Availability of Oxytocin: A Ground-Up Advocacy Initiative

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What was the health challenge?

- In Uganda, the maternal mortality rate is 336 deaths per 100,000 live births. Post-partum hemorrhage (PPH) contributes to 34% of deaths.
- Oxytocin is a lifesaving commodity that prevents and treats PPH. Cold chain storage is recommended.
- In Uganda, oxytocin is used at higher-level health facilities (HC III and above) where women give birth and there is cold chain capacity.
- Though oxytocin is included in Uganda’s RMNCAH quantification and supply plan, it is often unavailable.
Gathering evidence to inform advocacy

- CSO conducted a desk review, compiled evidence, and validated with partners. Found two problems:
  - Unavailability of oxytocin at health facilities.
  - Where oxytocin was available, storage outside of the cold chain effected quality and efficacy.
- Community groups conducted health facility assessments, which revealed stock-outs of oxytocin.
  - Almost 60% of HC III did not have fridges in the maternity ward.
  - Unreliable electricity.
- Community findings informed national-level engagement.
Influencing the policy agenda

- Presented evidence to MOH Maternal & Child Health technical working group (TWG) on the magnitude of the problem and effects on maternal health if not addressed.

- **Consensus**: must resolve cold storage issue.

  Presenting evidence on stock-outs of the 13 Life-Saving Commodities in health facilities and its impact on mothers.
A directive on oxytocin storage

• As a result, the MOH issued a directive to all district health officers, which enabled storage of oxytocin in Uganda National Expanded Program on Immunization (UNEPI) fridges.

• Previously, these fridges were restricted to vaccines—their use for other drugs was a crime.

Next steps:

• MOH is working to procure fridges for maternity wards.
• ABH is continuing to advocate through the coalition.
Lessons learned

• Important to have **well-packaged evidence** to support your advocacy—and evidence generated at the community-level lends credibility.
• Critical to know your **decision-makers and their interests**.
  • For example, chairperson of the MCH TWG previously led work under the UN Commission on Life-Saving Commodities.
• **Coalition building** is important for demonstrating broad-based support for issues.
• **Persistence and repetition** is key. ABH and partners were in the meeting room, repeatedly raising the issue. This persistence, combined with evidence, convinced decision-makers that they could improve maternal health outcomes by taking action.
Keys to success

• Gathering evidence about the availability of oxytocin and cold chain storage at the facility level, using ABH’s Health Facility Assessment tool.
• Building the capacity of CSOs in advocacy strategy development using PATH’s 10-part approach.