

# PROGRESS ON INCREASING ACCESS TO QUALITY-ASSURED LIFE-SAVING COMMODITIES



A Summary of Findings  
Three Years After the  
UN Commission on  
Life-Saving Commodities  
for Women and Children

Mother receives essential information, supplies and medicine for herself and her newborn child. Photo Credit: GHSC-PSM / Farmhouse

## BACKGROUND

The 2012 report from the United Nations Commission on Life-Saving Commodities for Women and Children (UNCoLSC) identified 13 essential medicines, supplies and equipment commonly overlooked by program managers, decision makers, and funding agencies. These life-saving medicines and supplies included 13 reproductive, maternal, newborn and child health (RMNCH) commodities that, if more widely available and properly used, could save the lives of more than 6 million women and children.<sup>1</sup>

The report resulted in the creation of technical resource teams that undertook work aligned with UNCoLSC's 10 recommendations for increasing access to these life-saving commodities in low- and middle-income countries. As part of these efforts, in 2015–2016, the World Health Organization (WHO), in coordination with Concept Foundation and with the support of other organizations participating in the UN Commission technical resource teams, including USAID, organized two workshops in Uganda and Tunisia. The workshops convened representatives from national ministries of health, regulatory authorities, procurement agencies, central medical stores, international and bilateral partners, and nongovernmental organizations from 14 East and West African countries. Workshops focused on optimizing the procurement of quality-assured, affordable life-saving commodities.

As a follow-up to the workshops, the USAID Global Health Supply Chain-Procurement and Supply Management project commissioned Concept Foundation to reach out to workshop participants. The goal was to explore to what extent key learnings from the workshops had been applied and to understand the persistent broader challenges in ensuring availability of quality RMNCH commodities.

“  
UNCoLSC identified 13  
RMNCH commodities  
that, if more widely  
available and properly  
used, could save the lives  
of more than 6 million  
women and children  
”

<sup>1</sup> UN Commission on Life-Saving Commodities for Women and Children Commissioners' Report 2012. <https://www.unfpa.org/publications/un-commission-life-saving-commodities-women-and-children>

## METHODS



Regional workshops

The study was conducted from November 2017 through March 2018 with UNCoLSC workshop participants from 14 countries. Participants included country-level program staff, implementers, and those involved in ensuring access to quality-assured life-saving commodities.



Online surveys

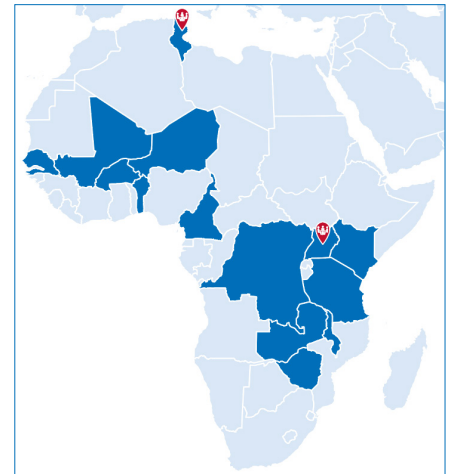
Efforts were made to contact the original workshop participants, who were then invited to participate in an online survey. A total of 85 participants were contacted by email and invited to participate in the questionnaire; 30 participants from all 14 countries responded.



In-depth interviews

After preliminary analysis of the survey findings, a subset of participants were contacted to participate in key informant interviews. Additional study participants were identified through a snowball sampling method. A total of 18 respondents from 10 countries participated in in-depth interviews.

The assessment focused on seven supply chain areas that contribute to ensuring access to commodities: selection, registration, quantification, procurement, storage and distribution, quality assurance, and information systems.



Workshops held in Tunisia and Uganda with participants from 14 countries: Benin, Burkina Faso, Cameroon, Kenya, Malawi, Mali, Niger, Democratic Republic of Congo, Senegal, Tanzania, Tunisia, Uganda, Zambia, and Zimbabwe

## FINDINGS

Although participants reported some progress in each area explored, they also reported many of the same challenges described in the original UNCoLSC report. These include issues associated with a specific supply chain area, the commodity itself, and the broader health system. Provided below is a summary of the general findings by supply chain area across all countries included in the assessment.

### SELECTION

Inclusion of priority products, especially new products such as chlorhexidine, in the National Essential Medicines List (NEML)

progress

challenges

Incomplete harmonization of policies; products are not uniformly mentioned in NEML or in standard guidelines, nor uniformly registered in a country

### REGISTRATION

Improved capacity for registration and timelines for registration; participation in WHO Collaborative Registration Procedure (CRP) to fast-track registration of WHO prequalified products

progress

challenges

Capacity for registration still weak; confusion around WHO CRP and WHO prequalification

### QUANTIFICATION

Increased inclusion of UNCoLSC priority commodities in national quantification exercises; use of forecasting tool prepared under the UNCoLSC<sup>2</sup>

progress

challenges

Limited data available for accurate forecasting; forecasting often conducted separately by different health programs and levels of a health system, complicating formulation of national forecast that accurately demonstrates a country's overall need

### PROCUREMENT

Increased awareness of the importance of prioritizing quality over price, especially for life-saving commodities

progress

challenges

Poor coordination of multiple sources of commodities and lack of funding

<sup>2</sup>Quantification of Health Commodities: RMNCH Supplement. Forecasting Consumption of Select Reproductive, Maternal, Newborn, and Child Health Commodities. Updated January 2016. <http://apps.who.int/medicinedocs/en/m/abstract/js22288en/>

## STORAGE AND DISTRIBUTION

Increased awareness of the impact storage and distribution have on product quality

progress

challenges

Problems with inadequate infrastructure persist

## QUALITY ASSURANCE THROUGHOUT THE SUPPLY CHAIN

General recognition that quality assurance is critical

progress

challenges

Weak understanding of what quality assurance entails across the supply chain; lack of capacity and funding to address problems

## INFORMATION SYSTEMS

Increased inclusion of UNCoLSC priority commodities in logistics information systems

progress

challenges

Commodities still absent from national systems; many systems still not fully functional

The key informants interviewed also identified persistent commodity-specific challenges. For example:

- Newborn resuscitation devices are typically not included in the NEML and may or may not be included in a medical devices list if one exists at the national level; these devices are usually absent in logistics management information systems.
- Amoxicillin dispersible tablets are not registered in half of the countries (seven of 14) that responded to the online survey.
- Chlorhexidine is registered in one-third of the countries that participated and is still absent from many NEMLs.
- Confusion continues around the need to store oxytocin between 2 and 8 degrees Celsius, in part generated by the presence in local markets of oxytocin labeled for storage at 25 degrees.
- Concerns around inappropriate use of misoprostol impede its use for postpartum hemorrhage.

## CONCLUSION

In its 2012 report, UNCoLSC commissioners stated that “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.” This call for further links remains relevant today. Based on findings from this exercise, while modest progress has been made in some supply chain functional areas and for specific commodities, much work remains. To ensure access to life-saving commodities, governance of supply systems must be strengthened, adequate funding for commodities and supply chains must be available, deficiencies in human resources in number or capacity must be addressed, and information systems must yield the data needed to make strategic, evidence-based decisions.

To ensure access to life-saving commodities, governance of supply systems must be strengthened, adequate funding for commodities and supply chains must be available, deficiencies in human resources in number or capacity must be addressed, and information systems must yield the data needed to make strategic, evidence-based decisions.