The UN Commission on Life Saving Commodities 3 years on: global progress update and results of a multicountry assessment

*Paul M Pronyk, Bennett Nemser, Blerta Maliqi, Nora Springstubb, Diana Sera, Rouslan Karimov, Elizabeth Katwan, Benedicte Walter, Pascal Bijleveld, for the UNCoLSC Technical Resource Teams, UN Agency Leads, and UNCoLSC Monitoring and Evaluation Advisory Group**

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*Listed at the end of the report

Unicef, New York, NY 10017, USA (P M Pronyk PhD, B Nemser MPH, N Springstubb MPH, D Sera MPA, R Karimov MSc, B Walter MPhil, P Bijleveld MBA); **World Health Organization, Geneva, Switzerland** (B Maliqi PhD); **and ALMA2030, New York, NY 10020, USA** (E Katwan MPH)

Correspondence to:
Paul M Pronyk, Unicef, 3 United Nations Plaza, New York, NY 10020, USA
ppronyk@unicef.org

Summary

Background In September, 2012, the UN Commission on Life Saving Commodities (UNCoLSC) outlined a plan to expand availability and access to 13 life saving commodities. We profile global and country progress against these recommendations between 2012 and 2015.

Methods For 12 countries in sub-Saharan Africa that were off-track to achieve the Millennium Development Goals for maternal and child survival, we reviewed key documents and reference data, and conducted interviews with ministry staff and partners to assess the status of the UNCoLSC recommendations. The RMNCH fund provided short-term catalytic financing to support country plans to advance the commodity agenda, with activities coded by UNCoLSC recommendation. Our network of technical resource teams identified, addressed, and monitored progress against cross-cutting commodity-related challenges that needed coordinated global action.

Findings In 2014 and 2015, child and maternal health commodities had fewer bottlenecks than reproductive and neonatal commodities. Common bottlenecks included regulatory challenges (ten of 12 countries); poor quality assurance (11 of 12 countries); insufficient staff training (more than half of facilities on average); and weak supply chains systems (11 of 12 countries), with stock-outs of priority commodities in about 40% of facilities on average. The RMNCH fund committed US$175·7 million to 19 countries to support strategies addressing crucial gaps. $68·2 million (39·0%) of the funds supported systems-strengthening interventions with the remainder split across reproductive, maternal, newborn, and child health. Health worker training ($88·6 million, 50·4%), supply chain ($53·3 million, 30·0%), and demand generation ($21·1 million, 12·0%) were the major topics of focus. All priority commodities are now listed in the WHO Essential Medicines List; appropriate price reductions were secured; quality manufacturing was improved; a fast-track registration mechanism for prequalified products was established; and methods were developed for advocacy, quantification, demand generation, supply chain, and provider training. Slower progress was evident around regulatory harmonisation and quality assurance.

Interpretation Much work is needed to achieve full implementation of the UNCoLSC recommendations. Coordinated efforts to secure price reductions beyond the 13 commodities and improve regulatory efficiency, quality, and supply chains are still needed alongside broader dissemination of work products.

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Introduction

The Every Woman Every Child (EWEC) movement was established in 2010 by the UN Secretary General to address the major health challenges facing women and children around the world.[1] Under this umbrella, the first Global Strategy for Women's and Children's Health was launched as a roadmap to enhance financing, strengthen policy, and improve service delivery for the most vulnerable women and children. It drew attention to the estimated 8 million children dying of preventable causes each year and the 350000 women dying of complications related to pregnancy and childbirth.[2]

Persistent gaps in availability of and access to life saving commodities (medicines and medical devices) were identified as major obstacles to achieving universal basic health care for pregnant women and children.[3] Estimates suggested that, across low-income countries, just a third to half of children received basic drugs to treat childhood diarrhoea and pneumonia (appendix). Similarly, only a third of women received appropriate management for the major causes of maternal death:

See **Online** for appendix

Research in context

Evidence before this study

Original coverage estimates for the 13 life saving commodities and related reproductive, maternal, newborn, and child health (RMNCH) interventions identified in the UNCoLSC report were generated using the Lives Saved Tool for 49 countries of the world with the lowest income plus India (appendix). Evidence on potential systemic bottlenecks influencing coverage such as regulatory hurdles, supply chain weakness, or training gaps are partial and fragmented. This evidence exists in non-standardised formats at the country level and includes policy documents, essential medicines lists, treatment guidelines, health facility assessments, and routine performance monitoring platforms such as health and logistics management information systems.

Added value of this study

This multicountry assessment used the conceptual framework implicit in the UNCoLSC recommendations to systematically track the 13 priority RMNCH commodities across the continuum—from manufacturing through to utilisation and coverage for the post-2012 period. We generated a standardised set of indicators for each recommendation, drawing from the range of best-available data sources outlined above. Country-level bottlenecks that were identified through this process informed the prioritisation and financing of national RMNCH plans. Challenges identified across multiple countries informed evolving global efforts.

Implications of all the available evidence

Much needs to be done to achieve full implementation of the UNCoLSC recommendations. Coordinated global action will be required to enhance market shaping, secure price reductions, improve regulatory efficiency, enhance the quality and safety of medicines, and strengthen supply chains. Translation of the latest evidence, tools, and best-practice materials developed through the UNCoLSC and related global initiatives to the country level will require robust and sustained technical assistance. Further harmonisation and alignment of RMNCH monitoring tools and systems is essential.

eclampsia and post-partum haemorrhage. For newer commodities such as implantable contraceptives, zinc for diarrhoea, and intravenous antibiotics for sepsis in newborns, coverage levels were near zero (appendix).

A series of global consultations in 2011 explored strategies to overcome crucial gaps. Barriers included the paucity of affordable products and age-appropriate formulations; weak supply chains; inadequate regulatory capacity; and little awareness of where, when, and how to use essential medicines and medical devices.[4] Establishment of a high-level commission was recommended as a mechanism to synthesise technical evidence and identify innovative actions to rapidly increase availability, access, and rational use of key commodities.

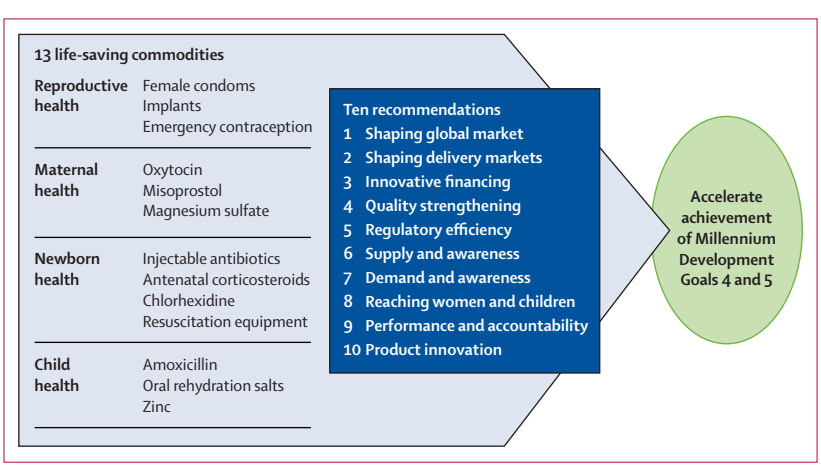

Figure 1: **UNCoLSC recommendations to improve access to 13 life saving commodities**
UNCoLSC=UN Commission on Life Saving Commodities.

The UN Commission on Life Saving Commodities (UNCoLSC) launched its Report[3] and Implementation Plan[5] in September, 2012, highlighting 13 underused, low-cost, and high-impact commodities across reproductive, maternal, newborn, and child health (RMNCH) that if implemented at scale could make the greatest impact in reducing preventable deaths. The report included ten recommendations for addressing key systemic bottlenecks, including strategies to shape global and local markets; improve regulatory efficiency; enhance medicine quality and safety; strengthen supply chains; improve health worker performance; augment demand; and stimulate product innovation (figure 1). The commodities provided a concrete and actionable focus for efforts across this continuum, acting as tracers to help identify and address barriers to effective intervention delivery.

To advance this agenda, a steering committee was established to draw together stakeholders throughout RMNCH with the aim of enhancing coordination between UN agencies, partner organisations, programmes, and countries. To accelerate implementation, direct technical and financial support was provided to a subset of EWEC countries selected on the basis of being off-track to achieve the Millennium Development Goals for maternal and child survival. Building on International Health Partnership principles,[6] an RMNCH country engagement process was initiated that included a joint, rapid multistakeholder synthesis of the existing plans and subplans relevant to a particular country context; a prioritisation process, based on the RMNCH situation analysis, the burden of disease, and specific programmatic and financial gaps across the RMNCH continuum of care; and the commitment of development