

RHCS Update:

The Global
Programme
to Enhance
Reproductive
Health
Commodity
Security





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C. Ishikawa / UNFPA

Cover photo: Mother and child survive a risky birth in Chad. UNFPA/M.Albert.

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FOREWORD

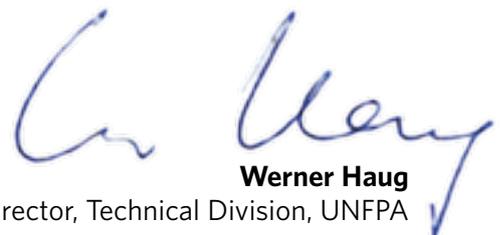
The adequate provision of contraceptives, condoms and other reproductive health supplies has been hampered by funding shortages and a tendency to look at reproductive health commodities in isolation from other issues. But without supplies, individuals cannot exercise their reproductive rights. UNFPA, the United Nations Population Fund, strives to help individuals everywhere exercise their right to sexual and reproductive health.

Since 1990, UNFPA has been considered to be the largest multilateral supplier of contraceptives and condoms, and the lead United Nations agency for reproductive health commodity security (RHCS). Building on substantial but ad-hoc support in the area, in 2007 UNFPA introduced a more strategic approach with the launch of the Global Programme to Enhance Reproductive Health Commodity Security.

Countries supported by the Global Programme to Enhance RHCS are reporting significant progress and measurable impact. Those reporting the most dramatic progress have received the most support. While the procurement of supplies is a key part of this support, the Global Programme seeks to build know-how for sustainable national systems.

The best results emerge from a collaborative process in which governments work closely with UNFPA to reach isolated and vulnerable populations. In Ethiopia, the use of modern contraceptives has more than doubled in recent years. In Lao People's Democratic Republic, community-based distribution agents are expanding access to family planning information and services for indigenous peoples in remote areas. In Sierra Leone, deaths due to pregnancy and childbirth have been dramatically reduced.

UNFPA has contributed to this progress through a wide range of efforts to advance voluntary family planning and maternal and newborn health. The Global Programme to Enhance RHCS adds an intensified, structured and strategic dimension that in only a few years is already yielding measurable results. Through this publication, I am pleased to share an update on the Global Programme's progress.



Werner Haug
Director, Technical Division, UNFPA

GOAL OF THE PROGRAMME

The UNFPA Global Programme to Enhance Reproductive Health Commodity Security is a framework for assisting countries in planning for their own needs. At the request of governments, UNFPA provides sustained multi-year support as well as more targeted and emergency support through the Global Programme, working to:

- Integrate RHCS in national policies, plans and programmes through advocacy with policy makers, parliamentarians and partners in government;
- Strengthen the delivery system to ensure reliable supply and the management of logistics information;
- Procure contraceptives and other essential RH supplies and promote their use through various mechanisms such as community-based distribution;
- Provide training to build skills at every step — from forecasting needs, to providing quality information and services in family planning, maternal health and the prevention of STIs, including HIV.

1. ABOUT THE GLOBAL PROGRAMME

Without the right products, the best health programmes can't succeed. Three white pills can slow the bleeding in a birth gone wrong. Condoms prevent infection and unintended pregnancy. Sutures, gauze and gloves make Cesareans safer.

Access to a reliable supply of contraceptives, condoms, medicines and equipment is fundamental to all sexual and reproductive health programming and to achievement of the ICPD Programme of Action and the Millennium Development Goals.

UNFPA launched the Global Programme to Enhance Reproductive Health Commodity Security in 2007 with the goal of increasing the availability, access and use of reproductive health commodities for voluntary family planning, HIV/STI prevention and maternal health services. The Global Programme supports the procurement of essential supplies and works closely with governments to develop capacities to improve planning and logistics management, including monitoring supplies and forecasting needs.

Flexible in response to each country's situation, the Global Programme's key activities include:

- Establishing a comprehensive approach to supplies for the country, with a stronger overall system;
- Fostering national leadership through national coordination teams;
- Developing national plans and strategies for RHCS;
- Incorporating RHCS in national budget lines, and finding innovative financing solutions;
- Conducting situation analysis to determine the needs of the population, in particular rural and marginalized groups;
- Raising awareness of the benefits of RHCS and contraceptive use through information, education and communication;
- Advocating inclusion of reproductive health supplies in the national essential drug list;
- Increasing country capacity to forecast need for supplies by developing a user-friendly computer software tool and providing training for its use;
- Monitoring and evaluating progress towards specific RHCS results.

The Global Programme to Enhance RHCS provides multi-year support to countries selected on the basis of need (Stream One), and also provides targeted and emergency assistance to many other countries (Streams Two and Three).

The Global Programme to Enhance Reproductive Health Commodity Security

Summary	A framework for assisting countries in planning their own needs for essential reproductive health supplies			
Duration	2007-2013			
Donors	Netherlands, United Kingdom, Spain, Canada, Luxembourg, Spain/Catalonia			
Budget	\$750,000,000 needed over five years			
Allocation	80% commodities provision, 20% capacity development for Stream One countries			
	2007	2008	2009	2010
Purchase of commodities	\$13 million	\$16 million	\$71 million	\$55 million
Capacity development and advocacy	\$4 million	\$4 million	\$16 million	\$28 million*
Countries	Stream One countries receive comprehensive multi-year support; Stream Two receive specific shorter-term assistance; Stream Three receive emergency support.			
Stream One	The Global Programme started with five Stream One countries. In 2010, there were 11 Stream One countries, plus 34 Stream Two and 32 Stream Three countries.		11	11
Stream Two			30	34
Stream Three			32	32
Total			73	77

*This is total amount distributed to countries for activities being implemented.

Reproductive health commodity security means that all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

Countries in which the Global Programme to Enhance RHCS procured commodities in 2009:

Africa			
Angola	Congo (Brazaville)	Kenya	Sao Tome Principe
Benin	Cote d' Ivoire	Lesotho	Seychelles
Burkina Faso	Democratic Republic of Congo	Liberia	Sierra Leone
Burundi	Djibouti	Madagascar	Sudan
Botswana	Eritrea	Mali	Rwanda
Cameroon	Ethiopia	Mauritania	Swaziland
Cape Verde	Gabon	Mauritius	Tanzania
Central African Republic	Ghana	Mozambique	Togo
Chad	Guinea	Niger	Uganda
Comoros	Guinea-Bissau	Nigeria	Zambia
			Zimbabwe
Asia and the Pacific			
Bangladesh	Papua New Guinea		
Cambodia	Sri Lanka		
Lao PDR	Suriname		
Mongolia	Timor Leste		
Myanmar	Viet Nam		
Pacific Islands			
Eastern Europe and the Middle East			
Georgia	Pakistan		
Kyrgyzstan	Tajikistan		
Lebanon	Turkmenistan		
Palestine	Uzbekistan		
Latin America and the Caribbean			
Argentina	Haiti		
Barbados	Honduras		
Belize	Jamaica		
Bolivia	Nicaragua		
Dominican Republic	Peru		
Guyana	Trinidad & Tobago		

2. MEETING WOMEN'S UNMET NEED FOR FAMILY PLANNING

An estimated 215 million women in the developing world have an unmet need for modern contraception. They want to delay or avoid pregnancy but most use no method of contraception at all, while others use less effective traditional methods. UNFPA is committed to closing the gap between the number of individuals who use contraceptives and those who would like to delay, space or limit their families.

Meeting women's unmet need for family planning significantly reduces maternal deaths by decreasing unintended pregnancies. Every year, 190 million women become pregnant, at least a third of them unintentionally, which contributes to unsafe abortion. Preventing closely spaced pregnancies and delaying the age of marriage and childbearing would also improve the health of women and girls and increase the chances that their children will survive.

The use of modern contraceptive methods has increased rapidly overall in the past 30 years, especially in countries with strong family planning programmes. However, progress has stalled in many low-income countries. Before the Global Programme and its partners provided assistance, the level of contraceptive use was relatively stagnant but is now improving in many countries receiving ongoing support. In particular, progress is seen when governments work closely with UNFPA to reach isolated and vulnerable populations.

The contraceptive prevalence rate (CPR) has increased for a significant number of countries, including Ethiopia, Lao People's Democratic Republic (Lao PDR), Madagascar, Mongolia and Niger. In Ethiopia, the contraceptive prevalence rate rose from 6 percent in 2003 to 14 percent in 2005 to 30 percent in 2009. In the other countries the CPR increased by 10 percentage points in Lao PDR; 11.2 points in Madagascar; 12.8 points in Mongolia and 4.8 points in Niger.

UNFPA tracks the number of service delivery points offering at least three types of modern contraceptives. It also tracks those reporting no stock-outs of contraceptives within the last six months. As of 2009, three types were available at least 80 percent service delivery points in the countries receiving ongoing support from the Global Programme to Enhance RHCS.





Training health workers in modern methods

A woman in Ethiopia shows her family planning card after Implanon procedure. More than 600 health extension workers received training in 2009 in the use of Implanon, a safe and long-acting method of contraception. UNFPA's Global Programme to Enhance RHCS provided funds for 520,000 sets of Implanon and related training to deliver family planning services in isolated communities. Ethiopia's rapid expansion of family planning services is showing results: The contraceptive prevalence rate has more than doubled from 6 percent in 2003 to 14 percent in 2005 to 30 percent in 2009.

Promoting contraceptives in a communication campaign

The then First Lady of Niger, Laraba Tandja, with the UNFPA Representative in Niger at the launch of a nationwide communication campaign. The campaign on HIV/AIDS, unwanted pregnancy and female genital mutilation, which will be carried out with UNFPA and Animas Sutura, an NGO, will produce a radio drama series and hold over 4,000 focus groups with peer educators. The Government of Niger has decided to provide contraceptives free of charge to boost their use. The risk of a woman dying from pregnancy-related causes during her lifetime is about 1 in 7 in Niger, compared to about 1 in 4,800 in the USA and 1 in 17,400 in Sweden.



Reaching indigenous women with family planning

A community-based distribution agent provides information on contraception to a family in Lao PDR. Exclusion and a lack of access to basic services endanger the health of ethnic peoples in many countries. Lao PDR, where ethnic peoples comprise more than 40 percent of the population, recently evaluated the situation in remote communities, with Global Programme support. It found that ongoing UNFPA-supported initiatives have successfully promoted culturally-sensitive and client-friendly family planning services. The key was thorough training of community-based family planning providers. The Global Programme also provided contraceptives and other supplies so that family planning services are available and free-of-charge in remote areas.



Raising awareness and increasing demand

Condom dispensers were placed in locations frequented by young people as part of a Pacific region effort to expand access to reproductive health information and services. Multi-media campaigns are raising awareness as part of information, education and communication (IEC) strategies. In 2009, young people in Mongolia crafted messages for radio, newspaper and posters; a mobile movie screening unit brought advocacy films with family planning information to adolescents in Madagascar; and a nationwide campaign to promote condoms reached rural communities in Burkina Faso. In the Pacific region, UNFPA provided funds to produce 40,000 Safe Sex Kits, half labeled 'HER Survival Cool Pek' and half labeled 'HIS Survival Cool Pek'.



Training to build skills among health service providers

In Ethiopia, some 800 providers, like these nurses, participated in training on the use of female condoms, IUDs and comprehensive condom promotion. Training of health service providers contributes to user-friendly, quality health services. In Nicaragua in 2009, more than 500 doctors and nurses attended training sessions on the country's new family planning guidelines. In Liberia, training-of-trainers prepared 120 health professionals to train 150 community members to promote and distribute condoms throughout the country. In Democratic Republic of Congo, the Global Programme organized 38 national-level cascade training sessions. Conducted by 62 local trainers, the training enhanced the skills of 647 service delivery personnel and health staff to manage logistics systems and collect data on product use.



3. MATERNAL HEALTH: ESSENTIAL SUPPLIES SAVE LIVES

Maternal deaths in developing countries could be slashed by 70 percent and newborn deaths cut nearly in half if the world doubled investment in family planning and pregnancy-related care. And investments in family planning boost the overall effectiveness of every dollar spent on the provision of pregnancy-related and newborn health care.

More than a thousand women a day die unnecessarily from pregnancy and childbirth – almost all of them in the developing world. Nearly all of these deaths can be prevented by this three-part strategy:

- All women have access to contraception to avoid unintended pregnancies;
- All pregnant women have access to skilled care at the time of birth;
- All those with complications have timely access to quality emergency obstetric care.

These interventions depend on a secure, reliable stream of reproductive health supplies including contraceptives, antibiotics and other medicines and surgical supplies. In order to save mothers' lives, these basic items must reach the places that they are needed, not just this time, but every time.

UNFPA tracks the provision of five life-saving maternal and reproductive health medicines. Among Global Programme countries in 2009, Nicaragua, Niger and Sierra Leone reported the availability of all five life-saving maternal health medicines in 100 percent of facilities that provide deliveries. All five medicines are available in 90 percent of facilities in Mongolia and 80 percent in Madagascar.



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B. Ryan / UNFPA



J. Maerien / UNFPA

Ensuring supplies in emergency situations



S. Torfinn / UNFPA

A mother in Darfur, Sudan. In conflict or post-conflict situations, countries can face severe shortages of contraceptives and medical supplies. Seventeen countries most in need gained life-saving assistance when the European Commission, in a partnership agreement with the African, Caribbean and Pacific Group of States (ACP), contributed nearly €15 million to help UNFPA provide equipment and supplies for obstetric and maternal health. The programme used a highly participatory approach that set out to reduce shortfalls and improve access, use, distribution and procurement, as well as to build governments' capacity to plan and manage their reproductive health commodity supply systems.

Preventing shortfalls of life-saving medicines

A mother and daughter in Sierra Leone, where deaths due to pregnancy and childbirth are down dramatically from an estimated 2,000 to 857 per 100,000 live births as of 2008. UNFPA is contributing to this trend by procuring life-saving maternal health drugs and contraceptives, as well as enhancing emergency obstetric care in the post-conflict years. In 2009, the Global Programme to Enhance RHCS stocked facilities with magnesium sulphate, oxytocin, ergometrine and antibiotics to prevent maternal death during pregnancies with complications and difficult deliveries. Districts in Sierra Leone are reporting that "women's lives are being saved every day with the availability of these drugs".



P. Delargy / UNFPA

Promoting RHCS among parliamentarians

African women parliamentarians and government officials from 18 Anglophone African countries have expressed support for RHCS. Their call to action, 'Invest! Keep Mothers Alive', was issued at a skills-building workshop on maternal health advocacy organized by the UNFPA sub-Regional Office in Johannesburg with the Southern African Development Community. They called for action "to strengthen health systems to guarantee reproductive health commodity security," among other key commitments to improve reproductive and maternal health. Meetings in support of RHCS were also held among 15 countries of Eastern Europe and the eight countries of the South Asian Association of Regional Co-operation.



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4. DEVELOPING NATIONAL STRATEGIES AND PLANS

Every facility that offers health services should have a choice of contraceptive methods available, along with basic equipment and supplies for family planning and maternal health services. This is the foundation for improving reproductive health and rights.

The Global Programme to Enhance RHCS seeks national leadership for sustainable country-driven approaches for securing essential supplies and ensuring their use. UNFPA supports the process of developing national strategic plans for RHCS, along with a national coordinating body and a specific budget line. Many governments are engaged in a process of integrating reproductive health commodity security into their Ministries of Health.

Inclusion in planning and policy is a key goal. Among the 11 Stream One countries that receive multi-year support from the Global Programme, 100 percent have integrated RHCS into the overall health sector programme, which is especially effective during efforts to reform and improve health system, and 100 percent have RHCS incorporated into at least one health sector strategy, planning or policy document. This represents a high level of government commitment that keeps RHCS-related issues on the national agenda.

More than half of the 11 Stream One countries have RHCS included in their Poverty Reduction Strategy Paper (Burkina Faso, Haiti, Madagascar, Mali, Mongolia, Niger and Sierra Leone). By including RHCS in poverty strategies, countries recognize that increasing and improving reproductive health services is a strategy for decreasing poverty levels.

A budget allocation for modern methods of contraceptives has been established in 10 of the 11 Stream One countries. In three of those countries (Ethiopia, Madagascar and Mongolia) allocations recently increased. Establishment of a national budget line sends a powerful message that the government has chosen to prioritize RHCS.



P. Delargy / UNFPA



UNFPA



K. Opprann / UNFPA



Securing commitment at the national level

A national programme officer visits a mother and newborn in Mongolia, which in 2009 allocated funds for reproductive health commodity security in its national budget. An advocacy team organized with UNFPA Global Programme on RHCS support spearheaded the effort to create a new budget line. It was chaired by the State Secretary of the Ministry of Health, with experts from NGOs and United Nations agencies as well as government officials. The process included a sensitization meeting in August 2008, a consensus-building meeting, and a high-level meeting in the capital city. At the same time, the team worked with government at the technical level to incorporate RHCS in the country's development and budgetary framework and to create a national strategy.

Developing a national RHCS strategy to support reproductive health

A woman and children in Nicaragua, where working alongside Nicaragua's Health Common Basket Fund (FONSALUD) and the Health Sector Board, UNFPA successfully advocated and lobbied for sexual and reproductive health and reproductive health commodity security. This collaborative work included creating working groups and an RHCS committee which, in turn, contributed to ensuring public funding for procuring reproductive health commodities. When Nicaragua's Government was developing the second edition of the National Sexual and Reproductive Health Strategy, UNFPA's Global Programme to Enhance RHCS supported its efforts and advocated for a strong component on reproductive health commodity security.



C. Wint / UNFPA

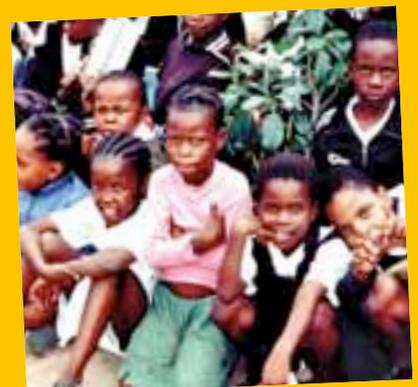


Including RH commodities in the essential drug list

Safe delivery in the Philippines. An important step for RHCS is for reproductive health commodities to be included on the national list of those drugs that the government has determined should be made consistently and widely available for basic health care. In the Philippines in 2009, UNFPA successfully lobbied the government to expand their strategy for RHCS to include life-saving maternal and newborn health drugs and supplies. These advocacy efforts are helping to establish RHCS as a key component of the country's strategy for reducing maternal and newborn deaths.

Establishing a national coordinating body

Children in Botswana, where the RHCS Committee coordinates the implementation of the country's strategic plan and annual work plan for RHCS. The Committee's activities in 2009 raised awareness and commitment. It integrated reproductive health commodity security into audit visits of health facilities, finalized the RHCS Strategic Plan, offered logistics management training, organized workshops on drug management and condom procurement, and promoted family planning with a road show travelling to five districts.



5. BUILDING CAPACITY AND STRENGTHENING SYSTEMS

The Global Programme is working to ensure that logistics systems are implemented in every Stream One country and that in-country staff and government officials have the capacity to manage the systems with little external assistance. More than 70 percent of Stream One countries are able to use these systems to regularly forecast for modern methods of contraception, enabling them to predict and prevent stock-outs.

Many countries have received funding from UNFPA to train health workers, government officials, country office staff and other partners in logistics management, procurement and forecasting for reproductive health commodity needs.

In logistics management, special software makes the process accurate and accountable. UNFPA developed Country Commodity Manager (CCM) and is piloting CHANNEL, computerized logistics management software, to address in-country needs for monitoring stock levels from central warehouse to district level. Eight of the 11 Stream One countries have successfully integrated a Health Supply Chain Management information tool such as CHANNEL into their national health system. Seven countries report having a functioning logistics management information system.

To build capacity for procurement, the Global Programme has produced a step-by-step guide to help countries plan for training in procurement, based on a needs assessment. Hundreds of staff members in procurement and logistics operations in every region have participated in training, representing UNFPA, other United Nations agencies and organizations and government counterparts. Six of the 11 Stream One countries have the technical expertise in country to manage the procurement and tracking process, though nearly all of these countries report the need for increasing this capacity, particularly at the district level.

Establishing a logistics management information system

On the computer screen, software to manage RH supplies. Any country seeking a secure supply of contraceptives needs a system to manage data, from forecasting needs to keeping supplies flowing. In Madagascar, where poverty and unmet need for contraception are severe, the Global Programme introduced the user-friendly health supplies management software, CHANNEL, which works with the public health distribution system. UNFPA also provided more than 100 computers and training to more than 3000 focal points in the use of the software. Fewer stock-outs are already being reported, now that districts have data on existing stock and consumption.



Expanding systems to serve nationwide needs

Functioning LMIS means supplies can be delivered on time.

Nicaragua recently reported 100 percent implementation of a logistics management information system into the local health care system, providing the capacity to monitor priority medical supplies and medicines at all levels. Nicaragua also established a procurement unit with the Ministry of Health to facilitate the overall purchasing and management process. The expansion of the Information System for Logistical Management of Medical Supplies to the district level has been moving forward for the past three years with substantial support from the Global Programme.



P. Delargy / UNFPA



Training to improve supply chain management

A truck delivers reproductive health supplies. In 2009, Ethiopia's Ministry of Health and UNFPA partnered with the Addis Ababa School of Public Health to train 100 graduates and 26 warehouse managers on supply chain management. This partnership led to an initiative to develop a course on supply logistics management to be included in the Public Health curriculum. Similar partnerships are being formed with medical schools across the country, including Hawassa, Jimma and Mekele, where the Global Programme to Enhance RHCS has provided training materials and supplies.

Improving Emergency Obstetric and Neonatal Care with software and skills

A woman and child in Eritrea, where health professionals from every zoba (district) in Eritrea learned the principles of logistics management information systems and received training on how to use CHANNEL software. The 50 trainees will use the software where it has been installed in hospitals, health centres and all basic warehouses at the zoba level. The Global Programme also supported training to improve service delivery, with 44 health care providers trained on maternal death review and four committees established to audit maternal death and near misses. In addition, 114 nurses from maternity wards and other health care providers received training in emergency obstetric and newborn care.

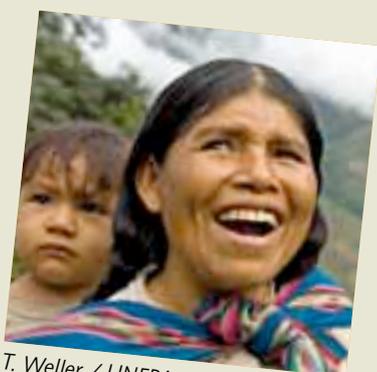


B. Ryan / UNFPA

6. LEVERAGING PARTNERSHIPS AND MANAGING FOR RESULTS

At the global level, UNFPA's Global Programme to Enhance RHCS makes partnership a priority. Recent examples of global activities include:

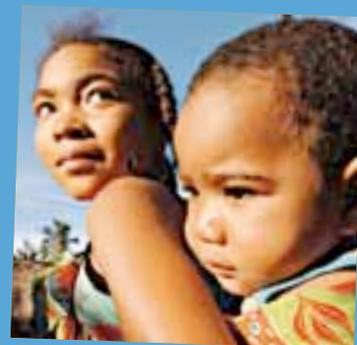
- Providing reproductive health equipment and supplies with the European Commission and the African, Caribbean and Pacific Group of States to countries in conflict or post-conflict situations;
- Accelerating maternal health with the Health 4+ joint effort of UNFPA, UNICEF, WHO, the World Bank and UNAIDS, in countries with the highest maternal mortality;
- Participating in the Reproductive Health Supplies Coalition, chairing the Market Development Approaches Working Group and the Systems Strengthening Working Group;
- Reviewing access to critical, life-saving maternal and reproductive health medicines (oxytocin, ergometrine, magnesium sulphate and some antibiotics) in the joint UNFPA-WHO Collaborative Initiative on Critical Medicines;
- Pre-qualifying manufacturers who supply the United Nations system with condoms and IUDs through rigorous quality assessment, through UNFPA as the leading procurement agency for contraceptives, in cooperation with WHO, UNICEF and UNAIDS.
- Working with partners to train health care providers on Comprehensive Condom Programming (CCP) and the use of the female condom, to expand access and help prevent the spread of STIs, including HIV.



T. Weller / UNFPA



J. Isaac / UNFPA



K. Opprann / UNFPA

In an effort to strengthen regional institutions and build capacity, activities carried out in partnership include:

- Institutionalizing RHCS training with BKKBN, the Family Planning Coordination Committee of Indonesia;
- Targeting regional institutions for RHCS training in cooperation with The Mauritius Institute of Health;
- Raising awareness and advocating national plans and strategies through regional institutions such as the South African Development Community (SADC), the Inter-Governmental Authority on Development and the East African Community (EAC).

Through South-South collaboration, countries with similar profiles are sharing information and experiences around strategic planning and capacity development efforts for RHCS. Opportunities for knowledge exchange include:

- Exchanging lessons learned and best practices in evidence-based advocacy for the legalization of emergency contraception among nine countries in Latin America;
- Organizing RHCS training in Indonesia for 120 representatives from 15 countries in the Asia and Pacific region;
- Building capacity in new contraceptive technologies, including IUDs, when Madagascar and Niger teamed up with CEFORP, a regional West African training centre based in Senegal.

To improve monitoring and evaluation, UNFPA has worked closely with donors, country offices and partners to develop an integrated results framework for the Global Programme to Enhance RHCS. The framework, which is aligned with UNFPA reporting systems and focused on key indicators, is now being used to closely track progress.

Some of the operations of the Global Programme are being integrated with other areas of work in UNFPA including the Maternal Health Thematic Fund and the Campaign to End Fistula. The Global Programme is also working more closely with the HIV/AIDS Branch on Comprehensive Condom Programming. Joint missions and reproductive health assessments are already helping to streamline internal business processes and reduce transaction costs.

Looking ahead, the Global Programme will continue in line with UNFPA's Strategic Plan to ensure access to and use of quality reproductive health commodities, supplies and medicines as part of the overall effort to reduce the number of maternal and newborn deaths, halt the spread of HIV/AIDS and promote sexual and reproductive health and rights.



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