



## **Key Elements**

# **Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) Phase II**

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# Introduction



## GPRHCS 2007-2012

- **Basic Hypothesis – steady, multi-year support as effective catalyst for national action to ensure RHCS.**
- **Hypothesis largely proven.**
- **Many countries especially those with greatest support demonstrating results – improved CPR, reduced stockouts of commodities, increased availability of commodities, increased national funding, etc.**

# GPRHCS Phase II



- Despite results much remains to be done.
- Support scaled up to 46 Focus Countries
- Achievements and good practices being scaled up.
- Weaknesses being addressed.



# Principles



- **National ownership and leadership** in support of national priorities; alignment; harmonization; mutual accountability.
- Increased emphasis on broad, multi-sectoral **partnerships**.
- **Rights-based approach**; gender, geographical, social and economic equity.
- **Focus on results**, efficiency, impact and evidence.
- **Catalytic funding**, flexible in addressing gaps, promoting alignment of all pro-RHCS/FP efforts.

# Proposed Programme: Goals and Objectives



- **Objectives at national level:**
  - To **ensure RHCS needs met** consistently and reliably for all who need them within target countries;
  - To **enhance capacity** of national stakeholders and improve systems [RH commodity supply, quality of care, demand and access];
  - To **mainstream RHCS** into national health policies, programmes, supply systems, plans, budgets [particularly by increasing government-controlled funding to procure reproductive health commodities];

# Outputs



- Output 1: An **enabled environment** for RHCS, including family planning, at national, regional & global levels
- Output 2: **Increased demand** for RHCS by poor and marginalised women and girls
- Output 3: **Improved efficiency** for procurement and supply of reproductive health commodities.

# Outputs



- Output 4: **Improved access** to quality RH/FP services for poor and marginalised women and girls
- Output 5: **Strengthened capacity and systems** for supply chain management
- Management Output: Improved programme coordination and management

# Proposed Programme: Country Selection/Eligibility Criteria



- 46 Focus Countries
- Countries that received support in Phase 1 will continue with support so gains are not reversed.
- Countries with high unmet need/low CPR
- National commitment to SRH/RHCS/FP
- UNFPA Country Office Capacity
- Presence/absence of other donors/initiatives



# 46 Target Countries



- |  |                        |                                  |
|--|------------------------|----------------------------------|
| 1) Benin                               | 2) Bolivia             | 3) Burkina Faso                  |
| 4) Burundi                             | 5) Cameroon            | 6) Central Africa Republic (CAR) |
| 7) Chad                                | 8) Congo (Brazzaville) | 9) Cote d'Ivoire                 |
| 10) Democratic Republic of Congo (DRC) | 11) Djibouti           | 12) Eritrea                      |
| 13) Ethiopia                           | 14) Gambia             | 15) Ghana                        |
| 16) Guinea                             | 17) Guinea Bissau      | 18) Haiti                        |
| 19) Honduras                           | 20) Kenya              | 21) Lao PDR                      |
| 22) Lesotho                            | 23) Liberia            | 24) Madagascar                   |
| 25) Malawi                             | 26) Mali               | 27) Mauritania                   |
| 28) Mozambique                         | 29) Myanmar            | 30) Nepal                        |
| 31) Niger                              | 32) Nigeria            | 33) Papua New Guinea             |
| 34) Rwanda                             | 35) Sao Tome           | 36) Senegal                      |
| 37) Sierra Leone                       | 38) Southern Sudan     | 39) Sudan                        |
| 40) Tanzania                           | 41) Timor Leste        | 42) Togo                         |
| 43) Uganda                             | 44) Yemen              | 45) Zambia                       |
| 46) Zimbabwe                           |                        |                                  |

# Countries for special focus and limited support



**[2] Special Focus Countries:** Proposed list of countries for special focus to prepare for eventual inclusion among target countries:

- 1) Afghanistan
- 2) Somalia

**[3] Strategic Support Countries:** Proposed list of countries for strategic, limited support to advance and/or maintain on-going progress towards RHCS:

- 1) Angola
- 2) Bangladesh
- 3) Botswana
- 4) Comoros
- 5) Ecuador
- 6) Gabon
- 7) Mongolia
- 8) Namibia
- 9) Nicaragua
- 10) Pakistan
- 11) Philippines
- 12) Swaziland
- 13) Central Asian Republics
- 14) Selection of Caribbean Countries
- 15) Pacific Island Countries

# Implementation strategies and mechanisms



## Partnerships, collaboration and cooperation

- **Contribute to the global partnerships' mechanisms such as FP 2020, RHSC to leverage political support for family planning and reproductive health commodities**
- **Strengthen existing partnerships with civil society organizations, faith-based organizations, relevant line ministries, and the private sector;**
- **Work with regional economic commissions and similar institutions**



# Implementation strategies and mechanisms



## Capacity development:

- **Build capacity of civil society, research institutions and social marketing organizations at national and sub-national level to determine and aggregate demand for a broad method mix**
- **Develop and implement strategies to support regional institutions of RHCS and related issues**

# Implementation strategies and mechanisms



## Capacity development:

- **Develop capacity (training) at country level including health managers, service providers, logisticians, service providers etc.**
- **Develop capacity (systems strengthening) at country level LMIS and procurement in order to improve quality of services, health information systems and supply of reproductive health commodities**





# Implementation strategies and mechanisms



## Total Market Approaches

- Support Ministry of Health to improve coordination among different stakeholders
- Increase equity of access to contraception for vulnerable populations with little or no ability to pay
- Work to develop and implement total market approaches to improve access to, and equity of, family planning services is on-going



# Implementation strategies and mechanisms



## Humanitarian Assistance

- Supply, content and use of Reproductive Health kits
- Support countries with RH commodities and related technical assistance to strengthen RHCS, FP and MH services provision
- Increase the capacity of partners and UNFPA staff to implement the Minimum Initial Service Package (MISP) in humanitarian settings



# Resource requirements



- **Average \$235 million per year.**
- **\$1.887 billion for eight years (2013 to 2020).**
- **37.0 per cent of the cost will be for systems strengthening, service delivery, programme management and institutional costs**
- **63.0 per cent for procurement and delivery of reproductive health commodities.**



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# Thank You

