



USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

Photo by Mark Tuschman

MTaPS objectives

1. Pharmaceutical-sector governance strengthened
2. Institutional and human resource capacity for pharmaceutical management and services increased, including regulation of medical products
3. Availability and use of pharmaceutical information for decision making increased and global learning agenda advanced
4. Pharmaceutical-sector financing, including resource allocation and use, optimized
5. Pharmaceutical services, including product availability and patient-centered care, to achieve health outcomes improved

The MTaPS Program is from the American People through USAID

Based on its decades of expertise in strengthening health systems to save lives and improve the health of people in low- and middle-income countries, USAID supports better governance and integrated, innovative, and sustainable strategies to strengthen pharmaceutical systems.

Funded by the US Agency for International Development and led by Management Sciences for Health (MSH), the goal of the five-year USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2023) is to help low- and middle-income countries strengthen their pharmaceutical systems to ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medicines and pharmaceutical services.



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PREVENTING MATERNAL AND CHILD DEATHS

A country's journey to self-reliance for preventing maternal and child deaths requires strong pharmaceutical systems that ensure continuous access to lifesaving treatments.

Countries have made significant progress in reducing maternal and child mortality rates,¹ but few met the 2015 Millennium Development Goals. Meeting the more aggressive Sustainable Development Goals' maternal, newborn, and child mortality targets² will require a systems-strengthening approach; however, a large proportion of deaths could be avoided if women and children had access to quality medicines and supplies and skilled health care providers.

Global initiatives such as the Every Woman Every Child movement aim to improve the lives and health of women and children, and USAID has renewed its commitment to ending preventable maternal and child deaths by setting targets to save the lives of 15 million children and 600,000 women by 2020 and tracking progress in its Acting on the Call reports. However, lifesaving maternal, newborn, and child health (MNCH) medicines, equipment, and supplies are often left off country agendas, and policy and systems factors that facilitate their access are often not in place.³ Without reliable access to medical products, such as oxytocin for postpartum hemorrhage, antibiotics and oxygen for childhood pneumonia, and oral rehydration solution and zinc for childhood diarrhea, preventable deaths will continue.

In recognition of the need to act, USAID MTaPS supports USAID's commitment by working to highlight the importance of MNCH medical products and services, raising awareness of the barriers to their access, and providing technical assistance to reducing these barriers at both the global and country levels.

¹ Countdown to 2015. A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report. Available at: <http://countdown2030.org/2015/2015-final-report>.

² SDG3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. SDG3.2. By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

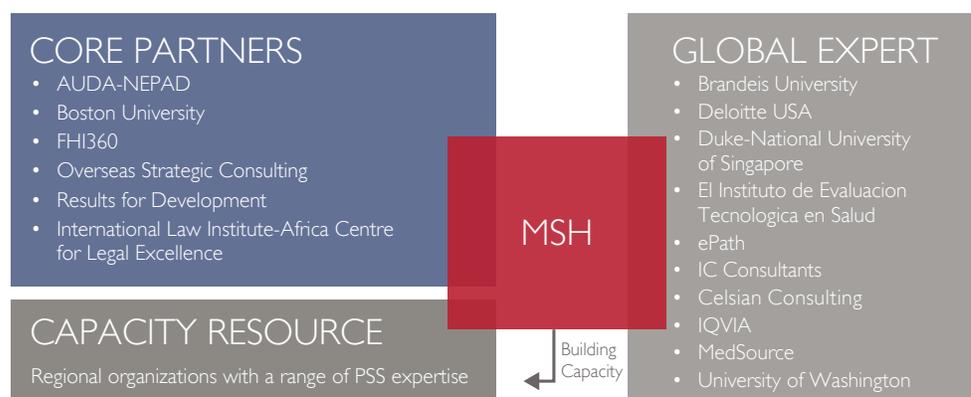
³ Briggs et al. 2018. How to assure access of essential RMNCH medicines by looking at policy and systems factors: An analysis of Countdown to 2015 countries, *BMC Health Services Research* 18:952.

MTaPS helps countries:

- Review their policies and systems to ensure that they create favorable conditions to increase access to MNCH medical products and services (e.g., update standard treatment guidelines and essential medicines lists to reflect the most recent World Health Organization recommendations for MNCH and use innovative mechanisms to disseminate these tools to health care providers)
 - Develop national strategies for rapid adoption, introduction, and implementation of new MNCH medical products, such as heat-stable carbetocin for postpartum hemorrhage and diagnostic devices for pneumonia, as well as scale up access to newly introduced medical products such as chlorhexidine, misoprostol, and amoxicillin dispersible tablets
 - Develop a systems strategy to expand of the use of oxygen and a respiratory package to improve health outcomes for childhood pneumonia
 - Strengthen community health workers' management of medicines to improve the quality of community case management for children under five by using community-level data to ensure that program needs are adequately considered
 - Estimate the implementation cost for the full package of integrated community case management to facilitate the mobilization of funds to procure all needed medicines and supplies
 - Improve information for decision making on RMNCH commodities by ensuring that MNCH medicines are included in strengthening and expanding logistics management information systems and linking to patient data through DHIS 2
- Quantify MNCH medicines, which are usually categorized as essential medicines and often lack quantification support
 - Ensure the quality of oxytocin for postpartum hemorrhage through adequate regulatory support and integration into the immunization cold chain
 - Optimize financing of medical products for women's and children's health by strengthening MNCH commodity security groups, mapping financial flows, and reducing bottlenecks for procuring MNCH medical products, which are primarily funded through governments
 - Improve pharmaceutical services for women and children by improving adherence to lifesaving treatments such as antibiotics for pneumonia and zinc for diarrhea
 - Engage private-sector service providers, including drug sellers who are often the source of medicines and services for women and children, to provide patient-centered pharmaceutical services (e.g., use accreditation to institutionalize quality standards and incorporate private providers in the national community health strategy)
 - Advocate for increased political and financial support for the regulatory oversight of MNCH medical products and strengthen mechanisms to ensure the quality and safety of medicines for women and children by strengthening the regulatory systems, streamlining the registration process, and expanding pharmacovigilance programs to include MNCH health care providers
 - Engage civil society to monitor access to quality medical products and pharmaceutical services for women and children

The MTaPS Consortium

Led by Management Sciences for Health (MSH), the MTaPS consortium comprises core partners, global experts, and capacity resource partners. Core partners and global experts are listed below. Capacity resource partners include local organizations with regional or country-based knowledge, technical expertise, and networks (African Health Economics and Policy Association, African Collaborating Centre for Pharmacovigilance and Surveillance, Ecumenical Pharmaceutical Network, Kilimanjaro School of Pharmacy, Muhimbili University, Pharmaceutical Systems Africa, U3 SystemsWork, and the University of Ibadan) and other partners (Columbus Consulting, Empower Swiss, and Softworks).



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