

Technical Reference Team

Commodity: Oxytocin

Background

The UN Commission on Life-Saving Commodities for Women and Children (the Commission) was formed in 2012 by the UN Secretary-General as part of the global Every Woman, Every Child (EWEC) movement. EWEC challenges the global community to increase access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address the leading preventable causes of death during pregnancy, childbirth, and childhood.

Led by a wide range of high-level leaders from around the world, the Commission developed a framework for action on Reproductive, Maternal, Newborn, and Child Health (RMNCH) products that can be applied nationally and utilized in global RMNCH initiatives. The framework outlines a priority list of 13 commodities, key barriers to access and use, and 10 cross-cutting recommendations to rapidly increase both access and use. By increasing access to and use of these 13 commodities, it is estimated that 6 million women and children can be saved by 2017.

Moving forward

To help carry forward the Commission's recommendations at the global and national levels, **Global Technical Reference Teams (TRT)** were established. One group was formed for each of the 13 commodities and 10 recommendations, and an advocacy working group is dedicated to advancing cross-cutting goals. The groups carry out their work through a variety of mechanisms, including guidance documents and tools to support countries in their efforts to implement recommendations and address global and regional bottlenecks. The TRTs are coordinated by a Strategy and Coordination Team hosted by the United Nations Children's Fund (UNICEF).



Including oxytocin in cold chain distribution channels is one way to help ensure its effectiveness.

Spotlight on Oxytocin

Postpartum hemorrhage (PPH) or excessive bleeding after childbirth is the leading cause of maternal death. PPH is preventable and treatable, yet one out of four maternal deaths is caused by this complication occurring after birth. Oxytocin is one uterotonic medicine that can prevent and treat PPH. The medicine's active ingredient is the naturally occurring hormone oxytocin, which plays a critical role in childbirth by causing contractions of the uterus before, during, and after birth. Oxytocin is a generic drug that is widely distributed throughout the world and is packaged in ampoules or prefilled injection devices. However, barriers to access, quality, and regulation limit the maximum positive impact of oxytocin.

The Maternal Health Technical Reference Team (MH TRT) works to increase the appropriate use of quality oxytocin, misoprostol and magnesium sulfate, as well as to improve access and use by reducing key barriers in EWEC countries. The MH TRT's objectives are to:

- Improve forecasting and quantification;
- Achieve an adequate supply of quality commodities available where needed;
- Improve and adopt practices and policies for safe use;
- Support inclusion of oxytocin in the cold chain through advocacy and interventions; and

- Advance innovations such as simplified packaging and presentation, as well as heat-stable formulations and easier to use modalities.

The MH TRT's seven subgroups offer expertise to advance specific work streams related to one of the three maternal health commodities or cross-cutting issues.

Group membership

The lead conveners of the MH TRT are the US Agency for International Development (USAID) and the United Nations Population Fund (UNFPA). The subgroup conveners include: Tools-Systems for Improved Access to Pharmaceuticals and Services program led by Management Sciences for Health; Mapping of manufacturers-Concept Foundation; Increasing use of magnesium sulfate-Accelovate and MCHIP/Jhpiego; Oxytocin in the cold chain-USAID; Improved uptake and use of WHO guidelines and recommendations-PATH; Misoprostol on Essential Medicines Lists (EML)-Venture Strategies Innovation; and Commodity Security- John Snow, Inc.

Progress to date

The MH TRT has developed numerous tools and resources that can be used to address issues relating to the three commodities. These include fact sheets on quantification, forecasting, product use, demand, and quality tools. The fact sheets describe key characteristics of each tool and include the purpose, expected outcome, type, and format of the tool. The fact sheets also outline the resources required to use the tools and the tools' available languages. The MH TRT has also conducted oxytocin-specific activities. The group developed a list of oxytocin manufacturers and determined the overarching issues impacting the quality of oxytocin. Additionally, following a review, the group found no written policies or documents prohibiting oxytocin from being included in the cold chain—a key component of oxytocin quality assurance.

Upcoming activities

During the next two years, the MH TRT will:

- Develop a knowledge translation methodology that will be used in three pathfinder countries to increase the safe and appropriate use of magnesium sulfate, misoprostol, and oxytocin;
- Assist with the development of a cross-cutting, multi-level implementation strategy for improving adherence to World Health Organization (WHO) guidelines related to maternal health commodities;
- Develop a monitoring and evaluation strategy for ongoing assessment of sustained guideline use at the national and local level;
- Analyze the status of oxytocin manufacturers that have submitted WHO prequalification applications, and establish a business case for others to do the same; and
- Develop a policy brief recommending the inclusion of oxytocin in the cold chain and support a select group of countries to include oxytocin in their countries.

Available resources

The MH TRT will offer the following technical assistance to pathfinder countries, including:

- Assessing the market for oxytocin and existing public and private oxytocin manufacturers;
- Identifying barriers to including oxytocin in the cold chain and opportunities for advocacy and policy change within specific countries;
- Identifying barriers to implementation of WHO guidelines and assist countries to develop implementation plans to address issues, followed by evaluation of efforts; and
- Establishing commodity security committees related to reproductive, maternal, newborn and child health.

Contact us

For more information or to request tools and technical assistance, please contact Deborah Armbruster, USAID (darmbruster@usaid.gov), or Jagdish Upadhyay, UNFPA (upadhyay@unfpa.org).