

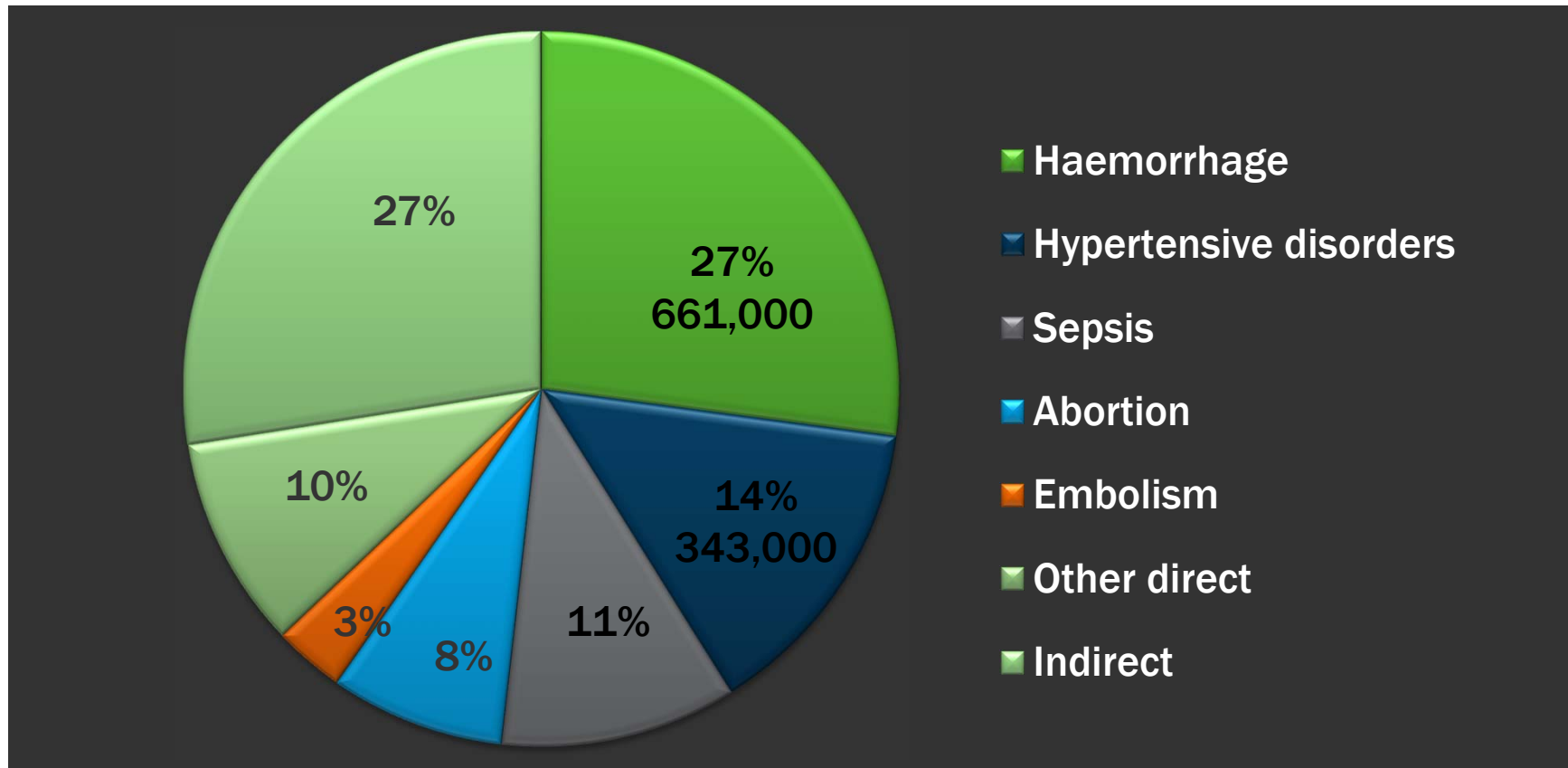
MATERNAL HEALTH MEDICINES: ***SPECIAL FOCUS ON MAGNESIUM SULFATE***

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RHSC 2014 Meeting
Mexico City, Mexico

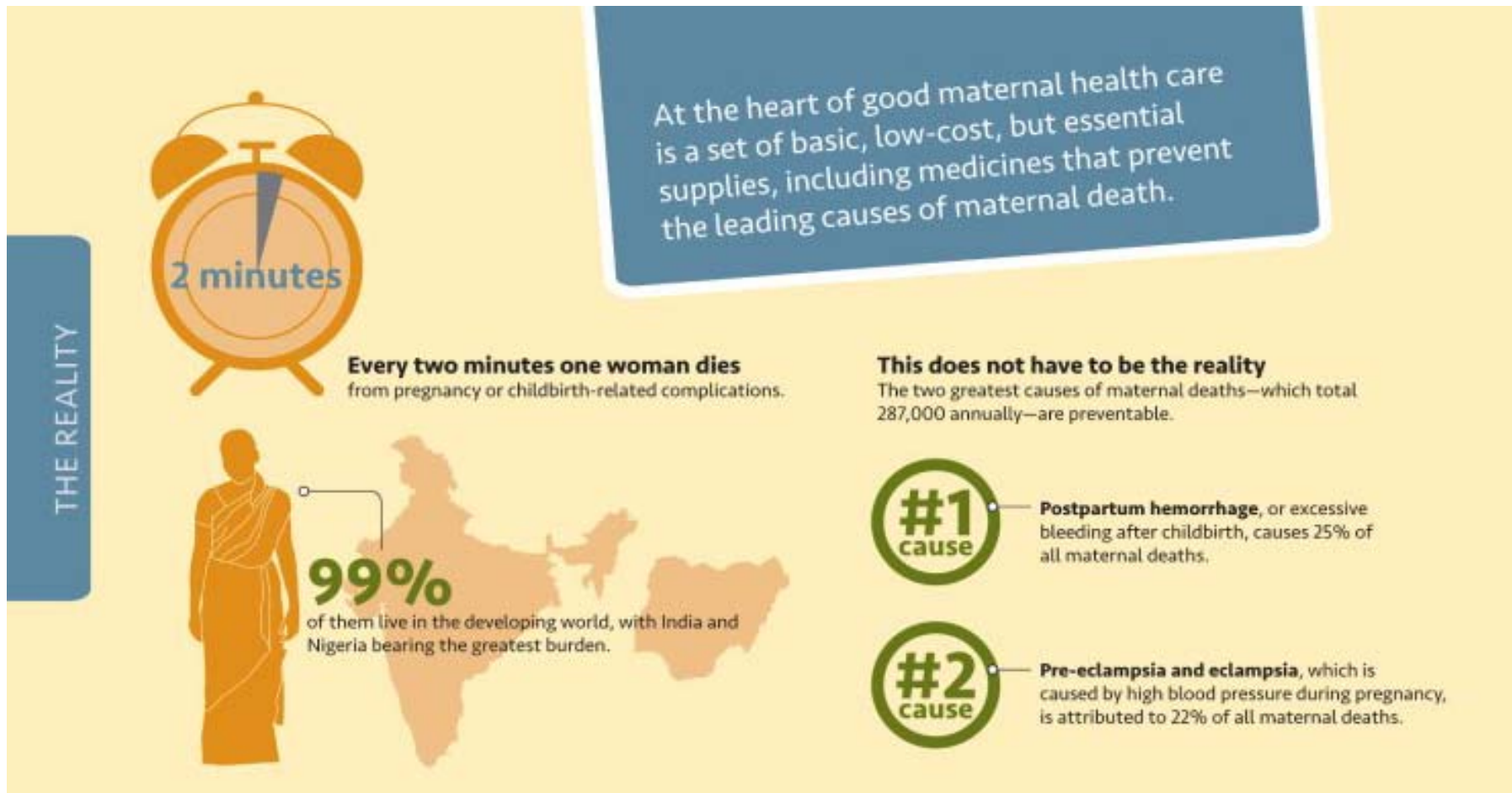
Principal causes of maternal deaths

Between 2003-2009: Total of 2,443,000 deaths worldwide



Source: WHO, *The Lancet Global Health*, 2:e323-e333, 2014

What Commodities Do We Need?



Key Barriers to Access and Utilization of MgSO₄

Market Failures

- Little commercial interest (low price, small market)
- Need to package product for emergency use
- Single loading dose not available

Regulatory Issues

- Multiple formulations available (requires complicated dilutions; provider fear of error)
- No WHO support yet for community use
- Midwife use not allowed (many countries); not allowed at lowest facility level

Knowledge Gaps

- Lack awareness among women and families about signs and symptoms, and where to seek care
- Inadequate provider awareness of correct dosage
- Provider concerns related to toxicity

Understanding MgSO4 Supply: Nigeria

MgSO4
widely
available at
all facility
levels

- 100% of MSS and SURE-P MCH facilities (586) have supplies and can provide loading dose to women with eclampsia before referral by 2014

Policies and
pre-service
and in-
service
curriculums
supportive of
use

- 100% healthcare workers in public facilities can identify signs and symptoms of eclampsia and can administer MgSO4 correctly by end of 2015



Example #1: MgSO₄ in Nigeria

Many products but of uncertain quality

No single local manufacturer in country

Limited commercial interest in importing due to unreliable estimates

High costs of undertaking WHO-PQ likely deterrent to new entrants

Different formulations and dosages pose challenges to providers



Example #2: MgSO₄ in Bangladesh

MgSO₄ registered and now in service guidelines

Unavailability of magnesium sulfate in appropriate dose formulations

Manufacture of a single loading dose for severe PE/E is needed, but pharmaceutical companies lack interest

Products of varying quality ; not available at lowest-level facilities

Sub-district stock levels low due to low demand



Example #3: MgSO4 in Ethiopia

MgSO4 not available, while Oxytocin is largely available and availability of misoprostol is limited

All 3 MH medicines are in guidelines and service protocols

Limited knowledge across providers and managers about MgSO4 and misoprostol

MgSO4 not in procurement, requisition and distribution systems

Over reliance on public sector for supply of key medicines

Key Learnings



Barriers continue to exist in range of areas: regulatory, service guidelines, policy support and financing

Ongoing efforts by MH TRT for alternate presentation of MgSO₄ and for changing wording in EMLs
Business case for MgSO₄ has been made

MgSO₄ alone not sufficient; need to pay attention to quality of maternal care more generally
Increase community awareness of PE/E and need to seek care

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