

# **Reproductive Health Supplies Coalition**

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## **Strategic Plan (2007–2015)**



Reproductive Health  
Supplies Coalition

## Table of Contents

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<b>Introduction.....</b>	<b>1</b>
Background .....	1
Scope of the Strategic Plan .....	1
Structure of the Strategic Plan .....	2
<b>Part 1: Context and Rationale for the Reproductive Health Supplies Coalition .....</b>	<b>3</b>
RH Supplies are Key to Achieving Global Agreements: International Conference on Population and Development, the Millennium Development Goals, and the Paris Declaration .....	3
Gaps, Challenges, and Opportunities for Meeting Reproductive Health Commodity Needs .....	4
Rationale for the Reproductive Health Supplies Coalition.....	6
Accomplishments to Date .....	7
<b>Part 2: Strategic Framework for the Reproductive Health Supplies Coalition .....</b>	<b>9</b>
Vision of the Reproductive Health Supplies Coalition.....	9
Overview of the Strategic Goals.....	9
Guiding Principles .....	10
Assumptions.....	10
<b>Part 3: Goals, Focus Areas, Objectives, Indicators, Roles of the Coalition, Partners, and the Secretariat .....</b>	<b>12</b>
Goal 1: Increase availability, predictability, and sustainability of financing for RH supplies .....	12
Goal 2: Strengthen capacity of health systems to deliver RH supplies in a sustainable manner.....	13
Goal 3: Assure the added value of the Coalition as a productive and sustainable global partnership through efficiency, advocacy, and innovation .....	15
Detailed Strategic Framework .....	16
<b>Next Steps for Implementation of this Strategic Plan .....</b>	<b>36</b>

# Introduction

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## Background

The Reproductive Health Supplies Coalition (subsequently referred to as the “Coalition”) is a partnership of governmental, nongovernmental, public-, and private-sector agencies dedicated to ensuring that people in lower- and middle-income (LMI) countries can obtain and use high-quality reproductive health (RH) supplies, including a broad range of contraceptive methods. Securing RH supplies is essential to the effective provision of RH care, which underpins achievement of the Millennium Development Goals (MDGs). In less than two years, the Coalition has grown from a small grouping of like-minded individuals to a structured partnership of key institutions in the RH supplies field. In October 2005, the Coalition approved its “Organizational Principles and Structural/Governance Terms of Reference” (TOR). Soon thereafter, the Coalition drafted a strategic plan that consolidated into one document its vision, mission, guiding principles, goals, and objectives.

In June 2006, the Coalition established its Secretariat in Brussels and hired its first Director. As part of its mandate, the Secretariat was charged with developing a Strategic Plan—drawing on the foundations of the earlier draft, but better articulating the Coalition’s goals and objectives, including indicators for tracking progress and clarification of the roles and responsibilities of its structures and partner organizations.

In December 2006, the Director formed a small task force of volunteers from the Executive Committee with the mandate to develop a framework of goals and objectives for the Strategic Plan. He also hired a consultant to prepare drafts of the strategy. The task force prepared a schedule for the review and revision of drafts and submitted an initial draft at the end of January 2007.

During the following three-month period, drafts of the Strategic Plan were reviewed and revised in turn by the Coalition’s Executive Committee, the three Working Groups, and the general membership. In April 2007, the product of this review process was submitted to the Executive Committee for endorsement, and then presented at the April 2007 membership meeting. The draft incorporated additional input from that meeting, as well as subsequent consultations with technical advisors in the field of monitoring and evaluation and a final review by the membership. The Strategic Plan contained in these pages was endorsed by the Coalition’s Executive Committee on August 27, 2007.

## Scope of the Strategic Plan

This Strategic Plan builds on the key decisions and points of consensus reached by Coalition members during the past two years. It clarifies and makes more explicit the Coalition’s goals and objectives, and identifies indicators for tracking progress during the eight-year period between 2007 and 2015. The Coalition intends to review progress in achieving these goals on an annual basis, and in 2010 to assess the need for updating and/or revising the Strategic Plan for the next five year period.

This Strategic Plan is intended to help the Coalition accomplish the following:

- Detail more clearly the vision of what it intends to achieve.
- Reduce redundancies in the present documents.
- Focus on results rather than process as is the case in the present TOR.

- Bridge the gap between the Coalition’s overall vision/mandate and the detailed work plans of its three Working Groups.
- Provide a clearer blueprint of the ways in which the Coalition’s present and proposed activities will lead to the achievement of its objectives.
- Feed into preparation of a monitoring plan that provides a basis for tracking progress towards meeting Coalition goals and objectives.

Within this document, the term “RH supplies” refers to all materials and consumables needed to provide sexual and RH care services. They include, but are not limited to: drugs and medical supplies (such as antibiotics to treat sexually transmitted infections [STIs] and equipment for safe delivery); contraceptives and family planning supplies; and condoms to prevent STIs, including HIV/AIDS. The “Interagency List of Essential Medicines for Reproductive Health” published by the World Health Organization in 2006 presents a consensus list of the minimum medicines needed for a basic health care system that can be adapted to the circumstances of a country program. Although research suggests that the terms “supplies” and “commodities” may be understood differently by different audiences, in this document, the terms are used interchangeably.<sup>1</sup>

The structure and content of this Strategic Plan have been informed by a number of activities and documents. These include, but are not limited to: The Paris Declaration of 2005, the Programme of Action of the International Conference on Population and Development (ICPD) of 1994, and the United Nations Population Fund’s (UNFPA) subsequent documentation of RH supply needs over the last decade and the development of its Global Programme for RH Supplies. In selecting areas of technical focus and priorities for its work, the Coalition has relied on the expertise derived from many years of experience in securing RH supplies—much of which is now described in the “Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessment, Planning and Implementation” (SPARHCS)<sup>2</sup>. This consensus approach to RH supply security has been applied successfully to identify needs and priorities for action by over 30 countries, the results of which have informed the global agenda of the Coalition.

## Structure of the Strategic Plan

This document has three major parts, as follows:

- **Part 1** presents the context for the Coalition and rationale for prioritizing the security of RH supplies in meeting the ICPD Programme of Action, the MDGs, and the Paris Declaration of 2005. Also described are the supply gaps and the challenges and opportunities for ensuring RH supplies for LMI countries. Finally, a short history and description of the Coalition’s value in meeting these challenges are provided, as well as its accomplishments to date.
- **Part 2** provides an overview of the strategic framework, including the vision statement, a short description of three strategic goals, the guiding principles, and the assumptions that will affect how the Strategic Plan elements are implemented by the Coalition, its members, and the Secretariat.
- **Part 3** details the key components of the strategic framework, including the rationale and scope of each goal and the focus areas and objectives needed to achieve the goals. The next section presents, for each focus area and objective, the indicators and the key roles of the Coalition, its members, and the Secretariat. Finally, it lays out the next steps in implementing this plan.

## Part 1: Context and Rationale for the Reproductive Health Supplies Coalition

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The provision of RH care—including family planning; maternal health; and the prevention, diagnosis, and treatment of STIs, including HIV/AIDS—is a prerequisite to reducing poverty and improving the well-being of men, women, and adolescents in LMI countries. The delivery of these services, however, presupposes a secure supply and broad choice of high-quality contraceptives and other RH commodities. RH commodity security exists when people are able to obtain, choose, and use the RH supplies they desire. Significant shortfalls in RH supplies worldwide and in LMI countries in particular, and the need to solve these shortfalls, are the primary stimuli for the Reproductive Health Supplies Coalition.

### **RH Supplies are Key to Achieving Global Agreements: International Conference on Population and Development, the Millennium Development Goals, and the Paris Declaration**

#### **International Conference on Population and Development**

In the Programme of Action agreed to at the ICPD in 1994, 179 nations affirmed the need to “make accessible through the primary health care system, reproductive health to all individuals” and agreed on a plan for achieving universal access to basic reproductive health by 2015. In 1999, a retrospective study looking back on the five years since the ICPD (the ICPD+5) revealed that much remained to be done and thus identified “Key Actions for Further Implementation of the ICPD Programme of Action.” Several paragraphs in the Key Actions explicitly noted the importance of RH supplies, including making available the “widest achievable range of safe and effective family planning and contraceptive methods” and “barrier methods, such as male and female condoms and microbicides, if available, to prevent infection.”

#### **Millennium Development Goals**

In 2000, the 189 Member States of the United Nations agreed to a broad set of international development priorities, and objectives for achieving them by 2015. These MDGs are:

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/AIDS, malaria, and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development.

Although universal access to RH care has been designated as a target under MDG 5, it is widely seen to underpin achievement of all the MDGs. RH care directly contributes to the reduction of child mortality and improves maternal health through obstetric care, management of STIs, and birth spacing (and limiting). Complications during pregnancy and childbirth are among the leading causes of death and illness among women of reproductive age in developing countries. Investments in RH care can significantly reduce the global burden of disease and contribute to economic growth.

The unmet need for family planning is estimated at 200 million women in LMI countries; within these countries, women among the poorer wealth quintiles are less likely to access and/or use family planning. By ensuring the means to space and limit births when desired, families can have fewer children and space them further apart and therefore can invest more in each child for education, health care, and other opportunities. At the national level, access to RH care helps reduce fertility and slow population growth, thereby reducing the potential costs (construction and staffing of schools, for example) of achieving other MDGs, such as MDGs 1 and 2. Use of family planning also increases economic opportunities for women, thereby contributing directly to poverty reduction.

Effective delivery of RH care requires access to essential commodities, namely, RH commodity security. To space births and manage safe deliveries, women and their families must be able to access the contraceptive methods they prefer when they need them—every time they need them—and appropriate drugs and supplies for safe deliveries. Without the appropriate choices and quantities of commodities, programs fail.

### **The Paris Declaration**

The Paris Declaration, endorsed in March 2005, commits countries and organizations that provide development assistance to increase efforts at harmonization, alignment, and managing aid for results. The agreement is an action-oriented roadmap to improve the quality of aid and its development impact. It also provides a set of indicators for tracking progress in achieving change and results. The Paris Declaration principles of ownership, alignment, harmonization, managing for results, and mutual accountability have infused the Coalition's vision and activities and will continue to affect how the Coalition achieves its goals and objectives. The Coalition also sees its coordination efforts to address supply security as an important pathway to achieving better harmonization and alignment.

## **Gaps, Challenges, and Opportunities for Meeting Reproductive Health Commodity Needs**

### **Reproductive Health Supply and Funding Gaps**

Worldwide, the availability of RH supplies—including contraceptives, antibiotics, and equipment—falls short of current demand. While the demand for RH commodities is increasing, donor support for RH services and supplies has shrunk. Due to the successes of family planning programs, the growing HIV/AIDS pandemic, and demographic momentum (the population of reproductive age in LMI countries is projected to increase by 23% between 2000 and 2015), demand for RH supplies is greater than ever. The funds needed to purchase RH supplies are expected to increase from approximately US \$1.8 billion in 2000 to US \$3.4 billion in 2015. Donor and country government support is anticipated to be a fraction of the funds needed. An important example of the growing gap is the decline by 39% for family planning (including supplies) as a percentage of total assistance for population worldwide in the last decade.<sup>3</sup> Funding flows are also often erratic and volatile, thereby contributing to uncertain availability of supplies, scarcity, and on-going supply shortfalls.

### **Other Challenges**

Lack of adequate supplies, however, is not only a consequence of funding and supply shortfalls. Other significant problems include: inadequate forecasting of supply needs; lack of

or poorly performing distribution systems in-country; regulatory, tariff, and other tax barriers that hinder the importation and provision of supplies by the private sector; inefficient use of public funds; and duplication of efforts and/or poor coordination among donors and counterpart governments.

The RH supplies environment has become increasingly complex. The number and types of organizations involved in procuring and distributing RH supplies has grown dramatically in the last 15 years. In the early 1990s, only about three donors were involved in procuring contraceptives, whereas now there are more than ten, each with different procurement rules and supply sources. The modalities of providing assistance for health programs have also changed. Rather than providing RH supplies through direct grants and procuring contraceptives on behalf of country governments, many donors are now supporting RH programs through budget support or sector-wide programs. This multiplicity of resource flows for RH supplies has not filled the funding or supply gaps and has had a dramatic effect on the capacity requirements for forecasting, procurement, management, and other systems by counterpart local agencies.

Another important challenge for RH supply security is the diminishing priority of reproductive health relative to other health concerns—such as HIV/AIDS, malaria, and avian influenza to name a few—and increased disease-specific partnerships and funding mechanisms, such as the Global Fund for AIDS, TB and Malaria (GFATM) and the Stop TB Partnership. The funds provided through these mechanisms are typically restricted to supplies and activities for their disease-specific purposes, even though they require oversight and management similar to other health programs. The huge increases in funding for HIV/AIDS in particular have set up a competitive environment, one in which RH managers have not been especially successful or active in budgeting, advocating for, and securing the human and financial resources needed for their programs. At the same time, recognition of the value and importance of working together with other health partnerships on issues of supplies, both globally and at country level, is growing. Everywhere, counterpart organizations are understaffed and overwhelmed.

The political sensitivities surrounding reproductive health programs are another barrier challenging RH supply security. Conservative opposition to family planning and the principles of ICPD are not limited to any one country or region. Giving high priority to reproductive health in these circumstances, therefore, requires significant political will and continuous advocacy, including the voices of civil society.

Finally, the last few decades have seen considerable divergence with respect to development at country level. Some countries have matured to a more developed status, often called middle-income. Others have made progress, but are still struggling with key systems issues. Some have made little or slow progress, while others are affected by conflict, natural disasters, and other crises. The level of RH commodity security among these different categories of countries varies, and responses must be tailored accordingly. Of particular concern are those suffering from conflict, natural disasters, and other crises and whose RH needs are not being addressed effectively by donors and agencies charged with responding to emergencies.

### **Opportunities**

While the global- and country-level contexts for RH care and supplies present many challenges, they also provide certain opportunities. The emergence of new partnerships and

disease-specific funding mechanisms are creating opportunities to find a common cause with respect to drugs and supplies. New tools, such as the Contraceptive Security Index, improve the diagnosis of problems and the tailoring of responses to the varied needs of countries, and permit tracking of country progress over time. The positive change measured in the aggregate scores of participating countries between 2003 and 2006 was significant. It also underscores the fact that countries are recognizing the importance of improved funding and systems and that contraceptive security can be improved within short periods of time.

There are other opportunities as well. In many LMI countries, the commercial sector is growing, as is interest in expanding markets both domestically and internationally. Manufacturers of generic contraceptives and other RH supplies have multiplied in LMI countries—reducing prices, expanding access, and promoting economic growth. Civil society organizations have also emerged and become effective local and national advocates. And in many countries, the nongovernmental sector has taken on an increasing role in the delivery of RH and other health services.

Significant gaps in funding and the need for RH supplies in LMI countries, combined with new challenges and opportunities to address them, set the stage for the key interested parties and stakeholders to come together to find solutions.

### **Rationale for the Reproductive Health Supplies Coalition**

In 2000, following a meeting at UNFPA of its Working Group of the Global Initiative on Reproductive Health Commodity Management, an Interim Working Group (IWG)—later to become the Supply Initiative—was established. The IWG sought to further the objectives of the ICPD Programme of Action by raising awareness of the importance of RH supplies. The IWG convened a meeting in Istanbul, Turkey in May 2001 with participants that included teams from 10 countries and key stakeholders. The final Declaration of this meeting put RH supplies on the global development agenda. It called for more effective coordination of efforts and resources and for “collective action by, among, and between implementing and funding partners guided by country, regional, and global strategic plans.”

In 2003, a Task Team on Reproductive Health Commodities was formed and charged with examining the feasibility and possible structure for a RH supplies fund or facility. By the end of their charge, Task Team members had identified a number of positive outcomes of their engagement—these included heightened awareness of RH supply issues by their respective organizations; fostering of a collaborative spirit and trust among the participants; and the sharing of information, views, and work plans to help maximize impact and avoid duplication of effort.

The Reproductive Health Supplies Coalition builds directly on the foundation and experiences of the Task Team. At its first meeting in April 2004, founding members identified several priority issues, namely, improved RH supplies data and systems management and advocacy. In addition, for long-term sustainability of RH supplies, they recognized the need to engage the private sector, particularly new producers in LMI countries, and to identify ways to catalyze new market development. These themes/issues shaped the initial agendas and work of the Coalition’s three Working Groups: Systems Strengthening, Resource Mobilization and Awareness-raising, and Market Development Approaches.

The Coalition brings together representatives of organizations and constituencies with a significant programmatic and/or financial stake in RH supply security. Its membership includes multilateral organizations, bilateral and private foundation donors, and is open to governments from LMI countries, civil society, intergovernmental organizations and NGOs, and the private sector. Participation in the Coalition adds value by:

- Providing a forum for technical collaboration and problem-solving.
- Bringing together a “brain trust” of expertise, experience, and learning relevant to finding solutions to RH supply security.
- Promoting the efficient and effective use of existing, limited resources by improved coordination and harmonization of RH supply programs.
- Bringing about change through unity of purpose and action.
- Increasing global awareness of RH supply issues and strengthening advocacy and influence globally and in countries through shared objectives and messages.
- Promoting innovation and collaboration among the public, private, and commercial sectors to develop markets for RH supplies.
- Joining together to seek funds for innovative ideas, research, advocacy, and best practices.
- Maximizing the impact of investments in RH supply security by leveraging the investments of other participating organizations.

### **Accomplishments to Date**

Since its first meeting in April 2004, the Reproductive Health Supplies Coalition has generated a great deal of interest and energy among its members, stakeholders, and partners. In October 2005, the Coalition adopted its TOR, and in April 2006 transitioned from its first Chair to new Co-Chairs. A grant application for the present three-year funding of the Secretariat was approved in February 2006, and in July the Coalition hired its first Director and opened the offices of its Secretariat in Brussels.

In addition to these organizational milestones, the Coalition directly and indirectly has contributed toward significant progress in achieving RH supply security. To date, Coalition members have:

- Provided instant access to critical data on more than 50% of donor-funded supply shipments to developing countries through the Reproductive Health Interchange, a web-based mechanism now functioning under the joint ownership of Coalition members.
- Averted stock-outs of injectables and condoms in Ethiopia and Kenya by creative and timely solutions developed through the Coalition’s “Countries-at-Risk” group.
- Agreed to encourage their suppliers of RH products to participate in the WHO Pre-qualification Programme and submit dossiers (October 2006 Membership Meeting in Bonn).
- Increased awareness of RH supply problems and formulated feasible solutions by coordinating and guiding analytical studies in the following areas:
  - Reducing the volatility of RH supplies funding and lowering prices (for donors and country programs).
  - Mapping of RH supply issues in a range of developing countries.
  - Assessing the potential of generic and “southern” manufacturers to expand their markets.

- Assessing the options for pre-qualification of generic and “southern” manufacturers to better guarantee the quality of RH supplies at a lower cost.
  - Guiding the development of sustainable “market development” approaches.
- Leveraged and mobilized over \$15 million for studies to better define problems and possible solutions, for pilot activities, general support, and RH supplies.
- Worked to ensure the inclusion of RH supplies as a critical output in the “Maputo Plan of Action to expand Sexual and Reproductive Health Services in Africa,” as adopted by the Special Session of the African Union Conference of Ministers of Health in September 2006.
- Raised awareness of RH supply issues in West Africa, drawing support (including funding) from several members for a program in RH commodity security.

## Part 2: Strategic Framework for the Reproductive Health Supplies Coalition

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### **Vision of the Reproductive Health Supplies Coalition**

All people in LMI countries are able to access and use affordable, high-quality supplies, including a broad choice of contraceptives, to ensure their better reproductive health.

### **Overview of the Strategic Goals**

The Coalition is critically positioned to address the gaps and challenges affecting RH supplies and to take advantage of new opportunities. Accomplishment of the first two goals derives from the Coalition's use of its comparative advantage to address the major gaps in funding and the challenges in strengthening supply systems. For these goals to be achieved, the Coalition itself must ensure its capacity to play its critical roles—the focus of Goal. The key issues addressed by each goal and focus area are described briefly below and further detailed in Part 3.

#### **Goal 1: Increase the availability, predictability, and sustainability of financing for RH supplies**

Through this goal, the Coalition aims to increase resource flows for RH supplies from all sources at the global and country levels, including donors, consumers, public sector (country national and/or local level), and the private sector—including the commercial sector. It seeks to identify and mobilize new and innovative sources at the global, regional, and country levels, and to strengthen collaboration with, including funding from, other health-sector partnerships. Achieving this goal also depends on innovative mechanisms to reduce volatility and improve predictability of RH funding for supplies and the strengthening of country financing and procurement budgeting cycles.

#### **Goal 2: Strengthen the capacity of health systems to deliver RH supplies in a sustainable manner**

This goal aims to bring together the various strengths of Coalition partners to strengthen and sustain systems for managing and distributing RH supplies—including a broad choice of contraceptives—that meet the needs and demands of end-users. Given that the supply chain systems in many countries are inadequate and gaps in funding remain, the Coalition will continue to address acute problems of stock-outs and to advocate for inclusion of RH supplies in emergency supplies provided to people in countries suffering from conflict, natural disasters, and other crises.

This goal addresses the broad spectrum of contexts within which strengthened systems are needed: from stable contexts at the global and/or country level to temporary system failures, to contexts where systems have broken down or do not exist.

#### **Goal 3: Assure the added value of the Coalition as a productive and sustainable global partnership through support for efficiency, advocacy, and innovation**

This goal seeks to reinforce the capacity of the Coalition to bring together diverse stakeholders, share experiences and expertise, catalyze joint initiatives, increase effective use of limited resources, serve as the technical resource and global advocate for RH supplies security, and generate and promote innovation—all essential to meeting the first two strategic

goals. The Coalition strives to monitor and evaluate its performance as a means of strengthening its own capacity to yield results. It also seeks to sustain the Coalition's key support systems, including the Secretariat.

## **Guiding Principles**

Underlying all three strategic goals are a number of ethical principles that inform the relationship among individuals, the societies in which they live, and their access to high-quality RH care and supplies. These principles manifest themselves within each goal and will be tracked to ensure that they are reflected in concrete actions.

**Equity.** The lowest wealth quintiles and other marginalized groups generally have the least access to services and supplies. The Coalition and its partners will strive to ensure greater equity and improve access to RH supplies for those who are poor and marginalized. It will support, for example, targeting use of public funds as a safety net for those who need subsidized or free supplies. For those who can pay for their RH supplies, the Coalition will support increasing access to lower cost, high-quality commercial sector products.

**Product Options/Contraceptive Choice.** The needs of RH service clients are very diverse and will vary significantly during their reproductive life cycles. These varying needs, from contraception to safe delivery and treatment of STIs, require that clients have access to a range of products during their reproductive lives. Broad contraceptive choice allows clients to select the methods most appropriate for them. The Coalition will ensure that efforts to secure RH supplies are informed by the demands and needs of those at the receiving end. It will, among other things, draw attention to underused RH options and the research needed to fill RH diagnostic, drug, and contraceptive method gaps.

**Status of Women.** RH commodity security is greatly affected by the low priority given to reproductive health generally, which derives in no small part from women's low status, limited resources, and little power in decision-making. This is true even in countries where women play significant roles in productive activities. Public officials are more likely to continue RH funding and ensure sustainable systems if societal norms change to give greater value to women and their health.

**Country Ownership.** RH supply security is predicated on the commitment of countries to address their supply needs, and on the national ownership of efforts to do so. While international expertise can play a critical role in recognizing weaknesses and identifying technical remedies, the search for long-term solutions will only succeed when countries themselves define the roles of their partners, including the Coalition, and set their own supply agenda. The Coalition will, therefore, reinforce the principles of country leadership and ownership in all country-level RH supply security activities.

## **Assumptions**

In considering how the Coalition will achieve its goals and continue to add value to individual organization efforts, the following assumptions need to be considered:

**The Coalition relies on the contributions and mutual accountability of its members.** The Coalition will complement the activities of individual members by concentrating on areas where no one partner can effectively work alone, so as to leverage the comparative strengths and funding sources of all members. Coalition members will hold each other accountable to

meet commitments and standards of performance. At this time, the Coalition has very limited funding of its own for activities proposed by the Coalition. Until this changes, members and partners will be expected to fund activities with their own funds or by grants from other sources.

**The Coalition serves as a forum.** The Coalition will provide, as it has in the past, a forum for bringing together expertise (“brain trust”), catalyzing innovation, facilitating collaboration and harmonization, and ensuring agreement on common courses of action. The Executive Committee, Secretariat, Working Groups, and in some cases, members, will contribute to meeting these goals by meeting and working together with other stakeholders and interested parties. This approach will rely on the good will and trust of Coalition members and partners and a cooperative, problem-solving approach to developing solutions.

**The Coalition works with stakeholders.** The ultimate beneficiaries of Coalition efforts are those women and men in LMI countries able to access the RH supplies they need. Because the Coalition is not a service provider, it works with and through stakeholders committed to solving RH supply problems. These include country government and nongovernmental organizations, technical assistance providers, commercial producers, bilateral and multilateral donors, and others.

**RH commodity security optimally serves the “total market” of people’s needs.** The Coalition understands the need for and will encourage the participation of all sectors—private, commercial, NGO, and public—so as to maximize resources and serve all.

**The Coalition is not the only actor in RH supplies.** Although the Coalition includes many of the key stakeholders for RH supply security, there are other stakeholders not directly involved that will affect progress towards and the accomplishment of RH supply security as envisioned by this Strategic Plan.

**Adherence to key principles of the 2005 Paris Declaration on Aid Effectiveness.** In its work globally and in country, the Coalition and its partners will adhere to the principles of: ownership, alignment, harmonization, managing for results, and mutual accountability.

**RH Supplies are critical but not sufficient.** Although RH supplies are essential to RH care, meeting the RH needs of women, couples and families will require other significant contributions, including the training of staff, high-quality service delivery and quality assurance, as well as client education and reproductive health promotion.

## Part 3: Goals, Focus Areas, Objectives, Indicators, Roles of the Coalition, Partners, and the Secretariat

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The Strategic Plan's logical framework is presented below. For each goal, the framework identifies focus areas, and the priority areas of activity of the Coalition, its members, and the Secretariat. For each focus area, objectives are spelled out. The objectives are ambitious and knowingly beyond what the Coalition alone and/or any single partner can be held accountable. Nonetheless, they do encompass the essential conditions for meeting each goal and therefore provide key points of reference for tracking progress and adjusting Coalition activities over time. The framework references two sets of timelines—one with targets to be achieved by 2009, the end of the Secretariat's current funding cycle, the other by 2015, the target date for the MDGs. The framework outlines indicators for monitoring progress in meeting the objectives and the expected roles of the Coalition, its partners, and the Secretariat.

### **Goal 1: Increase availability, predictability, and sustainability of financing for RH supplies**

The Reproductive Health Supplies Coalition aims to mobilize and increase the full array of resource flows for RH supplies. Funding comes from a wide variety of sources at the global and country level: households, third-party payers, such as community and employer insurance schemes, national and local country budgets, and donors. New funding sources, such as the UNITAID airline tax and other global partnerships and private-sector suppliers and service providers are increasing their reach in many LMI countries. National and local (particularly in de-centralized systems) public-sector budgets should include RH supply-related line items (in a separate line item and/or under the Essential Drug List funding line item) that are adequately funded and that meet the needs of those requiring subsidized or free supplies. Poverty reduction strategy processes and other country-level mechanisms and policy instruments for allocating resources should also include provision for RH care and supplies. To stretch its limited funding, the public sector needs access to more choices of affordable, high-quality products and greater ability to smooth out the volatility of its resources and to more effectively manage its own resources through strengthened budgeting and procurement systems. Families in the middle- to upper-wealth quintiles should be able to purchase from a choice of affordable, commercial products. To the extent possible, alternative, local financing schemes such as community insurance should expand to include RH supplies, thereby reducing the burden on the public sector and promoting more sustainable funding and supplies.

Most funds and initiatives developed to address other priority health needs have an important supply component. Some, such as the GFATM, can, in principle, fund selected RH supplies (e.g. condoms) directly. Others, such as the Stop TB Partnership, require secure supplies for effective treatment, and the GAVI Alliance cannot achieve its immunization objectives without solving distribution issues within its priority countries. The Coalition aims to increase the global resource envelope for RH supplies, foster opportunities for sharing expertise, experience, and solutions to global and country supply issues, and harmonize efforts in building sustainable supply chain systems by aggressively advocating for closer collaboration and joint action with these other global partnerships and initiatives.

This goal comprises two broad focus areas, one directed towards increasing resources at the country level; and the other at the global level. Outlined below are the two focus areas and their corresponding objectives:

**Focus Area 1.1: Mobilize public sector and total market resources at country level**

*Objective 1.1.1:* By 2015, to increase availability, predictability and sustainability of public-sector funding.

*Objective 1.1.2:* By 2009/2015, to increase utilization of the private sector at country-level to secure RH supplies and services.

*Objective 1.1.3:* By 2009/2015, to increase funding for RH supplies and supply systems at country level through alternative domestic financing mechanisms (e.g., community health insurance, third-party payers, and employers).

*Objective 1.1.4:* By 2009/2015, to increase health partnership funding for RH supplies and supply systems at country level.

*Objective 1.1.5:* By 2015, to increase donor funding or in-kind donations of RH supplies at country level.

**Focus Area 1.2: Expand resources at global level for RH supplies**

*Objective 1.2.1:* By 2009/2015, to increase and/or make more predictable resources for RH supplies through new global funding sources and/or other mechanisms.

*Objective 1.2.2:* By 2009/2015, to increase by resources for RH and related supplies and supply chain systems from global partnerships.

*Objective 1.2.3:* By 2009/2015, increase the amount of donor resources for RH supplies globally, either through direct grants or to countries via multilateral and/other institutions.

**Goal 2: Strengthen capacity of health systems to deliver RH supplies in a sustainable manner**

Securing RH supplies relies on functional systems for forecasting needs, procuring, warehousing, distribution, and managing logistics information. In the past, in response to requests from developing countries, donor agencies and their partners provided technical assistance to build their capacity for all supply chain management requirements. But the use of different—sometimes duplicative—systems often resulted in confusion and frustration on the part of country partners and the inability to share data. Under the aegis of the Reproductive Health Supplies Coalition, members and their technical assistance partners are working with country counterparts to develop tools and data requirements agreed to by consensus among key partners to strengthen systems and data based decision-making throughout global and country RH supply chains, and a standard process for pre-qualification of RH products, manufacturers, and production facilities. They are also coordinating their efforts globally and at the regional and country levels to best match country needs with the available technical assistance. In addition, the Coalition and its partners' efforts to collaborate more aggressively with other global health initiatives and partnerships will help to ensure strengthened and more sustainable global, regional, and country systems for management and distribution of all health supplies, including RH supplies.

Until this long-term goal is achieved, it is inevitable that some countries will suffer from acute shortages of RH supplies. Under this goal, the Coalition's "Countries at Risk (CAR) Group" will continue regular teleconferences to share information, identify problems, and provide a coordinated response and solutions with a renewed emphasis on seeking input directly from countries themselves.

Countries suffering from conflict, natural disasters, and other crises also need support. The Coalition intends to identify ways that it can influence donors and agencies that respond to such emergencies to include RH supplies in their emergency supplies.

The Coalition will make important progress in meeting this goal through the following focus areas and objectives:

**Focus Area 2.1: Strengthen capacity at country level to ensure and sustain functional RH supply chains across all sectors**

*Objective 2.1.1:* By 2009/2015, to increase the number of LMI countries with plans and management structures in place to strengthen public sector supply systems.

*Objective 2.1.2:* By 2009/2015, to increase the number of LMI countries with effective RH supply chains in the public sector

*Objective 2.1.3:* By 2009/2015, to increase the number of LMI countries and organizations procuring pre-qualified RH supplies.

*Objective 2.1.4:* By 2009/2015, to increase the number of LMI countries with effective supply chains in the private and other non-public sectors.

**Focus Area 2.2: Strengthen capacity at global level to manage RH supply chains**

*Objective 2.2.1:* By 2009/2015, to increase the tools and resources available to oversee and manage global RH supplies.

**Focus Area 2.3: Provide coordinated response to RH supply disruptions**

*Objective 2.3.1:* From immediately, to avert RH supply disruptions at national level.

**Focus Area 2.4: Support a coordinated response to provide RH supplies to countries suffering from conflict, natural disasters, and other crises**

*Objective 2.4.1:* By 2009/2015, to increase the quantity and range of RH supplies being provided as part of emergency responses to conflict, natural disasters, and other crises.

### **Goal 3: Assure the added value of the Coalition as a productive and sustainable global partnership through efficiency, advocacy, and innovation**

The Coalition plays a crucial role in raising awareness and knowledge about RH supply issues, increasing funding for RH supplies, responding to RH supply crises in countries, and providing a forum for harmonizing approaches to supply chain management and commercial sector engagement. The Coalition's role as a forum for various types of events to enhance collaboration and cooperation on RH supplies requires renewed efforts to expand contacts and catalyze initiatives among key stakeholders—including the private sector, country-level governments, and other organizations—and development assistance agencies and policymakers in donor countries and financing institutions. Achieving progress and solving these problems will require the long-term engagement of Coalition members and other stakeholders and partners well beyond the current three-year funding for the Secretariat.

By monitoring its progress toward meeting the objectives and goals of this Strategic Plan, the Coalition can make mid-course adjustments to its performance, where necessary, and ensure its effectiveness. An in-depth mid-term review of its first years of operations also will help in assessing strengths and weaknesses and identifying areas where performance improvement is needed. To ensure its continuity, the Coalition must develop, agree on, and implement a realistic three- to five-year financing and resource mobilization plan for its support systems, including the Secretariat. As key issues are addressed, such as membership, the Coalition must also revise its TOR. At the same time, the Coalition and its Secretariat will take a proactive role in identifying specific needs for collaboration among key stakeholders, ensuring communication and information-sharing among all interested parties, acting as the global focal point for RH commodity security, and promoting adaptation and scale-up of proven best practices.

The Coalition will achieve Goal 3 through the following focus areas and objectives:

#### **Focus Area 3.1: Foster greater harmonization among stakeholders at global level**

*Objective 3.1.1:* To achieve greater harmonization of tools and approaches to securing RH supplies at a global level.

*Objective 3.1.2:* To increase collaboration among global stakeholders

#### **Focus Area 3.2: Foster greater harmonization among stakeholders at country level.**

*Objective 3.2.1:* To facilitate greater stakeholder collaboration at country level in key areas of RH supply security

#### **Focus Area 3.3: Serve as technical resource and global advocate for RH commodity security**

*Objective 3.3.1:* To establish a global one-stop information source on RH commodity security.

*Objective 3.3.2:* To raise the profile of RH supplies and RH commodity security at global and country levels.

#### **Focus Area 3.4: Promote innovation and utilization of new knowledge**

*Objective 3.4.1:* To identify and disseminate new knowledge pertaining to RH supply security.

**Focus Area 3.5: Establish and sustain systems required to achieve and assure Coalition success.**

*Objective 3.5.1:* By end of 2007, to have in place an approved and verifiable means to measure and document Coalition success.

*Objectives 3.5.2:* To ensure that Coalition activities and operations remain relevant and in accordance with strategic goals.

*Objective 3.5.3:* To secure the financial resources needed to sustain Coalition operations and value-added beyond 2009.

*Objective 3.5.4:* To ensure that Coalition policies and procedures are transparent and current.

**Detailed Strategic Framework**

The detailed framework in the following table links in a lineal fashion the logical and causal relationships among the various elements of the Strategic Plan—the focus areas, the objectives within each focus area, the indicators linked to the objectives, and the corresponding roles of the Coalition, the partners, and the Secretariat.

The roles of the Coalition include: providing expertise and experience (“brain trust”) and serving as a global resource on RH supply security, forging agreements that assure harmonization (of approaches, data, tools, etc.), and collaboration so as to assure unity of purpose and coordinated action for greater impact and change. The framework clarifies areas of present and potential action (related to the objectives and indicators) for the three Working Groups. The Resources and Mobilization Awareness-raising (RMA) Working Group, under Goal 1 in particular, has a significant advocacy agenda to develop, agree on, and implement at the global and country levels. Similarly, the Market Development Approaches (MDA) Working Group has a significant role to play in pursuing private-sector initiatives and innovative financing mechanisms at the country level as reflected in the objectives in Goal 1. The Systems Strengthening Working Group (SSWG) addresses most of the objectives under Goal 2 as well as several under Goal 1. Having said that, however, it is critical to emphasize that while some Working Groups may find certain goals to be more relevant to their work than others, there is no deliberate alignment or one-to-one correspondence among them. The goals were, in fact, explicitly formulated to ensure that they cross-cut all Working Groups.

The roles of the partners take into account the varied responsibilities they have as donors, providers of technical assistance, and implementing agencies. To the extent feasible and appropriate, they will implement activities in concert, or individually. The Secretariat, as the Coalition’s one dedicated entity, has several critical roles: leading key efforts; establishing the Coalition as the global resource on RH supplies security; monitoring and problem-solving; and as a neutral broker in facilitating, communicating, and creating fora for collaboration of the members of the Coalition and other stakeholders and partners.

Finally, it is important to note that the implementation of activities outlined in this plan is circumscribed by a host of parameters and assumptions. These include, as noted earlier, the Coalition’s reliance on the contributions and actions of its members. But it is also

circumscribed by such factors as the absence of independent funding for programmatic activities, the desire to demonstrate impact in a context where attribution is always ambiguous, and multiple time-horizons that reflect both the need to demonstrate short-term success and the desire to focus on the future.

It is entirely to be expected, therefore, that the strategic framework outlined in the table on the following pages should reflect these parameters. Firstly, it references two sets of time-horizons—one with targets to be achieved by 2009, the end of the Secretariat's current funding cycle, the other by 2015, the target date for the MDGs. Secondly, it adopts a definition of "country impact" that, in the short term, has been limited to a core set of "focus" countries receiving technical support from the Coalition's three Working Group's and the Global Programme to Enhance Reproductive Health Commodity Security.<sup>4</sup> Measurement of country impact (including baselines) during the current funding cycle will allow the Coalition to assess the effectiveness of its measurement strategy, and, if successful, expand the range of indicators and the numbers of countries for observation. And thirdly, it seeks out indicators that allow the Coalition to capitalize on the ongoing monitoring and evaluation (M&E) activities of current Coalition partners. To the extent possible, indicators have been chosen that are already being collected by partners or that could be collected with minimal, if any, additional burden to them.

## Goal 1: Increase availability, predictability, and sustainability of financing for RH Supplies.

### Focus Area 1.1: Mobilize public sector and total market resources at country level.

#### Activity 1.1.1: Objective: By 2015, to increase availability, predictability and sustainability of public-sector funding.

Indicator	Coalition Role	Partners' Role	Secretariat Role
1.1.1a Number of LMI countries where the importance of RH supplies is reflected by references to it in country planning and/or policy documents. <sup>5</sup>	In close collaboration with countries, reach agreement on advocacy plans (including tools and messages) to acknowledge importance of RH and RH supplies, and to achieve multi-year funded budget line items. Include focus on full range of RH supplies, contraceptive choice, and women and women's health.	Support development and production of tools and in-country implementation of activities. Support advocacy plans with key country decision-makers including full range of RH supplies, contraceptive choice, and needs related to women's health.	Support communication of partners and facilitate agreements.
1.1.1b Number of LMI countries with multi-year country budget line item for RH supplies.		Encourage use of advocacy toolkit developed by Coalition members.	Track and report on progress and problems. Report on successes.
1.1.1c Amount and % of RH supply budget line funding expended on RH supplies. <sup>6</sup>		Strongly encourage collaboration of country representatives and technical assistance partners.	
1.1.1d % of total RH supply needs covered by country government budgets. <sup>7</sup>			

**Activity 1.1.2:** Objective: To increase by 2009/2015 utilization at country-level of the private sector to secure RH supplies and services.

Indicator	Coalition Role	Partners' Role	Secretariat Role
<p>1.1.2a Number of LMI countries where initiatives are undertaken to identify barriers to private-sector provision of RH supplies and/or to change policies in favor of such provision.</p> <p>1.1.2b Number of LMI countries where identified barriers are removed and/or policy changes implemented.</p>	<p>Support joint initiatives to improve the policy environment for the private sector in LMI countries.</p>	<p>Provide support, as needed, for initial stages of expanded private sector and policy initiatives in target countries.</p> <p>Provide support, as needed, to help implement policy dialogue and other policy changes to reduce barriers and increase incentives for the private sector.</p>	<p>Support communication of partners and facilitate agreements.</p> <p>Track and report on progress and problems. Report on successes.</p>
<p>1.1.2c Number of LMI countries where private-sector initiatives are expanded and scaled up.</p>	<p>Support initiatives to encourage lower-cost RH suppliers to enter new markets in LMI countries and coordinate so as to maximize learning.</p>	<p>Support activities to provide proof of concept, feasibility, and profitability for low-cost suppliers and other private-sector approaches.</p>	
<p>1.1.2d Among sample of LMI countries, % of RH market served by private sector.</p>	<p>Reach agreement on best practices to expand private-sector involvement and RH supply sources. Identify resources for compilation and agree on countries for dissemination.</p>	<p>Facilitate adaptation and application of best practices where there is interest and where feasible. Strongly encourage collaboration of country representatives and technical assistance partners.</p>	<p>Assist with compilation and dissemination of best practices.</p>
<p>1.1.2e Among sample of LMI countries, % of users served by private sector.</p>			<p>Assist with arranging meetings with key stakeholders to facilitate agreements.</p>

**Activity 1.1.3:** Objective: To increase by 2009/2015 funding for RH supplies and supply systems at country-level via domestic financing mechanisms (e.g., community health insurance, third-party payers, employers).

Indicator	Coalition Role	Partners' Role	Secretariat Role
<p>1.1.3a Number of LMI countries where RH supplies are funded through alternative financing mechanisms. <sup>8</sup></p> <p>1.1.3b Number of LMI countries where use of alternative financing mechanisms is initiated before and sustained beyond 2009.</p>	<p>Reach agreement on the lessons learned and best practices from effective, alternative financing mechanisms at country level, dissemination mechanisms, and priority countries for dissemination.</p>	<p>Strongly encourage use of alternative financing and priority to inclusion of broad choice of RH supplies and services for women.</p> <p>Support scale-up and encourage dissemination and application of best practices through country representatives and technical assistance partners in country.</p>	<p>Assist with arranging meetings with key stakeholders.</p>
<p>1.1.3c Among sample of LMI countries, number of alternative domestic financing mechanisms being employed.</p>			

<b>Activity 1.1.4: Objective: To increase by 2009/2015 health partnership funding for RH supplies and supply systems at country level.</b>			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
1.1.4a Number of LMI income countries where RH supplies are included in proposals to international health partnerships.	Reach agreement on key global partnerships to target for aggressive advocacy and on strategy, approach, and roles and responsibilities.	Leverage relationships and influence with partnerships to the extent possible, and participate directly or through partners (making contacts, holding meetings, and following through).	Take lead per strategies agreed to (making contacts, meetings, discussions, and follow up). Coordinate closely with Coalition partners.
1.1.4b Number of LMI countries where RH supply interventions, or the lessons and tools derived from them, are being adopted at a system-wide level through the efforts of non-RH health partnerships. <sup>9</sup>	Share lessons learned from selected countries to more effectively collaborate with other global health partnerships at the country level.	Share lessons shared among Coalition partners with country representatives and technical assistance partners to improve effectiveness of collaboration with other global health partnerships on supplies issues in countries.	

<b>Activity 1.1.5: Objective: To increase donor funding or in-kind donations of RH supplies at country level.</b>			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
1.1.5a Number of LMI countries where donor funding for, or in-kind provision of, RH supplies has increased between 2009 and 2015.	Identify and agree on best prospective donors (new and traditional) and on key messages, materials, advocacy strategy, and roles of Coalition partners.	Leverage relationships and influence with donors; participate directly or through partners (making contacts, holding meetings, and following through).	Facilitate communication among Coalition partners and others. Take the lead on contacts with other donors per agreements among the Coalition partners.

**Focus Area 1.2:** Expand resources at **global level** for RH supplies.

**Activity 1.2.1:** Objective: By 2009/2015, to increase and/or make more predictable resources for RH supplies through new global funding sources and/or other mechanisms. <sup>10</sup>

Indicator	Coalition Role	Partners' Role	Secretariat Role
<p>1.2.1a Increase in number of global funding sources that allow for consideration/ inclusion of RH supplies and systems.</p>	<p>Reach agreement on strategies for pursuing best bets for new RH supplies resources.</p> <p>Enter into agreements with new sources of funding.</p>	<p>Advocate for and support funding of RH supplies from new sources; follow through on agreed-upon strategies.</p> <p>Support documentation of best practices and opportunities for expansion and scale-up.</p>	<p>Support communication of partners and facilitate agreements.</p> <p>Take lead as appropriate for and as agreed for specific strategies and initiatives.</p>
<p>1.2.1b Increase in level of funding for RH supplies by global funding sources and/or mechanisms.</p>			<p>Track and report on progress and problems. Report on successes.</p>
<p>1.2.1c Amount of funding provided through mechanisms that make RH supply resources less volatile (e.g., pledge guarantees).</p>	<p>Reach agreement on mechanisms that would help make RH supply resources more predictable.</p>	<p>Support testing of mechanisms that may make RH supply resources more predictable.</p>	<p>Assist with dissemination of best practices.</p>
<p>1.2.1d Number of countries/entities using new financing mechanisms.</p>	<p>Reach agreement on best practices derived from testing these new financing mechanisms and how best to disseminate them.</p>	<p>Direct country representatives and technical assistance partners to use new financing mechanisms as appropriate to fund RH supplies.</p>	

**Activity 1.2.2:** Objective: To increase by 2009/2015 resources for RH and related supplies and supply chain systems from global partnerships.

Indicator	Coalition Role	Partners' Role	Secretariat Role
1.2.2a Content and magnitude of relationships established with Global Fund and other relevant global health partnerships. (Descriptive indicator)	Reach agreement on key global partnerships to target for aggressive advocacy and on strategy, approach, and roles and responsibilities.	Leverage relationships and influence with partnerships to the extent possible, and participate directly or through partners (making contacts, holding meetings, and following through).	Take lead per strategies agreed to (making contacts, meetings, discussions, and follow up). Coordinate closely with Coalition partners.
1.2.2b Presence of guidelines (or guidance) for including RH supplies in grant applications to health partnership members.	Leverage Coalition collective will and influence, and meet as partner teams, as appropriate, with leaders of other partnerships.	Engage higher-level officials to make the case to leaders of other partnerships.	Track and report on progress and problems. Identify successes.
1.2.2c References to RH supplies/systems in partnership funding proposals increased. <sup>11</sup>			

**Activity 1.2.3:** Objective: To increase by 2009/2015, the amount of donor resources for RH supplies globally, either through direct grants or to countries via multilateral and/other institutions.

Indicator	Coalition Role	Partners' Role	Secretariat Role
1.2.3b Increase in number of donors making first-time contributions for RH supplies.	Leverage Coalition collective will and influence and meet other donors.	Engage higher-level officials to make the case to leaders of other donors for more funding for RH supplies.	Track and report on progress and problems. Identify and report on successes.

## Goal 2: Strengthen capacity of health systems to deliver RH supplies in a sustainable manner.

**Focus Area 2.1:** Strengthen capacity **at country level** to ensure and sustain functional RH supply chains across all sectors

**Activity 2.1.1:** By 2009/2015, to increase the number of LMI countries with plans and management structures in place to strengthen **public sector** supply systems.<sup>12</sup>

Indicator	Coalition Role	Partners' Role	Secretariat Role
2.1.1a Number of LMI countries that have led and developed a coordinated action agenda to improve RH supply chain performance.	Reach agreement/promote country-led action planning for strengthening public-sector RH supply chains. Identify tools and data for decision-making of greatest utility for preparing and implementing these plans. Include tools and data for tracking to ensure adequate choice among contraceptives, equity in access, and gender.	Provide input/technical assistance on tools, approaches and experiences applicable to specific country needs. Ensure that TA provided to countries is consistent with agreed on tools and data, including adequate contraceptive choices.	Support communication and facilitate agreements as needed.
2.1.1b Number of LMI countries that have taken action(s) per agenda in indicator above.			
2.1.1c Number of LMI countries with functioning RH commodity committees or similar mechanisms for managing RH supply chains.			

**Activity 2.1.2:** By 2009/2015, to increase the number of LMI countries with effective RH supply chains in the public sector.<sup>13</sup>

Indicator	Coalition Role	Partners' Role	Secretariat Role
<p>2.1.2 a Number of LMI countries where efforts to support supply chain management are harmonized with other global partnerships. (Descriptive indicator to capture approaches used.)<sup>14</sup></p>	<p>Prioritize partnerships with which to harmonize approaches, systems strengthening, and supply chain management.</p> <p>Develop strategies for working with the other partnerships on these issues at country level.</p>	<p>Implement strategies according to agreements; collaborate with other partnerships on supplies issues at country level.</p> <p>Support sharing of country experience and models through country representatives, technical assistance partners, and other stakeholders.</p>	<p>Facilitate communication and sharing of experiences and models.</p>
<p>2.1.2 b Evidence (described and enumerated) of changes/improvements in supply chain performance.<sup>15</sup></p>	<p>Help identify countries with commitment to improving supply chains and agree on support to be provided.</p> <p>Facilitate the application of approaches, tools, and data for decision-making throughout the RH supply chain. Include tools and data for tracking to ensure adequate choice among contraceptives, equity in access, and gender.</p> <p>Consolidate lessons from country experience to be shared with other countries/programs.</p>	<p>Provide input/technical assistance, including approaches, tools, and data sources for improving RH supply chain performance.</p> <p>Ensure that technical assistance provided to countries is consistent with agreed-upon tools and data, including adequate contraceptive choice.</p>	<p>Support communication and facilitate agreements as needed.</p>

<b>Activity 2.1.3: By 2009/2015, to increase the number of LMI countries and organizations procuring pre-qualified RH supplies.</b>			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
2.1.3a Number of producers/factories, pre-qualified under WHO Prequalification Programme.	Support pre-qualification program through awareness creation, reach agreement on and endorse pre-qualification process, priorities, etc.	Encourage suppliers to pre-qualify  Technical support to generic manufacturers to pre-qualify	Track and report on progress and problems. Identify and report on successes.
2.1.3b Number of organizations and LMI countries procuring pre-qualified RH products.	Formulate and endorse concerted action to ensure use of pre-qualification process/role.	Encourage use of pre-qualification by suppliers and prequalified suppliers by technical assistance and country partners.	Facilitate dissemination of best practices.

<b>Activity 2.1.4: By 2009/2015, to increase the number of LMI countries with effective supply chains in the private and other non-public sectors.</b>			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
2.1.4a Evidence of changes/improvements in private sector and other RH supply chains. (Descriptive indicator)	Help identify countries with commitment to improving non-public sector supply chains and agree-upon support to be provided.	Provide input/technical assistance as appropriate to needs and requests.	Track and report on progress and problems. Identify and report on successes.

**Focus Area 2.2: Strengthen capacity at global level to manage RH supply chains.**

**Activity 2.2.1:** By 2009/2015, to increase the tools and resources available to oversee and manage global RH supplies.

Indicator	Coalition Role	Partners' Role	Secretariat Role
2.2.1a Description of the data available and used on RH supplies at global level (e.g., from RH Interchange, NIDI-Netherlands Interdisciplinary Demographic Institute, UNFPA)	Identify analytical and data needs for global supply management; formulate and endorse actions to address key problems identified.	Support meeting analytical and data collection needs. Follow up on agreed-upon actions to address key problems.	Facilitate communication and agreements. Track actions and follow up.

**Focus Area 2.3: Provide coordinated response to RH supply disruptions.**

**Activity 2.3.1:** To avert RH supply disruptions at national level.

Indicator	Coalition Role	Partners' Role	Secretariat Role
2.3.1a Number of disruptions solved relative to the number of disruptions reported to the CAR Group.	Assure functionality and sustainability of CAR Group. Identify and help solve problems in countries with acute RH supply problems.	Ensure accurate and timely delivery of country supply data to CAR Group. Report potential stock-outs in a timely manner. Make recommended actions in a timely manner.	Support CAR Group. Broaden sources of critical information to CAR Group.

**Focus Area 2.4:** Support a coordinated response to provide RH supplies to countries suffering from conflict, disasters, etc.

**Activity 2.4.1:** By 2009/2015, to increase the quantity and range of RH supplies being provided as part of emergency responses to conflict, natural disasters, and other crises.

Indicator	Coalition Role	Partners' Role	Secretariat Role
2.4.1a Number of LMI countries in crisis receiving RH supplies.	Reach agreement on key agencies and for a for advocacy, key partners, and stakeholders with leverage.	Provide technical input and expertise relevant to RH supplies in emergencies. Identify leverage opportunities/contacts.	Facilitate consideration of RH supplies in emergency situations. Facilitate contact and communication with crisis relief agencies.
2.4.1b Number of emergency relief agencies that provide RH supplies.	Reach agreement on messages, approaches, and overall advocacy strategy.	Use leverage opportunities and contacts to advocate for provision of RH supplies to countries suffering from conflict, etc.	Follow up on implementation and take lead role as needed.

**Goal 3: Assure the added value of the Coalition as a productive and sustainable global partnership through efficiency, advocacy, and innovation.**

**Focus Area 3.1: Foster greater harmonization among stakeholders at global level.**

**Activity 3.1.1: To achieve greater harmonization of tools and approaches to securing RH supplies at a global level.<sup>16</sup>**

Indicator	Coalition Role	Partners' Role	Secretariat Role
<p>3.1.1a Number/description of harmonized tools and approaches (Note: this indicator will sum up joint actions and initiatives from Goals 1 and 2 as well as specific actions under this Goal 3).</p> <p>3.1.1b Instances in which joint actions and initiatives are applied at country level.</p> <p>3.1.1c Documentation of results of joint actions. (Descriptive indicator)</p>	<p>Reach agreement on areas for harmonization and strategies for achieving greater harmonization and efficiency at the country level, including selection of priority countries.</p>	<p>Commit to, adopt, and follow through on agreed courses of action.</p>	<p>Support communication among partners and facilitate agreements.</p>

<b>Activity 3.1.2: To increase collaboration among global stakeholders.</b>			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
3.1.2a Number of contacts and instances of collaboration with donors and financing institutions.	Reach agreement on initiatives. Collaborate on new working relationships among members and other stakeholders.	Follow through on agreed courses of action.	Lead the planning for and facilitating of key meetings and other events.
3.1.2b Number of new donors contacted and engaged in Coalition-related events and actions.			
3.1.2c Number of global health partnerships engaged in Coalition-related actions.			

<b>Focus Area 3.2: Foster greater harmonization among stakeholders at country level.</b>			
<b>Activity 3.2.1: To facilitate greater stakeholder collaboration at country level in key areas of RH supply security.<sup>17</sup></b>			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
3.2.1a Instances (described and enumerated) of completed or ongoing collaboration or joint actions at country level <sup>18</sup> (Note: this indicator will sum up joint actions and initiatives from Goals 1 and 2 as well as specific actions under this Goal 3.)	Reach agreement on areas for harmonization and strategies for achieving greater harmonization and efficiency at the country level, including selection of priority countries.	Commit to, adopt, and follow through on agreed courses of action.	Support communication among partners and facilitate agreements.
3.2.1b Examples (described and enumerated) of reduced duplication.			

**Focus Area 3.3:** Serve as technical resource and global advocate for RH commodity security.

**Activity 3.3.1:** To establish a global one-stop information source on RH commodity security.

Indicator	Coalition Role	Partners' Role	Secretariat Role
<p>3.3.1a Website with all relevant linkages established.</p> <p>3.3.1b Number of web site visits/hits and downloads.</p>	<p>Adopt common language about RH supplies security. Agree on and provide feedback on Coalition communication strategy and website design.</p>	<p>Contribute to website. Provide appropriate web linkages. Commit to and follow up on agreed to courses of action to implement Coalition communication strategy.</p>	<p>Lead development of Coalition communication strategy for information dissemination and advocacy along with appropriate quantitative and qualitative indicators.</p>
<p>3.3.1c Frequency and description of visits and representation at meetings.</p>	<p>Provide suggestions on for a for providing information about RH supplies issues and Coalition.</p>	<p>Share information from own experts and technical assistance partners. Provide access to technical and other resources.</p>	<p>Develop and manage web site. Follow up with linkages and related matters.</p>
<p>3.3.1c Evidence (enumerated and described) that Coalition-generated information is being used.</p>		<p>Provide Secretariat with accounts and other evidence that Coalition-generated information is being used.</p>	<p>Document and synthesize information.</p> <p>Solicit information from global and country stakeholders.</p>

<b>Activity 3.3.2</b> Raise profile of RH supplies and RH commodity security at global and country-levels.			
<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
<p>3.3.2a References to RH supplies or opportunities used to inform and promote need for RH supply security at international for a.</p> <p>Note: this indicator will sum up opportunities used from Goal 1 and 2 as well as specific actions under this goal.</p>	<p>Use leverage to put RH supplies security at center of debate in Paris meetings of the DAC (Development Assistance Committee of the OECD). Reach agreement on priority opportunities to advocate for RH supplies and actions to take.</p>	<p>Commit to and take action per agreements with Coalition members.</p>	<p>Help to identify advocacy opportunities and bring to attention of Coalition partners.</p>
<p>3.3.2b References to RH supplies and supply security in publications and communication materials of Coalition members and partners.</p>			<p>Conduct specific, relevant advocacy tasks and activities.</p>

## Focus Area 3.4: Promote innovation and utilization of new knowledge

### Activity 3.4.1: Identify and disseminate new knowledge pertaining to RH supply security.

Indicator	Coalition Role	Partners' Role	Secretariat Role
3.4.1a Key actionable findings and experiences identified and summarized. (Note: this indicator will include examples from Goals 1 and 2 as well as specific actions under this Goal 3.)	Reach agreement on new knowledge, when appropriate, and priorities for dissemination.	Commit to action and direct country representatives and technical assistance partners to implement what is agreed upon.	Facilitate identification of best practices; develop broader dissemination plan.
3.4.1b Different audiences (enumerated and described) targeted with information and/or new knowledge. (Note: this indicator will include examples from Goal 1 and 2 as well as specific actions under this Goal 3.)	Reach agreement on feedback about dissemination plan.	Support activities needed to ensure dissemination and use and scale-up of new knowledge by technical assistance partners and country representatives.	Track progress and problems and help identify solutions. Identify and report on successes.
3.4.1c Instances where new knowledge/tools have been adapted and/or applied (Note: this indicator will sum up examples from Goals 1 and 2 as well as specific actions under this Goal 3).		Help to track application of new knowledge and scale-up by partner organizations and country programs.	

**Focus Area 3.5: Establish and sustain systems required to achieve and assure Coalition success**

**Activity 3.5.1:** By end of 2007, have in place an approved and verifiable means to measure and document Coalition success.

Indicator	Coalition Role	Partners' Role	Secretariat Role
3.5.1a Monitoring plan (that includes indicators for equity, status of women, and choice) reviewed by all key parties and approved.	Collaborate on monitoring requirements and propose indicators for Working Group activities.	Contribute/support expertise on indicators and mechanisms for tracking indicators in Coalition framework and work plans.	Lead development of Coalition monitoring plan. Follow up with all Coalition structures for input and final agreement.
3.5.2 Ensure that Coalition activities and operations remain in-line with strategic goals.			
3.5.2a Mid-term review conducted and recommendations reviewed.	Reach agreement on mid-term review scope of work and team members. Reach agreement on response to recommendations.	Participate in mid-term review process and support team, if needed.	Manage development and approval of scope of work and team for mid-term review. Assist team as needed. Follow up on results.

**Activity 3.5.3:** Secure the financial resources needed to sustain Coalition operations and value-added beyond 2009.

Indicator	Coalition Role	Partners' Role	Secretariat Role
3.5.3a Financing and resource mobilization plan for the Coalition and Secretariat developed, reviewed by all key parties, and approved.	Reach agreement on ideas/approach proposed for financing and resource mobilization plan.	Support any analyses needed, review options proposed, and consider their feasibility for longer-term support of Secretariat and Coalition. Commit to approach and follow through with as agreed with Coalition partners.	Lead development and approval process for financing and resource mobilization plan for Secretariat and Coalition.

**Activity 3.5.4:** Ensure Coalition policies and procedures are transparent and current.

<b>Indicator</b>	<b>Coalition Role</b>	<b>Partners' Role</b>	<b>Secretariat Role</b>
3.5.4a Elapse in time between major changes in Coalition systems, policies and procedures, and updates in Terms of Reference.	Reach agreement on needed changes in procedures.	Participate in discussions, task forces, and other Working Groups so as to reach timely agreements on procedures.	Prepare issues papers, proposals, and clear plans for resolving issues, as needed. Develop and apply communications strategy and tools.

## Next Steps for Implementation of this Strategic Plan

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This Strategic Plan outlines the expected results of the Coalition as a whole. To be implemented, it requires translation into work plans for the different structures of the Coalition, namely the three Working Groups and the Secretariat, as well as the Executive Committee. As the Strategic Plan was derived in large measure from the planning processes of the Working Groups, there is considerable overlap. However, the Strategic Plan presents a different organization of language and elements and some new elements.

Each Working Group will need to review the Strategic Plan and identify those focus areas and objectives that pertain to its areas of responsibility and interests. The Working Groups will then need to identify the activities they should undertake in order to help achieve those objectives. The necessary level of detail will vary from one focus area and objective to another, and may require spelling out sub-objectives and activities. The Working Group work plan should also include timelines, member responsibilities, and indicators for monitoring progress in completing or achieving the activities. The Working Groups should cross-reference their work plans with the framework elements, to ensure that their plans cover all the relevant activities needed to achieve the objectives. For some focus areas and objectives, more than one Working Group may be involved; in those cases, the Working Groups need to either work together to prepare their work plans and/or identify how to coordinate their activities.

For those focus areas and objectives, which are not already in the purview of a Working Group, the Secretariat and the Executive Committee, in consultation with the Working Groups, will need to identify the most appropriate Working Group or identify another structure to assume responsibility. Similar to those focus areas and objectives already within Working Group responsibilities, work plans to address the new focus areas and objectives will need to be prepared—with activities, timelines, and indicators for tracking progress.

The Secretariat will be responsible for preparing an overall monitoring plan for the Coalition. The plan will help track progress in achieving the goals and objectives of this Strategic Plan (including the establishment of key baseline indicators) as well as monitor compliance with the work plans prepared by the Working Groups, the Secretariat, and any other structures responsible for focus areas and objectives in the Strategic Plan.

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<sup>1</sup> Interim Working Group on Reproductive Health Commodity Security. 2001. *Defining Reproductive Health Supplies: A Survey of International Programs*. In *Meeting the Challenge: Securing Contraceptive Supplies*. Washington, DC: Population Action International.

<sup>2</sup> Hare, L., Hart, C., Scribner, S., Shepherd, C., Pandit, T. (ed), and Bornbusch, A. (ed.). 2004. *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessment, Planning and Implementation*. Baltimore, MD.: Information and Knowledge for Optimal Health (INFO) Project/Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

<sup>3</sup> UNFPA. 2004. *Financial Resource Flows for Population Activities in 2003*. New York, NY: UNFPA.

<sup>4</sup> “Focus” countries include the following: Bangladesh, Burkina Faso, Ethiopia, Ghana, Guatemala, Honduras, Mexico, Mongolia, Mozambique, Nepal, Nicaragua, Tanzania, Rwanda, and Uganda.

<sup>5</sup> Documents may include PRSPs, Mid-term Economic Frameworks (MTEF), Country Strategy Papers (CSP), Joint Assistance Strategies (JAS).

<sup>6</sup> For indicators 1.1.1a, 1.1.1b, and 1.1.1c, data is to be collected from all “focus countries”, and any others for which data is available through Coalition partners.

<sup>7</sup> Universe for Indicator 1.1.1d would include all countries for which data has been collected in indicators 1.1.1a, 1.1.1b, and 1.1.1c.

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<sup>8</sup> Achievement of indicator predicated on a common definition and listing of alternative financing mechanisms, along with collection of data to estimate amount of funding.

<sup>9</sup> Examples could include efforts by such non-RH partnerships as the Stop TB Partnership or the Roll Back Malaria Partnership to incorporate the lessons of RH supply strengthening as a means of strengthening health systems more broadly.

<sup>10</sup> Examples of new funding mechanisms include UNITAID airline tax and pledge guarantee.

<sup>11</sup> References can be tracked through periodic word searches of published proposals (i.e., Global Fund)

<sup>12</sup> Systems include assessment, forecasting, costing, financing, procurement, delivery, and evaluation.

<sup>13</sup> Supply chains encompass provisions for effective assessment, costing, forecasting, financing, procurement, delivery, and evaluation.

<sup>14</sup> Examples could include collaboration in the areas of data collection, distribution, etc.

<sup>15</sup> The descriptive nature of this indicator acknowledges the fact that system improvements may take many shapes and forms. The evidence used to substantiate this indicator, therefore, may be equally broad and varied.

<sup>16</sup> Tools and approaches may encompass a broad range of critical issues such as advocacy at country and global levels (e.g., messaging toolkit) ; estimates of global RH supply needs; improving RH supply chains (e.g., SPARCHS, RHInterchange, Interagency List of Essential Medicines); and alternative financing mechanisms.

<sup>17</sup> Key areas of support could include: plans for improving RH supplies and supply chains; approaches and tools for local advocacy, and approaches for engaging other health partnerships.

<sup>18</sup> Collaboration of joint action could include the application at country level of a jointly developed product (advocacy toolkit) or joint collaboration by multiple agencies (i.e., to improve policies for private sector).