

**Rational Pharmaceutical Management Plus  
XVIII FIGO World Congress of Gynecology and Obstetrics 2006:  
Trip Report**

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*XVIII FIGO World Congress of Gynecology and Obstetrics 2006: 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**

Maternal Health, Post Partum Hemorrhage, Active Management of the Third Stage of Labor, AMTSL, FIGO

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## Acronyms

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
AMTSL	Active management of the third stage of labor
CMS	Central medical stores
DSF	Division of Family Health (Direction de la Santé familiale)
DPM	Drug regulatory division (Direction de la Pharmacie et du Médicament)
FIGO	International Federation of Gynecology and Obstetrics
ICM	International Confederation of Midwives
MOH	Ministry of Health
POPHI	Prevention of Postpartum Hemorrhage Initiative
RPM Plus	Rational Pharmaceutical Management Plus Program
SAGO	Société Africaine de Gynécologie et d'Obstétrique
STG	Standard treatment guidelines
USAID	U.S. Agency for International Development
WHO	World Health Organization



## **Background**

In 2004, the U.S. Agency for International Development (USAID) awarded a three-year project called the Prevention of Postpartum Hemorrhage Initiative (POPPHI) to a consortium formed by the Program for Appropriate Technology in Health (PATH), RTI International, EngenderHealth, the International Confederation of Midwives (ICM), and the International Federation of Gynecology and Obstetrics (FIGO).

Management Sciences for Health's Rational Pharmaceutical Management (RPM) Plus Program is a partner supporting this initiative; other collaborators in 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 special initiative to reduce postpartum hemorrhage (PPH), the leading cause of maternal deaths worldwide, by increasing use of active management of the third stage of labor (AMTSL).

In late 2005, RPM Plus initiated a study in four West African countries – Benin, Burkina Faso, Cameroon and Mali, to identify issues at the central level that might negatively affect the quality of services at the facility level, looking specifically at—

- Factors affecting the widespread availability of uterotonics in health facilities
- Training initiatives to ensure that staff are well trained in AMTSL and the storage requirements for uterotonics
- Systems to ensure quality products, maintained through a secure distribution chain

The *Review of Policy and Procedures on Use of Uterotonics for Active Management of the Third Stage of Labor and Prevention of Postpartum Hemorrhage in Four African Countries: Benin, Burkina Faso, Cameroon, and Mali* consisted of a review of STGs, essential medicines lists, and other regulatory documents from all four countries. The objective of the review was to identify the differences, strengths, and similarities of the national protocols for AMTSL as compared to the WHO reference standard.

The study included interviews with several key contacts within the Ministry of Health (MoH), including the Division of Family Health (Direction de la Santé familiale, or DSF); the division regulating drug policy (Direction de la Pharmacie et du Médicament, or DPM); and the central medical stores (CMS), the national procurement agency for essential medicines. In addition, reproductive and maternal health educators and other health professionals who play a key role in improving the availability and use of uterotonics for AMTSL were consulted in order to complete the questionnaire for each country.

The study also included visits to the national CMS, through which all essential medicines are financed, procured, stored, and distributed to public health facilities. Questions related to procurement, availability of uterotonics, inventory management, and means of storage. Other questions sought to identify weaknesses in the cold chain and temperature monitoring (recording) from the time products arrived at the CMS to the time they were distributed to the peripheral level. In addition, the means of distribution, the volume of the inventory, the frequency of stock-outs, the type of uterotonics on hand, and product pricing were discussed.

**Purpose of Trip**

The purpose of the trip was to attend the *XVIII FIGO World Congress of Gynecology and Obstetrics*, held November 6-10, 2006 in Kuala Lumpur, Malaysia and present this study in collaboration with findings from POPPHI Study on AMTSL practices in Tanzania and Ethiopia.

**Scope of Work**

- Attend FIGO Conference and present RPM Plus paper and findings.

## **Activities**

Jennifer Leopold presented the study findings by power point presentation [Annex 1] on Tuesday afternoon, November 7<sup>th</sup> following a presentation by POPPHI Director, Deborah Armbruster regarding findings from Global Survey of AMTSL practices in Tanzania and Ethiopia.

Monir Islam, Director for Making Pregnancy Safer at the World Health Organization (WHO) and Mario Festin, MD, Lead researcher for the study: *International survey on variations in practice of the management of the third stage of labour*, Bulletin of the World Health Organization 2003, were discussants for the session. Nester Moyo, Programme Manager for International Confederation of Midwives (ICM) was session facilitator.

Key sessions during the conference included presentations on global maternal mortality and the importance of the active management of third stage of labor (AMTSL) as a key intervention to reducing PPH as well as the use of misoprostol for PPH treatment and prevention at the community level.

## **Collaborators and Partners**

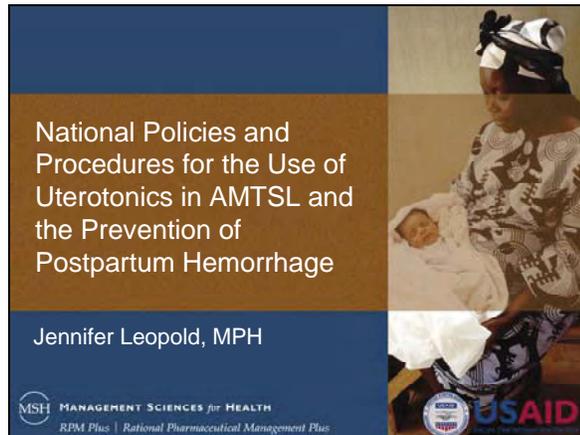
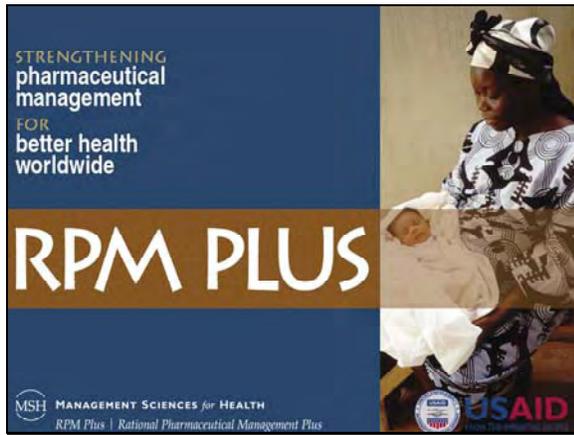
Deborah Armbruster, Director, POPPHI

## **Next Steps**

### **Immediate Follow-up Activities**

RPM Plus anticipates presenting this study at upcoming *Société Africaine de Gynécologie et d'Obstétrique* (SAGO) conference to be held in Kinshasa, Democratic Republic of Congo. This conference has been postponed from December 2006 with new date yet to be determined.

## Annex 1: Presentation



### RPM Plus and POPPHI

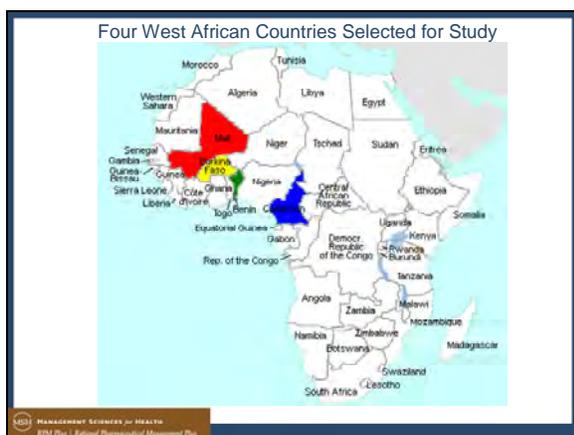
- MSH's Rational Pharmaceutical Management (RPM) Plus program is a supporting partner of the Prevention of Postpartum Hemorrhage Initiative (POPPHI)
- RPM Plus works to improve the availability, storage, and use of quality uterotonics in countries adopting and practicing active management of the third stage of labor (AMTSL)

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### Background to the Study

- POPPHI had begun studies in eastern and southern Africa and was interested in learning more about activities in West Africa
- Interest existed in exploring the possibility of harmonizing policies to promote AMTSL

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### Study Objectives

- Determine whether AMTSL has been incorporated into national policies and protocols (treatment guidelines, formularies)
- Determine whether AMTSL modules are included in pre- and in-service training for doctors, nurses, and midwives
- Describe the policies and practices regarding the supply and management of uterotonics

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## Methodology

- Collected standard treatment guidelines, national formularies, essential medicines lists (EMLs), Reproductive Health (RH) program documents and AMTSL training materials
- Interviewed Directors of RH; officials responsible for pharmaceutical control, procurement, and management; and health professionals
- Visited the Central Medical Stores (CMS)

## Study Findings in Three Areas

- Policies and guidelines in place to support the AMTSL program
- Training in AMTSL practice and the proper management of uterotonics
- Inventory management of uterotonics at the national level

## Policies and Guidelines

- In all four countries, oxytocin and ergometrine are registered and included on the NEML
- In Burkina Faso and Mali, misoprostol is also included on the NEML
- Three of four countries have included AMTSL in Emergency Obstetric and Neonatal Care guidelines

## Training in AMTSL

- In three of four countries, AMTSL had not yet been incorporated into core curricula for physicians, nurses, midwives
- In all countries, health providers receive in-service training in AMTSL
- Supply managers often are not trained in proper conservation of uterotonics

## Inventory Management (1)

- Method for quantifying needs
- Availability of medicines in CMS
- Storage conditions for uterotonics at CMS
- Distribution system to regional stores and facilities
- Maintaining uninterrupted cold chain
- Quality control

## Inventory Management (2)

- In all four countries, the needs estimates are based on past consumption rather than feedback from health centers
- In all four countries, CMS supplies facilities outside the public sector



### Inventory Management (3)

- Medicines were available and stored in cold room at the CMS at the time of visit in all but one country
- Three of four countries use a “push” mechanism to distribute medicines to facilities

### Inventory Management (4)

- Uninterrupted cold chain not specifically monitored after distribution to the regional stores
- None of the countries had a system for routine quality control checks of uterotonics after point of reception

### Recommendations (1)

- Update national policies to match practice
- Forecasting of medicines to consider—
  - Current program coverage
  - Rate of program scale-up
  - Estimated consumption for all indications
  - Demand from private sector

### Recommendations (2)

- Strengthen record keeping/information system to improve quality of data
- Improve storage practices for uterotonics
  - Uninterrupted cold chain
  - First expiry, first out (FEFO)
  - Quality control from reception to administration

### Recommendations (3)

- Pre- and continued in-service training in AMTSL for doctors, nurses, and midwives
- Define the role of misoprostol in prevention of postpartum hemorrhage

### Sincere thanks to the countries visited for their participation and the support in this study—

- Dr. Noël Ekue, Director of Family Health, Ministry of Public Health (MSP), Benin
- Mrs. Marcelle Totchenou, Trainer, Division of Family Health, MSP, Benin
- Dr. Alfred Dansou, Director, Drug Regulatory Body (DPM), Benin
- Dr. Pascal Hessou, Director, Central Medical Stores (CAME), Benin
- Dr. Alphonse Akpamoli, Planning Office, MSP, Benin
- Dr. Mamadou Compaore, Pharmacy and Medication Director, Burkina Faso
- Dr. Ghislaine Conombo, Director of Family Health, MSP, Burkina Faso
- Mr. Lazare Banse, Managing Director, Central Medical Stores (CAMEG), Burkina Faso
- Mrs. Sawadogo, Director of Logistics, Central Medical Stores, Burkina Faso
- Professeur Jean Baptiste Nikiema, Health Sciences Faculty, Burkina Faso
- Dr. Ousoumanou Taoussé, Director, Central Medical Stores (CENAME), Cameroon
- Dr. Ndo, Director, Pharmacy and Medicines, Cameroon
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- Dr. Cheick Oumar Toure, Country Director, IntraHealth, Mali
- Dr. Berthe Dieneba, Head of the Regulation Division, DPM, Mali
- Dr. Bintia Keita, Director of Division of Reproductive Health, Ministry of Health, Mali

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