



New approaches for persistent problems

Improving availability of life-saving commodities for women

Maternal Health Technical Resource Team

UN Commission on Life-Saving Commodities for Women and Children

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A Commodity Security Framework for Maternal Health

Johnnie Amenyah

JSI

Development of the MHCS framework

In 2014, the UNCoLSC developed a maternal health commodity security framework and white paper to address barriers to access and use of **magnesium sulfate, misoprostol, and oxytocin**.

Countries can use the MHCS framework to:

- identify weaknesses or gaps at various levels and functions of the health system and develop strategies to address them
- identify specific components of health system to strengthen, such as the organization, service delivery capacity, infrastructure, staffing, and resources that support equitable access to and rational use of key MH medicines
- monitor progress toward attaining MH commodity security and to adapt or adopt the necessary changes for improvement

Guiding principles of the framework

- Women's and their healthcare providers' equitable access to and rational use of quality MH commodities are enabled by intersectoral collaboration and integrated service delivery.
- Commodities must be accessible, available, and affordable throughout the continuum of care: (antepartum, intrapartum, and postpartum periods)
- Supports rational use of the three key MH commodities (as defined by the UNCoLSC), so they are prescribed, dispensed, or sold appropriately and patients use them correctly (WHO 2012).
- Conceptualization of MHCS framework is simplified and does not address many other commodities required for safe motherhood (work of the MHTRT focused on the three MH commodities identified as key).
 - While these three commodities are necessary to improve MH outcomes, they are not sufficient to manage all causes of poor MH and mortality.

Defining Commodity Security

Commodity security (CS) is broadly defined as the ability to choose, obtain, and use quality health commodities when and where they are needed.

MH CS focuses on MH commodities and the unique characteristics of these specific maternal health commodities.

- MH category-specific CS allows policymakers and implementers to better understand, evaluate, and design solutions based on the unique characteristics of MH commodities.



MHCS Framework

Government • Multilateral Organizations • Private Sector • NGOs • Civil Society





“Women and their health providers can equitably access and rationally use essential, quality, lifesaving, maternal health commodities made available and affordable throughout the continuum of care by inter-sectoral collaboration and integrated service delivery.”

-Maternal Health Technical Resource Team



Increasing access to lifesaving commodities for women

Getting the numbers right!

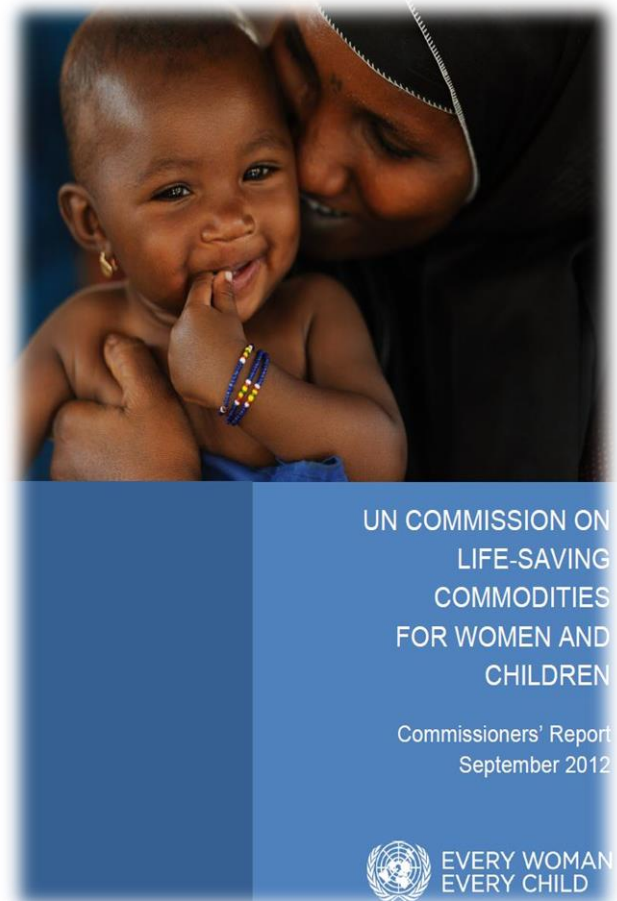
Beth Yeager

MSH

Recommendation 6. Supply and awareness: By 2015, all EWEK countries have improved the supply of life-saving commodities and build on information and communication technology (ICT) best practices for making these improvements

Bottlenecks exist throughout the supply chain

- Common challenges include:
 - Lack of standard commodity specifications
 - Lack of predictable and sustained funding
 - ***Poor commodity forecasting***
 - Poor data for supply chain decision-making,
 - Poor distribution channels and storage
 - Poor stock inventory management



Forecasting problems identified

- No data available to produce evidence-based forecasting figures
- Many countries using last year's procurement as basis for this year's
- No consultation between technical program and departments responsible for procurement
- No available guidance on quantification of 13 commodities, especially new ones

... specifically for maternal health medicines

Decisions regarding the procurement of maternal health medicines are not evidence- based

No country-specific morbidity/incidence data available

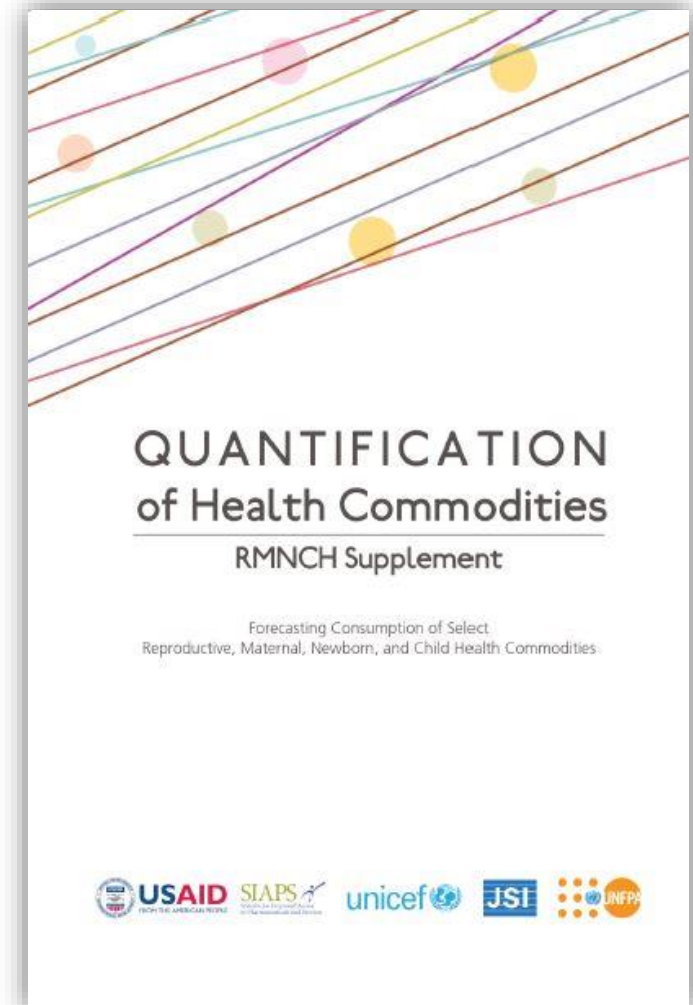
Consumption data is not available, and so distribution data is used

No real idea of whether the amounts of medicines currently available are sufficient

Outcome 2: Guidance for quantification and forecasting developed

RMNCH forecasting guidance

- Includes algorithms for each of the 13 priority commodities
- Developed in consultation with all TRTs
- Includes section on additional forecasting and supply planning tools and resources



Forecasting Guidance

Purpose:

To provide guidance on forecasting for the 13 UN Commission life-saving products for women and children

Intended Audience:

Country program managers

Description:

Section 1: Brief introduction to quantification

Meant to accompany other existing quantification resources that describe forecasting and supply planning methodologies and approaches more extensively

Section 2: Forecasting algorithms for each of the 13 priority commodities

Section 3: Resources and Tools

Guiding principles

Plan ahead

No single correct answer

Use the most reliable, recent data available

The more, the merrier

Use common sense

Your job is never done!



Section 2: Forecasting Algorithms

For each product, this section provides information and guidance on—

- Product description, indications, and considerations for use
- Types of forecasting data needed and potential data sources
- Building the forecasting assumptions and calculating the forecasted consumption using a forecasting algorithm
- Incorporating product- and program-specific considerations into the forecasting assumptions
- Information on additional products, consumables, or equipment required

Magnesium sulfate example

Summary of Data Need for Forecasting for Magnesium Sulfate

Total number of births in facilities

Number of pregnant women developing PE/E likely to be given magnesium sulfate for prevention and treatment among facility-based births

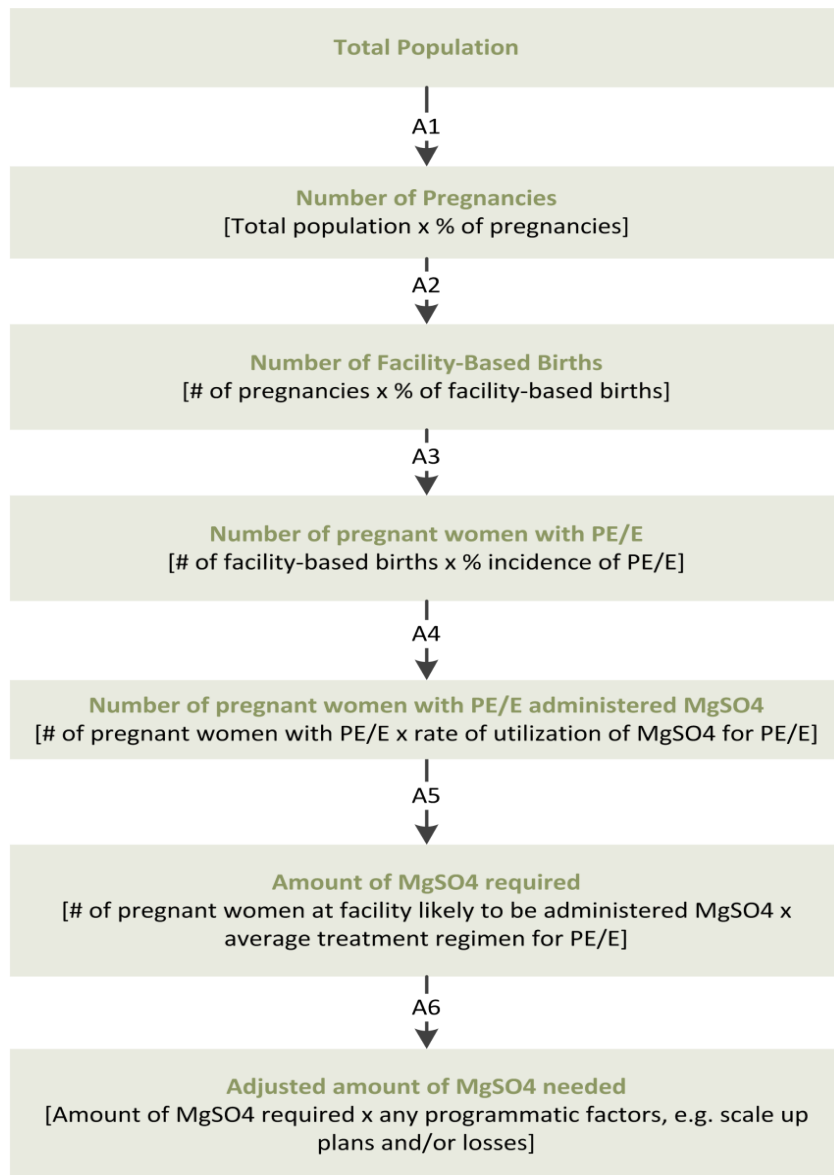
Standard or average treatment regimen, i.e., amount of magnesium sulfate needed to prevent or treat each case of PE/E

Programmatic issues that may affect consumption (scale-up in use)

Magnesium sulfate example (2)

Steps in Forecasting Method using Morbidity Data

1. Determine scope of the quantification
2. Calculate the target population that will be given magnesium sulfate for the prevention and treatment of PE/E
3. Calculate the amount of magnesium sulfate needed for each case for the prevention and treatment of PE/E/establish standard or average treatment regimen
4. Calculate the quantity of magnesium sulfate needed for prevention and treatment of PE/E for the forecast period



| | |
|-----|---|
| A 1 | Percentage of population likely to become pregnant or percentage of births |
| A 2 | Percentage of pregnant women giving birth in facilities |
| A 3 | Incidence of PE/E. In absence of country level data, proxy data from similar countries or global estimates, e.g., published literature indicates that pre-eclampsia complicates 2-8% of pregnancies (2% is often used as a global average). |
| A 4 | Percentage of women who give birth in facilities and develop PE/E, and are likely to be treated with magnesium sulfate |
| A 5 | Average treatment regimen for MgSO ₄ |

Countries in which guidance has been used to date:



- Bangladesh
- DRC
- India
- Indonesia
- Mozambique
- Myanmar
- Nigeria
- Tanzania



Harmonizing Policies for Essential Maternal Health Medicines

Shafia Rashid, Family Care International

9 October 2015

Why Focus on Policy?

- Supportive policies part of framework for ensuring *universal and equitable* access
- Key policies & guidelines:
 - Essential medicine lists (EMLs)
 - Standard treatment guidelines/clinical protocols
 - In-service & pre-service curricula

What Makes Policies Effective?

- Based on evidence
- Fully implemented
- Harmonized with each other



Political Buy-in
Financial/Budgetary allocations

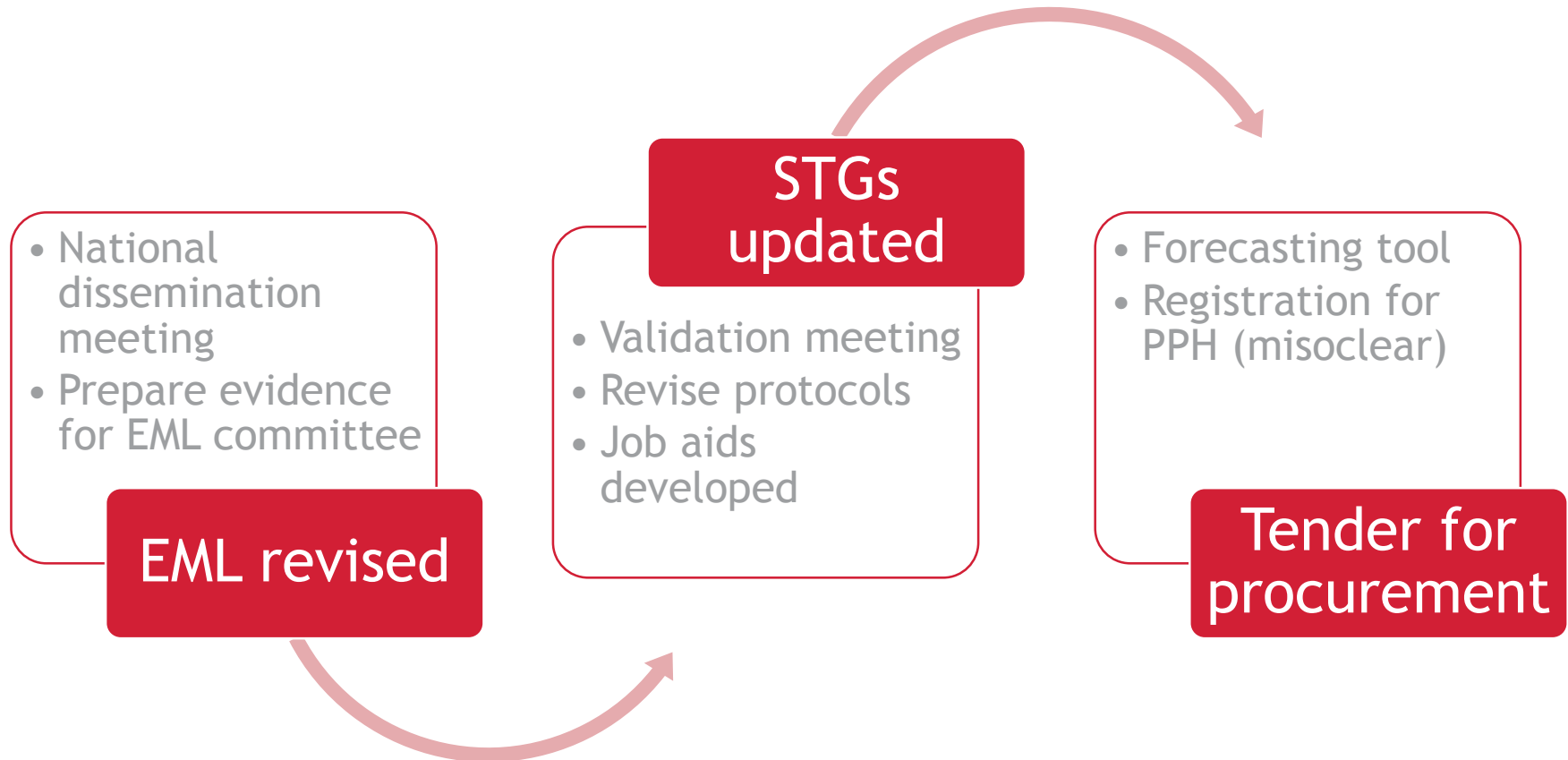
Harmonizing Policies in Burkina Faso: A Case Study of Misoprostol for PPH

Policy environment:

- Not included in national EML
- Restricted for specialist use in clinical / service delivery guidelines
- Not part of training/curricula



Harmonizing Policies in Burkina Faso: Advocacy for Misoprostol for PPH





The policy environment for access to and use of essential maternal health medicines is complex and variable.

There is no single strategy for establishing a supportive policy environment across countries, but experiences in different contexts can inform effective action.



Overcoming bottlenecks to improve access

Magnesium sulphate in Nigeria

Saumya RamaRao, Salisu Ishaku, Charlotte Warren

9 October 2015

The Issue

- Pre-eclampsia/eclampsia causes 40% of maternal deaths in some Nigerian states
- Feasibility of including MgSO₄ in PE/E management demonstrated
- MgSO₄ has been available in the country for over a decade
- Management with MgSO₄ has been integrated into training curricula of nurses, midwives and CHWs
- Widespread policy and program support

Progress made

- Effective partnerships between FmoH, national and international stakeholders working in unison
- MgSO₄ now on essential medicines list at both federal and state levels
- Steady uptake of MgSO₄ in both public and private facilities
- Supply of MgSO₄ strengthened
 - Engaging an international manufacturer (e.g. FIDSON) through a volume guarantee arrangement has also resulted in increasing the commodity supply in some northern states
 - Involvement of the National Agency for Food, and Drugs Administration and Control (NAFDAC).

Persistent challenges

Recent landscaping across 7 states reports:

- Facilities lack guidelines, consistent MgSO₄ supply or essential equipment
- Providers can diagnose PE/E, know of MgSO₄ but unsure of dosage and when to treat
- Providers do not give women and families information
- Women, families and communities have incomplete understanding

Way Ahead: Ensuring Access with Quality

- Sustaining the momentum and building on gains made
- Ensuring availability of good quality $MgSO_4$ at all points of care
- Demand creation for drug and treatment within communities





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lifesavingcommodities.org
for more information!

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flashdrive with these materials and
more!*