



# Newborn and Child Health Commodities Subgroup

## Terms of Reference

June 2019

[www.childhealthtaskforce.org](http://www.childhealthtaskforce.org)

### Introduction

In 2017, an estimated 6.3 million children and young adolescents died of mainly preventable causes. Children under age-five accounted for 5.4 million of these deaths, with 2.5 million deaths occurring in the first month of life, 1.6 million at age 1-11 months, and 1.3 million at age 1-4 years. Evidence shows that gaps in the quality of care, including poor access to high quality medical products, vaccines and technologies, contribute to complications and deaths in children and adolescents. The World Health Organization's 2007 Framework for Action on Strengthening Health Systems clearly outlined the vital importance of ensuring "equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost effective use."<sup>1</sup> Since that time, the global Every Woman Every Child movement and the associated Global Strategy on Women's and Children's Health galvanized partners to focus on accelerating the reduction of newborn and child mortality while highlighting the need to address child health focused essential commodities. While ensuring the equitable access, affordability and appropriate use of essential commodities is critical to ensure the quality of care for children, there is no dedicated coordination mechanism under the auspices of key global bodies (e.g. WHO Quality of Care Network) focusing on newborn and child health commodities.

### Background

In 2009, an integrated Community Case Management (iCCM) task force was created to gather momentum and support countries to strengthen and expand implementation of iCCM. Recognizing that successful implementation of iCCM is contingent on an uninterrupted supply of commodities for its success, the supply chain management (SCM) subgroup<sup>1</sup> was formed. This small but dedicated group of people represented projects and organizations providing technical assistance in SCM specifically for CCM. The SCM subgroup supported implementation of CCM at scale through strengthening national supply chains. This was done through a focus on the provision of tools and resources on supply chain management to implementers of iCCM and serving as a technical resource to members of the iCCM TF. The group worked on advocacy and communications; development of tools and guidance; provision of capacity building (e.g. webinars on various SCM subjects relevant for CCM, facilitating sessions in conferences on CCM); and provision of country support through its member organizations. The SCM subgroup also contributed to the iCCM Financing task team that was formed to support countries implementing iCCM under Global Fund (GF) funding in light of the MoU between GF, UNICEF and UNFPA to be able to use GF resource to support CCM platform. Various SCM materials<sup>2</sup> were developed under this work stream for countries to use in development of their GF grants.

<sup>1</sup> <https://ccmcentral.com/about/iccm-task-force/supply-chain-management-subgroup/>

<sup>2</sup> <https://ccmcentral.com/iccm-financing-task-team/> | <https://ccmcentral.com/documents/overview-of-the-psm-package/>

Complementing the iCCM TF's focus on essential commodities, the UNCoLSC was formed in 2012 by the UN Secretary-General as part of the global Every Woman Every Child (EWEC) movement. This platform directed attention 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. The UNCoLSC identified thirteen life-saving commodities within the maternal, newborn, and child health commodities framework and proposed ten recommended actions to advance this important agenda. Recommendations ranged from shaping global and local markets, to innovative financing, quality strengthening for product manufacturing and marketing, improved awareness and utilization, and product innovation. Prioritized newborn and child health commodities included injectable antibiotics, antenatal corticosteroids (ACS), chlorhexidine (CHX), resuscitation devices, amoxicillin dispersible tablets, oral rehydration salts and zinc. Since the end of the UNCoLSC in 2016, efforts to increase access to and appropriate utilization of key newborn and child health commodities and equipment have not benefited from a mechanism to foster coordination.

The SDG era has brought increasing visibility and focus to the overall newborn and child health through the articulation of key priorities and platforms including: the Global Every Newborn Action Plan and country iterations; the focus on Institutionalizing Community Health and associated investments; the development of MNH, Pediatric and Small and Sick Newborn Quality of Care Standards and the associated global network; the global Child Health redesign; and an increasing focus by development actors on newborn and child health programming in fragile and humanitarian contexts.

## The Child Health Task Force

Building on the work of the iCCM Task Force (2009-2017), the newly constituted Child Health Task Force (CH TF) is comprised of donors, governments, and partners at global and country levels working to strengthen equitable and comprehensive child health programs through primary health care, inclusive of community systems for health. The focus of the CH TF is children 0 to 18 years of age in line with the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

The CH TF expects to achieve its objectives through advocacy and direct technical support to countries to implement programs; creating a strong platform for learning and knowledge sharing to ensure that child health stakeholders have access to emerging best practices in financing; and implementing child health programs that are equitable and sustainable. Several working groups dedicated to increasing collaboration and synergies in key areas of CH have been operationalized to galvanize action in targeted areas.

Given the centrality of essential commodities and supplies for optimal newborn and child health outcomes, and the realization that the availability and quality child health commodities many countries is suboptimal, a working group on newborn and child health commodities is needed to make these essential medicines available. Most commodities for child health are integrated into the national system for management of essential medicines. Strengthening national routine and preparedness supply chains and pharmaceutical systems is an essential part of assuring availability, affordability and appropriate use of quality medicines, equipment and supplies to improve child health outcomes. The creation of a dedicated global working group will afford the opportunity to continue to raise awareness and promote collective efforts to improve the way commodities for newborn and child health are prioritized, financed and managed.

## Proposed Newborn and Child Health Commodities Subgroup

While the work of the subgroup intends to be comprehensive and reflect the global focus on 'survive, thrive and transform' for children 0-18 years of age, given the large scope of this age group and the multiple commodities/equipment needed, a process of sequencing will be employed to focus action. The subgroup will initially focus on the commodities for the "survive" aspect and on children from 0-5 years. While the initial focus of the subgroup is limited in scope, efforts will help build the foundation for expansion to incorporate the thrive and transform approaches as a broader child health package is conceptualized globally.

This table maps out some of the complex issues with illustrative focus some essential commodities:

Commodity	Complexity that may hinder availability and appropriate use
<b>Child health</b>	
Amoxicillin dispersible tablets	Newly introduced for the management of possible serious bacterial infection Lack of adoption as policy in national programmes Challenge with product registration for pneumonia and possible serious bacterial infection Complexities in the selection of presentation for newborn and pneumonia to reduce multiple presentations for different conditions in the system
ORS	Consideration of Co-pack presentation or separate presentations Ensuring availability of correct Osmolarity levels Consideration of selection of ORS packets – need for flavoring, appropriate pack size etc
Zinc	Need for zinc registration in either dispersible tablets and/or syrup as a medicine for the management of diarrhea in children not just as a nutritional supplement Careful Selection of approved manufacturers
<b>Newborn</b>	
Chlorhexidine gel/solution	New product introduction Identify sources/manufacturers Guidelines for use
Antenatal corticosteroids	
Injectable antibiotics	Dosing and administration of injectable Supplies of syringes and needles Phase out of only injectable regimen and introduction of oral amoxicillin with gentamicin inj
<b>Equipment for Newborn and Child Health</b>	
Newborn Resuscitation Devices	Procurement through decentralized mechanisms, even by facilities themselves: technical specifications may be inconsistent or inappropriate
Acute Respiratory Infection Diagnostic Aides	Aids to count respiratory rate; pulse oximeters; other multimodal devices for use at primary health care level
Equipment for Small and Sick Newborn Care	Development of technical specifications; Forecasting of Needs; Operation and Maintenance

## Objectives

The overarching objective of this subgroup is to improve availability, accessibility, affordability, and safe use of quality child and newborn commodities that are required to support high impact health interventions. While national and global objectives and activities differ, specific overall objectives include:

1. Optimize coordination within global and national supply chain strategies for an integrated child health package
2. Articulate a basic equipment package for newborn and child health in the broader global and national supply chain strategies
3. Increase end user engagement to support the availability, affordability and appropriate use of quality newborn and child health commodities
4. Develop evidence-based strategies to improve newborn and child health commodities across the humanitarian/development continuum/nexus (e.g. preparedness, transitions to stable supply chains post crisis/shock)
5. Shape opportunities for private sector collaboration for newborn and child commodities

6. Share resources on recognized and emerging best practices and innovations as well as practical experiences from implementation in country programs for management of child and newborn health commodities
7. Support improved maturity of both upstream (procurement and market shaping) and downstream (delivery and last mile) components of the supply chain.
8. Support country programs to assess the quality of use aspects (e.g appropriate prescription practices, rational medicine use and user adherence)

A two-year overarching workplan with clear action points to improve availability, access, and use of basic child and newborn health commodities and equipment in a stepwise manner, prioritizing the needs of small and sick newborn and severe childhood illness will guide the work of the subgroup.

## Leadership

The subgroup will have time limited appointments of a chair and co-chair.

The subgroup will be chaired/co-chaired by two members of different organizations that are part of the task force. The Chair/co-chair are active members of the subgroup whose organizations are members of the CH TF and who have complementary personal and institutional strengths. The Chair and co-chair will provide a vision of expectations, support collaboration, and harness organizational support to effectively guide the group in its work.

Candidates must:

- Be willing and able to fulfill the responsibilities of the Chair/Co-chair
- Devote adequate time and effort to effectively lead the subgroup
- Have good oral and written communication skills

Responsibilities of the chair/co-chair:

- Develop meeting agendas with consultation from the other members.
- With assistance from within the subgroup, document meeting notes and circulate to the membership for review and comment before they are finalized and posted on the TF web page
- Communicate on a regular basis with the subgroup providing updates or other information
- Represent the subgroup in the Task force
- Ensure the subgroup visibility internally to the TF and externally

## Membership

The subgroup is open to any organization that provides TA to countries on advocacy, resource mobilization, training or technical support focused on improving pharmaceutical systems and associated supply chains for essential newborn and child health commodities for child.

- Members should have a programmatic or financial commitment for improving access, utilization, availability and/or management of commodities for newborn and child health
- Members of the child health commodities subgroup should be committed to and proactive in sharing and building the knowledge base in management of commodities to buttress global community of practices

- Members are expected to actively participate and engage in activities and meetings, and contribute to developing and/or implementing the work plan

Process of joining the group:

1. Prospective members request inclusion by communicating with the chair/co-chair directly by e-mail or verbally and should include all relevant contact information for the prospective member
2. The chair/co-chair will confirm membership and include contact information in group membership list
3. The Chair/co-chair would arrange for the new member to receive a brief orientation to the subgroup, as well as make any necessary introduction to other members

## Functioning of the Subgroup

With form following function, the child health commodities subgroup sub-structure will be determined by the members to best accomplish its specified collective objectives. The technical activities of the group are determined by the membership and leverage key competencies and functionalities of each of the member/organization. There is a synergistic effect from each of the organizations/projects represented in the group. The group will draw on work conducted by other existing groups (e.g. the WHO Quality of Care Network, the Every Breath Counts coalition, the Pneumonia Innovations Group, the Country Implementation Group of the Every Newborn Action Plan, etc.)

Roles and responsibilities of the subgroup members:

- Participate in group decision-making by consensus
- Support the development of an annual work plan
- Report to the Child health task force: regular updates and annual progress of the plan
- Participate in implementing the activities in the work plan
- Participate in teleconferences and meetings, webinars and other events, share information and resources contributing to the work of the subgroup. It is proposed that the subgroup will convene regular meetings monthly for the first 6 months, then every 2 months thereafter through teleconferences and will hold face-to-face meetings when possible maybe once a year.
- Support bidirectional communication between the Commodities working group and other working groups/platforms that members have representation in to ensure coordination and common programmatic focus

---

<sup>i</sup> Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action. Geneva, World Health Organization, 2007.