UN Commission on Life-Saving Commodities for Women and Children





Objectives



Identify opportunities to increase the production, supply and use of affordable, high-quality, high-impact commodities for women's and children's health, including through shaping the market, strengthening the quality of local production capacity, promoting innovative technologies and new product development, strengthening regulatory frameworks, supporting effective supply chain mechanisms, promoting appropriate use by prescribers and patients, and enhancing innovative financing mechanisms at both the global and local level.

Propose innovative strategies to support high-burden countries to rapidly increase access to overlooked commodities through proven, private and public sector market shaping interventions.

Recommend strategies to raise awareness of and demand for these life-saving commodities among health care providers and end-users.



13 Life-Saving Commodities



RMNCH Continuum of Care	Commodity	Usage
Reproductive health	Female Condoms	Family planning/Contraception
	Implants	Family planning/Contraception
	Emergency Contraception	Family planning/Contraception
Maternal Health	Oxytocin_	Post-Partum Hemorrhage
	<u>Misoprostol</u>	Post-Partum Hemorrhage
	Magnesium sulfate	Eclampsia and Severe Pre-
		Eclamsia/Toxemia of Pregnancy
Newborn Health	Injectable antibiotics	Newborn Sepsis
	Antenatal Corticosteroid (ANCS)	Respiratory Distress Syndrome
		for preterm babies
	<u>Chlorhexidine</u>	Newborn Cord Care
	Resuscitation Equipment	Newborn Asphyxia
Child Health	Amoxicillin	Pneumonia
	Oral Rehydration Salts (ORS)	Diarrhea
	Zinc	Diarrhea

Three work streams of the Commission's Working Group





Recommendations in 10 Strategic Areas



Improved markets for life-saving commodities

- 1. Shaping global markets
- 2. Shaping local delivery markets
- 3. Innovative Financing
- 4. Quality strengthening
- 5. Regulation efficiency

Improved national delivery of life-saving commodities

- 6. Supply and awareness
- 7. Demand and awareness
- 8. Reaching women and children
- 9. Performance and accountability

Improved integration of the private sector and consumer needs

10. Product innovation



Implementation



- 23 working groups (13 commodities + 10 recommendations)
 - Technical experts engage for change at the global level
- RMNCH Fund
 - Matching resources to funding gaps at the global and country level
- Steering Committee and Strategy and Coordination Team (SCT)
- Sharpening national RMNCH plans



October 2012, Abuja: **8 Pathfinder Countries**



DRC 1.

- 2. Ethiopia
- Malawi 3.
- Nigeria 4.
- 5. Senegal
- 6. Sierra Leone
- 7. Tanzania
- 8. Uganda

- Develop effective scale-up plans founded on evidence-based strategies, leading to the prioritization of high impact interventions;
- Reconvene in April 2013 to discuss our respective progress;
- Work with development partners and other stakeholders to carry-out the necessary actions to ensure sustainable and equitable access to and use of life saving commodities to all women and children in our respective countries by 2015, including relevant systems strengthening, demand creation (as part of a long-term strategic plan);
- Continue to engage our respective Governments to allocate additional funding and sustainable budget lines for life-saving commodities by 2015.

Signed in Abuja, October 16, 2012

Democratic Republic of Congo Dr Felix Kabange Numbi Minister of Health P.O Dr Piene Lohade ofethe Secretrane generio

Federal Democratic Republic of Ethiopia Dr Tedros Adhanom Ghebreyesus Minister of Health

Federal Republic of Nigeria Dr Muhammad Ali Pate Minister of State for Health

Sierra Leone Hon. Tamba M. Borbor-Sawyer Acting Minister of Health and Sanitation

Uganda

Hon. Sarah Achieng Opendi Minister of State for Primary Health Care

2 | Page

Senegal

Professor Awa Marie Coll Seck Minister of Health

P.O Dre Mandian Lound

United Republic of Tanzania Hon, Dr Hussein Ali Mwinyi Minister of Health and Social Welfare

Hon. Juma Duni Haji, Minister of Health, Zanzibar

16 October 2012: Ministers of Health sign Abuja Declaration

Next steps: April 2013



- Finalization by Government and country stakeholders of sharpened national RMNCH plans
- Steering Committee meeting to review country engagement progress and strategy for the coming year
- Harmonizing work- G8 Muskoka Initiative, H4+, FP2020, A Promise Renewed, Commission on Information and Accountability (CoIA) and the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC)

June 2013: Senegal

• 8 Pathfinder country Ministers of Health meet in Dakar to share best practices and progress, as agreed in Abuja



With the leadership of the UN Commission on Life-Saving Commodities for Women and Children, there is an opportunity to catalyze change

"Making sure that women and children have the medicines they need is critical for our push to achieve MDGs" Secretary-General Ban Ki-Moon

Leadership Structure and Roles



Provides near-term support to countries in efforts to scale-up access to treatment

Across 10 high-burden countries:

- The Goal: Save lives of children dying from pneumonia, diarrhea and malaria and accelerate progress towards MDG4 by improving access to available treatments
- **By 2015: 60-80%** coverage of diarrhea, pneumonia and malaria treatment for children under five
- By end 2012: Concrete progress towards this goal in all ten priority countries

AMOXICILLIN WORKPLAN

Convener - UNICEF

OUTCOMES

1. Increase number of quality suppliers of amoxicillin dispersible tabs (DT)

2. Strong Advocacy Package

 new global recommendation and clinical guidance for treatment of childhood pneumonia with amoxicillin, appropriate packaging and dispensing tools for amoxicillin DT

3. Strategies, key messages and materials for **behavior change and demand creation** related to pneumonia for both care-givers and providers developed and tested

4. Improved diagnostics and prognostics for childhood pneumonia in context of amoxicillin DT scale-up