

15th
GENERAL MEMBERSHIP MEETING
of the **REPRODUCTIVE HEALTH**
SUPPLIES COALITION
20-24 OCTOBER
MEXICO CITY

mexico
2004-2014
REPRODUCTIVE HEALTH
SUPPLIES COALITION

Maternal Health Supplies *are* Reproductive Health Supplies : A Call for Integration

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Jhpiego



AVAILABILITY



QUALITY

Countdown to 2015

433 DAYS

08 HOURS

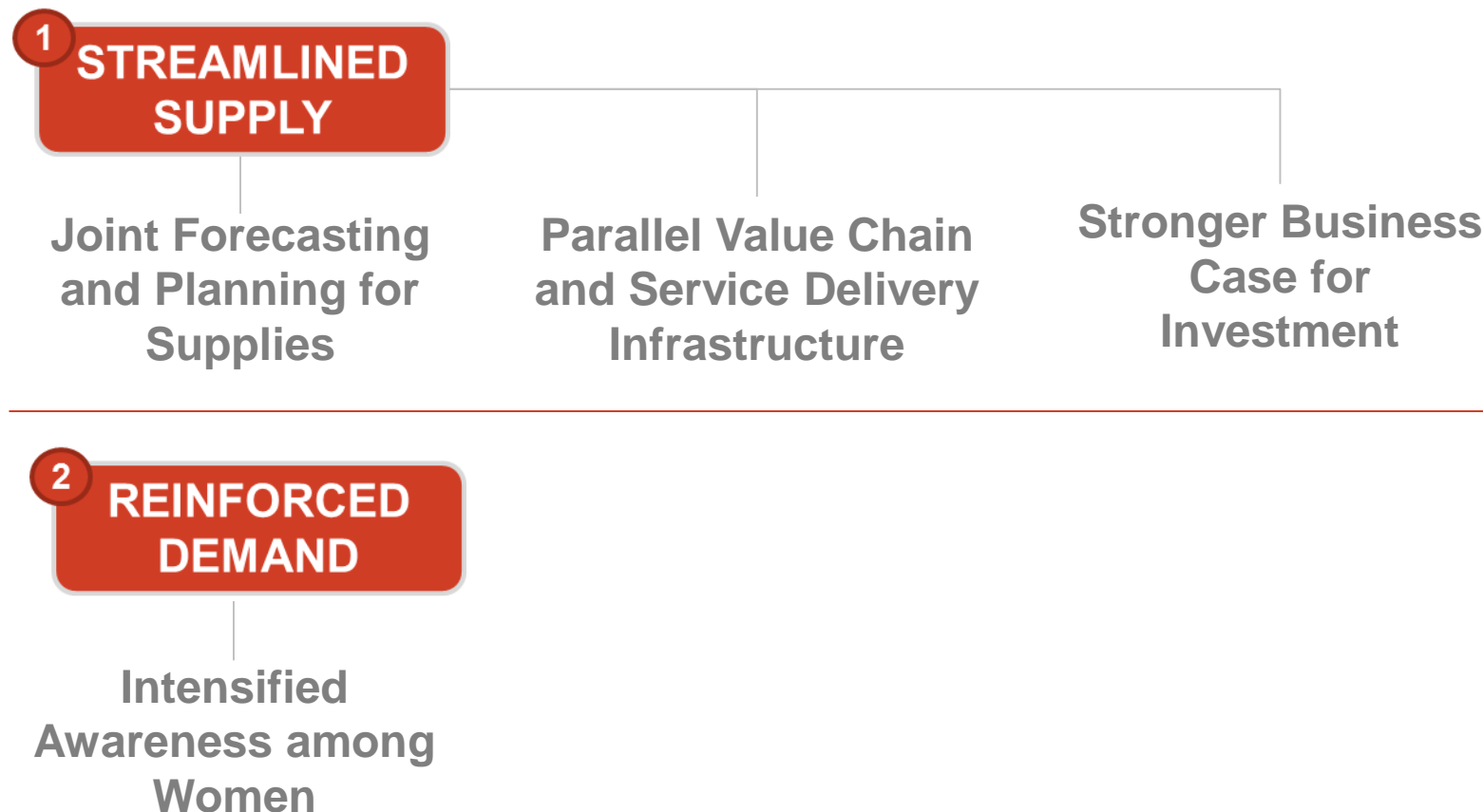
58 SEC

49 MIN

Source: www.countdown2015mnch.org

Maternal and Reproductive Health Supplies: Call for Integration

Strong reasons exist to consider both supplies together



Maternal and Reproductive Health Supplies: Call for Integration

Streamlined supply of commodities ultimately increases availability



- Increases **accuracy in market estimates** and forecasting exercises which originate from the same demographic data – both supplies draw from women of reproductive age to calculate potential markets

Maternal and Reproductive Health Supplies: Call for Integration

Streamlined supply of commodities ultimately increases availability

1
**STREAMLINED
SUPPLY**

ENABLED BY:

**Joint Forecasting
and Planning for
Supplies**

RESULTS IN:

- accuracy in market estimates
- planning tools that account for interplay

- Allows for smarter purchasing decisions and nuanced **planning tools that account for interplay** between commodities – increasingly important in decentralized health systems

Maternal and Reproductive Health Supplies: Call for Integration

Streamlined supply of commodities ultimately increases availability



- Opportunity to **strengthen facility-level processes** and quality checks – given a common pool of health workers responsible for tracking both types of commodities, particularly at the last mile

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Streamlined supply of commodities ultimately increases availability



Maternal and Reproductive Health Supplies: Call for Integration

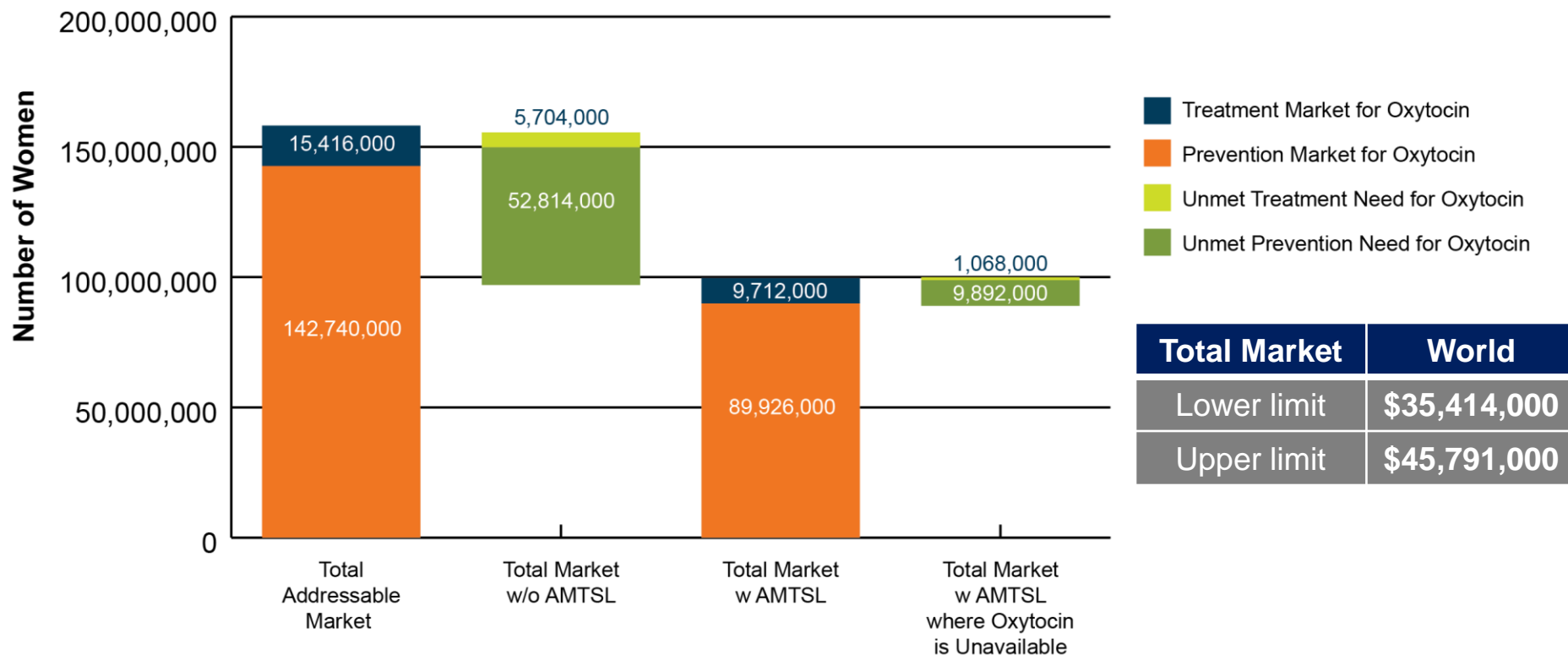
Streamlined supply of commodities ultimately increases availability



- Considering the full market potential of women of reproductive age – instead of addressing maternal and reproductive market segments separately – increases the business case for investment in MH/RH supplies in low resource settings and **strengthens investment in and access to supplies**

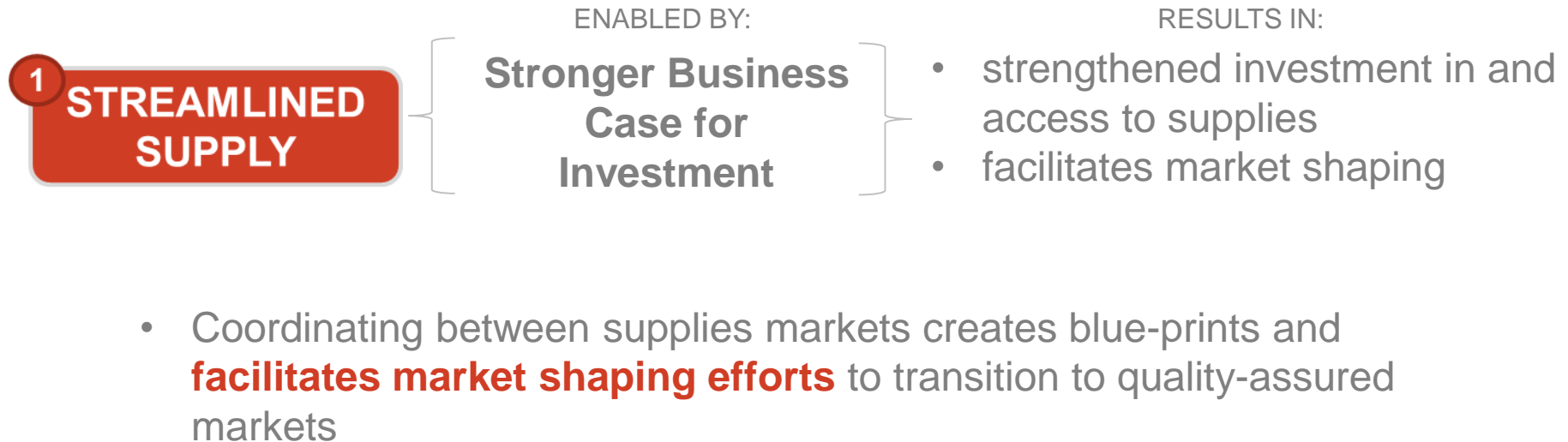
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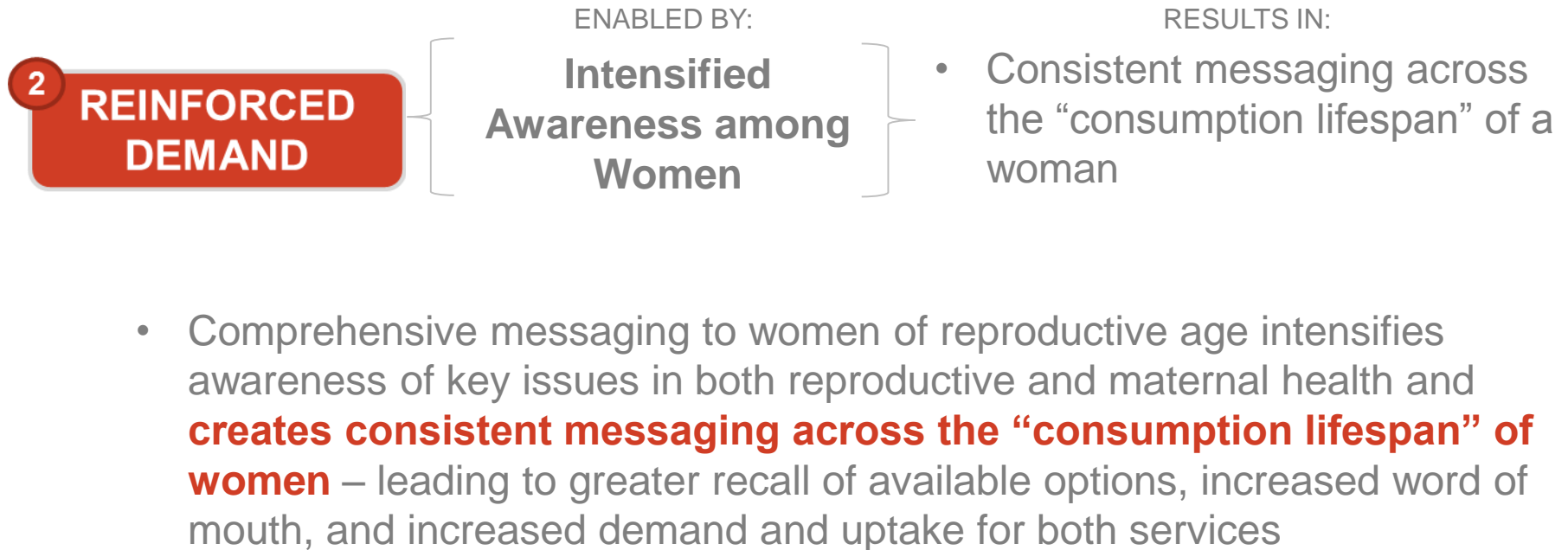
Maternal and Reproductive Health Supplies: Call for Integration

Streamlined supply of commodities ultimately increases availability



Maternal and Reproductive Health Supplies: Call for Integration

Reinforced demand mutually benefits both MH and RH supplies



Maternal and Reproductive Health Supplies: Call for Integration

Sample activities for a Call to Action via Integrating MH and RH

Maternal and Reproductive Health Supplies: Call for Integration

1. Using the RHSC Coalition as a platform to set joint priorities

- Continued integration of MHS Caucus into broader RHSC activities
- Strong coordination with UNCoLSC at global and country levels

2. Combined market intelligence for both supplies

- Combine knowledge forecasts and market estimates
- Data Repository of product manufacturers, prices, estimated demand

3. Advocating for continued investment in market or product innovation

- Market shaping, supply or product innovations considered to learn from other mature markets that have achieved success

A User-Friendly Tool for Market Estimation



USAID
FROM THE AMERICAN PEOPLE

innovating to save lives

Jhpiego
an affiliate of Johns Hopkins University

ACCELOVATE

O18 UNICEF. (2014). State of the World's Children. Retrieved from: UNICEF http://www.unicef.org

Oxytocin Detailed Dosing

Cost calculations for all RH products.

Market Data

	World	Sub-Saharan Africa	South-Eastern Asia
1 Population	7,137,000,000	926,000,000	612,000,000
2 Births (per 1K persons)	20	30	19
3 Total Annual Births	142,740,000	36,114,000	11,628,000
4 Facility-Based Births (%)	43	48	44
5 Total Facility-Based Births	61,566,200	17,334,720	5,116,320
6 Total Community-Based Births	82,813,800	18,779,280	6,511,680

Oxytocin

% of Births Needing Oxytocin for Various Conditions

7 Induction (%)	10	Mark, M. & Yeager, B. (2014) Estimation of Unmet
8 Prevention of PPH (%)	100	Mark, M. & Yeager, B. (2014) Estimation of Unmet
9 Treatment of PPH after Receiving Oxytocin for Prevention (%)	2.85	Mark, M. & Yeager, B. (2014) Estimation of Unmet
10 Augmentation (%)	20	Mark, M. & Yeager, B. (2014) Estimation of Unmet
11 Treatment of PPH after Receiving Misoprostol for Prevention (%)	6	Mark, M. & Yeager, B. (2014) Estimation of Unmet

Dosing Guidelines

	Total Dosage	Total 10 IU Doses	
12 Induction dose (IU)	5	0.5	Wilson, R., et al. (2012).
13 Preventative dose for PPH (IU)	10	1	Wilson, R., et al. (2012).
14 Treatment dose for PPH (IU)	40	4	Wilson, R., et al. (2012).
15 Augmentation dose (IU)	10	1	Wilson, R., et al. (2012).

Drug Cost

	Introduction	Misoprostol	Oxytocin	Misoprostol	Misoprostol Cost	Oxytocin Cost	Misoprostol Cost
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O18 UNICEF. (2014). State of the World's Children. Retrieved from: UNICEF http://www.unicef.org

Dosage Estimation

Facility-Based Births

	World	Sub-Saharan Africa	South-Eastern Asia
18 Oxytocin Required for Induction	4,496,310	896,736	255,616
19 Oxytocin Required for Prevention of PPH	89,826,200	17,334,720	5,116,320
20 Oxytocin Required for Treatment of PPH After Receiving Oxytocin for Prevention (4-10 IU doses)	10,251,567	1,976,156	583,260
21 Oxytocin Required for Augmentation of Labor	17,965,240	3,466,944	1,023,264
22 Oxytocin Required for Treatment of PPH After Receiving Misoprostol for Prevention (4-10 IU doses)	21,562,268	4,160,333	1,227,917
23 Total Required Doses	144,241,625	27,804,891	8,206,577

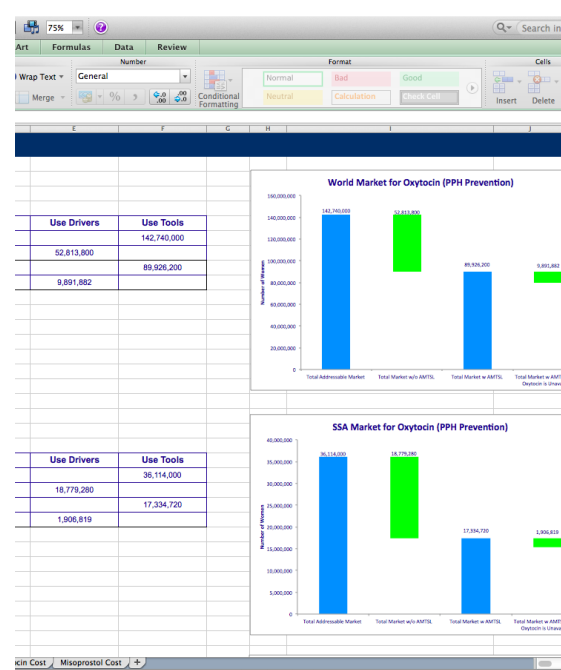
Total Addressable Market

	World	Sub-Saharan Africa	South-Eastern Asia
24 Oxytocin Required for Induction	7,137,000	1,805,700	581,400
25 Oxytocin Required for Prevention of PPH	142,740,000	36,114,000	11,628,000
26 Oxytocin Required for Treatment of PPH After Receiving Oxytocin for Prevention (4-10 IU doses)	16,272,360	4,116,996	1,325,562
27 Oxytocin Required for Augmentation of Labor	28,548,000	7,222,800	2,325,600
28 Cost of Oxytocin Required for Treatment of PPH After Receiving Misoprostol for Prevention (4-10 IU doses)	34,257,600	8,667,360	2,790,720
29 Total Required Doses	228,954,960	57,926,856	18,651,312

Cost Estimation

Facility-Based Births (Lower Estimate)

	World	Sub-Saharan Africa	South-East Asia
30 Cost of Oxytocin Required for Induction	\$674,447	\$130,010	\$38,372
31 Cost of Oxytocin Required for Prevention of PPH	\$13,486,930	\$2,600,208	\$787,448
32 Cost of Oxytocin Required for Treatment of PPH After Receiving Oxytocin for Prevention	\$1,537,738	\$296,424	\$87,489
33 Cost of Oxytocin Required for Augmentation of Labor	\$2,687,766	\$520,042	\$153,490
34 Cost of Oxytocin Required for Treatment of PPH After Receiving Misoprostol for Prevention (4-10 IU doses)	\$3,237,343	\$624,050	\$184,188
35 Total Required Doses	\$22,624,224	\$4,526,734	\$1,363,587



<http://reprolineplus.org/RH-assessments>

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Investing in Reproductive Health
without considering Maternal
Health is like developing case for
investment in Red M&M's and
forgetting about all the other colors

- Someone funny, at this meeting

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Thank you