

6 Case studies of D₃AWN PDP impact

Case studies show that FCDO-funded research programs have influenced policies, guidelines, practice, plans, strategies, etc., and/or products included in clinical care guidelines. Six case studies of impact are noted below:

ELLAVI UTERINE BALLOON TAMPONADE



KENYA

1 Uterine Balloon Tamponade listed as an essential reproductive health commodity in Kenya MOH RH policy

In February 2022, the Kenya MOH issued an updated National Reproductive Health Policy for 2022–2032.; see <https://www.health.go.ke/wp-content/uploads/2022/07/The-National-Reproductive-Health-Policy-2022-2032.pdf>. Revised Section 3.4 Policy Thrust, Subsection 3.4.1 to include UBT as a key commodity to reduce maternal, perinatal and neonatal morbidity and mortality. Work continues to classify the UBT as a national strategic health commodity to ensure allocation of government budget.

2 Ministry of Health to train staff to use Ellavi UBT across Kenya

D₃AWN PDP effort led to the inclusion of the Ellavi UBT in the National Guidelines for Quality Obstetrics and Perinatal Care and the revised national emergency obstetric and newborn care training curriculum materials. As the curriculum and materials cannot be brand specific, the UBT with free-flow system, the unique feature of the Ellavi UBT, was included. The curriculum will be rolled out nationally by the Ministry of Health.

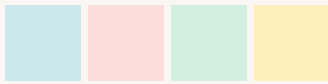


SOUTH AFRICA

3 South Africa includes Ellavi UBT in maternal health policy, protocols and training programs in three provinces

South Africa included the Ellavi UBT as a standard of care in national maternal health policies, protocols and training programs in 2019. Recently, due to the effects of the COVID-19 pandemic on increased maternal mortality, staff unavailability and budget constraints, the provincial health departments in Free State, Limpopo and KwaZulu-Natal decided to include the Ellavi UBT in provincial policies, protocols and training programs for the management of PPH. Funding has been approved for the procurement of the Ellavi UBT through institutional, district and provincial supply chain management procedures to ensure that the device is available at all levels of healthcare.





GHANA

4

Research to action: Ghanaian facilities purchase Ellavi UBT for PPH management

In Ghana, dissemination of the results of the Ellavi UBT implementation research resulted in a consensus among key policymakers to roll out the Ellavi UBT as part of the national PPH package of care. Research moved quickly into action when the evidence collected at Ridge Hospital, one of the implementation research sites in Accra, decided to purchase the Ellavi UBT as part of the postpartum hemorrhage package of care used at the facility.

5

National teaching hospital in Accra introduces Ellavi UBT

As a result of the implementation research dissemination workshop in Ghana, Dr. Ali Samba, Director of Medical Affairs at Korle Bu Hospital (the national teaching hospital based in Accra), requested assistance to train providers on the use of the Ellavi UBT. PATH and representatives from Mangel Klicks and Sinapi Biomedical facilitated a training in March 2022 for more than 120 providers, nurses, midwives, and doctors from Korle Bu Hospital and a nearby maternity clinic. Continued PATH engagement with these key stakeholders and influencers will accelerate the introduction and uptake of the Ellavi UBT in the country.

OXYTOCIN IN SUBLINGUAL FAST-DISSOLVING TABLETS

6

D₃AWN PDP portfolio effective at using results of vanguard research on oxytocin to prioritize maternal health impact

The heat-stable oxytocin in fast-dissolving tablet formulation was exited from the D₃AWN portfolio based on results from the preclinical animal study. PATH exited the product from the portfolio because it didn't meet the criteria for postpartum hemorrhage indication even with relatively large (200IU) dose.

Results from this early product development effort were evaluated using the D₃AWN portfolio approach for efficient product development, which included implementing a risk mitigation strategy that proactively determined an early exit of this technology. This stage gate process allowed the prioritization of high-impact technologies with a better likelihood of success to tackle postpartum hemorrhage. This is a good example of how PATH managed the D₃AWN portfolio to advance only the most promising technologies.

The team is considering other indications of use that might not need the rapid bioavailability necessary to treat an emergency condition such as postpartum hemorrhage. Potential indications of use might be postpartum depression, generalized anxiety, boosting female libido, and/or lactation augmentation.

