

## **Pledge Guarantee for Health**

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- What are the market shaping activities and dynamics?
- Exchange of resources and information from consumers to producers
- Many say that the market is broken, but we don't have quality products on a regular basis. If the market is broken we broke it. We are the market.
- There is a gap between when donors make the pledge and when funds are dispersed.

  Program managers can't accurately forecast, leading to emergency shipments in attempt to prevent stockouts
- Of the US\$10 billion of Global Funds spent on commodities annually, US\$ 3 billion is lost in value from inefficiencies such as emergency shipments
- Product bundling doesn't occur with RH commodities. With other products, we see that when products are purchased in a bundle, the price can be negotiated to a lower rate.
- Groups of donors and procurers work with groups of manufacturers, and fund across the groups.
- How can we procure in a way that lowers the risk for suppliers, so they can lower price?
- How do we define choice? What should be available?
- Users are not told about the range of methods available so they can make an informed choice. Instead one method is promoted at a time. We need to provide detailed method information on all the contraceptive methods available.
- Stockout issue: everyone has a different definition. How does that transpire to what we provide efforts on addressing the issue?
- One definition of a stockout could be lack of choice? Even if one, two, three methods are
  available on a healthcare facility, there is still a stockout because users don't have choice
  among the full range of choices.
- To address stockouts, we need to provide funding, procurement and market demand not for a particular product, but for a range of methods.
- When talking about providing choice and equity—our market has created these issues. We need to make inputs that are going to lay the foundation to reach choice and equity