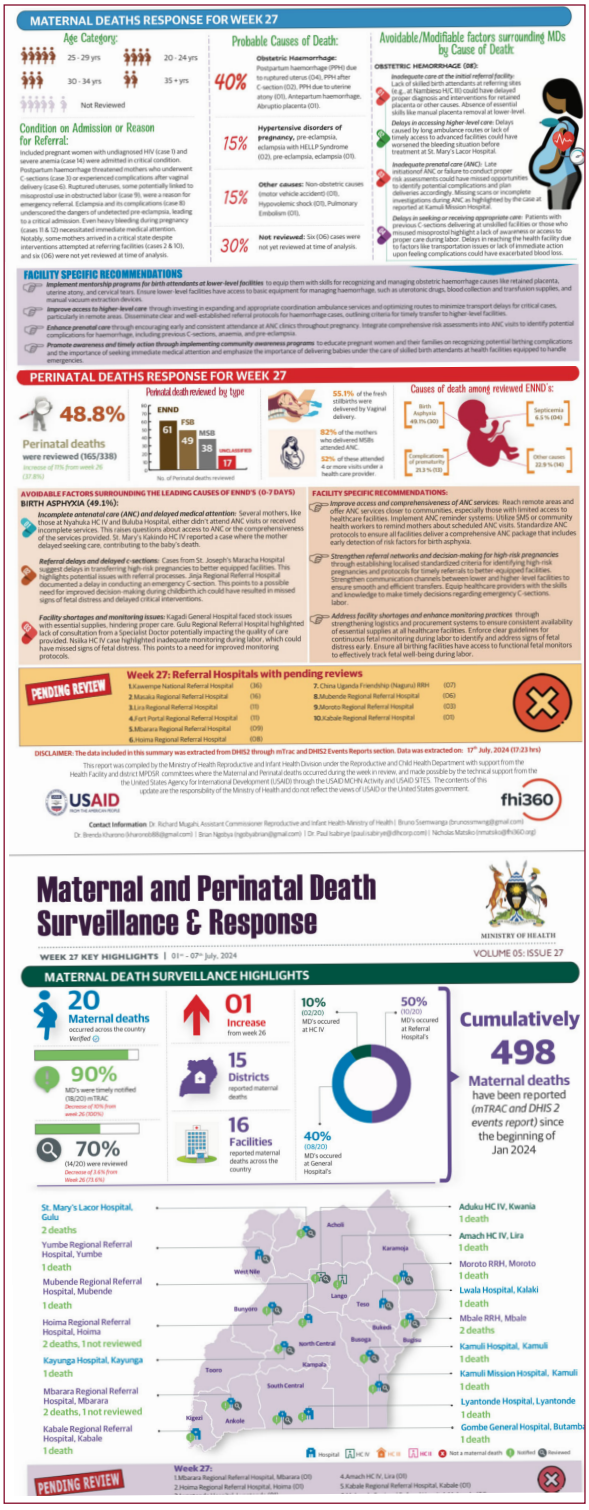
attended by senior officials from the Ministry of Health, frontline healthcare workers, officers from the district local government, development and implementing partners, academics, researchers and civil society organisations. These analytics are also shared with the members of parliament who are encouraged to support their respective constituencies to address existing gaps.

All these statistics are compiled every year into the National MPDSR report which is launched during every Annual National Safe motherhood Conference (NSMC). The NSMC is by far the largest gathering of stakeholders working in the safe motherhood space in Uganda and on average convenes 700 – 800 safe motherhood Champions every year. These champions range of prominent political figures, heads of organisations, academics, professional bodies, councils and frontline healthcare workers. The NSMC take place in the last week of October every year with the next one due from 28th to 31st October 2024 at Speke Resort Munyonyo, Kampala. At the end of every NSMC, strategic national resolutions are set which contain implementable actions aimed addressing gaps to improve service delivery. During this conference, the Ministry of Health also awards some of the exceptional performers in safe motherhood during the National Safe motherhood Awards Dinner.

In the quest to bridge existing gaps in safe motherhood skills and knowledge, NASMEC supports the Ministry of Health in coordinating monthly safe motherhood webinars. These learning sessions which are convened by the NASMEC subcommittees give and opportunity for safe motherhood experts from across the country to share



The Hon. Minister of Health and the Permanent secretary participate in the Launch of the PPH Campaign in various Local Maternity and Neonatal Systems.



An extract of the weekly maternal and newborn analytics discussed during the National MPDSR Meeting every Monday and Thursday.

updated knowledge and information including latest research evidence in Safe motherhood. The webinars have been running every month since 2020.

The NASMEC webinars also offer an opportunity for latest evidence and research in Safe motherhood to be shared with the wider Safe motherhood fraternity in Uganda. In order to structure safe motherhood Research,



An Extract of one of the NASMEC Webinars which take place every Month

NASMEC championed the development of the National Safe motherhood Research Agenda. The purpose of this agenda is to guide research performance in institutions, research centres, patient centred research in facilities and also to promote its utilisation to inform both policy and practice.

Previously it was very evident that the publication and utilisation of safe motherhood research was low. Stemming from the NSMC, NASMEC has embarked on the efforts to establish the Safe motherhood Journal. This space will offer an opportunity for safe motherhood researchers, scientists and academics to share best practices which are shaping safe motherhood in Uganda with not only the workforce in Uganda but also with other countries across the globe. This will definitely position Uganda as an expeller in reviving the safe motherhood agenda globally.

In general, NASMEC's role in reshaping the safe motherhood landscape in Uganda has taken a systems approach. At the centre of this system are the people and their ability to enthusiastically embrace change. Establishing leadership, governance and accountability initiatives like the Local Maternity and Neonatal Systems has enabled people to be brought on the table of change and challenged each other to do things differently. 15 regional Local Maternity and Neonatal Systems have been established across the country. These platforms serve as catalytic service delivery mechanisms aimed at ensuring the gaps in service delivery are identified and addressed in real time. These local maternity and Neonatal systems meet every week and they discuss the delivery of safe motherhood services in their respective regions.

As I concluded, the various efforts invested by the Ugandan Ministry Health have given a Glimpse of Hope in the journey to avert preventable maternal and perinatal deaths. It's noteworthy that the SDG targets of reducing maternal death to 70 deaths per 100,000 live births and the Newborn death to 12 deaths per 100,000 live births are definitely in site.