UN COMMISSION ON LIFE SAVING COMMODITIES

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IMPROVING ACCESS TO LIFE- SAVING MATERNAL HEALTH COMMODITIES

MATERNAL HEALTH TECHNICAL RESOURCE TEAM (MHTRT)
MH TECHNICAL RESOURCE TEAM (MHTRT)

Conveners:
UNFPA and USAID

Supporting Organizations:
Accelovate/Jhpiego, Concept Foundation, VSI, PSI, MSH/SIAPS
UN Commission on Life-Saving Commodities

Commodity Groups

- Reproductive
- Maternal
- Newborn
- Child

Market Shaping, Regulation and Quality

- Focuses on strengthening markets to ensure availability of quality products

Supply Chain

- Works to ensure essential commodities are delivered efficiently and safely, and are available where and when they are needed

Demand, Access and Performance

- Focuses on removing barriers demand and utilization
MH TRT Subgroups

Availability of Quality Maternal Health Products: Concept Foundation
Accelovate/Jhpiego, Concept Foundation, VSI, PSI, Pop Council, PFSCM, CHAI, MacArthur Foundation, Pathfinder, PATH, UNFPA, USAID, M4M, USP

Commodity Security: John Snow, Inc.
University of British Columbia, Population Action International, RHSC, Population Council, PATH, JSI

Oxytocin in the Cold Chain: PATH
PATH, USAID, Merck for Mothers, JHPIEGO, WHO, JSI/MSH/PFSCM, US Pharmacopeial Convention, UNFPA

Improved Uptake and Use of WHO Guidelines: World Health Organization (WHO), PATH
PATH, WHO, University of Toronto, US Agency for International Development (USAID), UNFPA, PSI

National Essential Medicines Lists: Venture Strategies Innovations
Family Care International, Gynuity Health Projects, MSH, Marie Stopes International, MCHIP, PAI, PSI
Availability of Quality Maternal Health Products (AQMHP)

• Magnesium sulphate: Held expert review meetings on optimal presentation of MgSO4 presentation (5 gr in 10 ml (=50% w/v) in ampoules). Easier requirements for PQ of MgSO4. Contacted WHO EML Committee re wording on EML. The business plan will be published at distributed (at RHSC meeting)

• Misoprostol: Two manufacturers submitted dossiers to WHO Pre-Qual (PQ), one PQ’d; two submitted to ERP. Working with 6 companies in Asia and Africa to achieve PQ. The business plan will be published and distributed.

• Oxytocin: List of companies completed with PATH and PFSCM. Contacts made with an initial 4 companies. Another has submitted for PQ and ERP. The business plan will be published and distributed (at RHSC meeting)
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Phase 1 Accomplishments (January 2013-September 2014)

Commodity Security

- Completed data analysis for and first draft of white paper on resource mobilization and commodity security framework for MH Commodities.
- Defined resource mobilization and basket of MH supplies
- Developed data collection tool to determine country experiences

Oxytocin in the Cold Chain

- Finalized a letter of commitment/joint statement from UNICEF and WHO on importance of oxytocin in the cold chain
- Obtained GAVI support in effort to get oxytocin in cold chain
- Refined and finalized the assessment protocol for the Mali and Ghana case studies in collaboration with SIAPS/MSH and “oxytocin TTI/innovation activity.”
- Obtained research (exempt) status for the above activity.
Phase 1 Accomplishments (January 2013-September 2014)

Improved Uptake and Use of WHO Guidelines

- Partners in Uganda, Tanzania and Senegal identified and preparatory activities conducted with MOH to determine need for guideline review and adoption/adaptation

- Protocol for generating new knowledge around barriers to guidelines implementation developed and submitted for technical and ethical clearance

- Institutional approvals for study protocol from WHO, Uganda (Makarere University and Ministry of Health) and Tanzania (Ifakara Health Institute and Ministry of Health) obtained

- Interview tools and guides developed for all three countries

- In-country work completed:
  (a) Survey and in-country workshop held in Uganda with 40+ key stakeholders in MoH, professional associations, doctors, midwives and other groups
  (b) Priority recommendations and barriers & facilitators identified, guideline & implementation strategy developed
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Phase 1 Accomplishments (January 2013-September 2014)

National Essential Medicines Lists (EML)

- Assembled master list of EMLs from over 65 countries in Africa and Asia
- Advocated to include misoprostol on DRC & Sierra Leone EML (being finalized)
- Reviewed the EML to identify potential UN Commission countries where an EML review may be planned
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Highlights of Phase 2 Workplan (July 2014-December 2015)

- ERP, PQ, or SRA Products available (Oxy, MgSO4 and Miso)
- Clarity about how to get affordable, good quality products to the end users levels
- Commodity Security Framework/CS Committee Guidelines
- Uptake and use of WHO guidelines and recommendations
- Barriers identified and assistance provided to countries to include Oxy in CC
- Inclusion of Miso, Oxy and MgSO4 in the EMLs
- MH Commodity Innovations
General Membership Meeting of the Reproductive Health Supplies Coalition

Planned Dissemination Activities for Phase 2

Policy/Guidance/Framework
- Statement of evidence on WHO guidelines on storage conditions
- Drafting, field testing and finalization of standards/quality products and policy briefs
- Validation of MH commodity security framework thru field testing

Tools/Guidelines
- Adapt (translate) interview tools & guides
- Creation of a set of IEC materials

Meetings/Workshops
- In-country stakeholders meeting and barrier identification/planning workshops
- Engage key players (procurers and producers) of Oxy to determine feasibility and cost of inclusion of TTIs

Documentation/Publications
- Document country experience where Oxytocin included within EPI & cold chain
- Review EMLs of countries
Dissemination Audience and Entry Point/Strategy

Target Audience
- Policy makers, key stakeholders, multi and bilateral organizations, donors
- Govt. and other in-country stakeholders
- Key procurers, manufacturers and distributors
- Clinicians/medical practitioners and other service providers

Entry point/Strategy
- Engage key procurers, manufacturers, distributors
- Develop joint statements-drafting, sharing, and finalization
- In country workshops with stakeholders, documenting country experiences
- Provision of need based TA, in country work including field testing
- Communicating: Meetings(virtual & face-to-face), sharing docs., email, etc.
MHTRT
Dissemination Task Team

Objective:
Draft a comprehensive dissemination plan for the outputs that the TRTs have developed over the past 18 months, seeking in particular inter-TRT + other potential collaboration and synergies

Composition: (UNCoLSC TRTs and beyond…….)
GMS-PQR, Local Markets & Supply Chain TRT – LMSC, DAP, MHTRT and Advocacy +++

Dissemination activities that have potential for cross TRT collaboration:
• Advocacy work in-country led by the Reproductive Health TRT, with support of GMS-PQR and the Advocacy TRT. The Advocacy TRT will also use its monthly calls to alert its members on new meetings and products, and share relevant products with them
• Demand, Performance and Financial Access TRT (Performance component) – planning the production and dissemination of a Health Worker toolkit
• Supply-chain TRT organizing a South-South workshop during the 7th Global Health Supply Chain meeting 18-19 November in Copenhagen
• Other partners/networks/platforms
Potentials for Country supports--from country work plans

- Efforts to include RMNCH commodities on EMLs and procurement documents
- Collaboration across countries in standardized procurement specifications
- Capacity to quantify and monitor the availability of lifesaving RMNCH commodities
- Promotion of effective regulation, and coordination across countries (e.g. by combining factory inspections)
- In-country consultations between technical, program and other departments responsible for procurement
- Investment in quality assurance
- Combined purchasing
- Others (e.g. needs-algorithms tools, etc.)
MH TRT

Opportunities for Collaboration

• Many common members between RHSC and TRT

• Tools and guidance papers developed may be included in Supplies Information Database of RHSC

• Broad reach of RHSC members

• Common objectives with RHSC initiatives

• Sharing resources – technical, networks/platforms, funding.
Questions for Discussion

• How can the RHSC/MHS Caucus and MH TRT work together towards common objectives?

• How can the RHSC assist in the dissemination of the MH TRT resources/products (and vice versa)?

• How can the RHCS contribute to the country engagement process?

• Any other questions?

For more information or to request for tools and technical assistance, please contact:
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TOO OFTEN, COST-EFFECTIVE, HIGH-IMPACT HEALTH COMMODITIES DO NOT REACH THE WOMEN AND CHILDREN WHO NEED THEM MOST