

**Rational Pharmaceutical Management Plus
Preparation and Planning for POPPHI AMTSL Study in Ghana:
Trip Report**

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Key Words

Post-partum hemorrhage, AMTSL, POPPHI, Uterotonics

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Acronyms

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services, JHPIEGO
AMTSL	Active management of the third stage of labor
ARV	anti-retroviral
CHO	Community Health Officer
CHP	Community-based Health Planning and Service
ICM	International Confederation of Midwives
FIGO	International Federation of Gynecologists and Obstetricians
GHS	Ghana Health Services
GRMA	Ghana Registered Midwives Association
GSCP	Ghana Sustainable Change Project
LMS	Logistics Management System
MoH	Ministry of Health
POPPHI	Prevention of Post partum Hemorrhage Initiative
PPH	Post Partum Hemorrhage
QHP	Quality Health Partners
RPM Plus	Rational Pharmaceutical Management Plus (Program)
STG	standard treatment guidelines
USAID	U.S. Agency for International Development

Preparation and Planning for POPPHI AMTSL Study in Ghana: Trip Report

Background

RPM Plus is a supporting partner of the Prevention of Postpartum Hemorrhage Initiative (POPPHI), a three-year project awarded to the consortium of PATH, RTI International, EngenderHealth, the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) on July 29, 2004. Other collaborators for the POPPHI Project include HealthTech, and Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS).

The POPPHI Project is part of USAID's broader Special Initiative to reduce postpartum hemorrhage (PPH), the single most important cause of maternal deaths worldwide, through expanded use of Active Management of the Third Stage of Labor (AMTSL).

AMTSL is an intervention that reduces the incidence of postpartum hemorrhage by up to 60 percent. According to the 2003 Joint Statement of the International Confederation of Midwives (ICM) and International Federation of Gynaecologists and Obstetricians (FIGO), AMTSL consists of interventions designed to facilitate the delivery of the placenta by increasing uterine contractions and to prevent PPH by averting uterine atony.

The usual components include:

- Administration of uterotonic agent immediately following the birth
- Controlled cord traction
- Uterine massage after delivery of the placenta, as appropriate.

There is substantial evidence that AMTSL is an intervention that reduces the incidence of postpartum hemorrhage. Evidence regarding the adoption of this practice, however, is very limited.

As a result, POPPHI has begun a Global Survey of AMTSL practices in order to address this gap. The objectives of the study are the following:

- Identify if and how AMTSL is formally promoted in the Standard Treatment Guidelines (STGs)
- Determine which components of AMTSL are practiced (prophylactic use of oxytocic agents, early cord clamping, controlled cord traction, fundal massage), and how consistently are they practiced
- Assess at a national level, the proportion of deliveries where AMTSL is used
- Investigate methods used for selection, quantification, storage of uterotonics
- Establish the availability and practices in the use of oxytocics

The survey has already been initiated in Tanzania, Uganda, Ethiopia and Benin. As a collaborating partner with the POPPHI initiative, RPM Plus has contributed to the design of the study tools in areas focusing on pharmaceutical management. In addition, RPM Plus is supporting this study in Benin and Ghana.

Purpose of Trip

MSH/RPM Plus in collaboration with AWARE-RH jointly organized a regional training workshop in Accra, Ghana for the Quantification of ARVs, anti-malarials and uterotonics. Following this workshop, Emmanuel Nfor and Jennifer Leopold stayed on for three days to begin planning for POPPHI Survey of AMTSL practices in Ghana.

The purpose of meetings was to present the study proposal and learn more about current efforts in the country to promote AMTSL.

Scope of Work

- Brief and debrief with USAID Mission
- Present the study proposal to Ghana Health Services
- Present the study proposal to key stakeholders and partners working to promote AMTSL in Ghana

Activities

RPM Plus met with Henrietta Odoi-Agyarko, **Ghana Health Services (GHS)** to discuss the POPPHI AMTSL Global Survey. She had already been introduced to the study by Deborah Armbruster, Director, POPPHI during the Entebbe Conference and was enthusiastic to begin planning as soon as possible. We discussed the first steps to getting started including 1) the identification of a study coordinator, 2) collecting hospital delivery data to determine the study sample and 3) determining the necessary steps for ethical review and approval for the study. RPM Plus will continue to be in contact with Dr Odoi-Agyarko to move forward with the study.

The RPM Plus team also met with Ernestina Djokotoe and Mariama Sumani of the **Ghana Registered Midwives Association (GRMA)** to discuss their activities and to present the potential for the upcoming study. They have roughly 300 members – most of which (82%) practice in the private sector in their own clinics. They explained that they had been organizing regional workshops on Active Management (AMTSL did not seem to be a common acronym in Ghana) through a team of regional coordinators. They also hope to help develop the relationship between registered midwives and CHPS community health nurses to further expand quality of care for mothers. They explained that misoprostol was already used in RH, sometimes given before delivery. Oxytocin was given as prophylaxis after the birth of the anterior shoulder. They have had difficulty collaborating with OB/GYNs. Funding limitations have limited training efforts and lack of funding for transport has weakened ability to complete M&E.

RPM Plus met with **Quality Health Partners (QHP)**, the USAID bi-lateral project led by Engender Health and designed to provide evidence-based support to the Ghana Health Service (GHS) and a range of private institutions particularly in the areas of Reproductive and Child Health (RCH). They are working in 30 districts determined by USAID and GHS as high-need areas in 7 of 10 regions in Ghana. Joyce Ablordeppey, MNH Specialist, is the coordinator for QHP's MNH activities. They have established a number of regional agreements to provide assistance. Activities include Life-Saving Skills (LSS) Training for ante-natal through post-partum care which includes Active Management for the prevention of PPH. They also are working to update pre- and in- service training curricula for a number of professional health programs.

QHP works in coordination with AED's **Ghana Sustainable Change Project (GSCP)** (2004-2009) which will focus behavior change communication (BCC) activities and developing and implementing information, education and communication (IEC) activities (mass media, interpersonal) in reproductive and child health, and HIV/AIDS prevention, care and support. QHP did a facility baseline assessment in 2004 and this can be accessed on their website: www.ghanahhp.org.

RPM Plus met with **Community-based Health Planning and Services (CHPS) –Technical Assistance (TA) project**, led by Population Council to better understand the CHPS program and its capacity to deliver prevention of PPH services. CHPS-TA is also working in the priority 30 districts. The CHPS program is a GHS strategy to increase access for rural populations to health services. CHPS develops sustainable volunteerism and community health action, empowers women and vulnerable groups, and improves health provider, household and community

interaction.¹ CHPS includes a network of trained community health nurses living and working in the community they serve. CHPS-TA works in the community through Community Health Officers- CHO, the CHOs work out of a health compound where a small number of supplies are kept (sometimes a gas or solar powered refrigerator) and also make home visits. The Community Health Officer (CHO) is not authorized to supervise a delivery and cannot administer injectable uterotonics like oxytocin, but may give ergometrine tablets. However, if the CHO is a trained nurse midwife they are allowed to attend births and administer injectable uterotonics.

Because the CHPS is targeted to the most rural communities, only 3% of the country's population is covered by a CHPS zone. Each zone is comprised of 3-5 villages and not more than 5000 people. CHOs collect their supplies from the district health team. The current HMIS system does not capture CHPS info as it's included in district level information. One major preoccupation of the staff of CHPS-TA who met with RPM Plus team was the lack of involvement of the community in the AMTSL study proposal. They suggested including an interview of the CHO or nurse midwife.

RPM Plus met with Egbert Bruce of **JSI-Deliver** to learn about their efforts to strengthen the Ghana pharmaceutical supply chain and to inform them of the study. Deliver is working with essential medicines, family planning commodities and anti-retrovirals (ARVs). The Logistics Management System (LMS) captures data only on family planning commodities and ARVs. They have worked to create one management delivery system in Ghana to be managed by GHS and the Stores, Supply, and Drug Management (SSDM) Unit. The system is based on a regular scheduled delivery system from the central medical stores (CMS) to the regional stores who should then supply the facilities. But due to lack of transport in most regions, this strategy is not entirely working. Drug Availability Reports are supposed to be completed by the regional stores and sent to the national level. The forms however are not regularly being completed and so program managers are not always informed of availability of medicines at the facilities.

The CMS and procurement however fall under the responsibility of the MoH and the coordination between the MoH and GHS has been a challenge. Regional stores are buying medicines from the CMS and outside sources. He explained that 200 mcg Cytotec (miso) was being used in the private clinics and the teaching hospitals. In regards to adding misoprostol to the NEML, he explained that the teaching hospital would be very influential in such policy changes.

In May 2006, they recently completed a national logistics system assessment in all 10 regions, called the *Ghana Qualitative and Quantitative Logistics System Assessment*. Oxytocin was included as a tracer drug for this assessment, so they have agreed to share their findings as soon as the report is finalized. WHO is also planning to support a Procurement and Management Plan in Ghana which may also be key in assuring the availability of uterotonics for PPH.

RPM Plus also met with Dr. Fanta Diabate with AWARE-RH to learn of their activities in the regional to promote AMTSL and the prevention of PPH. Working in collaboration with UNICEF and CARE (Togo), they have ongoing activities in Cameroon and Mauritania and plan to begin work in Niger and Togo.

¹ <http://www.ghana-chps.org/about.htm>

Finally, RPM Plus had a de-brief meeting with Bethanne Moskov, USAID Ghana to discuss the activity and learn about the Mission's future direction for health programming in Ghana.

Collaborators and Partners

- Henrietta Odoi-Agyarko, Ghana Health Services
- Ernestina Djokotoe, President, Ghana Registered Midwives Association
- Dr. Alex Nazzar, M&E; Fatimata Sambou Diabate, Sr. Technical Advisor, FP/RH, AWARE-RH
- Richard Killian, Director; Dr. Edward Bonku, Deputy Director; and Joyce Ablordeppey, MNH Specialist, QHP
- Barbara Jones, Dep Chief of Party; Caroline Tetteh, QA Advisor; and Jemima Dennis-Antwi, Pre-Service Advisor, CHPS-TA
- Egbert Bruce, Program Officer, JSI/Deliver
- Bethanne Moskov, USAID Ghana

Next Steps

Immediate Follow-up Activities

RPM Plus is in communication with Dr. Odoi-Agyarko to determine a study coordinator in Ghana.

ANNEX 1

MSH/RPM Plus De-Brief Meeting with USAID Ghana, Wednesday, December 5, 2006

Emmanuel Nfor, Senior Program Associate, MSH/RPM Plus
Jennifer Leopold, Senior Program Associate, MSH/RPM Plus

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Purpose for Visit: MSH/RPM Plus facilitated an AWARE-RH regional workshop in Accra, Ghana for the Quantification of ARVs, anti-malarials and uterotonic. Following this workshop, Emmanuel Nfor and Jennifer Leopold stayed on for three days begin planning for POPPHI Survey of AMTSL practices in Ghana.

Contacts during Visit:

- **Ghana Health Services** - Henrietta Odoi-Agyarko
- **Ghana Registered Midwives Assoc.** – Ernestina Djokotoe, President
- **AWARE-RH** - Dr. Alex Nazzar, M&E and Fatimata Sambou Diabate, Sr. Technical Advisor, FP/RH
- **QHP** – Richard Killian, Director; Dr. Edward Bonku, Deputy Director; and Joyce Ablordeppey, MNH Specialist
- **CHPS-TA** – Barbara Jones, Dep Chief of Party; Caroline Tetteh QA Advisor; and Jemima Dennis-Antwi, Pre-Service Advisor
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