

Technical Reference Team

Commodity: Chlorhexidine for umbilical cord care

Background

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

Led by a wide range of high-level leaders from around the world, the Commission developed a framework for action on Reproductive, Maternal, Newborn, and Child Health (RMNCH) products that can be applied nationally and utilized in global RMNCH initiatives. The framework outlines a priority list of 13 commodities, key barriers to access and use, and 10 cross-cutting recommendations to rapidly increase both access and use. By increasing access to and use of these 13 commodities, it is estimated that 6 million women and children can be saved by 2017.

Moving forward

To help carry forward the Commission's recommendations at the global and national levels, **Global Technical Reference Teams (TRT)** were established. One group was formed for each of the 13 commodities and 10 recommendations, and an advocacy working group is dedicated to advancing cross-cutting goals. The groups carry out their work through a variety of mechanisms, including guidance documents and tools to support countries in their efforts to implement recommendations and address global and regional bottlenecks. These technical reference teams are coordinated by a Strategy and Coordination Team hosted by the United Nations Children's Fund (UNICEF).



PATH/Amy Maciver

To ensure babies can develop into healthy toddlers, it is important to protect them from bacteria that can infect them soon after their umbilical cord is cut. Chlorhexidine is one low-cost product that can do just that.

Spotlight on Chlorhexidine

Severe infection is one of the top three causes of newborn deaths worldwide. Each year, it causes about 13 percent of all neonatal deaths across the globe, but in developing countries, infections can account for more than half of all neonatal deaths. A baby's newly cut umbilical cord can be an entry point for bacteria, which can lead to infection—and potentially life-threatening sepsis. Many unsafe cord care techniques lead to unnecessary illness and death, and provider preference for dry cord care in some areas of the world does not sufficiently address newborn infection.

Applying 7.1% chlorhexidine digluconate (delivering 4% chlorhexidine) to a baby's umbilical cord stump can prevent infection and save lives. But, products containing this concentration of chlorhexidine are not yet widely available. To increase access to and appropriate use of this critical commodity, the Chlorhexidine TRT is working to:

- Increase awareness and use of 7.1% chlorhexidine digluconate for umbilical cord care as part of essential newborn care guidance, policies, and practices by policymakers, birth attendants, and families.

- Facilitate establishment of local and regional production of quality 7.1% chlorhexidine digluconate.
- Develop and disseminate guidance and tools to strengthen planning and policy environments for the introduction of 7.1% chlorhexidine digluconate.

Group membership

The Chlorhexidine Working Group (CWG), of which PATH serves as the Secretariat, is convening the Chlorhexidine TRT. Participating members include: the Bill & Melinda Gates Foundation, Boston University, GlaxoSmithKline, Jhpiego, Johns Hopkins Bloomberg School of Public Health, John Snow, Inc., Maternal and Child Health Integrated Program, US Pharmacopeia's Promoting the Quality of Medicines program, Population Services International, Save the Children's Saving Newborn Lives program, Management Sciences for Health's Systems for Improved Access to Pharmaceuticals and Services program, the US Agency for International Development, UNICEF, Venture Strategies Innovations, and the World Health Organization (WHO).

Progress to date

Since its inception, the Chlorhexidine CWG/TRT has:

- Spearheaded efforts to update the WHO Essential Medicines List (EML) to include 7.1% chlorhexidine digluconate for umbilical cord care.
- Supported coordination and implementation of regional and national technical meetings in Liberia, Nigeria, and Madagascar.
- Assisted Liberia, Nigeria, and Madagascar in their efforts to pilot national initiatives for chlorhexidine use for umbilical cord care.
- Begun selection of manufacturers in Nigeria and planning of market research and demand forecasting to aid effective introduction strategy.
- Provided technical assistance in the determination of user preference for liquid or gel product formulation in Liberia and Madagascar.
- Supported the Democratic Republic of Congo to incorporate 7.1% chlorhexidine digluconate for umbilical cord care into the national EML.

Upcoming activities

During the coming year, the Chlorhexidine CWG/TRT will develop, among other resources:

- Product development partnership case study highlighting Nepal (December 2013).
- Country implementation toolkit (early 2014).
- Manufacturing guide (early 2014).
- Monograph/quality standard for 7.1% chlorhexidine digluconate in liquid and gel formulations for umbilical cord care.

Available resources

The Chlorhexidine CWG/TRT has developed numerous resources to support a variety of stakeholders. These tools and resources can be found on the [Healthy Newborn Network](#), including:

- A technical brief (English/French).
- A market sizing tool.
- A production strategy document (English/French).
- A summary of how selected countries are using chlorhexidine for umbilical cord care (English/French).

The Chlorhexidine CWG/TRT is available to provide technical assistance in many ways, including:

- Individual consultations to review country experiences and opportunities for introducing 7.1% chlorhexidine digluconate.
- Determining user preference for liquid or gel chlorhexidine products.
- Facilitating country-led initiatives to pilot 7.1% chlorhexidine digluconate for umbilical cord care;
- Guidance to countries to determine the optimal product acquisition strategies (local production vs. regional/global procurement), distribution strategies, and product introduction strategies (phased vs. national introduction).
- Audit and selection of manufacturers if local production is feasible.

Contact us

For more information or to request tools and technical assistance, please contact Patricia Coffey, PATH (pcoffey@path.org).