

# Life Saving Commodities – Maternal Health

Commodities: oxytocin, misoprostol, magnesium sulfate

## 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 ([www.everywomaneverychild.org](http://www.everywomaneverychild.org)). The Commission challenged 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 made ten recommendations focused on rapidly increasing the availability and use of 13 priority commodities for reproductive, maternal, newborn, and child health (RMNCH) to achieve the goal of saving the lives of six million women and children by 2017.

Eight expert groups<sup>1</sup> – or Technical Resource Teams (TRTs) carry forward the Commission's recommendations by supporting countries in their efforts to make these essential commodities more widely available and used, and by addressing global and regional RMNCH challenges. Each of these TRTs specializes on a type of commodities or on a barrier that prevents a wider use of these commodities.

## Pooling expertise on maternal health

The Maternal Health TRT focuses on the three essential commodities identified by the Commission that can treat and address the leading causes of death during pregnancy and childbirth: oxytocin and misoprostol to prevent and treat postpartum hemorrhage, and magnesium sulfate to treat severe pre-eclampsia and eclampsia — the dangerous elevation of blood pressure during pregnancy (hypertensive disorders of pregnancy) that can lead to seizures, kidney and liver damage, and death. Together, these conditions account for almost half of maternal deaths.



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During a door-to-door prenatal counseling session, Stembile Phiri, a Health Surveillance Assistant, explains the importance of proper check ups and regular visits to the health centre to a pregnant woman in a village in Dowa District in Malawi.

If these three medicines were available to every woman giving birth, 1.4 million women could be saved over ten years. The Maternal Health TRT is working to ensure that they are available in countries with a high burden of disease, put into the hands of skilled health workers and administered properly to save women and children.

## Progress to date

- ❁ Improve forecasting and quantification for all three commodities: The Maternal Health TRT compiled 46 tools for improving access to and use of maternal health commodities, drafted factsheets for each of those, and made them available on the Reproductive Health Supplies Coalition website [www.rhsupplies.org](http://www.rhsupplies.org). The TRT also developed an approach to estimate unmet medical maternal health needs, as well as a quantification tool.
- ❁ Achieve an adequate supply of quality commodities where needed: The TRT identified and mapped manufacturers of oxytocin, misoprostol and magnesium sulfate that supply to

<sup>1</sup> The other TRTs focus on family planning; newborn health; child health; demand, access and performance; global markets, quality and regulation; local markets and supply; and advocacy.

These groups are coordinated by a multi-agency Strategy and Coordination Team hosted by the United Nations Children's Fund (UNICEF).

local and export markets, and is helping them achieve ERP and pre-qualification status. As of May 2014, two misoprostol manufacturers are ERP-approved and one has achieved pre-qualification.

Additional producers of both uterotonics are receiving technical assistance and initial work has begun with magnesium sulfate. The group prepared business cases for all three commodities to let manufacturers know that there is a market.

- Support inclusion of oxytocin in the vaccine or EPI cold chain through advocacy and interventions: The Maternal Health TRT completed a literature review. UNICEF and WHO created a Joint Statement on oxytocin in the cold chain (with input and support from the TRT) which is in process of being finalized and developed and implemented an advocacy plan for the 6<sup>th</sup> Global Health Supply Chain summit in Addis Ababa.
- Address global and local medicine policy: The state of misoprostol in over 60 country essential medicine lists (EML) was evaluated and countries where it was not included were identified. Work to include misoprostol on the EML in DR Congo began in 2013 and began in Sierra Leone in 2014.
- Support and increase commodity security for all three commodities: The TRT has developed a commodity security framework for use by countries.

### Members

The Maternal Health TRT is co-chaired by the US Agency for International Development (USAID) and UNFPA and brings together experts from Accelovate, Concept Foundation, MCHIP/Jhpiego, PATH, the Systems for Improved Access to Pharmaceuticals and Services program/ Management Sciences for Health, Venture Strategies Innovation, John Snow, Inc., the Clinton Health Access Initiative (CHAI), Population Council, Merck4Mothers, PFSCM, Pathfinder, the World Health Organization (WHO), Family Care International, Gynuity, MSI, PAI, Population Services International, Reproductive Health Supplies Coalition, University of British Columbia, University of Toronto, USP, Gates Foundation, IPAS, MacArthur Foundation, Rabin Martin.

### How to involve the Maternal Health TRT

The Maternal Health TRT is available to provide technical assistance in several ways to support the introduction and use of the three maternal life-saving commodities, including:

- Assistance to countries to adapt tools that increase access to and improve use of the maternal health commodities.
- Technical assistance to manufacturers interested in pre-qualification of their products.
- Review of the current procurement practices and technical assistance to ensure procurement of quality products.
- Establishment of commodity security committees related to reproductive, maternal, newborn and child health.

### Resources

The Maternal Health TRT has published a variety of resources that can be used to address issues relating to all three commodities. These include:

- Factsheets on quantification, forecasting, product use, demand, and quality tools
- A landscape analysis and record review of national EMLs in Africa and Asia
- A review of the barriers to use of magnesium sulfate for pre-eclampsia and eclampsia management in low and middle income countries

### Contact us

For more information or to request tools and technical assistance, please contact Deborah Armbruster [darmbruster@usaid.gov](mailto:darmbruster@usaid.gov) or Kabir Ahmed [kahmed@unfpa.org](mailto:kahmed@unfpa.org)

