The United Nations Commission on Life-Saving Commodities: Global knowledge for local action

The United Nations Commission on Life-Saving Commodities is working to make 13 essential commodities for women’s and children’s health more widely available and better used in developing countries, to end preventable women and children deaths.

In 2012, the Commission made ten recommendations for overcoming obstacles in the supply chain, strengthening demand for these essential commodities, and ensuring their quality and proper use.

Three years on, the Commission’s recommendations have had impacts both at the global level, where the availability and use of these life-saving commodities has improved, and at the country level, where distribution systems are stronger, demand for the products greater, and knowledge about their use more comprehensive.
To improve the availability and use of 13 essential commodities in developing countries that can help end preventable women and children deaths – this is the objective that the United Nations Commission on Life-Saving Commodities set itself in its 2012 recommendations. Expanding access to these essential commodities and the related reproductive, maternal, newborn and child health (RMNCH) services could save an estimated 6 million women and children in a five-year period.

Why the focus on these life-saving products?

Millions of women and children die every year from preventable causes. Affordable, effective medicines and basic health supplies too often fail to reach the women and children who need them most. The most common barriers responsible for this are an insufficient supply of high quality health commodities where they are most needed; an inability to effectively regulate the quality of these products; and lack of knowledge of and access to information about them.

How do these recommendations translate into action?

The Commission’s recommendations gave rise to three types of specific measures at the global and national levels:

Pooling expertise

More than 450 experts from 83 organizations are involved in this effort. Coming from United Nations agencies, non-governmental organizations, governmental partners and academic institutions, they form nine groups, or technical resource teams (TRTs) working to implement the Commission’s recommendations.

Each group focuses on a particular type of product, or on one of the obstacles to the availability and utilisation of the products. The work of the TRTs is coordinated by an RMNCH Strategy and Coordination Team supported by UNICEF, the United Nations Population Fund (UNFPA) and the World Health Organisation (WHO).

Making data speak

A tracking system provides data on specific essential commodities from the manufacturing phase through distribution and purchase, also monitoring the performance of health agents and the success of demand generation efforts. This data can inform national RMNCH strategies: it enables countries to pinpoint the obstacles preventing women and children from accessing essential commodities, and to identify the most effective interventions to remove these obstacles.

Supporting countries in developing their national strategies

In 2013, eight pilot countries (Ethiopia, Malawi, Nigeria, Uganda, DRC, Senegal, Sierra Leone and Tanzania) developed plans to improve the availability and use of essential commodities, and received grants from the RMNCH Fund in this connection.

In 2014, 11 other countries (Afghanistan, Bangladesh, Benin, Burkina Faso, Cameroun, Kenya, Mali, Mozambique, Niger, Pakistan and Zambia) conducted a thorough analysis of their national plans, and received grants from the RMNCH Fund as part of a Country Engagement process for RMNCH. Thus, the work done in the context of the recommendations became part of a broader effort for RMNCH.

The RMNCH Fund has provided 27 grants to 19 countries, amounting to a total of 202.5 million dollars in 2013-2015.

1 The nine TRTs cover: family planning; maternal health; newborn health; child health; demand, access and performance; supply chain; global markets, regulation and quality; advocacy; and digital health.
Results

At the global level:

- Essential Medicines List: All commodities are now formally listed on the World Health Organization Essential Medicines List.
- Price reduction: substantial price reduction have been achieved for implantable contraceptives and newborn resuscitation equipment.
- Diversified production: Manufacturers have been identified for all thirteen commodities. The production of high quality chlorhexidine is set to begin in sub-Saharan Africa and South Asia.
- Increased procurement: 15 million orders were placed for childhood pneumonia treatment in 2015, nearly five times the number seen in 2012.
- Quality assurance: The WHO Collaborating Center in Ghana has developed model pharmacovigilance plans for selected commodities.
- Over 500 published resources: Checklists, job aids, advocacy materials and market studies have been made available to support countries in developing their RMNCH strategies (www.lifesavingcommodities.org)

At the national level:

- Ethiopia: Female condoms are available in 60% of health facilities, emergency contraception in 80%.
- DRC: A directory of high quality manufacturers for 12 of the 13 essential products is in place.
- Malawi: The 13 essential commodities are on the Essential Medicines List.
- Niger: A campaign was launched to promote awareness about reproductive health, with a focus on adolescent pregnancy.
- Nigeria: A manufacturer has obtained regulatory approval for the production of high quality chlorhexidine.
- Senegal: There is increased demand for essential commodities as service providers for the integrated management of childhood illness (IMCI) are trained, and as a function of free access to care for children under five.
- Tanzania: The Integrated Logistics System has been expanded to cover all regions.
- Uganda: The country reached a 60% price reduction for zinc and ORS for diarrhoea treatment, and introduced 3 new zinc and ORS products on the market.

10 recommendations for 13 life-saving commodities:

1. Shaping global market
2. Shaping delivery markets
3. Innovative Financing
4. Quality strengthening
5. Regulation efficiency
6. Supply and awareness
7. Demand and awareness
8. Reaching women and children
9. Performance & accountability
10. Product innovation

Reproductive health
- Female Condoms
- Implants
- Emergency Contraception

Maternal Health
- Oxytocin
- Misoprostol
- Magnesium sulfate

Newborn Health
- Injectable antibiotics
- Antenatal Corticosteroid (ANCS)
- Chlorhexidine
- Resuscitation Equip.

Child Health
- Amoxicillin
- Oral Rehydration Salts
- Zinc

Accelerate achievement of MDGs 4 & 5

The work in pursuit of the Commission’s recommendations is conducted in the framework of the “Every Woman Every Child” movement led by the Secretary General of the United Nations. Every Woman, Every Child mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children. The movement puts into action the Global Strategy for Women’s, Children’s and Adolescents’ Health.
KEY POINTS:

1. Ensuring that essential commodities are purchased, stored, distributed, known to the population, and put in the hands of qualified health workers requires countries to pursue their efforts in the new global context, which is more favourable than ever for RMNCH:
   - The new Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 aims to end preventable women and children deaths and improve the quality of life of women, children and adolescents.
   - The Global Financing Facility (GFF) in support of Every Woman Every Child is an important source of funding to sustain this strategy and enhance funding efficiency for RMNCH.

2. It is up to the countries to maintain the emphasis on the essential commodities in their national plans and investment cases. They have already shown that access to these products is one of the most effective ways of achieving the objectives of the Global Strategy.