

**Reproductive Health Supplies Coalition
Spring Meeting
April 27–28, 2007
London, UK**

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List of Acronyms

AECI	Spanish International Cooperation Agency
ACCD	Catalan Agency for Cooperation to Development
CAR	Countries at risk (of RH supplies stockouts)
CONAPOFA	Dominican Republic National Council for Family and Population Affairs
CSO	Civil society organization
DFID	United Kingdom Department for International Development
DHS	Demographic and Health Surveys
DSW	German Foundation for World Population
EOI	Expression of interest
GBS	General budget support
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
ICC/CS	Interagency coordinating committee for commodity security
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
MCH	Maternal and child health
MDA WG	Market Development Approaches Working Group
MDG	Millennium Development Goal
MOH	Ministry of Health
MOU	Memorandum of understanding
MIS	Management information system
MSI	Marie Stopes International
MTEF	Medium-Term Expenditure Framework
NGO	Nongovernmental organization
PAI	Population Action International
PASMO	Pan American Social Marketing Association
PRBS	Poverty Reduction Budget Support
PRSP	Poverty Reduction Strategy Paper
PSI	Population Services International
PSM	WHO/Medicines Policy and Standards
RH	Reproductive health
RHAC	Reproductive Health Association of Cambodia
RHCS	Reproductive health commodity security
RHSC	Reproductive Health Supplies Coalition
RMA WG	Resource Mobilization and Awareness Working Group
SBS	Social budget support
SPARCHS	Strategic Pathway for Reproduction Health Commodity Security
SSWG	Systems Strengthening Working Group
STI	Sexually transmitted infection
SWAps	Sector-wide approaches
TB	Tuberculosis
TOR	Terms of reference
UNFPA	United Nations Population Fund
TOR	Terms of reference
USAID	United States Agency for International Development
WG	Working group
WHO	World Health Organization

Executive Summary

From 27–28 April 2007, the Reproductive Health Supplies Coalition convened in London for its seventh semi-annual membership meeting, hosted by Coalition partner, International Planned Parenthood Federation (IPPF).

The meeting was the culmination of many smaller events, including separate gatherings of the Coalition’s three working groups (WG) . At these gatherings, a number of significant decisions were taken. The Systems Strengthening WG, for example, discussed plans to expand the RH Interchange; continue work on a “one-stop” database of country-level supplies information; and develop a proof of concept for the minimum volume- and pledge-guarantee financing mechanisms. The Resource Mobilization and Awareness WG reviewed key portions of the draft Advocacy Toolkit and announced the identification of Burkina Faso and Uganda as focus countries for working group activities. And finally, the Market Development Approaches WG decided to henceforth focus its work on the issue of generic manufacturing. More detailed summaries of these meetings are available in the Coalition’s April 2007 in Review newsletter. In addition to gatherings of the three working groups, preliminary meetings included a Communications Task Force discussion, a reception for members of London’s reproductive health community, and on Thursday, April 26, the Executive Committee meeting.

At the two-day membership meeting, over 50 participants exchanged ideas and information with the aim of finalizing the Coalition’s three- to five-year strategic plan. Participants reviewed and revised the latest draft of the plan, which had been developed by a task force of Coalition volunteers, with input from the Executive Committee and general membership. The discussion was informed by breakout sessions divided across and along WG lines, and two panel presentations: one situating reproductive health supplies within the context of the changing environment for development assistance; the other drawing attention to the ways RH commodity security committees function as agents of change at country level. In addition to the refinement of the strategic plan, the meeting highlighted three sets of activities on which the Secretariat would focus its energies over the coming six months. These included the formulation of a communications strategy, a sustainability plan, and, at the request of the Executive Committee, a plan for defining Coalition membership. Finally, participants were updated on new developments in the WHO/UNFPA prequalification program

The meeting came to a close with words of thanks to IPPF and to USAID | DELIVER, which will host the Coalitions’ autumn meeting in Washington, DC from October 24–25, 2007

Meeting Minutes

FRIDAY, April 27, 2007

Welcome and Introductions

Co-Chairs Wolfgang Bichmann and Margret Verwijk welcomed the participants. All of the stakeholder organizations and groups were asked to introduce themselves; they included multi- and bi-lateral agencies, a private foundation, representatives of civil society, of low- and mid-level income countries, and of the technical agencies. Mr. Bichmann noted that the first Chair of the Reproductive Health (RH) Supplies Coalition, Elizabeth Lule, was in attendance from the World Bank.

Since Bonn

(The presentation slides are provided in Attachment 6)

John Skibiak, Director of the Coalition, thanked International Planned Parenthood Federation (IPPF) for hosting the meeting. He summarized the highlights of Coalition activities since the previous Coalition meeting, which took place in Bonn in October 2006.

- There is increased activity among the working groups (WGs), and the Coalition Secretariat is facilitating their work by organizing meetings (Systems Strengthening WG [SSWG] meetings in Washington, DC and Copenhagen) and teleconferences (Resource Mobilization and Advocacy [RMA] WG and Market Development Approaches [MDA] WG).
 - The MDA WG, whose leader now resides in Brussels, completed and published a paper on prequalification and is conducting a survey on a country typology tool.
 - The SSWG has recently completed the scope of work for a proof of concept for two financing and procurement mechanisms—pledge guarantee and minimum volume guarantee.
 - The countries-at-risk (CAR) subgroup of the SSWG has been revitalized under the management of the Secretariat; it had its first meeting in a year.
 - The RMA WG is finalizing an advocacy messaging toolkit.
- Following up on the consensus reached at the meeting in Bonn, the Secretariat issued the Coalition's first-ever joint statement, applauding efforts by the African Union Ministers of Health at their meeting in Maputo to support commodity security for RH.
- The Communications Task Force, facilitated by the Secretariat, is guiding the development of a communication strategy to serve the Coalition's communication needs. Organizations represented on the Communications Task Force include, in addition to the Secretariat, Population Action International (PAI), John Snow, Inc., RHInterchange, United Nations Population Fund (UNFPA), German Foundation for World Population (DSW), and IPPF. The communication strategy will build on the overall Coalition strategic plan, which also has been in development during the past few months. To date, the Secretariat has tried to balance members' desires for timely action and tangible results, as well as long-term needs and systems development. The decision to adapt the Supplies Initiative website for a transitional Coalition website is an example—it has served the Coalition well for the past few months, but with the help of the Communications Task Force it will be replaced by a more functional and fully developed website.

Communications accomplishments to date include:

- Selection of a logo for a common visual identity.
 - Development of design guidelines for communication vehicles, such as stationery, newsletter, presentations, website, etc.
 - A monthly newsletter distributed by email and posted on the Coalition website.
 - Development of a database of Coalition partners and members.
 - Transformation of the Supplies Initiative website into a transitional website for the Coalition.
- Coalition representation: The international fora at which John Skibiak represents the Coalition are listed regularly in the newsletter. Recently, John participated in several key stakeholder meetings. Coalition members have helped identify these opportunities to contribute to RH commodity security discussions and raise the visibility of the Coalition.
 - A meeting in Barcelona on Sexual and RH Policies in Africa from February 27 to March 3, sponsored by the Spanish International Cooperation Agency (AECI) and the Catalan Agency for Cooperation to Development (ACCD), brought together representatives of eight African countries and other stakeholders to discuss ways RH could be supported in Africa. PAI, which was instrumental in organizing the meeting, and UNFPA also attended. John chaired a full-day session on RH supplies.
 - John represented the Coalition at the Global Programme consultative review board, which met at UNFPA in New York in November 2006.
 - Due to the greater visibility and increased dynamism of the Coalition, there has been an increase in requests to join with us in assuring supply security.
 - The Secretariat requested and received a five-month no-cost extension from the Bill & Melinda Gate Foundation, which accounted for the time required for the Secretariat to become operational.

Looking ahead to the coming six months, John named three key activities:

- Completion of a strategic plan for the Coalition. Once completed, the plan will feed into the Secretariat's workplan and the communication strategy.
- Resolution of issues relating to Coalition membership. John presented a memo to the Executive Committee outlining the direction he would like to go. The Committee recommended that the membership issue be pursued, following the same process used to develop the strategic plan, which was transparent and timely.
- Development of a plan for financial sustainability. A mechanism will need to be in place by 2009 to support the Secretariat's efforts to ensure the ongoing work of the Coalition.

Another upcoming issue is the need to replace the current Co-Chairs, whose terms will officially end in April 2008. Historically, the position has been filled six months in advance so that the outgoing Chair can work in tandem with the newly elected Chair/Co-Chairs.

Report on the Executive Committee Meeting on April 26, 2007

Co-Chair Margret Verwijk briefly summarized the discussion of the Executive Committee meeting the day before.

(Summary of the meeting is provided as Attachment 3)

- John Skibiak briefed the Committee on progress during the past six months.
- The Executive Committee validated the work of the Strategic Plan Task Force and review process, and authorized the task force to present the plan to the membership for comments and revision.
- The Committee approved a concept paper, outlining the theme and key content areas of the October 2007 Coalition meeting, to be hosted by USAID in Washington, DC. The meeting will focus on lessons learned in Latin America and the Caribbean, where countries are increasingly assuming responsibility for RH supplies funding and procurement.
- Details (host, place) of the April 2008 Coalition meeting; and frequency of membership meetings were considered. Final decisions to be taken at a later dates.
- The issue of Coalition membership will be explored further by a task force formed along the lines of the one established to develop the strategic plan. A concrete actionable plan will be developed by mid-summer.

Reviewing the Strategic Plan

Presenters: Margret Verwijk, John Skibiak, and Margaret Neuse
(Presentation slides are in Attachment 7)

Margret Verwijk outlined the process followed to ensure that development of the plan was inclusive, transparent, and effective. The Executive Committee agreed on the need for a plan and approved the formation of a volunteer task force. Members of the task force were Alan Bornbusch of USAID; Susan Rich of the Bill & Melinda Gates Foundation; John Skibiak and Steve Kinzett of the Coalition Secretariat; Jagdish Upadhyay of UNFPA; and Margret Verwijk of the Netherlands Ministry of Foreign Affairs; supported by Margaret Neuse, consultant.

The task force began its work in Brussels in December 2006 and then re-assembled in Washington, DC for a second writing session in January 2007. The first draft was reviewed by the Executive Committee in February, revised, and then sent to the working groups for their review and input in March. A near-final version was presented to the Executive Committee at its meeting in London on April 26. The Executive Committee gave a green light for the next step in the development process (i.e., to gather input from meeting participants on the objectives, indicators, and actions during the membership meeting on April 27–28).

Margret Verwijk noted that the response of Coalition members to the strategic plan has been overwhelmingly positive. She reviewed the content of Part 1, which describes the rationale, key resources, and Coalition experience that aided the task force in developing the plan.

John Skibiak discussed Part 2 of the strategic plan, which describes its framework and content. He noted that the three main goals are the same as the goals stated in the Coalition

terms of reference, but with the vision and mission combined into a single statement. Goals 1 and 2 are related to the vision, aspirations, and expectations, as reflected by the indicators. Goal 1 is about increasing resource flows and involves mobilizing resources and innovation. Goal 2 is about the functionality of supply chains across a spectrum of situations—from places where no systems exist to places where existing systems need to be reinforced. The inclusion of RH supplies in countries suffering from conflict and other crises, for example, would be an instance of the former. It was noted that this is an aspect not specifically mentioned previously in the Coalition’s goals. Finally, Goal 3 is about reinforcing the capacity of the Coalition, promoting innovation, and best practices. Underlying these three goals is a set of four guiding, ethical principles. The plan also includes the operational assumptions—for example, that the Coalition depends on its members’ contributions and helps them to do what they cannot do alone, and that there is mutual accountability in this collaboration.

Margaret Neuse noted that the Executive Committee, in giving approval to move forward with discussion of the strategic plan, recognized that the strategic plan was not immutable and would evolve as the Coalition itself evolves. Margaret briefly described the key issues that arose during the two rounds of feedback during the review process. Some related to process and others to content; some comments were broad, while others were specific. The comments, and changes incorporated to address them, were summarized as follows:

- Comment: There is a need for greater acknowledgement of the environmental context.
Change: The fourth paragraph on page 5 was added.
- Comment: The way the goals and objectives/indicators are presented implies the Coalition is in control over the process, when in fact the process is country-driven.
Change: Another guiding principle was added, relating to country ownership. In the detailed strategic framework, the development of country systems was added to objective/indicator 2.1.2.
- Comment: The plan is overambitious, particularly in the objectives. Can the Coalition actually accomplish/implement the desired outcomes? We have limited control. Regarding indicators, can we get the data? And how can we track progress? We need to be more specific and realistic.
Solution: Participants in the April meeting will discuss the plan and give advice on realistic indicators and data resources. Also, members will be asked to consider how to achieve mutual accountability in practice.

Discussion:

- Further work is needed to determine how to implement cross-cutting activities.
- A major challenge in working at the country level is decentralization: how can Coalition members work with decentralized systems?
- WHO is struggling with some of the same questions as the Coalition regarding indicators, country-level coordination, and accountability. For example, in regard to indicators: should we report on our organization’s or the country’s activities/achievements? WHO’s strategic plan measures both; the measurement of country indicators (annually or bi-annually) and indicators is seen as the joint responsibility of the country and WHO.
- It would be useful in the matrix of the detailed strategic framework to have a column where members’ comparative advantage could be described.
- A country typology could be used to indicate which kinds of supplies-related activities would be most appropriate in which countries. The question of which countries the Coalition should emphasize for RH supplies security activities needs to be further discussed.

- The focus of the strategic plan is limited to strengthening RH supplies systems, not health systems overall.
- Use of the word “choice” in the vision statement will either be eliminated or qualified to ensure that RH supplies (for which the concept of individual choice is less meaningful), and not just contraceptives, remain at the center of our work. The same is true for the way in which we frame the section on guiding principles.
- The footnote on page 1 should be incorporated into the body of the text.

The input provided in this discussion will be reflected in the next draft of the strategic plan.

Changing Environment for International Development Assistance

Facilitator: Dia Timmerman, UNFPA

Panelists:

Mr. Maarten Brouwer (Netherlands Ministry of Foreign Affairs)

Ms. Nel Druce (HLSP/DFID)

Dr. Donald Moncada (Pan American Social Marketing Association [PASMO], Nicaragua)

Mr. Michael Mushi (USAID, Tanzania)

Dr. Gloria Quansah Asare (Ministry of Health, Ghana)

Ms. Geneviève Ah-Sue (UNFPA, Burkina Faso)

Environment Overview

(The presentation slides are provided in Attachment 9; also see the briefing paper, Attachment 22)

Ms. Timmerman provided an excellent overview of the environment in which countries, donors, and other stakeholders are currently operating. As her presentation included a great deal of information about aid instruments, poverty reduction strategies, and implications for funding strategies and mechanisms for RH commodity security, Ms. Timmerman suggested that meeting participants should review her presentation slides and the briefing paper at leisure after the meeting.

The current international development assistance environment is defined by overarching global goals and objectives such as those expressed in the Millennium Development Goals (MDGs) and the Paris Declaration. It is complicated by a profusion of donors and projects, each with its own modalities. Ms. Timmerman provided clear definitions of key terms and approaches, including Poverty Reduction Strategy Paper (PRSP), Sector Wide Approaches (SWAs), Medium-Term Expenditure Framework (MTEF), and pooling. Ms. Timmerman also outlined five core principles of poverty reduction strategies, discussed stages of country ownership, and looked at RH commodity security in the light of various funding and aid instruments being used, as well as RH in the context of national strategic planning. She summed up the current environment by saying that, in respect to support of RH commodity security, we are in transition between project support mode and sector support mode—and that it is important to participate in this transition process.

Donors' Perspectives

(Presentation slides are provided in Attachment 10)

Nel Druce expressed DFID's apologies for not being able to attend the meeting. Ms. Druce described DFID's aid policy and how it uses a mix of aid instruments in different countries to provide sector support: Poverty Reduction Budget Support (PRBS), General Budget Support (GBS), and Social Budget Support (SBS). DFID also participates in other aid approaches, for example, global partnerships and challenge funds. She noted that there are many challenges in ensuring that RH supplies is included in key stakeholder discussions, and advised Coalition members that advocacy is critically important.

Maarten Brouwer, of the Netherlands Ministry of Foreign Affairs, posed the question—why is aid architecture changing? He explained that the shift began in the 1990s, with the realization that poverty plays a key role in the ability of people to achieve freedom of choice, including the freedom to determine family size. This led to the MDGs, with the emphasis on the many facets of development: economic, social, security, and political. The MDGs are important because they provide clear objectives and focus on what is needed to achieve progress. To effectively address poverty we need to be more efficient—for example, through donor coordination. A conservative calculation of the cost of managing parallel (non-coordinated) streams of development assistance to Tanzania is 20 million Euros per year. In the current aid environment, there is an increase in aid being provided (towards 0.7 percent of the GDP in the European Union, the USAID PEPFAR program, etc.) and there are improvements in aid, as donors and countries are guided by the Paris Declaration. However, we have an environment characterized by individual decision-making, and there are multiple donors giving aid to some countries and some sectors, but they are absent in others. More coherence, or coordination, is needed.

The key to progress is in the interactions between countries and donors and letting the process be led by the countries. To improve local systems, Mr. Brouwer recommended that donors use those systems, not circumvent them. Collective decision-making by donors and recipients on how to work at the country level is needed: work should be commonly agreed upon and implemented. The Netherlands is using this approach, while acknowledging that this is often difficult, because it means following priorities set by others. It also means the donor is less visible, while still having to account to its constituencies and defend the aid expenditures.

Recipient Countries: Case Studies

Presentations by members of national RH Supply Security Committees from Ghana, Nicaragua, Burkina Faso, and Tanzania highlighted how recipient countries are working within the new aid environment. Please refer to these presentations for the extensive data and other specific information that the presenters provided about their country's approach.

Nicaragua

(Presentation slides are in Attachment 11)

Donald Moncada reviewed the progress in RH supplies coordination that has been made since 2002, focusing on contraceptive commodities as an example. International aid assistance representing 13 percent of the GDP was being channeled through many agencies and projects, resulting in a lack of coordination and a lack of cost effectiveness, as well as difficulties in implementing programs. In 2005, following the development of a five-year health plan (2005–2009), the MOH signed a memorandum of understanding (MOU) and joined with a group of donors (bilateral and multilateral donors that strongly support SWAps) to actively coordinate the process of policy development and planning around supplies. All parties to the MOU signed a code of conduct, which established equal responsibilities and rights and requires transparency and consensus on decisions and policies that are developed. The code also promotes procedures that facilitate program implementation, such as harmonization of external aid, adapting to Government budget cycles, and transparent and effective flow of information. By 2006, progress could be seen in coordination and harmonization of public-sector financing and donor aid and a single management system in place, with an agreed set of evaluation mechanisms.

Ghana

(Presentation slides are in Attachment 12)

Gloria Quansah Asare described how the MOH is strategically dealing with demographic and financing challenges. To meet the challenge of providing sufficient RH commodities, Ghana developed a national contraceptive security strategy for the years 2004–2010 that identified needs, funding commitments, and gaps—specifically, gaps between increasing contraceptive need and available funding. Challenges of the new environment include competition for health funding, as other programs such as HIV/AIDS receive priority. There is a need for harmonization, transparency, and more timely communication between donors and recipients. When donors change plans or impose new requirements, the MOH needs to have that information as soon as possible for planning purposes. When funding for a specific commodity (such as condoms) shifts from one donor to another, the donors and the distributors need to interface to ensure that the shift does not negatively affect established markets or well-functioning systems. In terms of internal systems to address the challenges, Ghana has established an interagency coordinating committee for commodity security (ICC/CS) that advocates for increased government commitment to procurement of commodities. Ghana also has integrated commodity planning into the overall health sector planning, is working to integrate family planning and RH with HIV/AIDS interventions, and is developing strong partnerships with the social and private sectors. For example, family planning commodities and condoms for STI and HIV prevention are covered by National Health Insurance.

Burkina Faso

(Presentation slides are in Attachment 13)

Geneviève Ah-Sue provided a good picture of the aid architecture that is evolving in Burkina Faso in the new international development assistance environment—a complicated structure, due to multiple aid modalities and funding from multiple donors with various conditions and requirements. In 2001, Burkina Faso embarked on a ten-year national health development plan. The plan includes a performance assessment framework and a health-sector monitoring

committee that works closely with thematic coordinating committees (for example, RH, safe motherhood, etc.). Under this plan the country is effectively increasing coordination of funding, and donors work with the Monitoring Committee to resolve issues of harmonization, alignment, and joint missions. In 2006 the Ministry of Finance was brought into the health budget planning process. As of 2007 the country has established a national poverty reduction strategic program based on the MDGs. Key challenges are how to help vertical programs evolve to a more integrated approach, and how to deal with the requirements/conditions that are part of basket funding.

Tanzania

(Presentation slides are in Attachment 14)

Michael Mushi used Tanzania's experience with contraceptives as an illustration of the dynamics of RH commodities issues, including country ownership, government leadership, costs, funding resources, etc. The data on contraceptive funding show the growing role of the Government of Tanzania from 1996, when basket funding began, to the present day. Social marketing has been successful in terms of market share in Tanzania, representing 65 percent of the market for male condoms. This can be a model for relieving pressure on the government to supply commodities. Basket funding has been successful, although there have been some problems, such as delays in the MOH procurement process. A recommendation would be for donors to phase-in basket funding, to allow time for the government to build capacity in systems like procurement, which is critically important for programs such as family planning. Also, donors need to provide technical support for systems improvement. Other challenges include demand creation, which has proven difficult, and working within a decentralized system, where there is no central control over how funds are used.

Discussion:

- Question: Now that there are large funds such as GAVI and GFATM, that do not fit into the basket funding category, how they fit into the international development assistance architecture?

Responses:

- In many countries, GFATM funds are funneled through the government. In other countries, when a big program or initiative comes into a country all the programs turn to it for funding, creating potential for confusion.
- A recommendation would be for the large initiative to talk with the other, pre-existing programs in the country when it sends funding to a country, to harmonize among funding sources and identify where technical support is needed. Donors need complementarity and division of labor (i.e., collective decision-making) that can help smooth out funding allocations.
- Sometimes programs like GFATM create problems because they allocate funds to specific needs and priorities, thus reducing flexibility in the budget. Agreement on where funds go should happen at the country level, not the donor level.
- WHO's new Director General has identified that Africa and women are priorities for progress within health development goals. Because we have long-established cooperation in the area of RH supplies, that is a good area to begin making progress, and we should do it soon.
- As seen in the previous presentations, the health sector is a complicated one, and donor harmonization is needed at country level to ensure the best allocation and use of funds.
- There is a need for good costing and budgeting tools for general budget support and sector budget support.

- The presentations illustrated the interconnections between governments, civil society, and the private sector, all of which have roles in RH commodities security. This emphasizes the importance of developing partnerships and working together.
- In Ghana, 40 percent of services are delivered by the private sector and social marketing organizations. Civil society and the private-sector networks need to be brought into RH commodity security efforts, but it is complex and requires mutual trust and transparency.
- Thoraya Obaid noted in her address to the Coalition at the meeting in Bonn that UNFPA is strongly urging its country offices to advocate for countries to include a budget line for RH commodity security. There has been good progress in this direction, not only in the number of countries with budget lines, but also countries spending from that budget line.
- There is a desperate need for support to national procurement systems. As more and more RH funds are coming through these alternative funding mechanisms—including the governments' own resources—there is the need to provide technical assistance in procurement procedures. This may mean providing assistance for the procurement of all essential drugs and commodities, but the result will be that it will benefit RH commodities.

Note: At lunchtime there was a table for those interested in joining a discussion on a new initiative to establish a condom manufacturing plant in Sub-Saharan Africa. The discussion touched on a number of broad issues, such as market, resources, potential shortages of electricity that could raise costs, etc. There were no recommendations or conclusions from the discussion.

Welcome from Dr. Gill Greer

Dr. Greer welcomed the Coalition to London on behalf of IPPF, which was a founding member of the RH Supplies Coalition. Family planning and contraceptive supplies are at the heart of IPPF's mission and supplies are crucial to the credibility of IPPF's 151 member associations. IPPF is a strong local and global advocate for both. The changing international development assistance architecture will be the topic of a half-day session at the upcoming IPPF governance meeting. Sufficient and affordable RH commodities and efficient delivery systems are key aspects of the larger picture of family planning. While we work on the technical issues of supplies, we must keep in mind the end users—women and men whose lives are improved when they have the ability to limit family size. What is important, as expressed by a Maori saying, is people, people, people.

Breakout Sessions on the Strategic Plan and Breakout Groups' Feedback

During the Friday afternoon breakout session, meeting participants were divided into groups that cut across the three working groups, and also included guests and others. The breakout groups were to identify specific activities that the Coalition will need to undertake to achieve the goals and objectives identified in the strategic plan; how best to manage the activities; how to coordinate the working groups' related activities; and how the changing foreign assistance environment could affect activities.

The Friday breakout groups' feedback is provided in detail in Attachment 4.

SATURDAY, April 28, 2007

RH Supply Security Committees

Facilitator/Introduction: Nora Quesada, USAID | DELIVER Project

Panelists: Ms. Geneviève Ah-Sue (UNFPA, Burkina Faso)
Dr. Donald Moncada (PASMO, Nicaragua)
Dr. Abeer Mowaswas (Ministry of Health, Jordan)
Mr. Michael Mushi (USAID, Tanzania)
Dr. Gloria Quansah Asare (Ministry of Health, Ghana)
Mr. Cándido Rivera Francisco (National Council for Family and Population Affairs [CONAPOFA], Dominican Rep.)

Nora Quesada, USAID | DELIVER Project

Ms. Quesada summarized the questions that panelists were asked to consider as they looked at their countries' experience and prepared their contributions to the Coalition's discussions:

- Who are the people with political clout and credibility that should be involved in reproductive health commodity security (RHCS) efforts?
- Are all sectors represented?
- Is there effective awareness-raising?
- Is there a RHCS strategic plan?
- Are efforts too public-sector focused—or is a whole-market approach being used?
- What is needed to be more effective?
- Have RHCS advocates affected the country's policy?
- How can the Coalition help?

Presentations by the panelists, who represented RH commodity/contraceptive security committees in six countries, provided insights into how their countries have approached supplies issues, the strategies they have found to be successful, and the challenges they are facing.

Geneviève Ah-Sue, UNFPA, Burkina Faso

(The presentation slides are provided in Attachment 15)

In Burkina Faso, the policy environment reflects efforts current trends, with a Poverty Reduction Strategic Framework (2001–2010), a National Population Policy (2001–2015), a National Health Development Plan (2001–2010), and a Strategic Framework to Fight HIV/AIDS and STIs (2006–2010). Public health expenditures for RH supplies (specifically contraceptives supplies), are increasing. The framework for RH Commodity Security is based on the SPARCHS model. A situation analysis conducted in 2005 led to the formulation of a Strategic Contraceptive Security Plan (2006–2015) that outlined five strategic areas. Priority objectives within these areas included a higher participation of the private sector, demand creation specifically targeting youth, and development of logistics and MIS capacity. In 2006, the Government's share of the \$44 million projected costs was 25 percent; the Government is projected to cover 70 percent of the costs by 2015. The Contraceptive Coordinating Committee includes representatives of Government, Parliament, NGOs, CSOs (civil society organizations), the private sector, and multilateral agencies.

Accomplishments to date include the adoption of the Strategic Contraceptive Security Plan, a budget line for contraceptives in the national budget, and resource mobilization from a range of bilateral and multilateral donors.

Challenges ahead include competing priorities (for example, critical health needs due to HIV/AIDS and other epidemics), low priority for RH and MCH, decentralization, and unpredictability of health funding. There is a need for stronger evidence-based advocacy, for a broader approach to commodity security that goes beyond contraceptives, stronger coordination, and integration of RH supplies into SWAps.

Discussion:

- The partnerships that have been established are key to progress.
- The representation of Parliamentarians on the Contraceptive Coordinating Committee has been valuable. Parliamentarians are key stakeholders because they approve the budget; they have increased budget support for RH and have passed legislation supporting people living with AIDS. The DHS survey of 2006 shows the population is growing, so there will be increased needs, and Parliamentarians' support will be critical.
- Question: what is the Government's capacity to do procurement?
Response: there is a well-qualified centralized government procurement agency—the only one at the national level—that procures oral contraceptives, condoms, and all drugs, including vaccines. They conduct quality assurance.

Donald Moncada, PASMO, Nicaragua

(The presentation slides are provided in Attachment 16)

The USAID | DELIVER Project sponsored regional meetings in Latin America and the Caribbean, and this led to the formation of the Contraceptive Security Committee in Nicaragua. It advises and provides technical support to both the public and private sectors. Committee members include representatives of the Government, NGOs, USAID, and UNFPA. A look at public-sector users by quintile shows that 62 percent of people using public-sector resources for family planning are medium- or high-income. Financing trends show that as donor support is decreasing the Government support is increasing, and this trend will continue, as the MOH budget line increases to cover deficits.

Challenges and the stakeholders who can address them are equity, which includes shifting users with the ability to pay to other sources and focusing public sector resources on the most vulnerable (Government and NGOs); guaranteeing coverage and sustainable supplies to public sector clinics (Government); facilitating access to contraceptives at affordable prices (NGOs); and maintaining adequate logistics and MIS systems. The most important challenge is to enable Nicaraguans to achieve full reproductive rights.

Discussion:

- The USAID | DELIVER Project and MOH have developed a logistics and MIS system for all medicines.
- Question: how did the Nicaragua MOH manage to achieve 98 percent of health units with adequate contraceptive supplies (2005)?
Response: Funding from the condom basket was available, and there also were improvements in the logistics system.

Abeer Mowaswas, Ministry of Health, Jordan

(The presentation slides are provided in Attachment 17)

Dr. Mowaswas described the approach and steps involved in forming the Contraceptive Security Committee in Jordan, which received support from the USAID | DELIVER and Policy projects. The Committee, formed in 2002, includes a working group with comprehensive representation, and a technical committee that supports it. Based on research (which included market segmentation and background studies) and a workshop, the Committee identified eight priorities. These included securing funding for the family planning program and ensuring sustained delivery of services and contraceptives (which includes sustaining effective logistics systems); reducing unmet need and ensuring access; effective procurement for all sectors; and improving the contribution of the commercial and NGO sectors.

Accomplishments: the Committee has implemented a range of activities aimed at increasing capacity and linking with the Government RH Action Plan. There is a budget line for supplies; Jordan is committed to funding contraceptives from the government budget at the same level as what is being provided currently by USAID.

Challenges:

- Lack of private-sector information.
- Increased demand leading to increased budget requirements, but uncertain ability of the Government to support the requirements.
- Ensuring high quality products.
- Family planning and health insurance are not priorities.

Discussion:

- The difficulty in obtaining information from the private sector derives from their fears that the information will be used for tax purposes.
- Question: How long did the stepwise process of forming the Contraceptive Security Committee take, and how high was the turnover of members?
Response: The process began in 2002. When the strategic plan was finalized in 2005, there was some turnover, but an effort was made to retain some members.
- Question: What is the percentage of population that can pay?
Response: 50 percent of population or less can afford contraceptives through the private sector. Unmet need is 11 percent.

Michael Mushi, USAID, Tanzania

(The presentation slides are provided in Attachment 18)

When donors shifted to basket funding in Tanzania, the Contraceptive Security Committee was formed to replace a number of other committees and to provide coordination. The Contraceptive Security Committee members include representatives of several MOH units, including the Divisions of RH and HIV/AIDS, Medical Stores, and Pharmaceutical Supplies; multi- and bi-lateral donors; NGOs; social marketing organizations; and technical assistance providers. The Committee meets bi-monthly. They focus on data (monitoring of supplies, procurement, and social marketing sales) and advocacy (funding support and contraceptive policy changes). An example of the latter was their promotion of legislation allowing all pharmacies to sell oral contraceptives, not just those staffed with a trained pharmacist. The Committee troubleshoots and provides a focal point for the discussion of supply issues, discusses and makes recommendations, and brings together private- and public-sector stakeholders in a transparent manner.

Achievements include the integration of contraceptive services into other RH programs; provision of input into funding and procurement plans; and effective procurement by the MOH through basket funding.

Challenges include broadening the scope to include all RH commodities, not just contraceptives; strengthening RH systems; competition for resources and staff with other health programs such as HIV/AIDS; and sustaining efforts aimed at program integration in the face of new vertical health initiatives.

Lessons learned: It is critical to support policy changes and find innovative ways to provide additional support for RH supply systems. Donor commitment to both basket and non-basket support is needed, as well as flexibility in funding mechanisms.

Discussion:

- It is good to see the inclusion of the Medical Stores unit, as well as efforts to strengthen/expand the capacity of pharmacies.
- Question: how can the stagnant contraceptive prevalence rate be increased?
Response: when family planning was a vertical program it had its own procurement system. Now it is horizontal and procurement is shared with other programs so there is less control and response is slow. Timely shipments for contraceptives can help, and procurement is an area that needs work.

Cándido Rivera Francisco, CONAPOFA, Dominican Republic

(The presentation slides are provided in Attachment 19)

As donor support phases out, the Government of Dominican Republic has increased efforts to address unmet need and support programs serving the very poor, with a specific goal of reducing maternal and child mortality. The Contraceptive Security Committee was created in 2005 to provide advice and technical assistance to both public and private sectors. Members of the Committee represent the public sector (a wide range of agencies, a few of them being the MOH, the HIV/AIDS Program, the Armed Forces, and Association of National Pharmacies), NGOs (including social marketing), projects, and donors (USAID and UNFPA, which provide technical assistance as well as financing).

Some of the achievements include: the establishment of a national budget line for contraceptives using national funds; national health accounts for family planning and RH; and a MOU between the MOH and UNFPA for contraceptive procurement, which has brought significant savings (procurement through UNFPA has reduced costs twenty-fold).

Challenges remain, including assuring long-term contraceptive supply security, which will require continued Government commitment; sustaining the line item in the national budget; and ensuring the long-term sustainability of the Contraceptive Security Committee.

Gloria Quansah Asare, Ministry of Health, Ghana

(The presentation slides are provided in Attachment 20)

Family planning has been successful in Ghana, where the public sector/MOH, NGO (Planned Parenthood Association of Ghana) and Ghana Social Marketing Foundation provide a wide mix of contraceptives (short-term, long-term, and permanent). This success has generated high demand, but also a high level of unmet need. Support for family planning is decreasing due to a shift of resources toward HIV/AIDS programming, donor fatigue, and weak systems. To address these issues, the Government of Ghana began a strategic planning process in 2002, out of which came the Interagency Coordinating Committee on Contraceptive Security (ICC/CS). The USAID | DELIVER Project assisted the planning process. The ICC/CS developed a strategic framework, with objectives focusing on improving quality and affordability of family planning products and services, strengthening public-private partnerships as well as systems for delivery of supplies and services, sustainable financing, and strengthening capacity for monitoring and evaluation of contraceptive security targets. In working toward these objectives, the ICC/CS plays a key advocacy role—for example, on behalf of efforts to include contraceptives and family planning services in the national health insurance program.

Challenges: Looking ahead, toward 2007–2011, decreasing donor commitments will result in a growing funding gap. There is a need for more transparency in public-private partnerships, strengthened logistics and MIS capacity, and greater awareness of the importance of family planning.

Ghana is currently developing a financial sustainability plan, and asks donors to allow time for implementation of the plan and to build the capacities that will be needed. Advocacy will be important in obtaining commitment from multiple sectors, and mobilizing support from in-country partners such as District Assemblies. There also are plans for a new logistics and MIS system and self-procurement.

Discussion:

- Question: to avoid stock-outs, does Ghana use minimum/maximum levels?
Response: yes, we do. Also, a major issue is the six-month lead time between orders and shipments.
- Self-procurement can be more expensive and take more time, and countries may have difficulty accessing required funds beforehand. For these reasons, country procurement units may not be interested in doing their own procurement. Countries, donors, and technical agencies should look at the long term and how to assist capacity development.
- UNFPA procurement results in good prices; but their long-term goal is to build

country capacity, not to be a procurement agency. UNFPA has developed tools and information resources to help this process. There is a new website with an order tracking service that is available to governments and requires login (see brochure, Attachment 27). UNFPA also conducts training sessions worldwide.

- Question: have you found that verticalization undermines programs?
Response: linking procurement can undermine a program: if you don't use the funds assigned to your program, they go away very fast.
- In most countries, procurement units procure supplies for all programs. The officials who make up these units often fail to understand that procurement of family planning products is special. As a result, getting approval can take a long time. To achieve contraceptive security we need to increase the understanding of this group.

There was no time for Nora Quesada to sum up and lead a discussion on the key points but her discussion notes are summarized in Attachment 21.

Prequalification and Coalition Procurement—Mini-Workshop

Presenters: Hans Hogerzeil, Director, WHO/PSM
Morten Sørensen, UNFPA Copenhagen

Presentation slides are provided in Attachment 8. Also see the briefing paper, Attachment 23, and the WHO Fact sheet at www.who.int/mediacentre/factsheets/fs278/en/print.html

The anticipated outcome of the WHO/UNFPA Prequalification Program is that more high quality RH products will be available at a lower cost to country programs. Currently, UNFPA is buying only from prequalified manufacturers, resulting in greater cost-effectiveness and quality. By expanding the supplier base, the program will not only increase country-level capacity but also encourage competition, bringing down prices. WHO has identified a core list of RH medicines and devices for priority prequalification; the prequalification of hormonal contraceptives is being implemented by WHO, and UNFPA is responsible for prequalification of devices (condoms and IUDs).

In updating the Coalition on the Prequalification Program, WHO and UNFPA hope to raise awareness of the project—the process and its benefits—and hope that Coalition members will bring this information back to their networks, including manufacturers, who need to know why and how they should participate. A condom factory in Bangladesh, a joint venture with Germany, provides a case study: the factory, after being prequalified, has continued to produce consistently high quality condoms. UNFPA buys from it and so do other donors; the factory is competitive in the global market.

Since 2001, the Prequalification Program (medicines in general, not RH) has conducted 56 factory inspections and audited seven IUD factories. Reinspections are conducted regularly. To date, only one prequalified manufacturer has subsequently failed to be requalified. In time, requalification will be done in-country, by the country's own regulatory agency. The prequalification process can weed out low quality and help maintain high quality.

No RH products have been prequalified to date, but nine responses have been received in response to the expression of interest (EOI) for hormonal contraceptives published by WHO in October 2006. WHO hopes to have three to five prequalified manufacturers by 2008.

Generous support from the Bill & Melinda Gates Foundation for the Prequalification Program has made it possible to expand the program's capacity. Dr. Hogerzeil introduced Raul Kiivet, the new head of the WHO unit responsible for inspection, training, and capacity building.

The key messages that WHO and UNFPA would like the Coalition to relay are that the Prequalification Program, which is built on the existing WHO program, is a global support mechanism that ensures quality, drives lower costs, strengthens in-country manufacturing capacity, and has broad support from international stakeholders. Coalition member organizations are asked to encourage their suppliers to participate in the program, and to inform them that they (Coalition members) will be expected to procure only prequalified products only, once two products have been prequalified. Coalition members are urged not to fall into the "TB trap", when organizations continued to buy from low-quality, local manufacturers; instead they should buy either from a prequalified manufacturer or, per the GFATM approach, buy from a country with a stringent regulatory approval process where a product is registered.

Discussion:

- Detractors say that prequalification raises the price. This can be true—up to 20 percent—but it is unfair to compare a high-quality product with an unregulated, potentially lower-quality product.
- Question: is there a problem with corruption among inspectors?
Response: most assessments and inspections are done by officials from 15 countries, so most inspectors would be from outside the country. This will deter corruption.
- Question: is there local production of IUDs and condoms in Latin America and the Caribbean?
Response: There are factories in Brazil and Argentina, and UNFPA has encouraged them to be prequalified. Due to a recent UNFPA training, a manufacturer in Argentina plans to be prequalified. Self-imposed isolation by manufacturers is a problem, and Coalition members can help by encouraging their interest in prequalification.
- Prequalification can be expensive: a cost analysis by the Clinton Foundation indicated the average cost per product per factory to be \$87,000.
- Question: Do major manufacturers need to be prequalified too?
Response: Yes, if they want to serve the United Nations system.

Breakout Session: Working Groups' Feedback

Note: The working groups provided feedback on their deliberations concerning the strategic plan, but they did not provide updates on their workplans. For those updates and summaries of the individual working group meetings that took place in London before the membership meeting, please see the RH Supplies Coalition newsletter, *April 2007 in Review*, which is online at www.rhsupplies.org.

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

Strategic Plan

John Skibiak referred back to the stated objectives and outcomes for this seventh semi-annual membership meeting. The first objective—to understand the contents of the strategic plan and the procedures followed to write and review it—was accomplished. Margaret Neuse described the task force charged with facilitating development of the strategic plan and the process of soliciting input from the working groups and the membership.

The formulation of a strategic plan has been a priority of the Coalition since its establishment. Though broad mission and vision statements had been prepared as part of the development of the Coalition's TOR, there remained a wide gulf between those statements and the actual work being carried out by the three working groups. The aim of the current strategic planning process was to bridge that gulf—to identify goals with which all Coalition members could identify, link them to the work of the working groups, but also to allow room for activities not yet being pursued by anyone. In other words, the idea was to use a common vision and set of goals to define our work; rather than restrict ourselves to what we are doing now to define our broader vision. The meeting was structured so that Coalition members could review, refine, and further develop the strategic framework. Breakout sessions provided the opportunity to discuss the strategic plan's goals and objectives across working groups, as well as to review the goals and objectives in the context of each working group's current and planned activities. The working groups are the experts in their areas of their work and, by extension, the ones most qualified to identify the indicators for measuring it. They also are the ones best equipped to complete the last three columns of the framework: Coalition Role, Partners' Role, and Secretariat Role—and are requested to continue to consider these aspects and provide input to the Secretariat.

In reporting back from their breakout sessions, participants offered valuable guidance in refining the language used to state goals, focus areas, and objectives; and in identifying appropriate approaches for measurement; and the need for greater flexibility. Currently the framework contains 43 indicators; the timeframe is three to five years. We now need to set priorities: identify what is really possible in the next three to five years, and determine what requires a longer timeframe. Questions to address include:

- On what basis do we set priorities?
- What is feasible?
- Who in the Coalition is already poised to achieve specific objectives?
- How can we improve the way we work?
- How should we select countries? Should they be where organizations in our working groups are already working?

During this meeting, we have taken a big step in achieving the last meeting objective: to formulate a final set of recommendations for incorporation into the strategic plan prior to submission to the Executive Committee for approval. The views and data that came out of the meeting discussions will be incorporated into the strategic plan and framework. The Secretariat encouraged everyone to continue sending ideas and comments not covered in the meeting—on the detailed framework, as well as broader issues. A new draft of the document reflecting input received will be completed for final submission to the Executive Committee.

As noted previously, the plan is not something set in stone. It will change over time as do the goals and priorities of the Coalition.

Membership

During the Executive Committee meeting of April 26, the Executive Committee charged the Secretariat to develop a plan for defining Coalition membership. To ensure that this process is open, transparent, and inclusive, the Secretariat will use the same model as that used for development of the strategic plan, which involved formation of a task force and review by members. John Skibiak issued an open invitation to all members interested in being part of this process to contact him.

Next Semi-annual Meeting of the Coalition

The fall meeting of the Coalition will take place in Washington, DC October 24–25, hosted by USAID | DELIVER Project. John thanked USAID for offering to host the meeting. He expressed appreciation for the planning that already has taken place, as well as for the six-month lead time—which will greatly facilitate development of the meeting content and materials.

Wrap-Up and Closing Remarks

Co-Chairs Margret Verwijk and Wolfgang Bichmann summarized the outputs of the meeting, which included increased understanding of how the RH commodity security committees function as change agents at the country level. The mini-workshop on prequalification provided an update on the progress made by WHO and UNFPA on prequalification, as well as the process and benefits of prequalification. The working groups provided feedback on the strategic plan that will be incorporated into the plan. In meetings prior to the formal membership meeting, the three working groups met to discuss their work and plans for the future. The MDA WG announced its decision to focus on the issue of generics. The SSWG plans to expand the RH Interchange to include more data sources; provide input to the redesign of the Coalition website; continue work on a database that will be a “one-stop” source of country-level supplies information; and move forward on proof of concept for two financing mechanisms—minimum volume guarantee and pledge guarantee—through a small committee that will be facilitated by consultant Sandra Rolet.

Thanks was expressed to the special guests, RH Commodity Security Committee members: Genevieve Ah-Sue, Burkina Faso; Donald Moncada, Nicaragua; Abeer Mowaswas, Jordan; Michael Mushi, Tanzania; Gloria Quansah Asare, Ghana; and Candido Rivera Francisco, Dominican Republic.

The Co-Chairs extended special thanks to IPPF, the host for the meeting, the excellent arrangements, and their generous hospitality.