



Reproductive Health  
Supplies Coalition

# **Reproductive Health Supplies Coalition 2009 Membership Meeting**

**Meeting Report  
June 4 – 5, 2009  
London, United Kingdom**

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## **DAY 1: June 4, 2009\***

### **1. Welcome and Introduction**

#### **Speaker:**

- Wolfgang Bichmann, Vice President, Sector and Policy Division Health, KfW Development Bank, and outgoing Chair of the Coalition's Executive Committee

Wolfgang Bichmann welcomed participants to the 2009 Reproductive Health Supplies Coalition (Coalition) Membership Meeting and thanked the Secretariat staff for their organization and planning.

Mr. Bichmann noted that in the past year, the Coalition's Strategic Plan had been adopted and regulations for membership expansion were put in place. In the past year, the Coalition's membership has grown from 15 to 85 members, which has been an exciting and also challenging time in the Coalition's development.

The Coalition bridges donors, civil society, the private sector, and technical agencies. In the last two years, representation from developing countries has grown significantly. Donor membership is expanding, including the recent joining of the governments of France and Spain.

The development of new financing mechanisms, AccessRH and the Pledge Guarantee for Health, has been particularly important this year. Both mechanisms are undergoing finalization.

There are many challenges ahead, including human resources and the need to improve and adapt the contraceptive method mix to the needs of users. We hope that the positive effects at the level of family health can be improved and expanded at the local level.

### **2. Executive Committee Report**

#### **Speakers:**

- Wolfgang Bichmann, Vice President, Sector and Policy Division Health, KfW Development Bank, and outgoing Chair of the Coalition's Executive Committee
- Julia Bunting, Team Leader, AIDS and Reproductive Health Team, Human Development Group, UK Department for International Development and incoming Chair of the Coalition's Executive Committee

The Executive Committee (EC) meeting was held yesterday, June 3, 2009, at the DFID offices in London. At this meeting, the Committee approved the Nomination Committee's recommendation of Julia Bunting as Coalition Chair.

John Skibiak, Director of the Coalition, presented the [State of the Coalition](#) since the last Executive Committee meeting, which was held in November, 2008 in New York City. Mr. Skibiak's presentation focused on the financial sustainability of the Secretariat and Coalition beyond the end of the current grant cycle, which ends in September 2009. Minimum funding requirements have now been met through a diversification of funding sources.

Working Group (WG) leaders reported on their different workstreams and presented a rich picture of the work currently underway. The Coalition's website will detail each of the workstreams. Information on some workstreams is currently available via posters on display in the hall.

Also discussed was the Innovation Fund, which is open to proposals from members of the Coalition's Working Groups. This Fund makes it possible for the Working Groups to sustain their activities and promote their work.

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\* All agendas and PowerPoint presentations can be downloaded from the Coalition's website at the following link: <http://www.rhsupplies.org/news-events/membership-meetings/tenth-meeting-london-2009/presentations-and-posters.html>

The EC reviewed basic statutes and documents of the Coalition and the Secretariat. The Coalition's Terms of Reference (TOR) have been updated and endorsed by the EC. The updated TOR will be posted on the Coalition website.

Another topic of discussion concerned the use of the Coalition website to highlight or promote access to individual contraceptive methods. The EC noted that the Coalition has historically shied away from such a focus, preferring instead to address the more systemic attributes that determine method access and distribution in general. Highlighting individual methods could give them a prominence inconsistent with our treatment of RH technologies in general. As one Committee member pointed out, technically speaking, "all methods are underutilized".

Two Working Groups, Systems Strengthening (SSWG) and Market Development Approaches (MDAWG), are looking for ways to ensure the quality of RH supplies and are exploring opportunities to support the WHO Pre-qualification Program. The EC encouraged the leaders of these groups to collaborate with WHO and support them through joint WG action.

Julia Bunting introduced herself to the members of the Coalition. She noted that she looked forward to adding value to the work of the Coalition and to supporting its members over the next couple of years as Coalition Chair.

### **3. State of the Coalition**

#### **Speaker:**

- John Skibiak, Director, Reproductive Health Supplies Coalition

John Skibiak presented the Coalition's activities and achievements since the last membership meeting, held in Brussels in May 2008 ([State of the Coalition, 2009](#)). Mr. Skibiak structured his presentation around the key components of Coalition's Strategic Plan. He directed members' attention to the new interactive [flash presentation](#) on the Plan, currently housed on the Coalition's website.

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

Despite the recent economic downturn, the period 2005-9 saw international donor funding for supplies increase by 29%. Among the Coalition's 14 focus countries, this increase was 55%.

This year, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM or Global Fund), began financing contraceptive procurement, thanks in large part to the efforts of Coalition partners and HIV/Reproductive Health Integration Projects. Rwanda was the first country to receive this aid and will be followed by Madagascar and Zambia.

Last year also core support to UNFPA increase by \$450 million, and a doubling in financial contributions to the Global Programme. Eight out of ten of UNFPA's largest contributors are Coalition members.

Donors such as the Bill and Melinda Gates Foundation and UNFPA have provided significant support to Coalition activities, including AccessRH, the Pledge Guarantee for Health, and the Innovation Fund. In the last 12 months, financial support for Coalition activities has increased nearly seven-fold, even without included recent contributions to the Secretariat.

This year, the Coalition, with technical and financial support from USAID | DELIVER and UNFPA updated the "[Donor Gap Analysis](#)", first published in conjunction with the 2001 Istanbul Conference. The new figures indicate that the international donor community has heeded the call for financing of contraceptive procurement in the public sector. Over the last seven years, supply has roughly kept pace with demand. While wary of complacency, it is critical to acknowledge our achievements in these areas to demonstrate that success does lie within our reach.

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

This year saw UNFPA and the UN Foundation take ownership of AccessRH and the Pledge Guarantee for Health, both of which, when operational, promise to change the face of commodity procurement and financing. This year, Coalition stakeholders committed over \$5 million to launch and sustain these mechanisms over the next 5 years.

Country-level contraceptive security task forces established in Coalition focus countries has grown by 37%, and the number of countries with dedicated budget lines for contraceptives has doubled.

Marie Stopes has launched the first effort to address contraceptive security in crisis settings, through support from the Innovation Fund.

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

In July 2008, the Secretariat posted two new tools on its [website](#): the Supplies Information Database (SID) and the Advocacy Toolkit. Launch of the SID generated the highest number of hits to the Coalition website and it continues to draw users.

There has been a dramatic institutional buy-in to the Coalition; membership has grown by almost 30% since this time last year. Working Group meetings now average 20-30 members. The Executive Committee has grown through the admission of Working Group Leaders and the addition of two seats for Southern regional representatives. Membership meetings have also grown substantially.

Increased membership is having a positive impact on the Coalition's ability to achieve its strategic goals: through new activities (supported in part by the Innovation Fund); through greater advocacy; and through the high profile of its members. French membership in the Coalition coincided with its presidency of the European Union, thereby highlighting the Coalition's work. The admission of Uganda and Ghana are important first steps in increasing the involvement of developing country governments.

The bulk of the Secretariat's work this year has been devoted to assuring the medium- to long-term financial sustainability for the Coalition. The Coalition has met its goal thanks to multi-year commitments and pledges of support. Mr. Skibiak thanked everyone for their contribution in making this moment a reality: those who contributed to the evaluation of the Secretariat's performance and development of the Concept Paper; and to the donors who have committed themselves to support the Coalition's work.

The Secretariat has identified four broad areas that will guide the Coalition's work in the coming year:

- Pursue efforts to familiarize members with the Coalition's Strategic Plan and help them understand how it can guide them
- Look beyond the Coalition's traditional focus on contraceptives and begin addressing supply challenges facing other reproductive health concerns.
- Increase support to Working Groups and other reproductive health partners.
- Engage more effectively developing country partners, increase collaboration with the Coalition, and encourage greater participation in Working Groups.

#### **4. Showcase of DFID**

##### **Speakers:**

- Julia Bunting, Team Leader, AIDS and Reproductive Health Team, Human Development Group, UK Department for International Development and incoming Chair of the Coalition's Executive Committee
- Saul Walker, Senior Access to Medicines Policy Advisor, UK Department for International Development

Julia Bunting presented an overview of DFID's Overseas Development Assistance (ODA) Program as it relates to commodities security and reproductive health. DFID is responsible for approximately £5 billion in UK government assistance to foreign countries. This is set to increase to £8 billion by 2010. DFID has 2500 staff, half of whom are based overseas. Two offices are in the UK, and 64 are overseas. The focus of DFID's work is poverty elimination and the achievement of the Millennium Development Goals (MDGs). DFID operates under the 2002 International Development Act. Aid from the UK is not tied to national priorities, recipient governments are free to source supplies on their own.

DFID works increasingly with civil society and the private sector, in addition to national governments. Work in fragile states is increasing, particularly in Ethiopia, Sudan, Bangladesh, and the DRC. UK seeks national commitment to poverty reduction, wise fiscal management practices, and good governance protocols. DFID is interested in promoting long-term change and escaping the culture of dependency on foreign aid. The overarching principle of DFID is a country-led approach.

In 2006, DFID published a White Paper on International Development, focused on eliminating world poverty and making good governance work for the poor. DFID is committed to meeting the UK's G8 promises of providing 0.7% of Gross National Income in foreign aid, focusing on Sub-Saharan Africa and South Asia, and other fragile states. Fifty percent of bilateral aid will be for public services. DFID is also supporting efforts to tackle climate change.

In July 2007, DFID published its new health strategy, Working Together for Better Health. The focus of this strategy is on systems strengthening. 2007 also saw the launch of the International Health Partnership to strengthen health systems.

In 2008, Prime Minister Gordon Brown and others launched a systems strengthening task force, designed to save the lives of mothers and children. The same year saw the launch of an aid strategy which commits the UK to provide £6 billion for family planning. DFID hopes to halve unmet need for family planning by 2010 and eliminate it altogether by 2015. Contributions include: £1 billion to the Global Fund, £100 million to the UNFPA Global Programme for Contraceptive Security, and £8.5 million to the International Planned Parenthood Federation (IPPF) for the initial setup and support to the Safe Abortion Action Fund.

Saul Walker discussed DFID's work on access to medicines, which includes vaccines, drugs, and reproductive health supplies. DFID takes a total market approach and social marketing is of particular interest.

DFID tries to work along the entire value chain. Investing in new technologies is important; last year DFID committed £225 million towards new products to meet the needs of developing countries. They have advanced market commitments to try to create viable markets for products. The pneumococcal vaccine, the first under this scheme, will be launched shortly.

DFID looks at the issue of intellectual property and how it can be used to expand access to products; it looks at regulatory issues as a means to improve product quality; and it looks at relationships with pharmaceuticals. DFID recently launched a number of programs aimed at improving supply chains, including the Medicines Transparency Alliance (META) which focuses on improving transparency and accountability in supply systems.

DFID hopes to build bridges between their work and the work of the Coalition and its members. The Reproductive Health Interchange and the AccessRH and Pledge Guarantee for Health financing mechanisms, are very much in line with DFID's efforts and interests.

Ms. Bunting noted that DFID is committed to reproductive health and supplies. She requested members of the Coalition to let DFID know how its senior officials can support their work of Coalition members.

Discussion:

- How can we best prioritize reproductive health supplies in basket funding at the country level? The reality is that no more than 60% of the budget goes through actual budget support, a range and mix of aid instruments are in place. DFID prefers to provide support at the global and regional level through third providers, to ensure specific issues are covered.
- If countries want to receive Global Fund support for integrating HIV/AIDS and Reproductive Health programs, they must demand better integration in the Global Fund proposals. Population Action International, IPPF, and Interact Worldwide have a partnership to improve country demand for HIV/AIDS and Reproductive Health program integration.
- DFID aid is not tied to conditions. They look for broad statements that governments are committed to human rights, eliminating corruption, and reducing poverty. DFID reports to the UK government, and UK taxpayers.
- Integration of maternal and reproductive health is a key issue, which could learn a lot from the HIV/AIDS community. Messages need to be clarified and linked, we must show the aggregate benefits and what can be achieved through linking these programs.
- The Coalition would like to begin supporting country stakeholders and/or institutions to advocate for reproductive health supplies needs within their countries and with donors. A champion for this cause is needed.

*Break*

**5. Brussels +1 – Implications of the new political and economic environment on Reproductive Health Commodity Security. Moderated panel discussion.**

**Moderator:**

- Adrienne Chattoe-Brown, Consultant, Lead Specialist in Health Systems & Service Delivery, HLSP Institute

**Panel:**

- Nicole Gray, Programme Officer, William and Flora Hewlett Foundation
- Ed Oosetrmans, International Development Cooperation Officer, Helm Pharmaceuticals, GmbH
- Scott Radloff, Program Manager, Strategic Planning, Budgeting and Operations, USAID
- Jagdish Upadhyay, Chief, Commodity Management Branch, UNFPA

Some countries have reduced their foreign aid budgets in favor of national priorities (Italy and Canada, for example). US President Barack Obama's election and a resulting more liberal stance on reproductive health issues in the US holds great promise for the future of reproductive health. In this economic environment, what new arguments can UNFPA and others use to increase funding for reproductive health supplies?

Jagdish Upadhyay of UNFPA remarked that there was a shortage of funds even when the economy was booming, as noticed during the Maputo AU Ministers Meeting. The first thing governments do when the economy sours is to cut non disease-specific funding, i.e. family planning and reproductive health. We really must advocate for the economic benefits of reproductive health and why money spent on RH is saved in other areas.

UNFPA is working with national governments to let them take on the responsibility and understand the importance of funding RH supplies. A large focus is on increasing national budget

lines for RH commodities. Ministries of Finance and Parliamentarians are key stakeholders for this work.

Nicole Gray of the Hewlett Foundation noted that the Foundation's endowment has fallen from a high of about \$9 billion to about \$5.4 billion currently, a 40% loss of value. This has presented the Foundation with an opportunity to look at what critical, core institutions need to exist in the field and where the Foundation feels it can have a comparative advantage. The Foundation continues to show a commitment to family planning and RH/Population issues, and has reaffirmed its long term strategy. They are looking at the institutions and priorities they want in the long term, such as policy dialog, North-South partnerships, capacity building, research underlying service delivery, and policy advocacy efforts. They have had to cut funding for demographic surveillance activities in Africa.

Scott Radloff discussed the recent changes in USAID with the new presidential administration in the United States. Both President Obama and Secretary of State Clinton have stated their support for family planning and RH. Scott has not seen support for these issues at such a high level in his 26-year tenure with USAID. So far, this has translated into an \$80 million funding increase for family planning/RH. An additional \$50 million is expected in 2010. This will be the highest amount of funding for FP/RH in history. President Obama rescinded the Mexico City Policy. The Secretary of State has authorized re-funding UNFPA. New partners are being recruited and now USAID can reach more countries. Currently they work with approximately 50 countries through bilateral programs, and now they need to extend their reach.

Positive engagement in international forums is increasing. There is a new Global Health Initiative from the President. HIV/AIDS, TB, Malaria, MCH and FP are all included. This all-in-one initiative relays interest in increasing integration across program areas, building synergies, and strengthening systems. Eventually, the GHI is seen as becoming a public-private partnership.

The entire environment has changed dramatically with the new administration. However, the Helms amendment still prevents USAID from providing resources for abortion services, or promoting abortion. Scott sees that remaining for the foreseeable future. USAID is also prohibited from providing resources for slot and budget support, and that probably won't change very soon.

Ed Oostermans noted that Helm Pharmaceuticals' focus is preparing products coming off patent for market launch. As they are a European company, they have not profited much from US aid and receive a significant amount from KfW. Does not see US providing more aid soon. Ed cited Vietnam as an example country, stating that their status as "middle income" means they no longer receive commodity aid and are now trying to finance their own supplies. There isn't enough money for this, and the process isn't working. The results of the lack of funding can already be seen in the country. Currently, they can only finance half of what they imported in 2008, and the program is already deteriorating, in the face of a growing population. Because funding will be primarily local, the preference is for local manufacturers. Helm supports this, though it is a long process. Vietnam has a facility manufacturing locally made DMPA and the country has its own good manufacturing process (GMP) system, which calls into question quality issues with locally manufactured products. It would be useful if the Coalition developed an official Working Paper and/or lobbying position on the issue of funding and risks for poor developments in the face of decreased or no foreign aid.

#### Discussion:

- The SSWG and MDAWG are both working on the WHO prequalification process. The key issue is how governments are certifying good manufacturing practices; national GMP's often do not meet international standards.
- Many Latin America and Caribbean (LAC) countries have graduated from USAID family planning assistance, and government support has not necessarily decreased. NGO's and strong civil society are important. Donors should assess how they approach successful countries so they do not face a backlash. Post-graduation programs could be useful.

- A 2002 Office of Management and Budget review of USAID showed that resources were not aligned with where need was the greatest and a strategy to redirect resources to highest need countries was put into place. Countries where USAID had been working for some time were put on the path to graduation from assistance. In a few years, Haiti, Guatemala, and Bolivia will be the only LAC countries receiving continued USAID family planning support. The graduation strategy looks at contraceptive prevalence, total fertility, unmet need, and sustainability. Also, the program tries to assess government ability and willingness to support family planning services, vibrancy of the private sector, and the technical skills of NGOs. The graduation process has doubled, or even tripled, resources for the Sub-Saharan Africa and South Asia programs.
- Strong national reproductive health coordinating committees are critical. National level advocacy must increase and donor dependence decrease.
- The World Bank has a special entrée with Ministries of Finance and could play an important role in country dialog on family planning resource allocation. The Hewlett Foundation, in partnership with the World Bank, is funding research looking at the relationship between population, individual RH status, poverty alleviation, and economic growth. Initial results are expected this summer (2009).
- When budgets are tight, substandard products are often delivered to countries. The Coalition will need to be transparent about the minimum threshold of poor quality products our members can tolerate; we may have to pay more for better products and as a result may help fewer people. Coalition members cannot buy poor quality products just to reach more people. Internationally recognized, quality assurance standards are necessary.
- Countries also have to take responsibility at a national level. The WHO pre-qualification program should help to mitigate these issues.

*Lunch*

## **6. Forging Partnerships at Country Level to achieve Contraceptive security: Case Study of Uganda**

### **Speakers:**

- Karen Hardee, Vice-President for Research, Population Action International
- Elly Mugumya, Executive Director Reproductive Health Uganda
- Ruth Kavuma, Member of Parliament of Uganda, Network of African Women Ministers and Parliamentarians
- Anthony Mbonye, Assistant Commissioner, Health Services, Ministry of Health Uganda, Reproductive Health Division

Speaker PowerPoint presentations are available [here](#).

Karen Hardee, on behalf of Project Resource Mobilization Awareness (Project RMA), presented a brief synthesis of the [country case studies](#) conducted to assess the situation of RH supplies in six countries in Asia, Africa and LAC (Bangladesh, Ghana, Mexico, Nicaragua, Tanzania, and Uganda). The case studies suggest major improvements in national logistics systems, numerous stock outs at service delivery points, limited human resources and limited trained staff. Mexico is the only country studied without a contraceptive security committee. Each country has budget line items for contraceptives and some have signed financial sustainability plans with donors, guaranteeing their support will increase.

Colleagues from Uganda then elaborated on the issue of RH supplies in their country and the national program.

- The total fertility rate in Uganda has barely changed and unmet need is increasing, despite donor support. The contraceptive prevalence rate is rising, though recent gains have been minimal. Sustainability is the key issue to overcome funding gaps and to ensure the Ugandan government meets its commitments. The Network of African Women

- Ministers and Parliamentarians support reproductive health in general, including support for commodities.
- There are strong networks for civil society in Uganda, although many civil society members are concerned about the heavy dependence on donor support. Civil society is not involved in national level decision making on the budget for RH supplies. These organizations would like to become involved in national level committees on supplies and medicines.
  - The Network of African Women Ministers and Parliamentarians has performed advocacy efforts with the Ugandan First Lady and with the President, who recently signed a national roadmap for reducing maternal mortality and morbidity. The phrase “family planning” was an issue in Uganda, as many people took it to mean that families should not have any more children, and a large national population is considered a good thing by many people.

#### Discussion:

- The Ugandan government supports the Abstinence, Be faithful, use Condoms (ABC) approach. Sexual education is in place in the school curriculum for primary and secondary schools. Civil society organizations are not restricted to ABC messages and do full sexuality education in their programs. These organizations look forward to working with USAID now that funding restrictions have changed. The public can become confused with varying messages on sexuality.
- The government has a memorandum of understanding with the National Medical Stores to procure contraceptives. The National Medical Stores processes requests from Districts and then sends supplies to the District Stores. Districts are then responsible for moving supplies down the chain.

*Break*

### **7. Country Case Studies: Parallel Breakout Sessions on Remaining Project RMA Countries (Bangladesh, Ghana, Mexico, Nicaragua, Tanzania)**

Participants attended the breakout session on the country of their choice to listen to a short presentation of the Project RMA case study and discuss the findings.

### **8. Closing Remarks**

#### **Speaker:**

- Julia Bunting, Team Leader, AIDS and Reproductive Health Team, Human Development Group, UK Department for International Development and incoming Chair of the Coalition's Executive Committee

Ms. Bunting thanked everyone for their excellent presentations and discussions. She noted that much of the discussion highlighted the importance of seizing opportunities while they are fresh.

*Close of Day One*

## **DAY 2: June 5, 2009**

### **9. Welcome and Introduction**

#### **Speaker:**

- Julia Bunting, Team Leader, AIDS and Reproductive Health Team, Human Development Group, UK Department for International Development and incoming Chair of the Coalition's Executive Committee

Julia briefly welcomed participants to the second day of the Reproductive Health Supplies Coalition's tenth member meeting.

### **10. AccessRH: Presentation and discussion on the application and benefits of AccessRH in procurement of RH supplies**

#### **Speakers:**

- David Smith, Chief, Procurement Services Section, UNFPA
- Kevin Starace, Senior Advisor, Health, UN Foundation
- Carolyn Hart, Director, JSI Logistics Services, John Snow Inc.
- Morten Sorenson, Procurement Specialist, UNFPA

Speaker PowerPoint presentations can be downloaded [here](#).

Morten Sorenson gave a brief PowerPoint presentation on the AccessRH funding mechanism.

Kevin Starace of the UN Foundation (UNF) discussed the Pledge Guarantee for Health (PGH) funding mechanism. Donations of RH supplies amount to 15-20% of total aid, or around \$16 billion annually. PGH is needed to provide market efficiencies where there are none and to accelerate progress toward the MDGs. The PGH was designed by partners and donors, including KfW, the Dutch government, USAID, UNFPA, the Gates Foundation, and the World Bank, and is based on studies going back to 2006.

The PGH is designed to add predictability to the donor cycle and stabilize aid flows which often come in at different times in different batches, making them unpredictable. The PGH provides short-term working capital to countries in advance of scheduled donations. The goal is to continue to support country ownership of supplies and supply chains.

The UNF will work as a deal-maker through the PGH, communicating with local commercial banks, special guarantors, and donors. UNF is currently actively pursuing guarantors and feel confident they will have one in place at the start of the project. Risk assessments to determine costs are underway. Also in development is a subsidy package to provide products for free initially, but governments will absorb the cost for supplies over time. After 3 years, it will become a financial product, and banks and lenders will assume the full risk. UNF is pulling together a full financial team, and is confident that initial transactions will be in place by the end of 2009.

David Smith of UNFPA further discussed AccessRH and noted that while UNFPA is taking ownership of AccessRH, it is still a collaborative effort. Dhalberg Consulting has worked with the AccessRH team to develop the concept. UNFPA plans to keep a small inventory of supplies on hand, which will take away the need for governments to provide up-front payments for their orders, which many governments do not allow.

UNFPA and UNF are working together to ensure there are no conflicts between the two mechanisms, and that they are both entirely complementary, as designed.

Carolyn Hart of JSI noted that both mechanisms represent best practices in supply chain management because they will provide integration, information and visibility. Also, that AccessRH

will eventually be a service, but is operating as a project initially. They estimate that establishing the platform and rolling it out to customers will take three years.

Discussion:

- Need to ensure that orders, once placed, are needed and will be used.
- UNFPA is working with WB to determine how they can fit their requirements for procurement using basket funds. All AccessRH contracts will be the result of pre-qualification tendering. Contracts will be fully competitive. AccessRH plans to discuss needs and expectations with customers.
- AccessRH plans to work with suppliers who have stringent regulatory approval or WHO pre-qualification. Brand name products would not be standard; for example, generic DMPA will be procured over Pfizer's Depo-Provera. UNFPA/AccessRH plans to make intensive efforts to educate customers that generics are available, and if a customer wants a particular brand, AccessRH will work with them to meet that demand as much as possible. Branded products would be the exception and would be at a premium.
- AccessRH will be web-based. The plan is for countries not to go through UNFPA offices to place their orders. It is not meant as traditional procurement. Developing these tools will be an important part of the program.
- Payment must be provided upon receipt of goods, otherwise the mechanism cannot operate in the future. AccessRH will rely on customers paying on time.
- AccessRH products are only to be provided to the public sector and social marketing organizations.
- Quality assurances would be conducted through pre-shipment testing, concurrent with the system UNFPA currently uses. In-country quality testing on arrival is also expected.
- On-hand stock will be as consignment stocks stored in manufacturers warehouses. They do not plan to store AccessRH supplies globally.
- Both AccessRH and PGH could expand to other commodities outside of RH in the future.
- The German government is working with WAHO to establish a funding mechanism similar to the PGH. They are currently estimating conditions for such a fund and have not been in touch with UNF. Mr. Theiss said they will reach out to UNF soon.
- Suppliers will need to register in the countries where AccessRH delivers. AccessRH and UNFPA will work to get a range of suppliers registered in as many countries as possible.
- Marketing advocacy is key and messages need to be developed. AccessRH team plans to converse with the RMAWG team in the near future to discuss advocacy needs and plans.
- AccessRH is, effectively, a pooled procurement mechanism. If pooled procurement is required, AccessRH can work with the area and/or facilitate procurement of non-standard products. The point of AccessRH is to get the right product to those who need it, and ensure it is of good quality.
- AccessRH was originally intended to be kept separate from general UNFPA day to day business; however, it has become obvious that the two should be fully integrated. Believe that the Procurement Services Section will be restructured to accommodate this need and lead to greater efficiencies.

## **11. Summary of UNFPA Global Programme for Reproductive Health Commodity Security Donor Meeting in Burkina Faso**

**Speaker:**

- Wolfgang Bichmann, Vice President, Sector and Policy Division Health, KfW Development Bank, and outgoing Chair of the Coalition's Executive Committee

Mr. Bichmann was asked by UNFPA and WHO to summarize this recent donor meeting, which was attended by many Coalition members. At the country level, the UNFPA Global Programme acts as a catalyst to mainstream RH commodities into the national budget. HIV, STI and maternal health services have been supported in 15 countries over the last 5 years. Funding for this program comes from DFID, Sweden, the Netherlands, and a number of other donors, and is also supplemented by UNFPA core funds.

UNFPA has divided the program countries into three streams, based on their needs. Stream 1 countries are high priority and receive a defined package of support, while Stream 2 and 3 countries receive short-term support to avoid stock outs.

The annual donor meeting was held in Burkina Faso this year, which is one of the Programme's target countries. Representatives attended from the Netherlands, Germany, France, Spain, Canada, Denmark, DFID (remotely by email), WAHO, UNFPA headquarters and the Burkina Faso country office.

The 2008 Global Programme progress report suggests significant progress in target countries. As yet, there are no common set of indicators for the program countries. Attendees discussed the need to improve the practicality of the monitoring and evaluation framework. UNFPA has decided to establish a working group to streamline the M&E framework. Additionally, UNFPA needs to define the audience for their publications.

Participants also participated in field visits to sites within Burkina Faso. Reports from attendees suggest that the meeting was very helpful and demonstrated good progress of the Global Programme.

## **12. Selected Workstream Updates: parallel breakout sessions on supply gaps and supplies programming.** Members attended the presentation of their choice in each session.

### **Session 1:**

- *Donor Gap.* Presentation on the results of the "Donor Gap" update paper. David Sarley, Deputy Director for Resource Mobilization, John Snow Inc.
- *Integration of RH supplies into the Global Fund to Fight AIDS, Tuberculosis, and Malaria.* Presentation showing recent successful country initiatives and member efforts. Suzanne Ehlers, Vice President for International Advocacy, Population Action International.

### **Session 2:**

- *Quality by Design.* Presentation and discussion on the consequences of fewer quality hormonal contraceptive manufacturers. Lester Chinery, Senior Advisor, Access to Generic Medicines, Concept Foundation.
- *Development Partner Support for Comprehensive Condom Programming.* Presentation of results of UNFPA mini-survey on the support provided by 40+ agencies to CCP in 138 countries. Patrick Friel, Reproductive Health, HIV/AIDS Consultant, UNFPA.

Session PowerPoint presentations can be downloaded [here](#).

*Break*

## **13. Coalition Working Group Updates: breakout sessions**

### **Speakers:**

- Neil Datta, Resource Mobilization and Awareness Working Group Leader and IEPFPD Secretary and IPPF EN Parliamentary Programme Coordinator, European Parliamentary Forum on Population and Development
- Sandra Jordan, Resource Mobilization and Awareness Working Group Leader and Director of Communications and Outreach, USAID, Bureau for Global Health
- Ben Light, Market Development Approaches Working Group Leader and Technical Advisor, UNFPA
- David Smith, Systems Strengthening Working Group Leader and Chief, Procurement Services Section, UNFPA

During this session, attendees had the option to listen to updates from two of the Coalition's three Working Groups. The idea was to allow members to hear updates from the Working Group(s) to which they do not belong.

Lunch

#### **14. Managing New Funding Modalities: Lessons and Best Practices. Panel Discussion.**

##### **Moderator:**

- Karen Hoehn, Vice Executive Director, German Foundation for World Population (DSW)

##### **Panel:**

- Ali Navaid, Chief Executive, Greenstar Pakistan
- David Sarley, Deputy Director for Resource Mobilization, John Snow Inc.(JSI)
- Arthur Mtafya Jason, Advocacy Coordinator, Family Planning Association of Tanzania (UMATI)
- Aasha Pai, Regional Director for Africa and Latin America, Marie Stopes International (MSI)

Speaker presentations can be downloaded [here](#).

During this session, colleagues shared their experiences in conducting advocacy for RH supplies, in the context of a changing aid environment. Ms. Hoehn introduced the panel and session, noting that foreign aid has undergone many changes for the past several years: poverty reduction strategy papers (PRSPs) are becoming increasingly common and important and the amount of development assistance provided through general and sectoral budget support is changing, which has taken a number of organizations by surprise. Everyone is learning together how to better influence these funding streams.

The aid architecture takes many forms in many countries, though budget support is generally a government to government agreement. There are concerns about budget support in the new aid architecture: transparency, civil society access to discussions on how aid is allocated, content of the allocations, and how civil society organizations can access this information. DSW has been providing support for developing a dialog on budget support and has published fast facts on the process, which can be accessed at [www.eurresources.org](http://www.eurresources.org).

Mr. Ali Navaid presented information on Greenstar's commodities security work in Pakistan, including a video on life and poverty in his country. Greenstar aims to improve the quality of life for people in Pakistan. The government of Pakistan contributes 56% of public sector commodities and Greenstar provides 40% through social marketing of condoms, pills, and injectables. Greenstar provides 30% of couple years protection (CYP). The government does not provide budgetary support to Greenstar. The social marketing sector leads in condom provision. Ideally, Greenstar would like to see a range of family planning products subsidized for the poor and a similar range for the affording class. When asked why Greenstar does not target the population above the poverty line and leave those below the poverty line for the public sector so they could run a cost-recovery program, Mr. Navaid responded that the government does not have the funding and infrastructure necessary to provide services to everyone under the poverty line. Moreover, persons above the poverty line still may not be able to afford profitable products. Only about 10% of the population could do so, the rest rely on socially marketed and public sector products.

Mr. Sarley and Mr. Jason discuss their work in Tanzania. There have been a number of challenges in Tanzania in their basket funding mechanism, including demand forecasting and the time between allocation of funds and when funds are finally received. This leads to low stock levels and expected stock outs. Advocacy is needed to raise awareness among district officials. Forecasting exercises are needed every 6 months. If using consumption data, must review "ruptures" and be sure to understand underlying demands. Districts have their own budgets coming from the central basket fund, but work within a central level policy framework. The amount in the district budget depends on what is available and what the demands are in the districts.

UMATI and JSI are working to enlighten national officials on the importance of family planning issues and supplies in Tanzania. They have engaged a member of parliament in their efforts and are looking to the Lady MPs of Uganda as an example of energy and success.

Ms. Pai gave a PowerPoint presentation on Marie Stopes International's work in Malawi. Experience in Malawi has shown that SWAp earmarks for RH supplies are not good enough and the intended funding doesn't always go where it's supposed to go. When this happens, donors' hands are tied since they have already given the money. Advocacy isn't very useful in this situation because the money is gone. As a result of this occurrence in Malawi, donors have seen the need to fund Marie Stopes directly.

#### Discussion:

- In twenty years, no real improvements in efficiency seen by one attendee in either Malawi or Tanzania, what is needed are long-term solutions, not stop-gap measures.
- Traditional business models are clearly not working. We need to be innovative and look at cross-subsidization and donor interests and policies.
- Many feel the implied notion that donor aid will cease at some point should be challenged.
- A common theme mentioned by the panel is procurement issues. Technical assistance is desperately required to make basket funding work for RH supplies.
- If supplies are stocked out, people will buy them at prices they cannot afford, for as long as they are able.
- A participant from Ghana encouraged colleagues from the South to change the mindset that donor support is needed. Countries must deal with challenges on their own and not rely on foreign aid. Without the will to change, nothing *will* change.
- DSW plans to host an online discussion of this topic.
- The role of the commercial sector is very important and the private sector must be more involved. Equity and poverty issues must be addressed in family planning service provision and access to RH supplies.
- The WB is about to make a large investment in the commercial health sector in Africa, member organizations should look into that for RH funding.

#### *Break*

**Announcement:** Maggie Usher-Patel of WHO notified attendees of the upcoming online discussions forum "Access to RH Essential Medicines: Why is it so difficult to achieve?". This virtual discussion will be hosted by WHO via daily emails from 15 – 26 June. Links to resources on the discussion topics will be provided, as will a discussion board. Discussions will be fed into the global policy dialog outside of the usual networks. Invitations will be sent prior to June 15, 2009. More information can be found at <http://my.ibpinitiative.org/public/RHessentialmeds>

### **15. Caucus on New and Underused RH Technologies: Update**

#### **Speaker:**

- John Townsend, Director, Population Council

The Caucus on New and Underused RH Technologies (Caucus) was started at the last member meeting in Brussels (2008). Currently, there are around 25 members who also belong to other Coalition Working Groups. The Caucus is a community of practice which cuts across all working groups and hopes to broaden the discussion within the Coalition about products that meet user needs and have desirable RH effects, but are not well integrated into the global RH system. Additionally, the Caucus will support efforts within the Coalition Working Groups to mobilize access to these methods and to raise awareness of these issues within workstreams. The Caucus also contributes to country efforts to meet the MDGs, specifically MDG 5, by increasing access to products that reduce maternal mortality and morbidity.

The Caucus members have worked to develop summary briefs on nine new and/or underused RH technologies. These briefs are modeled after the WHO Essential Medicines list. They do not represent an endorsement of the methods, but are rather for information purposes. Each brief has been extensively peer reviewed and shared with the Coalition's Executive Committee. A dissemination strategy is under consideration and will likely be posted on a member website soon.

Plans for the upcoming year include:

- Developing tools on making the case for considering new technologies
- Adding additional briefs on implants and diverse injectables, and possibly vaginal rings
- Treatments for maternal health
- Developing tools for forecasting for these methods
- Review coordination possibilities with essential medicines list to see what can be added and shared
- Provide and share guidance on introduction strategies and best practices

## **16. Innovation Fund Projects: Update**

### **Speaker:**

- John Skibiak, Director, Reproductive Health Supplies Coalition

Mr. Skibiak discussed the Coalition's Innovation Fund and current projects supported by the Fund. The Innovation Fund was established to provide support for Working Group activities that did not have access to donor resources. This came out of a recommendation made by a consultant hired to develop recommendations for moving the Coalition forward, who suggested a pool of resources to complement the work of the Working Groups. The Bill and Melinda Gates Foundation provided a grant for the Innovation Fund in 2008 of over \$2 million over three years to support workstreams in each of the three Working Groups.

The Fund is designed to supplement, not replace, funds already available within the Working Groups. It is also designed to support the Working Groups, not individual organizations within those Groups. It is a fast moving proposal and review process so workstreams can move quickly.

The maximum award amount is \$200,000 per proposal. There are three funding cycles per year: January, May, and September. Proposals are short, a maximum of 5 pages. The Review Committee consists of members of the Executive Committee, PATH, and external reviewers as needed for technical input. The Review Committee looks at the following criteria:

- How well does the activity align with the strategic goals of the Coalition?
- How well defined is the proposal?
- Budget
- Innovation
- Does the project contain the ability to leverage additional funds?

Three awards were made under Round 1 and are briefly summarized by representatives as follows:

- *Reproductive Health in Emergency Settings*. Maaïke Van Min, Marie Stopes International. Marie Stopes is interested in furthering this activity due to work from its RAISE Initiative, which works with partners in 6 countries with emergency settings to implement comprehensive RH services. All of the partners have difficulties in getting the supplies they need. MSI is trying to assess how large the problem is, and where solutions points lie. They are conducting advocacy for this issue within the humanitarian and RH aid worlds. The RH Kit from UNFPA is useful, but there have been challenges in getting them where they are needed in a timely manner. The Innovation Fund is allowing MSI to conduct an overview of the situation and they are currently looking at issues in Sudan, the DRC, and Uganda and will share the report with the Coalition once available.

- *Professionalization of Logisticians*. Carolyn Hart, Director, JSI Logistics Services, John Snow Inc. The Innovation Fund is supporting JSI to conduct two data collection exercises. One is for logisticians, to assess the training and professional development opportunities they would like and their skills and capacity building needs. The other exercise assesses the institutional opportunities that exist in professional development organizations, whether public health specific or not. JSI is collecting information on training courses and asks for submissions of any opportunities members know of. The report will analyze the availability and gaps of opportunities to assess whether or not these opportunities are meeting the needs of logisticians. They will create a web-based tool, accessible through the Coalition's website, which will allow users to sort opportunities based on personal needs, such as subject, cost, location, language, etc. This should be available around October 2009.
- *Total Market Initiative: Honduras*. Ben Light, Leader of the Market Development Approaches Working Group and Technical Advisor to UNFPA. Abt Associates is currently conducting an analysis of the current family planning situation on Honduras, looking at who receives what commodities from which sector, assessing where gaps exist. They are working with the contraceptive security committee to help facilitate a discussion of how to better align resources to reach target populations. A stakeholder meeting will be held in the fall to build consensus to organize the total market. This will be the beginning of the process towards a total market for family planning supplies in Honduras.

More information on the Innovation Fund and each of these projects is available on the Coalition's [website](#). Round 2 applications are under consideration and the winners will be announced by mid-June 2009. Round 3 applications are due September 1, 2009.

## **17. Closing Remarks**

### **Speakers:**

- Julia Bunting, Team Leader, AIDS and Reproductive Health Team, Human Development Group, UK Department for International Development and incoming Chair of the Coalition's Executive Committee
- John Skibiak, Director, Reproductive Health Supplies Coalition

This meeting is the first annual meeting of the Reproductive Health Supplies Coalition, rather than a bi-annual meeting as in the past. It has been a great success, with the largest number of attendees to date. The small group breakout sessions seemed popular as were the opportunities for discussion with colleagues.

Upcoming events include the next Executive Committee meeting, which will be held in Brussels in November 2009. The 2010 annual meeting will be held in either May or June, and the venue is to be determined. Please inform the Secretariat if you would like to host this meeting.

Thank you to everyone involved in making this year's meeting a success. Special thanks go to Wolfgang Bichmann for his years of service to the Coalition and the Executive Committee. Marie Stopes International and the Planned Parenthood Federation also deserve our gratitude for generously hosting the Working Group meetings. We would also like to recognize IPPF for hosting our opening reception. The staff of the Secretariat are also thanked for their hard work in pulling this event together.

*END*