Community-Based Distribution of Misoprostol for Prevention of Postpartum Hemorrhage

A Continuum of Care Model in Ghana

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The Setting – Southern Ghana

**WHO:** MacArthur, Earth Institute & University of Illinois

**WHAT:** Pilot the “Continuum of Care for the Prevention of Postpartum Hemorrhage”

**WHERE:** Bonsaaso Millennium Village > Amansie West district > Ashanti

**HOW:** through 7 Primary Health Centers serving 30,000

Follow-on grant for scale up in Amansie West and 3 districts in Millennium Village Project SADA region
The Facts: Amansie West

- Maternal Mortality Ratio
  380 vs 800+

- Home Delivery
  30 vs 70+

- Challenges
  - Rural areas
  - Limited access to transportation
  - Rough terrain, poor roads
THE MODEL — ADVANCE DISTRIBUTION

COMMUNITY SENSITIZATION

HOME OUTREACH

ANTENATAL CARE

MISOPROSTOL AT HOME
Key Findings

- Increased uterotonic coverage at birth
- Increased facility delivery
- High misoprostol acceptance in community
  “We love the drug and it’s life saving”
- Increased efforts for scale-up
Challenges for Scale up

- Policy makers are concerned about “misuse” of misoprostol for abortion
- Resources for training and drug procurement are limited
- Reliance on midwives for misoprostol access has limitations
- Pilot service delivery environment is not representative
Recommendations

Recommended modifications to the model

- Eliminate drug guarantor and retrieval requirements
- Streamline data collection requirements
Recommended actions to facilitate scale up within the Ghana Health Service

- Incorporate misoprostol in training schools
- Lower level facilities should treat PPH with misoprostol
- Community-based Health Planning and Services (CHPS) compounds could distribute misoprostol
- Develop misoprostol packed in for single use (DKT and more)
Conclusion....1

- Ghana is well poised to expand community-based misoprostol services to women in other rural communities
- Drug guarantor and retrieval requirements eliminated since pilot
- Drug added as National Health Insurance essential drug
Conclusion...2

- Despite this evidence of a feasible and successful model, scale up to other rural areas is proceeding slowly
  - National Medical Stores razed down by fire
  - Inadequate resources especially for training

- Ghana Health Service needs to act now
Let’s give them a chance to live!!!

“Medaase” – Thank YOU!!!