Strategic Plan
2015-2025
The formulation of this Strategy has involved a cast of characters far too vast to single out by name. Over the past two years, colleagues from across the Reproductive Health Supplies Coalition have joined together to learn from the past, take inspiration from the present, and envision a future of possibilities.

As the governing body of the Coalition, we in the Executive Committee extend our sincere thanks to the many thinkers, writers and artists who have made this Strategy possible. Our next decade holds out the promise of a better life for millions of women and men around the world. The road ahead will not be without its forks or its obstacles and we are truly fortunate to have this new compass as our guide.

Dr. Marleen Temmerman
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Preface

In less than ten years, the Reproductive Health Supplies Coalition (RHSC or Coalition) has grown from a loose partnership of fewer than 15 institutional members into the world’s largest voluntary network of reproductive health organizations. As we commemorate a decade of remarkable achievement, we recommit ourselves to the Coalition’s founding vision and set out a plan of action that reflects not only what the network is today but also the rapidly evolving environment in which the Coalition operates. The Strategy described in this document outlines our manifesto for the next ten years.

The purpose of this Strategy is to advance progress toward the Coalition’s Vision that “all people are able to access and use affordable and quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health.” Such a vision will never be realized unless we can ensure that supplies are actually reaching those who need them; that they are affordable and within the reach of all; that they are trusted, effective, and safe; and that there is a sufficient range of products to meet users’ needs. Ensuring the existence of these four conditions—availability, equity, quality, and choice—stands at the heart of our new Strategy. Tempered by an understanding of where the Coalition can truly add value, these “Pillars” help define our goals and shape what will be required to achieve them.

The Strategy described in this document builds on the results of extensive member-wide discussions, extending back to 2012, when the Coalition’s Executive Committee accepted the recommendation of an independent evaluation to revisit and revise the Coalition’s Strategy for 2007-2015.

The discussions that followed—in Paris, Brussels, Delhi, and Washington, DC—yielded two critical breakthroughs in the development of the new Strategy. The first was consensus around the centrality of the four Pillars: availability, quality, equity, and choice. While always part of the Coalition’s work, now for the first time they take center stage—as aspirations toward which we should strive and as the prerequisites to achieving the Coalition’s vision. During these discussions, participants also used the Pillars to frame a theory of change (to be found at the end of this report), identifying actions within our manageable interest that could, either singly or in connection with others, lead us toward the goals by which each Pillar is defined.

The second breakthrough was an acknowledgement that all the aspirations encompassed by each Pillar would vastly exceed what the Coalition could ever undertake on its own. Once again, there was agreement on the need to single out those actions by which we, as a Coalition, could offer meaningful and attributable impact. Building on such a vantage point was not fully possible in 2007 when the first strategy was developed, since the Coalition’s unique strengths were yet to be proven. Now, with a decade of experience to draw on, we have better insight into what we can bring to the table—our neutrality, convening power, and brain trust; our ability to broker partnerships; our flexible resource base; and our respected name—attributes and assets we describe as our levers of change.

The intersection of these two elements—our Pillars and our levers of change—forms the foundations of the present Strategy. They provide us with a realistic “plan of action designed to achieve a long-term or overall aim”¹ and they help us “…determine how [our] organizational resources, skills, and competencies should be combined to create competitive advantage.”² Our Strategy helps us to prioritize and identify long-term aims. It singles out the strengths our network can bring to bear, and it identifies how best to put those assets to effective use. And finally, it reflects the realities of what it means to be a voluntary global network.

Through our Secretariat, Working Groups, and other Implementing Mechanisms (IMs), we can launch new initiatives and focus attention on critical issues and themes. In the end, however, our strength derives from the work of our members—work to which we add value, either in a leadership role or by maximizing synergies. Our “agency,” therefore, is inextricably bound with the actions of a larger community whose engagement and commitment are constantly evolving and always dependent on forces over which no one entity exercises full control. And our Strategy reflects that fundamental reality. It does not prescribe an orchestrated game plan or present a high-definition image of the next ten years. Rather, it carves out and prioritizes critical areas of work we know will be vital to achieving reproductive health commodity security in the decade ahead. This Strategy is, in short, a flexible guide for letting our long-term strategic priorities help shape what it is we do today, either as a Coalition, a Secretariat, or an individual implementing mechanism.

² http://www.mindtools.com/pages/article/what-is-strategy.htm
The Coalition’s First Decade

The Reproductive Health Supplies Coalition is a global partnership of public, private corporations, and nongovernmental organizations dedicated to ensuring that all people in low- and middle-income countries can access and use affordable, high-quality supplies to improve their reproductive health. Since its inception in 2004, the RHSC has become a highly effective mechanism for promoting multisectoral, collective action to ensure that women and men in low- and middle-income countries can obtain and use the contraceptive methods of their choice.

As the largest reproductive health membership organization in the world, the Coalition is widely credited with having raised the profile of reproductive health commodity issues on the global agenda. The success of that activism is clear. The Coalition has generated millions of dollars in cost savings from contraceptive product price reductions and support to related programs. It has launched new global financing and procurement mechanisms, addressed hundreds of national-level supply crises, and bridged linguistic divides by establishing regional contraceptive forums in francophone Africa and Latin America. Membership has grown exponentially, from 15 organizational members at the Coalition’s founding to more than 300 by the end of 2015, half of which are from low- and middle-income countries. Furthermore, the Coalition itself has grown and matured. Its Secretariat now includes staff located across four continents. And its IMs, once limited to three Working Groups, now include three technical Caucuses and two Regional Forums.

Guiding much of the Coalition’s work has been its original 2007-2015 Strategic Plan. This aspirational vision of the future, formulated shortly after the establishment of the Coalition Secretariat in 2006, set the Coalition on a course of pursuing three strategic goals: expanding the funding base for supplies; strengthening supply chains to get products to those who need them; and pursuing strengthened coordination and collaboration. That plan also inspired fundamental changes within the Coalition itself—opening it up to a wider range of stakeholders, both in its membership and governance structure.

Looking to the Next Decade

Today, the Coalition faces an environment notably different from that of 2006. The global “donor gap,” which once dominated concerns in a largely donor-dependent arena, has since given way to greater concern for decisions taken at the country-level and the desire to maximize the total market for gains in reproductive health supplies.

As we enter our second decade, the Coalition is better positioned than ever to confront the issues that undermine reproductive health commodity security. We are also better positioned to throw our collective weight behind new global initiatives that seek to deliver dramatic change in the reproductive health space such as Family Planning 2020, which seeks to reach 120 million women and girls with family planning services by 2020; and, with an even longer time horizon, the Sustainable Development Goals, which build upon the existing Millennium Development Goals and converge with the post-2015 development agenda.

Though it has brought us far, our initial Strategic Plan originated in a different era. To maintain our comparative advantage as a respected and neutral forum for multisectoral engagement, problem-solving, and resource mobilization, we need a new compass—one that can guide us through the next decade of rapid change and progress.

Prompted by the recommendations of the Coalition’s 2012 independent evaluation, the Executive Committee called upon the Secretariat to lead a strategic review—a comprehensive, participatory effort that has yielded the Strategy presented in the pages that follow. Through this document, members of the Coalition commemorate a decade of remarkable achievement, recommit themselves to our founding vision, and set out a plan of action that reflects both the Coalition today and the rapidly evolving environment in which it operates.
Rationale for Strategic Revision and Adjustment

The impetus for revising our strategy derives from four imperatives:

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**Focusing on our manageable interests**

When the first Strategic Plan was developed in 2007, we lacked a track record robust enough to gauge, with any certainty, the feasibility of proposed actions. The result was a highly aspirational Strategic Plan. By the time of our 2012 independent evaluation, those aspirations had indeed born fruit, allowing us to showcase a long list of impressive successes. Today, with a decade of experience to build on, we can see with greater clarity the “levers of change” that have brought us success in the past. This Strategy, therefore, allows us to focus more clearly on what is in our manageable interests and put to effective use what we know works.

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**Moving from outputs to outcomes**

The Coalition’s original 2007-2015 Strategic Plan set forth three goals that paved the way to reproductive health commodity security: more resources, better supply chains, and greater coordination. They reflected the priorities of the time: the need to fill the growing “donor gap,” the potential to leverage technical solutions, and a conviction in the utility of global health partnerships. Today, we see increased interest in framing our goals less around outputs and more around the defining attributes of reproductive health commodity security itself, namely “the ability to obtain, choose, and use quality and affordable products.” Our new Strategy brings these elements center-stage and allows us, for the first time, to move from outputs to outcomes.

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**Riding the global wave of support for family planning**

The Coalition came into being at a time when family planning was being marginalized—the victim of a competitive resource environment and, in certain quarters, the target of strong ideological opposition. Today, we find ourselves in a very different environment. The 2012 London Summit on Family Planning, the Child Survival Call to Action, and Every Woman Every Child have all been watershed events in increasing funding, renewing global commitment, and garnering broad-based political support. All these developments have transformed the family planning space and opened the door to a wealth of new opportunities. The new Strategy allows the Coalition to reposition itself within this new environment and to capitalize on the opportunities it provides.

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**Making more effective use of our assets**

The Coalition has already benefitted from this renewed momentum for family planning. From a loose network of some 15 charter members, we are today the world’s largest voluntary network of reproductive health organizations, more than half of which are from low- and middle-income countries. Since 2012, that trajectory has only increased. The breadth of our work has widened to include not only contraceptives but also life-saving maternal health supplies. The number of our Implementing Mechanisms has more than doubled, as has the number of donors and Secretariat staff. While the Secretariat continues to support members by leading from behind, it also now has the means to be more proactive and lead from the fore. As our ability to effect change grows, so too does the need for us to pursue a Strategy that makes the most of these new opportunities at our disposal.
Strategic Underpinnings: Mission, Principles and Vision

The work of the Coalition is grounded in our vision, which describes the world we hope to see in 10 years’ time; in our mission, which articulates what we, as a Coalition, can actually do toward realizing that vision; and finally, in our guiding principles—the values and truths that inform our thinking and decision-making processes.

OUR VISION
All people are able to access and use affordable, quality supplies, including a broad choice of contraceptive methods needed to ensure their better sexual and reproductive health.

OUR MISSION
To bring together a diversity of partners and mobilize their collective strengths to increase access to a full range of affordable, quality reproductive health supplies in low- and middle-income countries.

OUR PRINCIPLES
1. We add value to the activities of individual member-organizations. We do not duplicate the work of our member-organizations. Rather, we operate with and through partners by concentrating on outcomes that no single partner could otherwise achieve on its own. We leverage the comparative strengths and funding sources of all members.

2. We foster greater country ownership in meeting reproductive health supply needs. For the Coalition, “fostering ownership” means focusing on country-defined needs, supporting country-driven strategies to address those needs, and leveraging the support of the global community on behalf of countries.

3. We view sexual and reproductive health and rights as fundamental to ensuring equitable access to and use of reproductive health supplies. This includes informed choice of contraceptive methods as well as improved availability of high-quality maternal health supplies.

4. We believe that access to supplies is a necessary but not sufficient factor to achieving better reproductive health. Although supplies are essential to ensuring reproductive health, other significant contributions are necessary, including strengthened service delivery, greater awareness/promotion, and more conducive policy environments.

5. We recognize that advancing gender equality is central to progress in health and that more gender-equal societies and settings benefit everyone. For us, gender is a social construction reflecting the distribution of power between individuals, and is influenced by history, laws, policies and politics, by economic, cultural, community and family norms that shape behaviors, expectations, identities and attributes considered appropriate for all people—women and men, girls and boys, and gender-diverse people. How an individual expresses their gender identity varies across context, time, place and through the life-course.
Strategic Convergence: Levers of change and the four pillars

The contents of our Strategy emerge from the convergence of two key building blocks: our Pillars and our levers of change. Our Pillars constitute our main supports—availability, equity, quality, and choice—without which our vision cannot be achieved. Our levers of change define the attributes that we, as a Coalition, can bring to bear to produce results. Together, these two elements yield a Strategy that is comprehensive, within our manageable interest, and time-tested.

LEVERS OF CHANGE

A retrospective look at the Coalition’s most notable achievements reveals attributes and approaches that we have systematically applied over the past decade to deliver success. These “levers of change” are, in essence, what we bring to the table. They are the assets we wield to attain our vision. In the spirit of former Chair Julia Bunting’s maxim, “only do what it is only you can do,” the present framework employs these levers—not just tactically but strategically as well. They describe not just how we get from point A to point B; they determine whether we go to point B at all. They help us to narrow down the range of potential activities encompassed within each Pillar. Our aim is to act where we truly can make a difference.

Neutrality – The Coalition’s neutrality offers a “safe space” where reproductive health experts can leave their institutional hats at the door, candidly address sensitive issues, feel free to think outside the box, and respect differences of opinion, while remaining focused on what they share in common.

Convening Power – The Coalition can rapidly assemble a critical mass of supply stakeholders and champions, leveraging their comparative strengths, forging a common course of action, and achieving results no single partner could do on its own.

Brain Trust – The Coalition’s large and diverse membership brings together the best and the brightest from across all sectors and specializations. Through communities of practice and our IMs, this brain trust houses our intellectual capital, incubates new ideas, and solves supplies-related issues.

Flexible resource base – The Coalition’s diverse core funding base makes it possible to pursue necessary activities that, for many reasons, may fall outside the remit of a single donor. This flexibility, in addition to the strong volunteerism and in-kind support from its members, makes it possible to act quickly, pursue solutions that fit the problem, and respond to the often diverse needs of its global membership.

Respected name – Though small compared to many other global health networks, the Coalition’s respected brand, its track record of success, its member commitment, and its global visibility yield both credibility and weight.
PILLARS

Achieving our vision will not occur without certain conditions being met: that supplies actually reach those who need them most; that the supplies are affordable and within the reach of all; that supplies and products are of trusted quality; and that there is a sufficient choice of supplies to meet users’ needs. These four broad preconditions—availability, equity, quality, and choice—stand as the Pillars of our Strategy.

**AVAILABILITY**

The ability of women and men to obtain safe, affordable supplies that meet their reproductive health needs. Supply availability exists when products feed into the supply chain and successfully make their way to the point-of-distribution, where users can obtain them.

**QUALITY**

The ability of women and men to have supplies they can trust are both safe and effective. Good sexual and reproductive health depends on ensuring the quality of all reproductive health supplies.

**EQUITY**

The ability of all people to have equitable access to reproductive health supplies. Age, economic well-being, gender, and civil status all have profound implications for the kinds of supplies potential users seek and the ability of users to afford them. The barriers impeding universal access to sexual and reproductive health must be overcome.

**CHOICE**

The ability of all who seek reproductive health services to have a broad range of options from which to choose. An individual’s need for contraception evolves throughout his or her life cycle. Accessing the “right” contraceptive increases the likelihood reproductive health needs will be met. A mismatch, research shows, is more likely to lead to dissatisfaction, lower continuation rates, and often method failure.
The four pillars

The four Pillars serve as critical guideposts for reaching our strategic goals. Together with our levers of change, these Pillars frame the pathways that will be required to achieve these goals. The following subsections outline how these three components—Pillars, goals, and pathways—link together to form the architecture of the Coalition Strategy.

Each Pillar encompasses a single goal that captures in broad terms a condition or state of being to which we expect to have contributed in ten years’ time. The goals do not pretend to offer “high-resolution” images of that reality. Rather they serve to signal and prioritize critical areas of work and provide a framework for taking stock of where we are at critical points in time over the next decade.

Each Pillar is further delineated into pathways, suggesting actions that Coalition members may pursue, individually or collectively, to reach that goal. The pathways required to reach any goal are not mutually exclusive and indeed are implicated in the pathways required to achieve other goals.

The following subsections unpack our four Pillars. They present the goal associated with each and describe two to three pathways where the Coalition is well positioned to contribute to its realization. As noted previously, our pathways focus on those activities where the Coalition’s levers of change can be brought to bear. They do not exhaust all that it is required to meet the goal.
Supply availability exists when products enter the supply chain and successfully make their way to the point-of-distribution, where users can obtain them. Our goal of seeing greater product availability from manufacturer to the last mile depends on at least three factors to which we can bring added-value: incentivizing manufacturers and governments to fill the product pipeline, strengthening human resources to better manage supply chains, and helping partners deliver technical support at the country level. To bring about change on all three fronts, we see ourselves pursuing two broad pathways:

1. Work to ensure high-performing global and national supply chains

High-performing national supply systems depend upon the people who run them and an acknowledgement that good supply chain management forms an essential component of health systems. Regrettably, too many of those we rely on to fill this function are inadequately trained, poorly remunerated, and under-recognized. The Coalition and its members are well positioned to redress this reality. By strengthening educational opportunities, supporting partner efforts to raise the profile of supply chain managers, and disseminating proven strategies to enhance supply chain performance, the Coalition can improve the performance of supply chains, both upstream and downstream.

Strengthening a more stable, worldwide supply system also requires working with procurers and suppliers to improve and operationalize global demand forecasting. Typically, demand forecasts are short term, based largely on consumption data, and devoid of future demand projections. Longer-term forecasts would also encourage new suppliers to enter the market, thereby reducing market volatility and contributing to a more stable global supply system.

2. Promote a policy environment conducive to effective supply distribution

Complacency and indifference can undermine even the best of plans. Through its global outreach, respected brand, and neutrality, the Coalition is well positioned to nurture the supportive policy environments for change. A new compendium developed under the Secretariat’s “Commitments Initiative” provides a unique point-of-departure for monitoring, spotlighting, and supporting governments and donors to deliver on reproductive health commodity security promises. Similarly, mobilizing civil society to rally around supply availability will require clear and understandable “policy asks,” the contents of which can derive from the Coalition’s work on a number of fronts: commitments, task shifting, and market dynamics.
Good sexual and reproductive health depends on ensuring the quality of all reproductive health supplies. The Coalition is well positioned to contribute to this reality—first, by making sure high-quality products are actually available in both global and country markets; and second, by ensuring the “consumers” (i.e., both procurers and actual product users) recognize the importance of being able to trust in the quality of what they buy or use. These two elements form a virtuous cycle in which user demand for quality drives quality-friendly policies at the country level, which in turn encourages manufacturers to meet quality standards in order to meet demand.

1. Increase the supply of recognizable, high-quality products

The Coalition has, for a number of years, supported efforts to facilitate the entry into the global market of quality-assured products that meet World Health Organization Prequalification Programme product guidelines or are approved by Stringent Regulatory Authorities. While it is not in the Coalition’s manageable interest to directly address manufacturers’ production or procurement needs, our convening power and brand name offer manufacturers and the wider community a global platform for raising concerns, encouraging the market entry of generic manufacturers and sharing production and consumption data with the aim of increasing the supply of quality-assured products, both generic and innovator.

2. Increase the demand by consumers and the broader community for high-quality products

Ensuring quality also depends on making sure that those who consume—procurers or actual users—care about quality and reflect these preferences in transmitting purchase requirements upward along the supply chain. Once again, the Coalition is well positioned to put a human face on a concept that is all too often perceived as too technical and beyond the reach of the ordinary person. Working with partners on the ground, the Coalition can encourage consumers, program managers, and policymakers to demand quality-assured products—framing quality as a health concern, a human rights issue, and a solid business decision.

3. Support the establishment and implementation of quality-supportive policies at the country level

In the final instance, adequate supplies of quality-assured products depend on the presence and application of national procurement policies that recognize and reward quality assurance. Private sector consumers may vote with their pocketbooks, users of the public sector through the ballot box; but those voices only have meaning if they are backed-up by strong policies that recognize quality as desirable. Through country partners and global stakeholders, the Coalition can work to ensure that policies supporting quality are in place.

Quality

Goal: People are better able to obtain reproductive health supplies they can trust are both safe and effective and that meet internationally recognized quality standards.
Age, civil status, gender, and wealth are all factors that can profoundly affect an individual’s ability to access reproductive health services. These factors influence service delivery preferences, shape the attitudes and biases of service providers, and affect one’s ability to pay for desired services. With its focus on reproductive health supplies, the Coalition’s contribution to greater equity rests on what it can achieve through the medium of supplies— and in particular on their affordability and appropriateness in meeting the needs of all who seek them.

Our goal of seeing greater equity, therefore, hinges on three pathways to which we can bring added value: government commitment to the principle of equity, removing cost barriers that hinder choice and availability, and getting the right products into the hands of those who need them.

1. Advance national commitments to the principle of equity

As with quality and choice, the driver of equity begins with government. As stewards of a country’s health sector, governments must embrace and uphold the principle of equity and be willing to invest in achieving it, whether that is through increased government subsidies, more effective use of the total market, or other approaches to reach marginalized populations. Drawing on the strengths of the Coalition as a brain trust, advocate, and arbiter of often difficult discussions, the Coalition’s Market Development Approaches (MDA) Working Group has demonstrated its ability to help institutionalize the principle of equitable access, thereby providing platforms from which to advance total market approaches.

2. Leveraging the market to overcome inequity

Although, the principle of equity is firmly rooted in the sexual and reproductive rights of individuals; it is within the context of social groupings, however, that the barriers to equity manifest themselves. The first step in ensuring equitable access to supplies, therefore, is understanding where inequities lay, the groups affected by them, and what we can bring to overcome them. Such an understanding constitutes an important step toward mitigation strategies, such as broad programmatic efforts or more targeted market-shaping initiatives. Again, the Coalition’s expertise in the total market and market-shaping arena and its ability to convene players within a neutral space position this pathway squarely within the Coalition’s manageable interest. In addition to the efforts of the MDA Working Group, the Coalition’s various Caucuses have worked to ensure that product designs and product delivery systems take into account cost and other barriers faced by marginalized populations.

3. Overcome barriers that limit access to the products people need

Many factors undermine equitable access to reproductive health supplies. Cost is indeed one such factor where the Coalition has, to date, shown success. Another is ensuring availability of the product itself. Many groups are marginalized not because what they desire is unaffordable, but rather because the products they need are either not available or do not yet exist in the relevant market. By helping to negotiate price/volume guarantees and support their implementation, and by promoting innovative financing options, the Coalition can increase the prospects of getting into countries the products marginalized groups need. Ensuring these family planning and maternal health products reach the last mile, while outside the scope of this Pillar, does illustrate well the mutually supportive role of different Pillars and the actions inspired by each. Much of the work proposed under the Pillars of choice, availability, and even quality will likely have a direct bearing on efforts to overcome barriers that limit access to products people need.
Given that the need for reproductive health supplies evolves throughout an individual’s life cycle, being able to access the “right” product, and in particular the right contraceptive, increases the likelihood that needs will be met. For the Coalition, choice means having the right quality-assured method to choose from across one’s life cycle. In the case of contraceptives, individuals should have access to multiple options including long- and short-term methods as well as hormonal and non-hormonal contraceptives.

The factors limiting choice are many, and some of these have already been discussed. But within choice, there is a finer distinction to be drawn between downstream supply chain disruptions that limit access to methods already considered part of a country’s method mix; and more upstream norms or policies that either restrict what is available in the first place or distort the method mix in favor of, or against, one or more methods. From the user’s perspective, both scenarios constrain choice. However, while many of the former can be addressed in the pursuit of availability and equity, the latter requires distinct implementation pathways that focus on institutionalizing the element of choice in country-level planning and decision making and expanding national procurement to meet users’ needs.

1. Institutionalize the concept of “choice” in planning and decision making.

At the country level, instances abound of policy decisions or other actions that, consciously or otherwise, inhibit choice. Many countries, for example, include an impressive range of methods within their essential medicines lists but in reality only procure adequate supplies of a few of these methods. Often this is done in the belief that just a few options are all that people want—and that procuring a wider range would be wasteful. In other instances, efforts undertaken in the hopes of expanding choice, such as single-method introductions, end up having the opposite effect, inadvertently favoring some methods over others or leading to provider biases. Institutionalizing the concept of choice, therefore, is critical if it is ever to become a routine part of key decision making processes.

The Coalition is critically positioned to help stakeholders confront many of the challenges associated with operationalizing choice. Through effective advocacy, policy dialogue, and consensus building, we can help build global and local commitment to make choice not only understood but also a standard practice.

2. Bridge the gap between global marketplace and country context

The second pathway to choice involves opening the door to supply options not yet available locally. The Coalition is well positioned to help strengthen national policies that would enable procurers, and ultimately users, to more easily access the range of supplies in the global marketplace. Such work could leverage the Coalition’s privileged access to information on new and underutilized technologies. It would also build on the Coalition’s intellectual capital to support the adoption of country-level policies that encourage choice such as standard treatment guidelines, task shifting, essential medicines lists, registration guidelines, and other similar high-level decisions. And finally, through market shaping, the Coalition is demonstrating its potential to facilitate market entry.
SYNERGIES AND CONNECTIONS ACROSS STRATEGIC PILLARS AND GOALS

As the descriptions of each Pillar have so clearly shown, the pathways within them are not mutually exclusive. In reality, they are all mutually reinforcing. The potential to choose from a wider range of contraceptive options, for example, is not limited to the two pathways associated with the choice Pillar. Success will hinge on efforts to ensure availability throughout the supply chain and on the work required to achieve equitable access, particularly efforts to get the right product into the right hands at the right time. And finally, it will depend on the ability of consumers to recognize and value quality and to have within their reach products that meet the requisite quality standards. Such interconnections, so clearly evident in our theory of change, not only form the membrane that makes this Strategy whole but also testify to the premise on which the Coalition was founded: that reproductive health commodity security will never be achieved by a single institution, a single sector, or a single activity. It is the confluence of different actors and workstreams that allows the Coalition to add value and deliver change.
Measuring Strategy Achievements

It is not by accident that we describe this document, as a Strategy rather than a strategic plan. It is a flexible guide for shaping our work in line with key long-term strategic priorities, tempered by the realities of where we stand at any given point in time.

This Strategy, with its Pillars and pathways, allows us to identify indicators and position them within meaningful timeframes. It also provides the flexibility required to alter those indicators as priorities shift, as funding flows change, and as we learn from the successes and failures of the past. In operational terms, we see the coming decade not as one contiguous sequence of activities, but as a series of distinct, multi-year phases—each one defined by differing constraints and each offering us an opportunity to take stock, modify agendas, and adjust indicators accordingly.

As we embark on our new 10-year Strategy, we do so within the context of a four-year funding cycle to which we are already committed. We are bound to deliver on our existing obligations, both to our members at large and to the many donors who have enabled us to pursue a multi-year workplan comprising both core support and more targeted initiatives in the areas of market shaping, reducing stockouts, and fulfilling national commitments to reproductive health commodity security.

The initial phase of our new Strategy, therefore, must subsume the remainder of the Coalition’s current workplan and frame that work from the perspective of the new strategic pillars. In the pursuit of greater equity, for example, we can point to the total market work of the MDA Working Group and to their past successes in identifying market opportunities for lower-cost generic contraceptives. In the effort to expand choice, we can single out the work of the A&A Working Group, which was recognized at the 2013 International Conference on Family Planning for its role in having helped shape new WHO policy guidelines on task shifting a critical factor in enabling health care providers to deliver a broader range of family planning methods. Along the pathway to increasing supplies of recognizable quality products, we can look to the work of the DMPA Advisory Group which is taking concrete steps to address the shortage of injectable contraceptives that meet internationally-recognized quality standards. And finally, to ensure greater product availability, we can highlight the work of the Systems Strengthening Working Group which, through its CARhs (Coordinated Assistance for Reproductive Health Supplies) initiative, has averted hundreds of stockouts at central level and, through its support to the People that Deliver Initiative, has been key in ensuring workforce excellence in supply chain management. Similar connections exist among the workplans of our Caucuses and Regional Forums.

In the decade ahead, this Strategy will serve as our compass, guiding our contribution to ensure that all people are able to access and use affordable and quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health. Much remains to be done to achieve that vision—some of which falls within our manageable interest, some of which does not. But without products, we have no program. By focusing on what we do best and by taking full advantage of the new opportunities before us, we can optimize the tremendous prospects in the next decade for truly strengthening availability, quality, equity, and choice.

MONITORING, EVALUATION AND LEARNING FRAMEWORK

This MONITORING, EVALUATION and LEARNING (MEL) Framework (Table 1) is aligned with the Coalition’s four strategic goals, thereby enabling us to generate the data needed to assess progress along its pathways. It also ensures that the Coalition continues to exercise its levers of change to attain the goals contained within each strategic Pillar.

Our experience over the past decade has demonstrated how critical the learning process is in the Coalition’s work. In 2014, for example, the Coalition relaunched its Innovation Fund to bring it more in line with the ever-evolving needs of its members. In its most recent iteration, the Fund ring-fences support for member organizations from developing countries, and offers more flexible timing of disbursements. This emphasis on learning and continuous improvement implies an ongoing adaptation of the Strategy to environmental changes and new knowledge.
This MEL Framework is designed to help institutionalize that learning process. It will help us see what is and is not working; and it will provide a structure to reflect on and discuss results, inform workplans—both of the Coalition and its IMs—assess progress, and adjust course as needed.

The Framework also helps link the Coalition’s vision, strategic goals, and pathways to concrete activities—many already underway, others still to be conceived. As noted previously, it does not posit an unbroken 10-year chain of inputs, activities, outputs, outcomes and impact, but rather, puts the Coalition’s four strategic Pillars center stage. It allows us to measure progress against the Pillars and their pathways, making effective use of the Coalition’s unique attributes, its levers of change.

The Coalition’s MEL Framework singles out two sets of indicators, each of which tracks and monitors very different, but equally critical, sets of activities. The first set of indicators (Indicators 1-4) reflects the Coalition’s capacity to create the enabling environment required to yield the changes encompassed within the four Pillars. Insofar as the attainment of objectives within each pathway hinges on the application of our levers of change, so too does our ability to exercise those levers hinge on many activities that we routinely pursue as part of our core operations. Our indicators one to four, therefore, capture our capacity to exercise the levers that bring us success, independently of their application within any specific Pillar.

The second, and by far larger set of indicators (Indicators 5-18) relates to the outcomes within our four strategic Pillars. These indicators allow us to measure progress achieved along the pathways required to increase access to affordable, high-quality supplies, including a broad choice of contraceptive methods.

For reasons noted earlier, many indicators in the MEL Framework overlap with those in the Coalition’s current monitoring and evaluation logframes. As the Coalition’s current funding cycle winds down and priorities in the reproductive health space shift, we will review these metrics, modifying and adding new ones as needed.

Many of the indicators included in the Coalition’s MEL Framework draw on data collected directly by the Coalition’s Secretariat, its member organizations, and IMs. Other indicators rely on data collected and processed from secondary sources. In such cases, the Secretariat will ensure the right data are collected to calculate the indicator developed.

Ultimately, the 18 indicators included in the MEL Framework do not exhaust all those currently being used by the Coalition or its IMs to measure progress. For example, projects funded under the Innovation fund each have their own indicators, as do the more targeted initiatives on maternal health, youth, or regional issues. The Secretariat with the IMs will ensure that all work undertaken under the auspices of the Coalition advance its strategic goals and that the measurements taking place within this work feed into the MEL Framework.

Finally, at the behest of the Coalition Executive Committee, which has played a pivotal role in the development of the present Strategy, most of indicators presented in the Coalition MEL Framework are qualitative in nature. Although there are a limited number of quantitative indicators, these are meaningful only to the extent that they illustrate the Coalition’s contribution to the result achieved. Most of the indicators are annual counts and do not lend themselves to a baseline or target values. Rather, their importance is in the qualitative value of what is accomplished.

The responsibility for applying the Coalition’s MEL Framework lies at all levels of the Coalition’s structure from the Secretariat to the Executive Committee to the IMs. The Secretariat will report annually to the Coalition’s Executive Committee and membership and, together with them, identify critical lessons, decide on course corrections, and plan new paths forward.
This Table lists the indicators for our levers of change and for each of the pathways within our four strategic goals or pillars. Together, these pillars stand as prerequisites to achieving the Coalition’s vision that all people are able to access and use affordable, quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health.

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| **Neutrality, Convening power** | | Platforms (by type) afforded by the Coalition Secretariat that allow member organizations to assemble to share knowledge, raise awareness, address sensitive reproductive health supplies issues, and/or build consensus around a common course of action. | RHSC Secretariat program records including meeting/webinar/teleconference agendas and minutes, and participants lists | • Bi-weekly teleconferences of the Global Financing Facility (GFF) Advisory Group have helped channel the input of the FP community into key GFF decision making processes. As part of that process, the Coalition’s A&A WG circulated a position paper which was signed onto by more than 66 organizations from 57 countries. Ultimately, SRHR was the only sectoral theme singled out in the 2014 PMNCH Consultation report.  
  • The 2014 meeting of procurers of hormonal contraceptives and other essential medicines led to the rewording of the UNFPA statement on ERP3 classification, thereby eliminating barriers that hindered the ability of ERP Category 3 holders to compete in the marketplace. |
| 1. | As a member-centric organization, the Coalition’s success hinges on its ability to offer a neutral space for members to discuss reproductive health supplies issues candidly, leverage the brain trust of its membership, and achieve results that no single member could achieve on its own. This indicator tracks the platforms – physical or virtual – afforded by the Secretariat to convene members with the aim of increasing awareness, sharing knowledge, and/or working together. The narrative accompanying this indicator will specify the platform or venue type and purpose, describe the participating member-organizations, and stipulate the platform’s programmatic value and outcome. | | |
| **Brokering partnerships, brain trust** | | Collaborative efforts by Coalition members from across different sectors to advance high priority reproductive health supplies issues. | RHSC Secretariat program records; consultations with RHSC members to determine extent of participation | • Harmonization of metrics for measuring stockouts of reproductive health commodities, resulting from collaboration among members of the Stockout Indicator Workstream Task Group (USAID, UN Foundation, BMGF, UNFPA, MSH, USAID/DELIVER, Ibis, PAI).  
  • Elimination of stockouts of DMPA in five African countries resulting from collaboration among the CARhs group, Pfizer, USAID, USAID/DELIVER Project, and UNFPA. |
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| 3 | As an organization that must remain aligned with a rapidly evolving reproductive health environment, members have valued the Coalition's flexibility and ability to act quickly and pursue solutions to reproductive health supplies issues as these arise. This indicator is a description of time-sensitive issues that the Coalition’s Secretariat has either undertaken directly or supported, to respond to the needs of its global membership. | Time-sensitive reproductive health issues that the Secretariat has taken on as the basis for action. | RHSC Secretariat program records | • Ensured the visibility of FP and reproductive health within the development and implementation of the GFF. Within weeks of a request by the Coalition membership to take on this activity, the Secretariat and A&A WG formed a multi-sector advisory committee for spearheading efforts to help shape the GFF Business Plan and ensure the visibility of FP in country implementation plans.  
• Applied “ad hoc” provisions within the Innovation Fund to finance a rapid assessment of the Financing for Development in time to feed into work by another grant recipient to support civil society input into the GFF country processes. |
| 4 | The Coalition’s respected brand and track record of success lend credibility and weight. As a result, Secretariat staff and Coalition members are frequently called upon to participate in high-level discussions and/or provide input into the development of tools and publications developed by members and partners. This indicator will comprise a narrative description of Coalition input into high level discussions taking place around reproductive health supplies. | Instances of engagement, on behalf of the Coalition, by Secretariat staff, Executive Committee, or member-organizations, in high level dialogue and/or decision-making taking place within the reproductive health space. | RHSC Secretariat program records | • Support and engagement in global campaigns such as FP2020, UNCoLSC, GFF (e.g. Coalition Director serves on the FP2020 Reference Group; Secretariat staff participation in GFF consultations, FPWatch Advisory Group) and the “20 by 20” Initiative.  
• Secretariat staff and MHS Caucus Chair engagement in the UNCoLSC Maternal Health TRT.  
• Technical input provided by Secretariat staff on reference documents and tools produced by members and partners. |
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| **5.** | The Coalition plays a critical role in generating knowledge that responds to members' needs. This indicator describes Coalition supported publications that contribute to greater product availability both upstream and downstream. To be counted here, the publication must have been developed under the auspices of the Coalition, and had a demonstrable contribution to increasing availability. | Publications developed that expand the body of knowledge on greater product availability both upstream and downstream. | Routine collection of publications, and other evidence of knowledge generated within the Coalition | • Three business cases, commissioned by the MH Supplies Caucus, that explore market opportunities for the three life-saving MH medicines  
• Publication by the SSWG of “A Business Approach to Transforming Public Health Supply Systems”, which calls on governments to re-engineer their public health supply systems to better serve their mandate and their business. |
| **6.** | The Coalition is well-positioned to build the capacity of supply chain managers, by strengthening educational opportunities, and testing strategies and approaches that raise their profile and skill base. This indicator describes Coalition-supported efforts (e.g. development of tools, implementation of interventions) aimed at strengthening the performance of supply chains managers. The narrative will specify the health workforce issue(s) that the initiative seeks to redress. | Initiatives undertaken with Coalition support that build health workforce capacity in supply chain management. | RHSC Secretariat program data including routine collection of programmatic reports from RHSC members. | • LAPTOP course finder for supply chain management trainings, and LAPTOP scholarship program to help supply chain managers from developing countries defray the cost of courses listed in LAPTOP.  
• Innovation Fund grants to strengthen human resources in Burkina Faso, Kenya, Liberia and Mozambique. |
| **7.** | Global and national players within the reproductive health community need access to accurate information on supply needs and costs so that product volumes meet demand, budget allocations for reproductive health products are more accurate, and the global supply system is more stable. The Coalition plays a vital role in improving the quality and visibility of timely reproductive health product data. This indicator tracks tools and other methodologies developed, enhanced and/or used to improve forecasting and procurement decisions. | Tools/methodologies/approaches developed, improved, and/or used for estimating global demand of reproductive health products, improving forecasting, and/or coordinating procurement decisions more effectively. | RHSC Secretariat and CSP members program records | • Financing of a data management platform that allows CSP to improve forecasting and procurement decisions, and enables international donors and in-country partners to work together to preventing stockouts.  
• Prevention/resolution of country level stockouts through use by the CARhs of the Procurement Planning and Monitoring Report (PPMR) database. |
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<td><strong>Strategic pathway: Promote a policy environment conducive to effective supply distribution</strong></td>
<td>8. Through its global outreach, respected brand, and neutrality the Coalition can nurture a supportive policy environment conducive to more effective supply distribution. This indicator is a description of changes made to global, national, sub-national policies, guidelines, and/or strategic plans that can facilitate availability of reproductive health supplies. The narrative will describe the Coalition’s role in facilitating the changes to the policy environment.</td>
<td>Policies, guidelines and/or national strategic plans to improve reproductive health supply distribution changed, as a result of Coalition engagement.</td>
<td>• The adoption of a national advocacy strategy to avert stockouts. The strategy is an outcome of a Coalition-financed initiative in Uganda to mobilize local and national stakeholders to address stockouts and champion the issue of contraceptive choice as a fundamental right.</td>
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<td>QUALITY: People are better able to obtain reproductive health supplies they can trust are both safe and effective and that meet internationally recognized quality standards</td>
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| 9. | The Coalition offers manufacturers and the wider reproductive health community a space for encouraging the market entry of generic manufacturers and sharing market data with the aim of increasing the supply of quality-assured products – both generic and innovator. This indicator measures the Coalition’s ability to foster the conditions whereby manufacturers can recognize the value to be derived from pursuing internationally recognized standards of quality assurance. | Number of reproductive health products submitted annually for prequalification by WHO, where the Coalition can claim some contribution. | Consultation with WHO Prequalification Programme | • Advocacy efforts by the Generic Manufacturers (GEMs) Caucus to help manufacturers see the value of getting their products quality assured  
• Host meetings of forecasting experts (e.g. CSP, WDI, CHAI) and manufacturers to share information on the demand for reproductive health products |
| 10. | The Coalition is working to assist manufacturers make more strategic decisions about product registration. Several Coalition members are also leading efforts to harmonize the requirements of national drug regulatory authorities. This indicator measures the responsiveness of quality-assured manufacturers to these efforts. | Instances of manufacturers submitting dossier(s) on quality-assured reproductive health products to national drug regulatory authorities (by manufacturer, by product), where the Coalition can claim some contribution. | RHSC Secretariat program records; consultations with manufacturers | • The ongoing development of an algorithm/prioritization tool for helping manufacturers make more informed decisions regarding the choice of products (and countries) for registration. |
| Strategic pathway: Increase the demand by consumers and the broader community for quality-assured products |
| 11. | Improving the quality of available reproductive health products depends on making sure that procurers and users can trust the quality of what they buy and use. Working with partners the Coalition can encourage FP users, procurers, advocates, and policy-makers to demand quality-assured products by framing quality as a health concern, human rights issue, and solid business decision. This indicator tracks initiatives undertaken by the Coalition to increase the demand for quality products among procurers and FP users. | Coalition-supported initiatives aimed at increasing the demand for quality-assured products among both consumers and national procurers. | RHSC Secretariat program records | • Innovation Fund grants or other Coalition-supported initiatives to heighten awareness of international quality assurance standards for reproductive health products  
• Coalition support to the design and implementation of Concept Foundation’s initiative to raise consumer profile of quality at country level. |
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<td></td>
<td>Strategic pathway: Support the establishment and implementation of quality-supportive policies at the country level</td>
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<td>12.</td>
<td>Through national and global partners, the Coalition supports the adoption of policies that recognize and reward quality. This indicator tracks the development, refinement and/or application of global, national, sub-national policies, guidelines, and/or strategic plans that promote access to quality-assured reproductive health products and medicines. The narrative will describe the Coalition’s role in facilitating the changes to policies, guidelines and/or national strategic plans.</td>
<td>Contribution to policies, guidelines and/or strategic plans to promote quality-assured reproductive health products and medicines.</td>
<td>Actual policy/guidelines/strategic plans documents with evidence of approval or submission for approval</td>
<td>• The Coalition worked to eliminate language in procurer guidance documents that, while following WHO policy guidelines, effectively penalized products with ERP category 3 classification. The new language was not only more accurate, but offered manufacturers with such products, greater incentive to engage with the ERP process.</td>
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<td><strong>EQUITY: More people have access to the reproductive health supplies they need, unimpeded by cost-or product-derived barriers</strong></td>
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<td><strong>Strategic pathway: Advance national commitments to the principle of equity (policy)</strong></td>
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<td>13.</td>
<td>As an arbiter of often difficult decisions, the Coalition can play an important role in supporting efforts by governments and national stakeholders to commit and institutionalize the principle of equity. This indicator tracks efforts by the Coalition or partners on behalf of the Coalition, to promote or strengthen policies to overcome cost-derived barriers that impede access to reproductive health supplies by marginalized populations. The narrative will describe the Coalition’s contribution to these efforts.</td>
<td>Contributions to reproductive health policies, guidelines, and/or strategic plans to support more equitable access to reproductive health products.</td>
<td>Actual policy/guidelines/strategic plans documents with evidence of approval or submission for approval</td>
<td>• Efforts to help shape national guidelines on task-shifting to support more equitable access to a FP method. • Efforts to change universal health care coverage policies • Initiatives that aim to identify and/or address regulatory barriers affecting the provision of reproductive health products and services by the commercial and NGO sectors</td>
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<td><strong>Strategic pathway: Leveraging the market to overcome inequity (cost)</strong></td>
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<td>14.</td>
<td>The Coalition is well-positioned to advance understanding of the principle of equity, locate where inequities lay, identify the groups affected by them, and determine what can be done to address them. We include here publications, webinars, workshops, research, etc. undertaken under the auspices of the Coalition that aim to advance understanding of the principle of equity. The narrative will describe the initiative's demonstrated value.</td>
<td>Initiatives undertaken with Coalition support to map inequities to access, and expand the body of knowledge on how best to overcome them.</td>
<td>RHSC Secretariat program records</td>
<td>• Publications: “What is TMA?”, an at-a-glance guide to initiating discussions with governments and donors on TMA. • Innovation Fund grant to INSAD to conduct a retrospective study on LARCs use by women in rural areas in the LAC region.</td>
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<td>15.</td>
<td>The Coalition, with its expertise in the total market and market shaping arena and ability to convene stakeholders from across sectors, is well-positioned to support targeted market shaping interventions and other initiatives that seek to further equitable access to reproductive health supplies. This indicator tracks total market interventions or financing mechanisms. To meet this indicator the total market interventions or financing mechanisms must be implemented under the auspices of the Coalition. The narrative will describe how the intervention furthers equitable access.</td>
<td>Coalition-supported total market and other financing interventions that further equitable access to reproductive health supplies.</td>
<td>RHSC Secretariat program records including pilot test and documentation of intervention.</td>
<td>• Innovation Fund to pilot the introduction and commercialization in Kenya of LNG2o IUD, a new low-cost hormonal IUD in Kenya. • Innovation Fund grant to assess affordability of EC in Nigeria and the Democratic Republic of Congo</td>
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<td>16.</td>
<td>Many groups are marginalized because the reproductive health product they want is not available or does not exist in the relevant market. This indicator monitors efforts by the Coalition to facilitate market entry of existing and new reproductive health products – including maternal health medicines and new and underused reproductive health technologies.</td>
<td>Coalition-supported initiatives to introduce at country level reproductive health technologies that meet the needs of marginalized populations.</td>
<td>RHSC Secretariat program records</td>
<td>• Innovation Fund to pilot the introduction and commercialization in Kenya of a generic LNG-IUS.</td>
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<td><strong>CHOICE: People are better able to choose from a range of contraceptive options currently available in global and local markets</strong></td>
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<td><strong>Strategic Pathway: Institutionalize the concept of “choice” in planning and decision-making</strong></td>
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<td>17.</td>
<td>This indicator measures the Coalition’s ability to foster a better understanding of the principle of choice and support its institutionalization within key decision making processes globally and at country level. We include here Coalition-supported initiatives (e.g. advocacy, policy dialogue, and/or consensus building activities) undertaken globally or at country level to help build commitment to choice. Whenever possible, the indicator will provide evidence of commitments to choice made by government officials, NGOs and other stakeholders (e.g. speeches, newspaper articles, national advocacy plans).</td>
<td>Initiatives undertaken, globally or at country-level with Coalition support to advance commitment to choice.</td>
<td>RHSC Secretariat program records</td>
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<td>• HEPS/Uganda initiative to mobilize broad support for the principle of contraceptive choice among MOH officials, health service providers, and the community.</td>
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<td><strong>Strategic Pathway: Bridge the gap between global marketplace and country context</strong></td>
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<td>18.</td>
<td>The Coalition is well-positioned to facilitate the entry of supply options not yet available in national markets, through the collection and/or dissemination of product-related data for decision-making. This indicator tracks efforts by the Coalition to collect and disseminate product-related information that procurers and manufacturers can use to inform decisions about expanding the range of methods available locally.</td>
<td>Coalition-supported initiatives to collect and disseminate product-related information that manufacturers or procurers can use to make decisions about expanding the range of methods available locally.</td>
<td>RHSC Secretariat program records</td>
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<td>• Innovation Fund grant to use scheduled reviews of national EMLs as opportunities to highlight and fill gaps in the contraceptive method mix.</td>
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<td>• The ongoing development of an algorithm/prioritization tool for helping manufacturers make more informed decisions regarding the choice of products (and countries) for registration.</td>
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“All people are able to access and use affordable, quality supplies, including a broad range of contraceptive methods, needed to ensure their better sexual and reproductive health.”

**AVAILABILITY**
Reproductive health products are more widely and readily available throughout the supply chain, from manufacturers to point-of-access provision.

**QUALITY**
People are better able to obtain reproductive health supplies they can trust are both safe and effective and that meet internationally recognized quality standards.

**EQUITY**
More people have access to the reproductive health supplies they need, unimpeded by cost- or product-derived barriers.

**CHOICE**
People are better able to choose from a range of contraceptive options currently available in global and local markets.
The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.