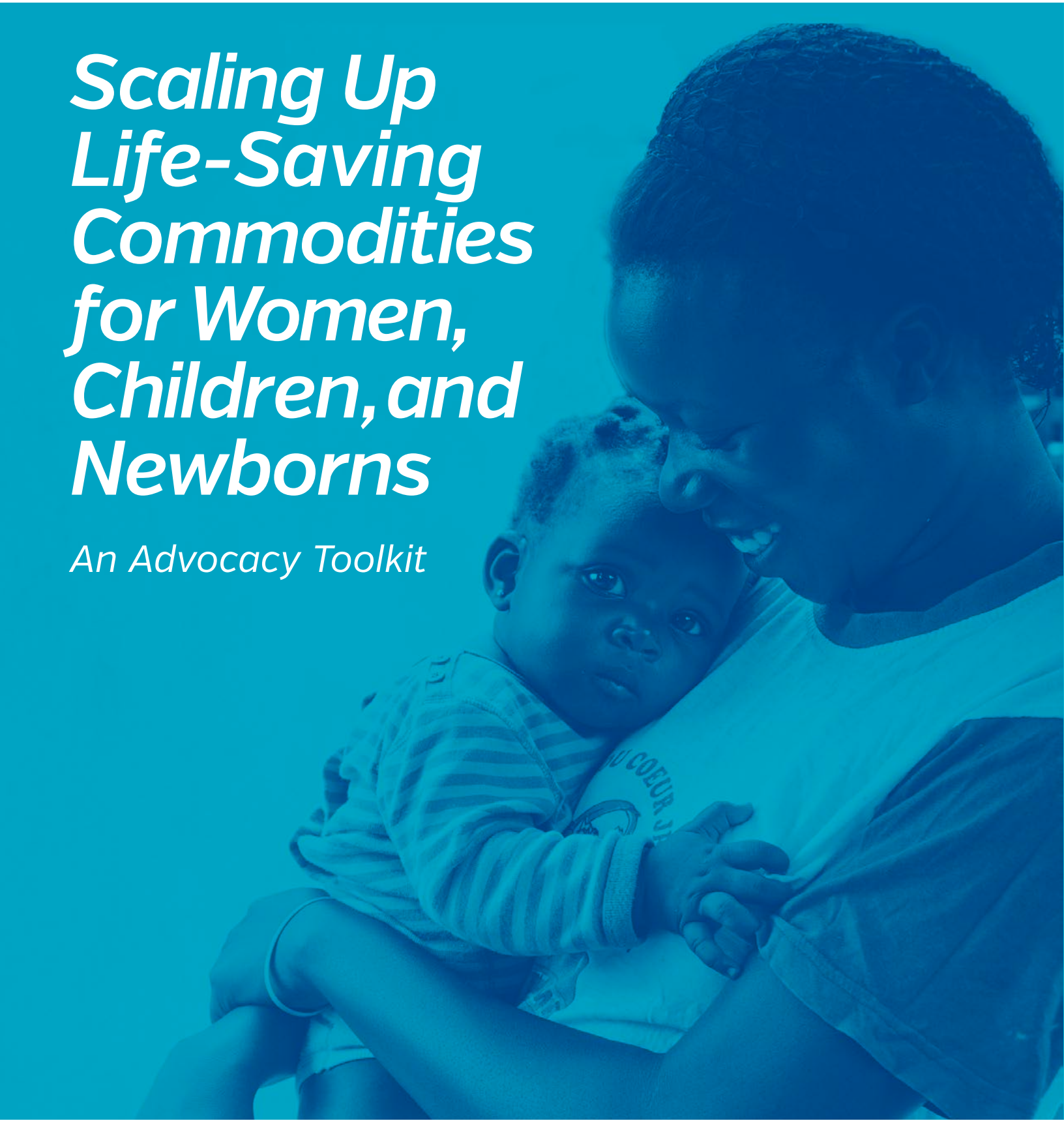
Life
Saving
Commodities
Improving access,
saving lives

Scaling Up Life-Saving Commodities for Women, Children, and Newborns

An Advocacy Toolkit



Scaling Up Life-Saving Commodities for Women, Children, and Newborns

An Advocacy Toolkit

This toolkit was produced under the auspices of the United Nations (UN) Commission on Life-Saving Commodities for Women and Children's Advocacy Working Group, convened by PATH and World Vision International, through the generous support of the Norwegian Agency for Development Cooperation (NORAD), and is part of Every Woman Every Child, an unprecedented global movement to mobilize and intensify global action to improve the health of women and children around the world.

Special thanks to the Maternal Health Technical Resource Team and the Reproductive Health Supplies Coalition's (RHSC's) Advocacy and Accountability Working Group for their support in the development of the original version of the Advocacy Toolkit.

Additional thanks to all of the technical resource teams and the Strategy & Coordination Team for reviewing and revising the toolkit.

Acronym List

ACS	Antenatal corticosteroids
APR	Child Survival Call to Action: A Promise Renewed
CBNC	Community-based newborn care
CHW	Community health worker
CHX	Chlorhexidine
COIA	UN Commission on Information and Accountability for Women's and Children's Health
CSO	Civil society organization
DPWG	Diarrhoea and Pneumonia Working Group
DRC	Democratic Republic of the Congo
DT	Dispersible tablets
ECP	Emergency contraceptive pill
EMA	European Medicines Agency
EML	Essential Medicines List
EWEC	Every Woman Every Child
FP2020	Family Planning 2020
GAPPD	Integrated Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea
HBB	Helping Babies Breathe
HMIS	Health management information system
iCCM	Integrated community case management
ICT	Information and communication technology
IEC	Information, education, and communication
iERG	independent Expert Review Group
IM	Intramuscular
IV	Intravenous
LMIS	Logistics management information system
MDG	Millennium Development Goal
MgSO4	Magnesium sulfate
MH	Maternal health
MOF	Ministry of Finance
MOH	Ministry of Health
NGO	Nongovernmental organization
NORAD	Norwegian Agency for Development Cooperation
ORS	Oral rehydration salts
PE/E	Pre-eclampsia/eclampsia
PPH	Postpartum hemorrhage
RDS	Respiratory distress syndrome
RHSC	Reproductive Health Supplies Coalition
RMNCH	Reproductive, maternal, newborn, and child Health
RMNCH SC	RMNCH Steering Committee
SCT	Strategy and Coordination Team
STG	Standard treatment guidelines
STI	Sexually transmitted infections
TRT	Technical Resource Team
UAFC	Universal Access to Female Condom
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USFDA	United States Food and Drug Administration
WHO	World Health Organization

Overview

"Every year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces."

– *United Nations Secretary-General Ban Ki-moon*

About the Toolkit

Policymakers, development partners, program implementers, health professionals, private-sector leaders, civil society activists, and community members all have a critical role to play as advocates in ensuring improved and equitable access to life-saving commodities for women, children, and newborns. This toolkit provides information about the UN Commission on Life-Saving Commodities for Women and Children (the Commodities Commission), its 13 priority commodities, and examples of how its ten recommendations to improve access and availability are being applied globally and within countries. It also provides advocacy resources for utilizing the Commodities Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in global and national plans, policies, and initiatives, as well as providing strategic input to advance implementation of the recommendations. The toolkit is organized into four major sections:

What you need to know: Page 5

Background information on the Commodities Commission, including linkages with other global initiatives, an overview of country funding and support mechanisms, and analysis of the recommendations.

What you can do: Page 19

Guidance on realizing the recommendations through strategic advocacy, including tangible actions and tools that advocates can adapt for use within their countries to mobilize support for the integration of the Commodities Commission recommendations and reproductive, maternal, newborn, and child health commodities into relevant plans, policies, and programs.

What there is to say: Page 30

Outlines messages to inform relevant audiences about the Commodities Commission and to engage with relevant decision-makers and stakeholders.

Spotlight on commodities: Page 39

Overview of maternal, child, and newborn health and contraceptive commodities, including issues and barriers to their access and use, and specific advocacy needs.

If you have questions about these materials or the content, please contact the Commodities Commission's Advocacy Working Group at ***UNCoLSC_AWG@path.org***.

What You Need to Know

"The Commodities Commission will tackle an overlooked but vital aspect of health systems, and ensure that women and children are protected from preventable causes of death and disease."

– *United Nations Secretary-General Ban Ki-moon*

What You Need to Know

Introduction

The 2012 report from the UN Commission on Life-Saving Commodities sought to make 13 priority life-saving commodities more widely available and used in developing countries to avert preventable maternal, newborn, and child deaths. Expanding access to these essential medicines and related reproductive, maternal, newborn, and child health (RMNCH) services can save an estimated 6 million women and children by 2017.

In spite of the strong evidence that shows health impact and lives saved, too often the 13 essential commodities are out of reach for those individuals who need them most. These medicines and health supplies cost just dollars, with the majority costing less than US$1 per dose.

By 2014 the Commission's recommendations translated into specific measures to support countries in their efforts to make these essential commodities more widely available and used, and to address global and regional RMNCH challenges. The follow-up to the Commission's recommendations is undertaken within the UN Secretary-General's Every Woman Every Child initiative, where together with other RMNCH initiatives, it contributes to deepening progress toward Millennium Development Goals (MDGs) 4 and 5.

Ten expert groups—or Technical Resource Teams (TRTs)—are carrying the Commission's recommendations forward, each focused on a commodity group or on actions to improve the availability and use of these commodities. The TRTs focus on commodities related to family planning; maternal health; newborn health; and child health; as well as on demand, access, and performance; global markets, quality, and regulation; supply chain; access to finance; mHealth and ICT; and advocacy. Each team is a consortium of global experts from United Nations agencies, nongovernmental organizations, government partners, and academic institutions.

Between 2013 and 2014, the TRTs developed more than 400 knowledge tools. These range from quantification algorithms to market intelligence reports, procurement standards, evidence frameworks, best practice materials, demand generation materials, advocacy documents, and training content. They are available on the Commodities Commission website: *www.Life-Savingcommodities.org*.

This knowledge must be made more readily available to its intended audiences—practitioners, advocates, and decision-makers at the country level. Outreach is ongoing and it will be an essential part of the TRTs' continuing work.

For more information on the activities of each of the TRTs, download their individual briefs from *http://www.lifesavingcommodities.org/about/our-experts/*.

Quick facts about the Commodities Commission:

-Chaired by President Goodluck Jonathan of Nigeria and then Prime Minister Jens Stoltenberg of Norway.

-Presented its report to the UN Secretary-General in September 2012. The report:

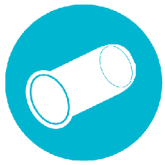
- Identifies 13 simple, effective, affordable but under-used medicines and health supplies for reproductive, maternal, newborn, and child health.
- Makes ten recommendations to increase access to and use of these 13 essential commodities.

What You Need to Know

13 Life-saving Commodities Across the Continuum of Care

Reproductive Health

Female Condoms
Prevents STIs/HIV and unintended pregnancy



Contraceptive Implants
Prevents unintended pregnancy

Emergency Contraception
Prevents unintended pregnancy

Maternal Health

Oxytocin
Prevents and treats postpartum hemorrhage

Misoprostol
Prevents and treats postpartum hemorrhage

Magnesium Sulfate
Prevents and treats eclampsia

Newborn Health

Injectable Antibiotics
Treats newborn sepsis

Antenatal Corticosteroids
Prevents preterm respiratory distress syndrome

Chlorhexidine
Prevents umbilical cord infections

Resuscitation Device
Treats newborn asphyxia

Child Health

Amoxicillin
Treats pneumonia

Oral Rehydration Salts
Prevents dehydration from diarrhoea

Zinc
Treats diarrhoea

What You Need to Know

The Every Woman Every Child Connection

The Commodities Commission was established by the UN Secretary-General as part of the global ***Every Woman Every Child*** (EWEC) movement. EWEC seeks to mobilize and intensify global action to address the main treatable health challenges facing women and children in the 49 poorest countries. EWEC is guided by the ***Global Strategy for Women's and Children's Health***, which includes a specific challenge to global and national leaders to increase access to and appropriate use of essential medicines, medical devices, and health supplies, or "commodities," that effectively address the leading avoidable causes of death during pregnancy, childbirth, and early childhood. The availability and affordability of commodities underpins the success of broader RMNCH efforts, including, but not limited to, the following complementary EWEC initiatives:

Child Survival Call to Action: A Promise Renewed **(APR)** was launched to revitalize global commitment to child survival as part of the wider effort behind EWEC. It focuses on three priority areas: the development of evidence-based national action plans to scale up successful interventions; promotion of transparency and mutual accountability; and mobilization of broad-based social and political support to end preventable child deaths.

Family Planning 2020 **(FP2020)** aims to deliver contraceptives, information, and services to a total of 120 million women and girls in developing countries by 2020. This includes maximizing global access to contraceptive commodities endorsed by the Commodities Commission.

Integrated Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea **(GAPPD)** is designed to inform global and national programs and policies to provide a framework to protect children, prevent disease, and treat children who do become sick, using proven interventions–including commodities.

Every Newborn Action Plan is a comprehensive plan, adopted by the World Health Assembly in May 2014 and launched in June 2014, that provides a roadmap and joint action platform for the reduction of preventable newborn mortality, including emphasis on the important role of the four newborn health commodities.

Progress toward the goals of EWEC (including the scale-up of RMNCH commodities) is monitored by an *independent Expert Review Group* (iERG), which is part of the *UN Commission on Information and Accountability for Women's and Children's Health* (COIA). The COIA was created by the World Health Organization (WHO) in an effort to determine the most effective international institutional arrangements for ensuring global reporting, oversight, and accountability on women's and children's health. The COIA created a system to track timeliness of donations, resource allocations, and overall results and impact.

Additionally, H4+, a joint effort by UNAIDS, UNFPA, UNICEF, WHO, UN Women, the World Bank–and governments and civil societies of 58 countries with the highest rates of maternal, child, and newborn deaths work together to reduce the mortality burden. The H4+ serves as the lead technical partner for the UN Secretary-General's Global Strategy for Women's and Children's Health and the subsequent EWEC movement.

When advocating for the inclusion of the 13 commodities and ten recommendations within country RMNCH plans and priorities, integration and/or coordination with other global EWEC initiatives should be explored wherever possible.

What You Need to Know

Linking essential commodities to broader RMNCH challenges

In 2013, eight pathfinder countries–Democratic Republic of Congo, Ethiopia, Malawi, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda–developed national catalytic plans focusing specifically on increasing access to and use of the 13 essential commodities, which were then funded by the RMNCH Trust Fund.

In 2014, the national-level work expanded: a growing set of countries have been developing prioritized gap analyses based on their existing national plans–including but not limited to life-saving commodities-through the RMNCH Country Engagement process.

The **RMNCH Country Engagement** process, launched in late 2013, supports countries in their efforts to accelerate the reduction of preventable maternal, newborn, and child deaths. It responds to a country's expressed interest to 'bend the curve' toward achieving MDGs 4 and 5. Led by the country's Ministry of Health, the process seeks to better align existing and new funding streams against national priorities and gaps in order to increase coverage with critical interventions, and thereby accelerate implementation.

The Country Engagement process is geared to achieve immediate progress that can also be sustained beyond 2015. Democratic Republic of Congo (DRC), Malawi, Nigeria, Ethiopia, and Senegal have completed their gap analysis; additional countries are in the process, while others are about to begin. The Country Engagement process has worked to: support the supply of high quality life-saving commodities; encourage the development of innovative products more suited for storage, distribution, and administration in developing countries; develop quality assurance programs; and put together training material to ensure commodities get in the hands of qualified health workers.

What You Need to Know

RMNCH Trust Fund

In 2013, UNICEF, UNFPA, and WHO agreed to establish a RMNCH Trust Fund, with support from the Government of Norway, and as of late 2014, the United Kingdom's Department for International Development. UNFPA is the fiduciary agent.

The RMNCH Trust Fund aims to provide catalytic funding to countries to fill priority gaps in order to accelerate progress toward MDGs 4 and 5, including life-saving commodities. During the RMNCH Country Engagement Process, the RMNCH Trust Fund is but one of the funding sources that can be leveraged to fill a country funding gap needed for RMNCH interventions.

The RMNCH Trust Fund is designed to finance high-impact, priority catalytic interventions that can bolster a country's RMNCH plans, but it does not fund large-scale service delivery interventions. In 2013, the Trust Fund supported eight country plans with one-year catalytic investments related to the implementation of the recommendations of the Commodities Commission. In 2014, the RMNCH Trust Fund was applied to the outcomes of the RMNCH Country Engagement process in DRC, Ethiopia, Malawi, Nigeria, and Senegal. It supported these countries with an investment to fill existing gaps in their RMNCH plans and programs.

What You Need to Know

The RMNCH Steering Committee

Established in 2013, the RMNCH Steering Committee (SC) brings together key RMNCH players including donors, technical agencies, governments, and civil society organizations to:

1. *Share information about progress of key global RMNCH initiatives and events.*
2. *Discuss progress against the MDGs or other shared goals and potential bottlenecks to implementation and scale-up.*
3. *Discuss ways in which to better respond to specific country needs and gaps brought forward through the RMNCH Country Engagement Process.*

The RMNCH Strategy and Coordination Team (SCT) is a small multi-agency team hosted by UNICEF. The RMNCH SCT has two roles:

1. *Serving as the Secretariat for the RMNCH Steering Committee.*
2. *Oversight of the follow-up to the recommendations made by the Commodities Commission.*

The RMNCH SCT also manages the RMNCH Trust Fund.

Through its partners at country level, the RMNCH SCT facilitates the RMNCH Country Engagement process across a wide range of countries.

In 2014, the RMNCH SCT also closely followed the implementation of the eight original pathfinder countries' plans, which the RMNCH Trust Fund supported in 2013.

At the global level, the RMNCH SCT is supporting the work of the RMNCH Steering Committee. The team is also coordinating the work of the Technical Resource Teams that are tasked with implementing the Commodities Commission's recommendations.

For more information on the RMNCH Steering Committee and the RMNCH Trust Fund, please contact Pascal Bijleveld, pbijleveld@unicef.org, Senior Executive Manager of the SCT.

What You Need to Know: *Convener Contact Information*

For more information on how to access the TRTs, contact information for each of the lead conveners is provided. The information below is current as of January 2015.

TRT NAME	CONVENING ORGANIZATIONS	CONVENERS	CONTACT INFORMATION
Advocacy	*PATH, World Vision*	Ashley Latimer Thiago Luchesi	alatimer@path.org Thiago_Luschesi@wvi.org
Family Planning	*RHSC, Population Council, FCI*	John Skibiak Heather Clark Sarah Rich	jskibiak@rhsupplies.org hclark@popcouncil.org srich@familycareintl.org
Maternal Health	*USAID, UNFPA*	Debbie Armbruster Kabir Ahmed	darmbruster@usaid.gov kahmed@unfpa.org
Newborn Health	*PATH*	Amelia Kinter Trish Coffey	akinter@path.org pcoffey@path.org
Child Health	*UNICEF, CHAI*	Hayalnesh (Bissie) Tarekegn Nancy Goh	htarekegn@unicef.org ngoh@clintonhealthaccess.org
Demand, Access and Performance (including Health Worker Performance)	*AMREF, USAID, JHUCCP*	John Nduba Joachim Osur Stephanie Levy Sanjanthi Velu	Nduba.John@Amref.org joachim.osur@Amref.org slevy@usaid.gov svelu1@jhu.edu
Global Market, Policy, Regulatory and Quality	*CHAI, WHO*	Hema Srinivasan Lisa Hedman Anna Gruending	hsrinivasan@clintonhealthaccess.org hedmanl@who.int gruendinga@who.int
Supply Chain	*UNFPA, USAID*	Kabir Ahmed Sharmila Raj	kahmed@unfpa.org sraj@usaid.gov
ICT for Health Advisory	*HealthEnabled*	Peter Benjamin Nadi Nina Kaonga Dr Patricia Mechael	peter@mhelp.org nkaonga@gmail.com pmechael@unfoundation.org

What You Need to Know

The Pillars of the 2012 Commissioners' Report

THE NEED: COMMODITIES

The Commodities Commission reviewed and selected 13 commodities based on three criteria:

1. *Global burden of disease, and evidence of high impact and efficiency to reduce morbidity and mortality across the RMNCH continuum of care.*
2. *Inadequate funding for commodities.*
3. *Untapped potential and opportunity for innovation and rapid scale-up in product development and market shaping.*

The Commodities Commission also reviewed a full range of contraceptive methods and identified three that are particularly overlooked, are often unavailable when requested, and have public health benefits.

It is anticipated that implementation of the Commodities Commission's recommended actions will also increase access to other commodities through cross-cutting improvements such as regulatory efficiencies and support tools for health care workers.

THE CHALLENGE: BARRIERS TO ACCESS AND USE

The Commodities Commission report highlights three key, interrelated barriers that affect the production, distribution, availability, and demand for commodities:

Regulatory challenges lead to delayed registration of commodities, lack of oversight on product quality, and general inefficiencies in low-income countries.

Market failures in which return on investment is too low to encourage manufacturers to enter the market or produce sufficient quantities of commodities. This limits global supply, which in turn affects country pricing, distribution, and commodity accessibility.

Supply and demand challenges, which include limited demand for the product from health providers, women, and caregivers, local delivery problems, inaccurate forecasting and supply planning, and inappropriate prescription and poor adherence.

What You Need to Know

THE ACTION PLAN: RECOMMENDATIONS

To address these barriers, the Commodities Commission defined **ten practical, time-bound, cross-cutting recommendations** to strengthen health systems and impact the supply, demand, and use of the 13 life-saving commodities. These recommendations and illustrative examples of how they are being carried forward at the global and national levels by the TRTs and countries are outlined below.

Recommendation	Global (G) and/or National (N) Examples
❶ Shaping global markets	
By 2013, effective global mechanisms such as pooled procurement and aggregated demand are in place to increase the availability of quality, life-saving commodities at an optimal price and volume.	**G** The Global Market, Policy, Regulatory and Quality TRT is working with global purchasers, country governments, partners, and suppliers to compile information for the 13 commodities on ordering and pricing, procurement and forecasting, and consumption. The TRT is generating data on major suppliers in low- and middle-income countries, along with capacity and pricing information. **G** The TRT is also working to compile information that will help create a more enabling environment for consistent supply and demand of commodities.
❷ Shaping local delivery markets	
By 2014, local health providers and private-sector actors in all EWEC countries are incentivized to increase production, distribution, and appropriate promotion of the 13 commodities.	**G** The Chlorhexidine Working Group of the Newborn Health TRT and the Global Market, Policy, Regulatory and Quality TRT will be working together to investigate the potential of increasing the number of active pharmaceutical ingredient (API) suppliers to achieve more affordable pricing of finished chlorhexidine products. **G** Global Market, Policy, Regulatory and Quality TRT will develop a toolkit and market-shaping guidance for EWEC countries to support sustainable levels of local distribution and supply. **N** Nigeria is working with local manufacturers to improve quality assurance of commodities and to facilitate enhanced raw material imports. **N** Officials in Uganda are engaging local manufacturers to increase local production and reduce prices of commodities. Manufacturers will also receive support to meet prequalification standards. **N** DRC will develop an outreach and certification plan for local manufacturers and will provide assistance for procurement planning.

What You Need to Know

Recommendation	Global (G) and/or National (N) Examples
❸ Innovative financing	
By the end of 2013, innovative, results-based financing is in place to rapidly increase access to the 13 commodities by those most in need and foster innovations.	**G** The Global Market, Policy, Regulatory and QualityTRT will explore the use of a facility-based commodity fund that can "procure" from private or government sources. As of late 2014, the Access to Finance Working Group is focusing specifically on this recommendation. **N** Malawi will establish a "ring funding mechanism" for RMNCH commodities, allocating specific resources to improve equitable access to treatment and care.
❹ Quality strengthening	
By 2015, at least three manufacturers per commodity are manufacturing and marketing quality-certified and affordable products.	**G** The Global Market, Policy, Regulatory and Quality TRT is conducting a survey on regulatory and quality status of key commodities in 25 countries in order to determine the quality problems experienced on the 13 commodities and offer technical support in addressing these issues. **G** The WHO global Essential Medicines List (EML) has been updated to include all 13 life-saving commodities. **G** The Global Market, Policy, Regulatory and Quality TRT will support countries to implement revised WHO EML guidelines to improve rational use of medicines. **N** Leaders in DRC will promote local production and distribution of commodities by training a team of inspectors to conduct drug-quality audits and ensure continued quality assurance. **N** Both Nigeria and Senegal will improve post-market surveillance capacity to ensure quality products throughout the supply chain. **N** Technical assistance has been provided to assure high-quality product in countries that plan to locally manufacture chlorhexidine.

What You Need to Know

Recommendation	Global [G] and/or National [N] Examples
5 Regulatory efficiency	
By 2015, all EWEC countries have standardized and streamlined their registration requirements and assessment processes for the 13 life-saving commodities with support from stringent regulatory authorities, the WHO, and regional collaboration.	**G** The Global Market, Policy, Regulatory and Quality TRT is encouraging countries and stakeholders to consolidate policies around an appropriate product to reduce fragmentation in the market. The TRT also engages national and regional regulators in joint and harmonized activities to put medicines and medical devices on the market in countries. **N** Nigeria, Malawi, and Senegal have pending EML updates. Revised EMLs are anticipated, alongside revised treatment guidelines, to ensure that registered products are procured. DRC has updated their EML. **N** Sierra Leone plans to strengthen the Pharmacy and Poisons Board role in regulatory efforts.
6 Supply and awareness	
By 2015, all EWEC countries have improved the supply of life-saving commodities and built on information and communication technology [ICT] best practices for making these improvements.	**G** The Supply Chain TRT developed a series of resources documenting good practices in supply chain management. These resources include a compendium of briefs describing promising practices for each supply chain function, a suite of supply chain indicators, a brief on integration of supply chains, and guidance for RMNCH supply management coordination, among others.* **G** The Supply Chain TRT produced guidance for quantification of RMNCH commodities. **G** The Supply Chain TRT created a framework for engaging private-sector partners to strengthen supply chain systems within countries. **G** The Supply Chain TRT enhanced open-source supply chain ICT solutions for use in logistics management information systems. **N** Tanzania will enhance procurement efforts, improve quantification, and scale up the electronic Logistics Management Information System [LMIS] to include life-saving commodities in monthly mHealth monitoring and in supply chain management training. This will be a country-wide rollout of the mHealth structure. The LMIS system will link into the national District Health Information System for full integration with the health system. **N** Nigeria and Sierra Leone will provide technical support for commodity quantification. **N** Senegal will extend electronic LMIS to 62 districts, improve supply chain management trainings, and include life-saving commodities as key tracking indicators.

*These resources are available here: www.Life-Savingcommodities.org/

What You Need to Know

Recommendation	Global (G) and/or National (N) Examples

❼ Demand and utilization

By 2014, all EWEC countries in conjunction with the private sector and civil society have developed plans to implement appropriate interventions at scale to increase demand for and utilization of health services and products, particularly among under-served populations.

G To support countries to accelerate current demand generation efforts or to launch new demand generation activities, the Demand, Access and Performance TRT has developed a ***Demand Generation Implementation Kit for Underutilized, Life Saving Commodities***. The kit includes a collection of cross-cutting resources on gender, ICT/ new media, and public-private partnerships, as well as commodity-specific communication strategies that are adaptable and replicable in multiple countries and a selection of commodity-related tools and resources.

N DRC and Malawi will conduct research on the principle barriers to accessing family planning services and institute a social marketing plan to combat these challenges.

N Nigeria plans to develop awareness campaigns, media strategies, and community activation forums to improve consumer demand and utilization of care and services.

N Tanzania will improve demand by developing "demand-generation toolkits" to mobilize private-sector providers.

N Local organizations in Bangladesh, Madagascar, and Nepal will receive micro grants to develop and/or implement demand generation communication strategies.

N A national demand generation assessment was conducted in Uganda to identify barriers to and opportunities for demand generation for the 13 priority commodities. Similar national demand generation assessments are planned for DRC and Tanzania.

❽ Reaching women and children

By 2014, all EWEC countries are addressing financial barriers to ensure the poorest members of society have access to the life-saving commodities.

N DRC will work to reduce financial barriers to the 13 commodities by integrating them into subsidized maternal and child health kits.

N Ethiopia will expand access to community-based newborn care by purchasing newborn commodities and equipment.

N Senegal will improve access by integrating life-saving commodities into user-fee exemption strategies.

What You Need to Know

Recommendation	Global (G) and/or National (N) Examples
⑨ Performance and accountability	
By the end of 2013, all EWEC countries have proven mechanisms such as checklists in place to ensure that health care providers are knowledgeable about the latest national guidelines.	**G** The Demand, Access and Performance TRT will develop job aids to improve performance among health workers, establish monitoring systems for performance measurement and accountability, and support development and integration of mobile and electronic health applications. **G** Using existing quantification guidance and market research, a case study has been developed to inform policymakers and program implementers of how the CWG's market sizing tool can be modified to guide a country's program implementation plans. **N** Tanzania is revising and disseminating job aids, checklists, and training tools for health care workers, and will establish supervision and mentorship programs to improve quality of care.
⑩ Product innovation	
By 2014, research and development for improved, life-saving commodities has been prioritized, funded, and commenced.	**G** The Maternal Health TRT has been working on guidance to include oxytocin in the vaccine cold chain to improve the management of oxytocin and minimize use of substandard products. **G** The Child Health TRT developed a new *target product profile* for acute respiratory infection diagnostic aids for pneumonia to guide industry development of new technology that improves amoxicillin uptake and use through more accurate diagnosis of new cases. **N** Senegal will work to co-package oral rehydration salts (ORS) and zinc to improve access to both commodities. **N** Uganda will focus on product improvements for pedi-gentamycin, misoprostol packaging, and magnesium sulfate bundling. **N** In Malawi, efforts have been made to ensure that high-quality and the appropriate presentation of misoprostol will be available to drive uptake in the community.

What You Can Do

"There is no doubt that lives can be saved by increasing access to affordable and effective medicines and health supplies. We must all make a difference and the time is now."

–His Excellency President Goodluck Jonathan of Nigeria, Co-Chair of the Commodities Commission

Why Advocacy?

Advocacy is an important strategy for guiding the refinement or development of robust RMNCH plans that reflect the commodity needs and realities of a given country. *It also plays a central role in generating system-wide support for expanding access to commodities, facilitating a strategic approach to scale-up among relevant stakeholders, promoting accountability, and ensuring related political commitments are translated into actions that reach intended beneficiaries.*

Advocacy Actions

The Commodities Commission recommendations comprise a critical platform that advocates in EWEC countries can utilize to increase focus and attention on commodities, to see them effectively integrated into national RMNCH priorities and plans, and to encourage tangible progress on wider RMNCH initiatives. ***There is a range of actions advocates can take to engage with key decision-makers and stakeholders to integrate and actualize the Commodities Commission recommendations into national and subnational processes, policies, and programs.*** The advocacy actions outlined below are not intended as an exhaustive list. They are a menu of tangible items that can be utilized to leverage the Commodities Commission in order to advance women's, newborns', and children's health. Actions may require adaptation for individual country contexts.

What You Can Do

In EWEC countries, advocates can work to ensure that information on the Commodities Commission, the 13 priority commodities, and the ten recommendations is featured at national and subnational levels. Specifically:

- Work with the Ministry of Health (MOH) and other partners to identify key opportunities to highlight and promote the Commodities Commission recommendations and linkages with other initiatives.
- Increase focus on access and availability of commodities.
- Build political will for implementation.
- Encourage MOH officials to begin the RMNCH Country Engagement process to identify RMNCH funding gaps and additional opportunities.

Organize disseminations of Commodities Commission recommendations and country commodities plans/proposals at subnational levels to get the word out, answer questions, collect feedback, and explain opportunities for carrying forward the plan. There are a variety of advocacy tools available, including a *draft policy brief*, *press release*, *letter of support*, and *advocacy strategy development template* that can be adapted for use in your country to raise visibility and build momentum for addressing RMNCH commodity gaps through development and implementation of a commodities plan.

How to edit PDF files:

Open a file in Acrobat XI.

Select Tools > Content Editing.

Click the Edit Text & Images tool.

Click the on-page element you wish to edit, which automatically activates the tools you'll need.

Choose the tool that best fits your task.

Or simply cut and paste into a Microsoft Word document and format as appropriate.

What You Can Do

Advocacy in EWEC Countries

Ministries of Health (MOH) in EWEC countries are working through the RMNCH Country Engagement process to create a prioritized gap analysis based on existing national plans and resources. The process seeks to better align existing and new funding streams against national priorities and gaps in order to increase coverage of critical interventions and thereby accelerate program implementation. Advocates can contribute to the successful implementation of the plans and the country engagement process through the following activities:

- ❑ Review current RMNCH plans, strategies, and policies to identify the specific steps and actions the MOH has committed to taking to address RMNCH commodity gaps in your country.
- ❑ Identify specific advocacy activities highlighted in the current RMNCH plans and explore opportunities for partnership with the MOH to generate wide-spread support for the plans.
- ❑ Identify additional individuals or audiences that need to be engaged to move forward the plans and determine what information is available about their knowledge and commitment to advancing commodities. Fill in knowledge gaps as appropriate.
- ❑ Provide information and highlight commitments to relevant stakeholders, such as parliamentarians, Ministry of Finance (MOF) representatives, subnational leaders and health teams, health professionals, private-sector leaders, and community members to build system support, ensure coordination and leveraging of resources, and promote accountability for the plan.
- ❑ Review national and subnational RMNCH initiatives, strategies, and frameworks and work with decision-makers to ensure that they align with national initiatives and plans and are appropriately integrated to support concrete programs and results on the ground.
- ❑ Identify and promote necessary policy changes at both national and subnational levels to enhance the availability and accessibility of the 13 commodities.
- ❑ Educate decision-makers on the need to invest resources to address funding gaps and ensure sustainability to parliamentarians, the MOF, and subnational leaders.
- ❑ Monitor and track application and progress of RMNCH plans, strategies, and policies at various levels in order to raise visibility of bottlenecks and barriers to implementation, as well as areas of low coverage and inequitable access to care for both the public and decision-makers in order to maximize accountability.
- ❑ Ensure that diverse perspectives, including civil society, are represented in consultation meetings, especially those related to the RMNCH Country Engagement process. Civil society representatives should reflect the RMNCH spectrum.
- ❑ Identify gaps in current RMNCH plans, strategies, and policies and promote the development of long-term and sustainable solutions by decision-makers for ensuring expanded access and availability of commodities beyond support from the RMNCH Trust Fund.

To coordinate or connect with specific groups conducting Commission-related advocacy within EWEC countries and to share lessons learned and ideas on commodities advocacy within EWEC countries, please contact the Commodities Commission's Advocacy Working Group at UNCoLSC_AWG@path.org.

What You Can Do

Advocacy in EWEC Countries

In order to save six million lives in five years, concentrated efforts are required in all EWEC countries to scale up access to life-saving commodities. Advocates can play a critical role in mobilizing support for the implementation of the Commodities Commission recommendations in EWEC countries through the following activities:

- Organize community and private-sector outreach and social mobilization activities to increase public awareness on the importance and impact of commodities and health products to improving the health of women and children.
- Highlight global efforts to advance commodities to decision-makers–including the *2013 World Health Assembly (WHA) resolution* urging member states to implement the Commodities Commission recommendations–to motivate action on commodities within your country.
- Disseminate up-to-date information to key decision-makers about the ten recommendations, 13 commodities, and RMNCH Trust Fund to raise visibility and generate interest in addressing commodity-related issues in your country through the RMNCH Country Engagement process.
- Identify the individuals or audiences that need to be engaged across government structures to secure buy-in and coordination for the development and implementation of a commodities plan/proposal and conduct outreach relative to the importance of commodities.
- Call for a transparent and open process for country engagement, including the creation of formal mechanisms to receive and react to stakeholder feedback.
- Organize consultations with diverse stakeholders, including policymakers, health professionals, private-sector leaders, nongovernmental organizations (NGOs), civil society organizations, and community members to identify issues and needs to be addressed during the RMNCH Country Engagement process. Consultations should include representatives that reflect the RMNCH spectrum. Invite and/or share findings with key decision-makers.
- Review or conduct landscaping at subnational levels to highlight health trends, major system bottlenecks, and commodity-related gaps in order to guide development of a commodities plan/proposal that reflects needs and realities throughout the country. Share broadly, including with key decision-makers.
- Review national and subnational RMNCH roadmaps and policies to identify commodity-related gaps to be addressed through the RMNCH Country Engagement process.
- Encourage focus on the 13 commodities and integration of the Commodities Commission recommendations into any ongoing policy reviews of your country's RMNCH plans, strategies, and frameworks.
- Advocate for investment of resources from both international donors and domestic financing in order to support long-term access to and availability of life-saving commodities for women, children, and newborns.

What You Can Do: *Draft Policy Brief Template Page 1*

Scaling Up Life-Saving Commodities to Advance Reproductive, Maternal, Newborn, and Child Health

Platform for action in [country name]

THE PROBLEM
In [country name], too many women, newborns, and children are suffering and dying from causes that are preventable and treatable.

Every year in [name of country]:

- [Insert country-specific maternal mortality rate] women die from complications during pregnancy and childbirth.
- [Insert number of country-specific deaths from postpartum hemorrhage] women died in [year] from obstetric bleeding ("postpartum hemorrhage"), and [insert number of country-specific deaths from pre-eclampsia/eclampsia] died from pre-eclampsia and eclampsia–the two leading causes of maternal death.
- [Insert country-specific newborn mortality rate if available] newborns die in the first 28 days of life. Leading causes of newborn mortality include newborn sepsis, respiratory distress syndrome in preterm babies, and newborn asphyxia.
- [Country name] has an under-five mortality rate of [Insert under-five mortality rate]. Two leading infectious causes of child mortality are pneumonia and diarrhoea.

[Country name] cannot address these maternal, newborn, and child deaths without investing in life-saving commodities (i.e., medicines and health supplies). Community health workers aren't nearly as useful if they cannot provide access to modern contraception. A skilled birth attendant is not as effective during delivery if she does not have access to medicines and devices for the mother and baby. Health care clinics cannot save children's lives without essential medicines to dispense as needed. Access to commodities leverages the impact of the rest of the health care system.

[Insert compelling maternal, newborn, or child health photo above from your country and include caption and photo credit here]

THE SOLUTION
The solution is within reach: experts estimate that with access to basic health care and key interventions, the leading causes of maternal, newborn, and child deaths are largely preventable. There are key medicines and health supplies that are evidence-based, cost-effective, and available on the market TODAY, yet they remain largely inaccessible to the most vulnerable. [Country name] will focus on scaling up access to and use of [insert number of commodities] commodities, which are proven to save the lives of women, newborns, and children. These commodities are:
[Edit below chart to delete commodities that you will not focus on in your country's plan].

Contraceptives: Female condoms, emergency contraception, and implants for contraceptive needs

Maternal Health: Oxytocin and misoprostol for postpartum hemorrhage and magnesium sulfate for eclampsia and severe pre-eclampsia

Newborn Health: Injectable antibiotics for newborn sepsis, antenatal corticosteroids

What You Can Do: *Draft Policy Brief Template Page 2*

for preterm respiratory distress syndrome, chlorhexidine for cord cleansing to prevent umbilical cord infections, and resuscitation devices for newborn asphyxia

Child Health: Amoxicillin for pneumonia and oral rehydration salts and zinc for diarrhoea

Despite the fact that these commodities are affordable, low-cost, and manufactured around the world, there are still barriers that limit access. These barriers include weak supply chains, inadequate regulatory capacity to protect people from substandard or counterfeit products that can cause harm, and lack of awareness of how, why, and when to use them. It is essential to address these barriers to reduce [country name]'s maternal, newborn, and child mortality rates.

HEADLINE
Insert a relevant quote, graph, or chart

GLOBAL ACTION
The UN Commission on Life-Saving Commodities for Women and Children (the Commodities Commission) was established as part of the global *Every Woman, Every Child* movement, which seeks to address the major health challenges facing women and children in the world's poorest countries. The Commodities Commission identified a list of 13 essential but under-used contraceptive, maternal, newborn, and child health commodities with the aim of improving how they are produced, distributed, and used in countries where the most women, newborns, and children under five die from preventable causes. The Commodities Commission developed a set of ten recommendations on how to address common barriers to accessing these key commodities.

The Commodities Commission's recommendations are in alignment with other global initiatives that work to improve maternal, newborn, and child health. These initiatives include:

- **Child Survival Call to Action: A Promise Renewed** seeks to accelerate the declines in the number of under-five and maternal deaths, enabling more countries to achieve MDGs 4 and 5 by 2015 and to sustain the progress well into the future. One of the five action items in *A Promise Renewed* is investing in high-impact solutions such as commodities that help prevent the major causes of maternal, newborn, and child mortality.
- **Family Planning 2020** is an initiative to increase access to modern contraceptives to 120 million additional women by 2020.
- **The Global Action Plan for the Prevention & Control of Pneumonia and Diarrhoea** (GAPPD) is a resource for coordinating and integrating efforts to improve the impact of current programming for pneumonia and diarrhoea; this action plan includes the promotion of oral rehydration solution, zinc, and amoxicillin to prevent child mortality.
- **The Every Newborn Action Plan** focuses on reducing preventable newborn mortality and stillbirths and builds on the recommendations of global initiatives including the Commodities Commission to improve access to injectable antibiotics, antenatal corticosteroids, chlorhexidine, and newborn resuscitation devices.

Together these global-level initiatives help ensure there is momentum around supporting reproductive, maternal, newborn, and child health commodities.

[Country name]'s **COMMITMENT**
These global initiatives help bring attention, funding, and support for commodities; however, countries also must have national-level strategies

What You Can Do: *Draft Policy Brief Template Page 3*

to ensure that commodities are available at the health clinics and in the hands of trained health care workers to save lives.

In [insert date], Minister [insert name of minister of health] committed to carrying out the necessary actions to ensure sustainable and equitable access to and use of life-saving medicines and health supplies to all women and children by 2015. A national implementation plan for scaling up key commodities has been created.

[Country name] has committed to work on the following areas: [Delete recommendations your country is not working on and insert sub-bullets of specific details from your country plan as appropriate.]

- Shaping local delivery markets: local health providers and private-sector actors are incentivized to increase production, distribution, and appropriate promotion of the commodities.
- Innovative financing: innovative, results-based financing is in place to rapidly increase access to the commodities by those most in need and foster innovation.
- Quality strengthening: by 2015, at least three manufacturers per commodity that are manufacturing and marketing quality-certified and affordable products.
- Regulatory efficiency: by 2015, [country name] has standardized and streamlined registration requirements and assessment processes for the life-saving commodities with support from stringent regulatory authorities, the World Health Organization, and regional collaboration.
- Supply and awareness: by 2015, [country name] improves the supply of life-saving commodities and builds on information and communication technology (ICT) best practices for making these improvements.
- Demand and service utilization: [country name] in conjunction with the private sector and civil society has developed plans to implement at scale appropriate interventions to increase demand for and utilization of health services and products, particularly among under-served populations.
- Reaching women and children: [country name] is addressing financial barriers to ensure the poorest members of society have access to the life-saving commodities.
- Performance and accountability: [country name] has proven mechanisms such as checklists in place to ensure that health care providers are knowledgeable about the latest national guidelines.

ENSURING ACTION

To move forward these commitments, the following is necessary: [Adjust and add any action needed by national and local government officials or the national working group (if it exists). Some examples are listed below; please make sure they are adjusted to the relevant situation in your country.]

- Recognizing that implementing these recommendations is essential to saving mothers', newborns', and children's lives, prioritize financial and human resources to implement the national plan.
- Engage stakeholders from affected communities, civil society, the private sector, donor agencies, and multilateral institutions in the planning, implementation, and monitoring of the recommendations.
- Conduct monitoring and evaluation of the implementations plans to identify gaps and priority actions.
- Identify the most effective strategies and where additional efforts are needed, and how to best coordinate efforts across ministries, sectors, and partners.
- Work with regional- and district-level health officials to ensure that the implementation plans are integrated at all levels.

CONTACT US

For more information, please contact: [insert name, organization, and email]

What You Can Do: *Press Release Template*

[Name of country] to address the leading causes of maternal, newborn, and child mortality through life-saving drugs and health supplies

[City], [date] – Every year, in [country name], hundreds of women, newborns, and children die of preventable or treatable causes because they cannot access affordable and effective medicines and simple health supplies. Medicines for the prevention of bleeding after childbirth and treatment of children for diarrhoea and pneumonia for example–which cost less than US$0.50 [convert to local currency] per treatment–can make the difference between life and death for mothers and their children. **Simple medicines can save lives, but only if people can access them.**

[Country name] is no exception: *[Insert country-specific statistics about maternal, newborn, and child deaths. Illustrative examples are below]*

- Each year [Insert country-specific maternal mortality data] women die from complications during pregnancy and childbirth.
- [Insert number of country-specific deaths from postpartum hemorrhage] women died in [year] from obstetric bleeding ("postpartum hemorrhage"), and [insert number of country-specific deaths from pre-eclampsia/eclampsia] died from pre-eclampsia and eclampsia–the two leading causes of maternal death.
- [Insert country-specific newborn mortality data if available] newborns die in the first 28 days of life. Leading causes of newborn mortality include newborn sepsis, respiratory distress syndrome in preterm babies, and newborn asphyxia.
- Each year, [insert under-five mortality data] in [country name] die before the age of five. The two leading infectious causes of child mortality are pneumonia and diarrhoea.

In September 2012, the UN Commission on Life-Saving Commodities for Women and Children (the Commodities Commission) launched a report outlining ten key recommendations for improving the supply and access to 13 life-saving and cost-effective but overlooked commodities for reproductive, maternal, newborn, and child health.

In [include date], [name of country] pledged its commitment to implementing the Commodities Commission's recommendations and ensuring sustainable and equitable access to and use of life-saving medicines and health supplies to all women and children by 2015. Now [a national gap analysis or implementation plan] for scaling up key commodities [has been/is being] created.

As part of the plan, [country name] has committed to work on the following areas: [Include specific recommendations, commodities, and partnership details from your country plan as appropriate].

"It's a travesty that so many women are dying in childbirth and children are dying of preventable causes like diarrhoea and pneumonia in [country name]. The government's decision to join this global commitment is a clarion call for urgent action. We know what we need to do and we have a 2017 deadline. The clock is ticking," said [insert name and title of representative]. [Adjust quote as needed]

[Highlight information on the status of the implementation plan and necessary next steps. Add information on country progress in taking action as a pathfinder country, initiation of a country consultation process, etc. You might mention the role, if any, that your organization/office has played to date in advancing essential commodities as part of the Commodities Commission.]

About [name of organization]
[Insert a short paragraph describing the mission and activities of your organization/office.]

Press Contact
[Insert phone number and email address of relevant contact person at your organization.]

What You Can Do: *Letter of Support Template*

Date

Name and title of recipient
Address of recipient – Line 1
Address of recipient – Line 2
Address of recipient – Line 3

RE: Recommendations of the UN Commission on Life-Saving Commodities

To the Honorable [Name],

On behalf of [organization name]**, I urge you to engage in the RMNCH Country Engagement process on the recommendations of the UN Commission on Life-Saving Commodities to improve access to and use of commodities in** [country]**.**

Despite advancements in health services and delivery, the number of women, newborns, and children that continue to die from preventable causes in [country name] each year continues to be a cause for concern. Each year, [Insert some country-specific statistics about maternal and child deaths]. The majority of these deaths could be averted with improved access to 13 effective, low-cost "commodities," which include drugs and simple health supplies.

[Organization name] welcomes and endorses the recommendations set out by the Commodities Commission as a powerful means to address preventable maternal, newborn, and child deaths. We [applaud you for pledging/urge you to pledge] to carry out the necessary actions to ensure sustainable and equitable access to and use of life-saving commodities for women, newborns, and children in [insert country name] through development of a national implementation plan.

The RMNCH Country Engagement process will result in a gap analysis to help identify new resources to help [country] to accelerate the reduction of preventable maternal, newborn, and child health deaths and bend the curve to achieving Millennium Development Goals 4 and 5.

We recognize the need to act quickly to transform the Commodities Commission's recommendations into a reality that saves the lives of our most vulnerable women, newborns, and children. The enclosed brief [see policy brief template in toolkit to create one] provides an analysis of the situation of reproductive, maternal, newborn, and child health in [country name], including recommendations for how to maximize the Commodities Commission platform and engagement process within our country's context. [Organization name]'s input may be helpful in [developing or building support for carrying out] the national implementation plan given our experience in [provide more details].

I would be delighted to meet with you or your staff, or to help organize a meeting with key stakeholders to discuss next steps.

Sincerely,

Name and title
Organization
Telephone number and email address

What You Can Do: *Advocacy Strategy Development Template*

It may be necessary to develop targeted advocacy strategies to bring about change relative to the Commodities Commission's 13 priority commodities and ten cross-cutting recommendations in your country, including ensuring the development and effective implementation of a commodities plan. Developing a strategy will enable you to better assess options and make decisions about activities that will successfully influence advocacy targets to move toward your desired point of view. To start your advocacy strategy, answer the following questions:

What is the problem *that needs to be addressed?*

What is your advocacy goal, *specifically the change that is needed to address the problem?*

Who are the decision-maker(s) with power *to make the change and their influencers?*

What motivates and interests your target decision-maker(s) *that can help influence them toward your goal?*

What obstacles or opposition exist *to the change you would like to see?*

What are your organization's assets and gaps *in advocating for the change?*

Who are potential partners with similar interests *in achieving the change?*

What advocacy activities and tactics *will you use to influence decision-makers?*

What messengers and messages *will you use to reach and persuade decision-makers?*

What is your plan to monitor and evaluate *the success of your strategy?*

Worksheet is adapted from PATH's ten-part advocacy framework for advocacy strategy development and implementation. The framework uses data and analysis, including community perceptions and environmental landscaping, to inform advocacy planning and decision-making.

Potential advocacy messages are included in the ***What There Is to Say*** section.

For more information and tools on how to develop advocacy strategies utilizing the ten-part framework, including ideas for specific activities and tactics, please visit: ***Stronger Health Advocates Greater Health Impact.***

What There Is to Say

"By increasing access to 13 overlooked life-saving medicines and health supplies, care-givers will have a better chance to reach the women and children in greatest need. This isn't just the right thing to do; it's the smart thing to do. Scaling up these 13 commodities would cost less than US$2.6 billion and would save over six million lives. That is one of the 'best buys' in global health today."

–***Anthony Lake, Executive Director, UNICEF,***
Vice-Chair of the Commodities Commission

What There Is to Say

Advocacy Messages

Advocacy messages play a key role in ensuring the issue of commodities stays visible and a global and national priority. Compelling messaging needs to effectively communicate the problem, the solution, its impact, and a call to action. Communication should demonstrate the validity of the evidence and engage the audience. As scaling up essential commodities is a significant investment that requires long-term commitment, advocacy efforts should communicate the need for a sustained investment, both politically and financially.

This messaging platform can be tailored to reflect individual countries' contexts by including current data on commodities and describing the impact of implementing the Commodities Commission recommendations. The messages can be incorporated into relevant press releases, media advisories, op-eds, fact sheets, blogs, newsletters, social media, and speeches on various EWEC and RMNCH-related initiatives in your country.

Messaging Platform

The UN Commission on Life-Saving Commodities (the Commodities Commission) aims to increase access to low-cost, high-impact medicines and health products in the world's poorest countries. The effort has laid out clear evidence-based actions with demonstrable impacts—including saving six million lives in five years—that target a range of groups, including donors, policymakers, advocates, and private-sector audiences at global and national levels. This message platform was developed to inform audiences about the Commodities Commission and, more importantly, to inspire action from decision-makers with the authority to implement the Commodities Commission's recommendations.

Topline Messages

- The implementation of the Commodities Commission recommendations could save six million lives in five years by making 13 simple but overlooked health products and medicines available and accessible for the world's poorest women, newborns, and children.
- Increasing access to commodities and related services is one of the most effective ways to achieve the goals of the *Global Strategy for Women and Children's Health* and close the gap to reaching Millennium Development Goals (MDGs) 4 and 5.
- The Commodities Commission's ten recommendations aim to break down regulatory, financial, and market-based barriers.
- To continue momentum, **global leaders** must focus on increasing financing and budget lines, supporting country implementation, coordinating global efforts, and leading initiatives such as the RMNCH Country Engagement Process. **National leaders** must include access to commodities in their country plans and strategies, implement supportive policies, and commit to knowledge-sharing and evaluation.

What There Is to Say

Key Messages

Together, we have the chance to succeed in one of the most ambitious health campaigns in history–saving the lives of 16 million women and children by the end of 2015 in the world's poorest countries, as laid out in the 2010 Global Strategy for Women and Children's Health. The Every Woman Every Child (EWEC) movement was established to mobilize and intensify the international and national action needed to advance this strategy.

The Commodities Commission, working under the EWEC umbrella, will focus on increasing the access, availability, and quality of health products and medicines to improve the health of the world's poorest women, children, and newborns.

- Increasing availability and access to simple but often overlooked health products and medicines is one of the most effective ways to achieve the goals of the Global Strategy and close the gap to reaching MDGs 4 and 5.
- Scaling up access to cost-effective and high-impact reproductive, maternal, newborn, and child health (RMNCH) products is a top "best buy" in global health. By investing $2.6 billion over the next five years to adopt the the Commodities Commission recommendations, we can save an estimated six million lives.

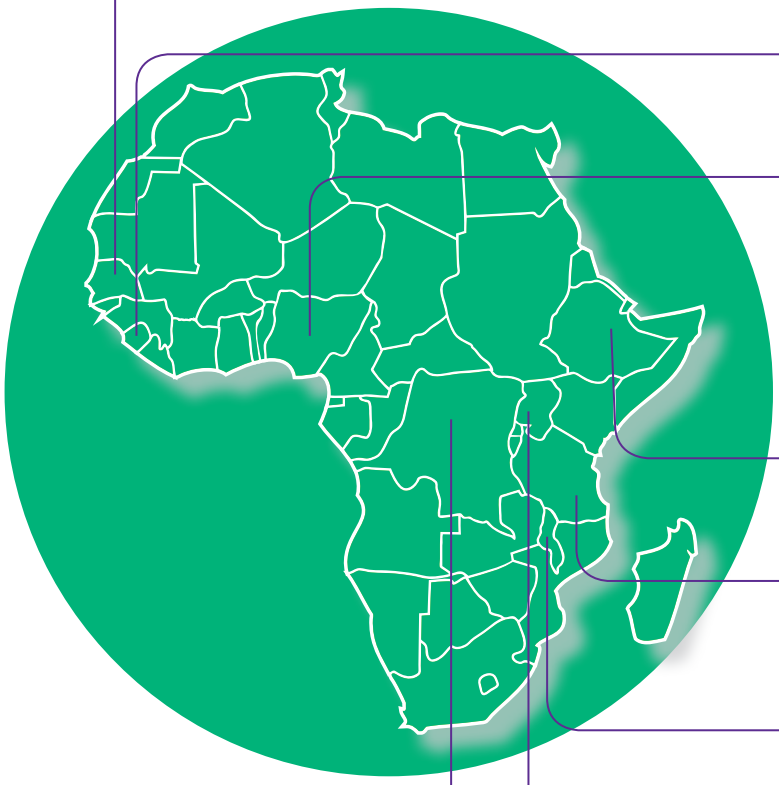
Until now, regulatory, financial, and market-based challenges have kept many critical products out of reach. In 2012, the Commodities Commission laid out ten key actions to make these products more available and affordable, even in the most remote villages in the poorest countries.

- Three major barriers keep these health supplies from those who need them most: insufficient supply, ineffective quality assurance, and inadequate demand.
- Drawing on the lessons and successes of other health partnerships, the Commodities Commission made ten recommendations for country and global leaders that could remove bottlenecks to access and ensure affordability.
- They include actions such as investing in innovative financing, generating demand and awareness, creating incentives for producers and purchasers, improving quality assurance and regulation, educating health care providers, and supporting research and development efforts to improve products.

What There Is to Say

The Commodities Commission recommendations are a blueprint for country and global leaders to accelerate access and to improve availability and quality.

- Enacting the Commodities Commission's recommendations and undergoing a country gap analysis will take shape differently in each country based on local partnerships, opportunities, challenges, and needs. Initiatives underway include, but are not limited to, the following:



- **Senegal** is working to integrate the life-saving commodities into its user-fee exemption strategy to increase access for women and children who need them most.
- **Sierra Leone**'s pilot of an integrated community case management (iCCM) program is training community health workers (CHWs) to provide child health-focused commodities during home visits.
- **Nigeria** created incentives for ORS and zinc manufacturers, which has led to four local manufacturers commercially producing zinc (including three co-packaged zinc and ORS products). Further, three local manufacturers have received approval to produce 7.1% chlorhexidine digluconate for umbilical cord care. One company has introduced its chlorhexidine product to the market and the remaining two companies will bring their products to market in the near future.
- **Ethiopia**'s new Community-Based Newborn Care (CBNC) program will educate health care providers to increase demand and utilization of maternal and newborn commodities.
- **Tanzania** is working to improve provider knowledge on contraception, including implantable contraceptives, female condoms, and emergency contraception by developing and disseminating job aids.
- **Malawi** will train 500 service providers per year on the insertion and removal of implantable contraceptives.
- **Uganda** has identified innovations in mHealth, including the use of e-learning tools to disseminate the latest guidelines and SMS-based systems for real-time reporting of stock levels at health facilities. Five new zinc and three new ORS products have been registered.
- **The DRC** will work to revise their EML.

What There Is to Say

Demand, access, and availability of these commodities, coupled with a strong focus on health system strengthening and adequate financing, will play a critical role in the achievement of key global and country work focused on RMNCH. To reach these goals, leaders at the global and country levels all have a role to play. With these commitments, we can take immediate action to save millions more lives and accelerate progress toward the MDGs.

Country leaders can:

- Commit to the Commodities Commission's recommendations by integrating into existing country plans specific interventions that address barriers related to local supply, regulation, product quality, and demand generation.
- Work with development partners, the private sector, and civil society to increase political awareness and commitment for the implementation of policies that support product demand, availability, and affordability.
- Facilitate multi-sectoral learning, knowledge-sharing, and evaluation of these initiatives.
- Conduct research to improve availability and accessibility of the commodities at country level.
- Work with the RMNCH Steering Committee to undergo a country engagement process to align funding streams against national priorities and existing resource gaps.
- Ensure national plans, policies, and resources are disseminated to the subnational level.

Global leaders can:

- Provide long-term technical and financial support for country-led implementation of the Commodities Commission recommendations in alignment and coordinated with other RMNCH-related initiatives.
- Commit and leverage funding to support product availability and support innovation in product development.
- Coordinate global accountability initiatives to ensure that the Commodities Commission recommendations are supported and leveraged.

What There Is to Say

CONTRACEPTIVE COMMODITIES MESSAGES

The Problem

An estimated 225 million women in developing countries want to use contraceptives but do not have access to them.

Many women who would like to have no more children do not have access to long-acting and permanent methods, and those who are at risk of HIV or other sexually transmitted infections too often do not have access to the means for prevention of both infection and pregnancy.

Moreover, while emergency contraceptives can prevent unintended pregnancy after unprotected or underprotected sex, many women do not know about them or cannot access them.

The Solution

Contraception is one of the most cost-effective public health interventions.

Expanding access to high-quality, affordable contraceptive methods can lead to healthier timing and spacing of pregnancies and is essential to reducing maternal, newborn, and child deaths.

A full range of methods and the ability of women to choose a method that fits within their own fertility goals and life circumstances are essential for maximizing the impact of contraceptive commodities. This includes:

- ***Contraceptive implants*** *are a highly effective and popular method of long-lasting and reversible contraception, offering multi-year protection.*
- ***Female condoms*** *are the only female-initiated method available that offers dual protection from pregnancy and STIs/HIV.*
- ***Emergency contraception*** *is a unique method, offering women an important second chance to prevent unintended pregnancy if a method fails, is not used, or sex is forced.*

The Impact

Access to and use of contraceptive commodities have wide-ranging benefits, including reducing unintended pregnancies, reducing the transmission of sexually transmitted infections, including HIV, and reducing the incidence of deaths and illnesses related to complications of pregnancy and childbirth.

If contraceptives were available to every woman who wanted to use them, an estimated 52 million unintended pregnancies could be avoided, 194,000 women's lives saved, and 2.2 million newborn deaths averted annually.[1]

Reproductive health commodities are a critical part of an integrated package of low-cost, essential health care interventions for women that can save lives, families, and communities.

The Call to Action

Contraceptive implants, female condoms, and emergency contraception can and should be widely available in all settings.

Governments have a responsibility to protect women's lives, including ensuring consistent access to contraceptives and quality of care.

Women have the right to equitable access to methods that can save their lives and protect them from disease.

Every woman around the world deserves access to commodities to achieve her reproductive intentions and protect herself from STIs, including HIV.

[1] Singh S, Darroch JE, Ashford LS. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health.* New York: Guttmacher Institute; 2014.

What There Is to Say

MATERNAL HEALTH
COMMODITIES MESSAGES

The Problem

Each year, approximately 287,000 women–99 percent of whom live in developing countries–die from pregnancy and childbirth-related complications. That means one woman dies every two minutes from pregnancy-related complications.

The Solution

Three proven, low-cost medicines can treat and prevent the two main causes of death, postpartum hemorrhage (excessive bleeding after childbirth), and pre-eclampsia/eclampsia (the dangerous elevation of blood pressure during pregnancy that can lead to seizures, kidney and liver damage, and death). Together, these conditions account for more than half of maternal deaths.

Oxytocin and misoprostol are proven, life-saving medicines for the treatment of postpartum hemorrhage. Magnesium sulfate is highly effective in treating severe pre-eclampsia and eclampsia.

Expanding access to high-quality, affordable medicines is essential to reducing maternal deaths. Improving the reliable availability of such medicines will strengthen health care systems and make frontline health workers more effective.

Delivering a package of services, including essential supplies, is estimated to cost less than US$1.50 per person in the 75 countries where 95 percent of maternal mortality occurs.

The Impact

If these three medicines were available to every woman giving birth, 1.4 million women's lives could be saved over ten years.

Ensuring that these three commodities are effectively available to all women could dramatically reduce the 134,800 deaths due to postpartum hemorrhage, pre-eclampsia, and eclampsia each year.

Since babies whose mothers die are nine times more likely to die in infancy than those whose mothers survive, saving mothers will save infants' lives too.

Healthy mothers have a powerful ripple effect. To save a mother is to save a family. And to save a family is to lay the foundation for stronger communities.

The Call to Action

Maternal health supplies and medicines need to be stocked in health clinics, placed in the hands of trained health care workers, and ultimately delivered appropriately to the women who need them in order to save lives.

Where a woman gives birth should not decide her fate, especially when affordable, effective medicines to treat and prevent maternal deaths exist.

Governments have a responsibility to protect women's lives during pregnancy and childbirth.

Policy leadership, matched with funding to scale up proven, low-cost maternal health supplies, can dramatically improve maternal health and save millions of lives.

What There Is to Say

NEWBORN HEALTH
COMMODITIES MESSAGES

The Problem

Annually, 2.8 million babies die in the first month of life, largely from preventable causes; 98 percent of these deaths occur in developing countries. This means that nearly 8,000 newborns die each day. These deaths account for 44 percent of under-five mortality.

The world has made huge progress in reducing child mortality–but the greatest remaining challenge is to save the lives of newborn babies. While the number of total child deaths worldwide is declining, the proportion of newborn deaths is growing because the progress in reducing preventable newborn deaths has been slower than the progress made in reducing child deaths.

The Solution

Four low-cost, highly effective interventions can prevent and treat the three leading causes of neonatal deaths: prematurity, complications of childbirth (or birth asphyxia), and severe infections. Together, these three causes account for more than 85 percent of newborn mortality.

Antenatal corticosteroid is a proven, life-saving intervention to prevent respiratory distress syndrome in preterm newborns. Newborn resuscitation devices can treat the majority of cases of birth asphyxia. Chlorhexidine can prevent deadly infections in newborns, and injectable antibiotics can successfully treat infections that can quickly kill newborns if left untreated.

Newborn commodities should be available in every health facility and every birth attendant should have access and be trained to use these life-saving commodities. Improving the availability of and training for newborn medicines and technologies will strengthen the health care system and make frontline health care workers more effective.

The Impact

More than one million newborn lives could be saved each year if the four newborn commodities were universally available in the 75 countries with the highest rates of newborn mortality.

Most newborn deaths result from preventable and treatable conditions. We can prevent more than two-thirds of newborn deaths by bringing high-impact, low-cost interventions to scale.

Ensuring that life-saving medicines and supplies are stocked in the health clinics, placed in the hands of health care workers, and ultimately delivered appropriately is a critical part of preventing newborn deaths.

The Call to Action

Governments should fund life-saving maternal and child health programs that include a focus on newborns. Currently, only 10 percent of global aid for maternal and child health goes to newborn-sensitive programs, and only about 4 percent of child health investments go to newborn health, despite 44 percent of deaths of children younger than five years being in the neonatal period.

Where a baby is born should not determine his/her fate, especially when affordable and effective interventions exist to prevent the majority of newborn deaths.

All facilities and birth attendants need to have unintenterupted access to life-saving newborn commodities and the appropriate health system in which to use them to the best advantage.

Policy leadership and investments need to be made by governments and global manufacturers to increase the availability of newborn commodities that can be easily supplied and used in resource-poor settings.

Adapted from *Every Newborn Toolkit Key Messages*

What There Is to Say

CHILD HEALTH
COMMODITIES MESSAGES

The Problem

In 2013, 6.3 million children under five died, almost 1.5 million of them from pneumonia and diarrhoea, which are both preventable and treatable.

Despite substantial progress in reducing child mortality rates worldwide, nearly 17,000 children under age five are still dying every day.

Children in developing countries are especially vulnerable to pneumonia and diarrhoea because they often lack access to quality, affordable care and treatment that could save their lives.

The Solution

The solution is within reach: three proven low-cost commodities–oral rehydration salts (ORS), zinc, and amoxicillin–can treat the leading causes of mortality for children under five years old.

ORS is a sodium and glucose solution widely proven to prevent deadly dehydration in children with acute diarrhoea. Zinc is a vital micronutrient that helps reduce the severity of diarrhoea and can help prevent future bouts.

Amoxicillin is an effective, low-cost, widely used antibiotic that is proven to save the lives of children with pneumonia.

Child health commodities should be stocked in health clinics, in the hands of trained health care workers, and delivered appropriately to the children who need them in order to save lives.

The Impact

With appropriate case management, amoxicillin dispersible tablets can reduce deaths from pneumonia by 70 percent.

When used together, ORS and zinc can prevent more than 90 percent of child deaths from diarrhoea.

Without urgent and coordinated efforts to improve availability of ORS, zinc, and amoxicillin, almost 1.5 million of the world's most vulnerable children will continue to die from pneumonia and diarrhoea every year.

Expanding access to quality, affordable commodities is essential to accelerating progress toward eliminating preventable deaths from pneumonia and diarrhoea.

The Call to Action

Successfully reducing pneumonia and diarrhoea deaths requires engagement by a wide range of actors and sectors, the first and foremost of which are national government leaders.

Child health commodities are a critical part of an integrated package of low-cost, essential health care interventions for women and children that can save lives when readily accessible and available.

Policy leadership, matched with funding to scale up proven, low-cost child health supplies can dramatically improve child health and save millions of lives each year.

To ensure that children everywhere can one day raise healthy families of their own and build thriving communities, there must be continued investments in the health and well-being of children.

Spotlight on Commodities: *Contraceptives*

"We can save six million lives by focusing on low-cost but high-impact medicines. Family planning alone can reduce one-third of maternal deaths. Together with low-cost maternal medicines, most maternal deaths could be averted."

–**Dr. Babatunde Osotimehin**, *Executive Director, UNFPA, Vice-Chair of the Commodities Commission*

Overview:
Contraceptive Commodities

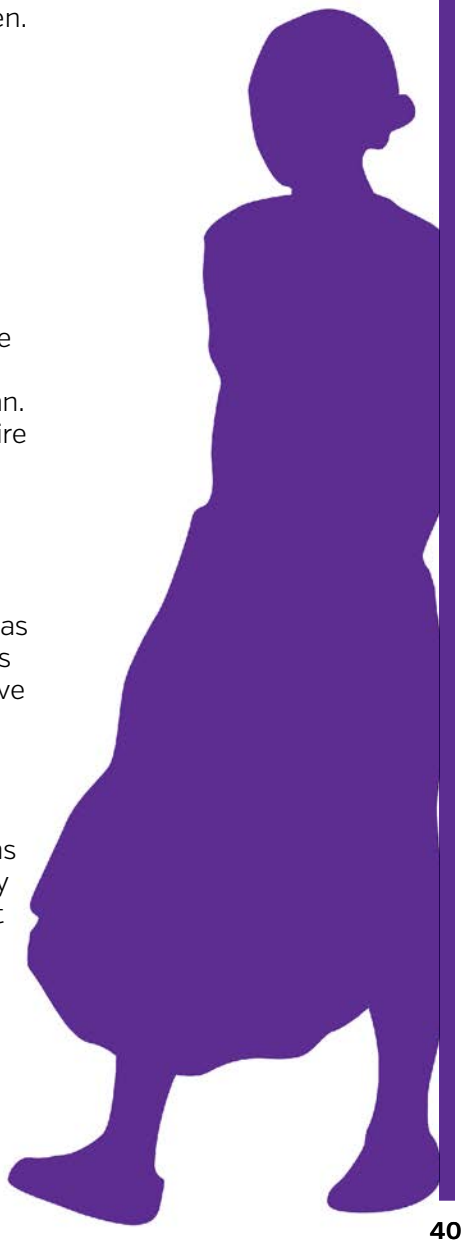
Of the 13 essential commodities identified by the Commodities Commission, three are underutilized contraceptive methods: ***contraceptive implants, female condoms,*** and ***emergency contraceptive pills*** (ECP). All three commodities are on the WHO Model List of Essential Medicines.

Expanding access to contraceptive methods can have a dramatic impact on improving health and saving the lives of women and children. The benefits of contraceptive use include preventing unintended pregnancies, reducing the transmission of sexually transmitted infections [STIs] and HIV, and reducing the incidence of deaths and illnesses related to complications of pregnancy and childbirth. Approximately 222 million women in developing countries want to use contraceptives but do not have access. If this unmet need for contraception was fully satisfied, an additional 194,000 women's lives would be saved and 2.2 million newborn deaths averted each year.

To realize the public health benefits of contraception, women must have access to a full range of methods and the ability to choose the method that best meets their fertility goals and circumstances over their lifespan. For example, women who would like to have no more children may desire long-acting and permanent methods (such as implants), while those who are at risk of HIV and AIDS or other STIs may want the means for prevention of both infection and pregnancy (such as female condoms). Women who have had unprotected sex for any reason, such as lack of access to other contraceptive methods or due to sexual assault, may want a method that prevents pregnancy *after* sexual intercourse, such as emergency contraceptive pills. The Commodities Commission estimates that an ambitious scale-up of overlooked and underutilized contraceptive methods, such as implants, female condoms, and ECPs, could avert 230,000 women's deaths over a five-year period.

Cross-cutting challenges such as comparatively high costs, limited funding for commodities, low levels of awareness and/or misperceptions about acceptability and use by women and health providers, and supply chain management issues, including poor distribution and procurement networks and LMIS, contribute to use of these commodities remaining low as a percent of method mix worldwide.

The specific uses of the individual commodities, their benefits for women's health, and barriers to their effective use that need to be addressed are highlighted below. Information is adapted from the *March 2012 Working Paper on Contraceptive Commodities for Women's Health*, prepared to inform the development of the Commodities Commission recommendations.



Spotlight on Commodities: *Contraceptives*

What you need to know about...

contraceptive implants

Benefits of Use

Contraceptive implants are a highly effective and increasingly popular long-acting and reversible method of contraception. Implants provide sustained contraception for between three and five years by releasing a progestin hormone into the body.

Implants are thin, flexible plastic rods about the size of a matchstick that are inserted just under the skin of a woman's upper arm. There are four current products:

Implanon: *one-rod, effective for three years,* $8.50
Jadelle: *two-rod, labeled for five years of use,* $8.50
Sino-Implant: *two-rod, four-year duration of effective use,* $8
Nexplanon: *one-rod, provides protection for three years,* $8.50, *allows for x-ray detection*

Implants are safe and highly effective (annual pregnancy rates are less than one percent). Compliance and continuation rates are higher than shorter-term methods.

Implants require no regular action by the user or routine clinical follow-up after insertion. They are quickly reversible. The contraceptive effect of implants ends immediately after removal and fertility returns rapidly.

Implants are more cost-effective in the long term than repeated use of short-acting methods.

In some settings, policies allow task-shifting, which permits lower cadres of health care providers to insert and/or remove implants.

Implants can be used to delay, space, or limit pregnancies and are becoming increasingly popular among women across the lifespan. Increases in procurement of implants have also been reported. In sub-Saharan Africa, for example, the number of implants procured increased from 132,000 in 2005 to 3.4 million in 2012.

Jadelle and Implanon have achieved WHO-prequalified status and are registered in more than 47 and 80 countries respectively. Sino-Implant is in the process of obtaining prequalification.

Barriers to Use

Up-front commodity cost can be a barrier to both procurement and client access. However, recent reductions in price will allow for improved access. For example, in 2013, Implanon was reduced in price from $16.50 to $8.50.

Implants are included in the WHO EML (2011); however, they are specified as a two-rod, levonorgestrel-releasing implant. One-rod implants are not included.

Given the diversity in implant products, technical requirements for competent training in counseling, insertion, and removal of each product as well as related procurement processes are required.

Implants are often combined in information systems and on procurement lists, leading to challenges in supply management.

Spotlight on Commodities: *Contraceptives*

What you need to know about...

female condoms

Benefits of Use

Female condoms are the only female-initiated method available now that offers dual protection from unintended pregnancy and STIs, including HIV.

The female condom is a condom made of a soft, thin material that fits inside a woman's vagina.

When used consistently and correctly, female condoms are comparable in effectiveness in preventing HIV/STIs and pregnancy to male condoms.

A growing body of evidence suggests that providing the female condom along with the male condom increases the number of protected sex acts.[2]

Female condoms do not require a prescription or clinician involvement and have no side effects.

There are a select number of female condom products available on the market. Two products, the FC2 Female Condom (FC2) and the Cupid female condom, have achieved WHO prequalified status. Several other female condom products are currently under review by the WHO to determine their suitability for public-sector purchase.

Despite misperceptions on acceptability, studies conducted in more than 40 countries in Africa, Asia, Europe, Latin America, and North America have found strong initial acceptability of female condoms.

Barriers to Use

While the WHO List of Essential Medicines includes condoms, it does not list male and female condoms separately, making it difficult for countries to enter female condoms in their national EMLs.

Female condoms are relatively expensive to procure. Average price is $0.55 for a female condom vs. $0.03 for a male condom.

There is limited awareness among users and providers of the method. Governments often do not include the female condom in prevention or family planning programs.

Efficacy depends on correct and consistent use by the end-user. Proper insertion training must accompany product availability.

Currently there is very little private-sector involvement in the sale of female condoms at the country level, with the exception of small enterprises distributing through social marketing.[3] The private-sector market is almost non-existent in sub-Saharan Africa.

[2] Koster W, Groot Bruinderink M. *Effective Prevention Without Side Effects: A Study of Male Acceptance of Female Condoms in Lagos, Nigeria*. Amsterdam: AIID and AIGHD; 2012.

[3] See among others: UAFC 2012 Annual Report, UAFC, August 2013, on social marketing experiences of female condoms by PSI affiliates in Nigeria and Cameroon.

Spotlight on Commodities: *Contraceptives*

What you need to know about...

emergency contraceptive pills

Benefits of Use

ECPs are a post-coital contraceptive option, allowing women to prevent pregnancy after intercourse has occurred.

ECPs offer women an important second chance to prevent pregnancy when a regular method fails, no method was used, or sex was forced.

ECPs can be used up to five days after unprotected sex but are generally more effective the sooner they are used. ECPs do not have any effects after fertilization and cannot terminate an existing pregnancy.

Depending on the formulation used and timing of use, ECPs can reduce a woman's risk of becoming pregnant from a single act of intercourse between 75 and 89 percent.[4]

ECPs are registered and available commercially in more than 140 countries and can be imported with a special license in several other countries. They are regulated as an over-the-counter or non-prescription product in 73 countries.

ECPs can safely be provided over the counter by pharmacists or pharmacy personnel with minimal or no training.

Two manufacturers of ECPs (Gedeon Richter and HRA Pharma) have received stringent regulatory approval from the U.S. Food and Drug Administration (USFDA) and the European Medicines Agency (EMA). Gedeon Richter has achieved WHO prequalification status.

ECPs are extremely safe for women of all ages, including adolescents. It is safe for women and girls to use ECPs repeatedly, even within the same menstrual cycle.

Barriers to Use

Of the 118 countries with available EMLs, only 60 countries are known to list ECPs.

There is often opposition due to misconceptions about ECPs, including conflation with abortion.

There are restrictions on access, often due to unnecessary prescription requirements.

Forecasting in particular is difficult with little historical data.

Globally, the majority of ECPs are purchased by women for their own use in the commercial sector. They are less available in the public sector.

The majority of ECPs sold outside of Europe and the US are a two-pill formulation, which is not as easy to use as the one-pill formulation.

[4] Reproductive Health Supplies Coalition. Emergency contraceptive pills. Caucus on New and Underused Reproductive Health Technologies: Product Brief. Updated May 2013.

Spotlight on Commodities: *Contraceptives*

There is one Family Planning TRT working across the three FP commodities. This TRT is developing tools and providing technical assistance for EWEC countries to increase access to each of the contraceptive priority commodities. Specifically the objectives are to:

Contraceptive Implants

- Ensure that a secure supply of affordable contraceptive implants is available to women in low- and middle-income countries.
- Increase demand for and adoption of implants by women for whom they are the method of choice.
- Ensure a dynamic and sustainable market for affordable, high-quality implants as part of a broad range of contraceptive choices.
- Strengthen systems and capacity for delivering high-quality services through appropriate human resources and effective supply chains.
- Ensure providers are trained in the safe insertion and removal of contraceptive implants.
- Foster technical improvements to implants and related products and services.

Female Condoms

- Raise awareness and demand for the female condom.
- Increase availability and accessibility of the female condom.
- Increase utilization of the female condom.
- Strengthen capacity of national officers to deliver quality female condom programs.
- Generate scientific evidence on the female condom's effectiveness to prevent STIs and pregnancy.
- Update existing and develop new tools and guidelines that expand accessibility and use of female condoms.

Emergency Contraceptive Pills

- Expand access to ECPs, including among vulnerable groups.
- Strengthen the capacity of providers and pharmacists to implement ECPs in select countries.
- Strengthen public knowledge and demand for ECPs.
- Strengthen quality assurance standards throughout the supply chain for ECPs.
- Improve the policy environment for ECPs.

Illustrative examples of how the TRT and the countries are specifically applying the recommendations to address barriers and improve access and availability of contraceptives at the global and national levels are outlined below. These may give ideas for specific advocacy asks in your country.

Other advocacy actions for contraceptives that correspond with the various recommendations are also included. Your advocacy strategy or agenda should be targeted and focused and does not need to encompass all actions. You may want to refine or include additional actions in your strategy depending on your individual country context.

For more information on activities of the Contraceptive TRTs, *download the brief*.

To join the Family Planning TRT or to request tools and technical assistance, please contact the following:

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Remember to coordinate and integrate with work being done on other priority commodities and the Commodities Commission as a whole: explore opportunities to coordinate RMNCH commodities requests with requests being made for similar issues.

Spotlight on Commodities: *Contraceptives*

Global (G) and/or National (N) Examples

❶ Shaping global markets

Global *and/or* ***National Examples***	**G** Agreements on two major price reductions were achieved in early 2013: Bayer HealthCare will reduce the price of the Jadelle contraceptive implant by more than 50 percent over the next six years and Merck MSD will reduce the cost of the Implanon and Nexplanon by approximately 50 percent over the next six years. **G** The Female Health Company announced a pricing arrangement to reduce costs for the FC2 in the world's poorest countries in addition to providing US$14 million in training and education over the next six years. **N** Volume market guarantees have been achieved to bring down the cost of implants across countries.
Advocacy Actions	Advocate for advanced market commitments or pooled procurements at the regional/central level to incentivize manufacturers and drive down costs and create a more sustainable market. Work with partners and technical working groups to identify collaborative opportunities for pooled procurement, such as pooled procurement with social marketing organizations, service delivery organizations, and NGOs working with female condoms in your country.

❷ Shaping local delivery markets

Global *and/or* ***National Examples***	**N** Uganda will improve the national market for implants by building the capacity of the National Drug Authority to test the quality of implants and register additional suppliers. This is anticipated to increase the number of options nationally.
Advocacy Actions	Collaborate with regulatory groups and technical working groups to identify ways to incentivize local manufacturers in the country. Advocate to government decision-makers to procure contraceptive commodities from local manufacturers that are producing high-quality products. Advocate to smaller manufacturers to enhance capacity for quality assurance to enable national and local procurement organizations to purchase high-quality contraceptive commodities within countries.

Spotlight on Commodities: *Contraceptives*

Global (G) and/or National (N) Examples

❸ Innovative financing

Global** and/or **National Examples	**N** Tanzania will roll out a nationwide Pay-for-Performance program that provides bonuses to health facilities linked to the attainment of performance targets. Performance indicators on contraceptive commodities are included in order to motivate facility staff to ensure commodities are available and utilized.
Advocacy Actions	Identify where health budgets could/should include specific line items for contraceptive commodities. Identify opportunities with donors and the private sector for advocacy on resource mobilization; highlight the need to fund innovative family-planning strategies. Map private-sector entities involved in contraception programs interested in funding commodities and share with decision-makers to promote total-market approaches.

❹ Quality strengthening

Global** and/or **National Examples	**G** The Global Market, Policy, Regulatory and Quality TRT is conducting a survey on regulatory and quality status of the 13 commodities in 25 countries in order to identify the quality problems and offer technical support in addressing these issues. **N** To reinforce market oversight, the DRC will develop and implement a quality assurance and control plan for RMNCH commodities, including contraception, and strengthen the capacity of the Department of Pharmaceuticals and Medicines to carry out quality audits of drug-manufacturing laboratories.
Advocacy Actions	Advocate with local government officials to develop incentives to encourage manufacturers to develop and carry out quality audits. Collaborate with partners to identify regulatory pathways for the improved delivery of high-quality products and advocate for investment in strengthening regulatory systems. Advocate for donors to provide technical assistance to support select local manufacturers in achieving the WHO's prequalification status and incentives to encourage manufacturers to seek prequalification.

Spotlight on Commodities: *Contraceptives*

Global (G) and/or National (N) Examples

❺ Regulatory efficiency

Global** and/or **National Examples	**G** The Family Planning TRT has developed fact sheets to support country-level registration of ECPs and the inclusion of ECPs in countries' EMLs. **G** Universal Access to Female Condom (UAFC) is assisting various female condom manufacturers with regulatory support, manufacturing support, and preparation of their dossier for WHO prequalification. **N** Senegal is expanding access to ECPs through several policy initiatives, including integration of ECPs into the MOH Norms and Standards, introduction of ECPs into family planning training, and adding ECPs to the EML.
Advocacy Actions	Where not already included, work with relevant decision-makers to add implants, female condoms, and ECPs to EMLs, standard treatment guidelines (STGs), and national protocols to help facilitate education and proper use among health care workers. Work with decision-makers to update STGs and national treatment protocols on FP commodities to help facilitate education and proper use among health care workers. In the case of emergency contraception, ensure it is available to all women over the counter and included as part of standard post-rape care protocols. Identify circumstances where integrated procurements can increase access and develop case studies to highlight successes, generate evidence, and support scale-up.

Spotlight on Commodities: *Contraceptives*

Global (G) and/or National (N) Examples

❻ Supply and awareness

Global *and/or* ***National Examples***

G The Family Planning TRT is developing a global forecast for implants, which will be supported by country-level forecasts and procurement data.

G UAFC is providing market intelligence information on female condoms at the global level and supply chain management support to public and private sectors at national level to address female condom supply chain weaknesses.

N Malawi will take steps to improve quantification–which is currently done at the national level based exclusively on products received (not on need)–by developing the capacity of district and health facility managers on quantification, procurement, and distribution planning for RMNCH commodities, including FP commodities, based on need.

Advocacy Actions

Collaborate with partners to identify supply chain weaknesses and bottlenecks and identify solutions that can be presented to government officials to strengthen the supply chain management of contraceptive commodities.

Identify and promote opportunities where contraceptive commodities can be integrated into the broader health management information system (HMIS) or mHealth system to improve information management.

Advocate for investment in strengthening supply chain systems to ensure consistent supply and delivery, including in rural areas.

Advocate for integration of contraceptive commodities individually into the systems that track other health commodities and relevant health outcomes to help strengthen information management.

Spotlight on Commodities: Contraceptives

Global (G) and/or National (N) Examples

❼ Demand and utilization

Global** and/or **National Examples	**G** The Demand, Access, and Performance TRT collaborated with the Family Planning TRT to develop an evidence review on demand generation for the three contraceptive commodities and adaptable communication strategies and online tools to guide the development of demand generation communication strategies for *contraceptive implants*, *female condoms*, and *emergency contraception*. **N** Nigeria recently launched a social marketing campaign through which female condoms are sold by trained hairdressers and other peer educators.
Advocacy Actions	Advocate to health officials to host/sponsor promotional and informational sessions throughout the year to improve community awareness and care-seeking behavior among women. Work with partners and officials to identify key opportunities to promote appropriate use of the contraceptive implants, the female condom, and emergency contraceptives. Identify relevant policy changes that will improve demand (and supply) and continue to hold meetings, roundtables, and other events to encourage policy change. Develop promotional materials that can be used to share information and improve understanding of contraception commodities among decision-makers. Advocate to include all contraceptive methods in training programs for health care providers to address misconceptions about the various methods. Develop public education and mass media campaigns to ensure that all women are aware of the range of contraceptive methods and to dispel myths. Ensure decision-makers invest in demand creation and information, education, and communication (IEC) over a period of time before drawing conclusions about acceptability or demand.

Spotlight on Commodities: Contraceptives

Global (G) and/or National (N) Examples

❽ Reaching women and children

Global** and/or **National Examples	**G** The Family Planning TRT has provided financial support to key social marketing organizations, enabling them to expand procurement and distribution of implants with the aim of reaching the most vulnerable women.
Advocacy Actions	Work with government officials to identify the most hard-to-reach communities (and populations) and ensure activities are prioritized in these areas. Advocate for government officials to adapt/implement incentive schemes, conditional cash transfers, or insurance schemes to improve access to contraception commodities. Support policies that enable implants to be offered at lower levels of the health system, including the community level. In Ethiopia, for example, community health extension workers have offered Implanon in communities and nurses and midwives are trained on removing them. Ensure those making procurement decisions are aware of the recently negotiated lower cost of implants.

❾ Performance and accountability

Global** and/or **National Examples	**G** The Family Planning TRT has developed training materials for health care providers about ECP based on identified gaps and needs. **N** Sierra Leone will introduce and support the scale-up of implants at public health facilities, including community health centers, by developing and disseminating manuals, guidelines, protocols, and job aids.
Advocacy Actions	Support citizens and communities to improve their health, and to hold local government accountable, through interpersonal communication, social media, and community outreach. Advocate for revised strategies and policies that improve the reach of trained health providers at the community level. Advocate for improved and revised job aids that incorporate revised treatment guidelines and global best practices. Collaborate with government officials to disseminate revised guidelines and performance policies to lowest-level health facilities. Ensure implants, female condoms, and ECPs are included in in-service training and pre-service FP training.

Spotlight on Commodities: *Contraceptives*

	Global (G) and/or National (N) Examples
⑩ Product innovation	
Global** and/or **National Examples	G Product innovation in the case of all three priority contraceptive commodities has lowered prices, increased ease of use for women, and increased overall use. The Family Planning TRT is working to ensure information on recent product innovations is shared widely.
Advocacy Actions	Advocate for more investment in research and development for contraceptive technologies to lead to more choices, as improved ease of use, comfort, and product price all influence use. Advocate for focus on specific product innovation. In the case of implants, for example, disposable trocars may make implant insertion more feasible in developing countries, enable a more decentralized provision of the method, and reduce the risk that improperly cleaned equipment could lead to transmission of disease.

Additional Resources: *Contraceptives*

For more information to support advocacy efforts in your country, the following resources are available:

Reproductive Health Commodities Technical Briefs, Reproductive Health Supplies Coalition, 2012

Making a Case for Supplies. Leading Voices in Securing Reproductive Health Supplies: An Advocacy Guide and Toolkit, Reproductive Health Supplies Coalition, 2007

Demand Generation Implementation Kit for Underutilized, Life Saving Commodities in RMNCH, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, 2013

Making female condoms available and accessible: a guide on implementing female condom programs, UAFC, 2011

K4Health Implants Toolkit, Knowledge4Health, 2013

International Consortium for Emergency Contraception

Make a move: advocating for the female condom. UAFC Advocacy Toolkit, UAFC, 2011

Emergency Contraception: Questions and Answers for Decision-Makers, International Consortium for Emergency Contraception, 2013

Contraception d'urgence: Les Questions et les Réponses pour les Décideurs International Consortium for Emergency Contraception, 2013

The Science of Plan B – Emergency Contraception

K4Health Emergency Contraception Toolkit, Knowledge4Health, 2014

Key Data and Findings for Contraceptive Commodities for Women's Health, UNFPA, 2012

Spotlight on Commodities: *Maternal Health*

"The day of birth is the most dangerous day in the life of a woman and her child. The fact that women do not get the care they need during childbirth is the most brutal expression of discrimination against women. To prevent these tragic and unnecessary deaths is not only a humanitarian urgency of highest priority, but a key investment for social and economic development."

–Prime Minister Jens Stoltenberg,
Co-Chair of the Commodities Commission

Overview:
Maternal Health Commodities

Of the 13 essential commodities identified by the Commodities Commission, three focus on the leading causes of maternal death: ***oxytocin*** and ***misoprostol*** for postpartum hemorrhage (PPH), and ***magnesium sulfate*** ($MgSO_4$) for pre-eclampsia and eclampsia (PE/E). All three commodities are on the WHO's Model List of Essential Medicines. They are also eligible for the WHO Prequalification of Medicines Program. To date, however, only one manufacturer of misoprostol has qualified under this program.

Ensuring that these three commodities are effectively accessible to all women could dramatically reduce the combined 134,800 maternal deaths due to PPH and PE/E each year. Each commodity usually costs less than US$1 per dose.[1] However, cross-cutting challenges (such as poor or uncertain quality of unregistered products, limited funding for commodities, and supply chain issues, including weak regulatory capacity; the absence of reliable demand forecasting; poorly designed or implemented LMIS; weak infrastructure; and a limited pool of skilled human resources at all levels of the health system) all contribute to limit their availability and compromise their impact on women's lives. Furthermore, there are few incentives for pharmaceutical manufacturers to innovate with these commodities because of the highly competitive, marginally profitable, low-price driven nature of generic pharmaceuticals.

The specific uses of the individual commodities, their benefits for women's health, and barriers to their effective use that need to be addressed are highlighted below. Information is adapted from the *March 2012 Working Paper on Medicines for Maternal Health* prepared to inform the development of the Commodities Commission recommendations.

[1] PATH. *Safeguarding Pregnant Women with Essential Medicines*. Seattle: PATH; 2012.

Spotlight on Commodities: *Maternal Health*

What you need to know about...

oxytocin

Benefits of Use

Oxytocin is a uterotonic that can prevent and treat PPH by causing contractions of the uterus during and after childbirth, effectively controlling excessive bleeding.

It is available in 1-ml glass vials containing either 5 or 10 international units (IU) and can be administered by injection into a woman's vein or muscle.

It is recommended by WHO as the first-line uterotonic drug for the prevention and management of PPH, and is the most commonly used drug for this purpose.

Oxytocin is included in the vast majority of national protocols for maternal health service provision, EMLs, and standard treatment guidelines (STGs).

Oxytocin takes effect sooner than most other uterotonic drugs; it is effective two to three minutes after injection, and has minimal side effects.

Barriers to Use

National STGs specify the level of health provider authorized to administer oxytocin and can unnecessarily restrict providers, such as midwives, from providing the drug. This is especially true outside of hospital settings

Globally, more than half of women give birth at home, rather than at a facility. In most countries, birth attendants at the peripheral or community level have limited access to or are untrained to administer oxytocin.

Oxytocin is temperature sensitive and loses effectiveness after three months of being stored at temperatures higher than 30 degrees Celsius (86 degrees Fahrenheit). As such, cold chain storage is recommended, though oxytocin is not commonly included in national supply cold chains. In 2014 WHO and UNICEF released a joint statement that announces their interest in collaborating to explore opportunities to include oxytocin in the vaccine cold chain.

There is growing evidence in some countries that oxytocin is inappropriately used to augment labor. Inadequate knowledge or training on the uses of oxytocin, cultural preferences for speedy births, and poor quality and infrequent supervision contribute to birth complications.

Spotlight on Commodities: *Maternal Health*

What you need to know about...

misoprostol

Benefits of Use

Misoprostol is a uterotonic that can prevent and treat PPH by stimulating strong contractions of the uterus, effectively stopping excessive bleeding after childbirth.

It is available in tablet form. Three tablets of 200 mcg are given orally for PPH prevention and four tablets of 200 mcg sublingually (under the tongue) for PPH treatment.

The WHO recommends misoprostol for prevention of PPH where oxytocin is not available or cannot be safely used (e.g., when skilled birth attendants are not present).

Misoprostol is less heat sensitive than oxytocin, and its tablet form (as opposed to injections) makes it an ideal medicine for preventing and treating PPH during home births and/or in low-resource settings where lower-level providers may find oral administration easier and more compatible to their work environment.

The 2012 WHO Recommendations for the Prevention and Treatment of Postpartum Hemorrhage state a CHW, trained in its use, can distribute misoprostol for prevention of PPH. Multiple countries are piloting misoprostol distribution to women by CHWs for self- administration after birth, with positive results.

Barriers to Use

Treatment for PPH with misoprostol is not included in the WHO EML as an appropriate indication. However, it is on the WHO EML for prevention of PPH.

Many countries do not include misoprostol in their national EMLs. Of the 37 countries that the Maternal and Child Health Integrated Program surveyed in 2012, 16 reported that they do not include misoprostol to prevent and treat PPH on their national EML. Many countries also do not procure misoprostol, and therefore, it is often not available in public-sector health facilities.

Many policymakers, providers, pharmacists, and even product manufacturers are largely ignorant of misoprostol's use and dosing to prevent PPH and hotly contest the drug, given concern for potential off-label use for abortion, particularly in countries where it is illegal.

Misoprostol is susceptible to spoilage from exposure to humidity, which can easily occur when the tablets are not stored or packaged properly (such as in aluminum-aluminum packaging).

Few manufacturers produce a three-pill blister pack equaling 600 mcg (the dosing regimen for PPH prevention), creating procurement challenges.

What you need to know about...

magnesium sulfate

Benefits of Use

Magnesium sulfate is an anticonvulsant highly effective in treating PE/E, which are most often detected through an elevation of blood pressure during pregnancy, and can lead to seizures, kidney and liver damage, and death, if untreated.

A loading dose can be administered intravenously (IV) or intramuscularly (IM) and maintenance regimes can be also be administered through IV or IM injection.

It is recognized by the WHO as the safest, most effective, and lowest-cost medication for preventing and treating eclampsia.

Magnesium sulfate is included in the vast majority of national EMLs.

Barriers to Use

National standard treatment guidelines often limit the use of magnesium sulfate to specialized care facilities. Task-shifting occurs, nonetheless, such that untrained staff may be using the product in less than adequate facilities.

Some countries have a large variety of formulations available that are not in line with WHO recommendations. For example, magnesium sulfate is available in 15 percent formulations in some countries, while the WHO recommendation is 20 or 50 percent. This creates confusion and requires providers to calculate the difference and adjust the dosage accordingly.

Magnesium sulfate is often not used by health providers because of lack of knowledge in administration with respect to timing and dosing and fears about potential toxicity. Health providers may rely instead on diazepam, a less effective medication with more adverse neonatal effects.

Oftentimes, because initial treatment for PE/E can take place at health centers before the patient is transferred to higher-level facilities for ongoing care, the second dose of magnesium sulfate may be missed, due to poorly functioning referral systems.

Spotlight on Commodities: *Maternal Health*

The Maternal Health TRT is working to develop tools and provide technical assistance for EWEC countries to increase the quality and appropriate use of maternal health medicines, as well as to improve access to these three life-saving drugs by reducing key barriers. Specifically, their objectives are to:

- **Improve forecasting and quantification of maternal health medicines.**
- **Achieve an adequate supply of high-quality maternal health commodities available where needed.**
- **Improve and adopt practices and policies for safe use.**
- **Advance innovations such as simplified packaging and presentation, as well as heat-stable formulations and easier-to-use modalities of maternal health commodities.**

To join the Maternal Health TRT or to request tools and technical assistance, please contact :

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Illustrative examples of how the Maternal Health TRT is working with countries to apply the recommendations to address barriers to effective use and improve access and availability of maternal health supplies at the global and national levels are outlined below. These may give ideas for specific advocacy asks in your country.

Other advocacy actions for maternal health commodities that correspond with the various recommendations are also included. Your advocacy strategy or agenda should be targeted and focused and does not need to encompass all actions. You may want to refine or include additional actions in your strategy depending on your individual country context.

For more information on activities of the Maternal Health TRT, *download the brief*.

Remember to coordinate and integrate with work being done on other priority commodities and the Commission as a whole: explore opportunities for a coordinated ask for all RMNCH commodities and opportunities to link with related RMNCH “asks”.

Spotlight on Commodities: *Maternal Health*

Global (G) and/or National (N) Examples

❶ Shaping global markets

Global *and/or* ***National Examples***	**G** The Maternal Health TRT will analyze the status of oxytocin manufacturers that have submitted WHO prequalification applications, and will work to establish a business case for other manufacturers to do the same. Two misoprostol dossiers have been submitted for WHO prequalification status.
Advocacy Actions	Advocate for advanced market commitments or pooled procurement or other appropriate mechanisms to incentivize manufacturers, drive down costs, and create a more sustainable market.

❷ Shaping local delivery markets

Global *and/or* ***National Examples***	**N** In Tanzania, officials are meeting with manufacturers and distributors to expand registration of magnesium sulfate.
Advocacy Actions	Advocate to government decision-makers to procure maternal health commodities from local manufacturers that are producing high-quality products. Request that governments provide central funding for essential maternal commodities. Map private-sector entities providing maternal health services and commodities to inform advocacy and outreach to government decision-makers on total market approaches.

❸ Innovative financing

Global *and/or* ***National Examples***	**N** Malawi will establish a “ring fencing mechanism” that will improve financing for life-saving commodities–oxytocin, misoprostol, and magnesium sulfate included. **N** The Nigerian government has proposed a conditional cash transfer program for maternal and child health.
Advocacy Actions	Conduct advocacy with donors and the private sector for resource mobilization, particularly the need to fund innovative maternal health strategies. Identify where health budgets could/should include specific line items for maternal health commodities. Advocate for results-based financing of maternal health commodities that rewards providers when they meet performance standards for oxytocin, misoprostol, and magnesium sulfate.

Spotlight on Commodities: Maternal Health

Global (G) and/or National (N) Examples

❹ Quality strengthening

Global** and/or **National Examples

G The Maternal Health TRT will develop developed a technical brief on the integration of oxytocin into the cold chain to maintain quality and will offer technical assistance support to countries to include oxytocin in their cold chain.

N In Malawi, officials are prioritizing efforts to improve supply chain management and to integrate the supply chain, including the addition of oxytocin into the cold chain.

N DRC will train inspectors for drug-quality audits to improve quality control.

N Studies in Mali and Ghana were completed to study time-temperature indicators.

N Several countries, including Nigeria, Senegal, and Uganda, will improve post-market surveillance capacity to ensure continued safety and quality control.

Advocacy Actions

Advocate to decision-makers and key influencers on the importance of integrating oxytocin into the cold chain.

Map local manufacturers who could achieve the WHO's prequalification status and connect them with relevant technical assistance partners and decision-makers.

Advocate to government officials to develop incentives to encourage local manufacturers to seek WHO prequalification.

Collaborate with partners to identify regulatory pathways that can be improved to more fluidly deliver high-quality products and advocate to decision-makers for investment in strengthening of regulatory systems.

❺ Regulatory efficiency

Global** and/or **National Examples

G The Maternal Health TRT is reviewing current procurement practices with the goal of ensuring that only one presentation of magnesium sulfate is used in each country.

G The Maternal Health TRT is conducting a landscape analysis and record review of national EMLs in Africa and Asia and is identifying priority countries to undergo EML revisions relative to the maternal health commodities.

N Several countries, including Malawi and Tanzania, will be updating EML guidelines and treatment protocols. Misoprostol was added to the EML in both DRC and Sierra Leone.

N DRC will also be revising guidelines on good pharmacy practice, post-market surveillance, and pharmacovigilance.

Advocacy Actions

Advocate with relevant decision-makers to update EMLs with oxytocin, misoprostol, and magnesium sulfate.

Advocate with decision-makers to update STGs and national treatment protocols to help facilitate education and proper use of oxytocin, misoprostol, and magnesium sulfate among health care workers.

Collaborate with partners to advocate for midwives, nurses, and lower-level providers to be able to provide misoprostol, oxytocin, and magnesium sulfate.

Spotlight on Commodities: *Maternal Health*

Global [G] and/or National [N] Examples

❻ Supply and awareness

Global *and/or* ***National Examples***

G The Maternal Health TRT developed a searchable web-based compendium of tools on quantification, forecasting, product use, demand, and quality of maternal health commodities. This tool is available in the *Supplies Information Database* of the Reproductive Health Supplies Coalition [RHSC].

G The Maternal Health TRT, in collaboration with the Supply Chain TRT, developed a technical brief on the integration of oxytocin into the cold chain to maintain quality and will offer technical assistance support to countries to include oxytocin in their cold chain.

N Tanzania will include maternal commodities in its mHealth monitoring system.

Advocacy Actions

Identify circumstances where integrated procurements or supply chains were successful and develop advocacy briefs to highlight successes, generate evidence, and support scale-up.

Collaborate with partners to identify supply chain weaknesses and bottlenecks and solutions that can be advocated to government officials to strengthen the supply chain.

Develop lessons learned from examples of strong private-sector supply chains and share with decision-makers.

Identify and promote opportunities where maternal health commodities can be integrated into the broader HMIS or mHealth system to improve information management.

❼ Demand and utilization

Global *and/or* ***National Examples***

G The Maternal Health TRT collaborated with the Demand, Access, and Performance TRT to develop adaptable communication strategies for *magnesium sulfate* and *misoprostol*.

N Tanzania will review evidence to create “demand-generation toolkits” to mobilize the private-sector system.

N Malawi will assess barriers to the use of maternal health commodities and develop solutions to improve demand generation.

Advocacy Actions

Advocate to health officials to host/sponsor promotional and informational sessions throughout the year to improve community awareness and care-seeking behavior among pregnant women.

Advocate to decision-makers for increased investment in demand generation campaigns for maternal health supplies.

Develop promotional materials that can be used to share information and improve understanding of oxytocin, misoprostol, and magnesium sulfate.

Spotlight on Commodities: Maternal Health

Global [G] and/or National [N] Examples

❽ Reaching women and children

Global** and/or **National Examples	**G** The Maternal Health TRT will develop a knowledge translation methodology that will be used to increase the safe and appropriate use of oxytocin, misoprostol, and magnesium sulfate. **N** Senegal plans to reach more women and children by integrating oxytocin, misoprostol, and magnesium sulfate into the country's user-fee exemption strategy.
Advocacy Actions	Work with government officials to identify the most hard-to-reach communities (and populations) and ensure activities are prioritized in these areas. Compile evidence on task-shifting to advocate for the importance of CHWs in improving access to misoprostol; advocate for policies that improve access to maternal health commodities by enabling community-level distribution. Advocate for government officials to adapt/implement incentive schemes, conditional cash transfers, or insurance schemes to improve access to oxytocin, misoprostol, and magnesium sulfate. Advocate for incorporating/procuring innovative delivery technologies that allow lower-level workers to administer medicines.

Spotlight on Commodities: *Maternal Health*

Global (G) and/or National (N) Examples

⑨ Performance and accountability

Global *and/or* ***National Examples***

G The Maternal Health TRT will develop a monitoring and evaluation strategy for ongoing assessment of sustained guideline use at the national and local levels.

G The Maternal Health TRT will assist with the development of a cross-cutting, multi-level implementation strategy for improving adherence to WHO guidelines related to maternal health commodities.

N Several countries, including Tanzania and Uganda, will improve health worker performance by updating training materials and developing and disseminating job aids, checklists, and training tools, including a mobile tool to be used by the health workers.

Advocacy Actions

Organize meetings with government officials to determine responsibility and accountability for results and for monitoring and evaluation.

Advocate for alignment between CSO/NGO indicators and government strategies, including common sets of indicators.

Support citizens and communities to improve their health, and to hold local government accountable, through interpersonal communication, social media, and community outreach.

Advocate for revised strategies and policies that support training of health providers.

Advocate for updating job aids to incorporate revised treatment guidelines and global best practices.

Collaborate with government officials to disseminate revised guidelines and performance policies to lowest-level health facilities.

⑩ Product innovation

Global *and/or* ***National Examples***

G The Maternal Health TRT will collaborate with the Product Innovation group to develop prototype packing for magnesium sulfate and misoprostol, and to potentially include time-temperature indicators on oxytocin vials. There will also be collaboration toward a simplified package and presentation for magnesium sulfate.

N Uganda is exploring innovative ways to package misoprostol and to potentially bundle magnesium sulfate and calcium gluconate, which can be used to treat cases of magnesium sulfate toxicity.

Advocacy Actions

Advocate for government officials to procure products with revised packaging and bundling.

Advocate for government funding to support research and development of new product innovations that will contribute to increased access.

Collaborate with research institutions and the national government to inform operations research to better understand user preferences and barriers.

Additional Resources: *Maternal Health*

For more information to support advocacy efforts in your country, the following resources are available:

Maternal Health Commodities Product Briefs, Reproductive Health Supplies Coalition, 2012

Maternal Health Supplies Advocacy Messages: A Roadmap for Success, PATH, 2012

National Programs for the Prevention and Management of Postpartum Hemorrhage and Pre-Eclampsia/Eclampsia: A Global Survey, MCHIP, 2012

Safeguarding Pregnant Women with Essential Medicines: A Global Agenda to Improve Quality and Access, PATH, 2012

Demand Generation Implementation Kit for Underutilized, Life Saving Commodities in RMNCH, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, 2013

Essential Medicines for Maternal Health: Ensuring Equitable Access for All, Family Care International, 2014

Key Data and Findings: Medicines for Maternal Health, UNFPA, 2012

Spotlight on Commodities: *Newborn Health*

"Care for mother and baby in the first 24 hours of any child's life is critical for the health and well-being of both. Up to half of all newborn deaths occur within the first day."

*–**Dr. Margaret Chan**, Director-General, WHO*

Spotlight on Commodities: *Newborn Health*

Overview: Newborn Health Commodities

Of the 13 essential commodities identified by the Commodities Commission, four focus on the leading causes of death in the first 28 days of life: ***antenatal corticosteroids (ACS)*** for 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. The WHO's List of Essential Medicines includes chlorhexidine digluconate (7.1%), five forms of injectable antibiotics, and, in 2015, it is anticipated that oral amoxicillin will be included, as well as one form of antenatal corticosteroid. WHO is developing a specific Interagency List of Essential Medical Devices for Maternal and Newborn Health, which will include neonatal resuscitation devices.

Ensuring that these four commodities are accessible and effectively administered to newborns in high-mortality countries could save the lives of approximately 1,770,000 newborns each year.[1] Helping babies survive the first days and weeks of life represents the greatest remaining challenge in ending preventable childhood deaths.[2] These four products are highly effective and affordable (for example, a dose of chlorhexidine can cost less than US$0.50 per application, and resuscitators are available for less than US$30 per device[3]). However, cross-cutting challenges such as regulatory hurdles, including omission from or limited inclusion on national essential medicines and devices lists, low provider and user awareness, and low training on the administration of these commodities contribute to limited and often undermined use.

The specific use of the individual commodities, their benefits for newborns' health, and the barriers that need to be addressed to optimize their impact are highlighted below. Information is adapted from a series of working papers prepared to inform the development of the Commodities Commission recommendations, including: *Case Study on Injectable Antibiotics for Treatment of Newborn Sepsis*; *Case Study on Antenatal Corticosteroids for the reduction of deaths in preterm babies*; *Case Study on Chlorhexidine for Umbilical Cord Care*; and *Case Study on Newborn Resuscitation Devices*. Information is also adapted from the Advocacy Toolkit to support the implementation of *Every Newborn: An Action Plan to End Preventable Deaths*, including the development of metrics to measure use of these commodities, which was launched in June 2014. For more information please visit: *www.everynewborn.org*.

[1] Save the Children. *Surviving the First Day: State of the World's Mothers 2013*. Westport, CT: Save the Children; 2013.

[2] Every Newborn page. Every Woman Every Child website. Available at: *www.everynewborn.org/*.

[3] The NeoNatalie Complete model (including the NeoNatalie simulator, resuscitator, and penguin suction) costs US$70 and is intended to be reused multiple times to resuscitate newborns.

What you need to know about...

antenatal corticosteroids

Benefits of Use

Complications from preterm birth are the leading cause of under-five mortality. Antenatal corticosteroids (ACS) are the most effective intervention to prevent lung immaturity in preterm newborns–known as respiratory distress syndrome (RDS), a major complication in preterm infants. The WHO recommends the use of ACS for the prevention of RDS as a priority intervention in the management of preterm labor.

ACS can be administered as an intramuscular injection to pregnant women at risk of preterm delivery in order to accelerate fetal lung maturation.

There is a large body of evidence from high- and middle-income countries supporting the safety and efficacy of ACS in reducing newborn mortality. Improved approaches for gestational age assessment are needed.

Dexamethasone (an ACS) is listed on the WHO Priority Medicines for Mothers and Children for preterm indications. In 2013, the WHO added dexamethasone for the use of fetal lung development to the Model List of Essential Medicines.

Dexamethasone is low-cost (<$1 per course of treatment), stable at high temperatures, highly effective, and has many generic producers.

Estimates indicate that approximately 400,000 lives could be saved each year if ACS were correctly used in the countries with the highest rates of preterm birth.

Barriers to Use

The 2014 Antenatal Corticosteroid Treatment (ACT) trial has shown that incorrect use of ACS has the potential to cause harm. Correct use requires an ability to accurately assess gestational age, properly care for preterm newborns, and identify and treat potential maternal infections. These three requirements are not present at all delivery locations, and may present a barrier to safe and effective use of ACS.

Limited policymaker and provider awareness of ACS within low-income/high-burden settings is a key issue: ACS are often not included in standard treatment guidelines at the country level, nor are ACS registered for fetal indications. Furthermore, uncertainty of gestational age makes it challenging for providers to know if labor is occurring preterm. Improved approaches for gestational age assessment are needed.

Spotlight on Commodities: *Newborn Health*

What you need to know about...

chlorhexidine for umbilical cord care

Benefits of Use

Chlorhexidine is a widely used, low-cost medicine that is effective in preventing neonatal infection when used for umbilical cord care of newborns who are born at home in settings with high neonatal mortality. The appropriate formulation for cord care is 7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine.

Chlorhexidine has been in use since the 1950s and has a well-established safety record. Studies from three countries have shown that when 7.1% chlorhexidine digluconate was applied to the umbilical cord stump, it reduced neonatal mortality by 23 percent.

In 2013, 7.1% chlorhexidine digluconate for umbilical cord care was added to the WHO Model List of Essential Medicines for Children and to the WHO Recommendations on Newborn Health.

Chlorhexidine is readily available globally at low cost (a single-day application costs less than $0.50). Its low cost makes it an excellent candidate for public procurement in countries.

Chlorhexidine has a long shelf life and requires no cold chain. It is easily administered with minimal training (including by family members).

Barriers to Use

Many manufacturers are currently making chlorhexidine-based products (branded and generic) at concentrations from <1% to 20%. However, there are only a few manufacturers producing the 7.1% chlorhexidine digluconate for umbilical cord care. Currently, several manufacturers in sub-Saharan Africa are being evaluated as to their capability to produce high-quality 7.1% chlorhexidine digluconate. One manufacturer has already completed the evaluation process and has begun producing and marketing chlorhexidine for umbilical cord care. This process will allow for regional chlorhexidine supplies to be established.

There are significant misperceptions in many low-income/high-burden settings that WHO recommends dry cord care only, the previous standard of care. Many professional associations have long advocated for dry cord care and show some hesitancy to now promote chlorhexidine.

Chlorhexidine for umbilical cord care is classified by national regulatory agencies as a medicine, adding a regulatory hurdle to overcome. In addition, chlorhexidine at the recommended concentration for umbilical cord care is a new intervention and therefore requires revision of standard treatment guidelines and use as well as inclusion in national EMLs.

Spotlight on Commodities: *Newborn Health*

What you need to know about...

injectable antibiotics

Benefits of Use

Injectable antibiotics are used to treat sick newborns with suspected or confirmed sepsis.

Wherever possible, sick babies with suspected or confirmed sepsis should be hospitalized and treated with appropriate injectable antibiotics and carefully monitored.

Standard hospital-administered treatment of sepsis, according to the WHO Integrated Management of Childhood Illness (IMCI) guidelines, is at least ten days of gentamicin and penicillin (or ampicillin), both given as either intramuscular or intravenous injection in facility settings.

Where hospital referral is not possible, WHO recommends treatment for young infants 0-59 days old be given at outpatient facilities, consisting of at least seven days of gentamicin (once daily) and penicillin (or ampicillin, twice daily).

Barriers to Use

In high neonatal-mortality settings in sub-Saharan and South Asia, access and acceptability to hospitalization for families is extremely limited and the current recommended outpatient treatment regimens are unfeasible for many families and providers.

Recent studies from Bangladesh, Pakistan, Nigeria, Kenya, DRC, and Ethiopia have provided new evidence to potentially reduce barriers for families to access timely and appropriate treatment when hospitalization is not possible or not accepted. While the results of the trials are not yet published, the findings are expected to open the door for simpler regimens of outpatient treatment of possible severe newborn infection where hospital referral is not possible.

Administration of gentamicin requires reliable and accurate weight measurement due to significant risk factors including hearing and kidney damage when dosing calculations exceed appropriate levels.

Injectable antibiotics are frequently subject to stockouts in weaker health systems, particularly in remote areas.

Formulations at appropriate dosage may not be readily available from manufacturers, and manufacturers have cited insufficient demand as a reason for low supply in some cases.

Spotlight on Commodities: *Newborn Health*

What you need to know about...

newborn resuscitation devices

Benefits of Use

Neonatal resuscitation devices are a basic package of equipment used to treat birth asphyxia, which accounts for more than a quarter of newborn deaths. In addition, of the 1.2 million intrapartum stillbirths that occur each year, it is unknown how many of those were misclassified and would have been a live-born baby if neonatal resuscitation was provided.

The basic neonatal resuscitation package includes a neonatal bag and mask, suction device, and a resuscitation training mannequin.

Neonatal resuscitation with bag and mask for babies who do not breathe is considered an essential evidence-based intervention to reduce newborn mortality. With basic equipment and effective training and regular practice of skills, successful newborn resuscitation can prevent 30 percent of deaths in full-term newborns and avert 5 to 10 percent of deaths in preterm births.

Recently, affordable and high-quality devices have become available in developing countries.

Helping Babies Breathe (HBB), a simplified evidence-based resuscitation training program, was launched in 2010 to address the lack of neonatal resuscitation skills in resource-limited areas. HBB has introduced neonatal resuscitation equipment in 70 countries, scaled up coverage of a high-quality resuscitation program, and increased demand for newborn resuscitation devices in many other countries.

There is a large supplier base supporting this category of medical devices. Prices range depending on device and manufacturer. Laerdal Global Health has committed to providing NeoNatalie on a not-for-profit basis for developing countries through 2015. The NeoNatalie Complete model (including the NeoNatalie simulator, resuscitator, and the penguin suction) costs US$80 and is reusable. Updated international purchasing guides on sources, prices, and quality on high-quality, affordable resuscitation products are available to international and national purchasing agents.

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Barriers to Use

Providers often lack pre- and/or in-service training on how to ventilate newborns correctly–studies have found that in some countries, only half of providers know how to properly ventilate a newborn. Furthermore, there is low exposure to asphyxia cases and inadequate use and retention of resuscitation skills by health workers in peripheral centers.

There is not standardization in sizes of masks or a common nomenclature used to describe equipment, which leads to confusion by providers and facilities in procuring resuscitation equipment. Very few countries have standard policies or guidelines for procuring, repairing, replacing, and maintaining standards of quality for resuscitation equipment through the government health care system.

With countries relying on international and regional procurement, delays in delivery, custom clearance, and additional tariffs and customs costs pose a challenge. Other major barriers that delay distribution include inadequate logistics coordination, planning, and budgeting.

The low level of facility births and low use of skilled birth attendants impedes the use of resuscitation equipment. The use of newborn resuscitation equipment at home and at community health posts is nonexistent.

Price variations among seemingly similar products are enormous. While sourcing cheap products may be tempting, attention to quality is imperative.

Due to the large quantity of manufacturers of these types of devices, quality failures occur relatively frequently, most commonly due to the quality of material used; mechanical failure during operation, mostly of valves; substandard finishing lacking precision (leakage of valves and fittings); or dust particles inside the device.

The WHO draft Essential Medical Devices List for priority interventions for MNCH includes neonatal resuscitators (bag and mask), suction devices, and resuscitation training mannequins. However, it has yet to be published as a reference.

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What you need to know about...

newborn resuscitation devices

Benefits of Use continued

With equipment and training, successful newborn resuscitation can be achieved at lower-level health facilities and in communities.

Reusable resuscitation devices are affordable and have excellent durability. Innovation efforts are focusing on development of device design and parts so that infrequent users at peripheral health centers will be better able to use the technology.

Barriers to Use continued

Resuscitation equipment is more likely to be available in tertiary and district hospitals than in lower-level health facilities. Even when equipment is available in facilities, it may not be readily accessible in the delivery room. Resuscitation equipment is not systematically included in country essential device lists and is often not regulated by the country medical supplies and equipment regulatory board.

Spotlight on Commodities: *Newborn Health*

There are four working groups in the Newborn Health TRT developing tools and providing technical assistance for EWEC countries to increase access to and appropriate use of each of the newborn commodities. In addition, specific commodity groups are working with the Every Newborn Action Plan metrics group to improve and test coverage metrics. Specifically, their objectives are to:

Antenatal Corticosteroids

- Aggregate known data and gather new data related to ACS use and bottlenecks for ACS.
- Share evidence on effectiveness, common barriers, and their remedies with national and global audiences.
- Systematically address barriers to ACS use at the global and national levels to increase rates of safe and effective use, including direct technical support to EWEC countries.

Chlorhexidine

- Increase awareness and use of 7.1% chlorhexidine digluconate for umbilical cord care as part of essential newborn care by policymakers, birth attendants, and families.
- Establish local or regional manufacturing of 7.1% chlorhexidine digluconate in selected countries.
- Develop and disseminate guidance and tools to strengthen planning and policy environment for the introduction of 7.1% chlorhexidine digluconate.

Injectable Antibiotics

- Understand and address the barriers that prevent the appropriate and timely use of injectable antibiotics to save newborn lives.
- Provide technical assistance, guidance, and tools to support countries to test and eventually implement safe, alternative approaches to management and treatment of newborn sepsis using simplified antibiotics regimens where hospital referral is not possible.

Neonatal Resuscitation Devices

- Promote, at scale, sustainable procurement and maintenance of a functional set of high-quality resuscitation commodities in the hands of appropriate, competent, skilled health workers.
- Ensure continued correct usage by promoting quality improvement during training, follow-up supervision, and/or mentoring of skilled health workers.
- Monitor efforts in order to evaluate the impact and quality of neonatal resuscitation.

The commodity-focused subgroups of the Newborn Health TRT each maintain a resource section on the *Healthy Newborn Network*, intended to help inform and support increased implementation around the world. For more information on the Newborn Health TRT, download *the brief*.

To join the Newborn Health TRT or to request tools and technical assistance, please contact the following:

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Spotlight on Commodities: *Newborn Health*

Illustrative examples of how the Newborn Health TRT and the Every Woman Every Child countries are specifically applying the recommendations to address barriers and improve access and availability of newborn commodities at the global and national levels are outlined below. These may give ideas for specific advocacy asks in your country. Other advocacy actions for newborn commodities that correspond with the various recommendations are also included. Your advocacy strategy or agenda should be targeted and focused and does not need to encompass all actions. You may want to refine or include additional actions in your strategy depending on your individual country context. For more information on activities of the Newborn Health TRT, *download the briefs*.

Remember to coordinate and integrate with work being done on other priority commodities and the Commodities Commission as a whole: explore opportunities to coordinate RMNCH commodities requests with requests being made for similar issues.

	Global (G) and/or National (N) Examples
❶ Shaping global markets	
Global** and/or **National Examples	**G** The Chlorhexidine Working Group (a subgroup of the Newborn Health TRT) is working to facilitate the establishment of local and regional production of 7.1% chlorhexidine digluconate for umbilical cord care.
Advocacy Actions	Advocate for advanced market commitments at the regional/central levels to incentivize manufacturers, drive down cost, and create a more sustainable market. Advocate for large international procurement agencies to pool procurement for several EWEC countries in the same region.
❷ Shaping local delivery markets	
Global** and/or **National Examples	**G** The Chlorhexidine Working Group of the Newborn Health TRT provides guidance to countries to determine the optimal chlorhexidine product-acquisition strategies (local production versus regional, global procurement), distribution strategies, and product introduction strategies (phased versus national introduction). **N** Nigeria has selected three local chlorhexidine manufacturers and has recently concluded market research and demand forecasting to aid effective introduction of the product. **N** Chlorhexidine pilots are being conducted in DRC, Liberia, Madagascar, Malawi, Nigeria, Pakistan, and Uganda.
Advocacy Actions	Advocate for the government to procure newborn health commodities from quality manufacturers.

Spotlight on Commodities: Newborn Health

Global (G) and/or National (N) Examples

❸ Innovative financing

Advocacy Actions

Advocate for child health budgets to include specific line items for commodities (newborn and child health) that reflect the data on demand and use.

Advocate for results-based financing of newborn health commodities to reward private and public providers through financial and nonfinancial incentives when they improve outcomes associated with use of these commodities.

❹ Quality strengthening

Global** and/or **National Examples

G The Chlorhexidine Working Group is developing a monograph for 7.1% chlorhexidine digluconate gel. In addition, the working group is focusing efforts on providing technical assistance to manufacturers in order to assure a high-quality chlorhexidine product.

G The Resuscitation Working Group of the Newborn Health TRT developed an *Improving Quality of Basic Newborn Resuscitation in Low-Resource Settings: A Framework for Managers and Skilled Birth Attendants* which highlights common health system and quality of care gaps impeding the provision of life-saving basic newborn resuscitation services in low-resource settings.

N Senegal will evaluate the potential for local production of key commodities to stimulate and incentivize private-sector involvement in the plan.

Advocacy Actions

Advocate for provision of technical assistance to support select local or regional manufacturers in producing high-quality product and implement incentives to encourage manufacturers to seek prequalification.

Spotlight on Commodities: Newborn Health

Global (G) and/or National (N) Examples

❺ Regulatory efficiency

Global** and/or **National Examples

G The Newborn Health TRT has spearheaded efforts to include two newborn health commodities on the WHO EML: dexamethasone (an ACS) for accelerating lung maturity in preterm babies and 7.1% chlorhexidine digluconate for umbilical cord care. The inclusion of these commodities on the global list will facilitate incorporation at the country level.

G The Newborn Health TRT worked with the WHO Medical Devices group to decide on specifications for quality neonatal resuscitation devices.

N In Uganda, there is a plan to add an addendum on EML and treatment guidelines to include injectable antibiotics (gentamicin and ceftriaxone) for neonatal sepsis management (in appropriate packaging and strengths with accompanying supplies) at all health-facility levels as appropriate.

Advocacy Actions

Where not already included, the four newborn health commodities should be added to national EMLs. Standard treatment guidelines and national protocols should be developed to help facilitate education and proper use among health care workers.

Advocate for regulations to support approval and proper use of injectable antibiotics by midwives, nurses, and lower-level providers outside of the hospital setting.

Advocate to the government to improve access to chlorhexidine and neonatal resuscitation devices for women who give birth at home by setting regulatory policies that allow the administration of these commodities by trained CHWs.

❻ Supply and awareness

Global** and/or **National Examples

G The Newborn Health TRT will develop an mHealth application to help countries track supplies, quality of care, and monitoring and evaluation of neonatal resuscitation devices.

N Malawi is working to strengthen district-level quantification, procurement, and distribution planning of ACS. Because the majority of women in Malawi deliver in a health facility, improving the availability of ACS is expected to create an opportunity to shift practice on the prevention and treatment of preterm labor across the entire country quickly.

Advocacy Actions

Advocate to the government for investments to strengthen supply chain systems to ensure consistent supply and delivery from the manufacturer to pharmacies and facilities.

Advocate for integration of newborn health commodity information into trainings on maternal health and maternal health commodities to ensure all skilled birth attendants are aware and properly trained on the use of newborn commodities.

Advocate for investments in and the use of technologies to help track and evaluate the impact of newborn health commodities.

Advocate for integration of newborn health commodities monitoring into commodity tracking systems and relevant health outcomes to help strengthen information management.

Spotlight on Commodities: Newborn Health

Global (G) and/or National (N) Examples

❼ Demand and utilization

Global** and/or **National Examples

G The Demand, Access, and Performance TRT collaborated with the Newborn Health TRT to develop an evidence review on demand generation for the four newborn health commodities and an adaptable communication strategy for ***chlorhexidine***.

G The Newborn Health TRT hosted consultations at two global conferences in 2013, which resulted in a platform for action to increase the use of ACS including 1) a focus on expanding access to dexamethasone; 2) a focus on facility use; and 3) ensuring that tools for gestational age assessment and diagnosis of imminent preterm labor are available and used.

N Ethiopia launched a community-based newborn care program, which includes all four newborn health commodities, with a key focus on prevention and treatment of neonatal sepsis.

Advocacy Actions

Advocate to decision-makers for increased investment in demand-generation campaigns for newborn health supplies

In countries where there are practices of improper cord care, advocate to health officials to host/sponsor events on proper umbilical cord care and the use of chlorhexidine with women's groups, media, and community members.

Identify relevant policy changes that will improve demand (and supply) and continue to hold meetings, roundtables, and other events to encourage policy change.

Develop advocacy materials that can be used to share information about newborn mortality and the role that commodities can have in improving outcomes with decision-makers.

Spotlight on Commodities: *Newborn Health*

Global (G) and/or National (N) Examples

❽ Reaching women and children

Global *and/or* ***National Examples***

N DRC will pilot two programs addressing the financial barriers related to the accessibility of the commodities: 1) a "family kit" with basic supplies and a subsidy coupon for health services at both the community and health-facility levels and 2) third-party health access coupons for use at health facilities.

N Advocates in Uganda are working for the inclusion of resuscitation devices on the National Medical Stores procurement list, including budget allocations to procure these devices.

Advocacy Actions

Advocate for increased access to services and commodities through incentive schemes, conditional cash transfers, or insurance schemes that would promote antenatal care, facility births, and skilled birth attendants.

Advocate for policies that improve access to newborn health commodities by enabling community-level distribution when facility births are not possible, and ensure all CHWs are trained on neonatal resuscitation.

Provide all expectant parents with chlorhexidine and information on proper use free of charge.

Spotlight on Commodities: Newborn Health

Global (G) and/or National (N) Examples

⑨ Performance and accountability

Global** and/or **National Examples	**G** New evidence from trials in Africa and Asia could potentially lead to new global and national level policies paving the way for outpatient management and treatment of newborn sepsis where hospitalization is not possible. The Newborn Health TRT will work closely with WHO, UNICEF, ministries of health, donors, and technical assistance partners to develop tools, implementation guidance, and training to help ensure safe and effective treatment and necessary follow-up. **N** Tanzania will develop job aids on the use of ACS to support training for health care workers on improving preterm survival.
Advocacy Actions	Advocate for improved and revised job aids that incorporate revised treatment guidelines and global best practices; collaborate with government officials to disseminate revised guidelines and performance policies to lowest-level health facilities. Advocate with national bodies that accredit schools of nursing, midwifery, and medicine to ensure comprehensive training on newborn health and the use of newborn commodities as part of the curriculum to promote competency on identifying preterm labor, signs of sepsis, and how to resuscitate newborn babies. Hold working group meetings with government officials to determine responsibility and accountability for results and for monitoring and evaluation. Advocate for better vital registries and data on causes of neonatal mortality to show the need to access quality newborn health commodities.

⑩ Product innovation

Global** and/or **National Examples	**G** Innovations are being explored for resuscitation and injectible antibiotics: a simplified upright resuscitator and simplified delivery options of injectable antibiotics.
Advocacy Actions	Advocate with research institutions and the national government to conduct operations research to better understand user preferences (and barriers). Advocate for investment in research and development of innovations that increase ease of use and expand access at lower levels of the health system. Advocate to the government for the uptake of innovations around mobile technologies that help with administration and delivery of commodities.

Additional Resources: *Newborn Health*

For more information to support advocacy efforts in your country, the following resources are available:

Every Newborn Action Plan

Lancet: Every Newborn Series, 2014

The State of the World's Midwifery Report and Toolkit UNFPA, 2014

Every Newborn Toolkit, the Partnership for Maternal, Newborn and Child Health, 2013

Healthy Newborn Network: Commodities

Healthy Newborn Network: Addressing Critical Knowledge Gaps in Newborn Health

A decade of change for newborn survival, policy and programmes (2000–2010): A multi-country evaluation of progress towards scale. Health Policy and Planning. Guest Editors: Joy E Lawn, Mary V Kinney and Anne Pfitzer, with Gary L Darmstadt and David A Oot

Surviving the First Day: State of the World's Mothers. Save the Children, 2013

Born Too Soon: The Global Action Report on Preterm Birth; March of Dimes, PMNCH, Save the Children; 2012

Demand Generation Implementation Kit for Underutilized, Life Saving Commodities in RMNCH, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, 2013

mHealth and Neonatal Resuscitation: A Review of Interventions, Approaches and Applications. Prepared for the United Nations Commission on Life-Saving Commodities Neonatal Resuscitation Technical Resource Team

Spotlight on Commodities: *Child Health*

"Our shared promise to give every child the best possible start in life must remain the rallying cry of every society, every government, every community, and every family...for every child."

*–**Anthony Lake**, UNICEF Executive Director*

Overview: Child Health Commodities

Three of the 13 essential commodities identified by the Commodities Commission address the two leading infectious causes of child mortality: ***oral rehydration salts (ORS)*** and ***zinc for diarrhoea***, and ***amoxicillin for pneumonia***. All three commodities are on the WHO's Model List of Essential Medicines. In 2014, WHO updated its guidelines and amoxicillin is now recommended as first-line treatment for pneumonia.

Overall, the world has made significant progress on reducing the rate of childhood mortality; under-five deaths have decreased from 12.6 million in 1990 to 6.3 million in 2013. However, an unacceptably high number of children continue to die each year from pneumonia and diarrhoea–diseases that are completely preventable and treatable. Of the 6.3 million children who died before age five in 2013, 900,000 died from pneumonia and 600,000 from diarrhoea.[1]

ORS, zinc, and amoxicillin are highly effective and proven to save children's lives. If children under age five in the poorest countries all had access to these commodities, about 1.5 million children could survive episodes of diarrhoea and pneumonia. ORS, zinc, and amoxicillin are inexpensive. However, cross-cutting challenges such as limited availability, access, and demand generation in remote locations, weak supply chains, and a lack of integrated programming and services minimize their impact. Globally, only 31 percent of children with suspected pneumonia receive antibiotics; just 35 percent of children with diarrhoea receive ORS and fewer than 5 percent receive zinc.[2]

Targeted efforts to reach children at greatest risk and in remote locations with ORS, zinc, and amoxicillin will serve to significantly reduce the number of children dying from pneumonia and diarrhoea. Ensuring that these commodities are effectively accessible to all children could dramatically accelerate progress toward reducing preventable child deaths.

The specific uses of the individual commodities, their benefits for children's health, and barriers to their effective use that need to be addressed are highlighted below. Information is adapted from product profiles prepared to inform the development of the Commodities Commission recommendations. Information is also adapted from the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea ***(GAPPD)***, published in April 2013 by WHO and UNICEF, which outlines a comprehensive integrated framework for key interventions, including ORS, zinc, and amoxicillin, to effectively prevent and treat pneumonia and diarrhoea.

[1] UNICEF. *Committing to Child Survival: A Promise Renewed. Progress Report 2014*. New York: UNICEF; 2014.

[2] UNICEF. *Pneumonia and Diarrhoea: Tackling the Deadliest Diseases for the World's Poorest Children*. New York: UNICEF; 2012.

What you need to know about...

oral rehydration salts

Benefits of Use

ORS is a sodium and glucose solution (typically in powder form) widely used to prevent dehydration in children with acute diarrhoea. The WHO-approved formula prevents deadly dehydration and can reduce the need for costly intravenous fluids and hospitalization by 33 percent.

When combined with zinc, ORS is recommended by UNICEF and WHO as first-line treatment for children with acute diarrhoea.[3]

ORS is included on the majority of national EMLs, and is available over-the-counter in most high-burden countries.

It is manufactured globally, is low cost, and can safely be distributed by CHWS, as well as by caregivers in the home.

If scaled up to 100 percent coverage, ORS can reduce diarrhoea mortality by 93 percent.[4]

Barriers to Use

Caregiver demand for and use of ORS is low as misperceptions about its benefits are high. (Caregivers expect it to treat the diarrhoea, rather than preventing the deadly dehydration associated with diarrhoea.) As a result, many caregivers and health care providers prefer suboptimal (even harmful) products for diarrhoea such as antibiotics and antidiarrhoeal medicines.

Suppliers typically do not invest in marketing, promotion, and distribution of the product, which leads to limited access to ORS for the poorest and most remote populations of children.

Some countries have been slow to disseminate diarrhoea treatment policies and translate them into training modules and job aids, resulting in delayed uptake of ORS among health providers.

ORS and zinc should be packaged together as they should be taken together for optimal care. Dual packaging faces unnecessary regulatory hurdles, particularly in the public sector.

[3] WHO/UNICEF Joint Statement: Clinical Management of Acute Diarrhoea. 2014

[4] Munos MK, Fischer Walker CL, Black RE. The effect of oral rehydration solution and recommended home fluids on diarrhea mortality. *International Journal of Epidemiology.* 2010;39:i75–i87.

Spotlight on Commodities: *Child Health*

What you need to know about...
zinc

Benefits of Use

Supplementary zinc is a vital micronutrient that helps the body to absorb water and electrolytes to prevent dehydration and death in a child with diarrhoea.[5]

UNICEF and WHO recommend zinc as a complementary treatment to ORS for first-line treatment of acute diarrhoea.

Zinc reduces duration and severity of a diarrhoeal episode,[6] and prevents subsequent infections in the two to three months following treatment. [7]

Zinc sulfate tablets are easily dispersible in liquid (clean water or breast milk) and can be administered to children with a spoon.

Diarrhoea mortality is reduced by 23 percent when zinc tablets are administered.[8]

Barriers to Use

Zinc is a new adjunctive therapy compared to ORS so uptake has been relatively slow. In addition there are many misperceptions about its benefits for treating diarrhoea, and zinc remains difficult to access in many countries.

Many countries have placed zinc on a prescription list of treatments, thus unnecessarily limiting its availability over-the-counter and keeping it out of community health worker baskets and limiting use in the private sector.

There are no WHO prequalified manufacturers of zinc, limiting quality supply for both international and national markets. Consensus on a broadly endorsed quality standard is needed.

There is limited awareness among service providers about the value and benefits of zinc, and extremely limited awareness or demand from consumers, which impacts procurement practices and use.

[5] Zinc Supplementation in the Management of Diarrhoea page. WHO website. Available at: http://www.who.int/elena/titles/bbc/zinc_diarrhoea/en/

[6] Bahl R, et al. Effect of zinc supplementation on clinical course of acute diarrhoea: Report of a meeting, New Delhi, 7-8 May 2001. *Journal of Health, Population and Nutrition*. 2001;19(4):338–346.

[7] Bhutta ZA, Black RE, Brown KH, et al. Prevention of diarrhoea and pneumonia by zinc supplementation in children in developing countries: Pooled analysis of randomized controlled trials. *Journal of Paediatrics*. 1999;135(6):689–697.

[8] Fischer Walker CL, Black RE. Zinc for the treatment of diarrhoea: effect on diarrhoea morbidity, mortality and incidence of future episodes. *International Journal of Epidemiology*. 2010;39:i63–i69.

What you need to know about...

amoxicillin dispersable tablets

Benefits of Use

Amoxicillin is an effective and widely-available antibiotic that can prevent the majority of pneumonia deaths.

WHO has gathered sufficient evidence to change the first-line recommendations of ***pneumonia treatment*** to amoxicillin dispersible tablets.

Simple-to-use dispersible tablets easily dissolve in as little as a tablespoon of water, are half the cost of suspensions, and are easier to transport and store. Amoxicillin, when provided with appropriate case management, can reduce deaths from pneumonia by 70 percent.[10]

Barriers to Use

Care-seeking for pneumonia is extremely low; globally, only 54 percent of children with suspected pneumonia are taken to an appropriate provider.

Policy and regulatory restrictions inhibit access to amoxicillin in many countries as EMLs are not updated with amoxicillin as first-line treatment and instead list less effective alternative antibiotics.

Many countries lack appropriate policies and treatment guidelines to enable CHWs and lower-level providers to diagnose and treat pneumonia.

Additionally, in many countries where amoxicillin is available in the health system, there is a need to ensure amoxicillin is available in pediatric-appropriate doses, in alignment with WHO childhood pneumonia guidelines.

The market for dispersible tablets is limited due to preference and familiarity with suspensions and capsules. Consumers and providers should be made aware of the greater benefits of dispersible tablets, and thus increase their comfort and knowledge of use.

Poor packaging and quality issues are a concern, especially when combined with hindrances from supply chain logistics.

[10] Theodoratou E, Al-Jilaihawi S, Woodward F, et al. The effect of case management on childhood pneumonia mortality in developing countries. *International Journal of Epidemiology*. 2010; 39:i155–i171.

Spotlight on Commodities: *Child Health*

The former ORS, zinc, and amoxicillin TRTs have joined together into one Child Health TRT, under the auspices of the Diarrhoea and Pneumonia Working Group (DPWG), to provide technical assistance, resource mobilization, and monitoring and evaluation support to organizations and governments to improve access to the three commodities. Specifically, the group is working to support financing and implementation of national scale-up plans for child essential medicines in ten high burden countries, which were developed by country governments and partners and supported by the DPWG in 2012. Specifically their objectives are to:

- Ensure wide availability of high-quality, affordable treatments in both the public and private sectors.
- Secure a conducive and supportive policy and regulatory environment for treatment.
- Ensure harmonization of efforts across partners to maximize impact of individual investments.
- Generate demand for ORS, zinc, amoxicillin, and teach caregivers when and where to seek treatment.
- Improve knowledge and skills of health providers to promote and deliver appropriate treatment and care.

Illustrative examples of how the DPWG, additional TRTs, and Every Woman Every Child countries are specifically applying the recommendations to address barriers to effective use and improve access and availability to high-quality commodities at the global and national level are outlined below. These may provide ideas for specific advocacy asks that could be relevant in your country.

Other advocacy actions for child health commodities that correspond with these various recommendations are also included. Your advocacy strategy or agenda should be targeted and focused and does not need to encompass all actions. You may want to refine or include additional actions in your strategy, depending on the individual country context.

For more information on the related activities of the DPWG, *download the brief*.

To join the DPWG or to request tools and technical assistance, please contact:

Nancy Goh
CHAI
Ngoh@clintonhealthaccess.org

Hayalnesh (Bissie) Tarekegn
UNICEF
htarekegn@unicef.org

Remember to coordinate and integrate with work being done on other priority commodities and the Commodities Commission as a whole: explore opportunities to coordinate RMNCH commodities requests with requests being made for similar issues.

Spotlight on Commodities: Child Health

Global (G) and/or National (N) Examples

❶ Shaping global markets

Global** and/or **National Examples

G The DPWG is engaging with manufacturers to increase the supply of amoxicillin dispersible tablets. Additionally, it established and launched an external review panel process to facilitate registration and developed a preliminary demand forecast. Four manufacturers have received Expert Panel Review approval, and two are in the final stages, as of the end of 2014.

Advocacy Actions

Advocate for advanced market commitments or pooled procurements to incentivize manufacturers, drive down costs, and create a more sustainable market for ORS, zinc, and amoxicillin.

Request that international agencies and governments within the same region secure pooled procurement agreements for several countries and commodities at once.

❷ Shaping local delivery markets

Global** and/or **National Examples

G The Global Market, Policy, Regulatory and Quality TRT will develop a toolkit and market-shaping guidance for countries based on data and experience from four African nations.

G The DPWG is working to increase the availability of high-quality ORS, zinc, and amoxicillin.

N Partners in Kenya, Uganda, and Nigeria are engaging local manufacturers to increase production and reduce prices of ORS and zinc, and introduce new products to the local market, including co-packaged zinc and ORS.

N In Senegal, the government will evaluate the potential for local production of amoxicillin dispersible tablets (DT).

N Partners in Nigeria and Kenya are engaging local manufacturers to register new amoxicilin DT products.

Advocacy Actions

Advocate for clear financing sources and procurement mechanisms for ORS, zinc, and amoxicillin.

Advocate for government decision-makers to procure child health commodities from local manufacturers that are producing high-quality products.

Advocate for elimination (or reduction) of import duties and taxes that contribute to elevated commodity prices when local production is not available.

Request that government prioritize central funding for essential child health commodities.

Conduct outreach to the private sector to improve understanding of market for high-quality child health commodities.

Spotlight on Commodities: Child Health

Global (G) and/or National (N) Examples

❸ Innovative financing

Global** and/or **National Examples

N Nigeria is piloting performance-based financing in three states, enabling health facilities to purchase their own commodities from prequalified wholesale pharmacies in order to increase access to key commodities.

N Malawi will establish a "ring fencing mechanism" that will improve financing for life-saving commodities–ORS, zinc, and amoxicillin dispersible tablets included.

Advocacy Actions

Advocate for results-based financing of child health commodities that rewards providers when they meet performance standards for ORS, zinc, and amoxicillin.

Identify opportunities with donors and the private sector for advocacy on resource mobilization and the need to fund integrated child health interventions.

Advocate with governments to update national budgets and policies to include integrated child health programs, with emphasis on diarrhoea and pneumonia.

❹ Quality strengthening

Global** and/or **National Examples

G The Global Market, Policy, Regulatory and Quality TRT will provide technical assistance for regulatory and quality improvement activities. Plans are also in place to support the implementation of new guidelines, EMLs, and rational use of medicine frameworks.

N DRC will train inspectors for drug-quality audits to improve quality control.

N Several countries, including Nigeria, Senegal, and Uganda, will improve post-market surveillance capacity to ensure continued safety and quality control.

N Amoxicillin has been recommended as first -line treatment for pneumonia in national treatment guidelines in Ethiopia.

Advocacy Actions

Advocate for focused technical assistance to local manufacturers to achieve appropriate quality standards, as determined by WHO, for zinc and ORS.

Work with government officials to incentivize manufacturers to seek appropriate quality standards, as determined by WHO, for child health commodities, especially zinc.

Collaborate with partners to identify regulatory pathways that can be improved to more fluidly deliver high-quality products and advocate to decision-makers for investment in strengthening of regulatory systems.

Spotlight on Commodities: Child Health

Global (G) and/or National (N) Examples

❺ Regulatory efficiency

Global** and/or **National Examples

G The Global Market, Policy, Regulatory and Quality TRT will work with countries to consolidate policies around an appropriate treatment products to reduce fragmentation in the market. The TRT will also work with WHO, UNICEF, and UNFPA on an abbreviated regulatory process for certain pediatric health commodities.

G WHO released its Advocacy Package for updated treatment recommendations for pneumonia, including recommendation for the first-line treatment of pneumonia with amoxicillin DT at community level and its use at facility level in treating severe pneumonia.

N In Sierra Leone, government officials will provide technical support to the Pharmacy and Poisons Board to strengthen the Board's regulatory role.

N Senegal officials will ensure child health products are registered and procured.

N Several countries, including Malawi, Nigeria, Senegal, and Tanzania, will update EML guidelines and treatment protocols.

Advocacy Actions

Advocate that treatment policies and EMLs include ORS and zinc as first-line diarrhoea treatment and amoxicillin DT as first-line pneumonia treatment.

Where zinc is still restricted, advocate for zinc to be deregulated and made available over-the-counter.

Hold meetings with relevant local government officials to advocate for regulatory policies and guidelines to be implemented at a subnational level.

Advocate for policy change that allows trained health workers at the community level to be stocked with and distribute ORS, zinc, and amoxicillin dispersible tablets.

Spotlight on Commodities: Child Health

Global (G) and/or National (N) Examples

❻ Supply and awareness

Global** and/or **National Examples

G Supply Chain TRT conveners will document and disseminate good public-private partnership practices on health supply chain management.

G Supply Chain TRT conveners will develop a quantification guide to assist country program managers to estimate needs for essential commodities.

N DRC will include child health life-saving commodities in subsidized maternal and child health kits.

N Nigeria is working to improve commodity quantification–including ORS, zinc, and amoxicillin–across states.

N Tanzania and Uganda will focus on supply chain strengthening by improving mHealth applications for commodity tracking and monitoring.

Advocacy Actions

Collaborate with partners to identify supply chain weaknesses and bottlenecks and corresponding solutions that can be advocated to government officials to strengthen the supply chain.

Advocate for child health commodities to be integrated into existing programs, platforms, and service delivery mechanisms for child health.

Identify examples of strong private-sector supply chains and share with decision-makers as examples of potential improvements.

Identify and promote opportunities where child health commodities can be integrated into the broader LMIS or mHealth system to improve information management.

Hold meetings with government officials on national health plans to ensure equity and prioritization of supply chain distribution to hardest-to-reach communities.

Spotlight on Commodities: Child Health

Global (G) and/or National (N) Examples

❼ Demand and utilization

Global** and/or **National Examples

G The DPWG will develop guidance and tools to inform the design and implementation of effective demand-generation programs at scale. The DPWG developed free, global adaptable resources to promote zinc and ORS for health care providers (*www.zinc-ors.org*), and is currently designing similar resources to promote early and timely care-seeking for pneumonia among providers and caregivers.

G The Demand, Access and Performance TRT collaborated with the Child Health TRT to develop an evidence review on demand generation for the three child health commodities and adaptable communication strategies and online tools to guide the development of demand generation communication strategies for *ORS, zinc*, and *amoxicillin*.

N In Nigeria, the government will increase demand for child health commodities through awareness campaigns, national advocacy meetings, and community activation forums.

N Officials in Senegal plan to improve demand by implementing social marketing programs and community training programs for life-saving commodities, including ORS, zinc, and amoxicillin.

Advocacy Actions

Advocate for child health commodities to be included in training programs for health care workers, including those working at the community level.

Work with partners to develop and implement strategies using high-impact channels (mass media campaigns, mid media, social mobilization) to ensure caregivers are aware of diarrhoea and pneumonia symptoms and know where to seek care when a child is ill.

Develop promotional materials that can be used to share information and improve understanding of ORS, zinc, and amoxicillin among decision-makers, health professionals, and caregivers.

Advocate to decision-makers for increased investment in demand generation campaigns for child health supplies.

Identify relevant policy changes that will improve demand (and supply) and continue to hold meetings to encourage policy change.

Spotlight on Commodities: Child Health

Global [G] and/or National [N] Examples

❽ Reaching women and children

Global** and/or **National Examples	**N** Ethiopia has integrated community management of child and newborn illnesses to expand access to comprehensive care. **N** Senegal will reach more children by integrating ORS, zinc, and amoxicillin into the country's user-fee exemption strategy.
Advocacy Actions	Work with partners to identify areas of low coverage and inequitable access to care and advocate for government activities to prioritize these areas. Advocate for policies that improve equitable access to child health commodities by enabling community-level distribution. Compile evidence and develop case studies on task-shifting to show the importance of CHWs in improving access to ORS, zinc, and amoxicillin. Advocate for government officials to adapt/implement incentive schemes, conditional cash transfers, or insurance schemes to improve access to ORS, zinc, and amoxicillin.

Spotlight on Commodities: Child Health

Global (G) and/or National (N) Examples

❾ Performance and accountability

Global** and/or **National Examples

G The Demand, Access and Performance TRT will develop generic checklists and job aids to improve the performance of health workers and support task-shifting to increase the use and scale-up of life-saving commodities, including ORS, zinc, and amoxicillin.

G The DPWG has developed a core set of indicators for measuring progress on diarrhoea and pneumonia treatment scale-up.

G The DPWG is developing easy-to-use adaptable resources for health care providers (physicians, pharmacists, etc.) for ORS/zinc and amoxicillin, which will be free to download on a new website.

N Sierra Leone will update training materials and job aids while expanding the national community health worker program with integrated community case management.

N Tanzania plans to improve health worker performance by establishing a supervisory and mentorship program.

N Nigeria will develop a policy and legal framework to help expand access to amoxicillin through appropriate primary providers at community level.

Advocacy Actions

Organize meetings with government officials to determine responsibility and accountability for results and for monitoring and evaluation of child health programs.

Advocate for alignment between CSO/NGO indicators and government strategies, including common sets of indicators.

Support citizens and communities to improve their health, and to hold local government accountable, through interpersonal communication, social media, and community outreach.

Advocate for revised strategies and policies that improve capacity of community health worker cadres trained in integrated case management.

Advocate for revised job aids that incorporate integrated management of childhood illness algorithms.

Collaborate with government officials to disseminate revised guidelines and performance policies to lowest-level health facilities.

Advocate with government officials to strengthen collaboration between all levels of health care, from hospitals to community health care workers.

Spotlight on Commodities: Child Health

	Global (G) and/or National (N) Examples
⑩ Product innovation	
Global** and/or **National Examples	**G** The DPWG is working to create appropriate packaging and various options for dispensing amoxicillin dispersible tablets, and to improve diagnostics and prognostics for childhood pneumonia. **N** Senegal is exploring innovative ways to co-package ORS and zinc for comprehensive diarrhoea treatment.
Advocacy Actions	Advocate for ministry officials and regulatory boards to expedite approval of co-packaged ORS and zinc to be made available over-the-counter. Advocate for governments to procure products with revised packaging and bundling. Advocate for government and global funding to support research and development of new product innovations. Encourage research institutions to carry out operations research that supports innovative packaging and service delivery. Encourage partners to develop user-friendly packaging that gives clear directions on dosage and adherence of ORS, zinc, and amoxicillin dispersible tablets.

Additional Resources: *Child Health*

For more information to support advocacy efforts in your country, the following resources are available:

Diarrhea & Pneumonia Working Group Resources

Ending preventable deaths from pneumonia and diarrhoea by 2025: The Integrated Global Action Plan for Pneumonia and Diarrhoea

Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea Advocacy Toolkit, PATH and World Vision International, 2012

Zinc + ORS Campaign: Health Care Professional Resources

Demand Generation Implementation Kit for Underutilized, Life Saving Commodities in RMNCH, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, 2013

Additional Resources

1. *Challenges and Barriers Along the In-Country Supply Chain.* United Nations (UN) Commission on Life-Saving Commodities, Supply Chain Technical Reference Team (TRT); April 2014.

2. *Considerations for the Integration of HMIS and LMIS.* Arlington, VA: Management Sciences for Health, Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program; 2014.

3. Electronic information systems briefs:
   a. *CommTrack: Mobile Logistics for Low-Resource Settings, Overview.* Cambridge, MA: Dimagi, Inc.; 2013.
   b. *OpenLMIS: Open Source Software for Managing Health Supply Chains.* 2014.

4. *Guidance and Resources for Inclusion of Reproductive, Maternal, Newborn, and Child Health Commodities in National Commodity Supply Coordination Committees.* Developed for the UN Commission on Life-Saving Commodities for Women and Children, Supply Chain TRT. Arlington, VA: JSI Research & Training Institute, Inc.; 2014.

5. *Integration: Guidance for the Reproductive, Maternal, Neonatal, and Child Health Context.* Developed for the UN Commission on Life-Saving Commodities for Women and Children, Supply Chain TRT. Arlington, VA: JSI Research & Training Institute, Inc.; 2014.

6. *Inventory of Information and Communication Technology Solutions for Supply Chains.* Prepared for the UN Commission on Life-Saving Commodities for Women and Children. Prepared by Ada Kwan, mHealth Alliance; April 2014.

7. *Promising Practices in Supply Chain Management Series.* Arlington, VA: Management Sciences for Health, SIAPS Program; 2014.

8. *Private Sector Engagement: A Guidance Document for Supply Chains in the Modern Context.* UN Commission on Life-Saving Commodities, Supply Chain TRT. Revised, October 2014.

9. *Quantification of Health Commodities: RMNCH Supplement Forecasting Consumption of Select Reproductive, Maternal, Newborn and Child Health Commodities.* JSI and SIAPS. 2014.

10. *Recommended Indicators to Address In-Country Supply Chain Barriers.* Developed for the UN Commission on Life-Saving Commodities for Women and Children, Supply Chain TRT. Arlington, VA: JSI Research & Training Institute, Inc.; 2014.

11. *mHealth Support Tools for Improving the Performance of Frontline Health Workers: An Inventory and Analytical Review.* Prepared by Hima Batavia and Nadi Kaonga, mHealth Alliance; March 2014.