

# FRANCOPHONE WEST 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.<sup>1</sup> Between 1997 and 2007, one third (34%) of maternal deaths occurring in Sub-Saharan Africa were due to PPH.<sup>2</sup>

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, advocacy, and policy change at the global, regional, and country levels

This report summarizes the findings of the Francophone West Africa regional survey conducted between December 2010 and January 2011. Eighteen organizations working at the regional level described their activities, shared their motivations for involvement in misoprostol work, discussed prevail



ing barriers to increasing access to and availability of misoprostol for PPH, and identified strategies for addressing them.

### Key reasons for investing in misoprostol

In Francophone West Africa, the use of misoprostol for PPH, as well as for post-abortion care, is relatively new. Much of the work in this area focuses on conducting advocacy to register misoprostol for PPH, expanding its use, and conducting pilot research studies to examine misoprostol's effectiveness in preventing PPH.

When asked why their organizations are involved in activities related to misoprostol for PPH, almost all respondents indicated that misoprostol presents an opportunity to save lives and to accelerate the reduction of maternal mortality in the region. Below are the key reasons identified for investing in misoprostol for PPH, followed by quotations from interviewees. (Note: these are the respondents' perceptions and may not be supported by the available evidence.)

<sup>1</sup> [http://www.who.int/selection\\_medicines/committees/expert/18/applications/Misoprostol\\_application.pdf](http://www.who.int/selection_medicines/committees/expert/18/applications/Misoprostol_application.pdf)

<sup>2</sup> Countdown to 2015: Maternal, Newborn & Child survival, Decade Report (2000-2010)



### **Misoprostol offers an opportunity to protect the many women who give birth at home.**

*“About half of deliveries take place outside of a health center and do not benefit from prevention or from immediate management of PPH, which often leads to death. Misoprostol is an alternative for this population, which does not have access to skilled health care or would rather deliver with a TBA.”*

### **Misoprostol expands the product range for management of PPH.**

*“Oxytocin is mainly used in health facilities, but misoprostol could represent an alternative in case health providers are not allowed to use it or do not have oxytocin.”*

### **Perceived barriers to expanding use of in misoprostol for PPH**

Interviewees identified a range of barriers to expanding use of misoprostol for its PPH indication, and specific strategies for addressing them. Reported barriers are listed below in order of importance, followed by quotations from interviewees.

**Lack of WHO support for use of misoprostol for PPH:** Respondents perceived the current WHO position on misoprostol’s use for PPH as a major obstacle to countries adopting supportive policies. Respondents pointed out that national policy makers often take a long time to make decisions even when strong evidence is available. Having a clear WHO position, and strong WHO support, may facilitate adoption of supportive policies for misoprostol’s role in PPH.

### **Concern that misoprostol will be used for other indications:**

While respondents agree that saving women’s lives should be more important than the potential for misoprostol to be used for other purposes, they noted a prevailing belief that making misoprostol more widely available for PPH will open the door to its use for other indications, including abortion and labor induction. Many noted that misoprostol is already accessible outside of health facilities, and pharmacies sell the product without prescriptions or with counterfeit prescriptions.

### **Use at the community level by unskilled health providers:**

Most respondents expressed reservations about promoting misoprostol in community settings, and specifically its use by traditional birth attendants (TBAs). Respondents emphasized that strategies should focus on building TBAs’ role in outreach, education, and referral, rather than on promoting their role in childbirth. Most feel that misoprostol should only be provided by skilled health workers; use by unskilled health workers will likely reduce the use of health facilities for childbirth.

*“There need to be incentives to encourage nurses and midwives to go to villages and take care of patients in the community. AMTSL,<sup>3</sup> even with misoprostol, should be performed by a skilled health agent.”*

Other respondents noted that community health workers can play an important role in providing health care to women in remote settings. A com-

<sup>3</sup> Program for Appropriate Technology in Health. (2011). Active management of the third state of labor. Retrieved June 25, 2012, from Postpartum hemorrhage prevention and treatment: <http://www.pphprevention.org/amtsl.php>



community-level strategy can be pursued in tandem with efforts to improve access to skilled care.

**Problems related to the registration and use of misoprostol for reproductive health:** Many respondents mentioned that misoprostol is not registered for any reproductive health indication in countries in Francophone Africa. One interviewee confirmed that the product was registered for obstetrical purposes in Mali. Although not formally registered, misoprostol is widely available and is used for many indications, including labor induction, uterine extraction, incomplete abortion, medical abortion, and PPH prevention and treatment. Because misoprostol is not registered in many countries in the region, its use is not always regulated at the national level. As a result, providers use misoprostol ad hoc, with varying doses and regimens.

*“Misoprostol is an over-the-counter drug. In our teaching hospital, all medical doctors have misoprostol in their pockets and they use it without any directives or protocol.”*

**Lack of adequate research:** According to some respondents, there is insufficient data to convince stakeholders and decision makers of the role of misoprostol in reducing PPH. Most research projects were conducted in a specific population or geographic area, which cannot necessarily be generalized to other populations. Others interviewed felt differently, however.

*“In Francophone Africa, health issues and systems are very similar. The results of research studies conducted in one country can be used and have positive influence in others. It is therefore very important to share experiences and best practices at the regional level.”*

All respondents agreed that existing data is not sufficiently used and disseminated. Governments and other stakeholders need to invest in research, in dissemination of results, and in advocacy.

### Strategies for action

Respondents provided a range of strategies for addressing the prevailing barriers to wider acceptance and use of misoprostol for PPH. These included the following:

- Disseminate results from research on PPH at the national, regional, and international levels; share results with Ministry of Health (MOH) officials, implementing partners, and health providers, including midwives and physicians

- Include misoprostol for PPH in national policies, norms, protocols, and standardized tools such as diagnostic, prescription, and treatment guidelines
- Strengthen supervision and management of inventory to ensure products are used appropriately
- Develop MOH policy maker support for adoption of policies related to misoprostol's use for PPH
- Conduct advocacy, in partnership with relevant stakeholders (academics, clinicians, technical partners and MOH), to register and expand the use of misoprostol for PPH





## Conclusion: Opportunities in the region

Reducing maternal mortality is a strategic priority in many countries in the Francophone West Africa region. Efforts to expand misoprostol's use and availability can benefit from a supportive policy environment for maternal health. Technical and financial assistance to governments and implementing partners can help generate and disseminate evidence, support misoprostol's distribution and use, and promote evidence-based advocacy strategies.

## Organizations surveyed

ABBEF/IPPF – Burkina Faso

Abomé Kalavi University – Benin

Averting Maternal Death and Disability (AMDD) – Benin

Bobo Polytechnical University (l'INSSA/UPB Bobo) – Burkina Faso

CEFOREP (Center for Training and Research in Reproductive Health) – Senegal

Centre de Recherche et de Formation en SR (Research and Training Center on Reproductive Health) – Mali

CGO – Togo (Congrès des Gynécologues et Obstétriciens Christian Childs Fund) – Senegal

CRESAR (Chapter of the Reproductive Health Research Network) – Burkina Faso/ Mauritania

FASFACO (Federation of Association of Midwives) – Ivory Coast

Ipas – Burkina Faso

Jhpiego – West Africa office

Marie Stopes International – Burkina Faso/Mali

SOGOBI (Société de Gynécologues et Obstétriciens du Burkina) – Burkina Faso

USAID – Senegal

WHO/AFRO – Burkina Faso

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