

Effectiveness of the Skilled Care Initiative in Burkina Faso

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The Skilled Care Initiative

1.Did it work in Burkina?

- Process measures
- Outcomes measures

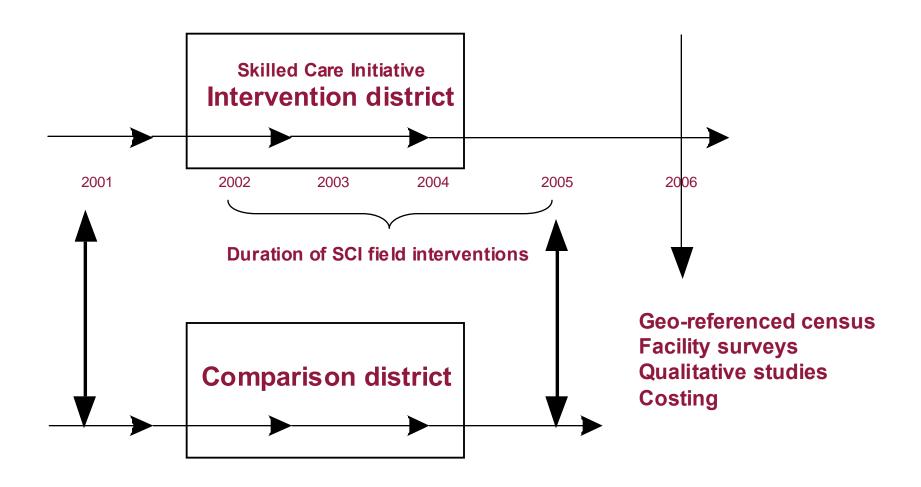
2. What worked well and what didn't?

3. Cost effectiveness?

4. Challenges to universal access

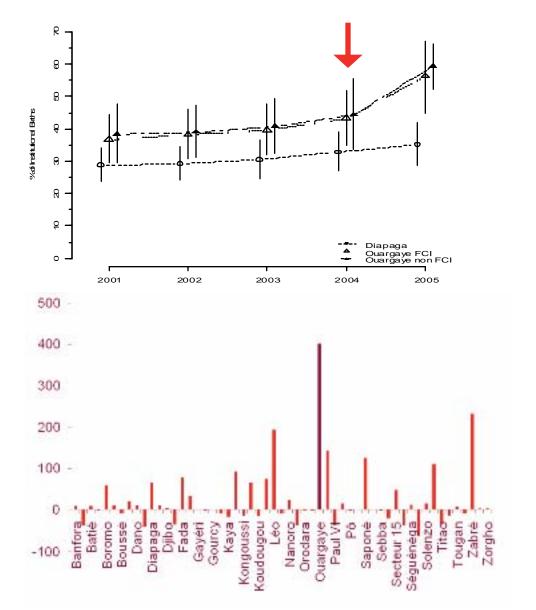


DESIGN AND METHOD: MIX METHODS



DID THE INTERVENTION WORK?





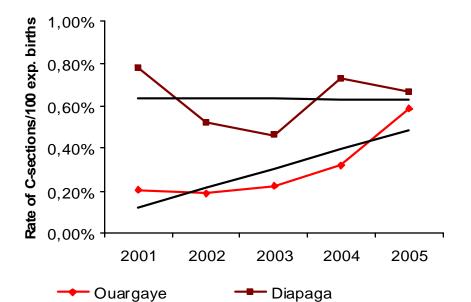
Remarkable increase in institutional delivery in intervention district

compared to control

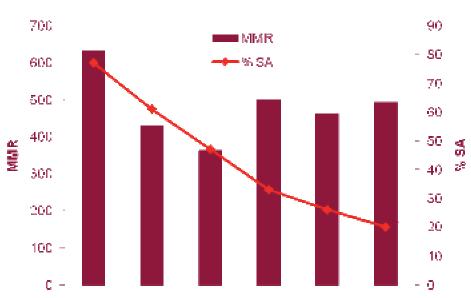
Nationwide (2002- 2006)

DID THE INTERVENTION WORK?





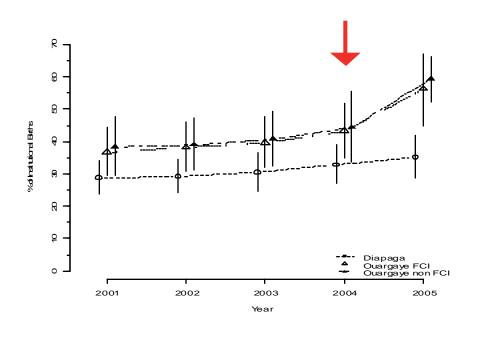
Increase in population level C-sections rates in intervention area although levels ≤ 1%



No observed effect on maternal mortality



WHAT WORKED WELL AND WHAT DIDN'T?



Demand interventions

- -Community mobilisation
- Behavioral Change Communication
- Client oriented services

Caveats:

- No 24/7 supply of EmOC
- Quality of care

Causes of maternal deaths: sepsis, anemia, hemorrhage



COSTING AND COST EFFECTIVENESS

Items	Estimates (USD)
Maternal health care cost structure	
- Building, infrastructure, equipments 65%	
- Personnel 24%	
- Drugs 2%	
- Other recurrent costs 09%	
Average cost per delivery	216
Demand interventions incremental cost per delivery	164

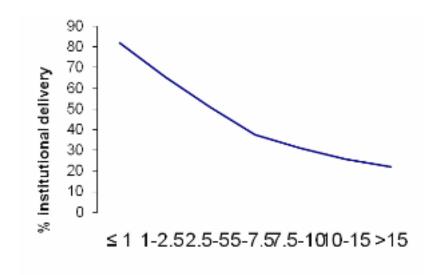
Demand side activities might be most cost effective when supply is in place

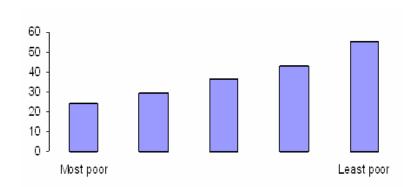


HOW TO ACHIEVE UNIVERSAL ACCESS TO SKILLED CARE IN BURKINA FASO?

Determinants of skilled care?

- Distance
- Human resources
- Literacy level
- Financial barriers







HOW TO ACHIEVE UNIVERSAL ACCESS TO SKILLED CARE IN BURKINA FASO?

What needs to be done?

Policy of universal access to skilled care

Who can make it happen?

Technical & Financial partners (WHO, UNFPA, World Bank, IMF...)

How?

"Global Funds" for maternal, newborns and child health





KEY MESSAGES

Progess is possible

- 1. Community mobilisation
- 2. Emergency obstetric care
- 3. Quality of care
- 4. Financial barriers

Need for "Global Funds" for Maternal, Neonatal & Child Health