Life Saving Commodities
Improving access, saving lives

Life Saving Commodities – Newborn Health

Commodities: chlorhexidine for umbilical cord care, antenatal corticosteroids, injectable antibiotics, resuscitation devices

Background

The UN Commission on Life-Saving Commodities for Women and Children (the Commission) was formed in 2012 by the UN Secretary-General as part of the global Every Woman Every Child (EWEC) movement (www.everywomaneverychild.org). The Commission challenged the global community to increase access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address the leading preventable causes of death during pregnancy, childbirth, and childhood.

Led by a wide range of high-level leaders from around the world, the Commission made ten recommendations focused on rapidly increasing the availability and use of 13 priority commodities for reproductive, maternal, newborn, and child health (RMNCH) to achieve the goal of saving the lives of six million women and children by 2017.

Eight expert groups[1] – or Technical Resource Teams (TRTs) – carry forward the Commission's recommendations by supporting countries in their efforts to make these essential commodities more widely available and used, and by addressing global and regional RMNCH challenges. Each of these TRTs specializes on a type of commodities or on a barrier that prevents a wider use of these commodities.

Pooling expertise on newborn health

The Newborn Health TRT focuses on the four essential commodities identified by the Commission that can prevent and address the leading causes of death in the first 28 days of a newborn: antenatal corticosteroids (ACS) can prevent or help manage respiratory distress syndrome in preterm newborns, chlorhexidine for umbilical cord care to prevent neonatal infections, injectable antibiotics for the treatment of newborn sepsis, and newborn resuscitation devices to treat birth asphyxia.
If effectively administered to newborns in high-mortality countries, these highly effective and affordable products could save approximately 1,770,000 newborns yearly. But regulatory hurdles, low provider and user awareness, and insufficient training on the administration of these commodities contribute to limited use.

A newborn baby lies in her mother's arms in a recovery room at the Dowa District Hospital in Dowa district, Malawi.

The TRT is working to ensure that they are available in countries with a high burden of newborn morbidity and mortality, put into the hands of skilled health workers and administered properly to save women and children.

Progress to date

Chlorhexidine:

- Increase awareness and use of 7.1% chlorhexidine digluconate for umbilical cord care as part of essential newborn care guidance, policies, and practices by policymakers, birth attendants, and families: The Newborn Health TRT has developed country-specific summaries highlighting efforts to use chlorhexidine in DRC, Liberia, Madagascar, Nepal, and Nigeria.
- Facilitate the establishment of local and regional production of quality 7.1% chlorhexidine digluconate: The Newborn Health TRT worked to have a Nigerian company approved as a manufacturer of chlorhexidine digluconate 7.1% gel – the first African producer. The TRT also completed manufacturing feasibility assessments in four countries.
  Develop and disseminate guidance and tools to strengthen planning and policy environments for the introduction of 7.1% chlorhexidine digluconate: The TRT led the effort to have 7.1% chlorhexidine digluconate included on the World Health Organization (WHO) Essential Medicines List (EML).

[1] The other TRTs focus on family planning; maternal health; child health; demand, access and performance; global markets, quality and regulation; supply chain and local markets; and advocacy.
These groups are coordinated by a multi-agency Strategy and Coordination Team hosted by the United Nations Children's Fund (UNICEF).

Antenatal corticosteroids:

- Compile data to determine the drivers and constraints for global and national coverage: The TRT came to three conclusions to increase coverage of antenatal corticosteroids: 1. Focus for now on hospital births; 2. Use dexamethasone which is more widely available in all countries, and much cheaper than betamethasone 3. Adopt a low threshold for giving antenatal corticosteroids.

- Share the evidence on effectiveness, coverage rates, and common barriers and their remedies with national and global audiences: The TRT has developed a web portal with documentation from around the world making the case for antenatal corticosteroids: www.healthynewbornnet.org . The TRT, in concert with Survive and Thrive also initiated the development of training material on antenatal corticosteroids for providers of care to women who may deliver prematurely.

- Systematically address barriers to antenatal corticosteroids use the global and national levels to increase uptake: The Newborn Health TRT led the effort to have dexamethasone added to the WHO's EML for fetal indications. The group also initiated the development of a WHO guideline for managing preterm birth.

Injectable antibiotics:

- Develop a regulatory process for injectable antibiotics for serious newborn infections and ancillary commodities. The Newborn Health TRT worked to include pediatric syringes in the interagency list of medical devices.

- Develop, field test, and implement a rapid assessment tool for injectable antibiotics supply 'bottleneck analysis' in Africa: the TRT developed and tested this tool, which is now used in four countries.

Resuscitation devices:

- Conduct country assessments to support optimal supply and utilization of resuscitation devices: The Newborn health TRT has completed bottleneck assessments for the Every Newborn Action Plan in Nepal, India, Indonesia, Pakistan, Afghanistan, and will be conducting assessments in more countries (www.everynewborn.org).

- Estimate the market size and the adequacy of supply: The Newborn Health TRT has developed a quantification tool and completed a market size estimation tool.

- Develop and field test a Quality of Care framework for newborn resuscitation in Uganda.

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EVERY CHILD

Members

The Newborn Health TRT is chaired by PATH, and brings together experts from the American Academy of Pediatrics, the American College of Nurses-Midwives, the Bill & Melinda Gates Foundation, Boston University, Cincinnati Children's Hospital Medical Center, the Clinton Health Access Initiative, GlaxoSmithKline, Global Alliance to prevent Prematurity and Stillbirth, Instituto de Efectivad Clínica y Sanitaria, Jhpiego, Johns Hopkins Bloomberg School of Public Health, John Snow, Inc., Maternal and Child Health Integrated Program, mHealth Alliance, PATH, the United Nations Population Fund, University Research Company's Applying Science to Strengthen and Improve Systems project, the US National Institutes of Health, US Pharmacopeia's Promoting the Quality of Medicines program, Population Services International, Save the Children's Saving Newborn Lives program, Management Sciences for Health's Systems for Improved Access to Pharmaceuticals and Services program, the US Agency for International Development, the United Nations Children's Fund, Venture Strategies Innovations, the World Health Organization and World Vision.

How to involve the Newborn Health TRT

The Newborn Health TRT is available to provide technical assistance in several ways to support the introduction and use of the four newborn lifesaving commodities, including:

- Facilitation of country-led initiatives to pilot the use of the commodities
- Guidance to countries determine the optimal product acquisition strategies
- Audit and selection of manufacturers for local production
- Assistance to incorporate the commodities into the national EML

Resources

The Newborn Health TRT has published a variety of materials, from quantification tools, to market assessments, technical and advocacy briefs, training materials and job aids.

Contact us

For more information or to request tools and technical assistance, please contact Amelia Kinter akinter@path.org or Patricia Coffey pcoffey@path.org