Learning from new initiatives in maternal and child health

We echo the points made by Chris Murray and colleagues.¹ In fact, our views were accepted as a Comment in The Lancet early in July, and were waiting for a publication slot.

Most low-income countries are making slow progress in improving child and maternal survival—too slow to achieve the fourth and fifth Millennium Development Goals (MDGs) by 2015.² ³ Countries, donors, and development agencies are responding to the situation by redoubling efforts to stimulate and support country efforts, particularly in Africa. More than 100 countries are working with WHO, UNICEF, and others to improve health workers’ performance and family and community behaviours that are essential for child survival, and to strengthen health systems through the Integrated Management of Childhood Illness strategy.⁴ UNICEF has gained experience in the Accelerated Child Survival and Development initiative in west African countries, with particular emphasis in Benin, Ghana, Mali, and Senegal, and is now moving ahead to apply the lessons learned to additional countries. The Partnership for Maternal, Newborn & Child Health has selected Burkina Faso, Malawi, and Mozambique as jump-start countries for coordinated action to support country plans for the rapid scale-up of high-impact interventions.

Bilateral agencies from the USA, UK, Canada, Sweden, and several other high-income countries are supporting these initiatives, and extending them to address broader health-system supports and a wider range of countries, including those in south Asia. Under the leadership of the Norwegian Government, a Global Business Plan to accelerate progress towards MDGs 4 and 5 has been formed and will explore performance-based dispersement mechanisms on the basis of documented progress in maternal and child health. Canada is spearheading the Catalytic Initiative to Save a Million Lives, and the UK has recently announced an ambitious International Health Partnership.

We have a unique opportunity to learn from these initiatives. The world needs to know, a few years down the line, whether these different approaches had an effect
Comment

on maternal and child health—and why. Although some of these strategies have been rigorously assessed, others have not. Even for initiatives that have been or will be properly assessed, results are often difficult to compare because of the use of different frameworks, methods, and indicators.

Valid information about what is being implemented at country level, how, at what levels of quality, at what cost, and with what outcomes and effects is essential as a basis for sustained improvements in programmes. Existing mechanisms for data collection, such as the Demographic and Health Surveys and Multiple Indicator Cluster Survey, could be tapped for population-based information on coverage, but additional data for process indicators, contextual factors, and health effects will be needed.

The methodological challenges for the assessment of large-scale interventions are formidable. The initiatives described above aim for scaling up at national level, so there will be no control areas within each country that can be used for comparison. Implementation under real conditions is always less than perfect, and thus the actual effect is consistently smaller than that predicted from efficacy studies. The timeline for such assessment is necessarily long: a couple of years are usually needed to reach high coverage, and time must then be allowed for the biological effect of the intervention to take place.

Additionally, methods for measuring mortality are typically retrospective, so that more time is required to detect effects. 5–7 years is not unusual, which is substantially longer than the political timespan of most funding agencies. Furthermore, mortality levels are already declining in many countries, albeit slowly and variably, so simple before-and-after comparisons of national trends can mislead. Contextual factors affecting mortality trends should be measured and taken into account when trying to attribute any progress with the intervention under study.

With the imminent launch of initiatives that use performance-based disbursement of funds, demands for frequent (real-time) monitoring and evaluation will be even greater. Continued support of country activities on the basis of documented evidence of improvements in maternal and child health will bring additional challenges about how to measure outputs, outcomes, and effects in a timely, reliable, and independent manner.

Building political commitment and creating demand for action require valid data that are updated frequently, to show progress and identify bottlenecks that must be addressed. Although country-level assessments can provide important insights, a systematic multicountry effort is needed to supplement and systematise these efforts. We propose that, for the common good, agencies and governments implementing these different initiatives should coordinate their evaluation efforts in different countries, with a common framework and consistent indicators of implementation, costs, coverage, and effect. Results from these coordinated evaluations will then be comparable, and can be used to inform the global community about approaches that can achieve rapid, sustained, and equitable improvement in the health of mothers and children in specific contexts. Capacity in programme monitoring and evaluation can best be developed through collaborative fieldwork; therefore the involvement of scientists and managers from the low-income countries where the assessments are done is essential.

The worst-case scenario is business as usual. Without a common framework, 10 years down the road we will have some initiatives that were not evaluated at all and others that were poorly evaluated. Among the few that will be properly assessed, comparability of findings will be hampered by the use of different indicators and incompatible designs. Once again, we will have lost the opportunity to learn from our successes and failures.

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