



Start with Her

Ensuring access to quality-assured commodities for maternal and newborn health



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Summary

UNFPA's vision is a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. Achieving this vision requires ensuring access to quality-assured maternal and newborn health (MNH) commodities, which are critical to reducing preventable mortality.

This technical brief outlines their importance and UNFPA's role in strengthening their availability, financing and delivery. Preventable maternal and newborn deaths persist despite the availability of proven solutions, due in part to gaps in access to quality-assured commodities, sustainable financing and system readiness.

The brief highlights UNFPA's expansive role – extending far beyond contraceptives – in procurement, market shaping and supply chain strengthening for life-saving MNH products to achieve UNFPA Strategic Plan 2026-2029 Outcome 2 to end preventable maternal deaths. Access to quality-assured MNH commodities is a core programme priority under UNFPA's Strategy for Reproductive, Maternal and Newborn Health and Well-Being 2025-2030 – Start with Her – which promotes policy and financing reform, access to quality services in the context of resilient health systems, and empowerment of women and girls underpinned by data systems to drive quality, equity and accountability.

The crisis: Access, quality and financing gaps

→ In 2023, over 260,000 women died from preventable causes related to pregnancy and childbirth; in 2024, an estimated 2.3 million newborns died from preventable causes linked to birth and the first days of life. Survival is hindered by massive systemic gaps: millions of women lack access to essential medicines such as uterotonics and magnesium sulfate. Up to 50 per cent of haemorrhage-prevention medicines in low- and middle-income countries are substandard or falsified, costing lives and burdening health systems, underscoring the importance of strengthening national regulatory systems and advancing regulatory harmonization.

UNFPA's response and footprint

→ UNFPA works with governments to strengthen regulatory systems and supports global and regional regulatory harmonization efforts.

UNFPA procured over US\$101.4 million in MNH commodities between 2021 and 2025 in support of National Supply Plans and humanitarian programmes. Increasingly, procurement includes the full range of PPH medicines and devices. To ensure sustainability, UNFPA deploys innovative financing mechanisms to incentivize domestic resource mobilization and de-risk supply chain delays, including the UNFPA Supplies

Match Fund and Bridge Financing Facility, Third Party Procurement (TPP) services and the UNFPA Commodity Accelerator.

Strategic priorities

→ Aligned with the Every Woman Every Newborn Everywhere (EWENE) initiative, UNFPA's strategic priorities aim to close systemic gaps. Access to quality assured MNH commodities is essential to achieve UNFPA Strategic Plan 2026-2029 Outcome 2 to end preventable maternal deaths and is a core programme priority under UNFPA's Start with Her Strategy which promotes policy and financing reform, access to quality services in the context of resilient health systems, empowerment of women and girls underpinned by data systems to drive quality, equity and accountability. Key actions include expanding domestic financing for procurement, strengthening market shaping to accelerate innovations such as heat-stable carbetocin, and building resilient and climate-smart supply chains. By enhancing national regulatory systems and scaling provider readiness, UNFPA ensures that life-saving, quality-assured commodities reliably reach the women and newborns who need them most.

This brief provides an overview for governments, development partners and donors aiming to enhance access to quality-assured MNH commodities and utilize UNFPA's specialized procurement services, financing mechanisms and partnership platform.

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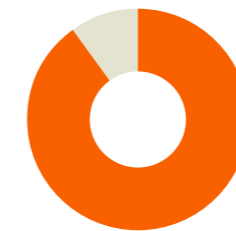


1. The case for access to quality MNH products

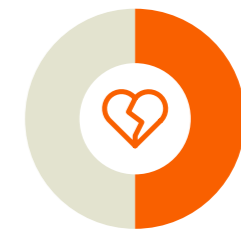
Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth. Over 90 per cent of maternal deaths occurred in low- and middle-income countries (LMICs) during 2023, and most could have been prevented.

Humanitarian conflict and countries experiencing institutional and social fragility account for over 60 per cent of maternal deaths and 50 per cent of newborn deaths and stillbirths. While there has been a 40 per cent reduction in maternal deaths between 2000 and 2023, almost all progress happened before 2015.

The leading causes of preventable maternal deaths are post-partum haemorrhage (PPH) (28 per cent of deaths), hypertensive disorders such as pre-eclampsia and eclampsia (14 per cent) and sepsis (11 per cent). Simultaneously, 2.3 million newborns die annually, primarily due to prematurity, birth asphyxia and infections – conditions that are largely preventable and treatable with the right commodities delivered in functional systems.



Over 90 per cent of maternal deaths occurred in low- and middle-income countries



Over 50 per cent of newborn deaths and stillbirths occur in humanitarian situations and fragile settings

1.1 Essential health medicines and devices

Critical MNH commodities are identified in the [List of key WHO-recommended maternal and newborn health commodities](#). These include medicines and devices essential for preventing and treating major causes of maternal and newborn deaths. For newborns, a core set of low-cost “no-regrets” commodities, such as clean delivery kits, thermal wraps and neonatal resuscitation devices, significantly improve survival and can be pre-positioned for both routine care and emergency response.

Reliable access to quality-assured commodities is critical to reducing maternal and newborn mortality, along with functional supply chains, accountable financing and robust national regulatory systems. Despite clear global guidance and proven interventions, systemic barriers persist. A [2025 Lancet study](#) examining 59 public health innovations found that MNH products took the longest to scale up, often delayed after regulatory approval, in the transition from product launch to widespread implementation. Structural challenges include fragmented procurement systems, weak market coordination, regulatory hurdles, insufficient domestic resource mobilization (DRM) and inadequate demand generation. Systemic challenges also include the limited readiness of health systems to absorb innovation. Innovation is hindered by slow integration in Essential Medicines Lists, delays in updating of clinical guidelines, and inadequate service provider pre- and in-service training.

Funding remains a major barrier hindering sustainable, equitable access to essential MNH medicines. MNH products are often financed through limited domestic budgets, while women, girls and their families face substantial out-of-pocket costs. Meanwhile, donor-funded global health supply efforts rarely place these products at the centre of their investment strategies. Consequently, MNH receives significantly less coordinated financing than vertical programmes for HIV, tuberculosis, malaria, vaccines and, to a lesser extent, family planning commodities.

1.2 Scope of the commodity gap

The [2024 Reproductive Health Supplies Coalition Landscape and Projection of Reproductive Health Supply Needs \(LEAP\) report](#) (which provides estimates for 2023) found a large gap between women who **need** and those who **receive** life-saving maternal health commodities. In LMICs, the number of women who needed MNH commodities but did not receive them is striking. In more than half of cases, women who needed uterotonics to manage labour or stop bleeding did not receive them – a commodity gap affecting nearly 94 million women.

Table 1

Maternal health commodity gaps in low- and middle-income countries

Maternal health commodity	Total cases in need	Women who needed maternal health drugs but did not receive	Current coverage	Gap
Uterotonic drugs (oxytocin, misoprostol, heat-stable carbetocin)	178 million	93.9 million	37%	53%
Oral iron and folic acid (for anaemia prevention)	127 million	79.4 million	22%	63%
Tranexamic acid (for PPH treatment in complement with uterotonics)	13.7 million	13 million	5%	95%
Magnesium sulfate (for pre-eclampsia/eclampsia treatment)	2.83 million	1.18 million	58%	42%

Source: RHSC (2024) Reproductive Health Supplies Coalition LEAP report

A UNFPA analysis of [20 countries in West and Central Africa](#) revealed uneven availability of essential maternal health medicines at service delivery points. From 2017 to 2023, availability declined for injectable oxytocin and magnesium sulfate, with trend coefficients of -0.789 and -0.266 , respectively. Demand-related issues (low or irregular reported consumption) also contribute, but the dominant drivers are systemic logistics and procurement bottlenecks rather than a lack of clinical care. The evaluation used facility survey data from the UNFPA Supplies Partnership.

1.3 Scope of the quality gap

When procurement is fragmented across many actors at the subnational and facility levels, it is difficult to apply consistent quality standards at scale. In many LMICs, National Regulatory Authorities (NRAs) lack the capacity, resources or institutional independence to systematically verify the quality of health products entering their markets. Weak health systems, fragmented markets, low commercial incentives for manufacturers and complex last-mile delivery ecosystems all compound this failure.

The World Health Organization (WHO) estimates that 10 per cent of all medicines in LMICs are substandard or falsified. For medicines that prevent haemorrhage, that figure rises to nearly 50 per cent substandard, falsified or degraded due to cold chain and storage conditions. When substandard oxytocin fails to prevent PPH, or degraded magnesium sulfate does not arrest eclamptic seizures, women and girls die from clinically preventable conditions. A study in Ghana estimated the economic cost of poor-quality maternal medicines to the health system at US\$18.8 million annually. This figure does not capture the far greater costs of preventable mortality, extended hospital stays, lost productivity and catastrophic out-of-pocket costs for families, as well as diminishing trust in the healthcare system.

To help address this challenge, UNFPA provides quality-assured products and supports governments in strengthening access to them. Products that are not quality-assured impose substantial costs beyond their unit price: poor-quality PPH commodities increase total system costs through treatment failure, repeat administration, complications and avoidable deaths, generating cascading economic burdens on households and health systems. UNFPA also works with governments to strengthen regulatory systems and supports global and regional regulatory harmonization efforts.



2. UNFPA Leadership in MNH commodity financing and procurement

2.1 Guidance

UNFPA procures quality-assured commodities in line with the Programme of Action of the International Conference on Population and Development (ICPD).

UNFPA procures most products in the List of key WHO-recommended maternal and newborn health commodities including: uterotonics, antibiotics, anticonvulsants, an antifibrinolytic, essential devices for MNH care including those provided through Inter-Agency Emergency Reproductive Health (IARH) kits for use in humanitarian settings.

Reliable access to life-saving MNH commodities is prioritized in **Start with Her: UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being 2025–2030**. Quality-assured commodities are anchored alongside functional supply chains, accountable financing and resilient national health systems. It promotes the capacity to forecast, procure, distribute and use commodities correctly at the point of care as central to ending preventable maternal deaths.

The Every Woman Every Newborn Everywhere (EWENE) initiative is co-convened by UNFPA, UNICEF and the WHO to end preventable maternal and newborn deaths. The EWENE Pathway to improved access to quality MNH products, developed with Unitaid, identifies 10 interconnected value-chain domains to determine whether quality-assured MNH products reach women and newborns in LMICs. UNFPA serves as a co-chair of the EWENE Health Products Working Group.

2.2 Ensuring the availability of quality-assured MNH products

Building on this guidance, UNFPA procures a **wide range of MNH products** including those identified in the WHO-recommended list and in IARH kits. UNFPA builds on and leverages its significant capacity in procuring quality-assured reproductive health commodities and supporting countries to strengthen regulatory systems and supply chains. UNFPA also supports updating clinical guidelines and Essential Medicines Lists, and facilitating the introduction and scale-up of innovations such as the calibrated drape, heat-stable carbetocin and tranexamic acid.

UNFPA operates through several distinct funding streams designed to support countries with varying levels of fiscal capacity and regulatory readiness. Country experiences in Madagascar, Sierra Leone and Uganda illustrate how UNFPA support for policy dialogue, regulatory registration, quantification and health worker training has enabled the introduction and scale-up of MNH products at national level.

A cornerstone of UNFPA's technical assistance is transitioning countries from reactive, short-term planning to institutionalized multi-year quantification and supply planning. UNFPA's Supply Chain Management Unit (SCMU) works directly with governments to implement long-range forecasting models that anticipate demand trends and inform procurement decisions.

For example, following the inclusion of heat-stable carbetocin and tranexamic acid in the 2019 WHO Model Lists of Essential Medicines, UNFPA added both to its product catalogue, signalling market viability to suppliers.

UNFPA ensures ongoing product safety through continuous post-market surveillance and helps NRAs adopt international quality standards. UNFPA embeds pharmacovigilance and medical device vigilance into its core processes. UNFPA also actively contributes to strengthening regulatory systems and supporting regulatory harmonization efforts. This includes providing technical assistance to NRAs to help them achieve higher maturity levels (WHO maturity levels 3 and 4) and adopt international quality standards, ensuring robust quality assurance is integrated at the country level.

Strengthening maternal and newborn health through smarter supply chains

UNFPA pools global demand across its various financing instruments and offers **Supply Chain Solutions for external partners, including Third Party Procurement services**. This enables governments and partners to place orders through UNFPA and directly access affordable, quality-assured MNH and SRH products. MNH procurement through TPP grew nearly 18 per cent between 2021 and 2025.

By leveraging pooled procurement, UNFPA supports countries to secure **high-quality commodities at competitive prices**, achieving average savings of **73 per cent**. This approach allows governments to maximize limited health budgets and reduce out-of-pocket costs further, while strengthening **national ownership of supply chains** and ensuring continuity of essential health services.

UNFPA offers a **global online catalogue of over 2,000 quality-assured products**, including a growing range of MNH commodities including:

- Medicines and medical devices for the prevention and treatment of post-partum haemorrhage, such as heat-stable carbetocin, tranexamic acid, uterine balloon tamponade devices and calibrated blood collection drapes.
- Management of pre-eclampsia and eclampsia, such as magnesium sulfate.
- Maternal nutrition, including iron-folic acid (IFA) supplementation.
- Training devices to facilitate simulation-based learning to provider competencies and skills.
- Point-of-care ultrasound and other key medical devices.

Long-term agreements (LTAs) are established for products, ensuring supply continuity and enabling economies of scale, including volume-based pricing advantages. UNFPA's end-to-end supply chain approach ensures:

- **Best value for money** through pooled procurement.
- **Reliable and flexible delivery timelines**.
- **Strict quality assurance**, aligned with Good Manufacturing Practices (GMP), WHO Listed Authorities (WLA) and Expert Review Panel (ERP) standards.

Ensuring quality, safety and trust. UNFPA continually monitors products after they reach communities and supports national regulatory authorities to meet international quality standards.



UNFPA Product Catalogue

2.3 Funding and financing mechanisms

UNFPA deploys a range of financing and procurement mechanisms to support governments and partners in accessing quality-assured MNH commodities. These mechanisms span direct donor-funded support, innovative domestic resource mobilization instruments and third party procurement services. Together, they form a coherent financing architecture designed to bridge the transition from donor dependency towards sustainable, country-owned supply systems.

UNFPA Supplies Partnership mechanisms

The **UNFPA Supplies Partnership** is a global health initiative that reaches over 20 million women and girls in 54 countries facing high need for family planning and high rates of maternal mortality. While the programme's primary procurement is modern contraceptives, maternal health commodities represent around 10 per cent of total spend. Seven maternal health commodities are procurable and donatable or matchable through the Partnership: oxytocin, misoprostol, magnesium sulfate, calcium gluconate, mifepristone, heat-stable carbetocin and tranexamic acid.

The Partnership provides an annual allocation of "routine commodities" to all partner countries including maternal health products. Three mechanisms offer countries additional ways to procure commodities.

→ **UNFPA Supplies Match Fund:** This financing mechanism enables UNFPA to match government contributions for quality-assured commodities. Over three years (2022 to 2024), the Match Fund has awarded almost \$56 million worth of commodities to 36 countries and helped to mobilize an additional \$33 million in domestic resources for quality-assured sexual and reproductive health commodities. Nine of these countries¹ included life-saving maternal health medicines totalling \$4 million in their qualifying expenditures. Across qualifying countries, the Match Fund has awarded \$2.8 million worth of maternal health products. The Match Fund incentivizes DRM and shifts government procurement towards quality-assured commodities. In 2026, UNFPA will provide \$1 worth of commodities for every \$1 contributed by the government up to a set funding ceiling.

The Match Fund plays a pivotal role in improving the transparency of domestic expenditure data. It provides an incentive for increasing domestic resource mobilization and triggers dialogue with national procurement and regulatory authorities on the quality assurance standards of national procurement. In 2025, demand outpaced supply, with several countries submitting evidence of procurement of quality-assured MNH products with domestic resources. However, UNFPA could not award matching funds, as these countries had reached their allotted ceilings.

1 The nine countries are Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Malawi, Niger, Papua New Guinea, Timor-Leste and Zambia.

- **New and Lesser-Used Products Fund:** With a 2026 budget of \$13 million, this fund supports the introduction of reproductive health products that are new to a country's public health sector or underutilized, including heat-stable carbetocin and tranexamic acid. Only 5–6 per cent of the budget has been utilized for these two products, as access requires a costed national introduction plan, which many countries have yet to develop.
- **The UNFPA Supplies Partnership Bridge Financing Facility for Third Party Procurement:** Since 2025, the UNFPA Supplies Partnership has set aside a dedicated capital pool of \$3 million intended to operate over a period of three years. The Bridge Financing Facility functions as a revolving liquidity mechanism designed to de-risk and accelerate procurement. In many LMICs, funds allocated in a national budget may take months to be released, causing delays in procurement cycles and leading to dangerous stockouts at the facility level. The Bridge Financing Facility allows governments to place immediate orders through UNFPA's Third Party Procurement (TPP) mechanism.

Humanitarian procurement and project-funded procurement

- **Inter-Agency Reproductive Health (IARH) kits:** UNFPA maintains stock and procurement capacity for IARH kits, which include emergency commodities and supplies to be deployed rapidly in acute or continued crises. This modality ensures continuity of life-saving SRH services in conflict, disaster or displacement contexts where national systems are disrupted. The IARH kits include all medicines and medical equipment needed for the implementation of the [Minimum Initial Service Package \(MISP\) for Sexual and Reproductive Health in Crisis Situations](#). The MISP, used at the onset of an emergency, provides supplies for skilled birth attendance and Emergency Obstetric and Newborn Care (EmONC), sexually transmitted infection (STI) and HIV prevention and treatment, contraception and clinical management of rape. The IARH kits for maternal health constitute a large proportion of UNFPA's procurement of MNH products.

IARH kits are often procured by UNFPA Country Offices, either from internal funding mechanisms such as the Emergency or Humanitarian Thematic Funds, inter-agency funding mechanisms including United Nations Central Emergency Response Fund (CERF), or from donor grants. UNFPA is responsible for the technical upkeep, production, storage and supply of IARH kits, mandated by the inter-agency Working Group for Reproductive Health in Crisis (IAWG).

- **Bilateral donor-funded projects:** UNFPA also procures MNH commodities through bilateral donor-funded projects, where governments or private donors contract UNFPA to deliver specific maternal health support.

UNFPA Commodity Accelerator

Building on joint efforts with sister agencies, UNFPA's Commodity Accelerator aims to strengthen and align national forecasting and procurement processes, and catalyse market demand for highly efficacious, quality-assured commodities and next-generation products. With a catalytic funding the pilot is being implemented in Ethiopia, Mali, Nigeria and Senegal. It is generating important operational insights and lessons, which UNFPA and partners will take forward as part of its wider commitment to ensuring access to quality-assured MNH commodities.

Women X Collective

The Women X Collective scales UNFPA's leadership in maternal health by strengthening UNFPA's sustainable financing of commodities by designing and operationalizing a dedicated financing instrument that strategically leverages both private sector instruments and domestic financing mechanisms to scale innovations.

2.4 Committed to fostering pooled procurement capacities and regulatory harmonization on the African continent

For longer-term sustainability and in line with Africa's call for a new public health order in Africa, UNFPA is supporting regional pooled procurement initiatives, which are critical to reduce market fragmentation on the continent. Under the European Union-funded SafeBirth Africa (SBA) programme with Unitaid, in 2025 UNFPA supported the market assessment and demand aggregation for priority reproductive, maternal, newborn and child health (RMNCH) products across the pilot countries of the Pooled Procurement Mechanism of Africa Centres for Disease Control and Prevention (APPM). UNFPA also supported the validation and operationalization of the Southern African Development Community's (SADC) Pooled Procurement Service (SPPS) business plan, and collaborated with African Medicines Regulatory Harmonization (AMRH) and National Regulatory Authorities from a dozen countries to strengthen their bioavailability/bioequivalence assessment capacity.

3. Analysis of UNFPA global MNH procurement, 2021-2025

3.1 Commodities and trends

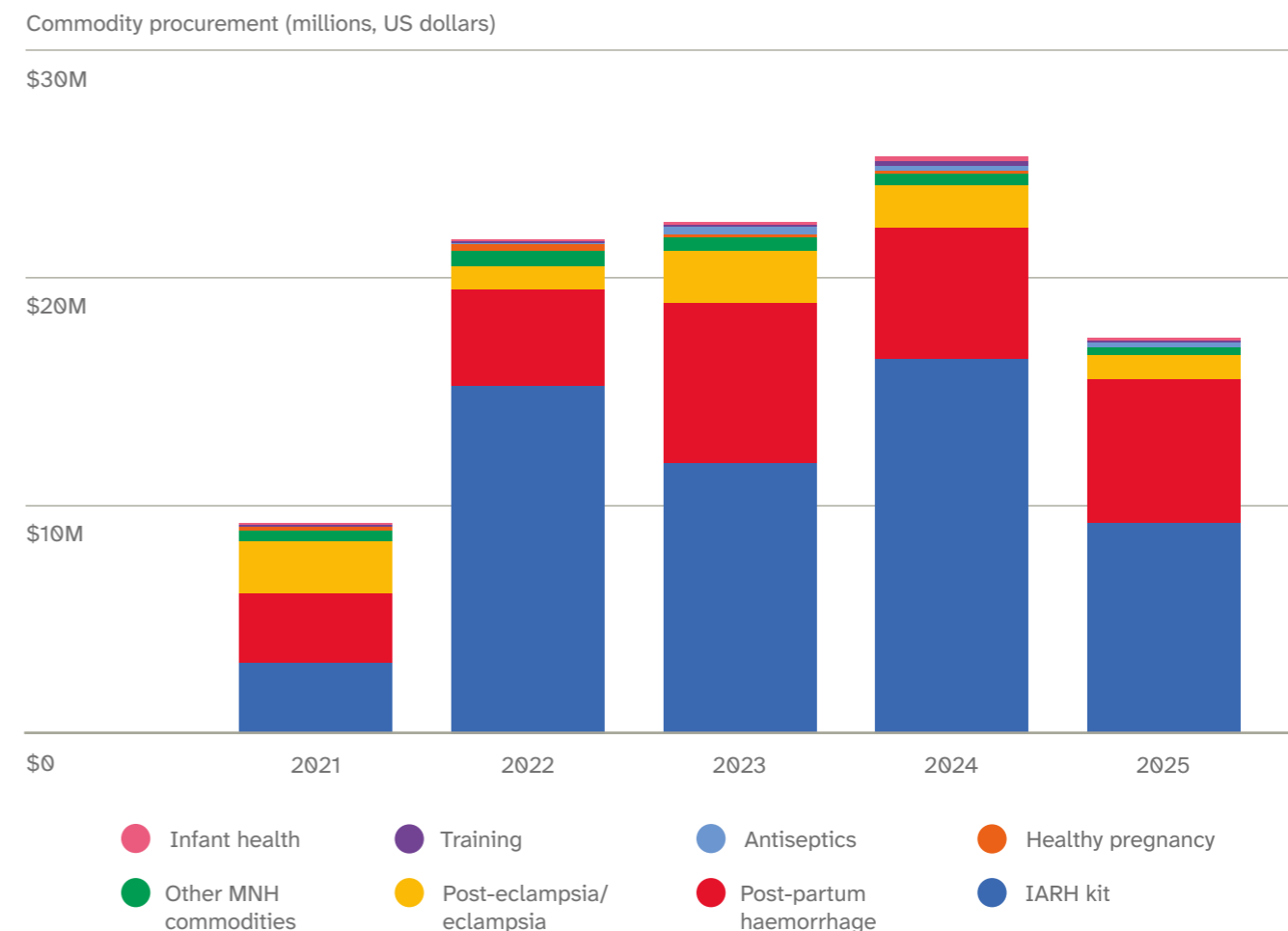
UNFPA procured more than \$101.4 million worth of MNH commodities between 2021 and 2025.² This figure is across all funding sources. As noted in Figure 1, Inter-Agency Reproductive Health kits with maternal health products account for the largest share of UNFPA expenditures. Most of the other procurement is in support of National Supply Plans for reproductive, maternal, newborn and child health (RMNCH). The UNFPA Supplies Partnership and technical partners are closely involved in the annual national quantification and supply planning exercises. Ministries of Health then request UNFPA to procure contraceptives and maternal health medicines through the routine commodity allocation, the New and Lesser-Used Products Fund and/or the Match Fund.

Table 2
Selected maternal and newborn health products in the UNFPA product catalogue:

Uterotonics	Oxytocin, misoprostol and heat-stable carbetocin (HSC) for preventing and treating post-partum haemorrhage (PPH)
Anti-fibrinolytic	Tranexamic acid (TXA) for treating PPH
Anticonvulsants and supportive care	Magnesium sulfate and calcium gluconate for preventing eclampsia and for fetal neuroprotection
Maternal health devices <small>*procured selectively under country-level initiatives or IARH kits</small>	Non-pneumatic anti-shock garment (NASG), calibrated drapes, vacuum extractors, surgical equipment for Caesarean sections and equipment for transfusion, point-of-care ultrasound
Training equipment	Childbirth simulators, birthing and neonatal resuscitation mannequins

² Based on consolidated internal data from the UNFPA Supply Chain Management Unit, which procures for UNFPA, including for the UNFPA Supplies Partnership, MNH Fund and TPP transactions. The 2025 procurement figures are still preliminary as the value of commodities procured may change as data are finalized.

Figure 1
Trends in MNH commodities procured by UNFPA, 2021-2025



“Infant health” refers to newborn care commodities such as resuscitation devices and thermal care supplies.
 “Training” includes training materials and equipment such as anatomical models.
 “Healthy pregnancy” refers to antenatal care commodities including iron and folic acid supplements.

Source: UNFPA procurement data (SCMU 2025). 2025 figures are provisional.

Procurement data reveal trends in spending and product prioritization. IARH kits that include maternal health products (\$61 million) account for the largest share of UNFPA expenditures on maternal health, reflecting the kits’ comprehensive nature (containing drugs, supplies and equipment) and their critical role in emergency settings. Among individual medicines, oxytocin injection (\$14.8 million) dominates by volume, underscoring its central role in PPH prevention. Magnesium sulfate (\$7 million) and misoprostol (\$5.8 million) are the next level of high-value products. Procurement of heat-stable carbetocin (\$1.6 million) and tranexamic acid (\$3.4 million) increased significantly after 2022, although they still account for a smaller proportion of the total value.

3.2 Regional analysis of UNFPA MNH procurement 2021-2025



Arab States:

Procurement of \$19.8 million is focused on humanitarian contexts in Sudan (\$6.5 million) and Yemen (\$5.5 million).



Asia and the Pacific:

Maternal health procurement totalled \$24.3 million. It is heavily skewed by humanitarian needs in Afghanistan, which accounted for \$15.9 million alone from 2021 to 2025, largely in the form of IARH kits and dignity kits.



East and Southern Africa:

At \$26.9 million in total maternal health procurement, this is the largest-benefiting region of UNFPA-supported procurement of MNH commodities (27 per cent of global procurement). The Democratic Republic of the Congo (\$5 million), Ethiopia (\$5 million) and United Republic of Tanzania (\$4 million) account for significant volumes.



Eastern Europe and Central Asia:

Procurement totalled \$8.5 million, with Türkiye (\$4.8 million) and Ukraine (\$3 million) as the top two countries in the region.



Latin America and the Caribbean:

Procurement of \$3.1 million is concentrated in Haiti and Venezuela (Bolivarian Republic of). Haiti is the only country in the region that participates in both the UNFPA Supplies Partnership and the UNFPA Maternal and Newborn Health Fund.



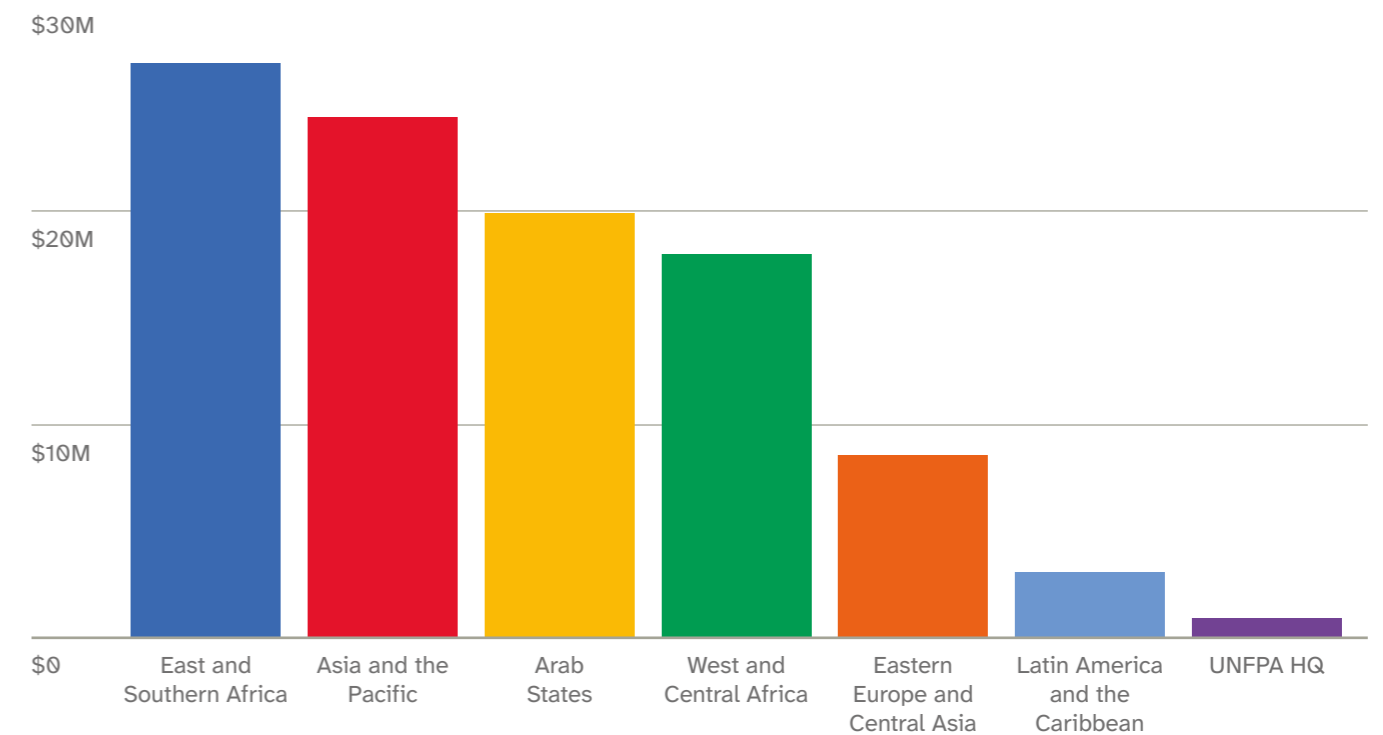
West and Central Africa:

Procurement totalled \$17.9 million, concentrated in Cameroon, Chad, Mali and Niger. While oxytocin availability is high in the region, misoprostol availability is much lower, reflecting a commodity gap with stockouts driven by supply chain delays rather than a lack of clinical demand.

Just under \$1 million is recorded under UNFPA headquarters, reflecting procurement of MNH commodities under HQ-administered funds.

Figure 2
UNFPA total maternal health commodity procurement by region, 2021-2025

Expenditures (millions, US dollars)



Source: UNFPA procurement data (SCMU 2025). 2025 figures are provisional.



4. UNFPA strategic priorities for increasing MNH commodity access and delivery: Aligned with EWENE and UNFPA Strategic Plan

To accelerate access to the full range of essential MNH commodities, UNFPA has embarked on a set of strategic priorities under the UNFPA Commodity Accelerator, aligned with the systemic gaps and cross-cutting recommendations identified in the EWENE Pathway to deliver outcomes of the UNFPA Strategic Plan, 2026-2029. Reducing maternal mortality is a specific target under Sustainable Development Goal 3 (SDG 3), which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

Expand domestic financing and procurement sustainability

- **Leverage pooled, thematic funds:**
Leverage UNFPA's role in supporting access to quality-assured maternal health commodities, through its long-standing workstreams in two thematic funds. Strengthen national supply chain and regulatory capabilities through UNFPA Supplies Partnership (54 partner countries). Improve the quality of MNH, EmONC care and promote midwifery models of care through the UNFPA Maternal and Newborn Health Fund (36 partner countries).
- **Dedicate MNH financing for procurement:**
Create a distinct MNH window for UNFPA Match Fund awards, in partnership and alignment with sister agencies. Broaden the list of MNH commodities eligible for donor-funded procurement under UNFPA mechanisms, e.g. calibrated drapes, uterine balloon tamponade, non-pneumatic anti-shock garments and intravenous iron.
- **Mobilize domestic resources:**
Support countries to procure more quality-assured MNH commodities within existing budget envelopes by using UNFPA's Third Party Procurement mechanism and incentivizing increased national budget allocations through matching funding.

Strengthen market shaping for high-impact innovations

- **Enhance quantification and forecasting:**
Support countries to better plan for and procure more quality-assured MNH commodities within existing budget envelopes by using UNFPA's Third Party Procurement mechanism and Bridge Financing Facility, and incentivizing increased national budget allocations through matching funding.

Accelerate the shift from short-term to long-range forecasting models. Support this work through the UNFPA Supplies Partnership's Health System Strengthening funding stream.
- **Expand new product introduction and market shaping:**
UNFPA will address these gaps in access to MNH products by strengthening health systems readiness, national supply chains, logistics information management systems and improving data, including through long-range forecasting models. It will build on the work of the UNFPA Maternal & Newborn Health Fund and the UNFPA Supplies Partnership mechanisms such as the Bridge Financing Facility and the Match Fund, UNFPA will support increased use of domestic resources for MNH commodity procurement, while the Third Party Procurement Service offers quality-assured and volume pricing advantages. Market shaping and regulatory systems will strengthen pharmacovigilance and post-market surveillance systems. UNFPA will also continue to engage the private sector, while maintaining robust safeguards to prevent conflicts of interest.

Align with the African pooled procurement, regulatory harmonization and manufacturing agenda

- **Contribute to operationalizing key continental and regional pooled procurement initiatives**
In coordination with other technical partners, continue supporting Africa CDC's Pooled Procurement Mechanism and SADC's Pooled Procurement Service and define collaboration with East African Community pooled procurement mechanism, through targeted technical support to consolidate forecasting, address skills gaps, facilitate knowledge transfer on centralized pooled procurement procedures, and pilot SPPS group contracting model.
- **Support continental and regional regulatory harmonization efforts**
In collaboration with the African Medicines Agency and Regional Economic Communities, support regulatory harmonization within and across African regions. This includes strengthening regional dossier review processes, expediting Good Manufacturing Practice (GMP) inspections for African manufacturers and continuing to strengthen bioavailability and bioequivalence capacity, notably for priority PPH commodities.
- **Support African RH commodity manufacturing ambitions**
In alignment with the African Union Presidential Declaration on advancing local manufacturing of health products in Africa, and complementing programmes supporting this ambition (including MedSure), develop a plan to support African countries' RH commodity manufacturing capacity, starting with a partnership with Nigeria's Presidential Initiative to Unlock the Healthcare Value Chain (PVAC).

Preparedness and resilience in health systems

- **Enhance national regulatory systems:**
Support countries to adopt risk-based regulatory models, and advance regional harmonization to accelerate product registration and market access.
- **Expand digital innovation and data visibility:**
Promote the use of digital tools to provide real-time visibility into product performance, quality, safety concerns and market risks for quality assurance. Scale UNFPA's "Control Tower" initiative as a unified digital platform integrating procurement, shipping and inventory data for real-time operational oversight. Create real-time MNH commodity dashboards linked to national health information systems to track stock and financing. Scale digital decision-support tools to anticipate supply bottlenecks and optimize procurement.
- **Build resilient, climate-smart supply chains:**
Fully integrate MNH commodities into national quantification and supply planning processes and climate-resilient procurement strategies, including heat-stable formulations.
- **Reinforce humanitarian preparedness and response:**
Pursue pre-positioning MNH commodities and integration of the full emergency MNH package into national disaster preparedness plans, with a target of inclusion in at least 90 per cent of humanitarian responses during the initial response phase.
- **Scale provider readiness, clinical competency and system integration:**
Fully integrate MNH commodities into health workforce pre-service education, in-service training and mentorship programmes, with UNFPA's long-standing focus on midwifery. Provide catalytic grants to national midwifery associations to translate policy into clinical practice. Incorporate MNH commodity security as a distinct workstream in new Country Programme Documents, supported by the **Start with Her** advocacy initiative to elevate political visibility.
- **Develop strategic public-private collaboration:**
Develop structured private sector partnerships to complement public systems, leveraging the private sector's agility and distribution capacity to address pipeline gaps and reach underserved markets.

Strategic actions will help fill the **five systemic gaps** that constrain access, identified in the EWENE "A Pathway to Improving Access to Quality Maternal Newborn Health Products". The five gaps are:

- 1** **Fragmented coordination and governance**

- 2** **Limited domestic financing and donor dependency**

- 3** **Weak monitoring and accountability for product quality**

- 4** **Slow implementation of new MNH product policies**

- 5** **Exclusion of the private and faith-based sectors from national supply planning.**

Under a coherent UNFPA Commodity Accelerator, UNFPA will address these gaps in access to MNH products by strengthening logistics information management systems and improving data, including through long-range forecasting models. It will build on the work of the Supply Chain Management Unit and the UNFPA Supplies Partnership. Mechanisms such as Third Party Procurement and the Match Fund will support increased use of domestic resources for MNH commodity procurement. A dedicated financing window will also be established. Market shaping and regulatory systems will strengthen pharmacovigilance and post-market surveillance systems. UNFPA will also continue to engage the private sector, while maintaining robust safeguards to prevent conflicts of interest.





For more information about UNFPA's work to expand access to quality-assured MNH health products, please contact:

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