



# UN COMMISSION ON LIFE-SAVING COMMODITIES FOR WOMEN AND CHILDREN

Commissioners' Report

September 2012



EVERY WOMAN  
EVERY CHILD

HE Ban Ki-Moon  
Secretary-General, United Nations  
1 United Nations Plaza  
New York, NY 10017

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**Excellency,**

**H E Goodluck Ebele Jonathan**  
**President, Federal Republic of Nigeria**

**Rt. Hon. Jens Stoltenberg,**  
**Prime Minister of Norway**

## Executive summary

In 2010, the UN Secretary-General's *Global Strategy for Women's and Children's Health* highlighted the suffering of women and children around the world caused by lack of access to life-saving commodities. The Strategy called on the global community to work together to save 16 million lives by 2015 through increasing access to and appropriate use of essential medicines, medical devices and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth and childhood.

This challenge was taken up by the UN Commission on Life-Saving Commodities for Women and Children (the Commission), which is a part of the Every Woman, Every Child (EWEC) movement and has the overall goal to increase access to these life-saving commodities in 50 of the world's poorest countries. With a strong focus on the reproductive, maternal, newborn and child health (RMNCH) 'Continuum of Care', the Commission identified and endorsed an initial list of 13 overlooked life-saving commodities that, if more widely accessed and properly used, could save the lives of more than 6 million women and children.

The Commission also identified key, interrelated barriers that prevent access to and use of the 13 commodities. These include severely under-resourced regulatory agencies in low-income countries, leading to delayed registration of commodities; lack of oversight of product quality and general inefficiencies; market failures, where return on investment is too low to encourage manufacturers to enter the market or produce sufficient quantities; and user supply and demand challenges such as limited demand for the product by end-users, local delivery problems and incorrect prescription and use.

To address these challenges and deliver on the promise of saving the lives of millions of women and children, the Commission recommended 10 time-bound actions. These focus on the need for improved global and local markets for life-saving commodities, innovative financing, quality strengthening, regulatory efficiency, improved national delivery of commodities and better integration of private sector and consumer needs.

The Commission estimated that an ambitious scaling up of these 13 commodities over five years would cost less than US\$2.6 billion and would cumulatively save over 6 million lives including 230,000 maternal deaths averted through increased access to family planning. This would catalyse an accelerating reduction in deaths for women and children. Achieving these goals would save an extra 1.8 million child deaths a year, reducing the estimated 7.1 million deaths in 2010 to 5.3 million. Likewise, the estimated 287,000 maternal deaths in 2010 would be reduced to 213,000 by increased access to maternal health and family planning commodities. The estimated costs per lives saved are low and represent excellent global development investments. Thus, the scaling up of these commodities is not solely a moral obligation but one of the most effective ways of getting more health for the money invested. It would make a significant contribution to putting maternal and child health on a trajectory to end these preventable and tragic deaths.

A detailed plan for implementation has been developed with cross-cutting and commodity-specific actions and clearly stated national, regional and global activities and associated costs. In addition, national plans aimed at country-level implementation at scale will be developed and shaped during in-country stakeholder meetings, building on and linked to existing planning and costing processes and timelines.

Recognizing that many commodity-related obstacles are linked to financial and social barriers and rooted in broader health system challenges – such as poor governance, inadequate human resources, ineffective local supply chains and insufficient information systems – the Commission calls for further links between the identified solutions and priority actions and other global and national initiatives for strengthening health systems.

## The Commission's 10 recommendations

### Improved markets for life-saving commodities

1. **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.
2. **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.
3. **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.
4. **Quality strengthening:** By 2015, at least three manufacturers per commodity are manufacturing and marketing quality-certified and affordable products.
5. **Regulatory efficiency:** By 2015, all EWEC countries have standardized and streamlined their registration requirements and assessment processes for the 13 live-saving commodities with support from stringent regulatory authorities, the World Health Organization and regional collaboration.

### Improved national delivery of life-saving commodities

6. **Supply and awareness:** By 2015, all EWEC countries have improved the supply of life-saving commodities and build on information and communication technology (ICT) best practices for making these improvements.
7. **Demand and utilization:** By 2014, all EWEC countries in conjunction with the private sector and civil society have developed plans to implement at scale appropriate interventions to increase demand for and utilization of health services and products, particularly among under-served populations.
8. **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.
9. **Performance and accountability:** By end 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.

### Improved integration of private sector and consumer needs

10. **Product innovation:** By 2014, research and development for improved life-saving commodities has been prioritized, funded and commenced.

## I. Introduction: the need for increased access to and appropriate use of essential life-saving commodities

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The United Nations Secretary-General's *Global Strategy for Women's and Children's Health* highlights the inequitable access to life-saving medicines and health supplies suffered by women and children around the world and calls on the global community to work together to save 16 million lives by 2015.<sup>1</sup> Recognizing that many millions die each year from preventable causes (see panel), the Strategy identifies the need for increased access to and the appropriate use of essential medicines, medical devices and other commodities.

Evidence from developing countries suggests that, in addition to overarching health system and financial impediments for both governments and end-users, three main types of barriers prevent women and children from accessing and using appropriate commodities: (1) the insufficient supply of high quality health commodities; (2) the inability to effectively regulate these quality commodities; and (3) the lack of access and awareness of how, why and when to use them, resulting in limited demand.

The good news is that recent experiences have shown it is possible to overcome these seemingly entrenched barriers if partners work together towards the common goal of improving access to quality commodities. For example, the success in substantially reducing the price and improving the distribution of antiretroviral drugs for HIV is testimony to the effect of such partnerships, with 6.6 million people in low- and middle-income countries receiving these drugs at the end of 2010.<sup>3</sup> In the fight against malaria, aggregating orders, better forecasting, sustained financing and extending manufacturing capacity into Africa for insecticide-treated nets (ITNs) increased capacity to supply ITNs in sub-Saharan Africa from 5.6 million in 2004 to 145 million in 2010 and contributed to substantial reductions in deaths due to malaria.<sup>4</sup> Collaboration between the GAVI Alliance and suppliers reduced the price of rotavirus vaccines by two thirds, "signalling [a] potential market impact of US\$650 million" saved.<sup>5</sup> Moreover, there is now near universal use of auto-disable (AD) syringes for immunization. Introduced in 1992 to prevent the re-use that is common in developing countries and that spreads infection, AD syringes initially cost over six times as much as normal syringes, which limited their use. But increased demand through GAVI Alliance support and the use of AD syringes in measles campaigns has meant that the price difference is now trivial.<sup>6</sup>

In addition, Mobile Health (mHealth) solutions have led to improved forecasting and stock-out reporting (e.g., cStock, SMS for Life and ILSGateway), as well as increased demand and care-seeking associated with texting of health information and appointment reminders (e.g., Mobile Alliance for Maternal Action, MAMA).<sup>7</sup>

Experiences such as these show that, where there is the necessary commitment and action, it is possible to expand access and use even in the most deprived communities.

### Understanding the current stark reality

Imagine the despair of a skilled birth attendant who cannot stop the excessive bleeding of a mother who has just delivered a baby because the health centre is stocked-out of the medicine that the attendant needs to do her job and save this mother's life. Imagine the frustration of a health worker who is unable to effectively treat a child who has a simple case of pneumonia because a child-friendly form and dose of the needed antibiotic has not yet been registered for use. Imagine the fear of a 45-year-old woman who finds out she is pregnant for the seventh time, after almost dying the last time she gave birth, and who was not aware of and did not have access to modern methods of family planning. Unfortunately, these scenarios depict everyday realities. In the case of reproductive health, for example, if unmet need for modern contraceptive methods were fully satisfied, an estimated 53 million unintended pregnancies would be avoided, about 90,000 women's lives would be saved and an estimated 590,000 newborn deaths would be averted.<sup>2</sup> And many of the over 800,000 deaths of children each year from diarrhoea could be prevented with oral rehydration solution and zinc that cost less than US\$0.50 per treatment.

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

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The UN Commission on Life-Saving Commodities for Women and Children (the Commission) takes on the challenge outlined in the UN Secretary-General's *Global Strategy for Women's and Children's Health* of saving lives through improving equitable access to life-saving commodities. The Commission is a part of the Every Woman, Every Child (EWEC) movement and has the overall goal to increase access to simple life-saving commodities in 50 of the poorest countries that account for more than 80 per cent of all maternal and child deaths.<sup>8</sup> It is estimated that an ambitious scale up over five years in these countries of the 13 commodities identified by the Commission would cost US\$2.6 billion: US\$579 million for the direct costs of purchasing the commodities and a further US\$2.05 billion to cover distribution and health systems service delivery. These estimated costs are based on the assumptions for the estimates presented at the Family Planning Summit in London in July 2012<sup>9</sup> (see Annex for further details).

The potential benefits from investing in these 13 commodities over a five-year period are extraordinary. It would save an estimated 6 million lives, including approximately 230,000 maternal deaths averted because of increased use of family planning commodities. Achieving these goals would also save an extra 1.8 million child deaths a year, reducing the estimated 7.1 million deaths in 2010 to 5.3 million. Likewise, the estimated 287,000 maternal deaths in 2010 would be reduced to 213,000 by the increased access to maternal and family planning commodities. This is among the 'best buys' in global health. The assumptions and methods used for calculating these estimates are set out in the Annex.

The Child Survival Summit in Washington<sup>10</sup> adopted a new trajectory to end preventable child deaths by 2035. The scale up of the 13 commodities would make a major contribution to transforming current trends into that trajectory.

To take this forward the Commission brought together high-level experts and advocates who, with the support of a Technical Working Group, worked rapidly to identify bold recommendations to support improved and equitable access to selected life-saving commodities.

### **The key steps the Commission undertook were:**

- ≠ Defining a list of overlooked life-saving commodities for women and children (*see section III*);
- ≠ Identifying key barriers preventing access to and use of these commodities (*see section IV*);
- ≠ Recommending innovative action to rapidly increase both access and use (*see section V*).

Recognizing that many commodity-related obstacles are linked to financial barriers and rooted in broader health system challenges – such as poor governance, inadequate human resources, ineffective local supply chains and insufficient information systems – the Commission worked to foster links between the identified solutions and priority actions presented in section V and other global and national initiatives for strengthening health systems.

### III. Defining overlooked life-saving commodities

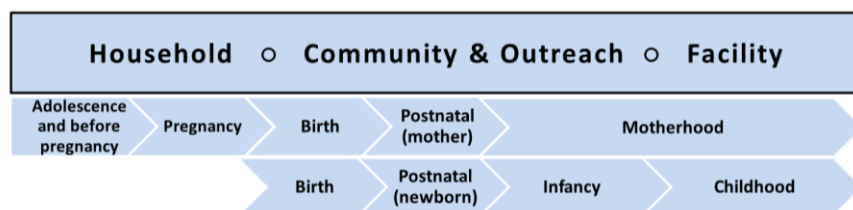
As defined initially during a high-level global stakeholders' meeting in September 2011 and further refined and adopted by this Commission, life-saving commodities are those medicines, medical devices and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth and childhood and that, if more widely accessed and properly used, could significantly reduce preventable deaths among women and children.

inherent in this definition is an acknowledgment and strong focus on the reproductive, maternal, newborn and child health (RMNCH)

'Continuum of Care', which considers the health services needed by women and children from pre-pregnancy to delivery, the immediate post-delivery period and childhood (see Figure 1).<sup>11</sup> Essential interventions and commodities are required at

each of these stages, whether health care is provided by families and communities or through health facilities. A recent Partnership for Maternal, Newborn and Child Health publication, *Essential Interventions, Commodities and Guidelines*, comprehensively describes these essential interventions and commodities.<sup>12</sup>

Figure 1: The Continuum of Care



Building on the above listing, the World Health Organization (WHO) also provides a list of 'Priority life-saving medicines for women and children', which are chosen according to the global burden of disease and the evidence of their efficacy and safety for addressing the RMNCH Continuum of Care.<sup>13</sup>

Additional recent publications and key documents<sup>14</sup> were consulted and, as a result, two further criteria were established for identifying overlooked, life-saving commodities:

- ≠ **Inadequate funding:** The commodity lacks the monetary support that would allow a rapid increase in its distribution and use. Selected commodities are, for example, not funded by mechanisms such as The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) or the GAVI Alliance.
- ≠ **Untapped potential:** The affordability, availability and use of the commodity could be enhanced by innovative improvements in product development (such as better formulations), price reductions, stability of supply and market guarantees.

The Reproductive Health Supplies Coalition also identified three contraceptive methods that are particularly overlooked, and often unavailable when requested, but that show promise for public health benefits.

Based on these criteria, an initial list of 13 effective but overlooked life-saving commodities was identified and endorsed by the Commission. The list is not meant to be comprehensive but rather a preliminary sample of life-saving commodities that represent common challenges and require a priority response. It is anticipated that the 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 13 commodities are presented in Table 1.

**Table 1: Snapshot per commodity of barriers, recommendations and impact**

The table provides estimates of how many lives could be saved if common barriers were overcome and equitable access achieved for 13 life-saving commodities. The Commission's recommendations are in section V.

Commodity by life stage	Examples of key barriers	Recommendations	Potential 5-year impact
<b>Maternal health commodities</b>			
1. <b>Oxytocin</b> – post-partum haemorrhage (PPH)	Often poor quality	1, 4, 5	15,000 maternal lives saved
2. <b>Misoprostol</b> – post-partum haemorrhage	Not included in national essential medicine lists	5	
3. <b>Magnesium sulfate</b> – eclampsia and severe pre-eclampsia	Lack of demand by health workers	1, 9, 10	55,000 maternal lives saved
<b>Newborn health commodities</b>			
4. <b>Injectable antibiotics</b> – newborn sepsis	Poor compliance by health workers	1, 9, 10	1.22 million neonatal lives saved
5. <b>Antenatal corticosteroids (ANCs)</b> – preterm respiratory distress syndrome	Low awareness of product and impact	9	466,000 neonatal lives saved
6. <b>Chlorhexidine</b> – newborn cord care	Limited awareness and demand	2, 5	422,000 neonatal lives saved
7. <b>Resuscitation devices</b> – newborn asphyxia	Requires trained health workers	1, 9, 10	336,000 neonatal lives saved
<b>Child health commodities</b>			
8. <b>Amoxicillin</b> – pneumonia	Limited availability of child-friendly product	2, 7, 9, 10	1.56 million lives saved
9. <b>Oral rehydration salts (ORS)</b> – diarrhoea	Poor understanding of products by mothers/caregivers	2, 5, 7, 9, 10	1.89 million lives saved
10. <b>Zinc</b> – diarrhoea			
<b>Reproductive health commodities</b>			
11. <b>Female condoms</b>	Low awareness among women and health workers	1, 7	Almost 230,000 maternal deaths averted
12. <b>Contraceptive implants</b> – family planning/contraception	High cost	1, 7	
13. <b>Emergency contraception</b> – family planning/contraception	Low awareness among women	2, 7	

**DISCLAIMER:** the numbers presented here are draft estimates meant to give a general overview of the barriers certain commodities face and the potential impact if these barriers were surmounted. These draft estimates are based on a systematic analysis approach explained in the Annex.

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