



REPRODUCTIVE HEALTH SUPPLIES COALITION

Strategy 2015-2025

Draft

WELCOME

REPRODUCTIVE HEALTH SUPPLIES COALITION'S GENERAL MEMBERSHIP MEETING

Delhi 2013
REPRODUCTIVE HEALTH
SUPPLIES COALITION

ELIMINATING

10 October 2013

10 October 2013

The

W

W

A. GUPTA

COALITION

Acknowledgements

The formulation of this Strategy has involved a cast of characters far too vast to single out by name. Over the past two years, colleagues from across the Reproductive Health Supplies Coalition have joined together to learn from the past, take inspiration from the present, and envision a future of possibilities. As the governing body of the Coalition, we in the Executive Committee extend our sincere thanks to the many thinkers, writers and artists who have made this Strategy possible. Our next decade holds out the promise of a better life for millions of women and men around the world. The road ahead will not be without its forks or its obstacles and we are truly fortunate to have this new compass as our guide.


Dr. Marleen Temmerman

Chair, Reproductive Health Supplies Coalition



Strategy 2015-2025

Table of contents

Preface	2
The Coalition's First Decade	3
Rationale for Strategic Revision and Adjustment	4
Strategic Underpinnings: Mission, Principles	5
Strategic Convergence: Levers of change and the four pillars and Vision	6
The four pillars	8
Measuring strategy implementation	14

Preface

In less than ten years, the Reproductive Health Supplies Coalition (RHSC or Coalition) has grown from a loose partnership of fewer than 15 institutional members into the world's largest voluntary network of reproductive health (RH) organizations. As we commemorate a decade of remarkable achievement, we recommit ourselves to the Coalition's founding vision and set out a plan of action that reflects not only what the network is today but also the rapidly evolving environment in which the Coalition operates. The Strategy described in this document outlines our manifesto for the next ten years.

The purpose of this Strategy is to advance progress toward the Coalition's Vision that "all people are able to access and use affordable and quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health." Such a vision will never be realized unless we can ensure that supplies are actually reaching those who need them; that they are affordable and within the reach of all; that they are trusted, effective, and safe; and that there is a sufficient range of products to meet users' needs. Ensuring the existence of these four conditions—availability, equity, quality, and choice—stands at the heart of our new Strategy. Tempered by an understanding of where the Coalition can truly add value, these "Pillars" help define our goals and shape what will be required to achieve them.

The Strategy described in this document builds on the results of extensive member-wide discussions, extending back to 2012, when the Coalition's Executive Committee accepted the recommendation of an independent evaluation to revisit and revise its existing Strategy for 2007-2015.

The discussions that followed—in Paris, Brussels, Delhi, and Washington, DC—yielded two critical breakthroughs in the development of the new Strategy. The first was consensus around the centrality of the four Pillars: availability, quality, equity, and choice. While always part of the Coalition's work, now for the first time they take center stage—as aspirations toward which we should strive and as the prerequisites to achieving the Coalition's vision. During these discussions, participants also used the Pillars to frame a theory of change (to be found at the end of this report), identifying actions within our manageable interest that could, either singly or in connection with others, lead us toward the goals by which each Pillar is defined.

The second breakthrough was an acknowledgement that all the aspirations encompassed by each Pillar would vastly exceed what the Coalition could ever undertake on its own. Once again, there was agreement on the need to single out those actions by which we, as a Coalition, could offer meaningful and attributable impact. Building on such a vantage point was not fully possible in 2007 when the first Strategy was developed, since the Coalition's unique

strengths were yet to be proven. Now, with a decade of experience to draw on, we have better insight into what we can bring to the table—our neutrality, convening power, and brain trust; our ability to broker partnerships; our flexible resource base; and our respected name—attributes and assets we describe as our levers of change.

The intersection of these two elements—our Pillars and our levers of change—forms the foundations of the present Strategy. They provide us with a realistic "plan of action designed to achieve a long-term or overall aim"¹ and they help us "...determine how [our] organizational resources, skills, and competencies should be combined to create competitive advantage."² Our Strategy helps us to prioritize and identify long-term aims. It singles out the strengths our network can bring to bear, and it identifies how best to put those assets to effective use. And finally, it reflects the realities of what it means to be a voluntary global network.

Through our Secretariat, Working Groups, and other Implementing Mechanisms (IMs), we can launch new initiatives and focus attention on critical issues and themes. In the end, however, our strength derives from the work of our members—work to which we add value, either in a leadership role or by maximizing synergies. Our "agency," therefore, is inextricably bound with the actions of a larger community whose engagement and commitment are constantly evolving and always dependent on forces over which no one entity exercises full control. And our Strategy reflects that fundamental reality. It does not prescribe an orchestrated game plan or present a high-definition image of the next ten years. Rather, it carves out and prioritizes critical areas of work we know will be vital to achieving reproductive health commodity security in the decade ahead. This Strategy is, in short, a flexible guide for letting our long-term strategic priorities help shape what it is we do today, either as a Coalition, a Secretariat, or an individual implementing mechanism.

¹ <http://www.oxforddictionaries.com/definition/english/strategy>; <http://www.merriam-webster.com/dictionary/strategy>; <http://www.businessdictionary.com/definition/strategy.html>

² <http://www.mindtools.com/pages/article/what-is-strategy.htm>

The Coalition's First Decade

The Reproductive Health Supplies Coalition is a global partnership of public agencies, private corporations, and nongovernmental organizations dedicated to ensuring that all people in low- and middle-income countries can access and use affordable, high-quality supplies to improve their reproductive health. Since its inception in 2004, the RHSC has become a unique and highly effective mechanism for promoting multisectoral, collective action to ensure that women and men in low- and middle-income countries can obtain and use the contraceptive methods of their choice.

As the largest reproductive health membership organization in the world, the Coalition is widely credited with raising the profile of family planning commodity issues on the global agenda; and the success of this activism is clear. The Coalition has generated millions of dollars in cost savings from contraceptive product price reductions and from support to related programs. It has launched two new global financing and procurement mechanisms, addressed hundreds of national-level supply crises, and bridged linguistic divides by establishing regional contraceptive forums in francophone Africa and Latin America. Membership has grown exponentially, from 15 organizational members at the Coalition's founding to more than 300 today, half of which are from low- and middle-income countries. Furthermore, the Coalition itself has grown and matured. Its Secretariat now includes staff located across four continents, and its IMs, once limited to three Working Groups, now include three technical Caucuses and two Regional Forums.

Guiding much of the Coalition's work has been its original 2007-2015 Strategic Plan. This aspirational vision of the future, formulated shortly after the establishment of the Coalition Secretariat in 2006, set the Coalition on a course of pursuing three strategic goals: expanding the funding base for supplies; strengthening supply chains to get products to those who need them; and pursuing strengthened coordination and collaboration. That plan also inspired fundamental changes within the Coalition itself—opening it up to a far wider range of stakeholders, both in its membership and governance structure.

LOOKING TO THE NEXT DECADE

Today, the Coalition faces an environment notably different from that of 2006. The global “donor gap,” which once dominated concerns in a largely donor-dependent arena, has since given way to greater concern for decisions taken at the country-level and the desire to maximize the total market for gains in reproductive health supplies.

As we enter our second decade, the Coalition is better positioned than ever to confront the issues that undermine contraceptive security. We are also better positioned to throw our collective weight behind new global initiatives that seek to deliver dramatic change in the reproductive health space—Family Planning 2020, which seeks to reach 120 million women and girls with family planning services by 2020; and, with an even longer time horizon, the Sustainable Development Goals, which build upon the existing Millennium Development Goals and converge with the post-2015 development agenda.

Though it has brought us far, our initial Strategic Plan remains the product of a different era. To maintain our comparative advantage as a respected and neutral forum for multisectoral engagement, problem-solving, and mobilization of resources, we need a new compass—one that can guide us through the next decade of rapid change and progress.

Prompted by the recommendations of the Coalition's 2012 independent evaluation, the Executive Committee called upon the Secretariat to lead a strategic review—a comprehensive, participatory effort that has yielded the Strategy presented in the pages that follow. Through this document members of the Coalition commemorate a decade of remarkable achievement, recommit themselves to our founding vision, and set out a plan of action that reflects both the Coalition today and the rapidly evolving environment in which it operates.

Rationale for Strategic Revision and Adjustment

The impetus for revising our strategy derives from four imperatives:

Focusing on our manageable interests

When the first Strategic Plan was developed in 2007, we lacked a track record robust enough to gauge, with any certainty, the feasibility of proposed actions. The result was a highly aspirational Strategic Plan. By the time of our 2012 independent evaluation, those aspirations had indeed born fruit, allowing us to showcase a long list of impressive successes. Today, with a decade of experience to build on, we can see with greater clarity the “levers of change” that have brought us success in the past. This Strategy, therefore, allows us to focus more clearly on what is in our manageable interests and put to effective use what we know works.

Moving from outputs to outcomes

The Coalition’s original 2007-2015 Strategic Plan set forth three goals that promised to pave the way to RH commodity security: more resources, better supply chains, and greater coordination. They reflected the priorities of the time: the need to fill the growing “donor gap,” the potential to leverage technical solutions, and a conviction in the utility of global health partnerships. Today, we see increased interest in framing our goals less around outputs and more around the defining attributes of RH commodity security itself, namely “the ability to obtain, choose, and use quality and affordable products.” Our new Strategy brings these elements center-stage and allows us, for the first time, to move from outputs to outcomes.

Riding the global wave of support for family planning

The Coalition came into being at a time when family planning was being marginalized—the victim of a competitive resource environment and, in certain quarters, the target of strong ideological opposition. Today, we find ourselves in a very different environment. The 2012 London Summit on Family Planning, the Child Survival Call to Action, and Every Woman Every Child have all been watershed events in increasing funding, renewing global commitment, and garnering broad-based political support. All these developments have transformed the family planning space and opened the door to a wealth of new opportunities. The new Strategy allows the Coalition to reposition itself within this new environment and to capitalize on the opportunities it provides.

Making more effective use of our assets

The Coalition has already benefitted from this renewed momentum for family planning. From a loose network of some 15 charter members, we are today the world’s largest voluntary network of RH organizations, more than half of which are from low- and middle-income countries. Since 2012, that trajectory has only increased. The breadth of our work has widened to include not only contraceptives but also life-saving maternal health supplies. The number of our Implementing Mechanisms has more than doubled, as has the number of donors and Secretariat staff. While the Secretariat continues to support members by leading from behind, it also now has the means to be more proactive and lead from the fore. As our ability to effect change grows, so too does the need for us to pursue a Strategy that makes the most of these new opportunities at our disposal.

Strategic Underpinnings: Mission, Principles and Vision

The work of the Coalition is grounded in our vision, which describes the world we hope to see in 10 years' time; in our mission, which articulates what we, as a Coalition, can actually do toward realizing that vision; and finally, in our guiding principles—the values and truths that inform our thinking and decision-making processes.

OUR VISION

All people are able to access and use affordable, quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health.

OUR MISSION

To bring together a diversity of partners and mobilize their collective strengths to increase access to a full range of affordable, quality reproductive health supplies in low- and middle income countries.

OUR PRINCIPLES

1. *We add value to the activities of individual member-organizations.* We do not duplicate the work of our member-organizations but rather operate with and through partners by concentrating on outcomes that no single partner could otherwise achieve on its own. We leverage the comparative strengths and funding sources of all members.
2. *We foster greater country ownership in meeting RH supply needs.* For the Coalition, “fostering ownership” means focusing on country-defined needs, supporting country-driven strategies to address those needs, and leveraging the support of the global community on behalf of countries. We view sexual and reproductive health and rights as fundamental to ensuring equitable access and use of RH supplies.
3. *We view sexual and reproductive health and rights as fundamental to ensuring equitable access to and use of RH supplies.* This includes informed choice of contraceptive methods as well as improved availability of high-quality maternal health supplies.
4. *We believe that access to supplies is a necessary but not sufficient factor to achieving better reproductive health.* Although supplies are essential to ensuring reproductive health, other significant contributions are necessary, including strengthened service delivery, greater awareness/promotion, and more conducive policy environments.



Strategic Convergence: Levers of change and the four pillars

The contents of our Strategy emerge from the convergence of two key building blocks: our Pillars and our levers of change. Our Pillars constitute our main supports— availability, equity, quality, and choice—without which our vision cannot be achieved. Our levers of change define the attributes that we, as a Coalition, can bring to bear to produce results. Together, these two elements yield a Strategy that is comprehensive, within our manageable interest, and time-tested.

LEVERS OF CHANGE

A retrospective look at the Coalition’s most notable achievements to date reveals attributes and approaches that we have systematically applied over the past decade to deliver success. These “levers of change” are, in essence, what we bring to the table. They are the assets we wield to attain our vision. In the spirit of former Chair Julia Bunting’s maxim, “only do what it is only you can do,” the present framework employs these levers—not just tactically but strategically as well. They describe not just *how* we get from point A to point B; they determine *whether* we go to point B at all. They help us to narrow down the range of potential activities encompassed within each Pillar. Our aim is to act where we truly can make a difference.



Neutrality – The Coalition’s neutrality offers a “safe space” where reproductive health experts can leave their institutional hats at the door, candidly address sensitive issues, feel free to think outside the box, and respect differences of opinion, while remaining focused on what they share in common.



Convening Power – The Coalition can rapidly assemble a critical mass of supply stakeholders and champions, leveraging their comparative strengths, forging a common course of action, and achieving results no single partner could do on its own.



Brain Trust – The Coalition’s large and diverse membership brings together the best and the brightest from across all sectors and specializations. Through communities of practice and our IMs, this brain trust houses our intellectual capital, incubates new ideas, and solves supplies-related issues.



Brokering Partnerships – The Coalition brokers partnerships across all sectors and regions; and in so doing puts to strategic use both its neutrality and convening power. By tapping the connectivity of its members, by leveraging trust and by instilling a sense of common purpose, the Coalition has successfully forged consensus over deals ranging from price reductions to the adoption of common tools and methodologies.



Flexible resource base – The Coalition’s diverse core funding base makes it possible to pursue necessary activities that, for many reasons, may fall outside the remit of a single donor. This flexibility, in addition to the strong volunteerism and in-kind support from its members, makes it possible to act quickly, pursue solutions that fit the problem, and respond to the often diverse needs of its global membership.



Respected name – Though small compared to many other global health networks, the Coalition’s respected brand, its track record of success, its member commitment, and its global visibility yield both credibility and weight.

PILLARS

Achieving our vision will not occur without certain conditions being met: that supplies actually reach those who need them most; that the supplies are affordable and within the reach of all; that supplies and products are of trusted quality; and that there is a sufficient choice of supplies to meet users' needs. These four broad preconditions—availability, equity, quality, and choice—stand as the Pillars of our Strategy.



AVAILABILITY

The ability of women and men to obtain safe, affordable supplies that meet their reproductive health needs. Supply availability exists when products feed into the supply chain and successfully make their way to the point-of-distribution, where users can obtain them.



QUALITY

The ability of women and men to have supplies they can trust are both safe and effective. Good sexual and reproductive health depends on ensuring the quality of all reproductive health supplies.



EQUITY

The ability of all people to have equitable access to reproductive health supplies. Age, economic well-being, gender, and civil status all have profound implications for the kinds of supplies potential users seek and the ability of users to afford them. The barriers impeding universal access to sexual and reproductive health must be overcome.



CHOICE

The ability of all who seek family planning services to have a broad range of options from which to choose. An individual's need for contraception evolves throughout his or her life cycle. Accessing the "right" contraceptive increases the likelihood reproductive health needs will be met; a mismatch, research shows, is more likely to lead to dissatisfaction, lower continuation rates, and often method failure.

The four pillars

The four Pillars serve as critical guideposts for reaching our strategic goals, one each per Pillar. Together with our levers of change, these Pillars frame the pathways that will be required to achieve these goals. The following subsections outline how these three components—Pillars, goals, and pathways—link together to form the architecture of the Coalition Strategy.

Each Pillar encompasses a single goal that captures in broad terms a condition or state of being to which we expect to have contributed in ten years' time. The goals do not pretend to offer “high-resolution” images of that reality. Rather they serve to signal and prioritize critical areas of work and provide a framework for taking stock of where we are at critical points in time over the next decade.

Each Pillar is further delineated into pathways, suggesting actions that Coalition members, individually or collectively, may pursue to reach that goal. The pathways required to reach any goal are not mutually exclusive and indeed are implicated in the pathways required to achieve other goals.

The following subsections unpack our four Pillars. They present the goal associated with each and describe two to three pathways where the Coalition is well positioned to contribute to its realization. As noted previously, our pathways focus on those activities where the Coalition's levers of change can be brought to bear. They do not exhaust all that it is required to meet the goal.



Availability



Goal: Reproductive health products are more widely and readily available throughout the supply chain, from manufacturers to point-of-access provision.

Supply availability exists when products enter into the supply chain and successfully make their way to the point-of-distribution, where users can obtain them. Our goal of seeing greater product availability from manufacturer to the last mile depends on at least three factors to which we can bring added-value: incentivizing manufacturers and governments to fill the product pipeline, strengthening human resources to better manage supply chains, and helping partners deliver technical support at the country level. To bring about change on all three fronts, we see ourselves pursuing two broad pathways:

1. Work to ensure high-performing global and national supply chains

High-performing national supply systems depend upon the people who run them and an acknowledgement that good supply chain management forms an essential component of health systems. Regrettably, too many of those we rely on to fill this function are inadequately trained, poorly remunerated, and under-recognized. The Coalition and its members are well positioned to redress this reality. By strengthening educational opportunities, supporting partner efforts to raise the profile of supply chain managers, and disseminating proven strategies to enhance supply chain performance, the Coalition can improve the performance of supply chains, both upstream and downstream.

Strengthening a more stable, worldwide supply system also requires working with procurers and suppliers to improve and operationalize global demand forecasting. Typically, demand forecasts are short term, based largely on consumption data, and devoid of future demand projections. Longer-term forecasts would enable procurers to coordinate efforts and streamline ordering and manufacturers to more accurately plan production and implement contingency strategies when required. Global

forecasts would also encourage new suppliers to enter the market, thereby reducing market volatility and contributing to a more stable global supply system.

2. Promote a policy environment conducive to effective supply distribution

Complacency and indifference can undermine even the best of plans. Through its global outreach, respected brand, and neutrality, the Coalition is well positioned to nurture the supportive policy environments for change. A new compendium developed under the Secretariat's "Commitments Initiative" provides a unique point-of-departure for monitoring, spotlighting, and supporting governments and donors to deliver on contraceptive security promises. Similarly, mobilizing civil society to rally around supply availability will require clear and understandable "policy asks," the contents of which can derive from the Coalition's work on a number of fronts: commitments, task shifting, and market dynamics.

Quality



Goal: People are better able to obtain reproductive health supplies they can trust are both safe and effective and that meet internationally recognized quality standards.

Good sexual and reproductive health depends on ensuring the quality of all reproductive health supplies. The Coalition is well positioned to contribute to this reality—first, by making sure high-quality products are actually available in both global and country markets; and second, by ensuring the “consumers” (i.e., both procurers and actual product users) recognize the importance of being able to trust in the quality of what they buy or use. These two elements form a virtuous cycle in which user demand for quality drives quality-friendly policies at the country level, which in turn encourages manufacturers to meet quality standards in order to meet demand.

1. Increase the supply of recognizable, high-quality products

The Coalition has, for a number of years, supported efforts to facilitate the entry into the global market of quality-assured products that meet World Health Organization Prequalification Programme product guidelines or are approved by Stringent Regulatory Authorities. While it is not in the Coalition’s manageable interest to directly address manufacturers’ production or procurement needs, our convening power and brand name offer manufacturers and the wider community a global platform for raising concerns, encouraging the market entry of generic manufacturers and sharing production and consumption data with the aim of increasing the supply of quality-assured products both generic and innovator.

2. Increase the demand by consumers and the broader community for high-quality products.

Ensuring quality also depends on making sure that those who consume—procurers or actual users—care about quality and reflect these preferences in transmitting purchase requirements upward along the supply chain. Once again, the Coalition is well positioned to put a human face on a concept that is all too often perceived as too technical and beyond the reach of the ordinary person. Working with partners on the ground, the Coalition can encourage consumers, program managers, and policymakers to demand quality-assured products—framing quality as a health concern, a human rights issue, and a solid business decision.

3. Support the establishment and implementation of quality-supportive policies at the country level

In the final instance, adequate supplies of quality-assured products depend on the presence and application of national procurement policies that recognize and reward quality assurance. Private sector consumers may vote with their pocketbooks, users of the public sector through the ballot box; but those voices only have meaning if they are backed-up by strong policies that recognize quality as desirable. Through country partners and global stakeholders, the Coalition can work to ensure that policies supporting quality are in place.

Equity



Goal: More people have access to the reproductive health supplies they need, unimpeded by cost- or product-derived barriers.

Age, civil status, gender, and wealth are all factors that can profoundly affect an individual's ability to access reproductive health services. These factors influence service delivery preferences, shape the attitudes and biases of service providers, and affect one's ability to pay for desired services. With its focus on reproductive health supplies, the Coalition's contribution to greater equity rests on what it can achieve through the medium of supplies— and in particular on their affordability and appropriateness in meeting the needs of all who seek them.

Our goal of seeing greater equity, therefore, hinges on three pathways to which we can bring added value: government commitment to the principle of equity, removing cost barriers that hinder choice and availability, and getting the right products into the hands of those who need them.

1. Advance national commitments to the principle of equity

As with quality and choice, the driver of equity begins with government. As stewards of a country's health sector, governments must embrace and uphold the principle of equity and be willing to invest in achieving it, whether that is through increased government subsidies, more effective use of the total market, or other approaches to reach marginalized populations. Drawing on the strengths of the Coalition as a brain trust, advocate, and arbiter of often difficult discussions, the Coalition's Market Development Approaches (MDA) Working Group has demonstrated its ability to help institutionalize the principle of equitable access, thereby providing platforms from which to advance total market approaches.

2. Leveraging the market to overcome inequity

The principle of equity is firmly rooted in the sexual and reproductive rights of individuals; it is within the context

of social groupings, however, that the barriers to equity manifest themselves. The first step in ensuring equitable access to supplies, therefore, is understanding where inequities lay, the groups affected by them, and what we can bring to overcome them. Such an understanding constitutes an important step toward mitigation strategies, such as broad programmatic efforts or more targeted market-shaping initiatives. Again, the Coalition's expertise in the total market and market-shaping arena and its ability to convene players within a neutral space position this pathway squarely within the Coalition's manageable interest. In addition to the efforts of the MDA Working Group, the Coalition's various Caucuses have worked to ensure that product designs and product delivery systems take into account cost and other barriers faced by marginalized populations.

3. Overcome barriers that limit access to the products people need

Many factors undermine equitable access to RH supplies. Cost is indeed one such factor where the Coalition has, to date, shown success. Another is ensuring availability of the product itself. Many groups are marginalized not because what they desire is unaffordable, but rather because the products they need are either not available or do not yet exist in the relevant market. By helping to negotiate price/ volume guarantees and support their implementation, and by promoting innovative financing options such as pledge guarantees, the Coalition can increase the prospects of getting into countries the products marginalized groups need. Ensuring these family planning and maternal health products reach the last mile, while outside the scope of this Pillar, does illustrate well the mutually supportive role of different Pillars and the actions inspired by each. Much of the work proposed under the Pillars of choice, availability, and even quality will likely have a direct bearing on efforts to overcome barriers that limit access to products people need.

Choice



Goal: People are better able to choose from a range of contraceptive options currently available in global and local markets.

Given that the need for reproductive health supplies evolves throughout an individual's life cycle, being able to access the "right" product, and in particular the right contraceptive, increases the likelihood that needs will be met. For the Coalition, choice means having the right quality-assured method to choose from across one's life cycle. In the case of contraceptives, individuals should have access to multiple options including long- and short-term methods as well as hormonal and non-hormonal contraceptives.

The factors limiting choice are many, and some of these have already been discussed. But within choice, there is a finer distinction to be drawn between downstream supply chain disruptions that limit access to methods already considered part of a country's method mix; and more upstream norms or policies that either restrict what is available in the first place or distort the method mix in favor of, or against, one or more methods. From the user's perspective, both scenarios constrain choice. However, while many of the former can be addressed in the pursuit of availability and equity, the latter requires distinct implementation pathways that focus on institutionalizing the element of choice in country-level planning and decision making and expanding national procurement to meet users' needs.

1. Institutionalize the concept of "choice" in planning and decision making.

At the country level, instances abound of policy decisions or other actions that, consciously or otherwise, inhibit choice. Many countries, for example, include an impressive range of methods within their essential medicines lists but in reality only procure adequate supplies of a few of these methods. Often this is done in the belief that just a few options are all that people want—and that procuring a wider range would be wasteful. In

other instances, efforts undertaken in the hopes of expanding choice, such as single-method introductions, end up having the opposite effect, inadvertently favoring some methods over others or leading to provider biases. Institutionalizing the concept of choice, therefore, is critical if it is ever to become a routine part of key decision making processes.

The Coalition is critically positioned to help stakeholders confront many of the challenges associated with operationalizing choice. Through effective advocacy, policy dialogue, and consensus building, we can help build global and local commitment to make choice not only understood but also a standard practice.

2. Bridge the gap between global marketplace and country context

The second pathway to choice involves opening the door to supply options not yet available locally. The Coalition is well positioned to help strengthen national policies that would enable procurers, and ultimately users, to more easily access the range of supplies in the global marketplace. Such work could leverage the Coalition's privileged access to information on new and underutilized technologies. It would also build on the Coalition's intellectual capital to support the adoption of country-level policies that encourage choice such as standard treatment guidelines, task shifting, essential medicines lists, registration guidelines, and other similar high-level decisions. And finally, through market shaping, the Coalition is demonstrating its potential to facilitate market entry.

SYNERGIES AND CONNECTIONS ACROSS STRATEGIC PILLARS AND GOALS

As the descriptions of each Pillar have so clearly shown, the pathways within them are not mutually exclusive. In reality, they are all mutually reinforcing. The potential to choose from a wider range of contraceptive options, for example, is not limited to the two pathways associated with the choice Pillar. Success will hinge on efforts to ensure availability throughout the supply chain and on the work required to achieve equitable access, particularly efforts to get the right product into the right hands at the right time. And finally, it will depend on the ability of consumers to recognize and value quality and to have within their reach products that meet the requisite quality standards. Such interconnections, so clearly evident in our theory of change (see Annex A), not only form the membrane that makes this Strategy whole but also testify to the premise on which the Coalition was founded: that commodity security will never be achieved by a single institution, a single sector, or a single activity. It is the confluence of different actors and workstreams that allows the Coalition to add value and deliver change.

Measuring strategy implementation

It is not by accident that we describe this document not as a “strategic plan”, but rather as a Strategy—a flexible guide for shaping our work in line with key long-term strategic priorities, tempered by the realities of where we stand at the time.

This Strategy, with its Pillars and pathways, allows us to identify the right indicators and position them within meaningful timeframes. It also provides the flexibility required to alter those indicators as priorities shift, as funding flows change, and as we learn from the successes and failures of the past. In operational terms, we see the coming decade, not as a single continuous flow of activities, but as a series of distinct, multi-year phases—each one defined by differing constraints and each offering us an opportunity to take stock, modify agendas, and adjust indicators accordingly.

As we embark on our new ten-year Strategy, we do so within the context of a four-year funding cycle to which we are already committed. We are bound to deliver on our existing obligations, both to our members at large and to the many donors who have enabled us to pursue a multi-year workplan comprising both core support and more targeted initiatives in the areas of market shaping, reducing stockouts, and fulfilling national commitments to supply security.

The initial phase of our new Strategy, therefore, must subsume the remainder of the Coalition’s current workplan and guiding logframe, and assist Coalition members and IMs in structuring their work and shaping key decisions. By the time the Strategy is formally launched in January 2015, we will have in place the outline of an M&E framework that aligns the goals of our current logframe with those of our four Pillars. It is an exercise that has already been initiated within the Coalition Secretariat and that has been greatly aided by the fact that so many of our new pathways build on work currently underway. In the pursuit of greater equity, for example, we can point to the total market work of the MDA Working Group and to their past successes in identifying market opportunities for lower-cost generic contraceptives. In the effort to expand choice, we can single out the work of the A&A Working Group, which was recognized at the 2013 International Conference on Family Planning for its role in having helped shape new WHO policy guidelines on task shifting—a critical factor in enabling health care providers to deliver a broader range of family planning methods. Along the pathway to increase supplies of recognizable quality products, we can look to the work of the DMPA Advisory Group which is taking concrete

steps to address the shortage of DMPA injectable contraceptives that meet internationally recognized quality standards. And finally, to ensure greater product availability, we can highlight the work of the Systems Strengthening Working Group which, through its CARhs (Coordinated Assistance for Reproductive Health Supplies) initiative has averted hundreds of stockouts at central level and, through its support to the People that Deliver Initiative, has been key in ensuring workforce excellence in supply chain management. Similar connections exist among the workplans of our Caucuses and Regional forums.

As the Coalition’s current funding cycle begins to wind down in 2017, we will once again be presented with the opportunity to take stock, assess the environment, and identify the way forward to reach our goals—retaining well-operationalized indicators, modifying others, and in some cases adding entirely new ones.

Finally, responsibility for developing and operationalizing the Coalition’s M&E framework lies within the Secretariat, which will use the framework to assess progress against strategic goals and report to the Coalition’s Executive Committee and membership on results achieved on key indicators. The Secretariat will play a central role in “translating” the M&E framework into work plans both for the Secretariat and the IMs. In the process, the Secretariat will build accountability for delivering on these indicators and ultimately the Strategy.

SUMMARY AND CONCLUSION

In the decade ahead, this Strategy will serve as our compass, guiding our contribution to the vision of ensuring that all people are able to access and use affordable and quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health. Much remains to be done to achieve that vision—some of which falls within our manageable interest, some of which does not. But without products, we have no program. By focusing on what we do best and by taking full advantage of the new opportunities before us, the next decade offers tremendous prospects for truly strengthening availability, quality, equity, and choice.

REPRODUCTIVE HEALTH SUPPLIES COALITION
THEORY of CHANGE

VISION

“All people are able to access and use affordable, quality supplies, including a broad range of contraceptive methods, needed to ensure their better sexual and reproductive health.”

PILLARS

AVAILABILITY

QUALITY

EQUITY

CHOICE

GOAL

Reproductive health products are more widely and readily available throughout the supply chain, from manufacturers to point-of-access provision.

People are better able to obtain reproductive health supplies they can trust are both safe and effective and that meet internationally recognized quality standards.

More people have access to the reproductive health supplies they need, unimpeded by cost- or product-derived barriers.

People are better able to choose from a range of contraceptive options currently available in global and local markets.

PATHWAYS



Strengthen global and national supply chains



Improve policy environment for supply distribution



Increase consumer demand for quality



Ensure availability of quality products in markets



Ensure upstream availability of products people want



Leverage market to reduce cost barriers



Bridge global marketplace and country context



Availability of global forecasting data



Strengthened human resources for supply chain management



Strengthen quality supportive policies

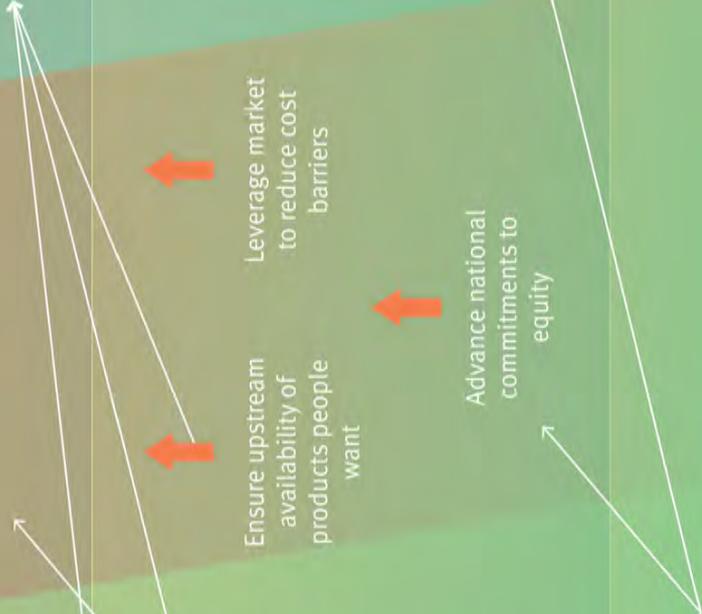


Advance national commitments to equity



Institutionalize concept of choice

Supportive policies at local and global levels



The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.

Rue Marie-Thérèse 21, 1000 Brussels, Belgium

Tel: +32 2 210 0222 / Fax: +32 2 219 3363 / E-mail: secretariat@rhsupplies.org / Website: www.rhsupplies.org