



# Maternal Health Supplies Caucus

## 2015: A Year of Progress

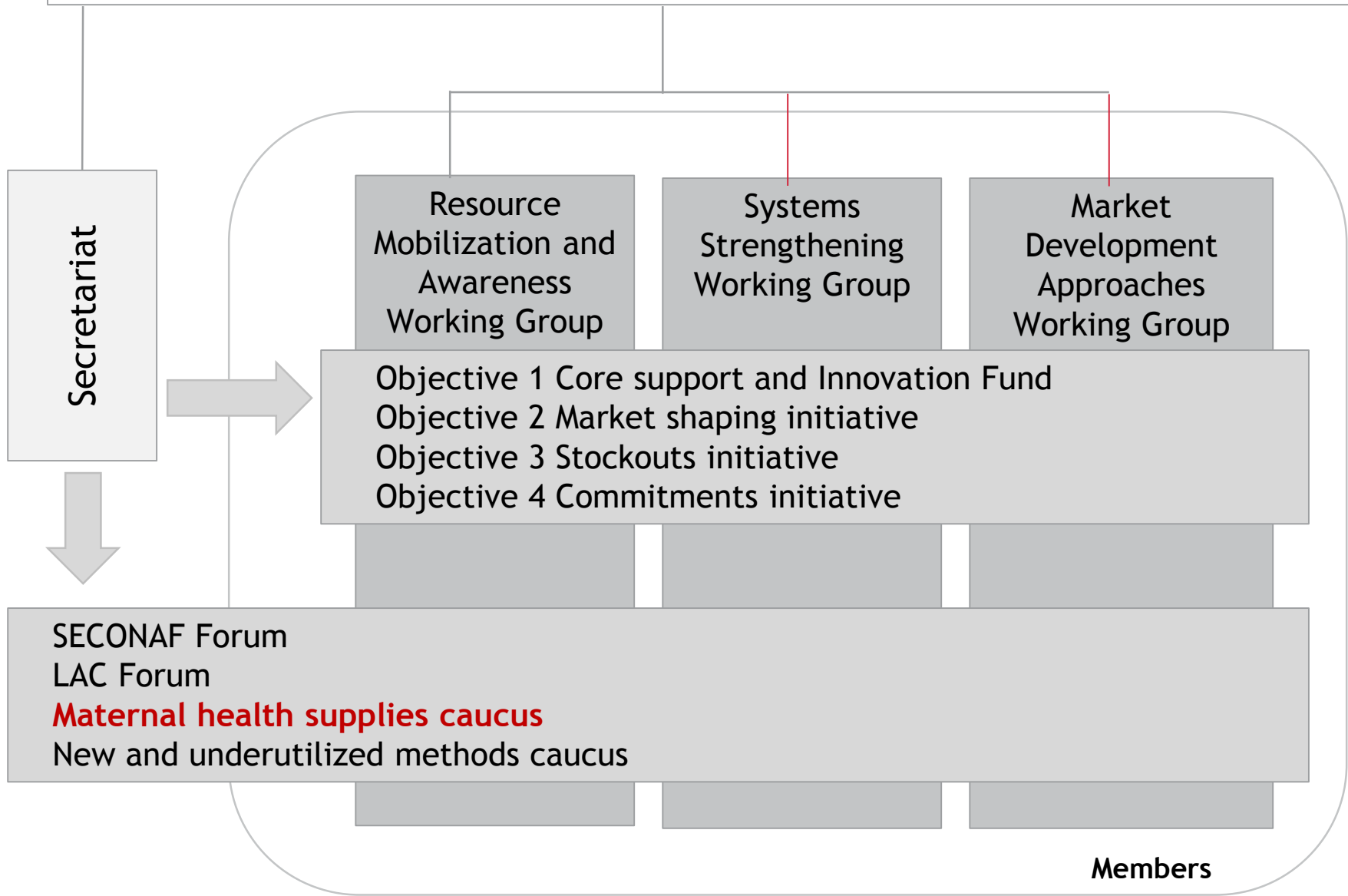
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## The origin of our MHS Caucus

- NURHT Caucus suggests formation of a task force on MHS
- Task force meets for the first time in November 2012 and produces recommendations
- RHSC Executive Committee decides to establish the new Caucus
- October 2012 during Paris Annual RHSC Meeting - inaugural meeting.

# Executive Committee



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# Groups focused on Maternal Health Supplies

## Maternal Health Technical Resource Team

- One of the working groups under the UN Commission on Life-Saving Commodities for Women and Children
- Focuses on oxytocin, misoprostol and magnesium sulfate
- Activities have mostly concentrated on information gathering and resource development
  - Mapping of inclusion of misoprostol on essential medicines lists
  - Inventory of tools for maternal health
  - Framework for commodity security for maternal health
  - Cases studies on integration of oxytocin in the cold chain

## Maternal Health Supplies Caucus of RHSC

- Began in 2012 to provide a forum for the maternal health and family planning communities to draw on existing approaches to address the bottlenecks undermining commodity security across health systems

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## Key Accomplishments: Information Sharing

In coordination with the MDWG, conducted 2 webinars in January 2015 to disseminate the information briefs and business cases.

### Oxytocin, Misoprostol and Magnesium Sulfate Briefs

- Focus on the main challenges related to ensuring availability and use of these 3 medicines.
- Examples of successful approaches, case studies, and lessons learned from programs to scale-up MHS.
- Recommendations on how RHSC tools/experiences can strengthen efforts to improve access to MHS.

### Business cases on supporting investment in high-quality MHS

Estimate market size for each commodity and issue policy recommendations/potential market shaping strategies for improving investment in high-quality MHS





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## Key Accomplishments: Engagement

Strengthened engagement and coordination with global MH bodies and initiatives

- MH TRT:
  - Routine participation in meetings/teleconferences.
  - Technical input provided to country implementation plans.
  - Translation into Spanish of the WHO UNICEF joint statement on oxytocin in the cold chain.
- MH Task Force/Harvard University: Organized a blog series on MHS launched in March 2015.
- Provided technical input to the Global Strategy for Women and Children.

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## Key Accomplishments: New Initiatives

Secured support from MacArthur Foundation to scope the landscape of maternal health market shaping initiatives.

**Objective 1: Broaden understanding of the potential for market shaping to increase access to high-quality, affordable maternal health supplies by bridging the knowledge gap between the reproductive health/family planning and maternal health communities.**

**Objective 2: Field test the potential impact of a market-shaping initiative by implementing one or more concrete recommendations from the three essential maternal health medicines business cases.**

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# MacArthur Grant: Key Activities

## Objective 1:

Activity 1.1: Commission a comprehensive landscape analysis of the role market shaping can play in improving the effectiveness of MH markets.

Activity 1.2: Disseminate the knowledge and lessons learned from FP market shaping at meetings and through webinars and other high-level events.

Activity 1.3: Convene a meeting with international partners to identify market-shaping recommendations for implementation on the ground.

## Objective 2:

Activity 2.1: Through a request for proposal process, select and fund one or more proposals that will allow one or more specific MH supplies market-shaping recommendations to be implemented at the country level.

Activity 2.2: Disseminate the results or findings of the implemented intervention(s).



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## MacArthur Grant: Award

Awarded contract to F4D to conduct a comprehensive landscape analysis of the role market shaping can play in improving the effectiveness of MH markets.

For more information come to the afternoon session with F4D.



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# Persistent Challenges

## For all three commodities:

### *-Harmonization of policies*

Standard treatment guidelines, NEMs and the list of products registered in country need to be aligned

### *-Forecasting and supply planning*

Commodities are included in logistics management information systems in very few countries

HMIS do not capture necessary morbidity data

### *-Quality*

Assuring the quality of products that circulate in both the public and private sectors remains a major challenge in many countries

### *-Financing*

Medicines typically procured with government funding

**For Oxytocin:** cold storage

**For Misoprostol:** availability of 3-blister packs; scale up

**For Magnesium sulfate:** presentation; provider demand



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## Members' Accomplishments

- Inclusion of Misoprostol for the treatment of PPH in the WHO model EML.
- Prequalified oxytocin from Grindeks.
- MgSO<sub>4</sub> with simpler and better language on WHO EML
- Successful Concept Foundation MH procurement workshop in Kampala September 2015.
- Joint Statement WHO/UNICEF on EPI cold chain for oxytocin and tested in Mali and Burkina Faso.
- Population Council Global Coalition on PE/E.
- Informed Push Model Senegal.
- 30,000 women Phase 3 heat stable carbetocin non-inferiority trial vs Oxytocin by WHO has initiated (supported by Merck for Mothers) which makes heat stable Carbetocin the most advanced heat-stable uterotonic under clinical development.

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# Maternal Health Supplies are Reproductive Health Supplies

