

Advocacy to update national Essential Medicines Lists

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Global advocacy

 Bring attention to specific commodities that are not included on many country EMLs. For example:





Contraceptive Implants

Implants are thin, flexible rods that are inserted just under the skin of a woman's upper arm and provide sustained contraception, ranging from three to five years depending on the type of implant. For more information on this commodity, please visit the <u>Reproductive Health Supplies Coalition Product Brief on Contraceptive Implants</u>. Contraceptive implants are included in the 2015 WHO Model Essential Medicines List.

Contraceptive implants are included in the Essential Medicines List in 44 countries:

- Burkina Faso: Dosage: 36mg and 75mg, Drug and/or brand name: Norgestrel Implant
- Burundi: Dosage: 75 mg per implant (2 implants 150 mg total), Drug and/or brand name: Levonorgestrel Implant Jadelle
- <u>Cameroon</u>: Dosage: 36mg , Drug and/or brand name: Nitrile polymer implant
- Cane Verde: Dosage: Not listed Drug and/or brand name: 1 Implant

Contraceptive implants are not included in the Essential Medicines List in 76 countries:

- Afghanistan
- Algeria
- Angola
- Argentina

Country advocacy: First things first

EML Search identifies a gap in national policy





Kenya

Kenya has an Essential Medicines List, "Kenya Essential Medicines List," published in 2010. Language: English

The Kenya EML does not include the following new and/or underutilized commodities: Cyclebeads, Diaphragm, Levonorgestrel Intrauterine System, Manual Vacuum Aspiration, Pregnancy Tests for Family Planning, Progesterone Vaginal Rings

The Kenya EML includes the following family planning commodities and maternal health commodities:

Contraceptive Implants

Dosage: 68mg/flexible rod (etonogestrel) and 75mg/each of

two rods (150 mg total) (levonogestrel)

Drug and/or brand name: Levonorgestrel and Etonogrestrel Implants

Emergency Contraception

Regimens Listed:

0.75 mg levonorgestrel

Female Condoms

- Includes female condems

Determining whether to move forward

How <u>important</u> is EML inclusion in your country?

- Will it lead to improved RH access/outcomes in your country?
- Will the public sector only procure commodities on the EML?
- Do national guidelines include only commodities on the EML?
- What other factors affect how important this issue is?

How likely are you to <u>succeed</u> in the near-term?

- What is the timeframe/process for updating your country's EML?
- Is the policy environment favorable?
- Do you have resources to implement an advocacy strategy?

Developing an advocacy strategy

Don't reinvent the wheel.

Use an existing model like this one from Advance FP:

Phase 1
Build
Consensus

Step 1

Decide Who to Involve

Step 2

Set SMART Objective

Step 3

Identify the Decisionmaker

Phase 2

Focus Efforts Step 4

Review the Context

Step 5

Know the Decisionmaker

Step 6

Determine the Ask

Source:

advancefamilyplanning.org

Phase 3

Achieve Change Step 7

Develop a Work Plan Step 8

Set Benchmarks for Success Step 9

Implement and Assess

Once it's on the EML...

You're not done yet!

- Follow-up to ensure availability and use of the commodity
 - Procurement
 - Provider awareness
- Harmonize with other policies
 - Standard treatment guidelines
 - Pre- and in-service training guidelines

Thank you!

EML Search:

www.cecinfo.org/emlsearch





