

Harmonizing Policies for Essential Maternal Health Medicines

Brahima Bassane, Shafia Rashid & Catherine
Lalonde

Family Care International

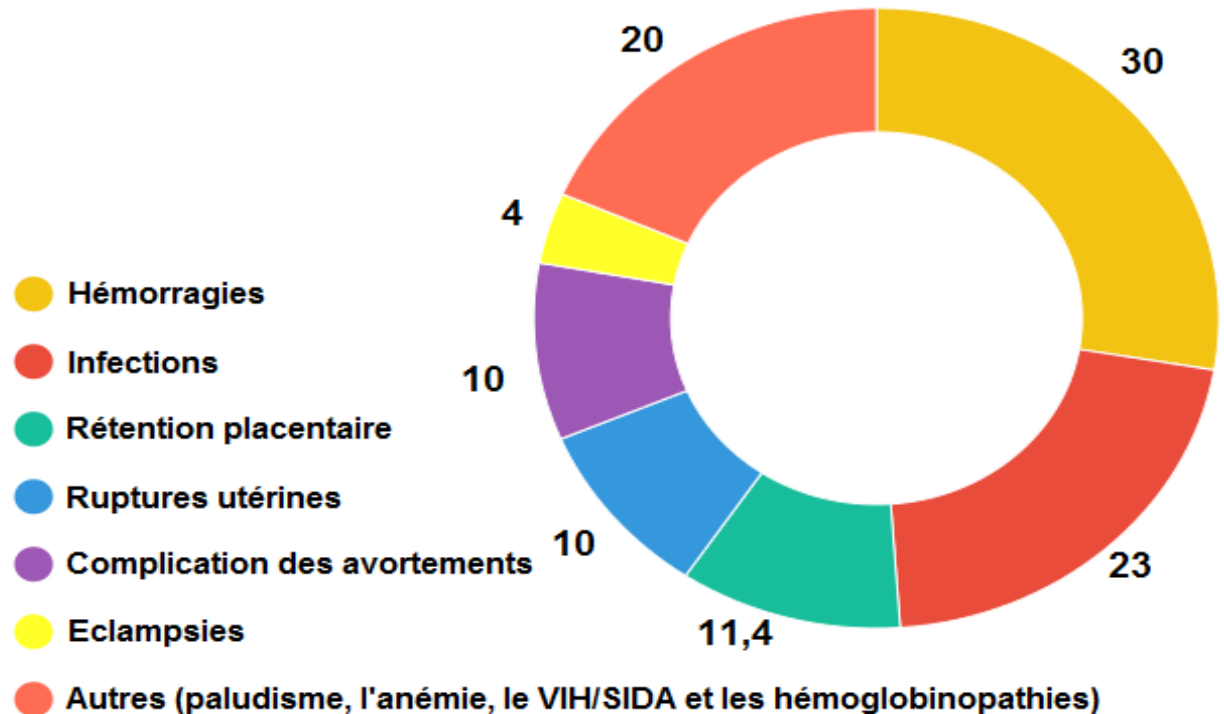
BURKINA FASO



- **Population (2015): 18, 031, 007, 80% Rural, 51% Live below poverty line = limited access to regional reference hospitals**

Principle causes of maternal mortality in Burkina Faso

MMR: 341/100 000 live births



Why Focus on Policy?

- Supportive policies part of framework for ensuring *universal and equitable* access
- Key policies & guidelines:
 - Essential medicine lists (EMLs)
 - Standard treatment guidelines/clinical protocols
- Prior policy only allowed miso to be administered by specialists in major reference centers with surgical capacity, limiting access to people who needed it most.



What Makes Policies Effective?

- Based on evidence
- Fully implemented
- Harmonized with each other

Political Buy-in

Financial/Budgetary allocations

WE SUPPORT



EVERY WOMAN
EVERY CHILD

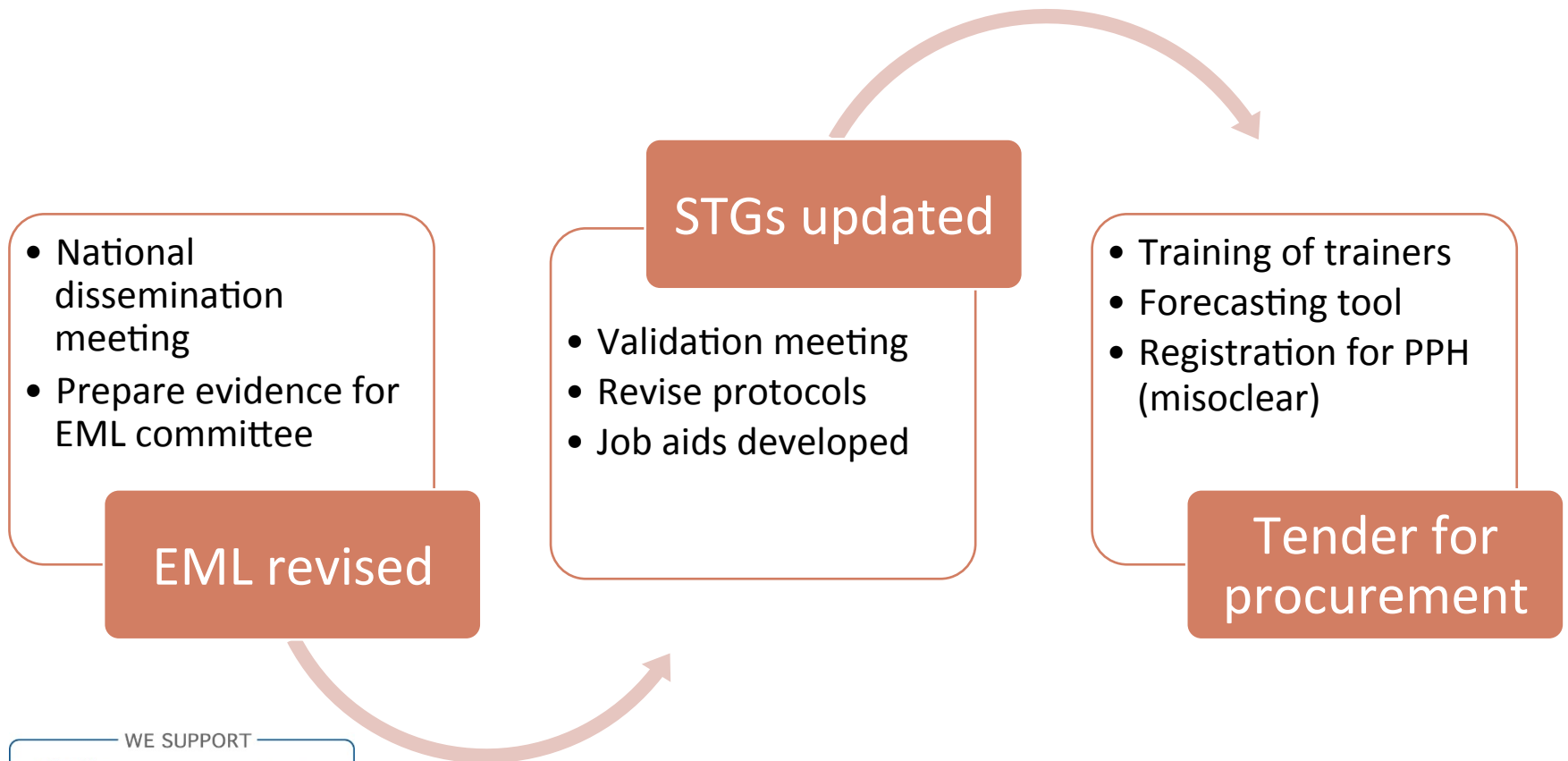
Harmonizing Policies in Burkina Faso

Policy environment:

- Not included in national EML
- Standard clinical guidelines reserved use exclusively for specialists in major reference centers
- Not part of standard training/curricula



Harmonizing Policies in Burkina Faso: Advocacy for Misoprostol for PPH



Key Achievements & Remaining Challenges

Achievements

- Policy harmonization (EML and STGs)
- Improved knowledge of health providers
- Political support for multiple indications (PAC and PPH)

Challenges

- Public sector tender/ procurement
- Support for community level use

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The policy environment for access to and use of essential maternal health medicines is complex and variable.

There is no single strategy for establishing a supportive policy environment across countries, but experiences in different contexts can inform effective action.