Key Elements

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

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Introduction

GPRHCS 2007-2012

• Basic Hypothesis – steady, multi-year support as effective catalyst for national action to ensure RHCS.

• Hypothesis largely proven.

• Many countries especially those with greatest support demonstrating results – improved CPR, reduced stockouts of commodities, increased availability of commodities, increased national funding, etc.
GPRHCS Phase II

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

- National ownership and leadership in support of national priorities; alignment; harmonization; mutual accountability.

- Increased emphasis on broad, multi-sectoral partnerships.

- Rights-based approach; gender, geographical, social and economic equity.

- Focus on results, efficiency, impact and evidence.

- Catalytic funding, flexible in addressing gaps, promoting alignment of all pro-RHCS/FP efforts.
Proposed Programme: Goals and Objectives

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

- **Output 1**: An *enabled environment* for RHCS, including family planning, at national, regional & global levels.

- **Output 2**: *Increased demand* for RHCS by poor and marginalised women and girls.

- **Output 3**: *Improved efficiency* for procurement and supply of reproductive health commodities.
• **Output 4**: Improved access to quality RH/FP services for poor and marginalised women and girls

• **Output 5**: Strengthened capacity and systems for supply chain management

• **Management Output**: Improved programme coordination and management
Proposed Programme: Country Selection/Eligibility Criteria

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

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

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

[3] **Strategic Support Countries**: Proposed list of countries for strategic, limited support to advance and/or maintain on-going progress towards RHCS:
1) Angola  2) Bangladesh  3) Botswana
4) Comoros  5) Ecuador  6) Gabon
7) Mongolia  8) Namibia  9) Nicaragua
10) Pakistan  11) Philippines  12) Swaziland
13) Central Asian Republics  14) Selection of Caribbean Countries
15) Pacific Island Countries
Partnerships, collaboration and cooperation

- Contribute to the global partnerships’ mechanisms such as FP 2020, RHSC to leverage political support for family planning and reproductive health commodities

- Strengthen existing partnerships with civil society organizations, faith-based organizations, relevant line ministries, and the private sector;

- Work with regional economic commissions and similar institutions
Implementation strategies and mechanisms

Capacity development:

• Build capacity of civil society, research institutions and social marketing organizations at national and sub-national level to determine and aggregate demand for a broad method mix.

• Develop and implement strategies to support regional institutions of RHCS and related issues.
Implementation strategies and mechanisms

Capacity development:

• Develop capacity (training) at country level including health managers, service providers, logisticians, service providers etc.

• Develop capacity (systems strengthening) at country level LMIS and procurement in order to improve quality of services, health information systems and supply of reproductive health commodities
Implementation strategies and mechanisms

Total Market Approaches

• Support Ministry of Health to improve coordination among different stakeholders

• Increase equity of access to contraception for vulnerable populations with little or no ability to pay

• Work to develop and implement total market approaches to improve access to, and equity of, family planning services is on-going
Implementation strategies and mechanisms

Humanitarian Assistance

- Supply, content and use of Reproductive Health kits

- Support countries with RH commodities and related technical assistance to strengthen RHCS, FP and MH services provision

- Increase the capacity of partners and UNFPA staff to implement the Minimum Initial Service Package (MISP) in humanitarian settings
Resource requirements

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

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