Market Development Approaches Working Group

21 June

Mid-morning and afternoon session (notes from the morning joint session with the Systems Strengthening Working Group can be found [here](http://www.rhsupplies.org/fileadmin/user_upload/SSWG_meetings/Access_for_All/SSWG_Minutes_2011_06_21_V2.pdf))

**Participants**

* Ashraf Abbas, UNDP
* Dagnachew Alemayehu, DKT Ethiopia
* Yaa Asante, Ghana Health Service
* Ian Askew, Population Council
* Jasmine Baleva, USAID
* Jess Bernstein, Population Action International
* Klaus Brill, Bayer Health Care
* Martha Campbell, Venture Strategies
* Lester Chinery, Concept Foundation
* Margot Fahnestock, Hewlett Foundation
* Peter Hall, Concept Foundation
* Lauren Harris, Venture Strategies
* Alan Hart, WomanCare Global
* Jane Hutchings, PATH
* Bonnie Keith, PATH
* Ben Light, UNFPA
* Richard Lowe, Venture Strategies Innovations
* Gwen Morgan, African Population Health Research Center
* Woinshet Nigatu, USAID|DELIVER Ethiopia
* Ed Oosterman, Helm Pharmaceutical
* Leslie Patykewich, USAID|DELIVER
* Meredith Puleio, Institute for Reproductive Health, Georgetown University
* Kate Rademacher, Family Health International
* Debabrata Satapathy, Marie Stopes Ethiopia
* Atnafu Setegn, DKT Ethiopia
* Falah Sultan, UNDP Sudan
* Dana Tilson, Population Services Intenrational
* Elizabeth Westley, International Consortium on Emergency Contraception

**Quality Reproductive Health Medicines**

Following the morning session on quality issues, the MDA WG continued discussing its work focused on quality reproductive health (RH) medicines. Lester Chinery and Peter Hall led the discussion and also shared a PowerPoint presentation *Quality of Reproductive Health Medicines Programme* (found [here](http://www.rhsupplies.org/en/addis-ababa-2011/proceedings.html) under 21 June).

Lester primarily discussed the plans for the *Quality of Reproductive Health Medicines Programme* (QuRHM), which is a joint activity with the Systems Strengthening Working Group to get more manufacturers of hormonal contraceptives prequalified under the WHO Prequalification Programme. A proposal has been submitted to DFID to support the QuRHM work.

The discussion after the presentation focused on a number of issues, centering on the goal of working to improve standards to the point that poor quality manufacturers eventually have no market. Key points follow:

* Countries for the QuRHM project will be identified based on donor priorities, advice from key stakeholders, and desire from country leaders.
* Advocacy efforts will focus on donors and the procurement policies they impose on funding at the country level. There may be areas to influence within that process that can influence manufacturer interest in selling their product to the public sector.
* There is no guarantee that once a manufacturer is prequalified, that procurers will buy their product. Currently, procurers are primarily concerned with price. A strategy demonstrating the pathway to markets once prequalification is achieved is needed and is included in the proposal.
* The QuRHM project will aim to engage with both Ministries of Health and regulatory bodies in country to raise standards of quality in both agencies at the same time.

**Workstream Updates**

1. *MDA Resources, Tools, and Guidelines:* Jess will bring forward request to the RMA WG about disseminating resources, tools, etc. Leslie will help Jess work with the RMA WG.
   1. Jasmine shared an update from Dawn Crosby: draft outline of a tool on how to do a total market initiative is ready, need feedback from the group. The outline was sent to MDA members via email and Jasmine handed out extra copies. Once finalized, Abt will disseminate it as a new resource. Jasmine requested feedback on the outline by July 15th and on the initial draft by 16 Sept.
2. *Mainstreaming alternative approaches to RHCS:* Martha will draft a 5-pager on alternative approaches that we can drill down on later.
3. *Facilitating the availability of new and underused technologies:* The next step for this workstream is to hold teleconferences with members of the female condom community this summer to ascertain the continuing need for a neutral forum and business plan/strategy development.
4. *Facilitating the availability of quality assured supplies:* The QuRHM proposal is awaiting approval from DFID. The MDA should incorporate some new and underused methods in the quality work, really need to formalize the relationship with the Caucus on New and Underused RH Technologies.
5. *Facilitating an enabling environment for the non-public sector to complement the stewardship role of the State*: Jane shared recommendations from Janet Vail (PATH) and Jeff Barnes (Abt), which are that the MDA WG should not pursue another total market initiative pilot, but promote the concept and show what differences a TMI can make.

**Call to Action**

The group crafted recommendations for the Call to Action document which will result from the *Access for All* meeting and pre-conference sessions. The final recommendation from the MDA WG was:

* “Achieve equitable access to and choice of quality RH supplies for low and moderate income consumers through:
  + Government-led coordination of public, private, and commercial sector activities to ensure access
  + Harmonization of quality standards”

The discussion leading to the final statement identified some key issues that the MDA could build on in the future, including

* Collaboration to ensure that quality-assured RH products can be accessed by all through the total market
* Regulatory strengthening, harmonization of procurement, harmonization of standards
* The new focus is on more orchestrated efforts, in the past efforts were fragmented.
* Voices from the south: their participation is critical
* The “market” part of MDA is missing from efforts. We need more market participation, more proximity to the market side.
* Developing private sector approaches, broaden choice at country level for commodities.
* Greater participation from real private sector, countries. Not represented appropriately in the Coalition.
* Country ownership around quality, regulatory agencies. Local organizations have to be more involved to get product from customs to the customer.
* Women and men in developing countries have the right to receive products of the same quality as people in developed countries. Also need to ensure that what is available is high quality, developing country clients often don’t have a choice in method, or brand of method.
* Update the objectives of the MDA WG to include quality.

*End of meeting*