Coordinated Assistance for Reproductive Health Supplies (CARhs)

Leveraging the Power of Partnership to solve contraceptive supply crises and increase supply chain visibility

“The one institution within the Coalition that perhaps demonstrates better than any what can be achieved by partners working together, sharing knowledge, and pooling resources toward a common goal is the CARhs.” — John Skibiak, Director, RHSC

From its quiet beginnings in 2004 as an informal, collaborative group to better coordinate efforts to address contraceptive stockouts, the Coordinated Assistance for Reproductive Health Supplies (CARhs) group has become one of the signature partnership endeavors of the Reproductive Health Supplies Coalition (RHSC).

“We were always on our back foot and reacting. So, we wanted to do a better job in setting up an early warning system and get greater visibility into what was happening in countries.” — David Sarley, former Task Order 4 Director, USAID|DELIVER PROJECT

The group began as a forum where key global-level partners involved in the funding and procurement of contraceptives would share information to identify countries on the verge of, or in, supply shortages, in order to better understand the causes of these shortages, identify solutions, and coordinate a response. Through its monthly phone calls, with consistent participation by key organizations, this dedicated group has become a crucial information-sharing and supply-balancing mechanism that has brought about significant improvements in available country-level data. Though not a substitute for in-country coordination, CARhs provides a safety net for when emergencies arise and serves as an information-sharing mechanism between donors and countries.

Greater data access through PPMR

Initially, CARhs relied primarily on anecdotal reports, but that changed when USAID—through the USAID | DELIVER PROJECT—created the Procurement Planning and Monitoring Report (PPMR) to capture contraceptive stock status in programs and other contraceptive security issues.

“The PPMR has allowed for a better monitoring of the stock level of contraceptives at the central level. It has also allowed a better exchange of information with partners and, to a certain extent, with other countries.” — Yawo-Mensah Damessi, Data Provider, Ministry of Health, Togo

The PPMR started in 2007 with three countries—Bangladesh, Ethiopia, and Paraguay—and now receives data from public sector and nongovernmental organizations in over 30 countries. The PPMR is now an online, interactive database that allows data providers, CARhs members, and external users to have much greater data access and analytical tools.

The PPMR’s most important function is to allow countries to communicate needs and updated data to donors of reproductive health commodities.
When in-country systems are insufficient to address stock issues, countries may request that donors provide emergency shipments, expedite existing shipments, or delay shipments. These requests are considered by the CARhs group, and action is taken based on the donors’ ability to respond.

For the CARhs members, the PPMR offers regular visibility into program- and country-level stocks and provides notice of issues that may affect members’ ability to deliver products in a timely manner. CARhs complements in-country coordination, ensuring that requests for assistance are clearly communicated both locally and globally.

**Wider impact and country improvements**

PPMR data has been used increasingly by the community outside of CARhs, particularly over the last two years. It has been used to improve donor forecasts, conduct academic research, and strengthen supply planning.

A recent analysis of PPMR data showed that the percentage of reported stockouts in PPMR countries has declined steadily since tracking through the PPMR first began, from 14% of reports in 2008 to 8% of reports in 2014. This trend occurred despite the fact that the number of reporting countries more than tripled between 2008 and 2014. The reduction in reported stockouts reflects the hard work of countries and the value of the discipline imposed through reporting to the PPMR.

**Partnering at the global and regional levels**

The CARhs group worked hand-in-hand with partners in 2013 and 2014 to address stock imbalances across the globe.

- The West African Health Organization, on behalf of CARhs, played a significant role in the transfer of nearly 200,000 vials of the injectable contraceptive Noristerat® from Burkina Faso to Benin, resulting in more than US$250,000 in cost-savings.
- CARhs spearheaded the transfer of two million units of Depo-Provera injectable, thereby alleviating, and in some cases actually averting, stockouts in five sub-Saharan African countries. Impending or actual stockouts of Depo-Provera were detected based on data submitted to the PPMR. Together with the manufacturer Pfizer, CARhs members successfully coordinated pending orders and existing product stock so as to meet the immediate commodity requirements of the countries in need.
- CARhs joined with Coalition partners to avert major stockouts of the contraceptive implant Jadelle®, resulting in USAID issuing emergency shipments of 54,000 units to the PPMR-reporting countries of Cameroon, Sierra Leone, Côte d’Ivoire, and Gambia.
- Alerted to an existing supply crisis in Nepal, CARhs member UNFPA expedited more than 1.75 million units of the injectable DMPA to Nepal’s Ministry of Health.
- Partners in Myanmar requested aid to avert an imminent shortfall of DMPA and oral contraceptives. Within months, CARhs negotiated an in-kind donation from UNFPA of more than 1.1 million oral contraceptives and 550,000 units of DMPA.

**Dedicated core members and contributors**

The success of the CARhs is made possible through the dedicated support of key staff within the core membership including: UNFPA, USAID, West African Health Organization, USAID | DELIVER PROJECT, RHSC, Implant Access Program, and Clinton Health Access Initiative.