

EVERY WOMAN EVERY CHILD
UN COMMISSION ON LIFE-SAVING COMMODITIES FOR WOMEN AND CHILDREN
GUIDANCE NOTE FOR THE IMPLEMENTATION OF THE COMMISSION' RECOMMENDATIONS
OCTOBER 2012

BACKGROUND

The UN Commission on Life-Saving Commodities for Women and Children (the Commission) took on the challenge outlined in the UN Secretary-General's Global Strategy for Women's and Children's Health to save millions of lives through improving equitable access to life-saving commodities. The Commission made 10 recommendations that will overcome three commodity-specific types of barriers that prevent women and children from receiving appropriate interventions: (1) the insufficient supply of high quality health commodities where they are most needed; (2) the inability to effectively regulate the quality of these commodities; and (3) the lack of access and awareness of how, why and when to use them.

The co-Chairs of the Commission, President Goodluck Jonathan and Prime Minister Jens Stoltenberg handed over the Commission report, which includes the ten recommendations, to the Deputy Secretary General Jan Eliasson on September 26, 2012.

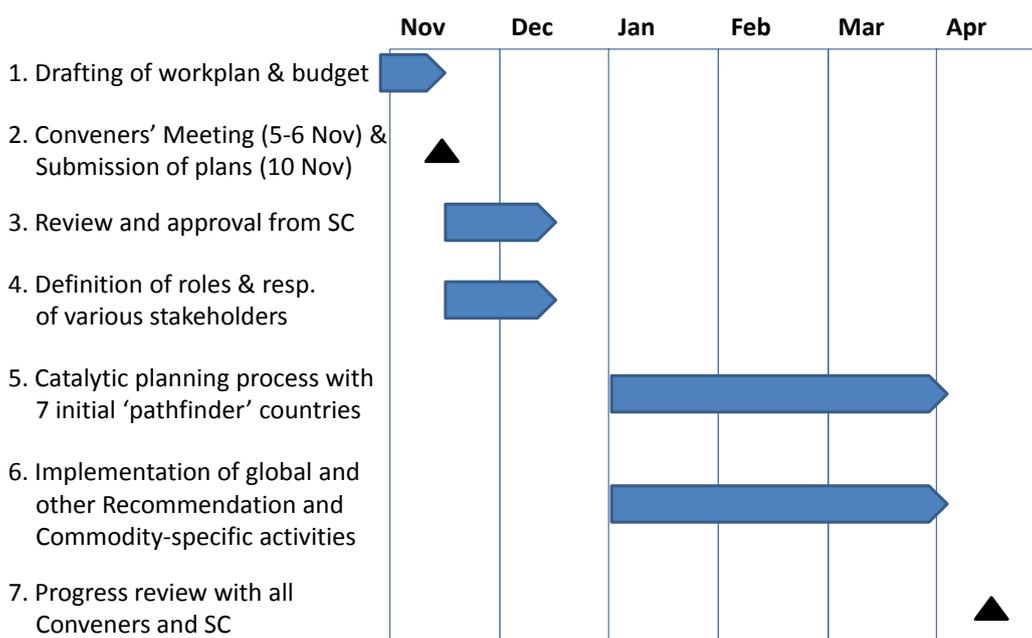
The Commission also endorsed an implementation plan for Life-Saving Commodities for Women and Children. This plan unpacks the 10 recommendations for the 13 commodities and provides cross-cutting and commodity-specific actions (set out in Tables 1 and 2).

In order to ensure exchange and avoid overlap between the cross-cutting and commodity-specific areas of work, convening organizations have stepped forth for each area and have constituted inter-agency working groups that bring together different technical experts and stakeholders.

In recent weeks, several donors have expressed strong interest to commit financial resources for the implementation of the Commission's recommendations. In order to facilitate, coordinate, streamline and crosslink the different activities and funding allocations, a Trust Fund, a Steering Committee, consisting of key stakeholders; and a Technical Support group are being set up.

This note aims at providing clarity as to what we may expect to happen over the next 6 months as well as guidance to the Conveners of the cross-cutting and commodity-specific areas of work on the development of workplans and budgets for coordination and financial support for the implementation of the Commission's recommendations. The diagram below lays this out; each element is further detailed in this note.

Diagram 1: Implementation of the UN Commission’s Plan – the next 6 months



1. DRAFTING OF WORKPLAN & BUDGET

Given the significant and complex scope of work, that includes global, regional and country level activities as well as commodity-specific and cross-cutting actions of the recommendations, there is a need to prioritize and align across the different perspectives. Ensuring rapid progress along the 10 recommendations and the 13 commodities requires a two-pronged approach when thinking about workplans and budgets: Global and regional level actions and country level actions. **For now conveners of the commodity and recommendation groups are requested to focus on global and regional level actions**

It is important for the submitted plans and budgets to capture critical global-level activities that must be undertaken with immediate effect. It is understood there might be commodity-specific opportunities that can and should be addressed immediately within countries. Therefore, ahead of the Convener’s Meeting on the 5-6 of November, we expect each Recommendation and Commodity group to develop their workplans and budgets along the following guidelines/principles:

- Activities should build off what has already been outlined in the high-level Implementation Plan
- Outcomes and activities should include all global and regional-level efforts necessary to advance and support country implementation over the next 12 months across the Recommendations and Commodities
- Outcomes and activities can also include country-specific efforts that are already known across Recommendation and Commodities. These should be ‘enabling’, one-time activities that are needed to ensure increased access to the relevant commodities
- Outcomes and activities in the Implementation *SHOULD NOT* cover national-level recurrent activities and cost such as large scale training of health care workers, mass media campaigns, procurement of commodities, infrastructure investments or purchasing of equipment, etc. These may be covered in the ‘catalytic plans’ or may be considered in a second phase of implementation.

- Milestones need to be clearly delineated with measureable targets
- Assumptions about the countries covered and unit costs must be made explicit
- Legitimate costs may include meetings/workshops; travel; TA/contractual work; communication and advocacy; etc.
- Where known, existing funding must be indicated and the gap between existing and necessary funding stated
- If an activity is included in another recommendation/commodity plan but necessary for your specific recommendation/commodity, please still include it in your plan but refer to the linkage (for example, “integrating oxytocin into the cold chain supply system” will be included in both Recommendation 6 – supply chain and in the oxytocin plans).

Draft workplans and budgets need to be sent to the Secretariat (email: rvandeweerd@unicef.org) by 2 November 2012, ahead of the Conveners’ Meeting on 5-6 November

A template for the development of the workplan and budget is detailed in annex 1.

The Secretariat will be developing a workplan and budget to conduct actions with an initial set of ‘pathfinder’ countries that have already demonstrated their commitment towards this approach. In these countries, a thought-through, deliberate country engagement strategy – hereafter referred to as a ‘catalytic plan’ – is necessary to ensure a coordinated approach and communication with countries’ decision-makers and multiple stakeholders. Resource necessary to help develop the ‘catalytic plans’ must be factored into the broader Implementation Plan. Development of the ‘catalytic plans’ should not exceed 3 months. Costs associated with the development of the ‘catalytic plans’ will include costs to cover:

- Multi-stakeholder consultative meetings in-country
- Travel costs
- External TA, if necessary

The actual proposed process to develop these ‘catalytic plans’ is further detailed in Section 5. It is proposed that the Secretariat develop an initial budget for this process, which will be discussed at the Conveners’ meeting on 5-6 November.

2. CONVENERS’ MEETING AND SUBMISSION OF PLANS

Given the complexity of the exercise (10 recommendations, 13 commodities, and multiple countries) it is essential that the draft workplans and budgets are reviewed by all conveners. This can most effectively be done in-person. Furthermore, given the need to focus on the ‘pathfinder’ countries, a representative from each of the 7 signatory countries present in Abuja will be invited.

The purpose of the two-day meeting would be to finalise the workplans and budgets. More specifically, we will seek to:

- Ensure consistency of methodology, complementarity of activities, and that nothing has been overlooked using a peer-review and ‘speed-dating’ approach

- Inform on the country engagement process and costs to develop ‘catalytic plans’ in the initial ‘pathfinder’ countries
- Begin to map out and suggest by country which partner will take responsibility for the activities included in the Plan

The meeting will be hosted by the WHO in Geneva.

3. REVIEW AND APPROVAL FROM STEERING COMMITTEE

Following the submission of the workplan and budgets to the Secretariat on November 10th, the Steering Committee will review and approve the plans. The exact process and criteria are currently being developed. It is likely going to involve some back-and-forth with the conveners to seek clarifications and/or modifications. Ideally, this process could be concluded by mid-December so as to ensure the necessary funds can be unlocked by January 2013.

4. DEFINITION OF ROLES & RESPONSIBILITIES OF VARIOUS STAKEHOLDERS

Building on the recommendation of the Conveners, and as the SC reviews the plans, the roles and responsibilities of the different stakeholders relevant to the implementation of the Plan need to be agreed upon. This will require understanding the capacity globally and in-country of various stakeholders including possible gaps where work will need to be contracted out. During this period, clarity will also need to be sought as to how funding against the Plan will flow and be managed.

It will not be possible to eliminate all overlaps across the Implementation Plan’s Recommendations and Commodities. Therefore, clarity will need to be sought in terms of who takes responsibility and is accountable for what. This is critical if rapid progress in 2013 is to be achieved. Another meeting of Conveners may be necessary in December to conclude on this.

5. CATALYTIC PLANNING PROCESS WITH 7 INITIAL ‘PATHFINDER’ COUNTRIES

To define which Every Woman, Every Child countries to include for support in the 1st year, i.e. those countries that are at the tipping point and require little investment to get traction, and opportunistic approach was considered appropriate for this initial phase. It is suggested to work in a holistic and comprehensive fashion with each of the initial signatory countries to the *Ministerial Communique* adopted on October 16th, 2012: DRC, Ethiopia, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda. Further countries will be supported in this way later in 2013 building on the lessons learnt in these initial ‘pathfinder’ countries.

The purpose of the ‘catalytic plans’ would be to ensure that:

- A coordinated approach is being taken, building on what already exists in-country
- All 13 commodities and 10 recommendation have been considered and prioritized based on evidence ensuring nothing has been over-looked

- Synergies across recommendations and commodities can be taken advantage of
- All bottlenecks are identified and addressed and gaps are costed in order to accelerate the uptake of the essential prioritized commodities per country
- A fully costed and actionable ‘catalytic plan’ can be implemented and monitored
- Lessons learnt can be captured and documented to inform a similar process across other EWEK countries

In order to engage with the different countries, a ‘country convener’ or focal organization will be identified to work with the government and other partners throughout this process. The development of this plan will be a tightly run and focused process taking no more than 3 months. Costs associated with this process will be factored and covered into the broader UN Commission Implementation Plan.

6. IMPLEMENTATION OF GLOBAL AND OTHER RECOMMENDATION AND COMMODITY-SPECIFIC ACTIVITIES

In parallel to the comprehensive review and planning process in the 7 ‘pathfinder’ countries, many of the other global and country-specific activities should begin implementation in January 2013 as per the workplans. Progress should then be reported at the April 2013 implementation meeting.

7. PROGRESS REVIEW WITH ALL CONVENER AND STEERING COMMITTEE

As agreed in Abuja, the second implementation meeting will take place in one of the pathfinder countries in April 2013 to review the progress of the Implementation Plan. During this meeting the country ‘catalytic plans’ will be presented, reviewed and discussed. Financial commitment in support of the country plans will be made.

Progress against other activities of the Implementation Plan will also be reviewed and discussed, holding the various implementing partners and countries accountable. An implementation scorecard will be used to track progress.

Annex 1: Template for workplan and budget

Template workplan and budget for coordination and financial support for the implementation of the Commission' recommendations						
Cross-cutting / commodity-specific area:						
Name of convener:						
Membership of group:						
Date:						
Budget year:						
Expected outcomes of the group:			Milestones:			
1	<i>Outcome 1</i>					
2	<i>Outcome 2</i>					
3	<i>Outcome 3</i>					
Activities per outcome Outcome 1			Cost (\$US)	Existing funding	Source(s)	Funding gap
1	<i>Activity 1</i>					
2	<i>Activity 2</i>					
3	<i>Activity 3</i>					
4	<i>Activity 4</i>					
Total 1						
Activities per outcome Outcome 2			Cost (\$US)	Existing funding	Source(s)	Funding gap
1	<i>Activity 1</i>					
2	<i>Activity 2</i>					
3	<i>Activity 3</i>					
4	<i>Activity 4</i>					
Total 2						
Activities per outcome Outcome 3			Cost (\$US)	Existing funding	Source(s)	Funding gap
1	<i>Activity 1</i>					
2	<i>Activity 2</i>					
3	<i>Activity 3</i>					
4	<i>Activity 4</i>					
Total 3						
Grand total						Requested for funding

Table 1. Summary implementation plan and lead conveners

	Draft activities per Commission's recommendations	Lead convening agency	Agencies that have expressed interest in co-convening/ participating
01	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	CHAI, DFID	Gov. of Norway, WHO, RHSC, CIFF, UNICEF, UNFPA
01.a	Identify priority commodities amenable to immediate, global market-shaping efforts and analyse markets to identify the most effective global market-shaping mechanism for the prioritized commodities		
01.b	Apply proposed market-shaping mechanisms to selected commodities		
01.c	Develop robust demand/ forecast systems for each commodity and build an info-mediary for the 13 essential commodities		
02	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	CHAI, Gov. of Nigeria	WHO, UNICEF, UNFPA
02.a	Create incentives for national and regional wholesalers and large distributors to actively promote commodities over sub-optimal alternative treatments and to accelerate distribution through private channels		
02.b	Perform WHO-supported global or regional joint regulatory reviews of safety for national approval of low-level and OTC use		
02.c	Conduct large-scale demand generation campaigns through collaborations between public and private actors		
03	Innovative financing: By the end of 2012, innovative, results-based financing is in place to rapidly increase access to the 13 commodities by those most in need and foster innovations	World Bank, Gov. of Norway	UNICEF, UNFPA, GNHE, PMNCH, USAID, CHAI, SC
03.a	Review the use of the results-based financing mechanism to improve access to the 13 commodities; solicit country interest and applications for results-based financing and enter into agreements with relevant countries		
03.b	Ensure linkages between the results-based financing mechanism and funding mechanisms identified for the procurement of commodities and work with the private sector		
03.c	Include commodities in various monitoring systems; develop and use simple scorecard on access; link to other accountability recommendations		
04	Quality strengthening: By 2015, at least three manufacturers per commodity are manufacturing and marketing quality-certified and affordable products	WHO, Gov. of Nigeria	USAID, PATH, UNICEF, UNFPA, EMA
04.a	Review quality of current products in the market and identify quality risks from dossier review; landscape manufacturer base to identify key quality gaps, costs and solutions		
04.b	Support committed manufacturers in developing good products and dossiers; where needed, give investment support (GMP, bioequivalence studies)		
04.c	Pre-qualify three products each for selected commodities; apply the ERP process or other mechanisms for products where full pre-qualification is not desirable or possible		
05	Regulation 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 WHO and regional collaboration	WHO, Gov. of Nigeria	UNFPA, PmRN, EMA, World Bank
05.a	Update global clinical guidelines, the WHO-EML and the Interagency list of Essential Medical Devices for Reproductive Health; EWEC countries adapt national clinical guidelines and national essential medicines and medical devices lists		
05.b	Perform WHO-supported global or regional joint regulatory reviews of new commodities, in support of national regulatory assessment, including review for lower-level use		
05.c	Standardize and streamline the national regulatory process of new products through regional regulatory collaboration and harmonization		

06	Supply and awareness: By 2015, all EWEC countries have improved the supply of life-saving commodities and built on information and communication technology (ICT) best practices for making these improvements	USAID, UNFPA	UPS, Gov. of Norway, PATH, Rockefeller, IWG, UNICEF, RHSC
06.a	Conduct landscaping assessment and organize global and/or regional consultations to discuss and share best practices that enable countries to review, adapt and adopt ICT solutions to address supply chain bottlenecks		
06.b	Organize EWEC country-level assessment of supply chain-related problems and possible ICT and communication solutions and develop costed plans; conduct government-led stakeholder discussions including with organizations that can reach families and care-givers to assess commitment, readiness and resources		
06.d	Establish indicators/ scorecard to monitor regional data around supply chain management and ICT contribution to improve supply chain performance		
07	Demand and awareness: 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	USAID, Gov. of United Republic of Tanzania	IWG, USAID, UNFPA, PMNCH, WHO, MDG Health Alliance, SC
07.a	Review and collate evidence of supply- and commodity-related communications including those that combine social and behavioural change communication (SBCC) and commercialization, social networking, franchising and marketing		
07.b	Establish innovative PPPs to address SBCC needs and develop materials and messages for the 13 commodities to enhance consumer and provider demand through high-impact marketing and promotion, including private sector providers		
07.c	Support government agencies in EWEC countries to establish a sustainability roadmap and build capacity to develop, monitor and sustain SBCC and mass-media activities		
08	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	Gov. of Uganda, SC	Gov. of Norway, UNFPA, WHO, World Bank
08.a	Apply a commodity-lens to existing work on financial barriers and the WHO's work on universal access, and ensure that commodities are appropriately included in global and national financial protection mechanisms (e.g., conditional cash transfers)		
08.b	Assist EWEC countries in establishing financial mechanisms to ensure equitable access to commodities by the poorest segments of society		
08.c	Establish indicators and a scorecard and use these to assess progress towards increased access to commodities by the poorest segments of society		
09	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	AMREF	Gov. of Norway, IWG, USAID, WHO, UNFPA, CIFF, SC
09.a	Support EWEC countries to develop and adapt national clinical guidelines to reflect international guidance on the use of the 13 commodities		
09.b	Develop and use national checklists, job aids, training programmes and supervision structures to promote and monitor the use of clinical guidelines by public and private providers		
09.c	Strengthen EWEC country accountability mechanisms to monitor scale-up and use of the 13 commodities, including improved regulation and oversight of the private sector and mechanisms for community-level monitoring and feedback around service provision, availability and affordability		
10	Product innovation: By 2014, research and development for improved life-saving commodities has been prioritized, funded and commenced	PATH	USAID, Bill & Melinda Gates Foundation, WHO, SC
10.a	Establish incentives for further commodity research and product innovation		
10.b	Invest in product innovation, including translational research, formulation development, new technological product development, stability studies and bioequivalence		
10.c	Use the public health need for new formulations, packaging or technological update of the 13 commodities as a practical example and justification in the global discussion on financing research and development		
10.d	Facilitate technology and knowledge transfer, together with financial incentives, to reinforce national and regional efforts in research, development, regulation and manufacturing of life-saving commodities		

Table 2. Conveners for commodity-specific technical reference groups

Product	Lead convener	Agencies that have expressed interest in participating
Oxytocin	USAID	Bill & Melinda Gates Foundation, UNFPA, WHO, PMNCH
Misoprostol	UNFPA	Bill & Melinda Gates Foundation, UNFPA, MacArthur Foundation, USAID, WHO, PMNCH
Magnesium sulfate (MgSO ₄)	USAID	Bill & Melinda Gates Foundation, UNFPA, MacArthur Foundation, WHO, PMNCH
Injectable antibiotics	Saving Newborn Lives as chair of injectable antibiotics working group	WHO, USAID
Antenatal corticosteroids	Save the Children as chair of Born too Soon follow-up group on ANC	
Chlorhexidine (CHX)	PATH as chair of the CHX working-group	USAID and Bill & Melinda Gates Foundation (both members of the CHX working group), CIFF, SC
Newborn resuscitation equipment	USAID	CIFF, WHO-Essential Medicines and Health Products Department, SC
Amoxicillin	UNICEF as co-convenor of the pneumonia and diarrhoea treatment working group	SC, USAID
Oral rehydration salts (ORS)	CHAI as co-convenor of the pneumonia and diarrhoea treatment working group	AMREF
Zinc	CHAI as co-convenor of the pneumonia and diarrhoea treatment working group	AMREF
Female condoms	UNFPA	USAID, WHO, RHSC, PATH, UAFC Joint Programme
Contraceptive implants	Bill & Melinda Gates Foundation/ DFID on behalf of the Family Planning 2020 Reference Group	DFID, USAID, UNFPA, CIFF, WHO, RHSC
Emergency contraception	WHO	UNFPA, RHSC