The UN Commission on Life-Saving Commodities three years on

KEY MESSAGES

1. The updated 2015 Global Strategy for Women’s Children’s and Adolescent’s Health aims to reduce preventable deaths and improve the quality of life for women, children and adolescents through 2030.

2. A new Global Financing Facility (GFF) has been established to underwrite global coordination and learning, and provide sustainable financing for country reproductive maternal newborn, child and adolescent health (RMNCAH) plans.

3. Increasing availability and access to commodities is an essential ‘global public good’ in support of these efforts.

4. The UN Commission on Life Saving Commodities (UNCoLSC, 2012) identified 13 low cost high-impact commodities that if implemented at scale could make the greatest impact in reducing preventable child and maternal deaths.

5. The ‘commodity lens’ has provided a useful and actionable focus for identifying and addressing commonly overlooked simple implementation challenges.

6. Important progress has been made to reduce global-level bottlenecks and accelerate country-level implementation.

7. Despite these efforts an unfinished agenda remains, with the following thematic areas requiring further support:

   - Global market shaping efforts to secure price reductions beyond the 13 commodities
   - Regulatory efficiency should be enhanced by establishing product standards, harmonization of regulatory guidelines, and support for joint manufacturer inspections
   - Quality assurance efforts to enhance post-market surveillance and pharmacovigilance programs
   - Supply chain interventions are required to reduce fragmentation, strengthen LMIS systems, and provide direct country support to tackle chronic stock-outs
   - Knowledge transfer mechanism to translate global learning to country action through updated best practice materials such as new evidence, tool-kits, training materials, and treatment guidelines, and access to networks of global experts who can support nationally defined priorities.
In September 2010 the Global Strategy for Women and Children’s Health was launched by the United Nations’ Secretary General to renew momentum and accelerate progress towards Millennium Development Goals (MDG) 4 and 5. At the time, an estimated 8 million children were dying of preventable causes each year, with an additional 350,000 women dying of complications related to pregnancy and childbirth.

Within this context, a series of consultations were held in 2011 to examine strategies for improving availability of and access to low-cost high-impact medicines, medical devices and other commodities.

Too often, basic life-saving products fail to get where they are needed most. Barriers include the lack of affordable products and age-appropriate formulations, weak supply chains, inadequate regulatory capacity, and lack of awareness of where and when to use these commodities.

In response to these challenges, the UN Commission on Life Saving Commodities for Women’s and Children’s Health (UNCoLSC) was convened under the leadership of President Goodluck Jonathan of Nigeria and Prime Minister Jens Stoltenberg of Norway.

Its aim was to bring together a wide range of stakeholders to assemble technical evidence and identify innovative actions to rapidly increase access to and use of life saving commodities.

The Commission’s Report and Implementation Plan were finalized in September 2012, highlighting 13 underutilized, low-cost and high-impact commodities across the RMNCH spectrum that if implemented at scale could make the greatest impact in reducing preventable deaths.

The report also outlined ten recommendations for addressing key systemic bottlenecks including strategies to shape global and local markets, improve regulatory efficiency, enhance the quality and safety of medicines, strengthen supply chains, improve health worker performance and augment demand (Figure 1).

**Figure 1: UNCoLSC Recommendations to improve access to 13 Life-Saving Commodities**

<table>
<thead>
<tr>
<th>Reproductive health</th>
<th>Maternal health</th>
<th>Newborn health</th>
<th>Child health</th>
</tr>
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<tbody>
<tr>
<td>Female condoms</td>
<td>Oxytocin</td>
<td>Injectable antibiotics</td>
<td>Amoxicillin</td>
</tr>
<tr>
<td>Implants</td>
<td>Misoprostol</td>
<td>Antenatal corticosteroids</td>
<td>Oral rehydration salts</td>
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<tr>
<td>Emergency contraception</td>
<td>Magnesium sulfate</td>
<td>Chlorhexidine</td>
<td>Zinc</td>
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The commodities themselves provide a concrete and actionable focus for efforts across this continuum, acting as ‘tracers’ to help identify and address persistent barriers in the delivery of essential interventions.

As this new initiative spanned the entire RMNCH spectrum, a high-level Steering Committee was established to implement the UNCoLSC mandate and optimize coordination across UN agencies, partner organizations, programs and countries.

At the same time, an RMNCH Fund was created to contribute direct financing to country plans. Finally, a network of Technical Resource Teams (TRT) was established as consortia of experts to facilitate global-level action while simultaneously supporting country implementation.
Progress against the UNCoLSC mandate: Global milestones

An independent Expert Review Group has been convened to monitor progress against the milestones identified in the Global Strategy for Women’s and Children’s Health, including for the UNCoLSC. A recent report to the Group highlights global and country-level progress against the UNCoLSC mandate, including the results of a multi-country assessment. Details of this UNCoLSC report are summarized below.

Catalytic global-level actions are the responsibility of the network of Technical Resource Teams (TRTs). Their focus has been on addressing high-level cross-cutting technical and operational challenges that would benefit from coordinated global action to alleviate persistent bottlenecks and enhance the pace of implementation. Approximately 450 experts from 85 organizations comprise nine TRTs, and major concentration areas are outlined in Figure 2.

**Figure 2: UNCoLSC Technical Resource Teams and Key Areas of Work**

Substantial progress has been made in addressing a range of upstream bottlenecks:

- **Essential Medicines List**: All commodities are now formally listed on the WHO EML.
- **Global market shaping**: Substantial price reductions have been secured for the two commodities where cost remained a potential barrier - implantable contraceptives and newborn resuscitation equipment.
- **Manufacturing**: Manufacturers have been identified for all commodities, including those newly listed on the WHO EML.
- **Quantification**: To estimate manufacturing and procurement requirements, global need- and demand-based forecasts have been conducted.
- **Regulatory efficiency**: A fast-track registration process has been established for priority commodities.
- **Quality assurance**: A post-market commodity survey across ten countries assessing for active pharmaceutical ingredients suggested that most products, with the exception of heat-sensitive oxytocin, are of sufficient quality. Recent agreements have been secured between GAVI and UNICEF to allow oxytocin to be included in the vaccine cold-chains as one strategy to address this barrier.
- **Best-practice materials**: To further implement at the country-level, major efforts have been undertaken to generate and/or compile best-practice materials across a range of priority areas including advocacy, demand generation, supply chain management, e/m-health, and health worker support tools including training materials, job-aids and checklists. In addition, innovations in product packaging and formulation have supported the scale-up of Amoxicillin dispersible tablets and magnesium sulfate. Work products are available at [www.lifesavingcommodities.org](http://www.lifesavingcommodities.org).

In other areas, however, progress has been slower. Technical guidelines on the appropriate timing and use of antenatal corticosteroids for fetal lung maturation are being reviewed after the results of a recent trial. Additional support for global and regional efforts to streamline and harmonize regulatory systems, such as the African Medicines Regulatory Harmonization Programme, is crucial, given the limited incentive for manufacturers to register these relatively low-cost products.

While evidence suggests financing of commodity procurement is often hindered by domestic budget cycles, the feasibility of a global revolving fund to support countries’ procurement is still under exploration. Finally, support to local manufacturers for GMP certification remains a challenge and mechanisms to support ongoing quality assurance for essential medicines will require strong technical support from the global and regional levels.
Country progress was assessed in two ways. First, direct technical and financial support was provided to 16 EWEC countries through the RMNCH Fund. The ‘commodity-focus’ of the UNCoLSC was maintained as a central planning tool to help identify, prioritize and track progress against key bottlenecks. Second, an RMNCH Landscape Synthesis tool was implemented in 10 sub-Saharan African countries with the aim of generating a standardized set of metrics against which to assess country implementation of the UNCoLSC mandate since 2012.

By June 2015, $200 million had been committed to support RMNCH efforts in 19 EWEC countries. These modest resources were complementary to the range of domestic and partner contributions. Funds have been committed to catalytic activities around the UNCoLSC mandate. This includes concentrated efforts in specific thematic areas such as training in the insertion and removal of newly available implantable contraceptives, or integrated community case management for pneumonia and diarrhea.

However, most resources have been committed for cross-cutting systems strengthening interventions such as supply chain or integrated health worker training that have extended reach beyond the 13 commodities (Figure 4). Notably, a small proportion of resources in relatively few countries was allocated to commodity procurement - potentially because these relatively low-cost commodities can be more sustainably procured through national systems with domestic resources.

The results of the RMNCH Landscape Synthesis suggests substantial work remains to be done, with a number of persistent implementation challenges highlighted across the commodity-continuum (Figure 3).

Relatively straightforward upstream bottlenecks existed in nearly all countries – including out-of-date Essential Medicines Lists (EMLs), commodities not being registered, and prescription authorities either not being clearly defined or being overly restrictive.

Ensuring each of these levels are up-to-date and appropriately aligned is an important pre-requisite for sustainable commodity procurement, distribution and delivery. Commodity security strategies, where they existed, were often poorly developed. In addition, the in-country capacity for monitoring the quality and safety of medicines was generally insufficient, with pharmacovigilance programs largely absent – findings similar to a previous multi-country assessment.

Bottlenecks were also evident between national and peripheral levels. In-country supply chains remain fragmented and a major obstacle to effective service delivery. For example in Kenya, twelve different types of health commodities are provided by at least eighteen different donor organizations, procured by thirteen different agencies, sent to five different warehouses, delivered through seven different supply chains to health facilities.

Logistics management information systems (LMIS) fail to track supplies down to the district-level. Crucially, while national warehouses are generally well supplied, nearly one third of the 13 life-saving commodities were out-of-stock at service delivery points. Finally, while national protocols and training materials have largely been updated, only 25% of facilities had staff that have been recently trained in the latest guidelines, and just one third had relevant job-aids and checklists available.

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Implications for the updated Global Strategy for Women’s, Children’s and Adolescent’s Health

The findings detailed in this report carry important implications for the post-2015 Sustainable Development Goal agenda and the updated Global Strategy for Women’s, Children’s and Adolescents’ Health.

It is envisioned that additional direct support to country plans will be channeled through prioritized RMNCAH investment cases (now including adolescent health), under the umbrella of the new Global Financing Facility (GFF).

Alongside direct country support, the GFF has articulated a ‘global public good’ mandate with ‘commodities’ as one potential focus area. Experience in implementing the UNCoLSC mandate has the potential to inform this agenda in several ways.

Commodity tracking dashboard: Similar to tracking bednets for malaria programs, or antiretroviral adherence for HIV/AIDS, the commodity lens has provided a useful and actionable focus for identifying and addressing commonly overlooked implementation challenges across the RMNCH spectrum. Maintaining commodity tracking systems within RMNCAH investment cases can generate a standardized set of metrics for monitoring progress across the system – from regulatory and procurement agencies, to accreditation bodies, providers and communities.

Unfinished UNCoLSC agenda: Alongside this, there remains an unfinished global agenda where coordinated action to advance the UNCoLSC mandate is essential.

- Global Market Shaping: Ongoing global market shaping efforts to secure price reductions beyond the 13 commodities
- Regulatory efficiency: Concerted efforts to improve regulatory efficiency are required to establish product standards, harmonize regulatory guidelines, and conduct joint inspections
- Quality assurance: Efforts to enhance post-market surveillance and pharmacovigilance programs.
- Supply Chain: Chronic stock-outs should be tackled through coordinated efforts to reduce supply chain fragmentation, strengthening of LMIS systems, and the provision of direct country support as appropriate. In addition, global efforts to better understand the relative contribution of the private sector in the procurement and distribution of commodities should be prioritized.
- Knowledge transfer mechanism. Finally, robust and sustained technical support should be made available to countries for the sharpening and prioritizing of national plans and through a ‘knowledge transfer’ mechanism. Such a mechanism should serve as a hub for continually updated best practice materials including new evidence, tool-kits, training materials, and treatment guidelines - facilitating demand-driven access to networks of global experts who can support nationally defined priorities.
References


www.lifesavingcommodities.org

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Pictures: Cover: Mother Kefi Karumb with her newborn at the hospital at Camp Vangu in Katanga, Democratic Republic of Congo, in June 2010. ©UNICEF

Page 5: Portrait of a girl holding a younger girl in her arms in the village of Mateneh, Bombali district, Sierra Leone in September 2013. ©UNICEF/Asselin.