Challenges and Entry Points for Improving Access to Maternal Health Supplies

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Research Approach and Outline

Supplies storeroom, Health Center IV, Uganda

- Building on successes of decade+ reproductive health supplies movement
- “No product, no program?”
- Case studies of Bangladesh and Uganda: policies, financing, logistics, health system
- Evidence base for future advocacy and policy change
- Supported by Maternal Health Task Force and Partnership for Maternal, Newborn & Child Health

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Which Maternal Health Supplies?

- Four "tracer" supplies selected:
  - Oxytocin for PPH
  - Misoprostol for PPH
  - Magnesium sulfate for pre/eclampsia
  - Manual vacuum aspirators (MVA) for early and incomplete abortion

Magnesium sulfate, Uganda

- Prevention and treatment of three leading direct causes of maternal mortality
- Many other supplies needed for good maternal health: antibiotics, painkillers, antimalarials, blood, gloves, gauze...

Supplies within the Health System

- Maternal health outcomes inextricably tied to health system strength/weakness
- Low rates of facility-based deliveries
  - 15% Bangladesh
    41% Uganda
- Expectation that supplies may be out of stock in facilities
  - "It doesn't encourage [women] to come to facilities when you ask them to buy drugs"

Private sector hospital, Bangladesh

Financing of Maternal Health Supplies

Public sector district hospital, Bangladesh

- Little dedicated donor funding for maternal health supplies, unlike contraceptives and condoms
- Maternal health supplies aggregated with others and difficult to track
- Significant underspending of budget allocations despite frequent supply shortages
- Widespread unofficial user fees
    - Inability to afford treatment is the most common reason for not delivering in a facility (Uganda DHS)

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Availability of Tracer Supplies: Oxytocin

	Bangladesh	Uganda
National policies/ guidelines	Use in all deliveries as part of AMTSL	Included in AMTSL training but slow transition from ergometrine
Facility availability	Through upazila (sub-district)	Should be available through Health Center III (sub-county)
Health worker protocols	Community attendants trained to administer	Midwives, clinical officers and doctors can administer
Supply chain issues	55% of district hospitals and 38% upazila health centers had in stock Khan 2009, World Bank	74% of Health Centers III and 97% of hospitals had in stock Mbonye et al .2007, IJGO

Availability of Tracer Supplies: Misoprostol

	Bangladesh	Uganda
National policies/ guidelines	Approved for PPH 2008 and part of EDL; being scaled-up from pilots	Approved for PPH 2008; not on EDL; piloted in 20 districts and large hospitals
Facility availability	Should be available throughout health system	Should be available throughout health system when scaled-up
Health worker protocols	Community workers reportedly allowed to administer; some NGOs distributing to pregnant women	Nearly all health workers, including Village Health Teams, allowed to administer Ministry of Health 2008 Clinical Guidelines
Supply chain issues	Government had not procured as of early 2010	Government had not procured as of early 2010

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Availability of Tracer Supplies: Magnesium Sulfate

	Bangladesh	Uganda
National policies/ guidelines	Included on Essential Drug List	Included on Essential Drugs List
Facility availability	Should be available through union level	Should be available through Health Center III
Health worker protocols	Not provided to government community workers; NGO pilots at community level	Conflicting reports on whether midwives are allowed to administer
Supply chain issues	42% of district hospitals and 23% upazila health centers had in stock Khan 2009, World Bank	Not widely available; low level of training; use of alternative diazepam

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Availability of Tracer Supplies: MVAs

	Bangladesh	Uganda
National policies/ guidelines	Permissible for menstrual regulation; husband/ guardian consent required	Permissible for evacuation/treatment of incomplete abortion
Facility availability	Through upazila (sub-district) or lower level NGO outlets	Should be available through Health Center III, unlikely below Health Center IV
Health worker protocols	Paramedics up to 8 weeks, Doctors/ midwives up to 10 weeks	Doctors, clinical officers and midwives (per training)
Supply chain issues	Trained providers reportedly often unavailable	Many remain unused due to untrained providers

Supplies in the Private Sector

Private sector clinic, Uganda

- 51% of facility deliveries in Bangladesh, 29% Uganda
- Perceived reliability for supplies and quality of care
- Strong public-private partnerships
    - Private sector reliance on government for supplies
- Pharmacies as source of supply (and information)

Forecasting, Procurement and Logistics

- Lower likelihood of annual forecasting relative to family planning
- Importation challenges and higher costs if no local manufacturing
- Limited procurement cycles
- Oxytocin cold chain
- Quantity mismatch between orders and delivery
- "Informal markets in labor wards are well established due to chronic shortage of supplies"

Joint Medical Store, Uganda

Training and Community Distribution

- Training frequency: “If a midwife doesn’t have an update for 10 years, at the end of the day she becomes a traditional birth attendant”
- Lack of clarity surrounding protocols for administration of drugs by different cadres of health worker
- CSBAs in Bangladesh, VHTs in Uganda
- How to re-supply community-based workers?

Public sector facility, Bangladesh

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Entry Points: Supply Chain

Private sector hospital, Bangladesh

- Maintain accurate quantification and forecasting
- Deliveries must adapt to facilities' growing demands
- Ensure supplies on agenda of government/ donor cooperation
- Expand training and availability of miso per national guidelines

Additional Entry Points

- Implement and fund policies already in place
- Raise awareness and scale up community-based approaches
    - Uganda: 40% of women say husbands make decisions about their health care
- Prioritize family planning
  - Uganda: unmet need 41%, reproductive-age female population grew 20% in 5 years
- Monitor the national budget for maternal health
- Human resources training, remuneration and workload

Moulvi Bazar, Bangladesh

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