



## Priority Action 3

Essential MNCH Commodities are secured globally and in countries

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*With support from the Secretariat:*

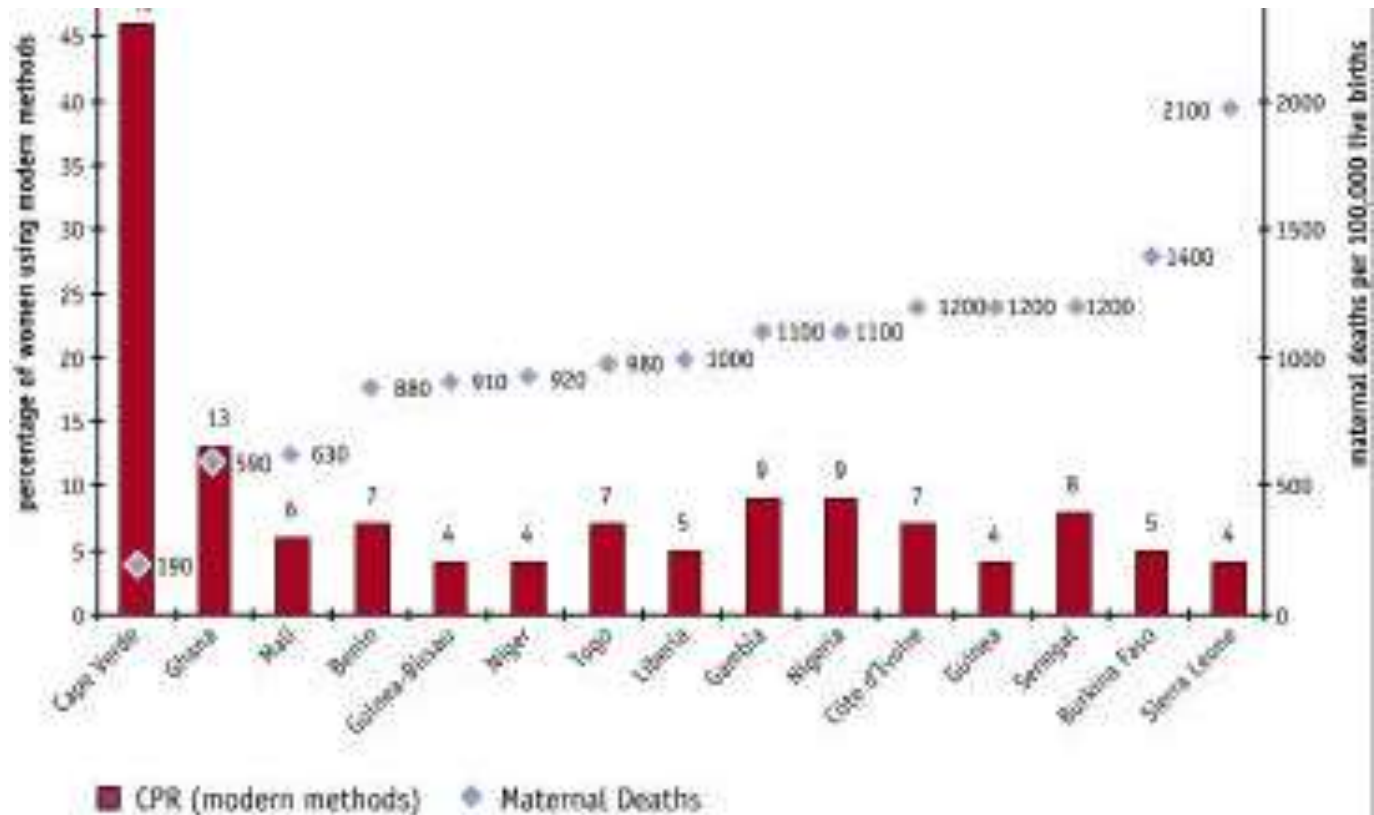
*A de Francisco; K Toure*

## The problem

- ❖ Commodities constitute an integral part of health service provision but are lacking, ill-stored, inadequately prescribed or irrationally used at the different levels
- ❖ Link between reproductive health commodity security and maternal health has been documented but that between MNCH commodities and MNCH remains largely understudied

**Populations are not getting the required MNCH commodities**

## Contraceptive prevalence rate / maternal mortality



Sources:

MMR: PRB 2002 Women of Our World

CPR: PRB 2002 World Population Data Sheet

Liberia: PRB 1998 World Population Data Sheet

## Lack of information on MNCH commodity security

- ◆ Drug availability (stockouts or overstock)
- ◆ Procurement guidelines
- ◆ Presence on essential medicine list
- ◆ Standard treatment guidelines
- ◆ Level of irrational use of medicines
- ◆ Quality assurance mechanisms
- ◆ Forecasting capacity
- ◆ Donor procurement dependence
- ◆ Vertical procurement

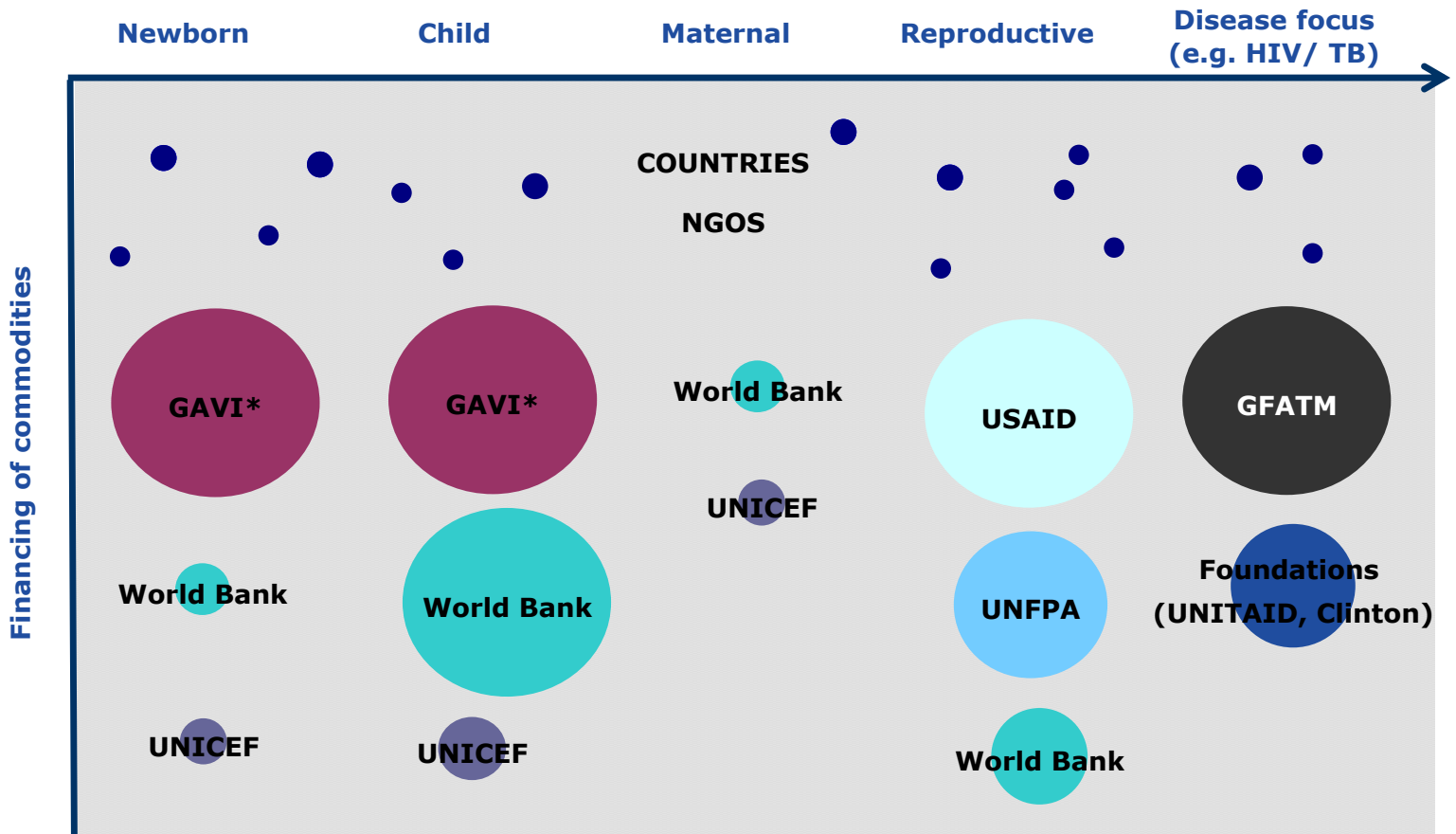
## PA-3

### ❖ Outcome:

- ◆ Consensus reached on the essential commodities for MNCH and partners commodity management harmonized and implemented in 25 countries.

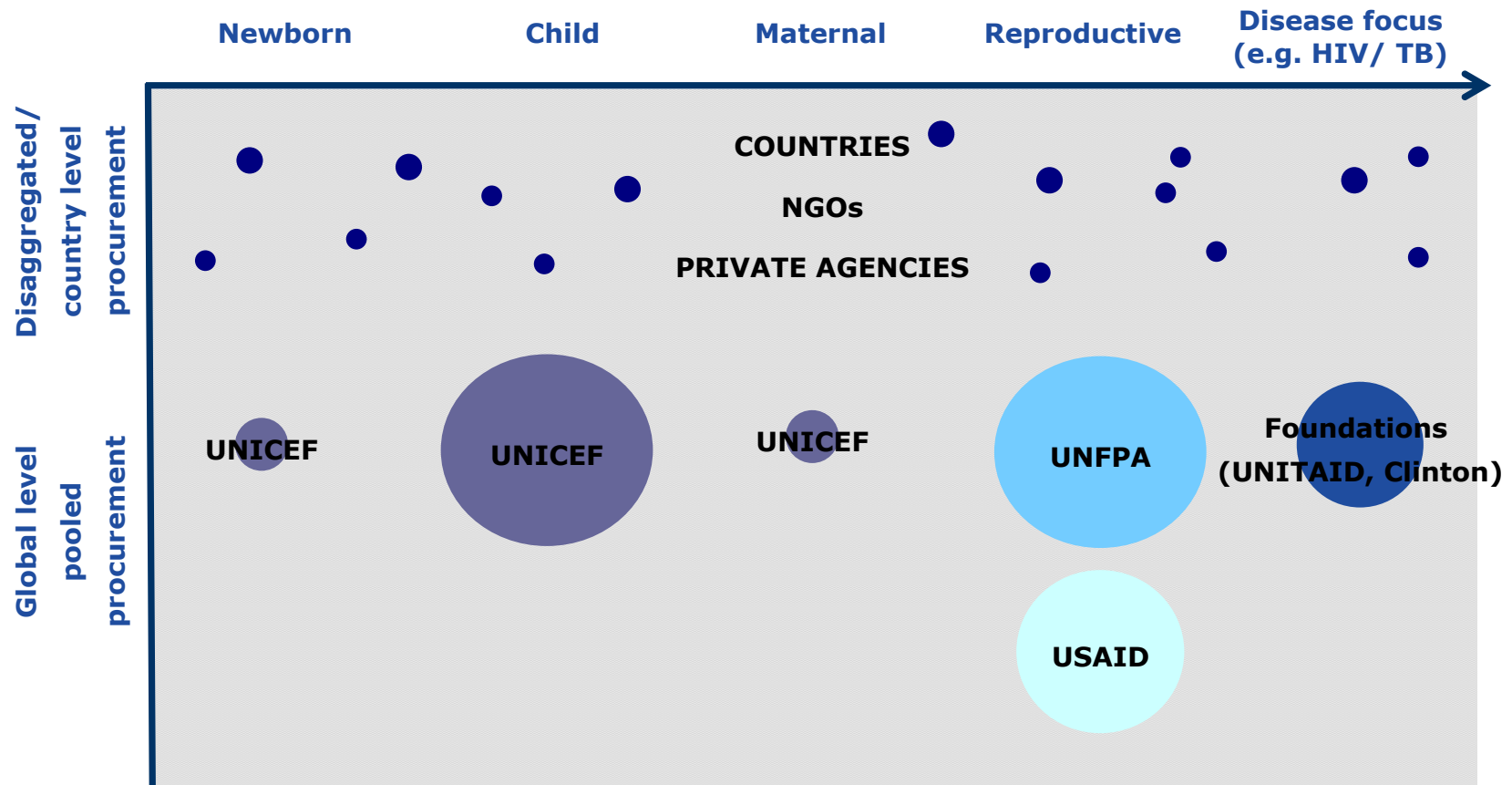
**PA3 seeks to fill the knowledge gap for MNCH commodity security and promote collaboration among partners where needed to ensure effective and efficient MNCH commodity management**

## Mapping of the key agencies for MNCH commodity financing



\* Includes funding by international foundations such as Gates

## Mapping of the key agencies for MNCH commodity procurement





## Partnership value added in commodity security

- ❖ Bring major players together to operate jointly
- ❖ To increase resources invested in MNH commodities
- ❖ To identify opportunities to work across the continuum of care



## 2009 Overview

Scoping of status and actors in MNCH commodity management

Revised PA3: 2010-2011 strategy

## Scoping on the current status and players on commodity management for MNCH

(see report in Board documents)

- ❖ Purpose: identification of current activities in commodity management to better define role of Partners
- ❖ Key issues included:
  - ◆ Essential MNCH commodities list
  - ◆ Demand forecasts
  - ◆ Supply chain
  - ◆ Procurement efficiency.

## Revised PA3: 2010-2011 strategy

- ❖ Meeting participants: UNFPA, UNICEF, World Bank, RHSC, USAID, MSH, PAI, WVI, JSI
- ❖ Key meeting recommendations:
  - ◆ Essential medicines list drafting to remain H4 task, PMNCH to support in dissemination and alignment with effective interventions
  - ◆ Partnership commissioning country studies on MNCH commodity security issues (upmarket and downmarket) using a short list of high impact commodities.
  - ◆ Partnership commissioning research on available forecasting tools and guidelines and make recommendations for improvement

## For 2010

- ❖ Consensus on essential commodities
- ❖ Tools for supply management

## Output 1: Consensus reached on essential commodities

- ❖ Ensure wider community endorsement of H4 essential medicine list
- ❖ Ensure alignment between essential medicines list and effective interventions list (PA3 and PA2)
- ❖ Country studies on supply issues for selected high impact MNCH drugs.
  - ◆ First round to be completed in collaboration with Popn Action Int.
  - ◆ Second round will address gaps emerging from the PAI pilot studies

## Output 2: Tools and guidance on supply management

- ❖ Research existing commodity forecasting tools and guidelines and take steps to fill identified gaps
  - ❖ Some work on forecasting tools has been undertaken
  - ❖ Partnership to hire consultant to research available tools, guidelines and frameworks starting with analysing resources at AMDS, JSI and MSH
  - ❖ This mapping will include a gap analysis will result in recommendations on the way forward
- ❖ Tool/framework development or enhancement based on outcomes of research

## Output 3: Supply management systems harmonized

- ❖ Partners agreed that efforts to develop a joint supply system was not of primary concern because of a tendency for partners to use government supply systems.
- ❖ This output will therefore not be pursued



## Output 4: Global procurement systems

- ❖ No evidence that a global MNCH procurement system is necessary.
- ❖ Partner agreement on the value of joint planning but not explicitly of joint procurement.
- ❖ This issue will be revisited in 2010 and recommendations for action in 2011 will be made.

## Budget implications of workplan changes

- ❖ Budget is reduced by 200 000USD
- ❖ Funds for country studies on supply systems under output 3 will be attributed to output 1 for country studies
- ❖ Remaining funds from Output 3 will be reassigned to Priority Actions 1 and 2

**THANK YOU**