Integrated approaches to RMNCH: The RMNCH Fund and the UNCoLSC

Kampala, 26 October, 2015
1. Introduction

2. The UN Commission on Life-Saving Commodities

3. RMNCH Country Engagement process

4. Monitoring Progress – Landscape Synthesis

5. Looking ahead
A concerted push to accelerate progress ahead of end 2015

<table>
<thead>
<tr>
<th>Oversight</th>
<th>RMNCH Steering Committee (multi-stakeholder platform)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanisms</td>
<td>RMNCH Fund (hosted by UNFPA)</td>
</tr>
<tr>
<td></td>
<td>RMNCH Strategy and Coordination Team (staffed by WHO, UNICEF and UNFPA secondments)</td>
</tr>
<tr>
<td>Role</td>
<td>• To advance the recommendations of the UN Commission on Life-Saving Commodities</td>
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<tr>
<td></td>
<td>• To support RMNCH alignment and coordination efforts in order to accelerate progress towards MDGs, globally and at country level</td>
</tr>
<tr>
<td>Approach</td>
<td>1. Global Public Goods approach in support of <strong>UNCOLSC</strong></td>
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<td></td>
<td>2. Country Financing through <strong>RMNCH Country Engagement</strong></td>
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<td></td>
<td>3. Monitoring Progress through <strong>RMNCH Landscape Synthesis</strong></td>
</tr>
</tbody>
</table>
1. Introduction

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3. RMNCH Country Engagement process

4. Monitoring Progress – Landscape Synthesis

5. Looking ahead
Too often, affordable, effective medicines and simple health supplies do not reach the women and children who need them.

The UN Commission on Life-Saving Commodities for Women and Children...

**Mission**
Increase availability, affordability, accessibility and rational use of essential commodities

**Emphasis**
Commodities as RMNCH ‘tracers’
Identify and track progress against key bottlenecks
RMNCH Systems Strengthening

**Support**
**Technical**: 9 global working groups (4 commodity groups, 5 cross-cutting groups)
**Financial**: Funding from RMNCH Fund
Clear objectives for under-utilized life-saving commodities across the RMNCH Continuum

<table>
<thead>
<tr>
<th>Reproductive health</th>
<th>Female Condoms</th>
<th>Implants</th>
<th>Emergency Contraception</th>
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</thead>
<tbody>
<tr>
<td>Maternal Health</td>
<td>Oxytocin</td>
<td>Misoprostol</td>
<td>Magnesium sulfate</td>
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<tr>
<td>Newborn Health</td>
<td>Injectable antibiotics</td>
<td>Antenatal Corticosteroid</td>
<td>Chlorhexidine</td>
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<tr>
<td>Child Health</td>
<td>Amoxicillin</td>
<td>Oral Rehydration Salts</td>
<td>Zinc</td>
</tr>
</tbody>
</table>

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

Accelerate achievement of MDGs 4 & 5
Two strategies to take forward the work of the UNCoLSC

Country support, with an initial 8 ‘Pathfinder countries’ later expanded to 19 as part of the RMNCH Country Engagement

16 Countries in sub-Saharan Africa

3 countries in Asia receiving RMNCH Fund grant:
- Afghanistan
- Bangladesh
- Pakistan

Technical Resource Teams, bringing together expertise across the commodities and recommendations

RMNCH Commodity TRTs
- Technical guidance: NB commodities, implants
- Manufacturers identified for all commodities
- New product innovation: oxytocin in the cold chain; packaging of Amox DT; improved MgSO4 packaging; heat-stable oxytocin

Global regulation, markets and policy
- Secure price reductions
- Local manufacturing
- Update EMLs
- WHO Pre-qualification
- Fast-track registration
- Post-market survey
- Pharmaco-vigilance

Supply chain
- Best-practice materials
- LMIS-HMIS integration
- Forecasting: needs and demand-based
- Support for commodity security strategies

Demand, access and performance
- Demand generation tool-kit
- Mapping of user-fees and access barriers
- Commodity credit facility feasibility study
- Design and deploy adaptable job-aids, check-lists, trainings

Advocacy TRT
- Design Advocacy tool-kit and messaging framework
- TA for country-led policy change

Digital health TRT
- Create inventory of e-and m-Health tools; TA for countries
Agenda

1. Introduction
2. The UN Commission on Life-Saving Commodities
3. **RMNCH Country Engagement process**
4. Monitoring Progress – Landscape Synthesis
5. Looking ahead
A fragmented and complex environment

MDGs 4 and 5

Health Sector National Plan

RMNCH National Plan and sub-plans (e.g. maternal, child, etc.)

HIV Plan

HRH Plan

Malaria Plan

Global Action Plan for Newborns

Independent Expert Review Group

UN Commission on Life-Saving Commodities

UN Commission on Information and Accountability

PMNCH

Innovation WG

FP 2020

Saving Mothers Giving Life

Born Too Soon

Muskoka Initiative

Decade of Vaccines

Global Working Group on Pneumonia and Diarrhea

H4+ Initiative

Global Strategy

Every Women, Every Child
Key principles of the RMNCH Country Engagement approach

**Principles**

• Building on the principles of IHP+

• To ‘bend the curve’ towards achieving MDGs 4 & 5a and b.

• To align and coordinate funding streams towards critical gaps

• Led by MOH, includes all RMNCH stakeholder: DPs, civil society, etc.

• Very country specific: building on other major planning processes (NOT a new plan!!)

**Key activities**

• A joint, rapid multi-stakeholder synthesis of the RMNCH landscape that brings together the various RMNCH-related plans, sub-plans, initiatives, etc.

• Prioritisation across the entire RMNCH continuum of care (where this has not already been done!)

• Commitment of development partners to support implementation of prioritised interventions – matching of existing and new funding streams to priorities and gaps
A coordinated RMNCH Country Engagement approach sought to better fill critical gaps.
A coordinated RMNCH Country Engagement approach sought to better fill critical gaps

**Total funding needs of RMNCH-related strategies & plan(s)**

- **R**M**N**CH **T**F
- International NGOs/Foundations
- Multilateral support (e.g. H4+)
- Multilateral
  - +IDA/HRITF
- Bilateral funding
  - Bilateral funding X
  - Bilateral funding Y
- Other sources  
  - Global Fund
    - +GF
  - GAVI
    - +UN
  - Other Bilateral funding
    - +X

**Domestic resources**

**External financing**

**Domestic financing**

**Gap**

**Gap-filling complementary resources**

**External financing**

**Domestic financing**

**Gap**

**Gap-filling complementary resources**
Since end 2013, the RMNCH Fund is supporting 19 countries:

16 Countries in sub-Saharan Africa

3 countries in Asia receiving RMNCH Fund grant:
- Afghanistan
- Bangladesh
- Pakistan

Geographical distribution of country financing requests (N = 19)

Approved budgets from country financing requests (100% = US$204m)

<table>
<thead>
<tr>
<th>Country</th>
<th>Initial financing</th>
<th>Follow-on financing</th>
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</thead>
<tbody>
<tr>
<td>DRC</td>
<td>3.4</td>
<td>22.8</td>
</tr>
<tr>
<td>Nigeria</td>
<td>10.3</td>
<td>15.0</td>
</tr>
<tr>
<td>Ethiopia</td>
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<tr>
<td>Tanzania</td>
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<td>12.0</td>
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<tr>
<td>Kenya</td>
<td>14.8</td>
<td>14.8</td>
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<tr>
<td>Malawi</td>
<td>3.9</td>
<td>7.6</td>
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<tr>
<td>Uganda</td>
<td>3.9</td>
<td>7.0</td>
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<tr>
<td>Senegal</td>
<td>5.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Mozambique</td>
<td>8.1</td>
<td>8.1</td>
</tr>
<tr>
<td>Cameroon</td>
<td>8.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Pakistan</td>
<td>7.9</td>
<td>7.9</td>
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<tr>
<td>Afghanistan</td>
<td>7.7</td>
<td>7.7</td>
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<tr>
<td>Zambia</td>
<td>7.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Niger</td>
<td>1.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>5.1</td>
<td>5.1</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4.8</td>
<td>4.8</td>
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<tr>
<td>Benin</td>
<td>4.0</td>
<td>4.0</td>
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<tr>
<td>Mali</td>
<td>3.5</td>
<td>3.5</td>
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<tr>
<td>Bangladesh</td>
<td>0.7</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Global Technical Resource Teams

14.9

8.6
Breakdown of RMNCH Fund country budgets

**Budget breakdown by Financing Channel**
100% = $204m

- WHO 19%
- UNICEF 34%
- UNFPA 36%
- CHAI* 11%

**Budget breakdown by Type of Implementing Partner**
100% = $204m

- Ministry of Health 60%
- United Nations 23%
- NGO 17%

* These funds were channeled directly from the Government of Norway to CHAI, but were part of Norway’s commitment to the work related to the RMNCH Fund.
Breakdown of RMNCH Fund country budgets by thematic area

Budget breakdown by Thematic Area
100% = $204m

- Cross Cutting: 43%
- Reproductive: 13%
- Maternal: 9%
- Maternal/Newborn: 8%
- Newborn: 10%
- Child: 17%
Breakdown of RMNCH Fund country budgets by cost category

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources for Health</td>
<td>23%</td>
<td>$45m</td>
</tr>
<tr>
<td>Medicines and Pharmaceutical Products</td>
<td>14%</td>
<td>$27.5m</td>
</tr>
<tr>
<td>Service delivery</td>
<td>12%</td>
<td>$24.6m</td>
</tr>
<tr>
<td>Monitoring and Evaluation/Research</td>
<td>10%</td>
<td>$19m</td>
</tr>
<tr>
<td>Advocacy/communication</td>
<td>9%</td>
<td>$17.2m</td>
</tr>
<tr>
<td>Procurement and Supply Chain Management (PSM)</td>
<td>7%</td>
<td>$14.9m</td>
</tr>
<tr>
<td>Infrastructure and Other Equipment</td>
<td>7%</td>
<td>$14.4m</td>
</tr>
<tr>
<td>Overheads/Indirect costs</td>
<td>7%</td>
<td>$12.2m</td>
</tr>
<tr>
<td>Coordination and management</td>
<td>5%</td>
<td>$9.8m</td>
</tr>
<tr>
<td>Policy and guidelines development and/or update</td>
<td>4%</td>
<td>$7.7m</td>
</tr>
<tr>
<td>Health Products and Health Equipment</td>
<td>4%</td>
<td>$7.2m</td>
</tr>
</tbody>
</table>
## At country level, downstream interventions account for largest share of financing

<table>
<thead>
<tr>
<th>UNCoLSC Recommendation</th>
<th># Countries Selected examples</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Shaping local delivery markets</td>
<td>3 Mapping of market size and manufacturing capacity</td>
<td>$0.9 m (0.5%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supporting local manufacturers with new product introduction</td>
</tr>
<tr>
<td>3. Innovative financing</td>
<td>6 PBF strategies implemented/planned</td>
<td>$3.0 m (1.8%)</td>
</tr>
<tr>
<td>4. Quality strengthening</td>
<td>8 Prequalification of new products by reg. agencies, building post market surveillance capacity, training drug inspectors</td>
<td>$1.3 m (0.8%)</td>
</tr>
<tr>
<td>5. Regulatory efficiency</td>
<td>9 Update of EMLs, treatment guidelines with LSCs</td>
<td>$4.5 m (2.6%)</td>
</tr>
<tr>
<td>6. Supply and awareness</td>
<td>18 District level quantification, m-Health tools for stock monitoring, integrated LMIS systems, Commodity purchase</td>
<td>$52.7 m (30.6%)</td>
</tr>
<tr>
<td>7. Demand and utilization</td>
<td>17 Community mobilization, advocacy efforts, printing and dissemination of media materials</td>
<td>$20.9 m (12.2%)</td>
</tr>
<tr>
<td>8. Reaching women &amp; children</td>
<td>6 Maternal health vouchers, Telecommunication-availing toll free numbers for calls to ambulance</td>
<td>$2.6 m (1.5%)</td>
</tr>
<tr>
<td>9. Performance and accountability</td>
<td>18 Staffing, training, mentorship and support supervision, Development of job aids, checklists across countries</td>
<td>$86.1 m (49.9%)</td>
</tr>
<tr>
<td>10. Product innovation</td>
<td>3 Innovative ways to package products- Zinc &amp; ORS, misoprostol, magnesium sulfate</td>
<td>$0.3 m (0.2%)</td>
</tr>
</tbody>
</table>
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Relational database generated from a range of sources

- Document Review
  - (Ad hoc)
  - (MOH databases)

- Expert Interviews
  - (Ad hoc)

- HMIS / LMIS
  - (Routine, Monthly)

- Health Facility Assessments
  - (2-3 years)
  - (e.g. SARA, SPA)

- HH Surveys
  - (3-5 years)
  - (e.g. DHS, MICS)

LANDSCAPE SYNTHESIS
- (annual)

Summary Report and Dashboard
Example of a country dashboard resulting from the synthesis

<table>
<thead>
<tr>
<th>Note moyenne</th>
<th>3.8</th>
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<th>5.0</th>
<th>2.3</th>
<th>5.0</th>
<th>4.0</th>
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<th>2.7</th>
<th>1.3</th>
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<tr>
<td>Préservatifs féminins</td>
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</table>
Example of a country dashboard resulting from the synthesis

**Single-Country Dashboard**

### Commodity Specific

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Regulatory</th>
<th>Supply</th>
<th>Performance</th>
<th>Demand &amp; Access</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>National EML</td>
<td>National Treatment Guidelines</td>
<td>Registered in-Country</td>
<td>Prescription Authority</td>
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<td>Female condom</td>
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<td>5</td>
<td>1</td>
<td>1</td>
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<td>Implants</td>
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<td>Emergency contra.</td>
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<tr>
<td>Oxytocin</td>
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</tr>
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<td>Misoprostol</td>
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<td>5</td>
<td>5</td>
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</tr>
</tbody>
</table>

**Time_period:** 2014

**Source:** Demographic and Health Survey

**Annotation:**
Among facilities that provide the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the assessment.
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5. Looking ahead
The RMNCH SCT and Fund will be in operation until mid to end 2016

- Continue to accelerate progress and spend down RMNCH Fund resources
- Work within GFF in-country processes and other opportunities to ensure in-country investments can be sustained, where necessary
- UNCOLSC work conclusion and dissemination to countries
- RMNCH SCT and Fund review/evaluation

**NEED TO BUILD ON LESSONS LEARNT FROM PAST PROCESSES AND EXPERIENCES TO INFORM THE POST 2015 ERA**