

UON Network – Archived website content

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Contents

1.1	THE UNMET OBSTETRIC NEED APPROACH.....	1
1.2	THE STARTING POINT: THE UNMET OBSTETRIC NEED EXERCISE	2
1.3	THE NETWORK	2
1.4	What is the UNMET NEED FOR MAJOR OBSTETRIC INTERVENTIONS?	3
1.5	Countries	6
1.6	Articles	10
1.7	Publications referring to UON.....	11
1.8	Partnerships	13
1.9	Co-ordination and management team.....	13

1.1 THE UNMET OBSTETRIC NEED APPROACH

There is a growing consensus on what health services could do to prevent and mitigate the consequences of problems that occur during pregnancy and delivery. Under the label of Essential Obstetric Care, there is now a realistic strategy towards safer motherhood, built around a core of professional care during pregnancy and delivery. This includes major interventions during labour to treat conditions that are a direct threat to the mother's life.

The problem, however, is operationalisation, triggering willingness and capacity for change among policy makers as well as operators in the field. The starting point for this is awareness of the magnitude of the problem. Over the last decade champions of maternal health have relied heavily on Maternal Mortality survey results to get maternal health on the policy agenda. This has met with some success, but clearly we need more than aggregate national estimates to generate enough commitment for both local and nation-wide action. Maternal mortality is an avoidable tragedy. The response to this tragedy has to be a response of society. Not all of it can be reduced to failures of health care delivery systems, but a sizeable portion is vulnerable to a more adequate – and more accountable – response of health professionals.

Health professionals who place little value on a poor woman's life will not respond effectively. Professionals who are concerned often do not do so either because they do not realise how big the problem is in their own community, or how this problem can be addressed concretely.

The Unmet Obstetric Need network does not pretend to change the status of women in a given country. But it does try to provide well-meaning professionals with the information needed to start improving their performance – and to give society the ammunition to pressurise professionals into more accountable behaviour.

If we want to make sure that the problem is actually addressed at policy level, by the multitude of health professionals and by lay pressure groups, we need more than estimates of national mortality ratios. We need them to realise and be confident that something can be done about it. This starts from knowing where and how the vast amount of unmet need for obstetric care can be tackled: where the women are who need care and are not getting it.

The Unmet Obstetric Need network tries to do that. It tries to kick-start Essential Obstetric Care through UON-exercises. Starting with the mapping of unmet obstetric needs and re-sources, this is a cheap and fast way to start both local and national level discussion and change, with full involvement of all actors at the different levels.

1.2 THE STARTING POINT: THE UNMET OBSTETRIC NEED EXERCISE

A UON-exercise starts with putting together two pieces of information: an inventory of resources and a mapping of Unmet Obstetric Need. This shows, district per district, the number of women who should have benefited from a major obstetric intervention but did not. This is done by comparing the interventions done – information that one can get from hospital registers – with a benchmark of minimal needs.

The exercise is limited to major obstetrical interventions for a limited number of maternal indications that are unquestionably life-threatening conditions. This is done for two reasons. First, by doing so one cannot avoid involving all field professionals (because the indications of each intervention have to be verified, and this cannot be done without discussion with the doctors and midwives in the hospitals and health centres), resulting in pressure for local change. Second, it makes it possible to aggregate local data and make meaningful inter-district comparisons, and thus provides elements for priority setting.

A UON-exercise takes a few weeks for local adaptation of the protocol and a few months of data-collection. It can be completed for some 50,000 € per country, depending on population size. The resulting maps and databases will not change things by themselves. Put in the hands of sensitised professionals they can be powerful levers to pressure for local change as well as for better strategies and resource mobilisation at national level.

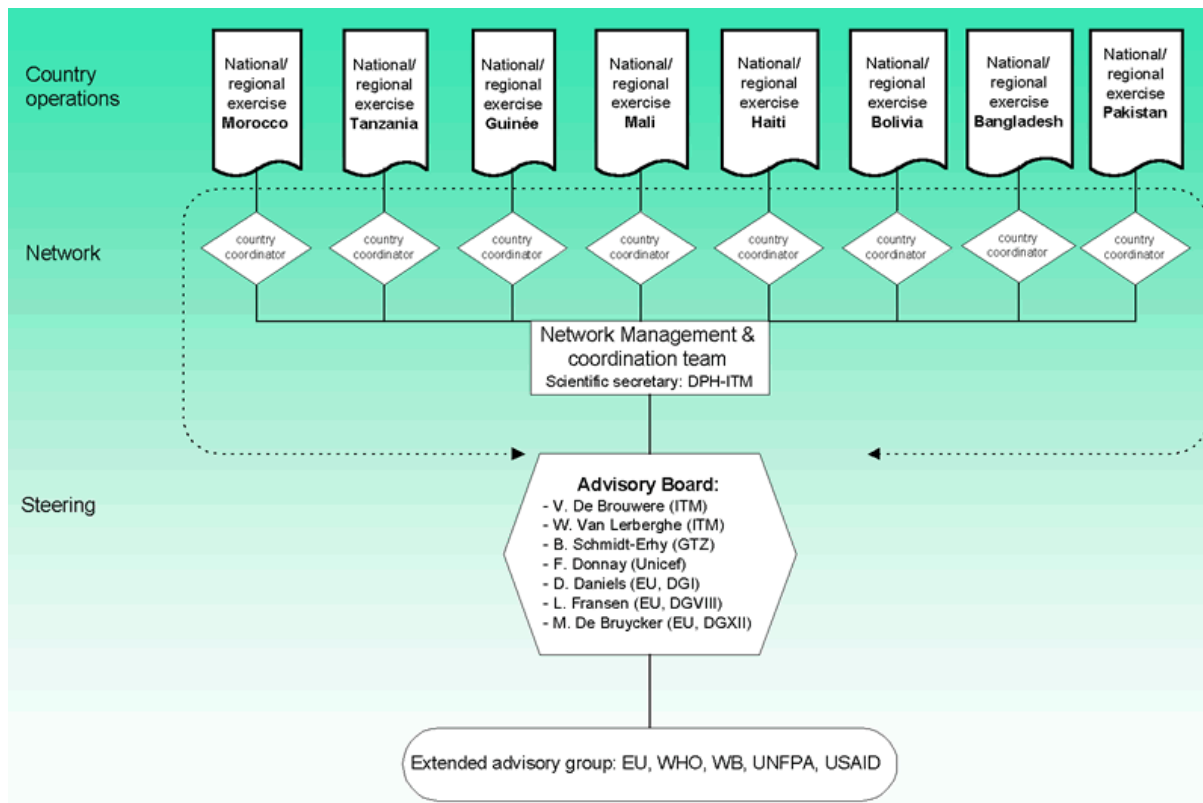
1.3 THE NETWORK

Morocco was the first country to perform a nation-wide UON-exercise in 1991 – with a significant impact on its maternal health policies. At the end of 1998 the UON-Network was created with the support of the European Commission. This network brings together ministries of health, development organisations, scientific institutions and practitioners in a number of countries that have started a UON-exercise: Burkina Faso, Tanzania, Mali, Niger, Haiti, Benin, and Pakistan.

The co-ordination is based at the department of Public Health of the Institute of Tropical Medicine in Antwerp, which provides technical back up to national teams and facilitates exchange of results and experiences.

The common characteristics of the countries involved is are that they have a high level of maternal mortality, that a number of key players are looking for a way to introduce change, and that they are not just interested in improving maternal health, but in ameliorating the overall functioning of their health care system. Leadership and system vision are a condition for success. This being said, experience shows that a small team of dedicated people may be enough to launch the process, although initial technical backstopping is recommended.





1.4 What is the UNMET NEED FOR MAJOR OBSTETRIC INTERVENTIONS?

One of the indicators of how effective a health system performs is the maternal mortality ratio – or MMR. In industrialised countries maternal mortality ratios were reduced drastically in the latter part of the past century and the early years of this one through a combination of improve maternal nutrition, pre-natal care and obstetric services to manage complications immediately prior to, during, or immediately following birth. In contrast, MMRs in developing countries remain stable and high, between the range 200 to 950 per 100,000 live births. Recent research has concluded that the main reason for this is the lack of emergency obstetric care services, rather than the lack of pre-natal care.

Until recently, developing countries MMRs have been measured mainly through indirect estimation techniques using data from large scale population sample surveys such as the Demographic and Health Surveys. These have produced more reliable national estimates but have limited direct use for health service planning because they are national averages. They involve extensive surveys of large population samples and are therefore expensive to undertake. Health planners have therefore looked for alternative indicators. There have also been attempts to measure process and output indicators, such as the availability of emergency obstetric care services, and throughput measures, usually involving numbers of hospital maternity services provided. However, none of these indices have provided the information needed by health services policy makers and planners.

One particular tool under development by the Department of Public Health of the Institute for Tropical Medicine, Antwerp, is a measure of Unmet Obstetric Need or UON. This measure compares the need for obstetric care with the capacity of the health service to provide this care. The measure has the potential to provide data on the obstetric health service situation in particular geographical areas of various sizes, it can be used for planning and monitoring health service improvements and can be a starting point for national, regional and local policy dialogue.

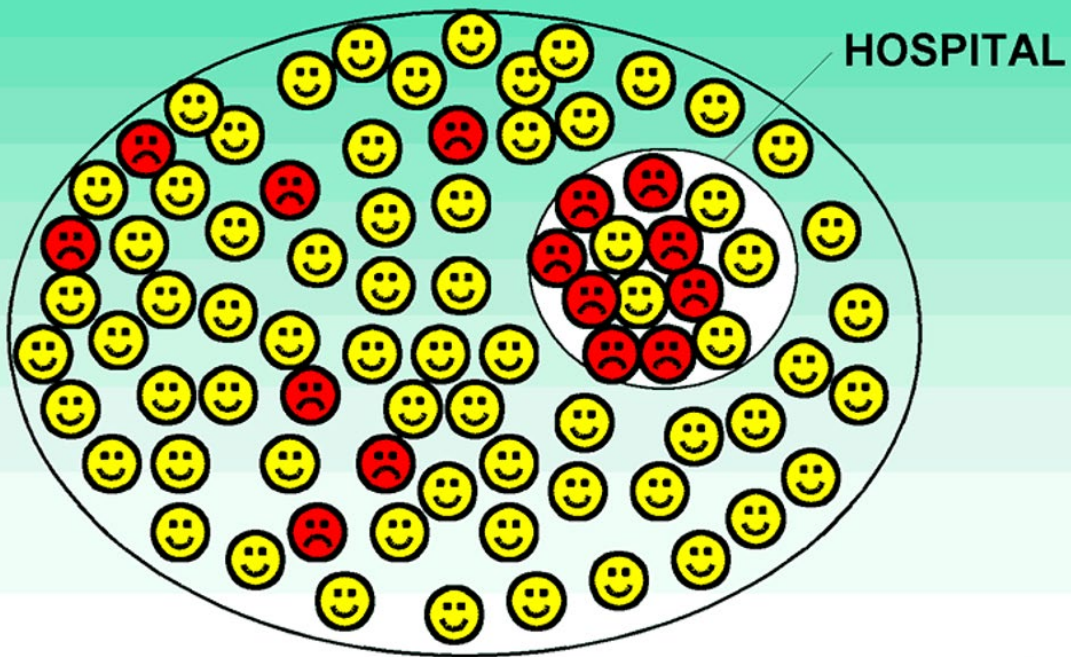
The concept of UON refers to the discrepancy between what the health care system should provide to deal with obstetric problems in a given population, and the care it actually provides. Operationally, UON is expressed in terms of women who should have benefited from an obstetric intervention, but for whom this intervention did not take place. UON makes it possible estimate the actual need for major obstetric



interventions for obstetric emergencies without resorting to major investments in large scale population surveys. Indications of obstetric emergencies are: severe antepartum haemorrhage , severe post-partum haemorrhage, foetopelvic disproportion shoulder or transverse lie and brow presentation. These estimates can be used to compare need and availability in different geographic areas, identify those where UON is highest, and so target expenditures on service improvements. UON also allows planners to monitor progress in service development and impact on maternal health over time. Unmet obstetric needs can thus serve as a lever for interventions much more than as a measuring tool. The gathering of data and the analysis of unmet obstetric needs in any country can therefore –

- help to create a political awareness of the need to promote maternal health;
- readily provide the information necessary for planning and prioritising the development of services, and
- lead to action for the reduction of maternal mortality at local level by changing certain attitudes, mobilising resources and more effectively adapting professional practices to the needs of patients.
- The use of unmet obstetric needs as the point of entry for launching or revising a strategy for the reduction of maternal mortality can yield numerous benefits: for example –
- encourage community discussion and political pressures for the mobilisation of resources and the formulation of strategies for improving obstetric care;

So, we can estimate the Unmet Need



women with
problems in a
population

–

problems
adequately
managed

=

need

7





1.5 Countries

BANGLADESH

Description:

The study took place in the Matlab research area in partnership with the ICDDR,B. The research will bring epidemiological evidence for the reference ratio.

Contacts:

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BENIN

Description:

The study took place in three departments Zou, Borgou and Ouémé in collaboration with the Swiss health programme and in partnership with GTZ, UNICEF, PADS and USAID.

Study results(pdf in English 425 KB)(2001)

Contacts:

Professeur Eusèbe Alihonou

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Dr Joelle Tambekou

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BURKINA FASO

Description:

Nation wide study in 53 districts. The study was financed by UNICEF and supported by the Centre Muraz in Bobo Dioulasso.

Study results(pdf in English 437 KB)(2001)

Publication : Ouedraogo & al.(2003)

Study in Burkina Faso 2003 – Région du centre (pdf in french 596 KB)

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CAMBODIA

Description:

An UON study took place in Phnom Penh city and in Kandal province in 2002

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CAMEROUN

Description:

An UON study took place in 2000 in three districts of Adamaoua province.

Contacts:

Nathalie Goyaux

GUINEA CONAKRY

Description:

A study took place in 1998 in Guinée Forestière

Publication : Van Damme & al.(1998)

Contacts:

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HAITI

Description:

The study took place in Artibonite Nord and Nord-Ouest in collaboration with the Ministry of Health, UNICEF and the OPS.

Study results(pdf in English 420 KB)(2001)

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MALI

Description:

Nation wide study in 40 cercles with financing from CTB/BTC, UNICEF and UNFPA

Study results(pdf in English 418 KB)(2001)

Contacts:

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Bamako

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00 223 23 31 01

MOROCCO

Description:

A nation wide exercise took place in 1990.

Publication from Morocco

Thèse de doctorat en Santé Publique

(pdf in French 1,030 KB): De Brouwere (1997)

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MOZAMBIQUE

Description:

The study took place in the provinces of Tete and Gaza. The study was carried out by the Ministry of health in collaboration with UNFPA. Gaza study report(pdf in English 307 KB)

Tete study report(pdf in English 265 KB)

Contacts:

Dr Marc Derveeuw
UNFPA Harare

NIGER

Description:

Regional study, Dosso Region. Study supported and financed by the Belgian Cooperation

Study results(pdf in French 558 KB)

Nation wide exercise. The study was fully supported and financed by the Alafia project of GTZ, WHO and UNICEF.

Study results(pdf in English 360 KB)(2001)

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PAKISTAN

Description:

The study took place in Attock and Jehlum (Punjab) in collaboration with the Health Services academy in Islamabad. The study was financed by GTZ.

Study results(pdf in English 361 KB)(2001)

Contacts:

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RWANDA

Description:

The study took place Butare province. The study was carried out in 2002-2003 by the Public Health School of Butare and financed by Health Net International.

Study results (pdf in french 513 KB)(2003)

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SENEGAL

Description:

The study took place in Fatick, Kaffrine and Kaolack region. The study was carried out in 2009-2010 by the Medical Regions and the District teams in collaboration with ITM-Antwerp. The study was financed by the Belgian Technical Cooperation

Study results (pdf in French 1533 KB)(2010)

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TANZANIA

Description:

The pilot study took place in the Tanga district, and was financed by GTZ. The main partners are the MOH, the RH project and MUCHS.

Results of the pilot study(pdf in English 265 KB)(2001)

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1.6 Articles

Delamou A, Dubourg D, Delvaux T, Kolie JS, Barry TH, Camara BS, Eddinton M, Beavogui AH, De Brouwere V. 2015. [How the free obstetric care policy has impacted unmet obstetric needs in a rural health district in Guinea?](#) PLoS One, 10, 6, e0129162. 10.1371/journal.pone.0129162 [doi];PONE-D-15-00027 [pii]

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[Ronsmans C, De Brouwere V, Dubourg D, Dieltiens G. 2004. Measuring the need for life-saving obstetric surgery in developing countries. British Journal of Obstetrics and Gynaecology. 111 \(10\): 1027-1030.\(pdf in English 274 KB\)](#)

[De Brouwere V, Dubourg D, Richard F, Van Lerberghe W. 2002. \[Letter\] The Lancet, 359 \(16\), 974-975.\(Link to the Lancet\)](#)

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[De Brouwere V, Derveeuw M, Van Damme W, Van Lerberghe W, Litt V. 1999. Safe Motherhood. Lancet. \[letter\] 354, 2085. \(Link to the Lancet\)](#)

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[De Brouwere V, Tonglet R, Van Lerberghe W. 1998. Strategies for reducing maternal mortality in developing countries: what can we learn from history of western countries ? Tropical Medicine and International Health, 3, 771-782. \(html in English\)](#)

[Van Damme, W., De Brouwere V., Boelaert M. and Van Lerberghe W. 1998. Effects of a refugee-assistance programme on host population in Guinea as measured by obstetric interventions The Lancet, 351, 1609-13. \(Link to the Lancet\)](#)

[De Brouwere V., Tonglet R., Van Lerberghe W. 1997. « Maternité sans Risque » dans les pays en développement: les leçons de l'histoire. Van Lerberghe W., Kegels G., De Brouwere V. \(eds\). Studies in Health Services Organization and Policy n°6, Antwerp : ITGPress, Belgium. \(pdf in french 364 KB\)](#)

1.7 Publications referring to UON

[Matsui M., Ikeda N. 2010. Unmet Obstetric Need Indicator for Estimating Maternal Mortality by Severe Obstetric Complications in Tambacounda Region, Senegal. Kokusai Hoken Iryo \(Journal of International Health\) Vol. 25 \(2010\) , No. 2 \(link to full paper Japanese 1943 KB, abstract in English\)](#)

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[Guindo G, Dubourg D, Marchal B, Blaise P, De Brouwere V. 2004. Measuring unmet obstetric need at district level: how an epidemiological tool can affect health service organization and delivery. Health Policy and Planning 2004 19\(suppl 1\):i87-i95. \(pdf in English 104 KB\)](#)

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[femmes enceintes d'Afrique de l'Ouest \(enquête MOMA\). J Gynecol Obstet Biol Reprod 31 \(1\): 107-112.](#) (pdf in French 35 KB)

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[Dumont A., de Bernis L., Bouvier-Colle M. H., and Breart G. 2001. Caesarean section rate for maternal indication in sub-Saharan Africa: a systematic review. Lancet 358, 9290, 1328-1333.](#) (Link to The Lancet)

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(Abstract)

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[Ronsmans C., Endang A., Gunawan S., Zazri A., McDermott J., Koblinsky M., and Marshall T. 2001. Evaluation of a comprehensive home-based midwifery programme in South Kalimantan, Indonesia. Trop Med Int Health, 6, 10, 799-810.](#) (pdf in English 255 KB)

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[Luck M. 2000. Safe Motherhood Intervention Studies in Africa: a review. East African Medical Journal 77, 11, 599-607.](#) (Link to the Journal Website)

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1.8 Partnerships

The Network was co-ordinated by:

- The Institute of Tropical Medicine – Antwerp – Belgium

Supported by:

- The European Commission DG VIII

In collaboration with:

- Gesellschaft für technische Zusammenarbeit – Germany
- World Health Organisation – WHO – Geneva, Switzerland
- The United Nations Population Fund – New York USA

And:

- The Belgian Technical Co-operation – Bruxelles – Belgium
- Directorate General for Development Cooperation (Belgian Development Co-operation)
- The Department of Tropical Hygiene and Public Health, University of Heidelberg – Germany
- Centre Muraz in Burkina Faso
- Institut Universitaire d'Etudes du Développement – Geneva – Switzerland
- International centre for diarrhoea disease research – Dhaka – Bangladesh
- The United Nations Children's Fund – New York – USA

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