**Caucus on New and Underused Reproductive Health Technologies**

**20 June 2011**

**1:30–5:00pm**

**United Nations Conference Centre, Addis Ababa**

**Participating**

Nienke Blauw (World Population Foundation/UAFC); Bill Ryerson (Population Media Center/Population Institute); Meredith Puleio, Victoria Jennings (IRH/Georgetown University); Ian Askew (Population Council); Judith Helzner (MacArthur Foundation); Joana Van Vliet (IDA Foundation); Jessica Bernstein (Population Action International); Tibebu Alemayehu (Ipas Ethiopia); Todd Dickens (PATH); Beth Frederick (Advance Family Planning); Elizabeth Westley (FCI); Atnafu Setegn (DKT Ethiopia); Martha Campbell (UC Berkeley/Venture Strategies); Michael Mushi (USAID Tanzania); Kaitlyn Roche (USAID); Safia Ahsan (Ipas); Marsden Solomon (FHI Kenya); Nelson Keyonzo (Jhpiego Kenya); Dana Tilson (PSI); Steve Kinzett (Reproductive Health Supplies Coalition); Bonnie Keith, Matthew Havlik (PATH); Peter Hall (Concept Foundation)

**Overview/update on Caucus work**

Bonnie provided a presentation on the background, purpose, and current work of the Caucus on New and Underused Reproductive Health Technologies, including a definition of the types of methods on which the Caucus focuses, a brief history of the Caucus and its prior work (including development of and updating technical product briefs), and the ways in which the Caucus operates within the broader Coalition. See [presentation](http://www.rhsupplies.org/fileadmin/user_upload/Access/new_page/monday/20_June_Caucus_presentation_Final.pptx) for further details.

**Working Group updates**

**MDA WG update**

MDA’s workstream 3 focuses on facilitating the availability of new and underused technologies by providing a neutral forum for the discussion of strategies for the introduction of contraceptive methods, specifically the female condom. The Caucus will need to continue to be involved as the workstream progresses, but thus far—apart from a scientific review on various female condom products, the MDA (and the Caucus) are waiting for the neutral forum to be established. The establishment will be led by the female condom community, with the MDA WG/Caucus acting as the facilitator.

**RMA WG update**

Nienke has participated in various RMA teleconferences and introduced the role of the Caucus and asked for ideas about how it could work effectively with RMA; nothing concrete came out of conversations thus far. Some members of the RMA WG seemed unclear about the purpose of the Caucus, so Nienke will try to provide further detail during their meeting in Addis (Tues., 21 June). Beth Frederick commented that RMA is looking to focus on concrete outcomes; suggestions from the Caucus on specific activities the RMA can accomplish in the coming year are welcome.

**SSWG update**

Victoria Jennings and Meredith Puleio form IRH shared information on the Innovation Fund project. IRH, along with JSI and PSI were the awardees of funding from the Coalition’s Innovation Fund for the development of a guide to help with the forecasting of methods in situations where there is no prior trend data. The guide will examine how to work with existing procurement systems to develop a knowledge base around the process of forecasting. IRH is focusing on existing information available on female condoms and EC; PSI is collecting info on IUDs and implants; and JSI is focusing on cross-cutting methods and pre-existing data from their systems.

A review committee will provide additional feedback on the content of the guide itself, once drafted (late fall 2011 into 2012). Then, the team will begin testing the guide with field staff. Dissemination opportunities include among the Coalition’s general membership, the Knowledge4Health website, the Coalition website, and possibly a standalone website that would allow developers to interface with the users and create a feedback loop. Nienke suggested staff in Cameroon and Nigeria as potential candidates for field testing.

**Maternal health supplies discussion**

Jess Bernstein led a discussion on maternal health (MH) supplies. She began by providing background on the process of integrating MH supplies into the work of the Coalition, an effort that already has strong support within the Executive Committee and Secretariat. Right now, there is a need to determine where MH supplies really fit in the structure of the Coalition so that they are not lost in the shuffle.

Jess also mentioned work that PAI has done on the integration of MH and RH supplies. PAI was funded by the Maternal Health Task Force at EngenderHealth to look at lessons learned from a decade of reproductive health commodity security (RHCS) advocacy and how those lessons could be linked to MH supplies efforts. They conducted consultations with stakeholders to develop case studies on Bangladesh and Uganda, focusing on misoprostol, oxytocin, magnesium sulfate, and MVA kits. PAI also formed the [Maternal Health Supplies Working Group](http://maternalhealthtaskforce.org/collaborate/communities-of-practice/mh-supplies-home?utm_source=MHTF+Subscribers&utm_campaign=64307d3756-April_Newsletter04_29_2011&utm_medium=email), which came together twice to discuss the issue and advocacy need. After their most recent meeting, in April 2011, a list of a common Vision, Goal, and Objectives was developed.

A discussion on potential opportunities and linkages within the Coalition led to a number of possibilities:

* UNFPA has at least ten maternal and child health (MCH) supplies that many would like to see included in RHInterchange, in addition to the contraceptives that are already included in the procurement database.
* Engaging the RMA WG to advocate within the Coalition on the need to be more inclusive of MH supplies throughout the Coalition. Another advocacy target could be the diversity of procurers involved in MH supplies, which is much broader than the number of procurers of family planning products.
* Including MCH commodities in contraceptive forecasts being done in countries as part of an advocacy effort. Also, adding some MH supplies to the procurement planning and monitoring report (PPMR) could be an avenue to determine stock levels for MH commodities (e.g., part of an early warning system). Finally, could look at expanding CARhs group, or forming a new group, to address issues with MH supplies, including stockouts.
* Finally, it was also suggested to add selected MH supplies (notably misoprostol) to the WHO prequalification and product quality work being undertaken by the members of the MDA WG and SSWG

Caucus members also discussed whether the Caucus is the most appropriate group to lead this initiative. It was generally agreed that there are a number of Coalition working groups and other forums that all have a vested interest, and therefore the Caucus should not take this on alone. Moreover, MH supplies need to be fully integrated into the work of the Coalition and therefore incorporated into its broader structure. A task force similar to that which helped shape the Access for All conference (Istanbul +10 Task force) would allow the Coalition to discuss carefully where this fits best and how to raise awareness among members, making recommendations to the EC as it progresses. Members agreed that a task force around this issue was a good next step. Bonnie will present this idea to the Executive Committee for their approval this week, and if approved move from there.

* 1. **activities discussion**

Bonnie led a discussion on work planning for the Caucus for 2011–2012, noting the group had great success this past year by focusing on discrete outcome-oriented activities and we should do the same for the coming year. It was agreed that the Caucus would continue to hold quarterly teleconferences, maintain and expand the role of the working group liaisons, and conduct an annual review of the technical product briefs as necessary.

In addition, the group would continue to disseminate the briefs widely (Knowledge4Health virtual forum, at the country level, etc.). Related to this, the group viewed an editorial on new and underused RH technologies in the journal *Contraception* as an achievable goal, one that would be amplified if it could be tied to the online virtual forum. The group also agreed to investigate whether the Caucus could publish something in K4H’s *Population Reports* series.

Other members suggested the possibility of developing additional technical briefs on injectables (not including depo-Provera in Uniject until available), non-surgical sterilization, some MH products, such as an anti-shock garment for post-partum hemorrhage. However, the group decided to wait until the MH task force weighed in on the direction of the Coalition’s efforts in this area before drafting any briefs on MH supplies.

The Caucus has previously discussed the possibility of working with WHO on incorporating some of the methods included in the Caucus on the Essential Medicines List. Bonnie will discuss with the Co-Chairs (Jane Hutchings and John Townsend) whether this is something we would like to see move forward as they were involved in the initial discussions.

Finally, regarding the nomenclature used to identify the group, a number of members would like to form a small group to look at the potential benefits and drawbacks of the current and potential future names for the Caucus (many have an issues with the terms “new and underused”).

**Call to Action message discussion**

Bonnie briefly explained the purpose of the conference Call to Action (CTA), including the need to solicit ideas for inclusion in the CTA from each of the forums, working groups, and other meetings taking place throughout the week prior to and during Access for All. Suggestions put forward by Caucus members included:

* Inclusion of MH supplies and task force for investigating their inclusion in Coalition.
* Ensuring that a complete range of products are available (including the fact that donors often only purchase one formulation per method).
* Pushing to get the essential RH meds list updated (need task force).
* Prequalification of new RH products in the next three years.
* Strengthening systems so that MOHs are actually able to get products to users and not just get them on the list.

End of meeting.