

Institutional Support and Maternal Health Outcomes – Review of Cross Country Experiences

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The European Conference on the Social Sciences 2018
Official Conference Proceedings

Abstract

Pregnancy and its related health outcomes have been identified as a key predictor of human development and therefore can be used as an indicator to measure a country's human development index. For this reason, it is important to put in place strategies and measures that can help improve the maternal health outcomes. The aim of this study is to identify and understand the role institution in strategies and interventions to improve maternal health. The method of this study was a review of published articles. The search was done from online databases and published work that pertained to the aim of the study. From the analysis, three main institutions were identified to work in improving maternal health outcomes. These institutions were government institutions, family and social support systems, Non-Governmental Organizations (NGO) and international partnership agencies. This review finds that, in order for strategies to be successful in improving maternal health outcomes in Ghana, there is a need for immense collaboration and support among all the institutions involved in the maternal health policy implementation. There has been a global improvement in maternal health outcomes. However, in order to optimize institutional efforts and outcomes, there should be frequent research to help keep pace with the emerging dynamics of maternal health. There should also be community involvement in interventions to facilitate localization and acceptance of interventions.

Keywords: maternal health, institutional support

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1.0 Introduction

Maternal health refers to the total health of a woman from the period of pregnancy, childbirth and the postpartum. Within this period, there is a lot that happens to the woman, which goes a long way to determine her total health outcome and well-being. It is estimated that about one thousand (1,000) women die on a daily basis, the causes of which have been attributed to pregnancy and childbirth complications with about 99% of these deaths occurring in Sub-Saharan Africa (WHO, 2013, p. 3). Though many countries worked towards achieving the Millennium Development Goal five (MDG 5) of reducing maternal mortality by two thirds, as well as ensuring universal access to reproductive health, maternal health remains a serious concern because of the high numbers of negative outcomes; mortality and morbidity (Hagey, Rulisa, & Pérez-Escamilla, 2014).

This paper is a review of published articles that pertain to institutional support of maternal health and outcomes. The review of literature design has been commended by (Martin, O'Connor-Fenelon, & Lyons, 2010) as suitable for a systematic analysis of existing literature which pertains to a particular issue. The design was therefore considered appropriate for the study since the aim of the study is to understand and analyze studies that have been conducted by various scholars concerning the topic of discussion. The review of literature helped to have a cross-country comparison of how institutions work to improve the maternal health outcomes.

2.0 Background

Maternal health is an important indicator of human development because it translates into the wellbeing of the members of an entire household. If we are able to understand well the determinants of maternal health outcomes and how these outcomes interrelate with other aspects of an individual's life, households, communities, and the nation as a whole, then we shall be able to enact the appropriate interventions that will address the issue (Campbell & Graham, 2006). Strategies to improve maternal health are important to nation building and improving the socioeconomic status of a country because it is directly linked to poverty reduction. This is due to the fact that poor maternal health impacts negatively on a woman's productive energy and income earning capacity and this can be catastrophic for any nation because research has shown that, women's income contribution is critical to the family, community, and nation as a whole (Nanda, Switlick, & Lule, 2005). Studies have proved that women are more likely to invest their incomes and earnings in the wellbeing of the family than their male counterparts (WHO, 1999). In this regard, the survival of a woman is very crucial to the wellbeing of every household and nation as a whole.

Apart from the economic gains in improving maternal health, improved maternal health and survival have been identified as a means to an end in itself (Nanda et al., 2005). This is so because improving maternal health and outcomes translate into other aspects of human development and vice versa. Poor maternal health, for instance, does not only affect the woman but the unborn baby as well, by contributing to low birth weights and even stillbirths (Lawn & Newborn, 2005).

In the early 20th century, the industrialized countries were able to reduce their Maternal Mortality Ratio (MMR) by about 50% due to sustainable and effective

interventions which were implemented through well-structured institutions (Bhutta, Lassi, & Mansoor, 2010, p. 20). Though improved health systems have helped to present a similar picture in low-income countries, the estimated 99% of global maternal deaths occurring in these low-income countries, especially Sub - Saharan Africa (SSA) is said to be due to poor institutional frameworks and inadequate institutional support (WHO, 2004, p. 10). By comparing the outcomes in the developed countries to the outcomes in less developed countries, the literature reviewed identified that institutional support and efforts are the way forward in addressing issues of maternal health and improved health outcomes (Bhutta et al., 2010; Souza et al., 2013; Travis et al., 2004; WHO, 2014).

Institutional support is the presence of active role of authorities and institutions in the form of laws, regulations, financial and non-financial help to effect changes and desired outcomes in any development agenda (Kummitha, 2016). Institutional support from either international or local bodies is very important in every development agenda and in the pursuit of desired maternal health outcomes for that matter. This is because institutional support accelerates the development process and improves the well-being of the entire population (Sabatti, 2010). This support is demonstrated in good leadership, enactment of national policies, elimination of administrative barriers and over-regulation as well as under – regulation of existing systems.

According to North (1993), the institutional framework for any society is made up of the fundamental political, social and legal rules that establish the basis for the development of that society. North (1993) explains further that, for any development, agenda to receive legitimacy that development should conform to these fundamental rules. Because there is a lack of conformity to these fundamental rules, there are institutional “maldistributions” in many countries and this has led to poor development including poor maternal health outcomes (Bhutta et al., 2010, p. 5).

In 2012, the United Nations charged all governments to work to ensure Universal Health Coverage (UHC), with the aim of providing health equity and social justice for all members of the society. Obviously, for any government to achieve this purpose of providing efficient and equitable healthcare, there should be well established and functioning institutions that will work together to push the agenda. The knowledge, interventions, and strategies that can help to reduce maternal mortality and advance maternal health outcomes are widely known, however, for them to be effective and efficient in achieving goals and reaching targets, these strategies and interventions must be specifically designed to suit the dynamics of a country’s setting, policies and economic constraints (Nanda et al., 2005).

3.0 Data Collection and Analysis Strategy

The main databases that were used for the search and selection of articles were PubMed, Jstor, and Policy Press Journal. In order to guide the review, selection of articles were guided by the following keywords;

- I. Definitions and scope of maternal health
- II. Maternal health outcomes
- III. Maternal health institutions (national, regional and international)
- IV. Institutional support to maternal health and its outcomes

V. Best approaches to improving maternal health outcomes

In total, thirty - three articles were thoroughly read to get an understanding of the content, as well as identifying differences and similarities in their findings. The analysis was done solely based on the content of these articles and not from the researcher's personal opinion. Table one presents a summary of the articles that were used for the review and the databases they were extracted from.

Table 1: Summary of literature search

| Keywords | PubMed | Jstor | Policy Press Journal | Number of selected articles |
|---|---------------|--------------|-----------------------------|------------------------------------|
| Definitions and scope of maternal health | 20 | 15 | 10 | 5 |
| Maternal health outcomes | 12 | 24 | 11 | 5 |
| Maternal health institutions (national, regional and international) | 10 | 10 | 12 | 7 |
| Institutional support to maternal health outcomes and its outcomes | 13 | 5 | 10 | 10 |
| Best approaches to improving maternal health outcomes | 6 | 13 | 15 | 6 |

4.0 Maternal Health and Outcomes of Key Strategies

Global Context

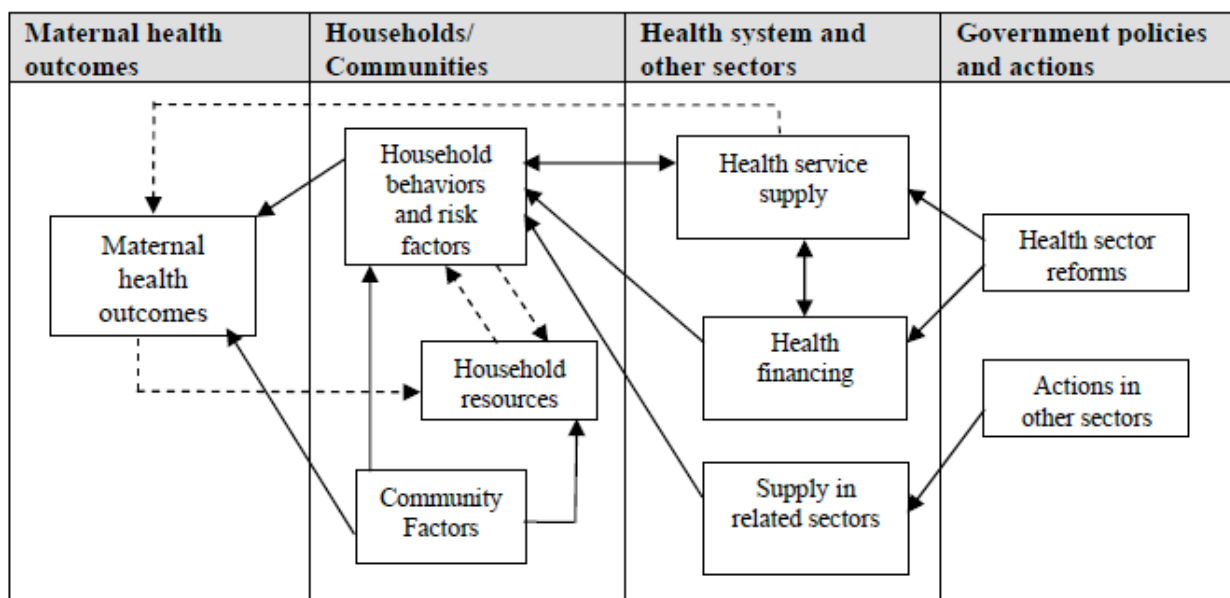
Undoubtedly, there has been a global improvement in maternal health issues since the commencement of the twenty-first century. However, there are still too many women who die and suffer various degrees of complications from pregnancy and childbirth, especially in sub-Saharan Africa and Ghana for that matter (WHO, 2011). The causes of poor maternal health outcomes, including mortality are classified into two main factors namely direct and indirect factors. The direct factors are those induced by the pregnancy itself – haemorrhage, obstructive labour, hypertensive disorders among many others. The indirect factors on the other hand are pre-existing conditions that are only intensified by the pregnancy – malaria, diabetes, HIV/AIDS and many others (Alvarez, Gil, Hernández, & Gil, 2009).

Out of the 33 articles that were reviewed 90% expressed awareness of the global concerns about the issue of poor maternal health outcomes and strategies that are targeted at improving maternal health. Some of the outlined strategies and interventions included the Safe Motherhood Programme, Family Programme, and High Impact Rapid Delivery among many others (Addai, 2000). Graham, Ahmed, Stanton, Abou-Zahr, and Campbell (2008) draws attention that, these global strategies bring to focus indicators that can be targeted to address issues concerning poor maternal health.

The most important question of concern was the cross-country differences in the health outcomes; why some countries are recording lower ratios than others. Acemoglu and Robinson (2010) argues that institutions are the fundamental causes of cross-country differences in human development and advises that in order to bridge the differences in ratios among countries, institutional frameworks should be developed. The development of the framework will also help to bring out analytical tools to facilitate achievement of the desired outcomes – improved maternal health (Skoog, 2005).

The literature showed that global attempt to improve on maternal health outcomes has been from the premise that maternal health outcomes are influenced by several factors that relate to each other – household factors, community behaviors, cultural norms, health systems and government actions and policies (Nanda et al., 2005). Claeson et al. (2001) used the Pathways Framework to conceptualize how these factors relate to each other and how they work together to improve maternal health outcomes. This framework, as shown in the table below is a result- based framework that shows the interconnectedness between factors, bringing out the risks and interventions necessary at each factor to impact on health outcomes.

Table 2: Conceptual framework for maternal health outcomes



Source: Claeson, et al., (2001) as cited in Nanda et al. (2005, p. 29)

As demonstrated in the framework above, the solid lines show the predominant linkages to maternal health outcomes whereas the broken lines show indirect linkages between the various factors and maternal health outcomes. With government policies and actions, for instance, health sector reforms (hospital facilities and infrastructure, transportation within the health system like ambulance) directly affect the health service supplies, which also have a direct impact on maternal health outcomes at household and community levels. Again, the framework shows that maternal health outcomes are indirectly determined by household resources in the sense that, these household resources determines household behaviors like health-seeking behaviors. The income of the household, for instance, will determine the mode of delivery of the woman, (whether home delivery or delivery at a health facility). In effect, though

household resources may not directly influence the maternal health outcome of the household, it has an influence because it determines the household behavior which directly influences the maternal health outcomes.

For this reason, Nanda et al. (2005) educate that maternal health strategies should not only target health system reforms but rather should target all the other factors that have an influence on maternal health outcomes whether direct or indirect. The literature showed that countries that have implemented multifaceted interventions as has been directed by the framework have recorded very high improvements in their maternal health outcomes.

When Tanzania, for instance, adopted this framework, the number of women who accessed skilled care at delivery increased to 84%. This was made possible because the framework helped to identify that distance and lack of transport facilities were major inhibitions to access to health facilities at delivery. In response, measures were put in place to make transport services available to people in rural Tanzania (Bicego, Curtis, Raggars, Kapiga, & Ngallaba, 1997).

Regional Context – Sub-Saharan Africa

The MMR is higher in less developed countries, especially SSA than in the developed countries (WHO, 2012) and this is an indication of the weak health systems and intervention in these less developed countries.

In the SSA region, the most common practice to birth attendance is the Traditional Birth Attendance (TBA) and for this reason, most interventions have focused on improving the skills of TBAs and using them to identify women who are at high risk of developing complications. In 1996 however, the WHO challenged this approach and explained that, every pregnant woman stands the risk of having pregnancy complications. Based on this premise, Tweheyo, Konde-Lule, Tumwesigye, and Sekandi (2010) pinpointed that, the TBAs are more effective as social support systems, supporting birth preparedness and community-based referral systems, but not working to improve maternal health in their capacity. This assertion was based on Maine and Rosenfield (1999) input that, identifying women who are at high risk of maternal complications as a strategy to improve maternal health is a failure because the majority of women who die are those of low risk of developing complications.

Maternal health interventions were now made to target the delivery period because that was the period where poor outcomes usually turn up (UNICEF., 2008). There was a great emphasis that this intervention would always fail to achieve desired outcomes if they are implemented as a stand-alone, rather, they should form part of a total package that targets the entire wellbeing of the woman (Jowett, 2000). In effect, some interventions that have been introduced and implemented in SSA include Emergency Obstetric Care (EmOC), Skilled attendance at birth, managing of unsafe abortions, focused antenatal care, detection of early anemia, treatment of malaria during pregnancy and family planning services.

National Context

Though Ghana was able to make progress with most of the Millennium Development Goals (MDGs) one key area that the country lagged behind was maternal health. The country was not able to achieve the MDG target of 54:100,000 live births by the set year of 2015. One may be mistaken to think that the incidence of maternal mortality and its related poor outcomes are only dominant in parts of the country that are found to be poor and deprived. On the contrary, evidence shows that there are as many women in urban areas dying even though they received supervised delivery, as there is in deprived areas without supervised delivery (Abou-Zahr, Wardlaw, & Organization, 2003).

Ghana has witnessed several interventions both from government and international bodies, all targeted at improving maternal health outcomes. The Safe Motherhood programme is one of the interventions that were implemented in Ghana. The focus of this intervention was to improve access to emergency obstetric care (The Population Council, 2008). Others include the Focused Ante Natal Care (FANC). This intervention aimed to improve the quality of care that was provided and this was done through a comprehensive focused individualized care.

In 2003, the government of Ghana implemented a fee exemption policy to increase supervised care by encouraging more women to go to the hospital for antenatal care and delivery. This was followed by a Free Maternal Health Care Policy (FMHCP) within the National Health Insurance Scheme (NHIS) in 2008 (Penfold, Dean, Flemons, & Moffatt, 2008). These interventions have acted positively on some maternal health indicators in Ghana. The intervention for instance has helped reduce fertility rates (Grepin, 2009). A study by the population council (1989) confirmed a reduction in fertility rate increases the chances of improved maternal health. The study used the incidence of pregnancy to explain the correlation, arguing that, the risks associated with pregnancies (example haemorrhage) are reduced, or even eliminated ones fertility is controlled. The interventions have also increased the incidence of supervised delivery among pregnant women (Ekele & Tunau, 2007), as well as an increase in antenatal and postnatal care (Witter, Adjei, Armar-Klemesu, & Graham, 2009). This intervention may have accounted for the decline we have recorded so far in the MMR of Ghana.

Irrespective of the successes that have been recorded, there are still challenges to reducing poor maternal health outcomes to the barest minimum. Equity of access to maternal health services as well as supervised delivery, for instance, is a critical challenge that works against desirable maternal health outcomes. Educated women, as well as women in the urban areas, have easy and better access to quality maternal health care than counterparts in the rural areas and those who are not educated (Ricci & Zachariadis, 2013). A their study conducted by the Ministry of Health revealed for instance that, more women in urban areas have access to contraceptives (18.6%) than their rural counterparts (15.1%) (Odoi-Agyarko, 2003, p. 15)

5.0 Institutions that can support maternal health interventions

Kuruville et al. (2016) gave an evidence-based recommendation that improved health outcomes can be achieved through an integrated action between and among institutions. Global maternal health outcomes can be improved by partnerships between institutions who have the requisite expertise to support the implementation of national plans (Grason et al., 2015). These institutions could be local governments, international donor agencies, Non – Governmental Organisations among others.

From the literature reviewed, institutions that can work to ensure improved maternal health outcomes were put into three main categories based on their mode of delivery. These categories are;

- I. Government Institutions
- II. Family and Social Support Systems
- III. Non-Governmental Organisations and International Agencies/ Donors

Government Institutions

From the literature, it is the responsibility of governments to take up the initiative to improve health outcomes. This is because any agenda to improve health outcomes demand some level of financial commitment, policy frameworks, and interventions as well as infrastructural arrangement. Various authors outlined the importance and the need for participation of government institutions in improving maternal health outcomes.

For any intervention to be effective and efficient, it is important for the government to demonstrate the willingness and interest to make the strategy work. The sustainability of any intervention depends on the efforts and the resources that are dedicated to it. Out of the 33 papers that were reviewed, 20 of them revealed that countries that have enacted and implemented effective strategies to improve maternal health combined it with enormous political commitment. In Ghana, for instance, several interventions have been abrogated due to inadequate financial commitment on the part of the government (Addai, 2000). Nonetheless, there is evidence that shows a high increase in desired maternal health outcomes when there is political willpower and commitment (Nanda et al., 2005). Evidence shows that Honduras successfully reduced their MMR from 182:100,000 to 108:100,000 within a period of seven years, and this success was attributed to the government's commitment to act on the situation (Koblinsky, 2003, p. 5).

The literature recommended that political commitment can be demonstrated through improvement of health systems and enactment and application of policies. Quality maternal health can only be provided within a well-structured and good functioning health system (WHO, 2004). In order for the bridge between quality and accountability to be bridged, it is important to have improved and efficient health systems (Van Lerberghe, 2008). It was recommended that it is important to have national health system reforms that will address inefficiencies in the delivery of healthcare. In order for the reforms to be successful, it should be able to provide equity in the access and provision of quality and sustainable healthcare. The literature showed several strategies that can work together to provide an efficient health system.

Some of the strategies outlined included Public-Private-Partnerships to increase and improve on infrastructural deficits, providing efficient and sustainable alternative financing programs, as well as policy changes that will hold people responsible for their actions (Susan Scribner, Shehata, Dmytraczenko, & Nandakumar, 2000).

The government of Bangladesh invested in improving the health distribution system through the installation of logistics management systems, improved forecasting procedures and training of more than ten thousand (10,000) community family planning staff. This resulted in an efficient and sustainable health system by yielding a 95% continuous supply of logistics and other facilities within their health system (Wright, 2004, p. 15). Other countries that have seen improvements in maternal health as a result of political commitment include Rwanda (Dohlsten, 2014), China, Bolivia and Indonesia (Koblinsky, 2003).

Public-Private-Partnership (PPP)

As mentioned above, the literature emphasized that PPP can be an effective way to improve the health system by way of increasing infrastructure for delivery of maternal health care. Due to financial constraints, governments may be unable to provide an adequate budget that can address issues affecting the delivery of maternal health services. Some of these include expansion of maternal health facilities, availability of obstetric equipment, providing accessible roads and communication systems.

The literature explained that PPP provides an avenue for the health systems to be expanded and improved through support and innovation from private entities (Farlow, Light, Mahoney, & Widdus, 2009). These entities may include profit and non-profit organizations, pharmaceutical companies, transport organizations, producers and suppliers, shop owners and keepers, traditional healers, amongst many others (Nanda et al., 2005). This implies that there are a lot of stakeholders that can be involved in the fight for maternal health. Their participation can be encouraged through training, regulation and standard setting, information dissemination among others. Several countries have used PPP to improve their health systems and maternal health outcomes. Nanda et al. (2005) listed some of these countries as Indonesia, Pakistan, Kenya, India, and Jordan.

The Indonesian government for instance in partnership with the World Bank trained village, midwives to enable them provide reproductive health services to poor women. By so doing the country improved the maternal health status of poor Indonesian women and in effect reduced maternal mortality and morbidity (Koblinsky, 2003).

Alternative Health Financing

Any efficient health system should ensure equity by obtaining improved health outcomes along financial security for the poor. In this sense, people should not be financially displaced because of the cost of their health care. Lack of financial security and fear of financial displacement can cause delays in health care decisions, which can further affect an individual's health outcome. For this reason, it is important for governments to come up with strategies to reduce out-of-Pocket payments. Leuz, Nanda, and Wysocki (2003) have proved that the unavailability of

financial resources at the occurrence of obstetric emergencies have negative implications on the health outcome of the pregnant woman.

Apart from the government-owned national health insurance schemes, community - based financed schemes have also proved to be very successful in countries like Bolivia and Rwanda (Jakab & Krishnan, 2001; Preker, Langenbrunner, & Jakab, 2002). The community - based financing is based on the principles of providing mutual assistance through collective pooling of funds within a community (Nanda et al., 2005). This system works well to provide urgent financial assistance, especially to the marginalized. The study by Jakab and Krishnan (2001) showed that this community-based financing has been very effective in improving health outcomes by providing immediate financial assistance to women in the rural parts of Kenya.

The provision of loans has also proved to be very effective in improving maternal health outcomes. The Prevention of Maternal Mortality (PMM) network adopted this strategy in a project conducted in Africa to provide maternal care especially in emergency situations (Fawcus, Mbizvo, Lindmark, & Nystrom, 1996). In this project, women were given immediate loans when in an emergency obstetric situation and this increased access to emergency obstetric care. Though their report revealed that the loans were usually not repaid in full, Fofana, Samai, Kebbie, Sengeh, and Team (1997) attributed the increase in the patronage of maternal health care to this strategy.

Strategizing to reach marginalized groups

The Program for Appropriate Technology in Health (PATH) conceptualized marginalized groups as people who are most disadvantaged and undeserving in society (Skinner, Biscope, Poland, & Goldberg, 2003). A successful maternal health strategy should work at creating opportunities so that no one will be disadvantaged with regard to obtaining maternal health care. In Ghana, disadvantaged groups may include the poor, people in remote and rural areas, pregnant adolescents and even men.

Kwambai et al. (2013) proved in their study that women who have to travel long distances to access maternal care are very unlikely to patronize it all. The literature explained that this is so because in such remote areas there may not be access roads at all, or in instances where there is, the conditions may be very bad. Due to these reasons, there are instances when women have delivered their babies en route to a health facility. This supports Kitui, Lewis, and Davey (2013) study that lack of transportation can prevent pregnant women from accessing a health facility. In Ghana, this makes more women in remote areas patronize the services of the traditional birth attendants because they are easily accessible (Kwambai et al., 2013). It is for these reasons that Leuz et al. (2003) suggested that, for any strategy to be effective, it should be able to overcome the challenges of distance and other accessibility challenges by taking the service directly to the population (in the remote and rural area). There is evidence to show that maternal health outcomes improved in Sri Lanka after government employed midwives and facilitated community outreach programs in their remote areas (Pathmanathan & Liljestrand, 2003).

The literature also considered pregnant adolescent girls to be vulnerable because of their physiological and social factors (Leuz et al., 2003). Physiologically, adolescents

may not be developed enough to carry pregnancy and delivery. This makes them more prone to pregnancy-related complications that can affect their maternal health outcomes. They are more prone to complications such as anemia, obstructed labor and obstetric fistula (Lozano et al., 2013). Save the Children 2004 report estimated that about seventy thousand adolescent girls lose their lives every year because their bodies are not ready for child birthing (Nanda et al., 2005).

Strategies that aim to target adolescents should include life skills program in the package (Black et al., 2017), in order to empower them to protect their health and their future.

In a study conducted in India by the Center for Development and Population Activities (CEDPA), adolescent girls were offered some life empowerment models like vocational training, family life education etc. The findings of the study showed that girls who were offered the life empowerment models showed capabilities to make well-informed health decisions than adolescent girls who did not receive any empowerment model at all (Chandra-Mouli, Camacho, & Michaud, 2013).

Family and Social Support Systems

Health outcomes are always better when there is appreciable social support – family, friends, and community (Small, Taft, & Brown, 2011). Haobijam, Sharma, and David (2010) found a positive correlation between social support and a woman's attachment to the unborn baby and her overall health outcome. This explains the importance of the family and social support systems in improving maternal health outcomes.

70% of the literature reviewed shared an equal view that men are important stakeholders in the social support system because they influence women's health-seeking behaviors. WHO (2013) explain that though men are key in the decision-making behaviors of women they are considered to be vulnerable because they generally do not have the requisite knowledge that will guide them in the decision making process. Strategies, therefore, need to aim at helping men understand the health needs of women as well as being able to identify pregnancy-related complications and the appropriate places to seek help (Raju & Leonard, 2000). Spousal support in maternal health-related issues has been proved by Anyait, Mukanga, Oundo, and Nuwaha (2012) to increase improved maternal health outcomes. Spouses can support in areas such as accompanying their wives for antenatal visits, organizing transportation, providing financial and emotional support.

Non - Governmental Organisations (NGO's) And International Partnerships

The struggle for improved maternal health is a global one and therefore implies that there is a need for international collaborations and support in order to get the desired outcome. Donor agencies, NGOs, and international health providers can act as key players by providing skills, strength and financial support. These notwithstanding, these NGOs and international bodies can act as advocacy groups to create awareness about the menace and in the process hold governments accountable to their obligations.

In 1996, the government of Uganda with support from UNFPA launched the Rural Extended Services and Care for Ultimate Emergency Relief Project to establish an effective referral system. This resulted in a dramatic increase in the number of referrals and improved health seeking behaviors in the country (Murray, Davies, Phiri, & Ahmed, 2001; Starrs, 1998).

6.0 Lessons for Ghana – Working towards Achieving Improved Health Outcomes

The UN target for MDG 5 was to reduce MMR by 75% by 2015. Though a lot of countries made some progress a lot still could not make progress, especially in SSA, including Ghana (WHO, 2015). The review of the literature brought to light that achieving the MDG 5 in these countries was not possible because the approaches were fragmented and did not encourage collaboration between the other sectors that have a direct or indirect link with maternal health. In a nutshell, the various approaches have failed because they lack efficiency innovation and coordination (Dora et al., 2015).

Review of the literature brings to understanding that effective strategies to improve maternal health must have a collaboration and cooperation among all sectors at every stage of the implementation process (Omi, 2007). This lesson can be linked to the Pathways Framework which explains the direct and indirect interconnections between and among maternal health and other sectors. The Framework concludes that for any maternal health strategy to be effective, it should target all the other sectors because they are linked to each other in one way or the other, and their outcomes affect each other.

Another lesson that was identified was that the various strategies so far have paid little attention to the fundamental principles of development. Some of these principles include human rights, poverty reduction, gender equality and empowerment of women and girls. As a result, the strategies only focused on easy-to-reach cohorts of the population without taking extra efforts to eliminate health inequalities and to reach vulnerable and marginalized groups. Inculcating these basic principles of development will ensure equal access to resources and information and an all-inclusive education between the rich and the poor (WHO, 2015). Such an approach will enhance women to be responsible for their own health choices and facilitate them to make informed decisions to improve their health outcomes.

7.0 Conclusions and Recommendations

The review has revealed that success in improving maternal health outcomes depends largely on involvement from all the stakeholders, including the women themselves. The biggest challenge to achieving improved maternal health outcomes is the implementation of programmes and strategies in the face of inadequate resources. This calls for national commitment and immense donor support to implement programmes and strategies on a large scale to be able to observe significant results (Donnay, 2000).

Because Maternal health is a human and social phenomenon, the likelihood of its dynamics changing are very high. For this reason, to ensure effective and sustainable institutional efforts, it is important for measures to be put in place so that research can

be carried out on a frequent basis. This will help to always unearth and understand emergent dynamics that affect the phenomena and can have implications for policy.

Frequent and rigorous research through methods like systematic reviews will help to identify strategies that are evidence-based and can help improve maternal health outcomes, instead of just having strategies based on theory, which may not be locally applicable (Miller, Sloan, Winikoff, Langer, & Fikree, 2003). Research can also serve as an informative tool for caregivers and recipients about trending maternal health issues and the best choices to make with regard to choice of care on the part of the recipients.

From the review, the ability for any institution to have an effective intervention is to be able to identify key indicators and targets (Goodburn, 2002). In order to come up with objective indicators, there should be a good information system to produce data. Some of the information systems may be antenatal attendance register, hospital referral records, maternity register, maternity surgery records among many others (Emilia A. Udofia Samuel A. Obed, 2013).

Unfortunately, in most developing countries, there are no such comprehensive data that can help develop such indicators. The data may be inaccurate, nonexhaustive or not available altogether (Nanda et al., 2005). Because the data is not accurate, any indicator that will be made from the data will as well be inaccurate (Abou-Zahr et al., 2003). The review brought to notice that some alternative methods have been developed to measure maternal health issues as accurately as possible. WHO and UNICEF, for instance, developed a model to measure estimates for maternal mortality. This model uses country data but has adjustments for under-reporting and misrepresentation of data (Abou-Zahr et al., 2003). The flaws identified with these types of models that adjust for data inaccuracies is that they cannot be used for short-term measurements due to the data adjustments.

An important tool for effective institutional support is to be able to monitor and evaluate the progress of the intervention or strategy being implemented by the institution. This will help to identify loopholes that can work against the success of the intervention, as well as strengths that can be an asset to the success of the intervention.

Monitoring and evaluation (M&E) also help programme planners to understand the success of a programme and its actual impact on the survival and health of the woman. For this reason, M&E should not only include data of women who died but rather should include data that interprets the total well being of the woman; causes of death, severe morbidity as well as preventive measures that could have been applied (WHO, 2013).

Sixty Percent (60%) of the literature pinpointed that strategies to improve maternal health outcomes could be more effective if it is complemented with activities that will involve the community through community mobilization and behavior change interventions. The behavior changes should focus on resocialising the community from cultural practices and believes that does not enhance the health of the pregnant woman. When the community is educated and socialized from such believes and practices, it will help improve the maternal health outcomes (Kwast, 1995).

Again, an innovative means to involve the community in improving maternal health outcomes should be to localize technical interventions to suit the community in which the intervention is being implemented. In this way, the people will identify themselves with the intervention, this will make them accept the intervention quickly and be ready to adapt to it more easily. Fishbein (1995) explained further that interventions that inculcate the target behavior changes are very effective in improving health outcomes. When behavior change strategies are well implemented, it empowers the community to take ownership of the desired outcome (Nanda et al., 2005).

An example of interventions and projects that demand community involvement are those supported by international donors. These projects are scheduled within a specific time frame and for that matter, they are time bound. The community must therefore be involved in the implementation process in order for the strategy to be sustained beyond the time limit of the funding agency (Black et al., 2017).

Also, as much as there are recommendations from best practices to achieve improved maternal health, in order for low and middle-income countries like Ghana and other SSA countries to attain significant target levels, their strategies and interventions should be made to suit their local needs and contexts (WHO, 2014). This will help to achieve strategies that will lead to comparable targets between low, middle and high income countries.

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