
**UNFPA-WHO COLLABORATIVE INITIATIVE TO REVIEW THE
CURRENT STATUS OF ACCESS TO A CORE SET OF CRITICAL,
LIFE-SAVING MATERNAL/REPRODUCTIVE HEALTH MEDICINES
IN SELECTED COUNTRIES**

(Laos, Nepal, Philippines, Mongolia, DPR Korea and Ethiopia)

Dr.Kabir U .Ahmed, Technical Division, UNFPA/NY

Dr.Helene Moller, Essential Medicines & Pharmaceutical Policies, WHO/Geneva

Background

In an effort to improve access to quality essential Reproductive Health (RH) medicines and medical devices, WHO, UNFPA and partners in the Reproductive Health Supply Coalition (RHSC) are engaged in a series of activities aimed at promoting harmonized global standards and technical assistance. These include developing guidance on sourcing good quality suppliers and products, building procurement capacity in resource-limited countries, and removing barriers to the appropriate use of these products.

A well-functioning supply chain capable of selecting, forecasting, quantifying, financing, procuring, and delivering the medicines and related medical devices and consumables needed is a critical element in all efforts to improve the health and well-being of mothers and children in developing countries. Delivering goods alone is not sufficient to ensure better outcomes for those who benefit from RH programmes. RH Commodity Security (RHCS) is essential to meeting the target of universal access to reproductive health by 2015, as called for by the International Conference on Population and Development and the Millennium Development Goals.

The purpose of this collaborative initiative was to present a “snapshot” of the current status of access to medicines for Maternal and Newborn Health Care and Reproductive Health, which are not routinely monitored. The findings of these joint exercises are intended to supplement the findings of other on-going studies and studies planned for the very near future. The six critical RH medicines chosen for these studies (varies on country contexts and priorities) were Oxytocin injection, Ergometrine injection, Magnesium Sulphate injection and three antibiotics, Ampicillin injection, Gentamicin injection and Metronidazole injection. These medicines were chosen because they are the WHO recommended medicines for the prevention and management of three major causes of Maternal Mortality:

- Haemorrhage (Oxytocin, Ergometrine injections)
- Eclampsia, pre-eclampsia (Magnesium Sulphate injection)
- Maternal/Neonatal Sepsis (Ampicillin, Gentamicin and Metronidazole injections)

As a mechanism for preventing unwanted and unplanned pregnancies, FP reduces maternal and infant deaths. In addition to the above critical RH medicines, on the request of the DOH and with consideration of the falling CPR and the slowing reduction of the maternal mortality ratio (MMR) in the Philippines, the study made an effort to look into the need & demand, use, procurement & supply of one temporary method of: Family Planning (Medroxy-progesterone or DMPA Injections, 3 and 1-month formulations)

As the procurement and supply chain management for essential medicines and family planning commodities are interlinked in most the countries, these assessments can also take into consideration to look at certain elements for the contraceptives procurement, quality and supply chain issues.

The main objectives of these assessments were to conduct a pragmatic exploratory study to:

1. Obtain a snapshot of the current status of access, supply and rational use of these selected life saving maternal/RH medicines
2. To develop a harmonized approach for performing rapid assessments of quality, usage and accessibility of essential medicines for RH
3. To guide Institutional support and capacity building in the areas RH commodities security.
4. Suggest ways forward for consideration by MOH and Key Stakeholders for improving accessibility, availability, procurement, rational use and quality issues of selected life saving maternal/RH medicines

Methodology

Information required for the studies were obtained through document reviews, key informant interviews, and selected site visits for the purposes of tracking the need, demand and supply of the tracer medicines through the supply system to the point of use. A simple tool developed jointly by WHO and UNFPA is adapted in country context. Field visits are conducted at different levels (central, provincial, districts/sub-districts, and below) in selected service delivery facilities and pharmacies-both in public/govt. and private/NGO sectors. Areas that are covered, specific to the country specific tracer medicines are: (1) Need and demand; (2) availability; (3) essential medicine lists; (4) standard treatment guidelines and protocols; (5) rational use; (6) registration and certain areas of quality assurance; (7) storage; (8) procurement and supply chain; (9) costs and (10) coordination/integration.

The assessment exercises at the country levels are conducted jointly by a team with members from Govt. /MoH, UNFPA, WHO, and representatives from key partners. At the end of the assessment, the issues identified and suggested ways forwards were presented to the MoH and other key stakeholders/partners at a debriefing meeting.

Limitations and Strengths

These rapid assessment exercises which aims to provide a snapshot of the current situation in the selected countries regarding the availability and use of the selected life saving maternal/RH medicines in a pragmatic sample of health facilities and pharmacies/stores at the various levels. The facilities are selected purposively (in consultation with the govt/MoH and other in-country key partners) considering transport, human capacity and the time constraints of the assessment and also because they have not been included in recent/previous such assessments. Therefore, limitation of the assessment is that the findings may not be generalizable to health facilities and pharmacies throughout the country.

However, the strengths of the assessment is that it can be completed in a short time frame; it is relatively inexpensive; the findings can supplement other similar on-going or planned studies; it can enable wider stakeholder involvement in collaboration with the MoH and the findings can be used for raising awareness among key stakeholders.

Key Issues Identified and ways forward suggested

On the basis of the these quick fact finding assessment exercises, several key issues are identified and also suggestions made for future actions to be undertaken at the country level by the MoH in conjunction with the key players. These can be summarized as follows:

A. Availability- issues identified:

- Mostly available, but incidences of stock outs/or over stocks exist
- Inadequate standard guidelines for estimation/procurement
- Discrepancies between availability and usage
- Magnesium Sulphate and Calcium Gluconate are less available in private facilities

Suggested ways forward

- All these life saving medicines should be available in all facilities that provide delivery services
- Capacity in estimating and procurement built

B. Essential Medicine List- issues identified:

- Some are not in EML, but available in country
- EML not reviewed and updated for long time

Suggested ways forward:

- EML to be reviewed on routine intervals (2-3 years), formulations.
- Levels(at which care level) these meds to be available should be specified

C. Standard treatment guidelines and protocols- issues identified:

- Lack or absence of STGs/Inadequate compliance with the STGs (K&P Gaps)
- Protocols/STGs are not adapted on the basis of locally available strengths of Magnesium Sulphate
- No standard Rx algorithms on display in deliver rooms/facilities

Suggested ways forward:

- Coordinated effort led by MOH for STGs/Protocols-dev & disseminate
- Adaptation of Rx regimen/protocols on the basis of available products

D. Rational Use – issues identified: (*Overall knowledge is good at teaching/ academic levels*)

- Knowledge practice gap ; irrational use at different levels
- Inadequate prescription/dispensing practices, gap bet diagnosis and Rx
- Inadequate/poor record (case) keeping
- Inadequate supportive supervision, coaching, training

Suggested ways forward:

- In service training, supportive supervision, coaching and monitoring
- Good record keeping practice(case record with patient's info & Rx)

- Amendment of law(e.g.MW Law), Popularize AMTSL
- Good prescription and dispensing practice strengthened/regulate

E. Registration and Quality Assurance-issues identified (*most medicines are registered*)

- Lack/inadequate quality testing/lab facilities
- Absent/lack in product information
- Unregistered and expired medicines available
- Insufficient training and supervision of pharmacies

Suggested ways forward:

- Strengthen laboratory analytical services
- Regulatory policies /mechanisms/investigations on unregistered & expired medicines, multiple brand with same trade name and pharmacy operations/licensing procedures

F. Storage – issues identified (*Overall situations are good*)

- Lack/inadequate knowledge/awareness of correct storage/supply chain
- Efficacy /potency is a concern at end user levels

Suggested ways forward:

- Strengthening of capacities on storage and supply chain
- Ensure manufacturer’s instruction and compliance on storage
- Supervisory checks to pharmacies to monitor /ensure proper storage

G. Procurement/Supply Chain Management- issues identified

- Inadequate capacity of forecasting/estimation
- Priority in procuring all life saving medicines , mostly donor supported
- Verticality in procurement and distributions

Suggested ways forward:

- Capacity dev. In forecasting and procurement processes
- Govt. need to explore sustainable mechanism of procurement, storage and distribution of these life saving medicines
- Harmonized/integrated procurement and distribution systems.

H. Costs- issues identified

- Wide variation, lack in price control, effect on poor

Suggested ways forward:

- Govt. to explore free/subsidized provision of LS medicines for the poor
- Price regulatory mechanism for life saving medicines

I. Coordination/Integration- issues identified (*Multiple partners/ stakeholders working with MoH; UN Joint Program on MNH exists in some countries*)

- Inadequate public-private-stakeholders partnerships
- opportunities to strengthen co-ordination and harmonization
- Vertical approaches/piloting-needs evidence based

Suggested ways forward:

- Promote more integrated approach in planning, implementation & ME
- Harmonize in the areas like STGs, training, supply chain mgt, etc

Conclusions

The findings from these ‘snap shot’ assessment exercises so far conducted in the selected countries (Laos, Nepal, Philippines, Mongolia, DPRK and Ethiopia) revealed to be very powerful and created very strong awareness among the govt. policy makers and key stakeholders. Key actions in terms of immediate, mid term and long term interventions required have been suggested and well appreciated by the respective governments and other in-country partners. Also from the Philippines and DPRK exercises, it has been revealed that such studies can also include selected contraceptives as well as other selected maternal/RH medicines to review the status and suggest ways forward for a harmonized procurement and distribution system in the country.