

## Administrative Management in Maternal and Neonatal Health Policy: A Review of the State of the Art

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### Abstract

*This work was done with the fundamentals of bibliometrics and with the review of the analysis of the literature, through the state of the art of administrative management in the Maternal Neonatal Health Policy. First, through the search argument in the Scopus database, developing the statistics of the publications considering the categories of evolution of the publications by year, by authors, areas of knowledge and by countries; then the co-occurrence analysis of the key terms was performed integrating the information through the VOS Viewer program; Likewise, ATLAS Ti V8 was used for the analytical review of the documents, identifying categories such as objectives, activities, strategies, human resources, financial resources, impact, methodology and public policies. The investigation concludes that according to Scopus' basis on the subject, it is researched from 1979 to July 2021; had greater interest since 2011, being the main ones the articles, which were approached from the area of knowledge of medicine. In relation to the analysis of the state of the theoretical and methodological progress, the commitment to reduce maternal and neonatal mortality by the year 2030 was shown, complying with Sustainable Development Goal 3; in addition to knowing the access to prenatal care, the financing of activities, in order to improve the quality of maternal and neonatal care services. Problems have been identified in the health-related services in the designation of managers or directors that are not carried out by meritocracy but by political affinity or recommendation, originating the lack of capacity in the public administration; causing a deficient use of financial resources.*

*Finally, neonatal maternal health is one of the main intervention axes because the population is in a situation of vulnerability due to exposure to risks caused by the COVID-19 pandemic and the difficulty in accessing health services for your prenatal care and/or institutional birth care; guaranteeing with Health Policies, the priority being the strengthening of the health system.*

**Keywords:** Management, maternal neonatal health, health policy and bibliometric analysis.

### INTRODUCTION

This research addresses the issue of Administrative Management in Maternal and Neonatal Health Policy. Policies are implemented to perform a public function that can solve a nation's most important health problems in the various age groups. However, around the world, "meetings, congresses and conferences have been held worldwide,

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which have managed to analyze and characterize the dynamics with which the political conclusion can affect Health, and the probable maneuvers to act directly on the beginning of this problem" (Gómez et al., 2019, p. 46).

Globalization has influenced all areas and also health because they are related to social factors due to their response to public health and economically due to poverty and population growth. Countries in the world manage to implement Health Policies in their health systems in order to achieve objectives based on values and institutional principles so that the State can provide services aimed at the health of the people of a population.

Health systems around the world are adaptive systems characterized by complexity, as well as interdependent relationships that reflect and enact the dynamic activities of political power and society. Thus, "in the late 1980s, several nations in Latin America began to readjust the social sector in order to reduce or eliminate the Lack of the necessities of life and reducing social and economic disparities, encompassing the various readjustments in the 1990s to strengthen health systems and include universal health coverage" (Atun et al., 2015, p. 21). Latin American countries have similar social, cultural, political and economic aspects; some still have dictatorial military governments that have not respected human rights and economic problems leading to high rates of poverty; However, many present reforms and/or health models that consider universal coverage or insurance based on the principles of solidarity, equity, interculturality, avoiding social inequalities.

The primary challenge facing the countries of Latin America and the Caribbean in the new millennium is to ensure universal social protection for all people in relation to health, mitigating or minimizing avoidable distinctions in coverage, access and use of services, reaffirming that each person receives care according to his or her main needs and cooperates in the financing of the system according to his or her abilities (Pan American Health Organization [PAHO]/World Health Organization [WHO], 2007).

Public policies and health programs need to detail interventions with scientific and social principles, their goals, and strategies to cover the population, adequately assessing their costs and budgets to combat health problems.

Health coverage or universal insurance, proposed within public policies, determines that all people in a nation have free access to quality health services without having to worry about how they are financed or cancelled; This ranges from promotion, prevention, diagnosis and treatment; and finally with rehabilitation and/or palliative care. In addition, it is necessary for the health personnel who provide the services to have these competencies by demonstrating their knowledge and skills; that everyone has access to these services in order to achieve a reduction in morbidity and mortality in the population.

The World Health Organization (2010) cited by Mukinda et al. (2020, p. 2) It mentions that "accountability is an essential and intrinsic component of the governance agreements of the health system, in question with the management of the relationships between the various actors". Bloom (2018) cited by Mukinda et al. (2020, p. 2) It mentions that in "meaningful accountability; Processes must address the systemic and structural issues that drive inequality in health systems in order to achieve universal health coverage." The management of results-based programmes must be based on the equality of services offered to users; These must be available to be distributed in a timely manner according to the administrative management carried out by public managers.

In addition, the World Health Organization cited by Uzcátegui (2016, p. 74), mentions that health in the 2030 Agenda for Sustainable Development (2016-2030) has as goal 3 Health and Well-being containing nine targets including reducing the global ratio of maternal deaths to less than 70 per 100,000 live births and also ending the avoidable deaths of newborns and children under 5 years of age, enabling all countries to reduce

neonatal mortality to at least 12 per 1 000 live births, and under-5 mortality to at least 25 per 1 000 live births.

Our health system is fragmented, our country has a decentralized health care system, which is administered by five entities: the Ministry of Health (MINSa), ESSALUD, the Armed Forces Health Department, the Peruvian National Police Health Department and private entities; our politicians must analyze the stewardship of the MINSa, originating independent budgets and specific approaches that duplicate activities, are inefficient and are costly.

One of the great problems of developing countries and in our country is maternal and neonatal health, it is appropriate to address it because neonatal maternal mortality is a socio-economic public health problem, its constant fight clearly shows gender inequality and social exclusion and the low level of accessibility to health services. Within this framework, this study addresses a relevant social and political issue.

In Peru, "the implementation of results-based budgeting is one of the bases of the modernization of public management, which is aimed at articulating the allocation of economic resources in relation to the budget in activities and products to achieve positive results for the benefit of the target population" (Vargas, 2019, p. 1). The product of the budget allocation to the maternal and neonatal health programme is positive and effective, reflected in the improvement of specific result indicators; However, the responsibility of public managers is one of the qualities that must be present so that the processes from the beginning of programming to the supply to users are timely to contribute to the improvement of health and that services are of quality.

The decrease in the maternal mortality rate in Peru is largely due to the approval and implementation of public health policies, which included the population in their health systems, the remodeling of infrastructure, as well as the improvement of institutional capacity (creation of hospitals and clinics, reduction of gaps and distribution of specialized and trained personnel in places where they were needed) and awareness so that users go to the hospital to the establishment (which previously for cultural reasons did not approach the health services), providing them with the tools to freely choose their form of childbirth care, with cultural adaptations (Avila, 2019, p. 16).

The objective of this research is to determine the theoretical and methodological development of administrative management in the Maternal and Neonatal Health Policy

The World Health Organization (2018) cited by (Biswas et al., 2019, p. 2), defined the quality of maternal and newborn health care (MNS) as the degree to which maternal and newborn health services (for individuals and populations) increase the likelihood of adequate and timely care in order to achieve desired outcomes that are both consistent with current expertise and that take into account the preferences and aspirations of women and their families.

The present research is a systematic exploration of the existing literature as the basis for the subsequent approach and to have magnitudes of the situation of maternal and neonatal health in a given social and political context. Therefore, in this stage of review, results based on bibliometrics and semantic analysis are presented.

In the first part, a summary of the research process is presented, as well as the results obtained, then an introduction is made where some conceptual issues intimately linked to the topic are specified, then the methodological framework followed with emphasis on the use of bibliometrics is detailed, and then the results of the systematization ordered in the progress of the publications are presented. countries, author, type of publication and areas of interest in the topic and finally the respective conclusions.

## **METHODOLOGY**

This research has been carried out in two stages. The first corresponds to a bibliometric study on Administrative Management in the Maternal and Neonatal Health Policy and the second consists of an analytical exploration of the most relevant documents on the phenomenon.

In relation to bibliometrics, it is mentioned that it is "one of the most solid metric studies of information within the scientific world, achieving a reliable and universal method to assess performance in this area of knowledge and thus achieve reliable results for decision-making" (Montilla, 2012, p. 2), with the primary objective of evaluating the scientific literature and thus describing it quantitatively in any field of study.

González, Hernández and Viñas (2001), cited by Figueredo et al. (2019, p. 47) By "processing the information denotes examining it, detailing in it the facts, concepts, identifying the main positions of the author, the arguments, processing or logically reordering the content, summarizing it" (p.48).

For the bibliographic research regarding Administrative Management in the Maternal and Neonatal Health Policy, a search argument in the Scopus database was considered. The search procedure was applied in July 2021 with the following structure: (TITLE-ABS-KEY ("maternal and newborn health") AND TITLE-ABS-KEY ("management")). A total of 290 records were recognized, which were exposed to bibliometric analysis, considering the categories of publication initiation by year, authors, areas of knowledge and finally by countries.

The export of the data in a comma-separated format has managed to include the information to the VOS Viewer program, performing the analysis of co-occurrences of the key terms, achieving an inquiry related to the topic Administrative Management in the Maternal and Neonatal Health Policy.

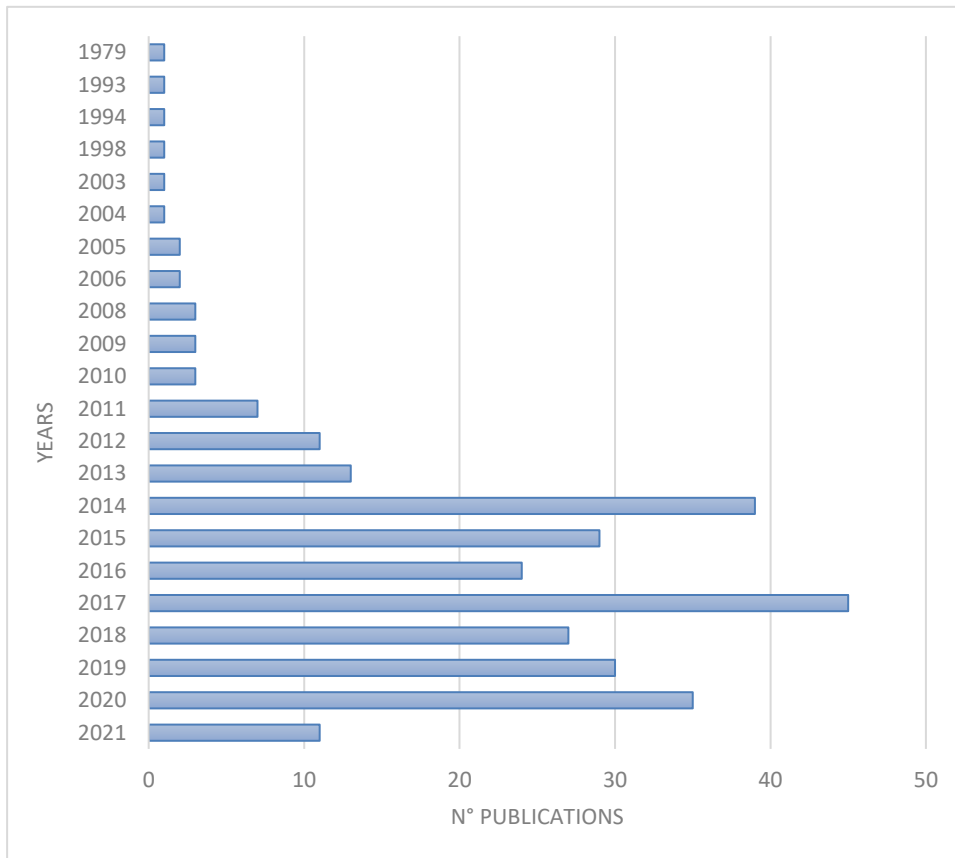
For the analytical verification of the most important and relevant data documents, full-text readings have been carried out, using the ATLAS Ti V8 program, which has allowed to determine categories such as objectives, activities, strategies, human resources, financial resources, impact, methodology and public policies, which influence the administrative management of the Maternal and Neonatal Health Policy.

## **RESULTS AND DISCUSSION**

This section presents the results of the research related to the bibliometric analysis of topics such as the Administrative Management of the Maternal and Neonatal Health Policy; As mentioned in the methodology section, the existing information in the Scopus database has been organized with a search argument that has allowed metadata to be captured that allows the following analysis:

In this regard, regarding the evolution of publications (Figure 1), it is observed that researchers have taken an interest in the subject since 2011, this series of data shows an increasing trend, since in the first five years on average twenty studies were published and in the last five years of the analysis the average figure increased to 32.

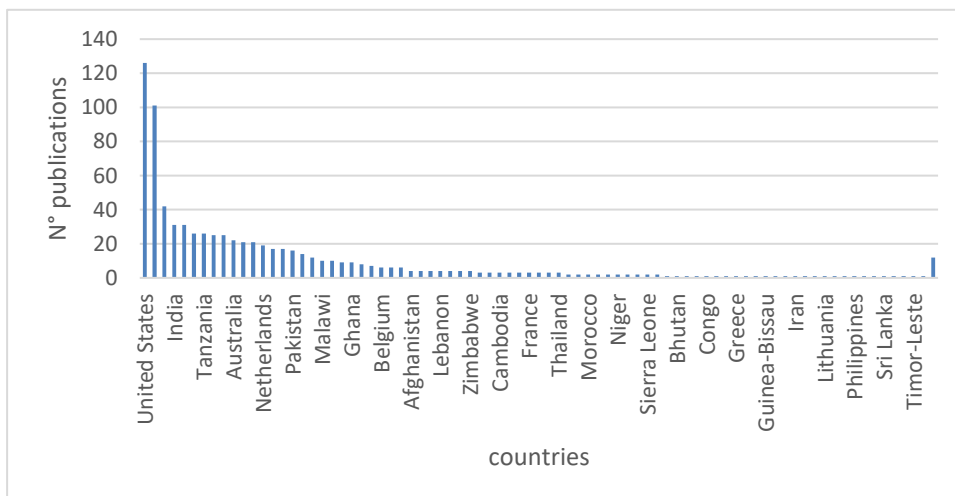
Figure 1 Annual publications in Scopus 1979 – July 2021



Source: Scopus Database

The study of the administrative management of the Maternal and Neonatal Health Policy has motivated interest with different intensity, figure 2 shows the great participation of the United States, the United Kingdom, Switzerland, India and Uganda and a second block led by Canada, followed by Tanzania, Sweden, Australia among others. Latin America does not have a relevant presence in this type of analysis in the sample of studies analyzed. (Space for discussion of results).

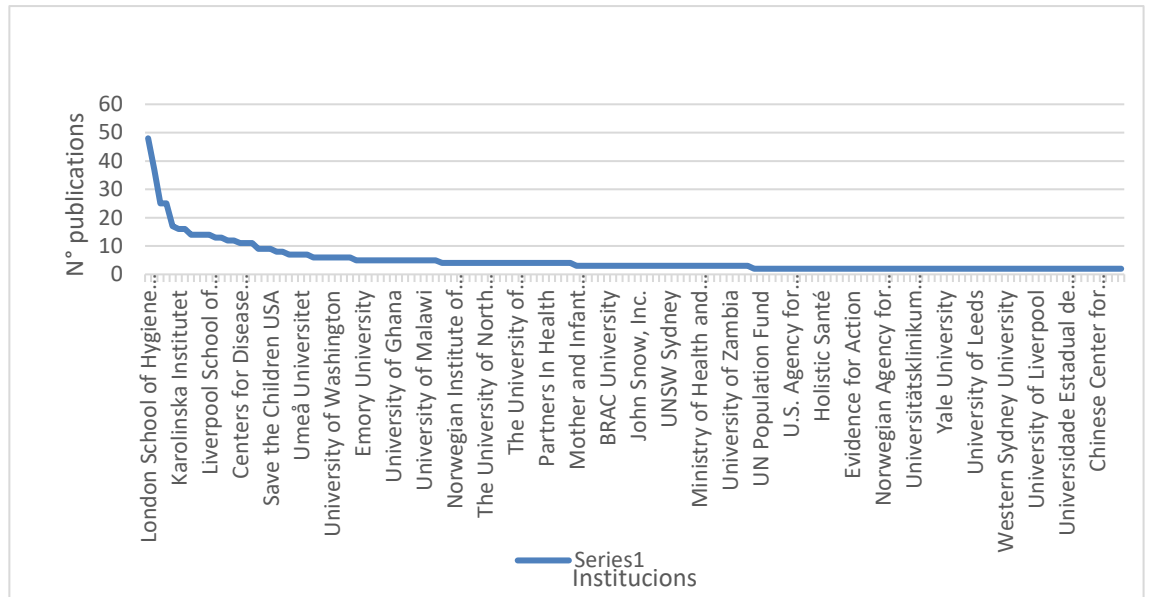
Figure 2 Publications by country 1979 – July 2021



Source: Scopus Database

In relation to the publication by country, the 27 most relevant countries are presented in publications from a list of 81; the most significant being the United States with 126 and the United Kingdom with 101 publications respectively.

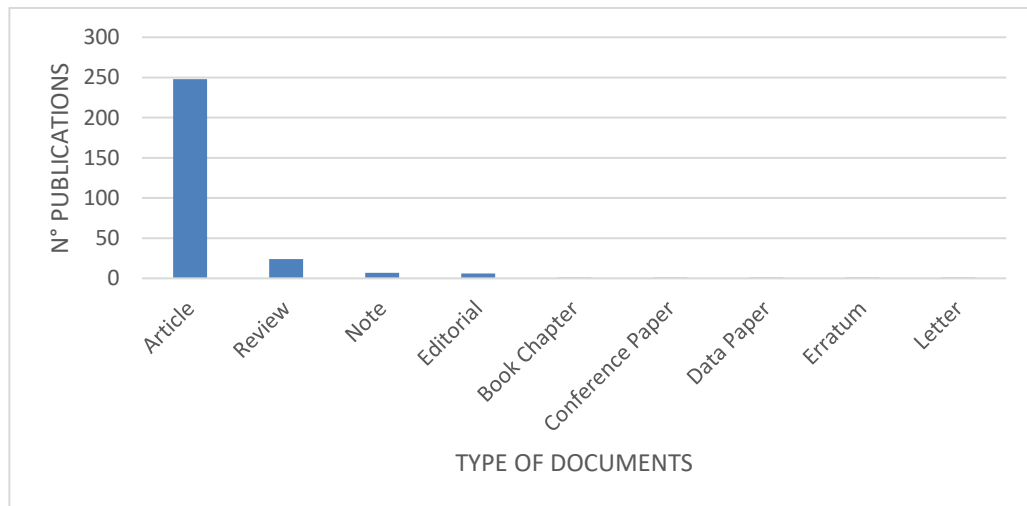
Figure 3 Publications by institutional affiliation of authors 1979 – July 2021



Source: Scopus Database

It presents the 27 institutions of affiliation of the most relevant authors in publications from a list of 160

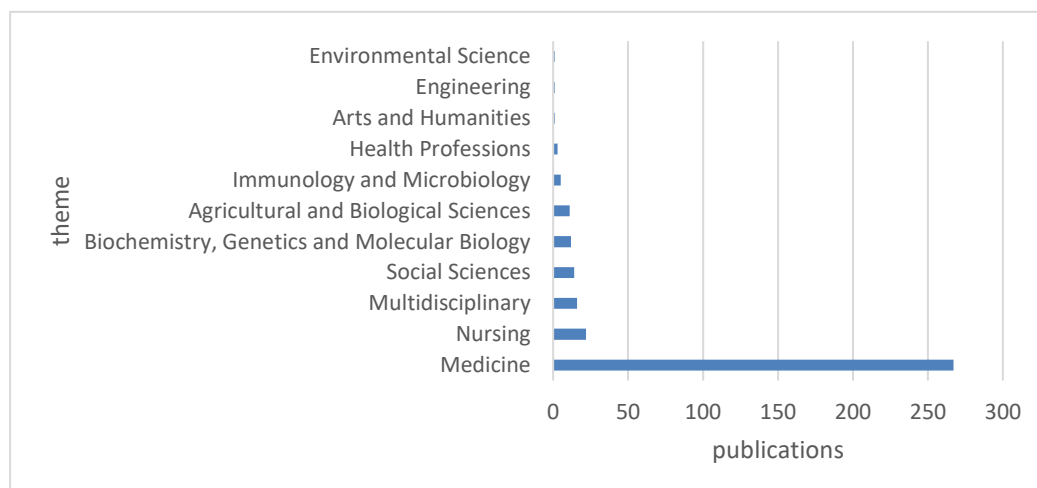
Figure 4 Publications by document type 1979 – July 2021



Source: Scopus Database

According to the types of publications, it was found that the highest number were articles with 248, followed by publications under review with 24.

Figure 5 Publications by area of knowledge 1979 – July 2021

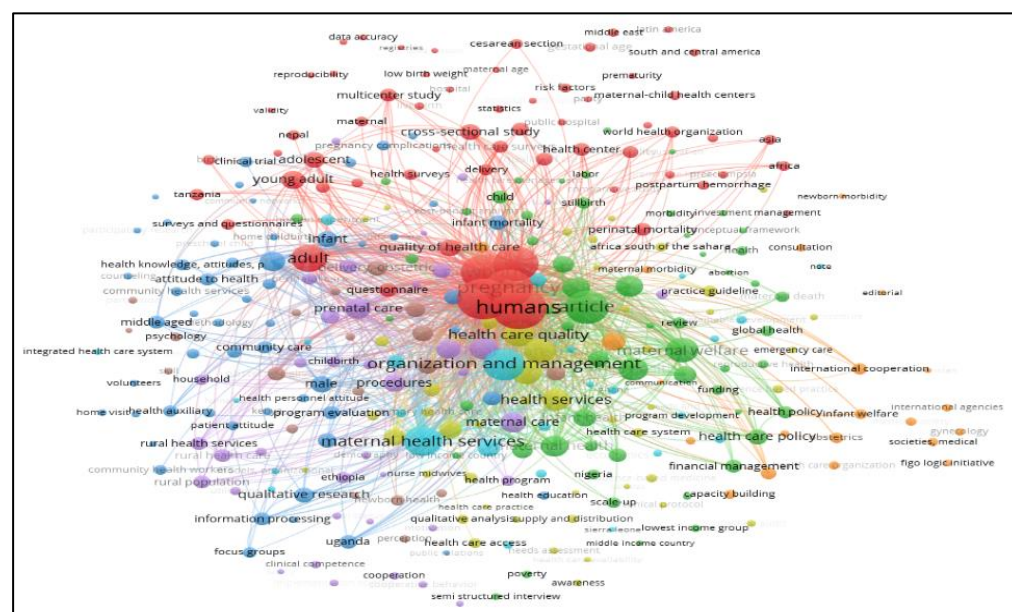


Source: Scopus Database

Figure 5 shows that the most frequent publications according to the areas of knowledge were those related to Medicine, with 267; This is because it is one of the main professions that carries out comprehensive actions for the protection, promotion, maintenance and recovery of health, one of them being to promote and preserve Maternal and Neonatal Health.

In relation to semantics in the theoretical-conceptual approach of the administrative management of the Maternal and Neonatal Health Policy, marked trends can be observed that reflect the interest in sub-topics that are part of the scientific literature analyzed in this study. Issues related to organization and management, quality of care, pregnancy, newborns, maternal health services, maternal morbidity and mortality, program evaluation, prenatal care, health programs stand out; It is necessary to report the presence of concepts such as human and obstetrics such as financial management. Regarding the countries with the highest presence in the mentions of scientific articles, South Africa, Nigeria, Ethiopia, Tanzania, Nepal, Uganda, among others, stand out.

Figure 6. Semantic map on the study of administrative management in Maternal and Neonatal Health Policy



Source: Scopus database processed with free software VOSViewer









antenatal care during the period of health system reforms"; This was due to the fact that the population under study had problems in accessing health services and pregnancy care; others such as De Allegri et al. (2019) was "to assess the impact of a results-based financing (RBF) program on reducing maternal mortality at birth"; because they were in the process of restructuring their health system and this would validate the budgets allocated to reduce one of the great problems such as maternal mortality; likewise Makuluni & Stones (2021) and Kc et al. (2020) They determined to improve the quality of maternal and newborn care services while maintaining high rates of service utilization in both selected public and private non-profit facilities (p. 2) and health services during childbirth (p. 1) respectively.

he activities that were carried out to contribute to the improvement of maternal and neonatal health that would reduce the high mortality figures were different interventions such as "health care provider training and mentoring" (Hagaman et al., 2020, p. 2); This measure was important because patient care would be of quality and would also improve the performance of health professionals. According to Kc et al. (2020) developed a "Global Every Newborn Action Plan (ENAP) to improve the quality of care (QoC) at and around birth, which is critical to further reduce maternal and neonatal mortality" (p. 532). Receiving family planning counseling during postnatal care visits was mentioned by Zimmerman et al. (2019, p. 8); This activity is important because by using family planning services, couples will be able to decide the right time for a pregnancy in the best health condition in order to avoid complications that put the health of the mother and the child at risk; others mention that scarce resources must be "rationally used to address gaps and improve access and quality of care and address the 3 delays in care to ensure access to health care" (Johns et al., 2019, p. 106); It is important for public managers to be able to use economic resources to improve health services in terms of infrastructure, human resources and logistics that benefit the most vulnerable populations. The intervention according to Larson et al. (2019) It included three components to improve the quality of facilities: infrastructure, provider training and supervision, and access to institutional delivery (p. 637)

Strategies such as "supply-side and demand-side incentives with a supply-side intervention (Performance-Based Financing, GFD)" were used (Makuluni & Stones, 2021, p. 2); This consisted of being able to provide economic incentives for health facilities that achieved their programmed goals and the evaluation of performance indicators of health professionals in the stages of labor, delivery and immediate care of the newborn. Others were aimed at quality improvement, such as combined training and supervision, targeting multiple levels of the community and system, can be particularly effective in low-income settings (Hagaman et al., 2020, p. 2); In addition, according to Kc et al. (2020) "The strategy identified the three necessary outcomes of (i) establishing standards of care, (ii) ensuring internal quality improvement mechanisms to implement standards of care, and (iii) establishing an independent quality assurance system." (p. 532).

According to Kc et al. (2020) Healthcare providers face significant challenges in providing adequate care, such as a lack of staff, equipment, and supplies. "Health facility managers are ill-prepared and receive inadequate support to carry out their duties successfully" (p. 532). The World Health Organization (WHO), the International Federation of Gynecology and Obstetrics (FIGO) and also the International Confederation of Midwives (ICM) define a Health Workforce "as a competent maternal and newborn health (MNH) professional educated, trained and regulated according to competent national and international standards" (Shikuku et al., 2020, p. 2). One of the major problems in Health Service Provider Institutions is the appointment of managers or directors, which are not made by meritocracy but by political affinity or recommendation, causing a lack of capacity in the public administration.

In relation to the financial allocation, this "would be used according to the hospital's investment needs to promote quality maternal and newborn health care" (Makuluni & Stones, 2021, p. 2).

According to Johns et al. (2019) in a study on the cost estimate for maternal and newborn health care by district in 2016 they were US\$845,000 in Uganda and \$760,000 in Zambia. Likewise, in Uganda, the cost per death averted was \$10,311, or \$177 per lifetime. -Year won. In Zambia, the cost per death averted was \$12,514, or \$206 per year of life gained. The SMGL approach can be very cost-effective, with the cost per year of life gained as a percentage of gross domestic product (GDP) being 25.6 per cent and 16.4 per cent in Uganda and Zambia respectively (p. 1).

The impact of improved data quality was assessed using interrupted time series analysis (Mulissa et al., 2020, p. 1). According to Yelland et al. (2020), mentions that Accurate verification of 'hardest-to-reach' populations and continuous monitoring of quality improvement initiatives are essential to understanding the impact of system reforms (p.2).

In the articles reviewed, quantitative and cross-sectional research methodology were used (Makuluni & Stones, 2021, p. 2); probabilistic random clustering (Larson et al., 2019, p. 636); The quasi-experimental approach (De Allegri et al., 2019, p. 1) (Hagaman et al., 2020, p. 4) (Yelland et al., 2020, p. 1); using an interrupted and intervention time series design. Also, qualitative research on the literature review methodology in order to promote a verification factor for measures in prenatal care coverage (Mulissa et al., 2020, p. 1).

Maternal and neonatal health is one of the main axes of intervention because the population is in a situation of vulnerability due to exposure to risks caused by the COVID-19 pandemic and the difficulty in accessing health services for their prenatal care and/or institutional delivery care; ensuring that these interventions are effective; this can be achieved through various health policies established in countries around the world such as "Results-Based Financing for Maternal and Newborn Health" (Makuluni & Stones, 2021, p. 2); In some countries, there are barriers in the health system that delay timely access for pregnant women to receive quality care, such as: (1) barriers to deciding to seek care in a health center; (2) barriers to getting to a facility in time to receive needed care; and (3) barriers to receiving high-quality, respectful, and timely care at the facility. (Johns et al., 2019, pp. 104–105). Also, according to Hagaman et al. (2020), "Policymakers and health system workers need to carefully consider what our findings mean for scaling CM approaches in Ethiopia and other similar settings. (p. 10); At the strategic and policy levels, the issue of "quality at the point of service delivery" has gained enormous visibility thanks to the emphasis placed on universal coverage of basic health services, "quality of quality is one of the four strategic principles of Nepal's Health Sector Strategy" (Kc et al., 2020, p. 532); In addition, "results-based financing (RBF) has gained momentum as a health system strengthening approach to improve both the utilization and quality of health services in low-income countries (SCIs)" (De Allegri et al., 2019, p. 1) and finally, to increase access to the health system in rural Ethiopia, a community health program was implemented, "relying on Health Extension Workers (HEWS) to provide a range of community-based and facility-based services, including counseling and the provision of family planning" (Zimmerman et al., 2019, p. 2).

## CONCLUSIONS

Through the use of the bibliometric technique, it was possible to identify the articles indexed in the Scopus database on the topics of maternal, neonatal health and management, with a total of 290 records from 1979 to July 2021; Since 2011, the researchers have been most interested, and the main publications were articles, which were approached from the area of knowledge of medicine.

In relation to the analysis of the state of theoretical and methodological progress on the topic of Administrative Management in Maternal and Neonatal Health Policy, the commitment to reduce maternal and neonatal mortality by 2030, complying with Sustainable Development Goal 3; based on the activities and strategies proposed for access to health services and the financing programmed and approved annually.

The activities identified to contribute to maternal and neonatal health were developed through interventions that addressed the reduction of gaps, improvements in access to health services and quality of care; the proper use of economic resources in infrastructure, human and logistical resources; in addition to the use of strategies such as economic incentives for goals and evaluation of the performance indicators of health professionals.

Problems have been identified in the Institutions Providing Health Services in the appointment of managers or directors; the same ones that are not carried out by meritocracy but by political affinity or recommendation, causing the lack of capacity in the public administration; mainly the poor use of financial resources.

Finally, maternal and neonatal health is one of the main areas of intervention because the population is in a vulnerable situation due to exposure to risks caused by the COVID-19 pandemic and the difficulty in accessing health services for prenatal care and/or institutional childbirth care; It is guaranteed with Health Policies, with the strengthening of the health system being a priority.

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