

Assessments and Commercialization Activities Prepare the Philippines for the Introduction of Oxytocin in Uniject to Save Women's Lives



The introduction of oxytocin in Uniject in the Philippines is supported by policy changes that allow midwives to administer lifesaving drugs such as oxytocin. Oxytocin in Uniject holds the greatest promise where providers are logistically and otherwise minimally supported, those settings where its use will significantly improve delivery care.

used correctly and stored at appropriate temperatures. Introducing a pre-filled injection system, Uniject, equips midwives to address maternal mortality in hospitals and health clinics with limited staff and infrastructure. Developed by the international nonprofit PATH and trademarked and produced by Becton Dickinson, Uniject is small, light, and easy to use. With a gentle squeeze, health care workers can quickly deliver an accurate, potentially lifesaving dose of oxytocin with minimal preparation and waste. The addition of a time-temperature indicator on the packaging to indicate cumulative heat exposure allows for more flexible transportation and storage and enables health workers to monitor the quality of each dose. Although interest in use of oxytocin in Uniject is well documented, and introductory activities have been conducted in many countries, there has yet to be any broad-scale uptake of the product through national programs.

USAID/Philippines PRISM2 Market Introduction Strategy

Seeing an opportunity in the active private and commercial sectors in the Philippines, USAID's Private Sector Mobilization for Family Health — Phase 2 (PRISM2) project developed a strategy that aimed to introduce the product through the private sector initially, while providing evidence on demand and acceptability of oxytocin in Uniject to support public sector adoption of this lifesaving innovation.

Maternal mortality in the Philippines has remained virtually unchanged during the past decade, at about 120 deaths per 100,000 live births. Postpartum hemorrhage remains a major contributor, accounting for 17 percent of these deaths. Despite the availability of low-cost, lifesaving commodities, access to drugs like oxytocin at facilities where mothers are giving birth remains unacceptably low. Combined with national policy revisions that allow midwives to administer lifesaving drugs, delivery of oxytocin in the Uniject injection device is a solution with the potential to increase access to this gold standard drug for prevention of postpartum hemorrhage in the Philippines and beyond.

What are oxytocin and Uniject? Oxytocin is a low-cost lifesaving commodity that can prevent and treat postpartum hemorrhage when used correctly and stored at appropriate temperatures. Introducing a pre-filled injection system, Uniject, equips midwives to address maternal mortality in hospitals and health clinics with limited staff and infrastructure. Developed by the international nonprofit PATH and trademarked and produced by Becton Dickinson, Uniject is small, light, and easy to use. With a gentle squeeze, health care workers can quickly deliver an accurate, potentially lifesaving dose of oxytocin with minimal preparation and waste. The addition of a time-temperature indicator on the packaging to indicate cumulative heat exposure allows for more flexible transportation and storage and enables health workers to monitor the quality of each dose. Although interest in use of oxytocin in Uniject is well documented, and introductory activities have been conducted in many countries, there has yet to be any broad-scale uptake of the product through national programs.



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Assessments

To explore demand-related issues and develop a target market profile, PRISM2 conducted a study to document health care providers' perceptions on acceptability and willingness to pay for oxytocin in Uniject. A total of 237 private and public birth attendants participated in the study. PRISM2 further explored the acceptability and feasibility of using oxytocin in Uniject at health care facilities in the Philippines through an operations research study that enabled 127 midwives, nurses, and doctors in 42 peripheral facilities to receive hands-on experience using the product. After a two-month baseline data collection period, when facilities and providers continued their regular practices according to established protocols, oxytocin in Uniject was introduced for three months. At the end of this period, health care workers and facility managers were interviewed to assess their experiences and opinions related to oxytocin in Uniject. The study also assessed the impact on provider practices.

Findings

Providers indicated a preference for purchasing oxytocin in Uniject instead of the most expensive brand name variety of oxytocin in ampoules, with the addition of a time-temperature indicator further increasing the willingness to pay a premium for oxytocin in Uniject. The operations research study found 97 percent of health workers preferred oxytocin in Uniject to oxytocin in ampoules. Among the beneficial features mentioned were no need for cutting of ampoules (91 percent), exact quantity of drug administered through the pre-filled syringe (80 percent), and no risk of broken glass (91 percent). Providers also said it improved the timing of oxytocin administration, especially for providers working alone. Similarly, more than half (54 percent) of facility managers said the introduction of oxytocin in Uniject had improved the quality of care at their facility.

Commercialization

Through a market landscaping survey that covered nine potential importers, PRISM2 identified robust commercial interest from pharmaceutical groups, importers, and distributors in the Philippines to introduce oxytocin in Uniject into the local market. Building on the market landscaping, the project established a partnership with a local pharmaceutical company and explored a number of commercialization strategies for oxytocin in Uniject, including importing the finished product, local packaging of the imported product, and local manufacturing options.



Advocacy

PRISM2 developed a strategic communications plan to target dissemination of research findings in critical forums. The project focused on engaging key public sector stakeholders, as well as professional associations and other groups able to influence opinions in the health sector. As a result of the project's advocacy efforts and documentation of evidence on oxytocin in Uniject, the Department of Health has expressed interest in pursuing the possibility of introducing the product through private and public sector channels.

Challenges

Oxytocin in Uniject is more expensive to produce than generic oxytocin in ampoules, and the higher cost of the product produced outside of the Philippines may pose a challenge to early scale-up. However, the current low-volume cost of oxytocin in Uniject is still lower than the brand name oxytocin in ampoules that many providers, particularly in the private sector, are using. Challenges remain to ensure a supply of the product, given the absence of a local oxytocin in Uniject filling facility. Initial costs for facility preparation and regulatory qualification, personnel training, and installation of equipment are a major factor in ensuring supply. Any decision to introduce the product probably will need to include a "pull" commitment to incentivize investment in production.