Misoprostol *for*
POSTPARTUM
HEMORRHAGE

MIDDLE EAST AND NORTH AFRICA

Regional Perspectives on Challenges and Opportunities:

Background

Postpartum hemorrhage (PPH) remains a major cause of maternal mortality, accounting for nearly one quarter of deaths worldwide.[1] While there is considerable variation in the region, approximately 13,000 women in the Middle East and North Africa (MENA) die from complications related to pregnancy and childbirth each year; over half of these maternal deaths are due to PPH.[2]

Most cases of PPH can be effectively prevented or treated with known clinical interventions and technologies. Oxytocin is the most widely used drug for prevention and treatment of PPH. Misoprostol, an oral tablet originally developed to treat gastric ulcers, is also effective in preventing and treating PPH. It is particularly useful in settings with limited refrigeration, and where skilled health professionals and oxytocin, the current standard of care, are not available or accessible.

Family Care International (FCI) is working with Gynuity Health Projects and partners to promote better understanding, use, and acceptance of misoprostol for PPH prevention and treatment at the global, regional, and country levels. An important step in this process is to identify the challenges, barriers, and opportunities to more widely introduce misoprostol for this indication. FCI commissioned global and regional mapping surveys to identify:

- Key advocacy goals, messages, and strategies used by organizations working on misoprostol for PPH
- Advocacy and policy priorities and challenges
- Opportunities for collaboration, and advocacy and policy change at the global, regional, and country levels

This report summarizes the findings of the MENA regional survey, conducted in January 2011. Eleven individuals and organizations working at the regional level described their activities, shared their motivations for involvement in misoprostol work, discussed prevailing barriers to increasing access to and availability of misoprostol for PPH, and identified strategies for addressing them.

Key reasons for investing in misoprostol

All participants were keen to highlight the need to reduce maternal deaths from PPH in MENA.[3] The majority highlighted the slow progress on maternal health in this region, and were eager to discuss interventions that would help to prevent and treat PPH.

Participants noted the range of potential benefits to using misoprostol, including its ease of administration, wide availability, and cost-effectiveness, particularly in contexts where oxytocin is not available, as key reasons for investment in this strategy.

Participants discussed their work related to misoprostol for PPH, which included:

- Increasing distribution of misoprostol by health providers

[1] http://www.who.int/selection_medicines/committees/expert/18/applications/Misoprostol_application.pdf
[2] Roudi-Fahimi, F. *Women's reproductive health in the Middle East and North Africa.* Washington, DC: Population Reference Bureau; 2003.
[3] Alternative nomenclature exists for the "Middle East" region, including Arab States and Eastern Mediterranean Region.

- Advocating with governments to include misoprostol on the list of essential drugs
- Communication strategies to directly address concerns expressed by medical providers in using misoprostol for PPH (see below)
- Addressing misconceptions and barriers that limit health providers' acceptance of misoprostol
- Research to study acceptability of misoprostol among health providers and key influencers, such as religious and political leaders

Perceived barriers to expanding use of misoprostol for PPH

Respondents identified a number of barriers to increasing the acceptability and use of misoprostol for PPH. These include:

Low acceptability among service providers: It is believed that medical providers are reluctant to accept misoprostol for the following reasons:

- *Demedicalization:* Health providers are reluctant to support a drug that decreases the perceived necessity of skilled health providers, and places clinical practice under the control of patients and community health workers.
- *Lack of WHO endorsement:* There is a prevailing misconception that use of misoprostol for PPH is not supported by WHO.
- *Lack of access to information (e.g., clinical guidelines and protocols):* Health providers do not have updated information about dosage, side effects, and route of administration related to misoprostol's role in preventing and treating PPH.
- *Association with abortion:* Respondents cited concerns among health providers that by promoting or using misoprostol, individual providers may be associated with pregnancy termination, which is not acceptable in the Islamic faith and which may be against the law in some countries.

Lack of knowledge and information: Respondents noted that there is a widespread lack of information about misoprostol in the region. Specifically:

- The advantages of misoprostol in comparison to oxytocin even among health providers.
- Lack of access to research and evidence on misoprostol's effectiveness in preventing and treating PPH.
- The belief that the cost of misoprostol is prohibitive.
- Limited cross-country and intra-regional exchange of experiences and sharing of lessons learned particularly about enabling environments and operational processes and constraints.
- Even health providers who are willing to administer the drug do not know how to access misoprostol.

Religious and 'political' opposition to misoprostol: Respondents identified resistance and a lack of political will to support the use of misoprostol for PPH, particularly among religious leaders:

- The association with the use of misoprostol for medical abortion was raised by all participants as being a significant barrier to the acceptability and consequent availability of the drug for PPH. In most countries, termination of pregnancy is either illegal (except under specific circumstances) or considered to be outlawed by religion.
- A few respondents suggested there was organized resistance to misoprostol because it could potentially support the empowerment of women.

Other barriers raised include:

- The lack of advocates and experts to support governments to create an enabling policy environment for increasing misoprostol's use for PPH.
- Lack of collaboration across the region to help ensure that the various actors are working in the same direction and prioritizing the same issues within a shared vision for progress: ideally this should include public, private, and international agencies and organizations. A few respondents noted that regional conferences and professional group meetings offer ideal opportunities to improve coordination.

Strategies for action

Over the course of this survey many countries in the region underwent, or are predicted to undergo, significant political change as the result of popular uprisings, changes in administrations, elections, and the creation of South Sudan as a separate nation state. With political and administrative change comes the anticipation of change within the relevant departments responsible for the approval, distribution, and promotion of misoprostol. Many respondents recognized the potential to capitalize on the anticipated new political will with the hope that misoprostol will be registered and included in the essential drug lists along with training and communication campaigns that address the socio-cultural, religious, and medical provider constraints.

The respondents identified the following key strategies for action:

- Increase coordination of international agencies to gather and share evidence of the impact of misoprostol in the region (including specific country studies and to develop shared strategic responses to barriers
- Conduct specific and targeted advocacy campaigns to address barriers
- Develop appropriate training and refresher programs to support the introduction of misoprostol and to address low levels of knowledge and understanding of misoprostol for PPH

Conclusion: Opportunities in the region

There is optimism that the changing political environment within the region has the potential to bring changes in political support for maternal health and to the acceptability, accessibility, and availability of misoprostol for PPH. Respondents highlighted the prevailing barriers for improving access to misoprostol for PPH, provided key strategies for action, including advocacy and the dissemination of evidence-based information.

Organizations surveyed

WHO Regional Office for the Eastern Mediterranean
UNICEF MENA Regional Office
DKT International (Egypt and Sudan)
UNFPA Arab States Regional Office
UNIFEM (UN Women - Arab States Regional Office)
Population Council (Egypt Country Office)
International Rescue Committee
Collective for Research & Training on Development - Action (Beirut, Lebanon)

For further information about this initiative, please contact:

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