

Reproductive Health Supplies Coalition

Fall Meeting

October 19–20, 2006

Bonn, Germany

Meeting Minutes

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All attachments are available on the RHSC website at:

<http://www.rhsupplies.org/news.shtml?navid=23>

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- Attachment 2: Text of John Skibiak's speech: "Taking Stock, Thinking Strategically."
- Attachment 3: Presentation slides: "A Reproductive Health Commodity Security Strategy for the West Africa Subregion 2007–2011."
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List of Acronyms

ABCD	Advocacy, Brokerage, Catalyzation/Commitment, and Dissemination
ADB	Asian Development Bank
ARV	Antiretroviral (drugs)
BMZ	German Federal Ministry of Economic Cooperation and Development
CAR	Countries at risk (of RH supplies stockouts)
CPR	Contraceptive prevalence rate
CSWG	Contraceptive Security Working Group
DFID	United Kingdom Department for International Development
DHS	Demographic and Health Surveys
ECOWAS	Economic Community of West African States
FGAE	Family Guidance Association of Ethiopia
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMP	Good Manufacturing Practice
IWG	Interim Working Group
JSI	John Snow, Inc.
MDA WG	Market Development Approaches Working Group
MOH	Ministry of Health
MSI	Marie Stopes International
NGO	Nongovernmental organization
NRHP	National Reproductive Health Program, Cambodia
PAI	Population Action International
PIC	Pharmaceutical Inspection Convention
PPD	Partners in Population and Development
PSI	Population Services International
RACHA	Reproductive and Child Health Alliance, Cambodia
RH	Reproductive health
RHAC	Reproductive Health Association of Cambodia
RHCS	Reproductive health commodity security
RHI	RHInterchange
RHSC	Reproductive Health Supplies Coalition
RMA WG	Resource Mobilization and Awareness Working Group
SOP	Standard operating procedure
SRH	Sexual and reproductive health
SSWG	Systems Strengthening Working Group
STI	Sexually transmitted infection
SWAps	Sector-wide approaches
TB	Tuberculosis
TMA	Total market approaches
TOR	Terms of reference
UK	United Kingdom
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization
WG	Working group
WHO	World Health Organization

Executive Summary

On October 19–20, the Reproductive Health Supplies Coalition (RHSC) convened in Bonn, Germany for its sixth semi-annual meeting. The meeting, hosted by the German Federal Ministry of Economic Cooperation and Development (BMZ) was held in the former offices of the German Chancellor, the Kanzleramt.

In light of the new opportunities resulting from the recent establishment of the RHSC Secretariat, the theme of this meeting was “taking stock and planning strategically for the future.” One goal of the meeting was to achieve consensus on a series of expectations for the Coalition that members voiced in discussions with the RHSC Director. These included notions of the Coalition serving as a “brain trust” to generate new knowledge and better tools for better programs; having the ability to “maximize impact at country level” through its convening power; serving as an instrument for realizing members’ institutional goals and objectives; and serving as a vehicle for bringing about change through unity of purpose and action.

In keeping with the focus on planning for the future, the Coalition’s three Working Groups were asked to review and present their portfolios with a view toward defining next steps: where they expected to take their work and what changes, if any, would be required of the Coalition to facilitate that process. Specifically, the groups were asked to focus on five areas of change: Management: the structure of the Coalition, how it operates, and how it takes decisions; Membership: the way the Coalition incorporates and maximizes the input of individuals, sectors of society, countries, or institutions; Money: resources, sustainability, and the capacity to support the activities the Coalition hopes to accomplish; Measurement: criteria by which the Coalition can judge implementation and achievement of long-term goals and priorities; and Marketing: the ability of the Coalition to heighten awareness of its work as a means to garner support and resources.

Another notable feature of the Bonn meeting was the participation of delegations from two countries, Cambodia and Ethiopia, who were asked to share their country-level experience in regard to reproductive health supplies issues. This was the first time country teams had been invited to a membership meeting, and their participation provided a reality check, again reflecting the planning focus of the meeting.

The Resource Mobilization and Awareness (RMA) Working Group (WG) is developing a coherent advocacy approach to increase political commitment and resources for reproductive health supplies at global, regional, and country levels. This support will be critical during the next phase of the Coalition, as its members work toward achieving supplies security at the country level. The RMA WG reported on their progress to date in developing an advocacy guide and toolkit for marketing reproductive health commodity security worldwide, and led a participatory process to reach consensus on five priority RHSC audiences. The RMA WG will use the input gained from the meeting to develop messages for those audiences.

Draft Meeting Minutes

THURSDAY, October 19, 2006

Welcome and Introductions

Ms. Ingrid Gabriela Hoven, Head of Directorate, Global and Sectoral Tasks, on behalf of the Host Institution, German Federal Ministry of Economic Cooperation and Development (BMZ)

Dr. Thoraya Obaid, Executive Director, UNFPA
The text of Dr. Obaid's speech is in Attachment 1.

Wolfgang Bichmann, RHSC Co-Chair, opened the meeting. He noted that the meeting room was called the NATO Room during the time when the campus was the home of the Chancellor's Office. In a visionary spirit of international cooperation and support, BMZ has re-named the room after Nelson Mandela.

Ingrid Gabriela Hoven welcomed meeting participants on behalf of the host institution, BMZ, and the Minister, Heidemarie Wieczorek-Zeul, who was unable to welcome the group in person. Ms. Hoven noted that for BMZ, supplies have long been a fundamental element of development support. BMZ welcomed the establishment of the RHSC and hopes that in its coordinating role it can help ease the burden on country ministries as they work with multiple donors. A key role for the RHSC should be to give guidance for practical implementation.

Thoraya Obaid, UNFPA Executive Director, thanked BMZ for hosting the meeting. She expressed appreciation for the work of the RHSC, its Director, John Skibiak, and its Working Groups. She also noted the important achievements of the West African Health Organization (WAHO) and the Economic Community of West African States (ECOWAS) in prioritizing the inclusion of line items for reproductive health (RH) supplies in members' budgets. She strongly endorsed the Maputo Plan of Action. She noted that support for RH recently was seen at the highest level when the UN Secretary General described universal access to RH commodities as a prerequisite to the achievement of the Millennium Development Goal to improve maternal health. The RHSC, which has a shared mission and common vision, can play a key role in advocating for commodity security, which is closely tied to human security.

Wolfgang Bichmann welcomed the two teams of representatives from Cambodia and Ethiopia, who were invited to provide country-level perspectives and priorities in regard to RH supplies security issues.

All those present then introduced themselves.

Update on the Secretariat, New Staff, and Brussels Office

Margret Verwijk, RHSC Co-Chair, noted the progress made by the Coalition in the past year. With support from the Bill & Melinda Gates Foundation, the Coalition now has a Secretariat with a Director, staff, and an office in Brussels. A functional Secretariat will allow for further support to and coordination between the Working Groups. The Coalition is becoming a professional organization whose member organizations have the required funding to achieve their RH supply security objectives. At the same time, the volunteerism of these members will still be essential to move forward the RHSC agenda.

Report on the Executive Committee Meeting on October 18

Margret Verwijk provided a summary of the Executive Committee meeting that had taken place the previous day in Berlin.¹ She noted that the Committee would also hold a follow-up meeting on Friday, October 20, directly after the RHSC membership meeting.

The October 18 meeting of the Executive Committee included briefings on three initiatives: the Global Programme and how the Coalition and the Programme can contribute to each other's objectives; the Resource Mobilization and Awareness Working Group and their work plan, which now has been fully funded; and the African Union Ministers of Health meeting in Maputo.

USAID announced that they will be able to support work of the RHSC through the recently-awarded DELIVER II Project.

The Executive Committee discussed RHSC priorities in terms of five "M's": Management (operations and structure), Membership (size, content, roles), Money (sustainability), Measurement (indicators of success), and Marketing (establishing credibility through awareness of ourselves and our work).

Taking Stock, Thinking Strategically

Speaker: John Skibiak, RHSC Director

The text of this presentation is in Attachment 2.

John Skibiak noted that the Executive Committee had identified the theme of this meeting—taking stock and determining future directions—with the objective of arriving at a consensus on priorities and next steps. The content, logic, and flow of the proceedings were planned toward this end.

To provide an overview of the Coalition, John briefly traced the history of the RHSC. In 2000, following a meeting at UNFPA of the Working Group of the Global Initiative on Reproductive Health Commodity Management of UNFPA, an Interim Working Group (IWG)—consisting of JSI, PAI, PATH, and the Wallace Global Fund—was established. The IWG sought to further the objectives of the Programme of Action by raising awareness of the importance of RH supplies, and it secured funding to convene a meeting to place RH supplies on the global development agenda. The meeting was held in Istanbul, Turkey, in May 2001. The Istanbul Declaration that came out of this meeting cited donor coordination as a critical issue. Between 2003 and 2004, a group of donor agencies was convened to explore the feasibility of an RH commodity fund. Though interest in the fund eventually waned, the donor group recognized the value in their meeting and, once their charge was complete, decided to formalize their partnership (with staffing support from the Supply Initiative) and to begin meeting on a routine basis. It was this expanded partnership that formed the basis for today's Reproductive Health Supplies Coalition. Elizabeth Lule of the World Bank served as the first rotating Chair. A TOR was developed, and the first RHSC meeting was held in April 2004.

John Skibiak became Director of the RHSC Secretariat in July 2006. Immediately upon assuming his responsibilities, he conducted extensive interviews with Coalition members to ascertain what they valued about the RHSC, what they thought could improve, and where they saw the RHSC moving in the next three to five years. In the discussions, four themes emerged as members described their expectations:

- The RHSC is a "brain trust" that generates new knowledge and better tools for better programs.
- The RHSC has the ability to "maximize impact at country level" through its convening power,

¹ RHSC Executive Committee members: Co-Chairs Wolfgang Bichmann and Margret Verwijk; Rogelio Fernandez-Castilla, UNFPA; Terri Bartlett, PAI/Supply Initiative; Jaime Buitrago, Profamilia/Colombia (not in attendance on 18 October); Valerie De Filippo, IPPF; Rama Lakshminarayanan, World Bank; Susan Rich, Bill & Melinda Gates Foundation; John Skibiak, RHSC Secretariat; Scott Radloff, USAID; and Lena Sund, European Commission. Also in attendance at the October 18 meeting were Alan Bornbusch, USAID, and Jagdish Upadhyay, UNFPA.

- which can bring together key players (including donors) to build support for RH supplies.
- The RSHC is an instrument for realizing members' institutional goals and objectives through advocacy, communicating ideas and values, and bringing together various members, Working Groups, and key partners.
- The RHSC has the ability to bring about change through unity of purpose and action (e.g., WHO prequalification of products by generic manufacturers).

John noted that this meeting in Bonn was designed to achieve consensus on these expectations. The Working Groups would report on their recommendations for future activities and identify the implications of those activities for the Coalition and how it operates. Discussion of the practical implications would be grounded in a framework of the following "M's":

- Management: the structure of the Coalition, how it operates, and how it makes decisions.
- Membership: the way the Coalition incorporates and maximizes the input of individuals, sectors of society, countries, or institutions.
- Money: resources, sustainability, and the capacity to support the activities the Coalition hopes to accomplish.
- Measurement: criteria by which the Coalition can judge implementation and achievement of long-term goals and priorities.

Discussion

- The Coalition should focus on supporting initiatives and programs at country and global levels through coordination, awareness-raising, and provision of information; it can be a broker, but it should resist the temptation to be another implementing organization.
- The Coalition should share and not compete for resources.
- To date, the Coalition has operated at the global level; coordination at the country level will present new challenges. How will communication between these global, regional, and country levels take place? What will be the strategy and distribution of tasks within the Coalition?
- In the new aid environment (within the context of the Paris Declaration, basket funding, SWAps), donors seek to help governments "achieve the goals they have set for *themselves*." How will the Coalition work in this environment?
- Bi-lateral support from the European Union for RH is increasing; it is allocated as budget support. However, in the new environment it is up to the countries to request support. The RHSC can help in this process by working with countries to make this a priority. Countries have to show how they want the money before it can be spent.
- Donor alignment and coordination is a key role for the Coalition.
- An important function of the RHSC will be dissemination to broader audiences of information and tools—in particular through its website, which is under development.

Update on WAHO Meeting and West Africa Initiatives

Speaker: Kabba Joiner, WAHO

The presentation slides are in Attachment 3.

The West African Health Organization (WAHO) is part of the Economic Community of West African States (ECOWAS), a regional group of sixteen countries. Seeing the critical importance of RH supplies in addressing the high rates of maternal and infant mortality and the spread of HIV/AIDS in the region, the Ministers of Health developed a subregional RH commodity security (RHCS) strategy that would reinforce and support national activities as one step toward ensuring RHCS. In 2005 and 2006, three workshops provided opportunity for further input, resulting in a final draft with four main components: improvement of the context/environment (main message: initiate processes for self-sufficiency, don't be donor-dependent); coordination of RHCS activities; capacity building (technical assistance must lead to sustainability, and retaining trained staff is key); and country support through targeted technical assistance. It lists three key activities: a coordinated informed buying system, RHCS capacity building,

and harmonization of the regulatory and policy frameworks. The strategy document also includes result indicators, expected outcomes, and an estimation of costs. The ECOWAS Health Ministers approved the RHCS strategy in July 2006. Implementation is planned to begin in January 2007.

Mr. Joiner described messages and strategies that were effective in developing and garnering support for the RHCS strategy:

- Using a mix of several approaches, “the ABCD strategy,” which included Advocacy, Brokerage, Catalyzation/Commitment, and Dissemination.
- Emphasizing maternal and child health.
- Linking low contraceptive prevalence rates and low birth intervals to high maternal and infant mortality rates.
- Avoiding the terminology of family planning, which raises the spectre of population control.
- Promoting prevention of HIV/AIDS transmission: although infection rates are still comparatively low in West Africa, measures are needed to prevent the spread of AIDS.

Briefing on the Maputo Meeting

Speaker: Jagdish Upadhyay, UNFPA

The Maputo Plan of Action is in Attachment 4.

The African Union Ministers of Health meeting in Maputo was a special session to discuss and operationalize the Continental Sexual and Reproductive Health (SRH) Policy Framework, which was adopted by the Conference of African Ministers of Health at their meeting in Gaborone in 2005. The Maputo meeting was organized by the African Union in two parts: a meeting of health experts (two from each country in Africa) on September 18–20, during which the experts developed indicators and an operational plan to recommend to the Health Ministers; and a meeting of the Health Ministers on September 20–21, to discuss and endorse those recommendations. The approved plan supports sexual and reproductive health and rights (including linking RH, HIV/AIDS, and RH commodity security), and it addresses the issues of safe abortion and reproductive health needs of youth. The Continental SRH Policy and the Maputo Plan of Action will facilitate countries’ budget discussions and follow-up with countries by multi- and bi-lateral agencies, NGOs, and other donors.

MDA Working Group Updates

Second-Tier Markets

Speaker: Lester Chinery, ICON

The presentation slides are in Attachment 5. Also see the briefing paper, Attachment 6.

The second-tier approach is one of many possible total market approaches (TMA) that could be developed to fit specific country needs and circumstances. ICON’s Second-Tier Initiative is one of several activities being undertaken within the Market Development Approaches (MDA) Working Group; others include the MDA scoping exercise (HLSP), a review of generic manufacturers (UNFPA/ICON/Concept/PPD), and development of criteria and a tool for characterizing countries where MDAs would be appropriate (PSI).

Seven countries were assessed during the research and feasibility phase of ICON’s Second-Tier Initiative. Results indicated that for five of them, a second-tier approach would be feasible; and for four of them, it would be possible to develop the second tier and supply the public sector with interest from the government. Research also confirmed that there are a limited number of high quality developing-country generic manufacturers. There also are challenges and concerns, such as how to avoid creating a situation where a new monopoly emerges and how to ensure RHCS while also ensuring profits for the generic manufacturer. Lester Chinery made the case for assisted market interventions, as generic manufacturers are likely to target the high-priced, first tier (its lower end), rather than the second tier. Assistance could be short-term.

ICON proposed to identify funding for the following activities: implement a limited number of pilots with comprehensive monitoring and evaluation mechanisms, continue and enhance the market scoping exercise initiated by PSI to characterize countries relative to MDAs, and assist in development of additional generic manufacturers of RH supplies.

Country Typology: Aiming for MDA Success

Speaker: Claire Stokes, PSI

The presentation slides are in Attachment 7. The briefing paper is Attachment 8.

On behalf of the MDA Working Group, PSI developed a prototype country typology tool to provide an overview of where a country stands in the continuum of MDA development and the types of MDAs that would be appropriate for that country. The tool is not intended to be prescriptive or a decision-making tool, but a broad diagnostic tool. PSI's mapping model plots countries into one of four quadrants. The next stage will entail the further development of a tool. Assuming RHSC participants would find the tool useful, and at the request of the MDA Working Group, PSI developed the terms of reference for a consultancy to identify criteria for the classification process, recommend an approach for weighting data, document the classification system (methodology and approach), apply the approach to eight countries, set up a database on the RHSC website, and coordinate with the other Working Groups. The next steps will be to identify funding for this effort and a consultant.

Discussion

Total market/Second-Tier Initiative:

- Going forward, the Coalition can help this work by acting as an incubator for ideas, championing and promote ideas, and providing a supporting environment for putting ideas into action.
- In November 2006, ICON will hold one-day meetings in countries that indicated interest in implementing a second-tier approach, to confirm that this interest still exists. ICON's intention is to pilot the approach and seek funding to support this new type of initiative.
- To avoid confusion around two branded products—a generic one provided free or at very low cost in the public sector, and another one sold for some profit through a social marketing organization—ICON is proposing control of the second-tier brand, which should remain in public ownership long enough to establish a market for a second-tier, low-price product. Once that is accomplished for the benefit of RH commodity security, the brand need not stay within the public domain.
- UNFPA sees distinct advantages to social marketing and no drawbacks in having all three modes of delivery, i.e., public sector, social marketing, and commercial sector. Creating linkages between them can benefit the public sector. For example, UNFPA is collaborating with PSI in a project that supports social marketing of male and female condoms. As part of the project, some of the social marketing revenue goes toward developing the public-sector capacity.

Country typology:

- The typology tool will include population growth trends and other measurements that will make it possible to look toward the future, especially for countries that have low current CPR but evidence that there will be upward trends.
- Proxies linking CPR and socio-economic indicators that can be used to measure willingness to pay include DHS data and wealth quintiles, as well as specific country information. These two levels will need to be clarified as the tool is developed. The typology treats data at the broad level. The situational analysis would look at more detailed and specific country data.
- The typology will be useful for all stakeholders interested in working with the private sector, including national governments, external agents of change, the international social marketing community, and commercial partners.

Mapping of Generic Hormonal Contraceptives

Speaker: Peter Hall, Independent Consultant and Advisor, Concept Foundation

The presentation slides are in Attachment 9. The briefing paper is Attachment 10.

Two recent studies provide evidence that procurement of generic products could help ensure RH commodity security. Peter Hall implemented a qualitative study of 41 pharmaceutical companies in 14 lower- and middle-income countries and a quantitative study assessing the manufacturing competence of 10 companies, for a combined total of 44 manufacturers. Findings indicated there are up to 10 companies that could comply with GMP in 2007 with minimal additional technical or procedural inputs (except for the completion of bioequivalent studies), and an additional three or four could potentially do so in 2007, with investment and technical assistance. Donors should support a business model that would allow a generic manufacturer to provide a quality product at a profit. RHSC members who carry out or support RH supply procurement can support the availability of quality generic products by agreeing to procure only from those generic manufacturers that have been pre-qualified under WHO or have met other stringent regulatory approvals (e.g., Pharmaceutical Inspection Convention—PIC—countries). There is a need for an advocacy strategy and materials on the WHO prequalification program.

WHO Update on Prequalification/Non-Drug Items

Speakers: Hans Hogerzeil and Sophie Logez, WHO Department of Medicines Policy and Standards

The presentation slides are in Attachment 11. The briefing paper is Attachment 12.

Efforts by WHO to improve drug quality through prequalification began five years ago, with HIV/AIDS, malaria, and tuberculosis treatment drugs. The result, in the case of malaria, has been an increase in the number of suppliers and a drop in prices. As countries and decentralized health systems increasingly undertake their own procurement, capacity building is greatly needed. Prequalification can eliminate distribution of counterfeit and poor quality drugs. It also can help ensure the reputation of generic products and public confidence in the public-sector programs that distribute them.

With the experience gained over the past five years in prequalification of ARVs and malaria and TB drugs, WHO is well positioned to initiate prequalification of RH supplies. With funding from the Gates Foundation, WHO is now ready to begin implementation of its RH prequalification program, and the first Expression of Interest has been published and posted on the WHO prequalification website. WHO will encourage all suppliers to become prequalified, and encourage procurers to buy only from prequalified suppliers as soon as there are two suppliers of a product that have been prequalified. WHO hopes that this approach can be put in place within a year. With the Gates Foundation's support, WHO is able to provide technical assistance to countries' regulatory agencies as well as to manufacturers.

The Interagency List of Medical Devices, developed in conjunction with the WHO list of Essential Medicines for Reproductive Health, is in final draft form. Specifications for most of the items on the list have been completed and development of the last ones is in process. WHO solicited RHSC members' input as the list is finalized, and stated that official endorsement by RHSC members will be requested when the list is final. WHO requested RHSC partners working on procurement to use these specifications and to focus on items that are on the list.

Discussion

- To date, no contraceptive product has yet been prequalified by WHO.
- Procurement agencies need to be sure that their procurement contract specifies their order is for a product prequalified by WHO or another stringent regulatory authority.
- The MDA Working Group's subgroup on generic products held a half-day meeting on October 18. The group strongly advised that, as the WHO prequalification program gets underway, a monitoring system be put in place to track who requests technical assistance, what assistance is provided, and what issues are addressed. The MDA WG will provide an update on this at the next RHSC meeting.

- The UNDP website called “UN Marketplace” has created confusion, as some pharmaceutical products are listed for sale on the site, and buyers may have the misperception that they have been approved by a UN agency. However, UN Marketplace has no connection with WHO prequalification program. WHO has lodged a complaint with UNDP.
- UNFPA, in providing family planning supplies, places priority on method choice. The concept of essential RH supplies, which focuses on selection of only a few products where resources are very limited, restricts choice. UNFPA voiced support for making a range of products available.
- Prequalification requires some investment by the supplier, and that can increase the cost of the product, making it difficult to compete in the market. However, for a company that has made consistent efforts to address quality issues, the additional costs are incremental. Additional costs would be prohibitive only for a company that had very low quality. For this reason, it would be advisable to focus technical assistance on companies with a good foundation in GMPs and quality assurance.
- Sustainability of the WHO prequalification program will be enhanced by the air ticket tax supported by France and other countries. The concept of allocating three percent of the funds spent on drugs to support quality of drugs has been accepted. The measures would include prequalification and sampling from the field. It is difficult, however, to see beyond a five-year horizon in regard to sustainability.
- As in-country agencies take over procurement of RH supplies, the need for harmonization becomes more critical. Regional organizations can play an important role in achieving harmonization.

Systems Strengthening Working Group

Financing Mechanisms—More Money

Speaker: Sandra Rolet, Consultant, KfW

The presentation slides are in Attachment 13. The briefing paper is Attachment 14.

In 2005 and 2006, DFID and the Gates Foundation supported initial studies that brought to light several issues related to inefficiencies in funding of RH supplies. The Coalition agreed that additional work was needed, and identified two workstreams: Workstream A—how to generate more money, which BMZ and KfW agreed to support; and Workstream B—how to make existing money work better, which the Gates Foundation agreed to support. Sandra Rolet, who presented preliminary results of Workstream A at the April 2006 RHSC meeting in New York, provided an update on her continued research.

The air ticket tax, initiated by France and officially launched by UN General Assembly in September 2006, is an example of a “global solidarity” approach. The French expect to raise \$200 million per year through this facility, which will support the purchase of essential drugs for selected diseases. The facility also will include a trust fund. More countries will likely join, and as they do so they will identify their priorities for allocation of the air tax revenue. This is an opportunity for RH advocacy.

Another innovative funding approach is the UK initiative, “International Facility for Immunization,” which was launched in early October. Donors, in a legally binding commitment, will provide a certain amount of money per year for the next 20 years. Through a special vehicle, registered in the UK, it will be possible to borrow against this commitment through guaranteed bonds (i.e., it will fast-forward donor commitment).

Financing Mechanisms—Better Money

Speaker: Alan Bornbusch, USAID

The presentation slides are in Attachment 15. The briefing paper is Attachment 16.

At the April 2006 RHSC meeting, the McKinsey Group outlined two financing mechanisms: a minimum volume guarantee and a pledge guarantee. The Systems Strengthening Working Group (SSWG) determined that more information was needed. UNFPA agreed to support research with manufacturers

regarding the potential impact on prices and lead times. The Deliver Project agreed to conduct research on country-level impact. Based on the additional research, the SSWG has now proposed to conduct a proof of concept, combining minimum volume/pledge guarantee. Partners would include UNFPA, and most likely a financing institution.

Discussion

- Assumptions are made in the McKinsey report regarding stakeholder interest in participating in either of the two guarantee approaches; these would need to be revisited in designing the pilot.
- In developing instruments to fund RH supplies, the overall structure of aid should be considered. Raising more and better money must also be done at the country level, building it into the economic structure of the country. One example where this is happening is the poverty reduction strategy in Ethiopia.
- If the pilots are carried out in conjunction with UNFPA, it will span a number of countries and achieve a meaningful scale.

Wrap-Up

Speaker: John Skibiak, RHSC

John Skibiak noted that the excellent presentations of the day had built on those given at the April meeting, and provided a clearer picture of key issues and potential solutions. On Friday, the country teams would give presentations on their own work and comments on the issues brought up on Thursday. Wolfgang Bichmann noted that during the day's discussions there had been requests for Coalition input on several initiatives, and he asked the Secretariat to review these requests and determine a procedure for the membership to respond on Friday.

FRIDAY, October 20, 2006

Thursday Review

Speaker: John Skibiak, RHSC

John Skibiak reviewed Thursday's discussion highlights, which he felt essentially validated the four themes that had emerged from his interviews with members on RHSC priorities and the value they found in working through the Coalition:

1. The RHSC as a brain trust: the MDA group's Total Market Approaches and country typology are examples of how partnerships within the Coalition have nurtured development of approaches and tools. It will be critical to disseminate these and other WG tools worldwide.
2. The role of the RHSC in maximizing impact at country level: discussions highlighted the importance of awareness creation within countries. The Coalition is not an implementing agency—its role at country level is to facilitate and complement the work of its partners and help avoid duplication of effort. There is much to be learned from other partnerships, such as WAHO. This meeting will give the Coalition the opportunity to learn from the Cambodia and Ethiopia country teams about ways to best work with partners at country level.
3. Facilitating members' goals: Coalition members are in the driver's seat. For many of them—ICON for example—their work will continue whether or not they are working with Coalition. However, it is important to take advantage of the value added that comes from partnerships within the Coalition.
4. Creating change through unity of action: the presentations on the WHO prequalification program and generic manufacturers provided examples of steps the Coalition as a group should take to move RH supplies security forward.

John noted that the MDA and SS Working Groups specifically requested RHSC membership input on their planned activities. The Coalition will need to consider the following requests and their implications for how the Coalition operates, especially how it can engage with partners in country:

- The SSWG requested a “green light” on moving forward with development of a proof of concept for the minimum volume guarantee and pledge guarantee.
- The MDA WG requested feedback on the utility of the typology and a “green light” for moving forward with its development.
- There also was a request for mutual agreement on a common approach to prequalification.

Country-Level Context and the RHSC

Cambodia

The presentation slides are in Attachment 17.

The organizations represented on the team include the Ministry of Health, National Reproductive Health Program (NRHP), Reproductive Health Association of Cambodia (RHAC), Reproductive and Child Health Alliance (RACHA), and UNFPA.

Dr. Tung Rathavy, Manager of the NRHP and Acting Chairperson of the Contraceptive Security Working Group (CSWG), outlined the RH supplies situation in Cambodia, including successes, challenges, and needs. Noting that this was the first time that delegates from Cambodia had participated in a meeting of the RHSC, she expressed her delegation’s appreciation that the Coalition had asked them to provide a country-level view as a reality check.

Situation

The NRHP is based in the Maternal and Child Health Center. A national RH strategy for 2006–2010 was approved by the MOH in early 2006. RH commodity security is a key element of the National Strategic Development Plan, which includes RH targets and indicators, a sector-wide management approach, and a poverty-reduction strategy. Donors include KfW, UNFPA, USAID, and DFID. Drugs for opportunistic infections, STIs, and ARVs are funded by WHO, GFATM, World Bank, ADB, and DFID. This has resulted in a fragmented procurement process. In 2006 the Government initiated a unified procurement process, with standard operating procedures (SOPs). The NRHP has established the CSWG. The members include representatives of the NRHP, MOH/ Department Drugs and Food, Central Medical Stores, UNFPA, PSI, and the two national NGOS, RACHA and RHAC. The CSWG monitors contraceptive supply and addresses contraceptive needs forecasting and long-term security.

Challenges/needs

- The increasing number of women of reproductive age in Cambodia means an increasing need for contraceptives.
- CPR is still low.
- There is no confirmed support yet for supplies from 2009 onward.
- Logistics and health management systems lack human resources and funding.
- Although the Government has committed 12 percent of the national budget for health, the overall budget is small and not sufficient to meet needs. External support is necessary for commodities and for capacity building.
- Long-term and predictable funding from donors for RH commodities is needed, to allow for multi-year planning, including forecasting and procurement.

Input regarding Thursday’s discussions

- The Cambodian delegation appreciates the role of the RHSC and would like to see a linkage between the CSWG and the Coalition.
- In regard to the SSWG presentation, the Minimum Volume Guarantee would be more relevant and/or appropriate to Cambodia’s needs.
- WHO prequalification should be required for supplies provided by donors; GMPs should be

- required for Government-procured supplies.
- UNFPA procurement system is recommended.
- In regard to the concept of a second-tier market, the country reality is that people have a limited ability to pay. For that reason, a second-tier approach would not be a priority for Cambodia.
- Advocacy for more resources for RH supplies is needed.
- Donors and health partners in country should meet from time to time.

Discussion

- The CSWG is working effectively in Cambodia. There is a need for assistance in supplies management, and this could be an area in which the CSWG and the Coalition could work together. There also is a need for donors to look at funding for RH supplies for 2009 and beyond.
- The Government's goal is to have one procurement system, and they have developed SOPs that will achieve this. However, it will take time to work on their implementation. The CSWG is the coordinating mechanism; it is one of the eighteen technical working groups under the Technical Working Group for Health.
- The NRHP is not as visible and does not receive as much support as the National HIV/AIDS Program. However, the CSWG acts as a link between RH and HIV/AIDS. Building in greater support for safe motherhood commodities could be done within the context of RH.

Ethiopia

The presentation slides are in Attachment 18.

The organizations represented on the team include Marie Stopes International (MSI), Pathfinder International-Ethiopia, Family Health Department of the Ethiopia Ministry of Health, DKT Ethiopia, JSI/DELIVER, UNFPA, and FGAE.

On behalf of the Ethiopia delegation, Dr. Tesfanesh Belay, Head of the Family Health Department of the Ethiopia Ministry of Health, thanked Dr. Thoraya Obaid, the German Government, and the RHSC for bringing together this group to address RH supplies.

Situation

Dr. Mengistu Asnake of Pathfinder International examined RH and supplies in Ethiopia in the context of population and development. Population is a major pillar of the Government's poverty reduction strategy. Ethiopia's population is increasing, with a total fertility rate of 5.4. The Government's RH strategy includes strong support for family planning. Currently 80 percent of family planning services are provided by the public sector. Its success in increasing service delivery can be seen in the contraceptive prevalence rate, which has increased from 8 percent in 2000 to 14.7 percent in 2005. The goal is to double the CPR by 2010. This will be accomplished by rapidly expanding access at the village level to preventive/primary services, including family planning and maternal and child health services. The Government's RH policy includes support for adolescent RH services. In addition to expanded access to RH services, education and awareness-raising (for families as well as for providers) is needed; the Government also is working to mainstream women's issues in all government departments.

Challenges/needs

- Currently, 42 percent of women of reproductive age have an unmet need for contraceptives.
- There are high rates of maternal and infant mortality.
- Funding resources for RH supplies include the Government (national and regional levels) and multi- and bi-lateral donors, but there is a gap between existing commitments for RH supplies funding and the amount needed. Long-term donor commitment is needed.
- Donor harmonization seems to be on track, but there are conditionalities attached to funding that are often unrealistic, and funding volatility undermines procurement and logistics systems.
- Assistance is needed to strengthen capacity in infrastructure: procurement, regulation, information systems, and logistics planning.
- The Ethiopia team regards the RHSC as an opportunity, but needs to see how there can be a linkage established.

Input regarding Thursday's discussions

- Market development: further study is needed regarding willingness to pay.
- Prequalification of generic manufacturers for lower price products is of interest, but capacity building is needed.
- Systems strengthening:
 - Inclusion of RH in the criteria for debt relief could help increase funding support for RHCS. The potential of the RHSC to help address this issue should be considered.
 - Help is needed to address the RH funding gap for 2007.
 - Pooled procurement and generic products can be beneficial, but decisions must rest with the country.
 - In looking at multilateral funds, the GFATM and GAVI experience is of interest.
 - Integration of RH into broader health initiatives is a goal.
- Advocacy:
 - Important messages are “No product, no program” and “Long-term commitment on all sides” (Government and donors).
 - Advocacy efforts must to go beyond the health sector and target others, especially those in finance.

Dr. Tesfanesh noted that, as Ethiopia works to double the CPR in five years and expand RH service delivery, it will need more supplies and strengthened systems. The Ethiopia team welcomes the RHSC, which could help unify fragmented support and financing systems. Ethiopia also needs support to expand contraceptive choice, including long-term/permanent methods, and to develop financial sustainability mechanisms. Partnerships with other organizations and donors and experience sharing are important, as are coordination to harmonize interventions. Reproductive health is a human rights issue; technical assistance is needed to identify areas for advocacy in that area.

Discussion

- Ethiopia offers a good example of having linked economics to demography as a means to shift investments to the health sector.
- In Ethiopia, the CPR increases have been greater among more educated and urban populations where people have access to information. The MOH strategy emphasizes education among people of reproductive age, with a special focus on rural areas and education for women. Ethiopia also has passed laws to protect women's rights and prevent harmful traditional practices such as early marriage. Women's associations and other NGOs are working to educate and provide evidence-based information on harmful practices.
- There are donor coordination mechanisms at several levels in Ethiopia, including a Health Population and Nutrition (HPN) group with multi-lateral partners and selected NGOs, the Packard Foundation, and civil society. HPN has monthly meetings chaired by the Minister of Health. There are two co-chairs elected every year selected from the partners. Every three months the heads of MOH programs report to the HPN on implementation status.
- There are conditionalities, especially in terms of donor support, that pose difficulties. For example, the Ethiopia delegation noted lack of clarity on why donors shift from one conditionality to another. Sometimes the Government is required to buy branded commodities instead of buying a product previously provided that is preferred by women. Donors sometimes have reporting requirements that are not feasible—for example, when a country is large, reporting from remote areas is slow and more time is needed. Sometimes donors ask the government to be accountable on behalf of individuals, which puts the Government in a difficult position.

Address by State Secretary Erich Stather, BMZ Ministry of Economic Cooperation

His Excellency Secretary Stather welcomed all the meeting participants. He noted that, although there are meetings like this one that bring us together, most of our work is done separately—and this can lead to a jumble of competing ideas and strategies, sometimes resulting in paralysis and inefficiencies. The RHSC is a good example of how international efforts can be harmonized through a coordinated approach. Three of the MDGs are linked to RH: improve maternal health, reduce child mortality, and combat HIV/AIDS and other diseases; RH also can contribute a great deal to a fourth MDG—reducing poverty. Globally, there are still enormous challenges. We have not reduced maternal mortality rates, there is a huge unmet need for family planning, and HIV/AIDS continues—with an increasing burden on young women of reproductive age. The international community has not been able to provide the full amount of funding to deliver the necessary services and contraceptives. The responsibility lies with all parties to give greater attention to RH, including within the framework of countries' budgets. However, the focus should not be only on financial commitments. Education regarding sexual behavior and reproductive health, including family planning, must go hand-in-hand with provision of top-quality, affordable contraceptives. The Secretary stated his support for working together to find solutions in all of these areas.

Working Groups' and Country Teams' Feedback and Recommendations from Break-Out Sessions

Note: To help guide their break-out sessions, the groups received worksheets from the Secretariat to help them analyze the recommendations they had made and consider implications for the Coalition (membership, management, money, measurement).

MDA Feedback and Recommendations

Speaker: Ben Light, UNFPA

The MDA Working Group identified two main points with implications for the Coalition

- The WG plans to improve communication by holding a teleconference among members every two months. They also are looking at the possibility of developing an email exchange system.
 - Management implications: the WG will discuss with Secretariat how these new communication mechanisms could be a moderated process. The Secretariat will be requested to facilitate and backstop the teleconference communications.
- WG members agreed that there is a need to have broader representation by organizations active in social marketing. The organizations they consider appropriate, and ones they would like to have participate in the WG discussions at the next RHSC semi-annual meeting, are MSI, PSP-1, Constella-Futures, DKT, and PSI. The WG did not resolve the question of whether or not there should be associate or other additional kinds of RHSC membership.
 - Membership implications: broader representation of social marketing-related organizations is important.

The MDA WG plans to carry out the following activities, which will be implemented by members within their funded projects:

- Continue work on the MDA country typology.
- Monitor the prequalification process to see the level of participation in the WHO prequalification program, how the technical assistance offered through the program is being used, and the results.
- Address an issue regarding the Blue Lady logos (a sub-group will work on this; more details can be obtained from a MDA WG member).
- Identify key MDA success indicators.
- Build on previous work, the MDA scoping exercise, which is available online.² The WG will complement that resource with a compilation of tools and resources for MDAs.
- Establish a subgroup on advocacy to better understand the benefits and value of commercial sector involvement in provision and supply.

Additional comments by MDA WG members:

- The generics subgroup will be discontinued, as it has accomplished its work.
- Now that the prequalification program is getting underway, there may be a need for a separate WG on prequalification.

RMA Feedback and Recommendations

Speaker: Scott Radloff, USAID

The RMA Working Group organized its plan for future activities along two streams, both focusing on communication, advocacy, and tools.

- First stream: developing and utilizing advocacy tools for country-level and regional adaptation and use, which will involve determining how products will be accessed and utilized.
 - Membership implications: It is important to reach beyond current members. As the Secretariat addresses RHSC membership issues, expanding the membership should be considered.
 - Management implications: the RMA needs connectivity with other WGs to determine key messages, or “asks” and develop ways to communicate them. The RMA also needs connectivity with country teams, or implementers, to get feedback on these communication tools to improve them.
 - Money implications: the next phase of the Supplies Initiative has been funded by the Gates Foundation; that support, along with members’ resources, means there are no serious immediate funding constraints.
 - Measurement: an evaluation indicator will be the number of countries where RMA materials have been adapted and utilized.
- Second stream: communication and advocacy tools for global adaptation and use by Coalition members, the Secretariat, and beyond.
 - Membership implications: the Coalition needs to expand the reach of its messages beyond its members to international organizations and partnerships. To do this, it will be necessary to consider membership more broadly and how to reach these other groups.
 - Management implications: over the next six months, the RMA group plans to determine how to transition the RMA’s work in global messaging to the Secretariat Communications Officer.
The RMA also will work closely with the Secretariat to identify the types of information the RMA WG needs to do its work.
 - Money implications: The RMA WG will work with the Secretariat to determine if it has enough funding to do the communications work it plans to do—and if not, plan how the RMA can supplement support for that work.
 - Measurement: indicators include the number of presentations made to target audiences, number of hits on the new website, number of publications that have reached target audiences, and whether there is a communication strategy that guides this work.

The Systems Strengthening Working Group Feedback and Recommendations

Speaker: Alan Bornbusch, USAID

The SSWG will continue working in the four areas that have been its focus over the past few years.

- More money: A next step for the SSWG will be to have a joint meeting or conversation with the RMA WG on how to move forward in the area of more money, as this topic spans advocacy, fundraising, defining the “ask”, and allocating funds. The conversation will focus on where the two groups can work together at country level to identify and access funding resources. The GFATM (Round 7 for proposals) is an example of where there may be opportunity to work together in a set of countries, combining advocacy with technical input. RMA could provide assistance to countries in proposal development.

- Management implications: the SSWG will request assistance from the Secretariat to coordinate the conversation with RMA.
- Better money: the SSWG wants to organize a technical design group to design the pilot for proof of concept. This would probably need some funding to ensure the group has the technical expertise needed. Some of the RHSC members who have not been closely involved (DFID for example) or non-members not involved at all to date in this work may be needed.
 - Management implications: The SSWG will need the help of the Secretariat to support this group once it has been established.
- Countries at Risk (CAR) subgroup: the CAR progress report shows it has fallen short on some key indicators. The SSWG is looking at ways to improve it.
 - Management implications: the SSWG suggests that the Secretariat assume the administrative/organizing functions required to support the CAR, to put it on a stronger platform of performance.
- RHInterchange (RHI): As part of the Supply Initiative, the RHI has been funded for a second phase. It is now time to bring the management group together to plan this next phase. The SSWG is planning a meeting (which also will include the other SSWG members and the CAR group) in early December in Copenhagen.
 - Management implications: the SSWG will request the help of the Secretariat to plan and coordinate this meeting.

Additional comments:

- It would be helpful if the Secretariat could track financing opportunities as they arise and alert members.
- Before the GFATM Round 5, the Global AIDS Alliance published guidelines for integrating RH into proposals. These guidelines are now being reviewed and updated for Round 7. There will be an advocacy meeting about this in Geneva, from December 4–6. The RMA has put forth John Skibiak's name for the invitation list to ensure RHSC linkage.

Cambodia Team Feedback and Recommendations

- Contacts at country level should be made through the CSWG, which will coordinate contacts with other groups in country.
- The Cambodia country team requests the RHSC to consider what its role could be in addressing the following country needs: technical assistance and capacity building in supplies management infrastructure, including procurement, regulation, information systems, and logistics planning; donor alignment and coordination at regional and national levels, to help unify fragmented support and financing systems; and awareness-raising, advocacy, and resource mobilization for RH commodity security.

Ethiopia Team Feedback and Recommendations

- Membership in the RHSC should include active participation by country members (including endorsement by the country to be a member), which can help by providing a reality check, continuous interface with global and national levels, evidence-based information, input regarding issues related to pilots, and a focal point for the Coalition at country level.
- The Coalition can be an important information sharing and advocacy resource, providing regular updates to members and facilitating technical information sharing among members.
- The Coalition can increase awareness among members, especially on evidence-based programming.

Moving Forward: Responding to Working Group Requests for Decisions

Speaker: John Skibiak, RHSC

Individually, the Working Groups supported moving forward on three issues, presented on Thursday:

- Take the financing model, Minimum Volume Guarantee/Pledge Guarantee, to the next steps: test it, and if it works, then identify support for broader application of the model.
- Develop a tool for broadly assessing a country's place on the MDA continuum and identifying the most appropriate MDA interventions.
- Encourage suppliers to participate in the WHO/UN prequalification programme and submit dossiers.

At the request of the Working Groups, John Skibiak proposed that the Coalition membership give them the "green light" to move forward with these proposals, using the following process:

- If objections are raised, Working Groups must either drop their proposal or reconsider and resubmit it.
- If no objections are raised, members will have two weeks to reflect and communicate their concerns, if any, to the Secretariat. If no concerns are received, the Secretariat and chairs will interpret this as approval and will confirm that fact in writing to the members. If concerns are received, the Secretariat and Co-Chairs will review them and, depending on their assessment, make a final decision.

Discussion

- This green light is a mechanism to acknowledge the recommendations of the WGs and, at their request, voice support for them to continue in their work. It does not involve a commitment by anyone to anyone. The green light process allows people to voice their concerns and provide feedback to the Secretariat, with more time than would otherwise be possible within the limits of this meeting.
- The three green light items will be distributed to participants to take home and consult with colleagues in their respective organizations.

Decision

As there was no objection to giving the green light to the three proposals, discussion was closed and the proposals will be considered approved, if after two weeks no objections have been sent to the Secretariat.

RMA Working Group: Speaking of the RHSC

Speakers: Terri Bartlett, PAI; Anne Jorgenson, Consultant, Constella Futures

The presentation slides are in Attachment 19. The briefing paper is Attachment 20.

Since its inception, the goal of the Resource Mobilization and Awareness Working Group (RMA WG) has been to increase political commitment and resources for RH commodity security through advocacy. More recently, the group has added the goal of supporting the other two Working Groups and integrating advocacy into their work. The RMA group is developing an advocacy guide and a toolkit for marketing RHCS and aims to have completed materials to distribute to the RHSC by next spring. Anne Jorgenson, described the advocacy guide and toolkit, which will draw from RH contraceptive security advocacy efforts around the world. Contents will include a brief "how to" guide, and talking points that can be adapted to various audiences and contexts, for specific advocacy objectives. The toolkit will include a variety of samples of materials that can be used as models or catalysts in development of new materials, as well as advocacy presentations targeted to different audiences.

The RMA WG solicited input from the other two working groups on PowerPoint presentations that will be part of the toolkit. RMA also asked the two country teams and WAHO to complete a questionnaire to help them develop a case study. The focus of the following session of the membership meeting was

identification of the five priority audiences for the RHSC, because strategic advocacy is based on whom we want to reach. Finally, RMA planned a meeting on 21 October of 22 people (some of them participants in the RHSC meeting) to develop key messages for those five top audiences.

Why Audience Matters and Finding Messages that Work with Target Audiences

Facilitator: Tamar Abrams, PAI

Tamar Abrams noted that an audience is not an institution—it is individuals. It has its own assumptions and must be circumscribed specifically. She led an exercise to help the group brainstorm on which audiences they considered key to the RHCS. A list of audiences identified can be found in Attachment 21.

Meeting participants broke into four groups and were asked to come to consensus on the top three audiences they considered critical, and to justify why. After the break-out groups, each group presented its top three audiences in plenary. Following that discussion, Tamar Abrams led the group in reaching consensus on the following priority RHSC audiences:

- Senior officials at Ministries of Health and Finance
- Other global health initiatives
- Bi- and multi-lateral donors and countries they support
- RHSC members
- Country commodity supplies working groups

Synthesizing and Operationalizing Recommendations: Next Steps for the Coalition/Secretariat

John Skibiak

John Skibiak highlighted some of the main points that came out of this meeting. Communication among and between members, as well as with non-members, is critically important. The success of the RHSC will depend on its ability to disseminate the tools and information that its members have developed and will continue to develop. The Secretariat will form a communications task force. Expression of interest by RHSC members in serving on the task force is solicited. Communication-related activities planned by the Secretariat include:

- Creation of a website—the number one priority. Members will be asked for input.
- Development of a logo (symbol and/or brand) to identify ourselves as partners.
- Hiring a Communications Officer for the Secretariat.
- Development of mechanisms to keep members up to date on each others' activities, as well as on potential funding opportunities and other developments in the RH and supplies arena.

Communication mechanisms include:

- Regular email updates, which can widen the dialogue and increase information flow with and between Working Groups.
- Use of Skype for inexpensive (or free) calls is a good tool that can encourage more frequent communication by phone.

The Working Groups are moving forward and have made plans for implementing their work plans:

- The MDA Working Group plans to hold bi-monthly meetings as well as other new strategies to improve communication between its members. The Secretariat will provide administrative and logistics support in scheduling the meetings.
- The SSWG plans a meeting in December in Copenhagen, for which the Secretariat will provide administrative support.
- A new MDA subgroup on prequalification will be formed. WHO will take the lead; more information will follow.
- A set of tasks has been given to the Secretariat to help the WGs carry out their work. The Secretariat will help the MDA WG with new communication strategies, and house the CAR.

The teams from Cambodia and Ethiopia provided very valuable information and perspectives. They also demonstrated their interest in RHCS and willingness to commit their own resources to that end. They strongly encouraged the RHSC to continue close cooperation with them at country level and to focus on advocacy and information sharing. The Secretariat looks forward to working with them.

The membership meeting was more structured than in the past. The Working Groups and plenary sessions helped address key strategic questions. This resulted in valuable information for the Secretariat that will feed into the formulation of the strategic work plan.

The Secretariat will synthesize the next steps and key action items and send this to the membership as soon as possible.

Wrap-Up and Closing Remarks

Margret Verwijk

Co-Chair Margret Verwijk summarized the day's discussion. She expressed thanks to the host, BMZ/KfW, as well as the RHSC Secretariat staff, who helped plan and implement the meeting. Thanks also were expressed to Rama Lakshminaryanan who will take a leave of absence.

Margret Verwijk announced that USAID will host the next RHSC meeting.

A summary of the meeting evaluation survey results is provided in Attachment 22.