

The Coalition and Maternal Health Supplies

Worldwide, the availability of reproductive health (RH) supplies, including contraceptives, medicines for prevention and treatment of sexually transmitted infections and HIV/AIDS, and medicines to ensure healthy pregnancy and delivery, falls short of current demand. The UN Commission on Life-Saving Commodities for Women and Children (UN Commission) estimated that 16 million lives could be saved through increased access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth, and childhood (UN Commission, 2012).

The Reproductive Health Supplies Coalition (Coalition) was established in 2004 to address such supply-related challenges by drawing on the strengths of critical actors along the supply chain—including multilateral, bilateral, and private-foundation donors, low- and moderate-income country governments, nongovernmental organizations, civil society, advocates, manufacturers, and procurers. The Coalition has grown exponentially and its membership of over 200 organizations makes it the largest network of RH organizations in the world.

In 2011, members requested that the Coalition's successes in improving family planning (FP) commodity security be employed to address the challenges facing access to maternal health supplies (MHS). The Coalition responded by convening an interim task force to identify how it could best contribute to the emerging global momentum on MHS. This group concluded that the Coalition could add significant value to the current MHS landscape, and that it should establish a more formal Caucusⁱ to address these issues and move activities forward. That recommendation was accepted by the Executive Committee in June 2012, and the MHS Caucus held its first meeting during the October 2012 Annual Membership Meeting.

The MHS Caucus at-a-glance

1. The Coalition's MHS Caucus will initially focus on three technologies: magnesium sulfate, misoprostol, and oxytocin. These are the same technologies highlighted by other MHS actors such as the UN Commission and the MHS Working Group led by PAI and PATH
2. The MHS Caucus will develop a strategy and initial workplan in the first half of 2013
3. Initial activities include:
 - Raising the profile of the Coalition within the maternal health community and increasing representation of maternal health experts among the Coalition's membership
 - Reaching out to the Coalition's other implementing mechanismsⁱⁱ to establish relationships and discuss including MHS activities in their work
 - Collaborating closely with the UN Commission to identify knowledge gaps and undertake research to fill gaps quickly, calling on the expertise and experience of Coalition members, and bridging the divide between the FP and MH communities
4. Long-term activities will focus on adapting existing Coalition tools and resources to include MHS and fully integrating MHS into the work of the Coalition
5. The Coalition's MHS Caucus is different from other actors working on MHS in that, it can build on the robust knowledge base and analytical tools that Coalition members have constructed on FP commodity security and use that knowledge to address key gaps facing the MH community.

For more information, visit our webpage: <http://www.rhsupplies.org/working-groups/maternal-health-supplies-caucus.html>

ⁱ Within the Coalition, a Caucus is a community of practice focused on a specific thematic area, in this case, MHS

ⁱⁱ Implementing mechanisms of the Coalition include its three Working Groups, two Regional Forums, and two Caucuses