

Reports of Small Discussion Groups: UNFPA Global Programme

Group 1

- Ensure that regulatory issues, regulations and systems are fully taken into account, e.g., the Medicines List: being on the list is only the beginning: need to link with prequalification, regulations, etc. (MDA)
- SSWG has focused on FP/contraceptives, while the GP includes all SRH supplies. The two studies on new funding resources and “better money” should consider a wider range of RH supplies than mere contraceptive commodities. SSWG needs to look at other types of SRH commodities, use and need. (SSWG)
- Information sharing. (Secretariat)
- Collaboration and all other forms of synergy. (Secretariat)
- Need to share and agree on criteria for selection of countries. (Secretariat)
- Critical to have timely communications on planned and ongoing activity at country level; how can it be done? (Secretariat)

Group 2

- Policy development: create enabling environment; ensure government has policies based on needs—e.g., role of private sector. How to get equity and focus on the poor?
- Provide support for an MDA assessment to determine relative roles and impact of private sector, social marketing, public sector. (MDA).
- Provide clear information and advocacy support to key stakeholders in country. (RMA).
- What capacity building is required? Determine type and level in each country, based on MDA assessment.
- GP needs more focus on capacity building at all levels—needs to be more explicit.
- Take a MDA approach to better target GP resources. Undertake segmentation assessment to determine where funds could be best directed.

Group 3

- RHSC should be part of the teams that develop the tools/mechanisms comprising efforts within the GP. (Crosscutting)
- Synthesize experience and lessons learned so as to formulate workable strategies for advocacy at local level; use parliamentarians. (RMA).
- Even if commitment is there, local capacity is lacking. Use RHSC communications capacity to put technical, specialized RHCS knowledge into terms that governments can use in managing capacity building and to maximize use of existing mechanisms and tools.

Group 4

This group looked at the process: the GP highlights the right issues, but there are concerns that establishing a separate process at country level may not work; it could be too separate from existing frameworks. It is not clear how the Global Programme is linked with existing processes etc.) A clear link and accountability at the country level is needed.

- How does the GP take the activities of the private sector into account (and work with them)? The GP is focused on government and the public sector, which could lead to a gap in taking advantage of the commercial sector.
- Does UNFPA have the comparative advantage of the systems strengthening activities? What could UNFPA do versus other coalition WGs?
- How does the GP fit within country frameworks and processes already in place? (e.g., MTR, SWAs)

Group 5

- Coalition members with entry points to GFATM can advocate for funds to be used for SRH. (Some RHSC members are on GFATM Board.)
- Piggyback awareness raising, advocacy on (high level) regional events (EG, AV meetings, EAC, ECOWAS, PAHO).
- Coalition members with country presence and resources can support in-country efforts: local committees, technical assistance in regard to systems, use of RH Interchange in managing supply/demand. As governments assume new roles in procurement, assist with ongoing process of harmonizing procurement services. Implementation of Essential Drugs List. SSWG Workstream B could help UNFPA to ensure GP funds are “better money.”
- Continue to harmonize UN procurement process, pricing (still more “better money”).

Group 6

- SSWG products can be applied: RHI, financing mechanisms (“better money”), EDL advocacy.
- SSWG is working on standards/tools/common approaches. All of this RH commodity security work should be done with this in mind. Ensure that regulatory issues, regulations and systems are fully taken into account.
- Cannot lose sight of the commercial sector role; we want countries to take advantage of the resources they have.
- MDA information needs to be shared and work linked.
- Efficiencies with UNFPA procurement capacity—needs to be made available to participating countries.
- RHCS (commodity security) staff on the ground need to be aware of global level activities of RHSC/Coalition to take advantage of tools, mechanisms, etc.
- Fully support country ownership, but do not want to lose global level efficiencies—be they tools, standards, or financing efficiencies. For example, global public good exists (e.g., prequalification, UNFPA procurement services) that need attention to ensure country level investments achieve maximum impact.
- What is made available to countries? (2 staff to help facilitate coordinate).
- Question: Need clarity around how funding flows....does all money go to the government? Does UNFPA GP fund country plan agents responsible for different activities individually, e.g., commodities, MOH, technical assistance, RH commodity security country staff?
- Question: What is stream 2? What is the difference between it and stream 1?