

Maternal Health Supplies: Country Perspectives

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Snapshot: MNCH Services and Supplies in Kenya

- MNCH mortality and morbidity remains unacceptably high; service provision coverage has improved in recent years, but remains inadequate.
- In 2010, only 30% of facilities offered delivery services.
 - Of these, only 51% had the necessary commodities for managing basic delivery complications.
- Commodities such as misoprostol , oxytocin, and amoxicillin are restricted to Level 4 to 6 facilities, severely limiting access in rural communities.
- Limited allocation of resources, specifically for procurement of many critical MNCH commodities.
 - Increase in FP budget line but, not enough resources to meet needs and avoid stockouts

Key barriers limiting access in Kenya

- Inadequate access to life-saving commodities continues to contribute to morbidity and mortality.
- The Commission identified key, interrelated barriers that prevent access to and use of the 13 commodities:
 - severely under-resourced regulatory agencies;
 - delayed registration of commodities;
 - Inadequate oversight of product quality;
 - Return on investment is too low to encourage manufacturers to enter the market or produce sufficient quantities;
 - Limited demand, inadequate supplies and low prescription and utilization

Status of the 13 overlooked life-saving commodities in

Commodity by life-stage	Examples of Key barriers
Maternal Health	
Oxytocin – Postpartum hemorrhage (PPH)	Often poor quality Not accessible in lower level facilities as per MOH norms
Misoprostol - PPH	Limited indications in national guidelines Not accessible in lower level facilities
Magnesium Sulphate – Pre Eclampsia and Eclampsia	Limited access
Newborn Health	
Injectable antibiotics – newborn sepsis	Inadequate supplies
Antenatal corticosteroids – Pre-term respiratory distress syndrome	Limited supplies and utilization
Chlorhexidine – newborn cord care	Limited supplies and utilization
Resuscitation devices – newborn asphyxia	Limited supplies and need for training of health care workers

The 13 overlooked life-saving commodities

Commodities by Life stage	Examples of key barriers
Child Health	
Amoxicillin - pneumonia	<ul style="list-style-type: none"> Limited availability of child-friendly product Poor understanding of products by mothers/caregivers
Oral Rehydration Salts (ORS) - diarrhea	
Zinc - Diarrhea	
Reproductive Health	
Female Condoms	Low awareness and utilization Limited availability
Contraceptive implants	High cost and limited supplies Frequent stockouts
Emergency Contraceptives	Low awareness among women Limited supplies Widespread misconceptions

Implementing the UNC on LSC Recommendations

- The Commission recommended 10 time-bound actions to address these challenges

What Kenya has focused on so far?

- Quality strengthening
- Regulatory efficiency
- **Improved national delivery of life-saving commodities**
 - Supply and awareness
 - Demand and utilization
 - Reaching women and children
 - Performance and accountability
- **Improved integration of private sector and consumer needs**
 - Advocacy

The Power of Policy and Advocacy to Transform Health

- Policy advocacy is helping to transform the supply landscape and expand access from the national to the County level.
- **Influencing policies / norms:** In 2012, the Pharmacy and Poisons Board (PPB) deregulated zinc for treatment of childhood diarrhea.
- Inclusion of roll out activities in AWP of MOH at County level
 - Amoxicillin – Front line treatment for pneumonia as per WHO Guidelines
 - Oxytocin – Increase availability at lower level facilities
 - Misoprostol –Activities initiated on a small scale
 - **Integration of activities into existing programs:** Inclusion of MHS issues within the AWP of the MOH at County and lower levels
- **Review of the EML**
- **Regulatory framework**
 - Maternal and Child Health Bill
- Civil society groups are uniquely positioned to inform public policy decisions at both the national and county levels through evidence-based advocacy.

From Need to Solution: National MNCH legislation

PATH identified legislation as a crucial mechanism to highlight expanded access to maternal health supplies.

- Legislative focus was expanded to MCHN to align with national and global commitments – the Constitution of Kenya 2010, Every Woman Every Child and the UN Commission for Life-Saving Commodities.
- Uphold the right to health guaranteed by the Kenyan Constitution.
- **Coordination:** Strengthen multi-sectoral coordination at national *and* county levels.
- **Investment:** Mandate greater investment to improve MNCH infrastructure, human resources, and commodities.
- **Accountability:** Enable citizens to hold the government accountable for delivering quality and dignified MNCH services, including access and availability of supplies.

Parliament and Senate to influence county and national officials under newly devolved system

What has been done so far

- Task Shifting being enhanced – CHWs and Zinc etc, Injectables
- Review of existing policies and legislation
- Technical Working Group in place
- Civil Society Caucus established
- Content developed

What are the challenges and opportunities for improving access to MH supplies

- Inadequate understanding of the various global initiatives and how they link to national and regional priorities especially in the South
- Uncoordinated efforts at country level that yield little
- Generating the evidence required for advocacy at country level especially to influence policies
- Establishment of maternal health caucus that is locally led and managed to advocate for improving the supplies landscape
- Generation of evidence to support advocacy with government
- New maternity initiative