

# Collaborating to Address Urgent Contraceptive Commodity Funding Gaps

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GENERAL MEMBERSHIP MEETING  
— of the —  
REPRODUCTIVE HEALTH  
SUPPLIES COALITION

10-14 OCTOBER 2016

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# Coordinated Supply Planning group (CSP) - who we are and what we are doing

## Sharing information to reduce global supply risk for FP products

- 2012: Formed in recognition of need for better coordination between UNFPA and USAID; workstream of the System Strengthening Working Group (SSWG)
- Desired Results: Fewer stockouts and excess inventory for recipient countries; improved forecasting and communication about supply and demand, thus reducing risk for all parties



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# CSP focuses on medium to long-term stock issues (implants and DMPA)

- Joint forecasts that can be routinely updated
- Joint supply planning tool updated monthly
- Processes for communication, tracking issues



## Scenario Builder Coordinated Supply Planning

[All Pipeline Report](#) [All UNFPA PPT Report](#) [All Country Stock Out Report](#)

Country:  Product:  RES:  Program:

Today is 13-Apr-16 | PPMR Last Refreshed 28-Mar-16 | RHI Last Refreshed 13-Apr-16 | Bayer Last Refreshed 29-Feb-16 | Merck Last Refreshed 29-Feb-16 | USAID Procurement Last Refreshed 13-Apr-16



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# What can CSP do when there is a risk of stockout and no funded shipments?

CSP:

- Is **effective at shifting existing orders** to allocate production more effectively and to help avoid/mitigate future stockouts
- Has **no resources to fund new orders**; impact is limited when no planned shipments and no routine funding for new shipments
- Became aware of several countries with **very large funding gaps** across several products that would cause stockouts/shortages in the next 6-12 months if not addressed.
- Developed **funding gap analysis** for internal resource mobilization within UNFPA and USAID and for advocacy at the global level. This advocacy **complements existing country-level efforts and elevates visibility.**



# Funding gap analysis - Approach

## Methodology

CSP uses country supply plans, quantification reports, and funding commitment data to determine contraceptive commodity needs and quantify funding gaps. CSP vets the analyses with in-country stakeholders to ensure the data is accurate.

## Purpose

With Ministry of Health approval, CSP shares the analysis with CSP members, FP2020, and relevant stakeholder to use for advocacy to alleviate stated gaps.

Update as situation changes and new data is available.

## Scope

Full analysis conducted for 6 countries; have since developed standard operating procedures (SOPs) and agreed to make this a routine CSP activity. Working to add 3 countries before end of 2016.

# Funding gap - Sample of results (6 countries; June 2016)

## Impact

Estimated the funding gaps would mean that up to **3.5 million women may lack access** to family planning.

## Total Funding Gap

The total gap was **\$30.6 million** including the cost of freight

## Product Funding Gaps

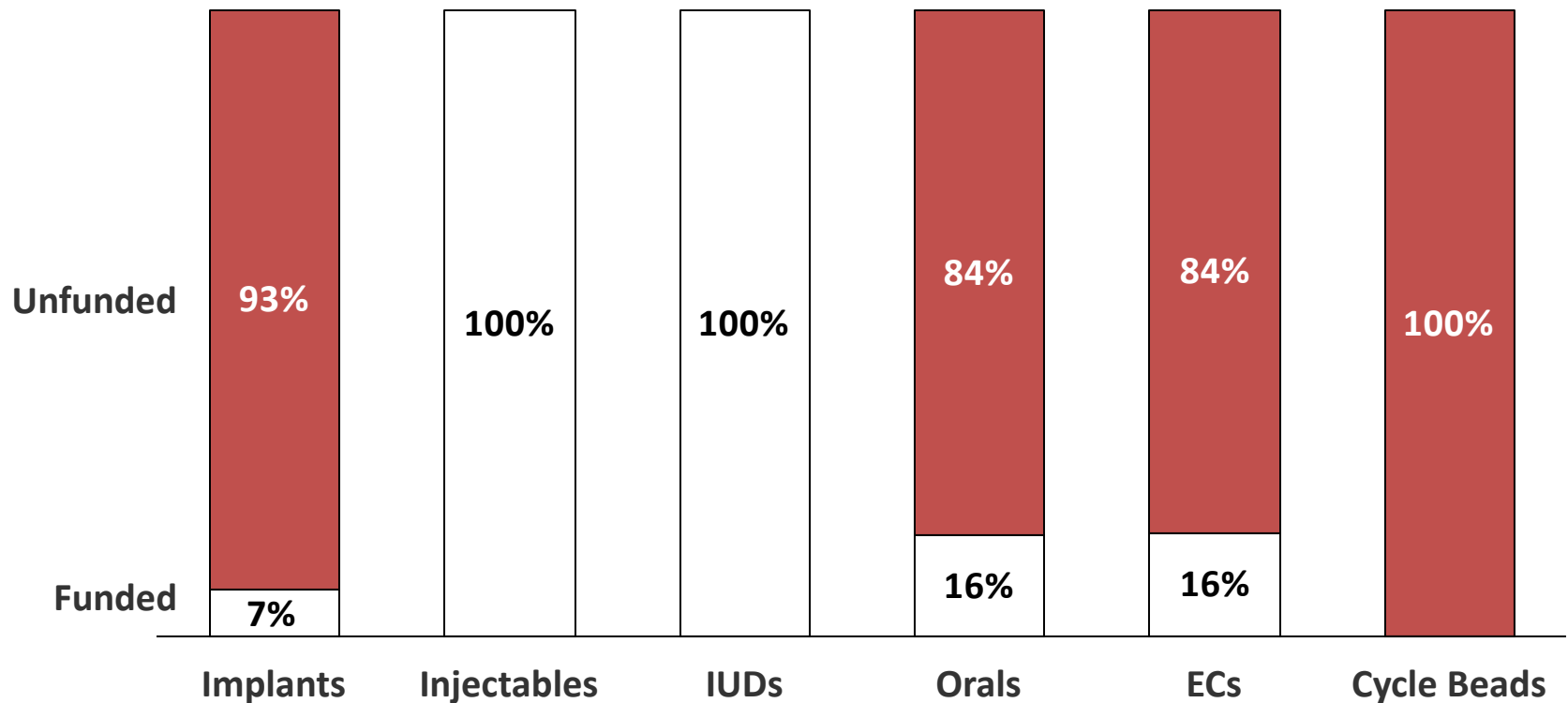
**43% of the gap was made up by contraceptive implants**  
Provided a summary of the volumes and funding needed by country, by product

## Dissemination

Shared with CSP members (UNFPA and USAID) and with FP2020 for presentation to reference group.

# Example: Country X needs \$7.5 M to minimize 2016 FP commodity shortages

Country X 2016 FP Commodity and Funding Requirements\*



|                           | Implants              | Injectables | IUDs | Orals                 | ECs              | Cycle Beads     |
|---------------------------|-----------------------|-------------|------|-----------------------|------------------|-----------------|
| <b>Funding Gap (USD)</b>  | <b>\$5.03 Million</b> | -           | -    | <b>\$2.31 Million</b> | <b>\$116,278</b> | <b>\$36,942</b> |
| <b>Volume Gap (Units)</b> | <b>580,467</b>        | -           | -    | <b>9.91 Million</b>   | <b>127,219</b>   | <b>15,889</b>   |

\*Forecast does not currently include male or female condoms

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Sources: [1] MOH FP Commodity Quantification and Supply Planning Review for FY2015/16 to 2016/17 Technical Report, 2016. [PRELIMINARY].

# An example of how analysis was used and successes

- USAID and DFID committed a combined \$6 million for implant procurement for Kenya; covering the full 2016 implant gap and part of estimated need for 2017.





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