



**THEMATIC TRUST FUND**

**ON**

**REPRODUCTIVE HEALTH COMMODITY  
SECURITY**

**Progress Report**

**1 January - 31 December 2005**

*“Meeting reproductive health supply needs is a key element of the global effort to save the lives of women and men by protecting their reproductive health.”*

*— Thoraya A. Obaid,  
UNFPA Executive Director*

# Table of Contents

1. **Highlights of the Report**
2. **Introduction**
3. **Background**
4. **Financial Resources**
  - 4.1 Contributions
  - 4.2 Funds available for programming
5. **Validation Process**
6. **Use of Funds for RH Commodities**
  - 6.1 Emergency commodity requests validated by geographical regions
  - 6.2 Utilization and obligation of funds for RH commodities
7. **Component for Capacity Development Activities**
  - 7.1 Critical actions needed at country level to achieve RHCS
  - 7.2 Funds committed/obligated for capacity development activities
8. **Results Achieved**
  - 8.1 Requests for urgent RH commodities met
  - 8.2 Strengthened RHCS sustainability
    - 8.2.1 Africa
    - 8.2.2 Arab States
    - 8.2.3 Asia-Pacific
    - 8.2.4 Eastern Europe and Central Asia
    - 8.2.5 Latin America and the Caribbean
    - 8.2.6 Government action towards RHCS
  - 8.3 Upscaling the Global Female Condom Initiative
9. **Challenges and the Way Forward**
  - 9.1 Lessons learned from the Global Female Condom Initiative
  - 9.2 The Global Programme to Enhance RHCS
  - 9.3 United Nations Foundation (UNF) contribution
10. **Conclusion**
  - 10.1 Closing note
  - 10.2 Quotes from governments regarding the Thematic Trust Fund and responses/commitments to RHCS

**Annex 1:** TTF TOR

**Annex 2:** Concept note on TTF

**Annex 3:** Circular for RHCS capacity development requirements

**Annex 4:** Matrix on country RHCS update

## List of abbreviations

APD	Asia and the Pacific Division
AU	African Union
CCM	Country commodity manager
CMB	Commodity Management Branch
CST	Country Support Technical Team
DASECA	Division for Arab States, Europe and Central Asia
DSW	German Foundation for World Population
ECOWAS	Economic Community of West African states
EU	European Union
EAC	East African Community
EML	Essential Medicines List
FC	female condom
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
ICPD	International conference on population development
IPPF	International planned parenthood federation
IUD	Intra-uterine device
JSI	John Snow Inc.
KfW	German Development Bank
LAC	Latin America and the Caribbean Division
LMIS	Logistics Management Information System
MDGs	Millennium development goals
MYFF	Multi-year funding framework
NGOs	Non governmental organization
PPS	Procurement Services Section
PRSP	Poverty Reduction Strategy Paper
RH	reproductive health
RHCS	Reproductive Health Commodity Security
SADCC	Southern African Development Co-ordination Conference
SWAPs	Sector-wide Approaches
STI	sexually transmitted infection
TSD	Technical Support Division
TTF	Thematic Trust Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organisation
WHO	World Health Organisation

## **1. Highlights of the Report**

Since 2004, the Commodity Management Branch at the United Nations Population Fund (UNFPA) has been working towards the prevention of Reproductive Health Commodity Shortfalls as well as National Capacity Building activities through the existence of the Thematic Trust Fund. This annual report 2005 is dedicated to describing the steps UNFPA has taken to implement RHCS programme funds provided through the Thematic Trust Fund. As a result of the Thematic Trust Fund support, the following highlights were made possible.

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- **Stock-outs should be significantly minimized and commodity gaps decreased in 2006 as UNFPA assisted countries in filling their annual public sector-supported reproductive health commodity needs**
- **Regional and Sub-Regional RHCS capacity development activities planned for or conducted in all regions**
- **Continued support to IPPF for conducting the Total Market Initiative and for providing reproductive health commodities to those populations outside of public-sector support**
- **Provided urgent reproductive health supplies for the Tsunami and Pakistan earthquake victims**
- **Upscaling of The Global Female Condom Initiative**
- **More countries have included or planned for:**
  - Budget Lines for Reproductive Health Commodities in their National Budgets, including all in the West African region**
  - Establishment of National Coordination Committees on RHCS**
  - Inclusion of contraceptives on their Essential Drugs List**

## 2. Introduction

In January 2004, using a variety of forecasting tools and data received directly from countries through the CCM software<sup>1</sup>, UNFPA estimated a reproductive health (RH) commodity shortfall of US\$ 75 million in 49 countries. Subsequent data from six additional countries increased the gap to US\$ 90 million, and the Fund estimated that the total shortfall in all programme countries could be as much as US\$ 150 million.

In October 2004, the Minister of Foreign Affairs of the Government of the Netherlands, Mr. van den Broek, speaking on behalf of the EU presidency, announced that member states of the EU would collectively make a special contribution of US\$ 75 million to help meet the RH commodity shortfall. As of December 2005, a total of US\$59,537,762 was actually received by UNFPA from ten donors.

UNFPA subsequently set up a TTF for RHCS in order to pool resources from different donors, and thus minimize transaction costs, facilitate coordination, and maximize cost efficiency, particularly in commodity procurement.

This report provides an update of the progress made between January 2005 and December 2005 on the receipt and use of funds for the TTF on RHCS.

## 3. Background

At the International Conference on Population and Development (ICPD) in Cairo in 1994, the world agreed on the goal of RH care for all by 2015. This objective includes access to: contraceptive commodities, condoms for the prevention of sexually transmitted infections (STIs) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), and other RH commodities for maternal and women's health care.

This goal was subsequently re-affirmed at the ICPD+5 and ICPD at 10 processes. It has also been clearly acknowledged that the attainment of a number of the Millennium Development Goals (MDGs) depends on the universal availability of RH services and commodities. The UN Secretary General's report *In Larger Freedom* further stresses that the MDG targets cannot be achieved by 2015 if universal access to RH services is not secured, and that a necessary condition for securing such access is a steady and dependable supply of RH commodities. In a recent address, UNFPA Executive Director

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<sup>1</sup> The Country Commodity Manager (CCM), UNFPA's software to collect and report public sector RH commodity inventory status, has been implemented in **85** countries to date. This tool supplies data of the state of commodities in UNFPA-supported countries by informing CMB of the current central warehouse stock levels. It also indicates how much the warehouses distribute on a monthly basis which enables CMB to project, and subsequently avert-- commodity shortfalls at the highest level of a country's supply chain. CMB also uses the data provided to assist in the validation of a country's requests for commodity purchases. CMB will continue to work with countries in order to facilitate a process of more frequent -- ideally on a quarterly basis -- CCM reporting. This will enable closer monitoring of national stocks and more timely responses to commodity requests from the countries. In addition, CMB will be working with countries to further develop and refine **CHANNEL**—a software that complements CCM's diagnostic work by gauging and analyzing stocks at the local level.

Thoraya Obaid also reiterated the importance of increasing commitment and capacity to achieve RHCS, in order to reach the target of universal access to reproductive health by 2015.

UNFPA's global strategy for RHCS has been documented in a number of the Fund's publications, and includes at country level a focus on: advocacy for political commitment; improved coordination, capacity development to pave the way for sustainability; and at global level, a focus on: advocacy to build global consensus; resource mobilization; technical cooperation; and coordination.

A key component of the global strategy is working with partners at all levels and at all opportunities. These include programme country governments; UN agencies and programmes; national and international non-governmental organizations (NGOs); bilateral donors; the World Bank and regional development banks; foundations; the commercial private sector; and private individuals. The Fund considers this wide-ranging partnership to be an essential component of its work on RHCS, enabling each partner to work in their area of specialization or comparative advantage be it, for example, advocacy, technical support, programme development, or monitoring and evaluation, to ensure that the overall result is much greater than the sum of the individual parts.

The UNFPA TTF on RHCS is an important component of UNFPA's overall strategy to help countries meet their RH commodity requirements and to institutionalize the necessary systems for managing their RH supplies. The Fund's support is provided within the context of national development frameworks, and within the context of strengthening broader national systems for health services and health commodities.

The TTF has a clearly stated purpose – 'to facilitate the achievement of sustainable country-driven RHCS, and four main results in the areas of [1] Advocacy, [2] Enhancing national capacity, [3] Enhancing sustainability, and, [4] Enhancing coordination. The overall purpose and each result have a clear set of specific indicators to monitor progress, and further details of these can be found in the Terms of Reference for the TTF (attached as Annex 1) which also provides information on the terms, conditions, and the modalities under which the Trust Fund will be managed and implemented.

It has been envisaged from the outset that approximately 90 per cent of the Trust Fund resources will be used towards meeting urgent shortfalls, and approximately 10 per cent towards capacity development. This latter involves: discussions on national budget allocations for commodities; use of cost recovery mechanisms; strengthening national logistics systems; policy dialogue about sustainability; and, leveraging resources from other donors. Although urgent commodity shortfalls can be met almost immediately, capacity development entails a more lengthy process to ensure both institutionalization of RHCS-related processes, and sustainability.

Responsibility for the day to day management of the TTF lies with the Commodity Management Branch (CMB) of the Technical Support Division (TSD). In this process, CMB works in close coordination and collaboration with Procurement Services Section (PSS), with UNFPA geographical divisions and their respective country programmes, and with UNFPA Country Technical Services Teams (CST). Coordination is also pursued through continuing contacts with all major supporters of RH commodities such as the bilateral donors; UN funds, programmes and agencies; the international development banks; and NGOs such as IPPF. UNFPA values the importance of working

with the Coalition for RH Supplies in all areas of RHCS. This broad-ranging consultation process, to the extent possible, ensures the validity of requests, and avoids possible duplication of responses from different partners.

Continuous oversight within UNFPA is also provided by the recently constituted Inter-Divisional RHCS Task Team, chaired by the Deputy Executive Director, whose membership includes senior staff from all programme related units of the Fund. This Task Team also has the responsibility to ensure that RHCS is fully mainstreamed into all UNFPA's core work. This latter will be achieved through, for example, a strengthened focus on RHCS in the new UNFPA Multi-Year Funding Framework (MYFF), and a strengthened component of RHCS in all UNFPA reporting, monitoring, and evaluation processes.

#### 4. Financial Resources

As was noted in the Progress Report of August 2005, a total of US\$ 59,537,762 has been received by UNFPA from ten donors as contributions to the TTF. Table 1 shows the amount provided by each donor.

##### 4.1 Contributions

Table 1: Contributions to the Thematic Trust Fund  
(as of 31 December 2005)

<b>Donor Country</b>	<b>US\$ Dollars</b>
Canada	\$1,612,903
Cyprus	\$13,262
Denmark	\$1,069,519
Estonia	\$42,381
Finland	\$1,326,260
Luxembourg	\$529,640
Netherlands	\$33,846,153
Portugal	\$265,252
Sweden	\$2,000,000
United Kingdom	\$18,832,392
<b>Total</b>	<b>\$59,537,762</b>

## 4.2 Funds available for programming

Table 2: Available Funds and their and allocations  
(as of 31 December 2005)

Description	US\$ Dollars
Provision of RH commodities to meet shortfalls (90%)	\$50,078,491
Capacity development (10%)	\$5,564,277
Estimated indirect cost*	\$3,894,994
<b>Funds received as of 31 December 2005</b>	<b>\$59,537,762</b>

\* This estimate may change based on actual expenditures

## 5. Validation process

In order to access the TTF, countries were requested to provide: [1] Central Warehouse inventory data, [2] A list itemizing the requested emergency commodities, and [3] A brief narrative on their approach to improving country capacity.

UNFPA geographic divisions and CSTs assisted countries in collecting and aggregating this information, and in helping to identify those countries with the most pressing needs, using such criteria as: countries with imminent stock-outs; countries with severe HIV/AIDS epidemics; UNFPA priority countries; countries under-going donor phase-out or where UNFPA is the sole supplier; and countries in humanitarian/emergency situations.

For each country request, the following process is then followed in order to avoid over stocking and wastage:

- CMB analyses the data provided by countries through CCM based on a consumption forecast and a demographic forecast;
- CMB either validates the request, or enters into a dialogue with the country concerned to clarify issues;
- Validated requests are then shared with major donors and agencies within the Country at Risk Group<sup>2</sup> for their feedback based on their knowledge, and the knowledge of their country offices, as well as with UNFPA country

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<sup>2</sup> The Country-at-Risk group consisting of major donors and agencies is a component of the Reproductive Health Supplies Coalition whose primary focus is to identify and respond to emergency supply situations at the country level, as well as assist in the country commodity request validation process. Using the group members' knowledge of the current status on the ground, in conjunction with the various field office personnel available, country requests were scrutinized and sometimes modified based on current information provided. The Coalition is made up of: [1] Foundations [Gates; UNF; Wallace Global]; [2] Government Bodies [DfID, UK; KfW, Germany; MoH, Romania; Ministry of Finance, Planning & Economic Development, Uganda; Ministry of Foreign Affairs, Netherlands; USAID]; [3] NGOs [IPPF and its affiliates, PROFAMILIA, Colombia and the Shanghai Institute of Planned Parenthood Research, China; GSMF International; Population Services International; and the Supply Initiative]; and [3] UN [UNFPA; World Bank; and WHO].

- offices for final coordination with local partners and stakeholders to avoid any possible duplication;
- CMB then works very closely with PSS to procure and deliver the required commodities

With regards to demonstrating a commitment to increasing sustainability by developing national RHCS strategies, countries were informed<sup>3</sup> that efforts towards achieving the following were particularly valued when considering country requests for Thematic Trust Fund resources: [1] A national budget line for RH commodities, including a plan to gradually increase the national resource allocation, [2] Existence of a functioning national, multi-partite RHCS coordination mechanism with an agreed national strategy, operational plan and terms of reference with definition of roles and responsibility for those involved, [3] Inclusion of appropriate RH commodities in the national essential drugs list and/or minimum service package.

## 6. Use of funds for RH commodities

Of the approximate US\$50 million allocation, US\$ 42.9 million was obligated for the provision of RH commodities and emergency responses. Of the US\$ 5.6 million allocation, US\$ 4.3 million was committed and partially obligated for implementing capacity development activities.

### 6.1 Requests validated by geographical region

Table 3: Emergency commodity requests validated by geographical regions

Region	US\$ Dollars
Sub-Saharan Africa	\$17,966,472
Asia and the Pacific	\$6,957,292
Arab States and Europe	\$3,634,058
Latin America and the Caribbean	\$1,831,558
Supplies pledged for 2006	\$8,130,000

\* Funding figures indicated above are provisional subject to financial statement due in a few months

<sup>3</sup> A circular was sent to Country Representatives from the UNFPA TSD Director, regarding accessing Thematic Trust Fund resources based on a country's commitment to the development of RHCS strategies. Please see Annex 3 which contains this circular detailing the requirements for demonstrating these RHCS sustainability measures.

## 6.2 Utilization and obligation of funds for RH commodities

Table 4 indicates the utilization of funds to date for RH commodities. Of the US\$ 50 million allocated, US\$ 38.5 million has already been obligated to meet RH commodity shortfalls. In addition, a total of US\$ 1.5 million has been spent on responding to the Tsunami and the Pakistan earthquake-affected areas. In addition, US\$ 2.67 million has been allocated to assist IPPF in the development of a RH commodity fund for its network of 149 Member Associations.

Table 4: Utilization and obligation of funds for RH commodities

Description	US\$ Dollars	
<b>Total funds that were available for commodities</b>	<b>\$50,078,491</b>	
<b>a]</b> Provision of commodities to meet shortfalls		\$30,389,380
<b>b]</b> Supplies procured and pledged for late 2006		\$8,130,000
<b>c]</b> Provision of RH kits for Tsunami affected countries		\$961,000
<b>d]</b> RH supplies for Pakistan earthquake		\$540,000
<b>e]</b> Provision of supplies to IPPF		\$2,674,000
<b>f]</b> Currency fluctuations/freight adjustments		\$200,000
<b>g]</b> Provision for future emergency shortfalls		\$7,184,111
<b>Total committed/obligated funds</b>		<b>\$50,078,491</b>

\* Funding figures indicated above are provisional subject to financial statement due in a few months

### a] Commodities to meet shortfalls

Under TTF support, US \$30,389,380 was allocated for meeting RH commodity shortfalls.

### b] Supplies pledged for 2006

Another US \$8,130,000 was allocated towards supplies that would be distributed in 2006. Out of the total US \$38.5 million allocated towards RH commodity shortfalls, US \$1,041,831 was spent on supplying 16 countries with female condoms. Countries that received support in this respect included, Angola, Democratic Republic of Congo, Cote d'Ivoire, Equatorial Guinea, Malawi, Mali,

#### **Female Condoms in Africa**

*UNFPA has been instrumental in the introduction of female condoms in Malawi. In 2004, 22 sites were providing female condoms and UNFPA continues to participate in the quarterly Logistics Management meetings, where it advocates for the development of a condom strategy. As a result of interest expressed in female condoms to the UNFPA country office by traditional healers and other officials of South Africa, further discussions regarding female condom programming occurred between the South African Department of Health and UNFPA.*

Mauritania, Mongolia, Mozambique, Myanmar, Namibia, Rwanda, Senegal, Seychelles, Sierra Leone, Zimbabwe.

### **c] Reproductive health kits for tsunami-affected areas**

Through the existence of TTF resources, funding of essential RH commodities was made possible to the tsunami-affected areas of Asia. UNFPA arranged for the emergency procurement and shipping of 1,771 essential RH kits worth nearly US\$ 1 million to Sri Lanka (1,125), Indonesia (610) and Maldives (36).

### **d] Reproductive health supplies for Pakistan earthquake victims**

Through Thematic Trust Fund resources, UNFPA was able to respond to the victims of the Pakistan earthquake by providing urgently-needed RH supplies worth US \$540,000. In a recent address, the Secretary of Pakistan's Ministry of Population Welfare recognized UNFPA for being one of the first agencies to assist in the relief efforts.

### **e] International Planned Parenthood Federation (IPPF)**

UNFPA partnered with IPPF to support the provision of a range of RH supplies, including contraceptives such as male and female condoms, for its 149 member associations responding to the impact of recent natural disasters and to further develop the commodity management systems which identify shortages. Out of the US\$ 2.674 million funding support, US\$ 2.2 million was spent on commodities while US\$ 474,000 was allocated for warehousing, storage and freight costs.

### **f] Currency fluctuations and freight adjustments**

Furthermore, US\$ 200,000 is being held against possible currency fluctuations and freight adjustments.

### **g] Future emergency shortfalls**

This leaves a balance of approximately US\$ 7 million, which has been set aside to cover RH commodity shortfalls during the year 2006, if and when the need arises.

## **7. Component for capacity development**

### **7.1 Critical actions needed at country level to achieve RHCS**

As was noted in the previous Progress Report of August 2005, the TTF capacity development activities work towards catalyzing a set of critical actions that are necessary for the attainment of RHCS. Indicators for these actions include:

- Ensuring a strong national coordination mechanism under government leadership;
- Creating a budget line for RH commodities in national budgets
- Developing with partners a multi-year strategic plan for RHCS;
- Ensuring national ownership at the highest level;
- Developing reliable logistics management information systems (LMIS) and distribution networks; and

- Ensuring that RH commodities become incorporated in the national essential drugs list.

## 7.2 Funds committed/obligated for capacity development activities

Table 5 lists some of the country and regional level activities funded by the TTF to implement the above objectives as well as strengthening the capacity of the institutions in relation to RHCS implementation.

Table 5: Funds committed/obligated for capacity development

Activity	US\$ Dollars
<b>Allocated funds</b>	<b>\$5,564,277</b>
a] Sub-contract for technical support services	\$2,103,926
b] Global pre-qualification exercise for RH commodity suppliers	\$1,500,000
c] Support to IPPF to develop The Total Market Initiative	\$150,000
d] Technical support missions to countries	\$150,970
e] RHCS workshops and training	\$248,572
f] Short-term consultancies / printing	\$58,050
g] Female condoms initiative programme	\$75,000
h] Study of generic hormonal contraceptive manufacturers in China, India, and Thailand (South-South Partners in Population and Development)	\$21,280
<b>Total funds committed/obligated</b>	<b>-\$4,307,798</b>
<b>Balance *</b>	<b>\$1,256,479</b>

\* As of 31 December 2005, portions of these funds were already committed to various activities to take place in different regions in 2006

\* Funding figures indicated above are provisional subject to financial statement due in a few months

### a] Technical support services

Plans to strengthen RH logistics systems with the assistance from a technical support agency are underway. UNFPA has drafted a proposal and is in the process of finding a partner to assist in the implementation phase. Part of the RH logistics strengthening plan is to conduct assessments in up to ten countries in order to identify RHCS gaps and needs. These include providing technical assistance to broaden the Economic Community of West African States (ECOWAS) regional RHCS plan and to support regional initiatives in eastern and southern Africa as well. Additional country studies, analyses, and assessments on a range of RHCS topics including the utilization of female condoms to LMIS to procurement planning and execution are also included in the overall project workplan. In addition to lending assistance with the design and facilitation of regional/sub-regional training programmes in RHCS and logistics strengthening, the sub-contracted technical agency will facilitate follow-up visits to

selected countries to monitor progress, review workplans, and develop strategies. In the way of technical assistance to UNFPA headquarters staff, a training manual, collaboration on logistics uses of information technology, software development, and forecasting methodologies are to be developed under the technical strengthening effort. Approximately US \$2.1 million has been allocated for this capacity development exercise.

**b] Procurement Services Section (PSS)  
Global prequalification exercise**

UNFPA allocated US\$ 1.5 million on a pre-qualification exercise that sought to widen the supplier base of RH commodities worldwide. Considering country offices like Brazil, Peru, Russia, Viet Nam and Indonesia had requested support towards capacity development to strengthen their quality assurance and quality control activities for most commonly purchased RH commodities i.e. condoms, intra uterine devices (IUDs), hormonal injectables, and oral pill manufacturers. In addition to equipping countries with the ability to obtain international accreditation for their national product testing facilities, particularly from programme countries from which governments, UN agencies, NGOs, and others would need to procure their required products, the pre-qualification sought to provide technical advice to participating manufacturers on how to produce RH commodities and contraceptives according to World Health Organisation (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) specifications. Another objective of the project was to distribute a list of pre-qualified RH commodity suppliers to governments, NGOs and all other agencies involved in RH commodity distribution. Inspiration for the exercise came from countries such as Algeria, Egypt, and Tunisia, whose suppliers come exclusively from a UNFPA pre-qualified list.

Activities that have been completed by PSS thus far include the recruitment of necessary staff; establishment of criteria for the pre-qualification screenings; review of preliminary prequalification applications; the distribution of invitations informing interested candidates of the pre-qualification opportunity; and the screening of 45 factories. Other progress on the project includes the completion of preliminary desk reviews; the identification of 4 countries for capacity building/development including Uganda, Ghana, Tanzania, Vietnam; agreement with WHO regarding activities related to the prequalification of hormonal contraceptives. The overall aim of the pre-qualification exercise was to move towards improving sustainability, a core objective of UNFPA's strategy to strengthen RHCS.

**c] International Planned Parenthood Federation (IPPF)  
Total market initiative**

As a result of increasing decline in donor support for RH commodities at all levels, new approaches to meeting contraceptive needs are necessary. Due to the lack of coordination between existing public and private sector suppliers, opportunities for lower-income individuals in the Second Tier (medium income) markets, who have the ability to pay for RH supplies, are missed. Users in these countries end up relying on donated supplies that could have otherwise been afforded. To this end, UNFPA worked with IPPF to carry out the Total Market Initiative (TMI) research study, which analyzed the overall contraceptive market in seven countries (El Salvador, Honduras, Jordan, Morocco, Peru, Romania, Ukraine) in order to explore the feasibility of transferring reliance of RH supplies from being free to being paid for at a low cost. The research and feasibility phase of the project found that 5 out of the 7 countries, including El Salvador, Honduras, Jordan, Peru, and Romania, are ready for this type of market.

This US\$ 150,000 capacity development exercise will include activities such as baseline market studies, dialogue with policy-makers and donors, economic analysis, manufacturer assessments, segmentation studies, development of business and marketing plans, and project partnership development activities.

#### **d] Technical support missions**

Technical support missions in the way of RHCS needs-assessments as well as female condom situation analyses, took place throughout the Asia-Pacific region. Also, as a result of TTF resources in the Latin American and Caribbean region, a joint mission for contraceptive and technical support with JICA was enabled in Bolivia.

#### **e] RHCS workshops, trainings, and entry points**

Under TTF support, activities including RHCS workshops, training and the enabling of RHCS sustainability dialogue and planning, occurred in various regions throughout 2005. In Africa, RHCS focal points from UNFPA country offices, Ministries of Health, Representatives of Regional Institutions and technical agencies gathered in Addis Ababa to draft sub-regional RHCS workplans. Also during this reporting period, discussions between UNFPA's DASECA geographical division and the CST RHCS advisor, took place regarding much-needed RHCS workshops for countries within the Arab States. The Eastern Europe and Central Asian regions were also able to commence dialogue related to RHCS sustainability, while in the Asia-Pacific region, planning for a second Regional RHCS workshop occurred. Within the Latin American and Caribbean region, a RHCS strengthening workshop and training in Nicaragua will be occurring during the first half of 2006, as a result of planning under TTF support during this reporting period.

#### **f] Short-term consultancies/printing**

These activities were also fulfilled to support the capacity development exercises as outlined above.

#### **g] Female condoms initiative programme**

Details on this activity can be found below, under section 8.3.

## **8. Results achieved**

### **8.1 All RH commodity shortage requests met, enabling a significant commodity gap reduction**

At the end of 2004, many countries were facing RH commodity stock-outs. As a result of TTF support and its efforts in the way of emergency response activities, all urgent requests from countries for RH commodity assistance were met for the year 2005. The amount of funding in this respect totaled approximately US\$ 30,389,380. A total of US\$ 8,130,000 was also spent to procure commodities to be shipped during late 2006. The total number of countries that will have been supported as a result of Thematic Trust Fund resources is over **51**, with a majority of sub-Saharan Africa being supported. The outcome of this great achievement implies that since all requests were honored, a significant reduction of the commodity gap should occur in 2006 as a result

of UNFPA assistance to countries in meeting their annual public sector-supported reproductive health commodity needs.

## **8.2 Strengthened RHCS sustainability through national capacity development, advocacy and coordination**

### **8.2.1 Africa**

As a result of RHCS advocacy supported by TTF resources, achievements in the way of budget lines for RH commodities in national budgets, the creation of national coordination committees on RHCS, and the incorporation of contraceptives on the essential drugs list were realized.<sup>4</sup> Although many challenges still remain for achieving RHCS, the accomplishments in 2005 came in the way of recognition that RHCS should be top priority on national policy-makers agendas. This was visible in the outcomes within the sub-region of West Africa, when ECOWAS Health Ministers and Health Experts of the West African Health Organization (WAHO) met in Senegal in November 2005-- Ministers of Health pledged to include budget lines for RH commodities in their national budgets while committing to the creation of national coordination committees as well. These advances stood as enormous achievements considering the bleak RH statistics in West Africa-- the percentage of married women using modern methods of contraception in the sub-region stands at 8 per cent, among the lowest percentages for contraceptive use worldwide. Additionally, for every 100,000 live births in West Africa, there are 880 maternal deaths, and there are more than 100 infant deaths for every 1,000 live births.<sup>5</sup>

Sub-regional RHCS workplans for Africa were developed, when UNFPA organized a series of workshops and meetings in Addis Ababa, as part of the activities planned under the RHCS TTF. Countries within the African region were invited to submit proposals for technical assistance to meet their needs in RHCS capacity development, and to request RH commodities to prevent any foreseeable shortfalls in 2006. Two workshops were held in Addis Ababa in February and April 2005 to review the proposals received, to develop criteria and assess priority needs of individual countries, and to prepare national and sub-regional workplans for capacity development for the Africa region. Participants included RHCS focal points from UNFPA country offices and their counterparts from the Ministries of Health, together with Representatives of Regional Institutions such as the African Union (AU), the West African Health Organization (WAHO), the East African Community (EAC), and technical agency JSI. This bottom up approach represented an innovative and in some regards— new way of drafting RHCS plans as these meetings not only indicated significant progress in the way of RHCS capacity development-- they also demonstrated national ownership as country-specified needs were coordinated by respective partners and countries themselves.

### **8.2.2 Arab States**

Discussions between UNFPA's DASECA geographical division and the CST advisor, occurred regarding much-needed RHCS workshops for countries within the Arab States— including Iraq, Jordan, OPT, and Syria. The main aims of these activities would be to enhance knowledge and understanding of RHCS, equip key national

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<sup>4</sup> Please refer to Annex 4 for a comprehensive update on country progress in these areas

<sup>5</sup> WAHO (2005) *West Africa Reproductive Health Commodity Security Sub-Regional Strategy*

stakeholders with tools to promote RHCS, and establish RHCS multi stakeholder working groups while developing national RHCS strategies and Plans of Action. Additionally, country office staff from the four UNFPA CO would receive hands-on CCM software training to supplement their RHCS related capacity.

### **8.2.3 Asia-Pacific**

TTF resources went towards technical support missions for RHCS needs-assessments in Fiji, Papua New Guinea and Tonga while female condom situation analyses in Fiji, Papua New Guinea and Vanuatu were also conducted. The latter resulted in the formulation of concrete programmes, results and lessons learned regarding both the generation of demand and the securing of a steady supply of female condoms. By undertaking a diagnosis of the status of FC activities and through the identification of key stakeholders, the formulation of a 2 year operational plan for enhanced sustainable FC programming, was realized. Planning for LMIS strengthening in the Pacific Island countries, including RHCS workshops and missions to be conducted in 2006 - for which TTF resources will contribute, took place during this reporting period as well.

TTF funding in 2006 also went to capacity building first at the regional level for 14 PICs and also in 5 national CP training, namely in Fiji, Samoa, Solomon Islands (jointly supported by AusAID), Federated States of Micronesia and the Marshall Islands. The regional training was instrumental in introducing software training for LMIS to PICs. The capacity building regionally and nationally was also an opportunity to build capacity in FC programming especially with FC as a new commodity as well as to introduce monitoring and evaluation tools (e.g. Rapid Needs Assessment Toolkit for Community Based Distribution) for health providers. Incidentally, forecasting of commodities for 2007 subsequently improved after the regional capacity building which saw an increase of contraceptive requirement of the sub-region.

### **8.2.4 Eastern Europe and Central Asia**

Although TTF resource contribution to this region was in the form of RH supplies, the support enabled entry points for discussions to occur with governments within Eastern Europe and Central Asian countries regarding stronger commitment towards RHCS. In Kosovo, once supplies had been secured from TTF support, UNFPA Kosovo could focus more clearly on working with the Ministry of Health—specifically to recruit a RHCS specialist to assist in the formulation of a RHCS Plan of Action. Also, condoms received from TTF support were used to fill the first condom vending machines, which were provided by the Norwegian Church Aid, for social marketing purposes in Kosovo. Similar reporting could be used to describe TTF support in countries throughout the rest of region—once RH supplies had been received from TTF support to fill commodity gaps, country offices could channel efforts towards more sustainable measures. One of the first steps towards strengthening RHCS in a region where critical shortfalls due to limited national health budgets, lack of LMIS and understanding amongst decision-makers regarding RHCS are present, assessment missions were undertaken. Main commonalities found in Armenia, Azerbaijan, Georgia, Kazakhstan, Moldova, and Tajikistan showed that more cost recovery and social marketing were needed. Also identified as urgently-needed, were measures as outlined in the TTF concept note—budget lines for RH commodities and inclusion of RH supplies on EMLs.

### **8.2.5 Latin America and the Caribbean**

Through TTF support, UNFPA conducted a joint mission with JICA in 2005, to provide contraceptive support to Bolivia. At the time, Bolivia was facing imminent stockouts—much like the country’s experience in 2003, when 60 per cent of health facilities reported stockouts. Also due to the Bolivian government’s decentralization reforms, contraceptive distribution became the responsibility of the municipal governments—and many were not equipped to take on this role. Hence with JICA support, UNFPA provided contraceptives and technical assistance to Bolivia, a country with one of the lowest CPR rates in the region. Discussions are underway to continue and extend this type cooperation between UNFPA and JICA, in several other countries. Also under TTF support during this reporting period, plans were established to conduct a RHCS Workshop in Managua, Nicaragua during 3-5 May, 2006. This effort represents the need to strengthen integrated RHCS efforts in LAC including increasing national and regional level capacity to achieve RHCS. The particular objectives are to update UNFPA CO staff regarding Global and Regional RHCS issues, including UNFPA’s Global Programme to Enhance RHCS, to strengthen the capacity of UNFPA CO to facilitate sustainable national RHCS strategies--including the formulation/strengthening and implementation of national plans, and to exchange experiences and share lessons learned from the region.

### 8.2.6 Government action towards RHCS

Based on UNFPA Country Office Annual Reports from 2005, ongoing efforts to strengthen RHCS at country level, including TTF activities, contributed to positive actions taken by governments to achieve RHCS<sup>6</sup>. For example:

#### In Africa,

- 35 have included RH commodities in their minimum service packages
- 29 countries in sub-Saharan Africa reported that RHCS coordination mechanisms are either in place or are being planned for

#### In Asia Pacific,

- 16 countries have RH commodities as part of the minimum service package
- 12 reported having some form of RHCS coordination mechanism
- 7 PICS have some form of RHCS coordination mechanism (Cooks, Fiji, Kiribati, Nauru, Solomons, Tonga, Tuvalu)
- 4 PICs have separate budget for RHC (Fiji, Nauru, Palau & PNG)

<sup>6</sup> Since UNFPA Country Office Annual Reports 2005 were released, the status of their RHCS coordination mechanisms. An updated version is available.

**The inclusion of the Female Condom (FC)** is an integral part of RHCS. The female condom is used to protect against unplanned pregnancy and sexually transmitted infections (STIs), including HIV. With the female condom, come many advantages-- beyond serving as a dual-protection method, the female condom can act as an empowering tool for women as it is a method that is initiated by women, giving them more control over their reproductive health and their bodies.<sup>1</sup> This control over when safe sex occurs, can also act as a catalyst to strengthen communication between men and women. Another added value of female condoms is that because of the polyurethane used to make them, female condoms are both strong and durable, which means no special storage arrangements have to be made as polyurethane is not affected by changes in temperature. Additionally, the expiry date on the female condom is 5 years from the date of manufacture.<sup>2</sup> The female condom has been endorsed strongly by many institutions and prominent persons including UNFPA Executive Director, Thoraya Obaid.

Since 1999, more than 19 million female condoms have been supplied to 70 countries in Africa, Asia and Latin America through joint efforts of UNFPA, UNAIDS, the World Health Organization, The Female Health Company and various national partners. Female condoms are currently distributed in 52% of the world’s countries; however, distribution levels vary greatly by country. Some countries have broad, comprehensive national programmes and others possess limited, single site distribution centres. Female condom programmes often include a wide variety of components ranging from social marketing to peer education. Analyzing different country experiences with female condom programming reveals the challenges and hidden benefits of various programming approaches. In exploring the aggregate of female condom programmes however,<sup>3</sup> it has been noted that little action has taken place at the global level to programme and supply female condoms in a sustainable, coordinated and user-sensitive way.

<sup>1</sup> UNAIDS (2002) *Gender and AIDS factsheet*

<sup>2</sup> UNAIDS (1997) *The Female Condom and AIDS*  
[http://www.femalehealth.com/resources\\_PDFs/fcond\\_omaid\\_en.pdf](http://www.femalehealth.com/resources_PDFs/fcond_omaid_en.pdf)

<sup>3</sup> UNFPA (2005) *Female Condom Concept Paper*

### **In Arab States, Europe and Central Asia,**

- 14 countries have RH commodities as part of the minimum service package
- 10 reported having some form of RHCS coordination mechanism

### **In Latin America and the Caribbean,**

- 15 countries have RH commodities as part of the minimum service package
- 10 reported having some form of RHCS coordination mechanism

## **8.3 Upscaling of the Global Female Condom Initiative**

The Global Female Condom Initiative, managed jointly by UNFPA's CMB and HIV/AIDS Branch, was launched in fall of 2004 to increase the availability and usage of female condoms as well as generate useful opportunities to learn about female condom programming. In 2005, the initiative was upscaled as twenty-three countries became a part of the initiative while others continued to express their interest in joining. Additionally, situation analysis missions in Cambodia, Nigeria, Ethiopia, Vanuatu, Fiji, Papua New Guinea and Honduras had been completed by August 2005. The outcome of these missions resulted in some countries developing concrete programmes that worked towards enabling a steady supply of FC, while generating demand for them as well. Also under the TTF support, Myanmar received US\$75,000 towards its female condom programme. The funds from this project were used to finalize the procurement and packaging of 250,000 female condoms that were sent to Myanmar, prior to distribution. The programme positioned its main goal as an attempt to reduce the sexual transmission of HIV and other STIs by helping to increase the usage of female condoms among those engaging in high-risk sex in Myanmar. Other activities also outlined in the programme were the development of brands designed for men and married couples, the procurement and packaging of female condoms, training, sales and distribution through outreach workers, retail outlets, partner NGOs, and clinics. The programme was coordinated by UNFPA and Population Services International Myanmar (PSI/M).

## **9. Challenges and the way forward**

As for challenges, lessons learned, and a way forward-- a few key points have been established throughout the TTF implementation.

### **9.1 Global Female Condom Initiative**

Certainly a challenge for female condom programming still exists in the way of enabling a politically, legislatively, and culturally supportive environment and community. The experience has shown that programming should be integrated into the current UNFPA RHCS framework as well as into other HIV/AIDS prevention efforts both at the policy and implementation levels from the onset of the process. What has also been identified is that country level coordination with key stakeholders must be the first step in initiating FC efforts with the government taking on the leadership role. Among the recommendations as a way forward is to conduct more needs assessments in focus countries i.e. needs assessments can identify at-risk groups, barriers to condom access and use, channels of distribution, and procurement requirements

essential to effective programming. Advocating for female condoms as a means of HIV prevention, targeting political, religious, community and legislative leaders—represents another recommendation for future female condom programming.

## **9.2 A Global Programme to Enhance RHCS**

Also, over the past five to six years, the global RH commodity shortfall issue could be characterized as a 2-3 yearly cycle of urgent shortfall requests from programme countries followed by an equally urgent 'emergency' response from donor countries. This cycle, which poses a major challenge, is likely to continue unless the international community is willing to invest in a longer-term response which would ensure the stability of supply and the investment in capacity building. Countries experiencing RH commodity supply problems require stable and sustained funding over a period of time in order to strengthen their RHCS systems to the point at which sustainability begins.

To this end, UNFPA has drafted the **Global Programme to enhance RHCS** — a principle objective of which is to get away from ad hoc emergency response in the area of RH commodity security towards a more sustainable, multi-year, integrated approach to RHCS. Just as the TTF was a step towards institutionalizing and reinforcing RHCS in national and global policies, the Global Programme builds on this foundation and focuses on: stimulating country ownership of national RHCS plans; ensuring governments see RH commodity security as core business and budget accordingly; the development of cost recovery mechanisms to enhance financial sustainability towards achieving RHCS; ensuring RHCS is taken into appropriate account in the relevant development frameworks [e.g. SWAps, PRSs]. With initial financing requested for five-years, the Global Programme is designed to be implemented as a joint response to the challenges of RHCS. While governments are to be in the driving seat at the national level, globally, UNFPA is to provide leadership aided by the active support and collaboration of a broad coalition of key global partners active within this sphere. Within UNFPA, the Inter-Divisional Task Team on RHCS and operational level RHCS Working Group has been set-up to drive development and subsequent implementation of the Global Programme. Further discussions on the Global Programme will take place within UNFPA and with key external partners throughout the first half of 2006.

## **9.3 United Nations Foundation (UNF) support towards RHCS**

Through the project 'Strengthening UNFPA Capacity to Close the Gap on Reproductive Health Supplies', the United Nations Foundation supported UNFPA in the amount of US \$1 million, as part of an effort to address the insufficient human resource capacity of UNFPA, in particular within CMB and the Africa Division in the area of advocacy and national capacity development to support ongoing RHCS national and global initiatives. For this purpose, a technical adviser on advocacy and a technical adviser on capacity development will be hired within CMB and the Africa Division, to strengthen global and national RHCS advocacy activities and to strengthen and develop capacity at national level to implement RHCS action plans.

## **10. Conclusion**

### **10.1 Closing Note**

The TTF for RHCS has once again enabled UNFPA to assist countries in avoiding urgent stock-outs and decreasing commodity gaps, and to initiate a process of capacity

building to help countries move towards greater sustainability. These are major steps towards the direction of achieving the MDGs and the ICPD goals.

## 10.2 Quotes

Throughout the process TTF resource allocation, UNFPA country offices were asked to solicit evidence of their local governments support for working towards achievement of RHCS with the ultimate goal of self-sustainability. We have presented some of those comments, as a way to conclude this report:

### Comoros

*"I would like to ensure you that the Government and its partners in the country will be informed of the approval of our commodity request, as well as the need for intensifying the efforts aimed at sustainability and the national development of a system to secure the ongoing provision of supplies for family planning and for the prevention for STI/HIV/SIDA. We have instituted the official creation of RHCS National Coordination Committee."*

### Nigeria

*"Thank you. We are looking for ways to improve demand."*

### Uganda

*"We further take note of the need to continue advocating for government leadership in raising in-country capacity, which is ongoing and will be accelerated."*

### Burundi

*"Thank you very much for this very comforting message. The approval of this order will allow us to proceed during this very difficult period in management of contraceptives. On our side we engage for a systematic and strategic approach in order to resolve this problem in a sustainable way. The authorities of the Ministry of Health are determined to control stock outs and endorse the recommendations of the donors as described in the Terms of Reference."*

### Congo, DRC

*"Thank you very much for the good news. We do appreciate and will do our best to fulfill the requirements."*

### Cameroon

*"1. The Ministry of Health developed a National plan for Reproductive health commodity Security for the period 2005-2010  
2. The institutionalisation of a budget line for contraceptives is planned  
3. A budget line is already provided for Essential drugs in the MOH budget; and contraceptives are considered as part of essential drugs  
4. At the level of the central warehouse there is software used since 5 years for the monitoring of contraceptives."*

### **Request for Condoms through the Thematic Trust Fund for STI/HIV/AIDS Programming in Turkmenistan**

The UNFPA country office in Turkmenistan recently requested more condoms as they began supporting the Ministry of Health in their STI/HIV/AIDS prevention programme. The condoms received through this programme, would be distributed to the public, particularly to the youth, through information-resource centers, the Women's Union, Youth Organization, HIV/AIDS centers, anonymous cabinets, and during various events. Although UNFPA continues a dialogue with the Government regarding the advocacy of contraceptive supply through the State Health budget, UNFPA is the sole contributor of condoms to the public sector in Turkmenistan.

5. *The coordination mechanism exists, but it is not functioning very well and still need to be strengthened.*"

#### **Moldova**

*"In our turn, at the country level, we strongly advocate and assist the government for developing a functioning national, multi-partite RHCS coordinating mechanism. Together with the Ministry of Health and Social Protection we are in the process of establishing a functional LMIS system. One of important priorities in our future CPAP for the following years will be enhancing the RHCS of the country.*

*The support from the RHCS Thematic Trust Fund is of substantial help for meeting needs of most disadvantaged population from the both banks of Dnestier River (including the Transnistrean region)."*

#### **Palestine**

*"Many thanks for all the immediate and positive response"*

#### **Mongolia**

*"Thanks for the good news. This is also to inform you that we have been having discussions with the Ministry of Health on RHCS issues, along the lines also of the recently approved Health Sector Master plan, and now have tentative plans to organize the first national consultation on RHCS issues. The outcome of this consultation should provide us more definite ideas on how to move forward towards more sustainable and long-term solutions to ensuring RHC security in the country."*

#### **Uzbekistan**

*Please be informed that the Ministry of Health of Uzbekistan is in the final stage of the design and approval of the National Reproductive Health Strategy. The Plan of Action for the implementation of the strategy is also designed, which defines the government commitment to increase funding to address the RH needs. One of the 5 priority areas of the strategy refers to RH commodity supply, with special emphasis on contraceptive supply. We will make sure that the mentioned key elements to improve the national strategic approach to RHCS will be in place.*

#### **Myanmar**

*"Many thanks for your support and confidence in the Myanmar programme, which as I have indicated, is providing crucial support to the national reproductive health programme. We are working on a longer-term RH commodity support plan for Myanmar."*

#### **Kenya**

*"The Ministry of Health has allocated Ksh. 200 million (Approx. USD 2.4 Million) for procurement of RH commodities for FY July 2005 to June 2006 following intense lobbying by UNFPA -KCO in line with the recommendations made at the RHCS meeting held in Addis Ababa on June 2005. This is the first time in the history of this country that the GVT has allocated a budgetary line for RH commodities."*

#### **Rwanda**

*"We have installed a FP workgroup in the MoH bringing together several donors and NGO's. Together they developed a 2006 strategy and action plan that was approved by the government."*

#### **Sri Lanka**

*“The government is committed to procuring the bulk of contraceptives required for its national programme. It increased its annual allocation to Rs. 180 million (US\$ 180,000). ”*

## Annex 1:

### Terms of Reference

#### UNFPA Thematic Trust Fund on Reproductive Health Commodity Security

These Terms of Reference set out the terms and conditions under which UNFPA will manage funds provided by Donors under a pooled funding arrangement in support of the Thematic Trust Fund for Reproductive Health Commodity Security (RHCS).

#### **CONTRIBUTIONS**

1. Contributions to the Thematic Trust Fund will be accepted by UNFPA from governments of Member States of the United Nations, of the Specialized Agencies or from intergovernmental or non-governmental organizations and from private sources.
2. Contributions will be accepted in fully convertible currencies and will be deposited into bank accounts specified by UNFPA.
3. The value of a Donor’s contribution, if made other than in US dollars, will be determined by using the United Nations operational rate of exchange in effect on the date \_\_\_\_\_ of \_\_\_\_\_ receipt.
4. Contributions to the Thematic Trust Fund will be pooled and will not be administered separately.
5. All financial accounts and statements shall be expressed in US dollars.

#### **UTILIZATION**

6. UNFPA shall utilize the Thematic Trust Fund for the purpose of meeting the programme costs.

7. Indirect costs will be charged to the Thematic Trust Fund at a rate of 7% (seven percent) based on expenditures incurred.

8. Any interest income derived from contributions to the Thematic Trust Fund shall be credited directly to the Thematic Trust Fund.

### **ADMINISTRATION**

9. The activities of the Thematic Trust Fund will be administered through a separate ledger account.

10. All income and expenditure will be governed by UNFPA Financial Regulations and Rules.

### **OWNERSHIP**

11. Ownership of equipment, supplies and other property financed from the Thematic Trust Fund shall vest in UNFPA. Matters relating to the transfer of ownership shall be determined in accordance with the applicable UNFPA policies and procedures.

### **REPORTING**

12. UNFPA shall provide the following reports for the Thematic Trust Fund prepared in accordance with the accounting and reporting procedures:

- a) Annual Progress Report of all programme operations carried out;
- b) Final Progress Report for the Thematic Trust Fund, within 6 months of the completion of operations.
- c) Annual Financial Report showing all funds received and expended for the Thematic Trust Fund.
- d) Final Financial Statement, certified by a UNFPA Financial Officer, within six months of the completion of operations.

### **AUDIT**

13. The Thematic Trust Fund shall be subject to the internal and external audit procedures provided for in UNFPA Financial Regulations and Rules.

## Annex 2:

# Concept Note on UNFPA Thematic Trust Fund on Reproductive Health Commodity Security

## **INTRODUCTION**

On 14 October 2004, the General Assembly marked the tenth anniversary of the 1994 Cairo International Conference on Population and Development that adopted a consensual 20-year plan to provide access to reproductive health, reduce maternal deaths, promote women's rights and help reduce poverty. On this occasion, Mr. van den Broek of the Netherlands, Special Envoy of the European Union Presidency, announced that the Union's 25 Member States and the European Commission would collectively make a special contribution of US\$ 75 million to UNFPA's Reproductive Health Commodity Fund to fill part of the reproductive health commodities gap.

In response, UNFPA has set up a Thematic Trust Fund on Reproductive Health Commodity Security (RHCS), into which donors can channel and pool funding for RH Commodities to UNFPA. The need for a central and coordinated funding mechanism for RH commodities within the framework of the Global Strategy for RHCS is greater today than ever before.

## **BACKGROUND**

Ensuring an adequate, accessible, affordable and sustained supply of reproductive health commodities – in particular contraceptives and condoms – is critical for achieving the Millennium Development Goals (MDGs). It will be particularly important for attaining the specific targets of reducing maternal mortality by three-quarters (MDG5), halving extreme poverty (MDG1), promoting gender equality and empowering women (MDG3), reducing under five mortality rates by two-thirds (MDG4), and halting the HIV/AIDS epidemic (MDG6). Meeting these challenging targets requires political commitment, partnership, accountability, and resource mobilization.

The importance of reproductive health commodity security (RHCS) was underlined at the Cairo International Conference on Population and Development (ICPD) in 1994, where one of the goals agreed upon in the Programme of Action (PoA) was that "universal access to reproductive health care" would become a reality. The Key Actions for the Further Implementation of the PoA of the ICPD (1999) urge UNFPA to strengthen its leadership role in helping countries take "the strategic action necessary to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives".

Contraceptive prevalence in developing countries has grown dramatically in the past 40 years [rising from about 10 % to almost 60 % today]. However, demand far outstrips supply and seems set to continue to do so. Between 2000 and 2015 the number of contraceptive users is projected to increase more than 40 % due to both population growth and increased demand for contraception. Increased use of contraceptives and condoms for prevention of STIs and HIV/AIDS is also raising requirements and the need for increased donor support.

UNFPA involvement in RH commodity provision is a core part of its mandate and an integral part of its mission. Governments unable to obtain the required volume of RH commodities required at a reasonable cost have requested UNFPA assistance and continue to do so. Using a variety of forecasting tools [including the recently developed Country Commodity Manager (CCM) software], UNFPA estimates that the RH commodity shortfall for 49 countries for the next 12 months is currently US\$ 75 million.

## **OBJECTIVES AND INDICATORS**

In specific terms, the objectives of the RHCS Thematic Trust Fund are as follows:

**Overall objective:** To ensure that men and women everywhere can obtain and use the Reproductive Health commodities of their choice whenever they need them.

**Purpose:** To facilitate the achievement of sustainable country driven Reproductive Health Commodity Security.

**Purpose level indicators:** It is proposed that purpose level indicators will include: [1] Consensual nationally driven strategy and operational plan to achieve RHCS defined and reviewed *quarterly or every six months*; [2] Monitoring mechanisms developed that allow UNFPA staff to meet with RHCS Coordination Committee<sup>7</sup> to monitor progress and facilitate identification of any necessary corrective action [# of participants at quarterly meetings, definition of course of corrective action, evidence of completion of corrective action].

**Results:** in accordance with the four core elements of the UNFPA Global Strategy on Reproductive Health Commodity Security there are four corresponding results. These are: [1] Advocacy; [2] Enhancement of national capacity; [3] Enhancement of sustainability; and [4] Enhancement of Coordination.

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<sup>7</sup> It has been suggested that the UNFPA CO could be the Secretariat of the national RHCS coordination committee. In order to ensure the enhancement of in-country capacity, it might be better for the UNFPA CO to provide supervisory facilitating support to the secretariat that would be staffed by country nationals.

**Result 1 – Advocacy:** An adequately funded enabling environment created and maintained at the country level.

**Result level indicators for advocacy result:** It is proposed that the indicators of achievement for the advocacy result will include: [1] Functioning National RHCS Coordination Committee – TORs and definition of Roles and Responsibilities consensually defined by relevant multi-partite in-country partners<sup>8</sup> [TORs, R+R]; [2] Contraceptives and other relevant RH commodities placed on the national essential drugs/medicines list [evidence from list]; [3] RHCS-sensitive procurement mechanisms and procedures harmonised in-country [existence of].

**Result 2 – Enhancing national capacity:** In-country capacity to meet the multiple challenges of achieving RHCS enhanced.

**Result level indicators for enhancing national capacity result:** It is proposed that the indicators of achievement for the Enhancing National Capacity result will include: [1] In context of national RHCS Strategy, Operational Plan and Coordination Committee, TORs and Roles and Responsibilities defined consensually by relevant multi-partite in-country partners; [2] In-country RHCS partners able to: [1] input accurate data into CCM; [2] use forecasting tools for RH commodities [# and decrease in data variations following UNFPA Country Office (CO) data validation process]; [3] Incidence of stockouts reduced by a substantial percentage [e.g. 50%] throughout every level of the in-country supply chain.

**Result 3 – Enhancing sustainability:** Effective mechanisms and procedures that bolster sustainable RHCS developed and/or enhanced and replicated.

**Result level indicators for enhancing sustainability result:** It is proposed that the indicators of achievement for the Enhancing Sustainability result will include: [1] RHCS issues taken into adequate account in all relevant national level policy dialogue discussions, including: CCA/UNDAF; PRSs; SWAPs; CPs as part of regular programming; In Millennium Development Project countries under planning and budgeting processes [# of Aid Approaches including RHCS; # of RHCS indicators set]; [2] UNFPA COs, with support from CSTs and HQ, define and disseminate RHCS-facilitating guidelines [# of guidelines]; [3] Social marketing and market segmentation strategies lead to increased cost recovery for RH commodities by those able to pay [# , % and increase of clients paying for all or part of RHC] – *such cost recovery among those able to pay will permit sharper focus on poverty alleviation for the poorest.*

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<sup>8</sup> Multi-partite in-country RHCS partners should include government [particularly representatives of the Ministries of Health and Finance], NGOs, industry, business, social insurance mechanisms, etc. to ensure the existence of a broad based in-country alliance that will collectively drive the national RHCS operational plan.

**Result 4 – Enhancing coordination:** All synergies contributing to effective collaboration developed at national level among RHCS focused partners: [i] in-country; [ii] in donor community; and [iii] within UNFPA.

**Result level indicators for enhancing coordination result:** It is proposed that the indicators of achievement for the Enhancing Coordination result will include: [1] In-country partners from government, NGOs, industry, business, social insurance mechanisms, etc. make up national RHCS Coordination Committee; partners attend all meetings and execute the tasks set as part of RHCS operational plan; [2] RHCS focused donors meet quarterly or six-monthly, discuss national progress and collaborate to tackle problems; # of meetings, attendance rates, # of resulting RHCS-facilitating orientation briefs; [3] UNFPA [CO, with appropriate support from CSTs and HQ] has quarterly or six-monthly meetings with national RHCS Coordination Committee to monitor progress and facilitate agreement on any necessary follow-up action.

## JUSTIFICATION

**Thematic trust fund to maximise impact of donor funding:** The Thematic Trust Fund – managed and coordinated by UNFPA’s Commodity Management Unit – will maximize the impact of donor funding by facilitating programme administration and resource planning and simplifying administrative and reporting requirements. The Thematic Trust Fund will reduce unit costs by increasing the volume of RH commodities purchased on the international market and by standardising packaging of some products. It will facilitate the purchase of commodities in bulk, with the attendant benefit of lower costs. It will also permit UNFPA to make multi-year plans to develop strategic interventions that enhance capacity and promote sustainability [see below].

**Sustainability:** UNFPA has a medium-term strategy to meet the needs of countries, within the framework of the overall global Strategy for RHCS<sup>9</sup>. UNFPA is working to increase and strengthen national capacity to forecast, manage and finance RH commodities<sup>10</sup>. Through the regular UNFPA programming mechanism, and in collaboration with programmes of other donors, emphasis is placed on longer-term solutions for sustainability. This involves, in particular: [1] policy dialogues about sustainability of commodity supply; [2] discussions about national budget allocations

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<sup>9</sup> The global Strategy for RHCS fits into the 2004-07 MYFF Strategic Results Framework. Under goal 1: outcome (ii) is ‘access to comprehensive reproductive health services in increased’ and one of the indicators is ‘condom use at last high-risk sex’; and outcome (iii) is ‘demand for reproductive health is strengthened’.

<sup>10</sup> Based on lessons learned from field missions: [1] in a number of countries [including, for example, Cambodia, Ghana, Pakistan and Yemen], UNFPA has been working in close collaboration with Social Marketing mechanisms to enhance RHCS; [2] a bespoke electronic logistics management information system [ELMIS] – dubbed “Channel” – is currently under development. Channel will compliment CCM by bringing together information about the RH commodity stock held throughout the national distribution supply chain.

for commodities; [3] use of cost recovery mechanisms; [4] strengthening national logistics systems; [5] leveraging resources from other donors.

**Urgent response v. strategic interventions that enhance capacity:** UNFPA efforts in the area of RHCS can be divided into two broad categories. [1] Urgent response activities that focus on getting RH commodities to those countries that are unable to meet their own needs in this area. [2] Strategic interventions all of which are designed to contribute to raising in-country capacity that will gradually mitigate the need for urgent response activities.

**Striking a balance between urgent response and strategic interventions:** While UNFPA has calculated that current RH commodity shortfalls in 49 countries amount to US\$75 million<sup>11</sup> it would be inappropriate to focus solely on the immediate, urgent needs created by RH commodity shortfalls. It is also crucial to invest in strategic interventions that raise in-country capacity and promote sustainability; without such interventions the shortfalls are set to continue rising.

**Urgent response v. strategic interventions funding split:** Thus, it is proposed that at least 90% of the US\$75 million be spent in 2005 on the urgent response activities focusing on the procurement and delivery of RH commodities. Furthermore, it is proposed that up to 10% be spent in 2005 on strategic interventions that enhance capacity and promote sustainability<sup>12</sup>. Future additional contributions beyond the US\$75 million will be subject to the same apportionment.

**Multi-year timeframe:** Facilitating the development and implementation of the strategic interventions designed to promote country level sustainability clearly requires a multi-year timeframe to be successful. In pursuing these objectives, UNFPA will develop and enhance monitoring mechanisms that focus on progress made and provide regular opportunities to follow-up with the national RHCS coordination committee [or similar mechanism]. This will allow UNFPA to facilitate: [1] the identification of implementation delays and shortfalls; and [2] the allocation of tasks among RHCS coordination committee members for the necessary corrective action required to achieve the national RHCS operational plan.

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<sup>11</sup> UNFPA estimates that the total projected 12-month RH commodity shortfall for all its partner developing countries is currently in excess of US\$150 million. The US\$75 million figure corresponds to the then available information about RH commodity shortfalls for 49 countries over the next 12 months. UNFPA has now received additional information from a further 6 countries; currently these 55 countries (49 + 6) have commodity shortfalls of \$90 million. Precise information is still being collected from 25 UNFPA category A countries and 19 UNFPA category B countries [see footnote 8].

<sup>12</sup> It should be emphasised that the need to spend a portion of the Trust Fund money on strategic interventions that raise in-country capacity and promote sustainability has been discussed by CMU staff with officials of the European Commission and representatives of the UK government. Advocacy efforts for the systematic replenishment of the Trust Fund for urgent response activities and strategic interventions should continue.

**Impact of strategic interventions:** In order to try to ensure the high impact of the sustainability-promoting strategic interventions, it would not be possible or appropriate to try and work in all UNFPA supported countries. Rather it will be necessary to concentrate initially on two to three countries per geographical region. Based on these experiences it will then be possible to integrate any modifications [deriving from the lessons learned] when up-scaling the strategic interventions more widely.

## **INTERVENTION METHODOLOGY**

**Resource distribution:** CMU, in collaboration and consultation with relevant other UNFPA divisions and units, will ensure an equitable distribution of resources among countries based on pre-established criteria<sup>13</sup>. Bearing in mind national contraceptive prevalence and method mix, the following main criteria would then be used in this selection process: [1] Countries with imminent stock-outs; [2] Countries with severe HIV/AIDS epidemic; [3] UNFPA priority countries or Least Developed Countries; [4] Countries undergoing donor phase-out; [5] Countries in emergency/humanitarian situations; [6] Countries where UNFPA is the sole donor in the population sector.

**Prioritisation of countries by category:** The focus of UNFPA Reproductive Health Commodity Security national level operational plans will be differentiated according to category [A, B or C] of the country in question<sup>14</sup>. In working with countries from the three categories, UNFPA will emphasise different strategic intervention areas. On the issue of:

- Enhancing national capacity to forecast, finance, procure and deliver adequate supplies and services to all who need them – the focus will be category A [and to a lesser extent, category B] countries.
- Seeking to ensure that all Aid Approaches developed at the national level [e.g. PRSPs, SWAps, BS, etc.] take appropriate account and make adequate provisions for RHCS [including in the monitoring of RHCS specific indicators of positive impact and progress] – the focus will be category A and B countries.

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<sup>13</sup> The principal instrument that UNFPA uses to allocate funds to meet RH commodity shortfalls is the recently developed CCM software. At present we have CCM data detailing the RH commodities held at the central warehouse for 55 countries. The thorough but time-consuming process of validating CCM data from a further 15 countries is currently underway. CCM provides a clear picture of on-going projected needs and highlights, on the basis of monthly distribution projections, when shortfalls will arise for each RH commodity listed in the CCM data supplied by the country in question. When imminent shortfalls are flagged by CCM a verification process is carried out within UNFPA and subsequently at country level in consultation with all key donors and national stakeholders. Procurement is thus based on actual needs for specific commodities.

<sup>14</sup> The categorisation of countries derives from the UNFPA Executive Board of 25-29 September 2000 that identified country progress in meeting ICPD goals. The most needy are the 62 category A countries. The current list will be updated in January 2005. Category O and T countries will be assessed on case-by-case basis. It is also worth mentioning that all LDCs [<http://www.un.org/special-rep/ohrlls/ldc/list.htm>] are category A countries.

- Ensuring the creation or, if they already exist, further development of national level multi-partite RHCS coordination committees to define, own and drive the country level operational plan to achieve RHCS in a sustainable manner [including comprehensive TORs, definition of Roles and Responsibilities, monitoring mechanisms and the definition of indicators of progress, etc.] – the focus will be category A, B + C countries.
- Ensuring the inclusion [in the national operational plan to achieve RHCS] of cost recovery mechanisms<sup>15</sup> designed to ensure that all users who can, pay at least some of the costs for their RH commodities [this will include, inter alia, definition and/or, where necessary, modification of the national strategy on market segmentation, social marketing, social insurance, etc.] – the focus will be category B + C countries.
- Facilitating the development and promotion of public/private [NGO and private sector industry] partnerships particularly in the context of the cost recovery mechanisms mentioned above – *the focus will be category C countries.*

This information is for guidance and orientation only. In any case, other elements may be included during the process of definition or revision of the country's RHCS operational plan, which, as stipulated below has to be a consensual process carried out by the national RHCS coordination committee – with facilitation, *as required and desired*, by UNFPA.

**Inspired by results based management:** The intervention methodology to be used is based on, and inspired by, Results Based Management [RBM] methodologies. This means that there will be periodic reassessment of the intervention methodology in light of information generated during implementation. Taking inspiration from the integrated approach recommended by RBM, the definition of the intervention strategy is to be followed by definition of practical operational plans leading, in turn, to implementation. Implementation will be monitored quarterly or six-monthly to ensure progress is being made – and corrective action will be taken as necessary. The information and insights generated by the monitoring process will be used to regularly modify the intervention strategy as necessary in order to maximise progress and impact.

**Learning lessons in order to work effectively:** This process of continually seeking to learn lessons about how to work most effectively to ensure the RHCS national operational plan progresses will run through all elements of UNFPA work in this area. Guidelines will be drawn up and shared with partners as appropriate. These guidelines and additional capacity enhancement resources are to be brought together to form part of a modular training and capacity building distance learning package. Country

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<sup>15</sup> In the area of cost recovery in RHCS, UNFPA is collaborating with IPPF and its Total Market approach.

specific training activities conducted and/or facilitated by country support teams are also envisaged.

**Drawing on experiences from particular initiatives:** UNFPA will also disseminate widely the results, insights and knowledge gained from a series of initiatives to be undertaken in the next 12 months. In particular, it is worth mentioning the following: [1] the initiative of UNFPA working with ECOWAS to develop and operationalise the Regional Strategy for RHCS in West Africa; [2] the UNFPA initiative to promote the female condom in a series of countries per region of the world; [3] the UNFPA/South-South initiative to strengthen RHCS south-south exchange; [4] further RHCS-related interventions focusing on issues such as Quality of Care and the prevention of HIV/AIDS.

**Monitoring:** In seeking to enhance in-country capacity in the area of RHCS, UNFPA does not so much implement directly as facilitate many of the processes described in this paper. Having facilitated the definition of the various elements of the national RHCS strategy process with an appropriate mix of multi-partite country-level partners, the key tool available to UNFPA to leverage its influence and facilitate implementation of the national RHCS strategy is through developing monitoring tools and supervising the monitoring of the RHCS operational plans at the country level.

**Monitoring and Briefing:** A RHCS Thematic Trust Fund Task Team will be set up with representatives of the Geographical Directorates, The Procurement Services Section, the Technical Support Division and other concerned units as appropriate. The Task Team will be mandated to oversee and review the work financed by the RHCS Thematic Trust Fund. Moreover, the contributing donors will be invited to attend an annual meeting at which they will be briefed about the work financed by the RHCS Thematic Trust Fund.

**Evaluation:** An evaluation at the end of the grant-period will: [1] assess how well funds have been used; [2] examine impact on the development of the country level, nationally driven RHCS strategy; [3] draw lessons and recommendations for the further development of UNFPA's global RHCS strategy.

**Link to poverty reduction:** High rates of unwanted pregnancies and maternal morbidity and mortality are both a cause and a consequence of poverty, and access to reliable quality reproductive health services and the availability of RH commodities are therefore imperative for the fight against poverty. While ensuring access to RH commodities for the poorest members of society, UNFPA will also facilitate the definition of a multi-partite country-driven plan to develop cost recovery mechanisms to generate funds from those able to pay for some or all of their RH commodities. Such cost recovery approaches contribute to poverty alleviation by allowing the funds generated to be targeted more precisely at those genuinely unable to pay.

**Strategic partnerships:** A cornerstone of the intervention methodology will be the development and cultivation of strong strategic partnerships that bring together all the key actors both in-country, among the donors and within UNFPA.

*In-country – country driven, multi-partite, consensual:* It will be important to ensure that the in-country RHCS partners – including government [particularly representatives of the Ministries of Health and Finance], NGOs, industry, business, social insurance mechanisms, etc. – come together to constitute the national RHCS Coordination Committee and to drive the national operational plan to achieve RHCS. Where this process needs refinement, UNFPA will facilitate to ensure that an open, consensual approach is adopted with all partners clear about their roles and responsibilities.

*Among donors:* It will be important to ensure that, as a minimum, there is a rich exchange of relevant RHCS-related information between donors so as to facilitate synergies between interventions. At the other extreme, comprehensive donor coordination will involve full collaboration and joint interventions.

*Within UNFPA – in Country Offices, CSTs and at HQ:* It will be important to ensure clear roles and responsibilities in support of RHCS-facilitating work. Comprehensive capacity enhancement initiatives will also be developed to reinforce country teams where necessary. Once reinforced, staff will then be instrumental in enhancing the capacity of their in-country partners.

## **SUMMARY**

The establishment of the RHCS Thematic Trust Fund will allow UNFPA to assist those countries with the most pressing needs to meet their reproductive health commodity requirements in the short term, and, in the longer term, to further strengthen the capacity of countries to address RHCS as a national priority in an increasingly systematic and sustainable manner.

## Annex 3:



## interoffice memorandum

To:	Country Representatives	Date:	20 December 2004
From:	Mari Simonen, Director Technical Support Division	Phone:	5264
Subject:	Reproductive Health Commodity Security Thematic Trust Fund	File:	cmu_themtrust

1. On 14 October 2004, at the UN General Assembly marking the tenth anniversary of the 1994 Cairo International Conference on Population and Development, Mr. van den Broek of the Netherlands, Special Envoy of the European Union Presidency, announced that the Union's 25 Member States and the European Commission would collectively make a special contribution to UNFPA to fill part of the reproductive health commodities gap. As a result an RHCS Thematic Trust Fund has been set up. The Fund is to be managed by CMU/TSD and, while the exact figure is not yet available, is likely to amount to about US\$50-55 million to be dispersed in 2005.

2. The central focus of the Trust Fund will be to meet at least part of the reproductive health commodity shortfalls projected to arise over the next twelve months in many of the countries in which we work. Though a very significant and welcome contribution, the funds to be put at our disposal will not be sufficient to meet all the projected shortfalls for 2005. It is thus necessary to prioritise in the allocation of these funds.

3. A substantial proportion of the Fund is to be devoted to securing the supply of RH commodities. The priorities governing the use of the remaining funds are to be based on a number of criteria. The global strategy on RHCS, in which UNFPA takes a leading role, emphasises the need to enhance country level capacity, advocacy and coordination with a view to facilitating a sustainable, nationally driven approach to reproductive health commodity security. The donors contributing to the Trust Fund share our focus on sustainability. Indeed, while entrusting UNFPA to meet the most urgent shortfalls, donors also want evidence, at the national level, of a systematic, strategic approach to RHCS.

4. In light of this, in allocating the Trust Fund monies, preferential consideration will be given to countries that: [1] Provide updated CCM data detailing their RH

commodity requirements in 2005; and [2] Are able to demonstrate the increasing sustainability of the national RHCS strategy.

5. With regard to the increasing sustainability of the national RHCS strategy, the following will be particularly valued: [i] A national budget line for RH commodities [including a plan to gradually increase the national resource allocation]; [ii] Existence of a functioning national, multi-partite RHCS coordinating mechanism [with an agreed national strategy, operational plan and terms of reference with definition of roles and responsibility for those involved]; [iii] Inclusion of appropriate RH commodities in the national essential drug list and/or minimum service package. Fuller details of the approach that countries are to be encouraged to adopt are found in the Terms of Reference for the RHCS Thematic Trust Fund [attached].

6. If you envision projected shortfalls in RH commodity supply in 2005/2006 that cannot be met by the Country Programme budget or from other funding sources, you can seek to access funds from this extra-budgetary Trust Fund. When requesting funding, you must indicate what steps are being taken to increase the sustainability of the national effort to achieve RHCS [see criteria mentioned in paragraph 5 and in the Terms of Reference for the RHCS Thematic Trust Fund]. Please send your request by e-mail to Joe Abraham [j Abraham@unfpa.org] with copy to Thidar Myint [myint@unfpa.org] by the end of February 2005 at the latest. In conjunction with your request, you must send updated CCM information consisting of current commodity inventory levels, monthly consumption amounts and the Procurement Plan for the upcoming year.

7. In the same e-mail, please also outline your needs for developing country capacity in the area of RHCS. Please be sure to indicate whether, in the context of the measures you are taking to facilitate the definition or further development of the national RHCS strategy, you need support in specific areas. Such areas may include, for example: country situation analysis; facilitated strategy development with the multi-partite national RHCS partners; advocacy; forecasting; LMIS; training; system development; quality assurance; quality of care; condom programming; social marketing; market segmentation; cost recovery; private sector collaboration; etc.

8. Following a country level request for support in this area, TSD along with Geographical Division, and in collaboration with the CSTs and Country Offices, will finalise the precise form that such support will take.

I trust that this memo will facilitate and strengthen the combined and collective efforts of the whole of UNFPA in the area of reproductive health commodity security and send my best personal regards.

Cc: GD Directors  
CST Directors

Cl: J. Upadhyay

## Annex 4:

### Country RHCS Progress

The 3 indicators used: [1] Budget line for reproductive health commodities [2] National Coordination Committee on RHCS [3] Contraceptives on the country's essential drugs list

	Is there a budget line for RH commodities?	Is there a National Coordination Committee on RHCS?	Are contraceptives part of the essential drugs list?
<b>AFRICA</b>			
Benin	Y * 2005/6	N	Y
Burkina Faso	Y * 2005/6	N	Y
Cape Verde	N	Y	Y
Cote d'Ivoire	Y	Y	Y
Gambia	Y	Y	Y
Ghana	Y * 2005/6	N	Y
Guinea	Y	NA	Y
Guinea-Conakry	Y * 2005/6	Y	Y
Guinea Bissau	N	N	N
Liberia	N	Y	Y
Mali	N	Y	Y
Mauritania	Y	N	N
Niger	Y *2005/6	Y	Y
Nigeria	N	Y	Y
Senegal	Y	Y	Y
Sierra Leone	N	N	N
Togo	N	Y	Y
Angola	Y	N	N
Botswana	Y	Y	Y
Comoros	N	Y *2005	Y
Lesotho	Y *2005	Y *2006	Y
Madagascar	Y *2005	Y	N
Malawi	N, (advocacy plan developed)	Y	Y
Mauritius	Y *2005	N	Y *2006
Mozambique	Y	Y *2006	Y
Namibia	Y *2006	N	Y
Sao Tome & Principe	N (included in Public Investment Budget 2006)	Y	Y
Seychelles	Y *2006	N, (to be established)	Y
South Africa	Y	N	Y
Swaziland	Y	N, (to be established)	Y
Zambia	Y	Y *2006	Y
Zimbabwe	Y	Y	Y

Eritrea	Y	Y *2006	Y
Burundi	Y	Y	Y
Cameroon	N	Y	Y
Central African Republic	N	N	Y
Chad	N	N	Y
Congo, Democratic Republic	N	Y	Y
Congo/Brazzaville	N	N (to be established; a result of UNFPA advocacy)	Y *2006
Equatorial Guinea	N	N	Y
Ethiopia	Y, *2005/6 (result of UNFPA advocacy)	Y	Y
Gabon	N	N	Y
Kenya	Y *2005 (result of UNFPA advocacy)	Y	N
Rwanda	N	Y	Y
Tanzania Zanzibar	Y N	Y N (To be established; a result of UNFPA advocacy)	Y
Uganda	Y	Y	Y
<b>TOTAL (not including countries where information was not available)</b>	<b>28 out of 46</b>	<b>28 out of 46</b>	<b>40 out of 46</b>

<b>REGION/COUNTRY</b>	<b>Is there a budget line for RH commodities?</b>	<b>Is there a National Coordination Committee on RHCS?</b>	<b>Are contraceptives part of the essential drugs list?</b>
<b>ASIA PACIFIC</b>			
Cambodia	Y	Y	Y
Philippines	N	Y *2006	Y
Vietnam	Y	Y *2006	Y
Indonesia	Y	Y	Y
Timor Leste	N	N	Y
Thailand	Y	N	Y
DPRK	Y	Y	Y
Lao PDR	N	Y	Y
Malaysia	Y	Y	Y
Myanmar	N	N	Y
Mongolia	N	Y	Y
China	Y	Y	Y
Afghanistan	Y	Y	Y
Pakistan	Y	N	N
Bangladesh	Y	Y	Y
Sri Lanka	Y	Y	Y
Maldives	Y	Y	Y
Nepal	Y	Y	Y
Bhutan	N	N	Y
India	Y	N	Y
Iran	Y	N	Y
Cook Islands - 2006	N	Y	Y
FSM - 2006	N	N	Y
Fiji for 2006	Y	Y	Y
Kiribati - 2006	N	Y	Y
Marshalls - 2006	N	N	Y
PNG -2006	Y	N	Y
Samoa - 2006	N	N	Y
Solomons - 2006	N	Y	Y
Tonga - 2006	N	N	Y
Vanuatu - 2006	N	N	Y
Tuvalu - 2006	N	Y	Y
Nauru - 2006	Y	N	Y
Palau - 2006	Y	N	Y
Tokelau- 2006	N	N	Y
Niue - 2006	N	N	Y
<b>TOTAL</b>	<b>19 out of 36</b>	<b>19 out of 36</b>	<b>35 out of 36</b>

<b>LATIN AMERICA &amp; THE CARIBBEAN</b>	<b>Is there a budget line for RH commodities?</b>	<b>Is there a National Coordination Committee on RHCS?</b>	<b>Are contraceptives part of the essential drugs list?</b>
Argentina	Y	N	Y
Belize	Y	N	Y
Bolivia	Y	Y	Y
Brazil	Y	Y	Y
Chile	Y	N	Y
Colombia	Y	N	Y
Cuba	Y	Y	Y
Dominican Republic	N	Y	Y
Ecuador	Y	Y	Y
El Salvador	N	Y	N
Guatemala	Y	Y	Y
Haiti	N	Y	Y
Honduras	N	Y	Y
Jamaica	Y	Y	Y
Mexico	Y	N	Y
Nicaragua	Y * 2005/6	Y	Y
Panama	N	Y	Y
Paraguay	Y	Y	Y
Peru	Y	Y *2006	Y
Uruguay	Y *2005/6	Y	Y
Venezuela	Y *2005/6	Y	Y
St Lucia	Y	Y	Y
Surinam	N	N	Y
<b>TOTAL (not including countries where information was not available)</b>	<b>17 out of 23</b>	<b>17 out of 23</b>	<b>22 out of 23</b>

<b>DIVISION FOR ARAB STATES AND EUROPE</b>	<b>Is there a budget line for RH commodities?</b>	<b>Is there a National Coordination Committee on RHCS?</b>	<b>Are contraceptives part of the essential drugs list?</b>
Albania	Y	Y	N
Belarus	N	N	Y
Bosnia & Herzegovina	N	N (plans are underway)	N
Bulgaria	Y	NA	N
Kosovo	Y	Y	Y
Moldova	N	N	N
Romania	Y	Y	N
Russian Federation	N	N	N
Ukraine	Y	NA	NA
Armenia	N	Y	Y
Azerbaijan	N	Y	N
Georgia	Y	Y	Y
Kazakhstan	Y	NA	Y
Kyrgyzstan	N	Y	Y
Tajikistan	N	N	Y
Turkmenistan	Y	Y	Y
Turkey	Y	N	N
Uzbekistan	N	N	Y
Algeria	Y	N	Y
Djibouti	N	N	Y
Egypt	N	Y	Y
Jordan	Y	Y	Y
Lebanon	N	N	N
Morocco	Y	Y	Y
Occupied Palestinian Territories	N	N	Y
Somalia	N	N	N
Sudan	N	N	Y
Syrian Arabic Republic	Y	NA	Y
Tunisia	Y	Y	Y
Yemen	N	Y	Y
<b>TOTAL (not including countries where information was not available)</b>	<b>14 out of 30</b>	<b>13 out of 30</b>	<b>19 out of 30</b>

\*Indicates year established

**NOTE: A number of countries established the above RHCS sustainability measures in 2006. This annex reflects those updates despite the reporting period of this progress report [Jan – Dec 2005]. This annex of indicators was last updated on 12 October 2006, as the advocacy for the establishment of these measures is on-going.**