



# The Coalition and Maternal Health Supplies

Photo: PATH/Evelyn Hockstein

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 (the 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 more than 380 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) and the MHS Caucus\* held its first meeting during the October 2012 Annual Membership Meeting. With the end of the United Nations Commission on Life-saving Commodities

(UNCoLSC), the MHS Caucus saw an opportunity to continue with that work and merged with the Maternal Health Technical Review Team (TRT) of the UNCoLSC in order to ensure the dissemination and application of all the tools and knowledge developed by the TRT.

Members of the MHS Caucus are also members of one or more of the RHSC Working Groups (Market Development Approaches, Systems Strengthening, or Advocacy and Accountability). This provides the Caucus with a very diverse constituency. We now stand 214 strong.



## 16 million lives

**could be saved through increased access to and appropriate use of essential medicines, medical devices, and health supplies.**

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

# The MHS Caucus at-a-glance

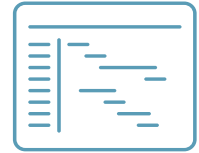
## 1 TECHNOLOGIES

The Coalition's MHS Caucus focuses on three technologies: magnesium sulfate, misoprostol, and oxytocin but will be opening its scope to include blood pressure cuffs among others.



## 2 WORKPLAN

The MHS Caucus works with an annual workplan that all members contribute to.



## 3 ACTIVITIES

- › 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 mechanisms\*\* to establish relationships and discuss including MHS activities in their work;
- › Ensuring quality supplies are made available in all service delivery points;
- › Working with manufacturers to prequalify MH products;
- › Adapting existing RHSC tools and resources to include MHS and fully integrate MHS into the work of the Coalition;
- › Building 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.

\*\* Implementing Mechanisms of the Coalition include its three Working Groups, two Regional Forums, and three Caucuses

For more information, visit our webpage

[www.rhsupplies.org/activities-resources/groups/maternal-health-supplies-caucus/](http://www.rhsupplies.org/activities-resources/groups/maternal-health-supplies-caucus/)