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## Foreword

“We know what works” is one of the most common statements currently featuring in the diverse and expansive discourse on maternal health in developing countries. There is a strong evidence-base behind this claim in terms of specific clinical interventions and packages of care to prevent maternal and indeed perinatal deaths. But as the poor progress towards achieving the two Millennium Development Goals (MDGs) related to these outcomes - respectively MDG5 & a significant part of MDG4 - has become clearly apparent in many low-income countries, so has the weakness of a different type of evidence-base behind a different question - “how to make proven interventions work”. It is this question - broadly referred to as the implementation bottleneck - which is now widely regarded as the new and urgent frontier needing robust evidence. This book helps to push this frontier forward in the specific area of the financial barriers which obstruct timely access to quality obstetric care. Reducing such barriers is an essential part of tackling the implementation bottleneck - of enabling proven interventions to work. But why focus on financial barriers to obstetric care, why now, and how does this book advance the field?

Financial barriers have been shown to affect the uptake of health care almost universally - across developed and developing countries, for many patient groups, and for most preventive and curative care areas. This is reflected in the substantial published literature and there is much that can be learnt by reviewing and pooling such diversity of experience. But there are also benefits from focusing on care areas presenting specific and sometimes unique challenges. In the case of obstetric care, effective strategies for reducing financial barriers to access must grapple with knotty issues on the demand and supply sides of the health system as well as the specific epidemiology of pregnancy and childbirth. The unpredictability and rapid fatality of many obstetric complications, for example, present major challenges for families in terms both of planning for possible costs and rapidly mobilising cash. Similarly, the comparatively high formal and informal charges for life-saving obstetric interventions, especially surgical, are significant contributors to health-related debt and thus household poverty in many countries. On the supply side, the technical skills, infrastructure,

equipment and supplies to manage life-threatening obstetric complications and prevent deaths are often in short supply and highly concentrated geographically. Inequities in timely access to obstetric care, in turn, reflect deeper disparities between population sub-groups and gender. These and other aspects of obstetric cases and care present a convincing argument for financing mechanisms targeted specifically to this clinical area, as well as wider health system strengthening. The eight case-studies and the synthesis presented in this book provide timely and significant insights into alternative mechanisms across a range of health system settings.

Learning from country experiences is essential at this moment in history. The midpoint in the fifteen year period for achieving the MDGs has just passed. The recent review of progress by the United Nations General Assembly on September 25<sup>th</sup> 2008 has brought unprecedented and explicit recognition for MDG5 as the most “off track” target. Existing initiatives, such as the International Health Partnership, together with new calls from the Global Campaign for Health MDGs, are seeking to mobilise additional finance and ensure better use of existing budgetary and human resources in low-income countries, both to strengthen health systems as the essential bedrock of quality obstetric services and to improve equity of access to care. A variety of innovative financing mechanisms, such as Voluntary Service Contributions, results-based financing and public-private partnerships to reach underserved populations, are being proposed to help address the resources gaps and support equitable health systems. Some of these schemes are being proposed on the basis of fairly limited experiences at scale and thus it is essential that robust monitoring and evaluation is put in place not only to track progress but also perverse effects. This scenario of “building a ship whilst sailing it” - of implementing what is known as “best” at the time whilst also seeking to strengthen the evidence-base, is very familiar to those in the field of maternal mortality reduction. It depends fundamentally upon the willingness of those implementing novel initiatives to embrace independent and transparent evaluation, and to share openly the positive and the negative lessons learnt.

The current volume provides a clear example of the power and benefit from such sharing of lessons. Collectively the eight case-studies highlight many of the challenges in conducting real-world evaluations, where the interventions and the implementation context are not static, and in drawing relevant and generalisable conclusions. The diverse health system contexts

represented by the case-studies nevertheless highlight several common themes, such as the need to address financial barriers alongside other obstacles to timely, effective and equitable care. This rich array of experiences enables the book to appeal to a wide array of audiences - policy decision-makers, programme and service managers, technical advisers, and researchers, and from multiple disciplines and professions. In achieving such broad appeal, this book also helps to foster greater awareness of the multiple perspectives needed to fully understand how some women can and do have access obstetric care and to enable all women to have this basic human right.

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