

Implementation experience with TXA in Ethiopia

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Implementation experience with TXA in Ethiopia

Outline

- ❖ Introduction
- ❖ Success
- ❖ Opportunity
- ❖ Challenges
- ❖ Way forwards

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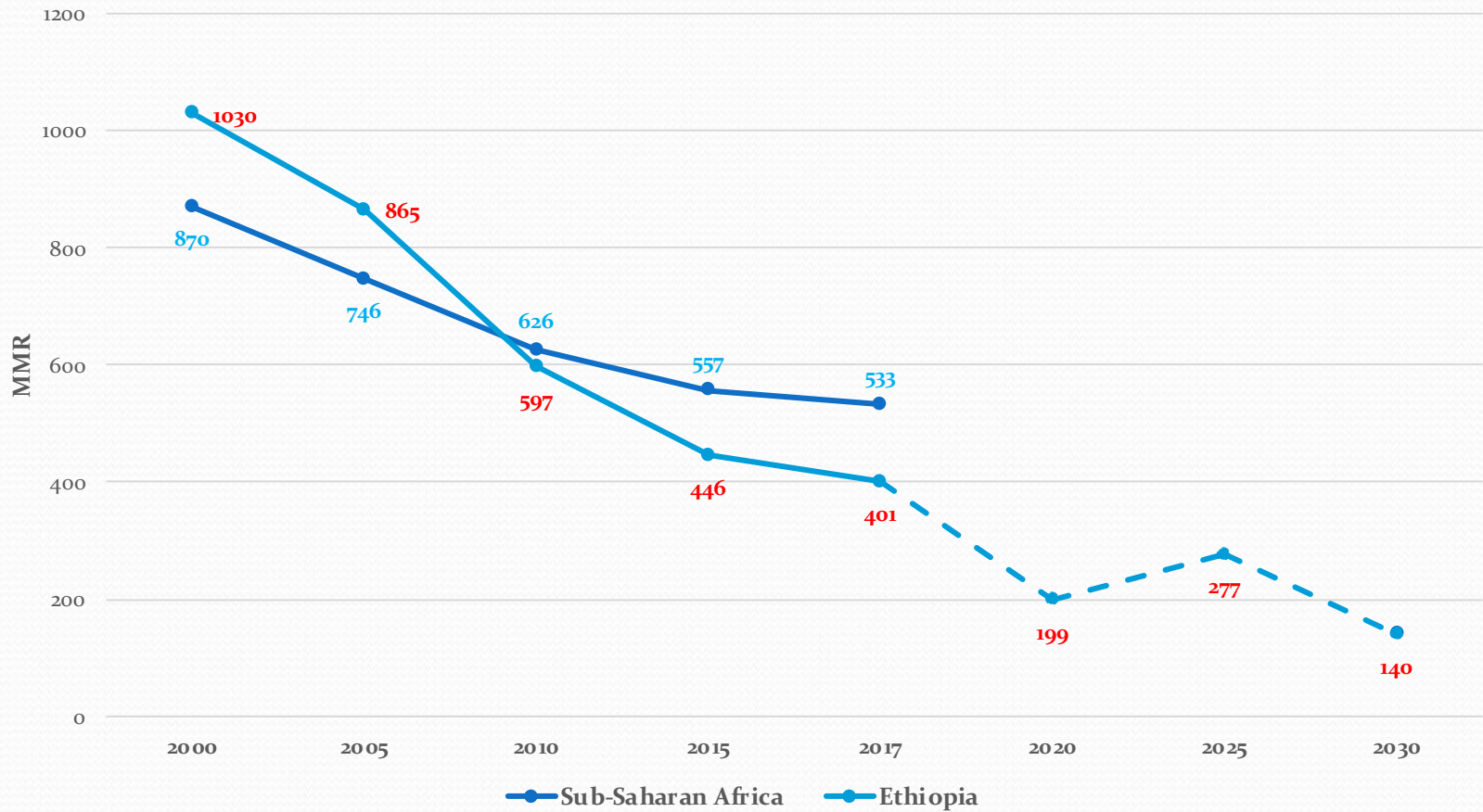
Introduction

- ❖ Postpartum hemorrhage is a leading direct cause of maternal morbidity and mortality in Ethiopia.
- ❖ The magnitude of postpartum hemorrhage is estimated to be about 8.24%. *
- ❖ 41–51% of all maternal deaths in Ethiopia is estimated to be attributed to hemorrhage, mainly PPH. **
- ❖ WHO, FIGO and ICM recommend the early use of TXA within three hours of birth, in addition to standard care for women with clinically diagnosed PPH following vaginal birth or caesarean section

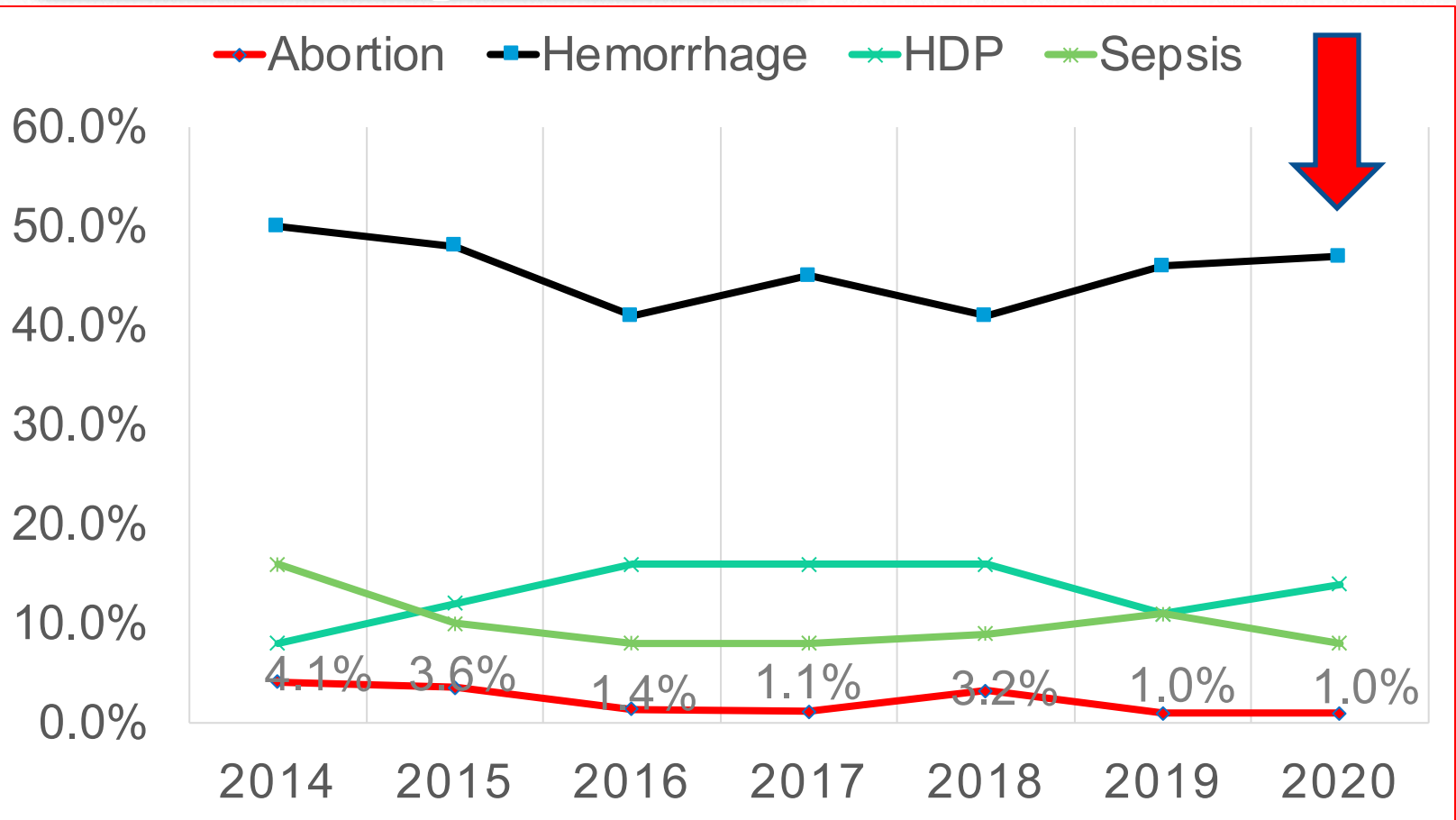
*Nigussie et al. *Reproductive Health* (2022) 19:63
<https://doi.org/10.1186/s12978-022-01360-7>

** [Int J Womens Health](#). 2021; 13: 663–669.

Maternal mortality



Maternal mortality



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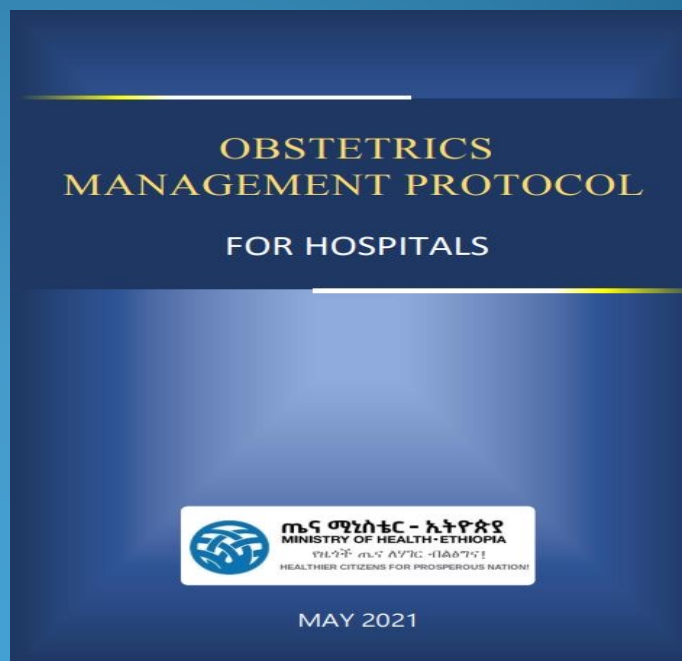
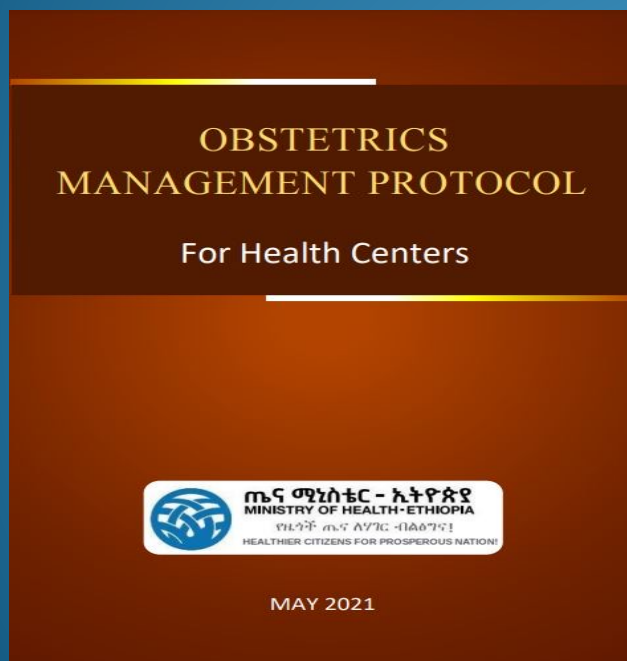
Success :

- ❖ Sharing the WOMAN TRIAL results with MOH , all OBGYN teaching institutions and ESOG members using social media (2017)

- ❖ Presentations on the results of Woman Trail
 - ❑ OBGYN Department members of SPHMMC (2017)
 - ❑ ESOG members during annual conference of ESOG (2018)
 - ❑ College community during annual research day (2018)

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Success : TXA and heat stable carbetocin is included in the national protocols



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Success : TXA and heat stable carbetocin is included in the national guidelines in the prevention and management of PPH (approved in June 2022 by MOH)



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Success : Job AID



- Administer a fixed dose of TXA 1 gm in 10 mL (100 mg/mL) IV at 1 mL per minute (i.e., administered over 10 minutes),
- If bleeding continues after 30 minutes or if bleeding restarts within 24 hours of completing the first dose, administer second dose of TXA 1 gm IV.



NB:

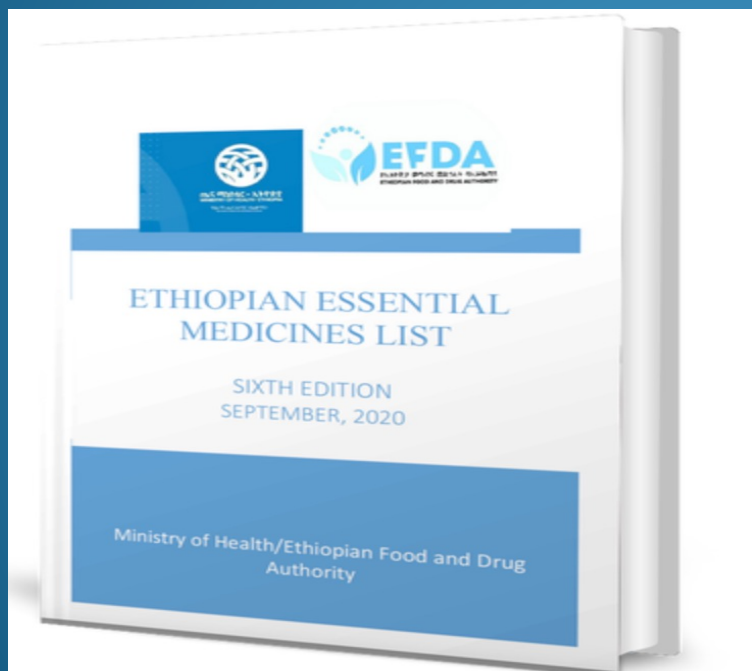
- TXA should be used in ***all cases of PPH***, regardless of whether the bleeding is due to genital tract trauma or other causes.
- Administer IV TXA as ***part of the standard treatment*** of PPH.
- TXA should be administered via an ***IV route only*** for treatment of PPH.
- TXA can be administered through the same IV cannula used for IV hydration or uterotonic administration.
- ***Contraindications*** to administration of TXA:
 - Known thromboembolic event during pregnancy.
 - History of coagulopathy.
 - Active intravascular clotting.
 - Known hypersensitivity to TXA.



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Success : TXA is included in **ETHIOPIAN ESSENTIAL
MEDICINES LIST SIXTH EDITION 2020**

(published in Sept 2020)



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Success :

- ❖ 106900 TXA ampoules have been imported with the support of UNFPA and distributed to public Hospitals with high deliver rates through EPSA (Ethiopian Pharmaceutical Supply Agency)
- ❖ TXA is currently also imported by a private company and is being distributed to private pharmacies
- ❖ The same company has agreement with EPSA to import more TXA ampoules

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Opportunities

PPH projects

(Concept Foundation -*ESOG collaboration*)

- ❖ An implementation research protocol project
 - ❖ heat-stable Carbetocin and tranexamic acid
 - ❖ The introduction of the 2017/2018 WHO PPH recommendations
 - ❖ Generation of evidence to inform development of an implementation strategy for introduction and sustained national scale-up of HSC and TXA use

(FIGO-ESOG Collaboration)

- ❖ Improving access to essential medicines to reduce PPH morbidity and mortality
 - ❖ adoption of updated WHO PPH Recommendations (2017 & 2018)

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Challenges

Limited financing

Limited trained health care providers (about 300)

Not all facilities have received hard copies

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Way forward

Secure adequate financing (MOF, MOH, Donors and partners)

Distribute hard copies to all health facilities

Provide trainings for more health care providers

Develop strategies for effective implementation

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Acknowledgements

MOH

ESOG

JSI

SPHMMC

EPSA

Thank you