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FOR HEALTH & FACULTAD DE MEDICINA,  
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THE NETWORK  
TOWARDS UNITY FOR HEALTH



Facultad de Medicina



# TUFH2020 MEXICO

VIRTUAL CONFERENCE

"PRIMARY HEALTH CARE: A PATH  
TOWARDS SOCIAL JUSTICE"

SYSTEMS AND COMMUNITY BASED  
RESPONSES TO COVID-19

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## TUFH 2020 Abstracts

<b>Title</b>	<b>Bringing Vulnerable Newborn Care Closer to Home: A 3-Way Intersectoral Collaboration in Amhara, Ethiopia</b>
<b>Type</b>	TUFH Oral Presentation <i>Intersectoral Collaborations and the Social Determinants of Health</i>
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<b>Country</b>	Ethiopia
<b>Abstract N<sup>o</sup></b>	TUFH152
<b>Content</b>	<p>Effective interventions for population health challenges require collaborative solutions. Intersectoral survival interventions for vulnerable low birth weight infants (LBW) are urgently needed. Decades of evidence support KMC as an inexpensive strategy (skin-to-skin contact and exclusive breastfeeding) yet, uptake remains less than 5% globally.</p> <p><b>Methods</b> We designed a facility-based KMC-scale-up model in Amhara, Ethiopia within a WHO study. We created a collaborative KMC-scale-up framework to implement and evaluate services. Our model is grounded in the theory and evidence on collaboration, capacity, and scale-up. We convened 3-way collaborative across sectors. Bottom-up collaborators included families and clinicians. Top-down collaborators included federal health leaders, regional authorities and facility administrators. Outside-in collaborators included researchers, technical experts and clinician-coaches. To design KMC services, we synthesize cross-sectoral input. We iteratively improved services with collective feedback and process indicators. For sustainability, we aligned interventions with government priorities and facility resources.</p> <p><b>Results</b> Our collaborative approach impacted facility care and government priorities. 80% of eligible newborns received KMC and were robustly retained. KMC quality, measured by S2S duration increased to 15 hours (mean). Interventions were focused at 6 hospitals yet achieved 67% population-level coverage. The government adopted our KMC indicators for ongoing monitoring within the national Health Management Information System.</p> <p><b>Conclusions</b> Using the collaborative model, we maximized sustained KMC uptake, reformed policy and institutional care. 3-way collaboration may be an underexplored mechanism for achieving population-level coverage of powerful interventions such as KMC.</p>