

Establishing a UN Commission on Life-Saving Commodities for Women and Children

Background

The Global Strategy for Women's and Children's Health highlighted the inequities suffered by women and children around the world and set out a common agenda to save 16 million lives by 2015. It advocated strongly for universal access to basic healthcare for all women and children. It identified the need for increased access to and the appropriate use of essential medicines and other commodities that are necessary to achieve the health-related MDGs, particularly MDGs 4, 5 and 6. Too often, cost-effective, high-impact health commodities do not reach the women and children who need them. Some of the barriers to access include the lack of affordable products, lack of age-appropriate formulations- especially for children, weak supply chains, inadequate regulatory capacity at the country level to protect the public from sub-standard or counterfeit medicines that cause harm, and lack of awareness of how, why and when to use these commodities.

Recent experience shows that it is possible to overcome many of the barriers associated with underutilised commodities, even in the most deprived communities. Successes include the development of new products and technologies, such as vaccines to prevent diarrhoea, meningitis and pneumonia, therapeutic foods to treat severely malnourished children, and increased coverage of HIV/AIDS, TB and malaria programmes. Efforts to promote a robust supply of quality products and advocacy for fair pricing for these commodities have contributed to price reductions, greater market efficiencies, and higher returns on investments in public health.

To apply the lessons learned from this successful work to other essential but hitherto overlooked health commodities, the United Nations is establishing a Commission to address this issue. As part of the *Every Woman, Every Child* initiative, the Commission will champion the effort to reduce the barriers that obstruct access to essential health commodities.

Rationale

In 2011, a series of informal meetings and consultations with many stakeholders explored the idea of a Commission as a strategy to examine and overcome the critical gaps in essential health commodities. There was widespread consensus that a Commission could serve as a catalyst for the increased availability and affordability of relevant commodities. Some of the cross-cutting issues that the Commission could address include:

- Creating incentives for manufacturers to produce and innovatively package overlooked commodities, including fostering opportunities to strengthen local production and packaging;
- Identifying fast-track regulatory activities to accelerate registration and reduce registration investment for a special list of products to encourage a focus on quality medicines;

March 2012

- Addressing financial barriers to access through social protection mechanisms, such as fee waivers, vouchers and social insurance, and global financial mechanisms, such as pooled procurement.

The Commission will convene stakeholders and experts, bring together a wide range of on-going but fragmented technical work, and launch further analysis in order to assess production gaps, funding gaps, financing mechanisms, social determinants and knowledge gaps. It will also identify opportunities for efficiency gains through technical innovation, strengthening commodity procurement, distribution systems, and predictable financing- all with the aim to increase prevention and treatment coverage to prevent the avoidable causes of premature death and disease among women and children under five years old.

Proposed Objectives

The Commission will advocate at the highest levels to build consensus around priority actions for increasing the availability, affordability, accessibility and rational use of selected commodities for women's and child health, with the following objectives:

- Identify opportunities to increase the production and supply of affordable, high-quality, high-impact commodities for women's and children's health, including through shaping the market, strengthening the quality of local production capacity, promoting innovative technologies and new product development, strengthening regulatory frameworks, supporting effective supply chain mechanisms, and enhancing innovative financing mechanisms at both the global and local levels.
- Propose innovative strategies to support high-burden countries in increasing access to overlooked commodities through proven, private and public sector market shaping interventions.
- Recommend strategies to raise awareness of and demand for these lifesaving products among health care providers and end-users.

These objectives will build on on-going work by the UN, NGOs and private sector partners, with the governments of high-burden countries, to develop comprehensive scale-up plans for an essential set of products to promote the health of newborns, children and women.

Proposed Scope

The Commission will aim to change the way overlooked commodities are made, distributed and used. To do this, the Commission will need to be focused- in terms of the commodities it selects and the bottlenecks it seeks to tackle. Based on consultations to date, and guided by the WHO Essential Medicines List and List Priority Medicines for Mothers and Children, the following

March 2012

criteria have been deemed clear and sufficient for selecting an initial list of focus commodities.¹ Selected commodities will be:

1. High-impact, effective commodities. In general, high-impact commodities are those commodities that effectively address the avoidable causes of premature death and disease among children under five years old and women during pregnancy and childbirth.²
2. Inadequately funded by existing mechanisms such as The Global Fund to Fight AIDS, Tuberculosis and Malaria, Global Alliance for Vaccines and Immunisation (GAVI) and UNITAID.
3. Ready for innovation and rapid scale-up in product development and market shaping, with the potential for price reduction and improved stability of supply.

A range of products will be considered and an initial list of essential overlooked commodities identified based on these three criteria. The initial list presented in Table 1 is not comprehensive, but is rather a cross-section of vital products, representing access issues common to many commodities. It will be left to the Commissioners to finalise the selection of commodities included in the Commission's scope of work. Lessons learned from the selected products may be applied to other essential commodities at a later time.

¹ These criteria are informed by the following documents: [WHO and UNICEF Priority Medicines for Child Survival \(Copenhagen, September 2010\)](#); [WHO, UNICEF and UNFPA Priority Medicines for Mother and Children \(March 2011\)](#); UNICEF's list of Maternal, Newborn and Child Health (MNCH) supplies; Bill & Melinda Gates Foundation (BMGF) and UNICEF "end-to-end approach for Maternal, Newborn and Child Health Commodities" (Seattle, May 2011). It is noted that the WHO Priority Medicines List is currently being revised, and the new version will be considered once available.

² The main causes of newborn and maternal mortality and the effectiveness of specific interventions and commodities to substantially reduce these has been well documented, including in the Lancet series on child survival (2003), newborn survival (2005), maternal survival (2006) and on reproductive health (2006), and publications by the Child Health Epidemiology Reference Group (CHERG). <http://www.thelancet.com/collections/series> ; <http://cherg.org/publications.html>

Table 1: Initial list of overlooked commodities for Women’s and Children’s Health

	Commodity	Supportive reference document	Fund	Potential for rapid progress	Comment	
Pneumonia	Amoxicillin	Priority medicines for children	No	Yes	BMGF-UNICEF end-to-end list	
	Injectable Gentamicin		No	Yes	BMGF-UNICEF end-to-end list	
	Injectable Ampicillin		No			
	Injectable Procaine benzylpenicillin		No			
	Injectable Ceftriaxone		No			
	ARI timer		No			
Diarrhoea	ORS			No	Yes	BMGF-UNICEF end-to-end list
	Zinc			No	Yes	BMGF-UNICEF end-to-end list
Neonatal care	Caffeine citrate			No		
	Chlorhexidine solution			No	Yes	BMGF-UNICEF end-to-end list
	Antenatal Steroids	Cochrane; Mwansa et al	No	Yes		
	Vitamin K	Priority medicines for children	No			
Newborn sepsis	Injectable Gentamicin		No	Yes	BMGF-UNICEF end-to-end list	
Newborn asphyxia	Ambu bags, suction material	UNICEF MNCH supplies	No	Yes		
Post-partum hemorrhage	Oxytocin	WHO Essential Medicines for Children and Women	Yes (UNFPA Fund, RHSC)	Yes	BMGF-UNICEF end-to-end list	
	Misoprostol					
Severe pre-eclampsia and eclampsia	Magnesium sulfate		No	Yes		
Reproductive Health	Contraceptives (to consider: implants, female condom and emergency contraception)		Yes (UNFPA Fund, RHSC)			
Malaria	Artemisin combination therapy (ACT)	Priority medicines for children	Yes (GFATM)			
	Artesunate: rectal and injection dosage		Yes (GFATM)			
HIV	Fixed-dose combination therapy		Yes (GFATM)			
	Nevirapine		Yes (GFATM)			
	Zidovudine: dosage form and strength		Yes (GFATM)			
	Isoniazid/co-trimoxazole as a fixed		Yes (GFATM)			
	Paracetamol		Yes (GFATM)			
	Morphine		Yes (GFATM)			
TB	TB fixed-dose combination			Yes (GFATM)		
Child Survival	Vitamin A			Yes (CIDA)		

Each of the commodities listed in Table 1 faces a specific set of bottlenecks at different stages of the value chain, such that in order to fully understand the key cross-cutting challenges, they will first need to be considered on a case by case basis. Given the potential range of issues, particularly in relation to country-specific concerns such as health systems capacity and performance, the Commission will need to be strategic in determining the breadth and depth of its inquiry. It is not recommended that the Commission attempt to address country-specific health system bottlenecks.

Modalities of Work

The UN Commission will use high-level advocacy to translate technical knowledge into political action. Central to this is reaching consensus on a set of key barriers and creating urgency and motivation for practical solutions. To do this, the Commission will look across the specific technical issues present in a subset of commodities to identify a few major shared or cross-cutting issues that could drive change. The Commission will not launch new in-depth studies; rather it will synthesize and prioritize existing knowledge and current work to forge a consensus on bottlenecks that require immediate and sustained actions to resolve. There is a need to link

March 2012

with initiatives focused on addressing specific country-level health systems issues such as financing, human resource capacity, information systems, regulatory capacity and governance. The Commission will need to convene a diverse group of stakeholders to consult existing evidence and survey country and local level experience including: government ministries (Health and Finance); private sector manufacturers, including generics; technical experts; consumers; academics; regulators; and development partners.

Structure

The proposed UN-sponsored Commission will build on the success of the Commission on Information and Accountability for Women's and Children's Health, which has worked rapidly and effectively to identify new, bold solutions to long-standing problems in the area of global health.

The Commissioners will represent key constituencies in both the North and South, and will provide broad policy guidance for the development of a set of strategic recommendations. Commissioners shall show a clear commitment to support the Commission, and shall serve according to their expertise until the delivery of their final recommendations by April 2012.

UNICEF and UNFPA will serve as vice-chairs of the Commission. Commissioners will be supported by a working group composed of technical experts and a secretariat, hosted at UNICEF.

March 2012

Time Schedule with Key Dates

(All dates are 2012.)

Activity	Responsibility	Start	Finish
Confirmation of Commission Co-Chairs	United Nations	--	March
Confirmation of Commissioners	United Nations	--	March
Agreement of a communications strategy	Contact Group	--	March
Selection of Work Stream Leads	Contact Group	--	March
Selection of Secretariat Staff	Secretariat	Feb	March
LAUNCH OF COMMISSION	Secretariat		23 March
Selection and hiring of consultants	Secretariat	March	April
Technical Working Group kick-off	Technical working group	--	March
Completion of commodity case studies	Specialists	Dec	Feb/March
Completion of commodity in-country work	Specialists	Feb	April
VIRTUAL MEETING OF COMMISSIONERS - via tele or video conference	Secretariat/ Commissioners		Mid-April
Analysis of key barriers and solutions	Technical working group	March	May
Formulation of draft recommendations	Technical working group	April	May
IN PERSON MEETING OF COMMISSIONERS to agree on proposed commodities and consider draft recommendations	Secretariat/ Commissioners	--	22 May
Draft of final report with recommendations	Commissioners	May	June
Possible Second meeting of Commissioners (during which recommendations are finalised)	Commissioners	--	June/July TBC
Final report sent for translation and publishing	Commissioners	June	July
LAUNCH OF FINAL REPORT			TBC
Meeting to develop implementation workplan			July TBC
Dissemination of findings and recommendations	Secretariat	July	December
Key Upcoming Dissemination/Advocacy Opportunities			
World Health Assembly: Technical discussion	Co-Chairs and Vice Chairs	--	21-26 May
UNICEF Executive Board: Presentation and discussion of preliminary recommendations	Vice Chairs	--	4-8 June
Child Survival Forum - Washington, DC	Vice Chairs	--	14-15 June
G20 summit: Report on the work, findings and recommendations of the Commission and subsequent progress	Co-Chairs and Vice Chairs	--	18-19 June
UNFPA Executive Board: Presentation and discussion of recommendations	Vice Chairs	--	18-29 June
'Gold Moment' Launch Event - London, UK	Vice Chairs	--	July