

MEETING THE REPRODUCTIVE HEALTH CHALLENGE:
SECURING CONTRACEPTIVES, AND CONDOMS
FOR HIV/AIDS PREVENTION

ISTANBUL, TURKEY, 3-5 MAY 2001

REPORT ON THE MEETING

MEETING THE CHALLENGE



The Interim Working Group on Reproductive Health Commodity Security (IWG) is a collaborative effort of John Snow, Inc. (JSI), Population Action International (PAI), Program for Appropriate Technology in Health (PATH) and Wallace Global Fund. The IWG was formed in response to a meeting of the Working Group of the Global Initiative on Reproductive Health Commodity Management of UNFPA in January of 2000. At the meeting, UNFPA called on the participation of a wide variety of stakeholders to address the looming crisis represented by the shortfall in contraceptives around the world. The IWG's objective is to further the goals of the 1994 Programme of Action by raising awareness about the importance of securing reproductive health supplies. The IWG seeks to identify the causes of failures and weaknesses in commodity systems and to spur actions that will contribute to securing essential supplies for the delivery of reproductive health care.

The IWG understands the importance of addressing the full range of reproductive health commodities. The group is focusing on contraceptives first, however, due to the widespread lack of consensus within the population and reproductive health field regarding which commodities to include in an essential list of supplies. Moreover, there is little information on donor contributions for non-contraceptive reproductive health commodities. Through its efforts on contraceptive security, the IWG is working to bring together stakeholders to develop strategies for addressing the broader issues of reproductive health commodity supplies in the future.

ACKNOWLEDGMENTS

The Interim Working Group on Reproductive Health Commodity Security wishes to thank the following foundations and donors for their generous support of the initiative: the Bill & Melinda Gates Foundation, the Wallace Global Fund, the Better World Fund (sister fund to the UN Foundation), The David and Lucile Packard Foundation, The William and Flora Hewlett Foundation, and The Andrew W. Mellon Foundation. In addition, we gratefully acknowledge the support of the United Nations Population Fund, the U.S. Agency for International Development, the Advisory and Planning Committees for the Istanbul meeting, the government of Turkey, and all the meeting speakers and participants.

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The Istanbul meeting is a milestone in a dynamic process of partnerships, solidarity and commitment to action that stakeholders pledge to continue. We know what to do about this crisis of shortfalls in reproductive health supplies, and how to do it. We endorse the outlines of the action plan for advocacy, national capacity building, financing and donor coordination developed at this meeting. Now is the time to act to safeguard our future and that of young people everywhere.

The Istanbul Declaration
5 May 2001
Istanbul, Turkey

◀ EXECUTIVE SUMMARY ▶

The meeting, entitled ‘Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention,’ was held in Istanbul, Turkey, May 3-5, 2001. Organized by the Interim Working Group on Reproductive Health Commodity Security (IWG), the meeting brought stakeholders together to seek solutions to the looming contraceptive supply crisis. Described as unique by its participants, at this global meeting, leaders of United Nations agencies, developing country delegations, representatives of non-governmental organizations (NGOs), private and public funders, and technical agencies met as partners on equal footing to address this critical issue.

From the start, the IWG and other meeting planners conceived of the Istanbul meeting as a means to energize existing activities and partnerships as well as to forge new ones, and to establish a mechanism to ensure concrete actions toward those ends. Many participants remarked on the unique style and tone of the meeting, crediting these characteristics with the success of the meeting. The high level of preparation undertaken for this relatively small meeting invoked a sense of purpose and action among participants, and was perhaps the most important determinant of success. Because of the interest expressed in the meeting format, a description of the meeting organization process can be found as an appendix to this report.

While a critical objective of the meeting was to raise awareness and engage critical stakeholders on this issue, the meeting was also intended to stimulate action and define key areas and mechanisms for follow-up. Among the indicators of the meeting’s success were the objectives that emerged from the Working Groups to guide future work in securing reproductive health supplies. These guiding objectives were:

- To maximize and improve the efficient application of financial resources dedicated to essential reproductive health supplies;
- To strengthen the capacity of national government and civil society organizations to secure supplies for their clients and constituents;
- To coordinate collective action by, among, and between implementing and funding partners, led by country, regional, and global strategic plans; and

- To advocate effectively to develop and increase the political and financial commitment of all stakeholders at the national and global levels.

Through the course of the three and a half days that comprised the pre-conference session (for developing country delegations) and the stakeholders' meeting itself, participants worked through a variety of mechanisms (discussion groups, working groups, plenary sessions, panel presentations, etc.) to arrive at a series of action plans. All actions were developed through the lens of one of four themes: advocacy, national capacity building, donor coordination, and financing. In July 2001, Working Group representatives met in Washington, DC for a follow-up working session that resulted in a set of recommendations for moving forward, based on the action plans developed in Istanbul.

First, there was a strong consensus that the momentum generated by the Istanbul meeting should not be lost and that whatever structure follows on should remain nimble and action-oriented. To this end, an International Consortium on Reproductive Health Supplies should be formed of relevant implementing organizations, guided by a steering committee and supported by a network of all interested stakeholders.

Secondly, national governments and civil society must not only understand this issue, they must be the leaders on this issue.

Final recommendations arising from this process are that:

- Programs aimed at **strengthening national capacity** in all aspects of securing reproductive health supplies

- A **web-based system of procurement** and management should be funded. It is critical to ensure that systems support transparency and move to slow corruption if the goal of getting the right product to the right place for the right price is to be attained.
- The development of a **list of essential reproductive health supplies** should include assessment of the role of country lists, the impact on supply availability of current lists, and the impact that inclusion of reproductive health supplies on a national list has on legislation, procurement, distribution, pricing, and quality assurance.
- At the global level, a **revitalized donor coordination council** should be supported with human and financial resources to ensure that the principal funders of supplies are working together, sharing information and helping solve this looming crisis.
- In collaboration with key social and private commercial sector representatives, a plan of action should be developed that directly relates to the **private sector role** in securing reproductive health supplies in selected countries.
- **Five regional meetings** (one in Asia, one in francophone Africa, one in anglophone or lusophone Africa, one in Latin America, and one in Eastern Europe/former Soviet Union) should be held to examine regional issues and to support the development of a network and country-specific plans of actions. It is critical to share experiences and solutions.
- A full scale **advocacy/leadership campaign** should be undertaken to raise awareness of and resources for ensuring reproductive health supplies at the global

The high level of preparation undertaken for this relatively small meeting invoked a sense of purpose and action among participants, and was perhaps the most important determinant of success.

should be expanded and developed where necessary. These programs include **logistics management, cost methodology, common assessment framework** and **information sharing**.

- Government-led **country coordinating councils** should be formed to consolidate the partnerships between all major stakeholders globally and nationally, including donors, NGOs and private sector representatives, to ensure coordination, collaboration and commitment to securing reproductive health supplies at the country level.
- New resources aimed at **strengthening southern expertise** should be supported. This South-North-South model is essential to the sustainability of these programs over the long term.

level. Everyone has a role in advocacy, which is critical to the success of the initiative. Advocates must be knowledgeable about programs and technical aspects that impact the client at the end of the supply line.

A last recommendation is that a small group of countries be selected to host a **comprehensive initiative** that would put all of these components in place to ensure reproductive health supplies. Countries at varying stages of meeting their supply needs should be considered for this initiative which will showcase best practices in action.

◀ I. INTRODUCTION ▶

This report is an account of the proceedings of a global meeting convened to address the challenge of ensuring an adequate supply of contraceptives and other reproductive health supplies for women and men around the world through the coming decade and beyond.

Representatives from donor countries, developing countries, and a variety of government and non-governmental organizations came together in Istanbul, Turkey, May 3-5, 2001. The meeting, entitled 'Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention,' was organized by the Interim Working Group on Reproductive Health Commodity Security (IWG) in the hope of bringing stakeholders together to seek solutions to the looming crisis of contraceptive and reproductive health supplies.

1.1 GENESIS OF THE MEETING

The last few decades have seen an enormous increase in the use of reproductive health services around the world. Yet even as donors, non-governmental organizations, private sector initiatives and program providers work to meet the

need for all reproductive health services, new demands continue to drain available resources. In recent years, these actors have become increasingly concerned about observed shortfalls in reproductive health supplies throughout the developing world.

The Programme of Action adopted at the International Conference on Population and Development (ICPD) in 1994 establishes the right of men and women to be informed about their reproductive choices and health, and to have access to the information and services that make good health possible. Given the anticipated increases in demand for such services over the next few decades, large supplies of contraceptives and "other commodities essential to reproductive health programmes"¹ will be needed in order to meet the ICPD's challenging programmatic objectives. In the case of contraceptives alone, the gap between the need for donated contraceptive supplies and the funding available for purchasing these supplies is projected to reach hundreds of millions of dollars by 2015. A potential shortage of such magnitude could stall or reverse progress toward the reproductive health goals set by 179 nations in Cairo.

The Advisory Committee was essential to raising interest in the meeting, and it was through their efforts that word of the meeting spread, culminating in the day that UN Secretary-General Kofi Annan personally instructed his staff to attend.

THE CONCEPT OF REPRODUCTIVE HEALTH SUPPLY SECURITY

A secure supply of essential reproductive health commodities is crucial to achieving the goals of the Programme of Action. Reproductive health supply security denotes an adequate supply and choice of quality reproductive health-related supplies for every person who needs them. This form of security requires not only the supplies themselves, but the capacity to forecast, finance, procure, and deliver them to the places they are needed, at the times they are needed.

The Interim Working Group (IWG). An interim working group on reproductive health commodity security (IWG) was formed in response to UNFPA's request to involve many stakeholders in addressing this growing crisis. A group of organizations dedicated to addressing the issue of contraceptive security, the IWG is comprised of John Snow, Inc. (JSI), Population Action International (PAI), Program for Appropriate Technology in Health (PATH), and the Wallace Global Fund. The group identified as its goals the building of awareness among stakeholders, collecting data, and recommending next steps in support of a global strategy to address the problem. The group also agreed on a set of objectives: to define the problem of reproductive health commodity security; to gather information on the problem; and to identify both the causes of the problem and potential solutions.

The Planning and Advisory Committees. Shortly after receiving pledges from five foundations in support of the global stakeholder meeting, the IWG moved forward with the creation of a Planning Committee and an Advisory Committee. The Planning Committee included NGOs, multi- and bilateral donors, government representatives

¹ United Nations. Report of the International Conference on Population and Development, Cairo, 5-13 September 1994. Paragraph 7.25 (New York: United Nations, 1995).

◀ THE PLANNING COMMITTEE ▶

Ugur Aytac, Ministry of Health, Turkey
Terri Bartlett, Population Action International (PAI)
Joanne Epp, The World Bank
Bamikale Feyisetan, The David and Lucile Packard Foundation
Clea Finkle, Program for Appropriate Technology in Health (PATH)
Carolyn Hart, DELIVER Project of John Snow, Inc.
Jane Hutchings, PATH
Sandra Kabir, Reproductive Health Alliance Europe
A.S.M. Kamal, Ministry of Health and Family Welfare, Bangladesh
Bill Le Clere, Consultant/Facilitator to Planning Committee
Joerg Maas, Deutsche Stiftung Weltbevölkerung (DSW)
Mercedes Mas de Xaxás, PAI
Wouter Meijer, World Population Foundation
Vincent Musowe, Ministry of Health, Zambia
Peggy Morrow, PATH
Tonya Nyagiro, United Nations Foundation
Christine Onyango, Coordinator, IWG and Istanbul Meeting, PAI
Erik Palstra, UN Population Fund (UNFPA)
Susan Rich, Wallace Global Fund
Mireia Sanabria, PAI
Jay Satia, Chair, Istanbul Meeting, International Council on Management of Population Programmes

Ann Svensén, Swedish Association for Sex Education (RFSU)
Jagdish Upadhyay, UNFPA
Janet Vail, PATH
Nicole Van Heugten, DSW
Carolyn Gibb Vogel, PAI

The following individuals participated in the July 2001 meeting, but were not original members of the planning committee:

Linda Allain, DELIVER Project, John Snow, Inc.
Lawrence Anyanwu, Federal Ministry of Health, Nigeria
Peggy Chibuye, U.S. Agency for International Development (USAID), Zambia
John Crowley, USAID
Victoria Dunning, United Nations Foundation
Sally Ethelston, Facilitator for July meeting, PAI
Tamara Fox, The William and Flora Hewlett Foundation
Patrick Friel, UNFPA
Yvette Gonzalez, Assistant Coordinator, IWG, PAI
Monica Kerrigan, USAID
Alfonso López Juárez, MEXFAM
Elizabeth Lule, The World Bank
Maria Christina Ramirez, International Planned Parenthood Federation/Western Hemisphere Region
Mark Rilling, USAID

◀ MEMBERS OF THE ADVISORY COMMITTEE ▶

Timothy Wirth, President, United Nations Foundation
Peter Piot, Executive Director, UNAIDS
Thoraya Obaid, Executive Director, UNFPA
Danièle Testelin, Senior Program Manager, Canadian International Development Agency
Rustem Zeydan, Undersecretary, Ministry of Health, Turkey
Mehmet Rifat Köse, General Director, Directorate for Maternal and Child Health, Ministry of Health, Turkey

Amy Coen, President, Population Action International

In addition, the following individuals represented the Advisory Committee at the July 2001 follow-up meeting:

Nick Dodd, Chief, Intercountry and Field Support Branch, UNFPA
Michael Fox, Senior Technical Advisor, UNAIDS
Melinda Kimble, Director of International Programs, United Nations Foundation

from developing countries and private foundations. The Advisory Committee was made up of high level representatives from key stakeholder organizations and met several times during the planning phase. The Advisory Committee was instrumental in raising the stature of the meeting while the Planning Committee, along with the IWG, was responsible for the design and implementation of the meeting.

Using a highly inclusive approach, the Planning Committee sought to include representatives of all key stakeholders in a meeting that was intended for fewer than 100 participants. The initial challenge of attracting the appropriate participants soon evolved into the challenge of expanding the size and scope of the meeting to accommodate the growing interest. Unfortunately, many were still turned away. The Advisory Committee was essential to increasing interest in the meeting, and it was through their efforts that word of the meeting spread, culminating in the day that UN Secretary-General Kofi Annan personally instructed his staff to attend. In the end, there were 127 participants at the meeting representing 41 organizations, agencies, and governments. Included were 10 developing country teams, NGOs, multi- and bilateral donors, foundations and technical agencies. (*See Appendix V for a complete list of participants.*)

Country Delegations. Ten developing country teams were invited, each comprising three to four participants representing Ministries of Health, Ministries of Finance, non-governmental organizations and, in a few cases, multi- or bilateral donors. Countries were chosen by a subcommittee of the Planning Committee based on several indicators such as a history of donor assistance for reproductive health supplies, history of supply shortages, presence or absence of a strong logistics management system, etc. (*See Appendix IV for more details on country team formation.*) The teams represented the following countries: Bangladesh, Ethiopia, Indonesia, Mexico, Kenya, Nepal, Nigeria, Turkey, Vietnam, and Zambia.

1.2 MEETING JUSTIFICATION/PURPOSE

The objectives of the meeting were to:

- Raise awareness of the worldwide problem of securing contraceptive supplies;
- Identify key elements of the problem;
- Identify the most critical mechanisms for addressing the problem at both the global and country levels; and
- Achieve consensus on next steps and on the roles of stakeholders as implementers of an action plan.

1.3 MEETING STRATEGY AND PROCESS

The motto of the meeting was Advocacy, Action, Access. The IWG chose this motto to instill an atmosphere of action and excitement—and to set the stage for a different kind of meeting where all the major stakeholders would sit at the same table in open dialogue to tackle the issues. Donors, foundations, technical agencies, service delivery programs, the private sector, NGOs, and national governments all have significant and important roles to play. Meeting planners felt strongly that unless all of these stakeholders were involved in the development and implementation of a strategy to overcome the crisis that threatens all reproductive health supplies, a realistic solution would not emerge.

The vision of the Planning Committee was that an ongoing mechanism needed to emerge from the meeting to continue the work beyond Istanbul. The Committee envisioned four thematic Working Groups that would take form in Istanbul, formulate the outlines of action plans there, and then continue their partnerships after Istanbul. The four groups should address:

- Advocacy
- Financing
- Donor Coordination
- National Capacity Building

In order to achieve concrete plans for action and maximize the interaction among the diverse stakeholders, the meeting was organized around three modules: foundation, perspectives, and action. In order to build cohesion and confidence, participants were carefully chosen, materials were mailed in advance to ensure that all participants had an understanding of the issues, and developing country delegations met together for a full “pre-conference” day. Through these strategies, the meeting participants met in an atmosphere conducive to frank dialogue and problem solving. The three modules of the meeting—foundation building, perspectives, and action—are described below in more detail.

Foundation Building. The purpose of this module was to build a shared understanding of the issues surrounding reproductive health supply security and to set the stage for the work to come. A viable plan of action requires a solid base of knowledge. To this end the IWG developed an ambitious six-month plan of work for research and published a packet of nine studies. Building a strong *foundation* was accomplished through the dissemination of the research packet, the pre-conference day, and through the vehicle of the discussion groups on Day One of the meeting.

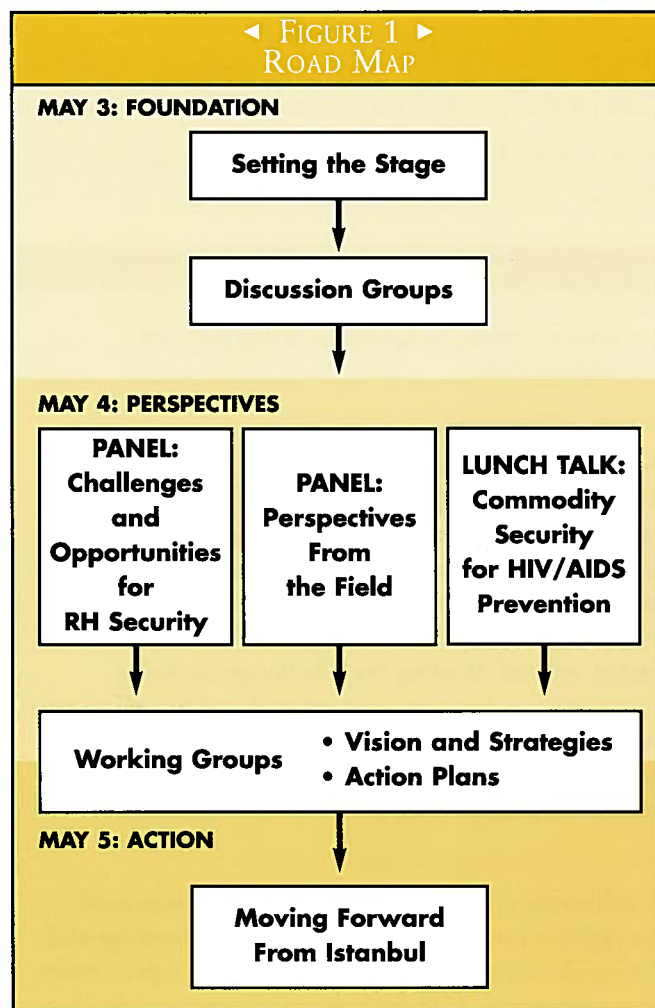
Perspectives. Day Two was designed to air a variety of *perspectives* on reproductive health supply security. Panels focused on donor challenges and technical issues, and country experiences—as well as a luncheon address on HIV/AIDS and reproductive health supplies—served to broaden the frame of the meeting beyond the IWG research.

Action. From the start, the IWG and other meeting planners conceived of the Istanbul meeting as a means to reenergize existing activities and partnerships as well as to forge new ones, and to establish a mechanism to ensure concrete actions toward those ends. On Day Three of the meeting, the focus was *action*. Participants broke into facilitated Working Groups, each corresponding to one of the four meeting themes, and formulated action plans. Another component of the action module included the drafting of a public statement for adoption by the participants.

The action module extended—and continues to this day—from small working groups convened during the Istanbul meeting to activities far beyond the meeting itself, through the continued development and implementation of action plans formulated by the Istanbul working groups. The task at hand—securing reproductive health supplies—is immense, and a single meeting cannot begin to solve the problem. Hence, action plans are intended to add value to the past and present work of many agencies, to establish new partnerships, and to catalyze action in a new way.

According to one participant, “planning, inclusiveness, execution” were the three most important dimensions of the meeting. Others stated that “cooperation and collaboration were the key stimulants of this meeting” and its strengths were its “common purpose and collegiality.”

This report, including the recommendations contained in it, represents the IWG’s strong, indeed passionate, hope that the Istanbul meeting constitutes a beginning, not an end, to productive global partnerships to tackle reproductive health supply problems worldwide, and to an ongoing commitment to the goal of reproductive health supply security.



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Among the highlights of the exchange that occurred during the discussion groups was recognition of the critical importance of partnership, or as one participant put it, “One finger cannot crush rice. The hope is that we realize that we must all work together.”

◀ II. THE MEETING ▶

2.1 FOUNDATION: BUILDING A SOLID BASE OF KNOWLEDGE

Research Materials

Nine research studies were carried out from March to August 2000 and included a process of both internal and external review by experts from different stakeholder groups. French and Spanish translations of executive summaries (and for the shorter publications, the entire document) were prepared. By mid-April 2001, the publication packet, entitled *Meeting the Challenge: Securing Contraceptive Supplies*, was printed and mailed to participants to be read prior to the Istanbul meeting. (See order form at the back for a listing of titles and information on how to order.)

The Pre-Conference Session

A deliberate effort to foster participation was made throughout the preparatory phase of the meeting and during the meeting itself. For this reason, a pre-conference session was held for country delegations the day before the start of the formal meeting. The pre-conference session allowed those teams the time to become familiar with the issues, to identify common concerns that should be raised during the meeting, and to ensure the confidence needed for active dialogue with a group of people who in many cases represented funding and technical assistance agencies.

Approximately 30 delegates from 10 developing countries attended the pre-conference session. Its objectives were to:

- Enable the delegates to fully absorb the findings from the IWG research reports that had been distributed prior to the conference.
- Identify common issues among the country delegations to ensure that the most important of them were addressed during the meeting.
- Facilitate the development of cross-country relationships and networks during the meeting, with the intention that they would also serve as linkages for post-conference activities.

As part of the pre-conference session, a group of delegates were selected to present at a session of the full meeting. The reporting format gave country teams a highly effective voice, visibility and presence at the plenary. Throughout, members of the Planning Committee

worked with country teams, providing technical assistance and support as needed. Evidence of the success of pre-conference work was summed up by one participant who reported that “Every participant I talked to said that they felt like a million dollars because they felt that their full participation was wanted, needed and recognized.”

Recommendations from the Country Delegations

In an effort to ensure that country perspectives were considered throughout the meeting, delegates at the country team pre-conference session drafted a list of the most important issues and concerns discussed in the context of the IWG research materials on reproductive health supplies for distribution to all participants.

The country delegations felt there was a need to:

- Further consider urban/rural differences, hard-to-reach and very poor populations.
- Take into account macroeconomic factors, such as globalization, economic crises, and the growing incidence of HIV.
- Increase emphasis on logistics management, including transportation, distribution, warehousing, handling, and quality.
- Promote transparency in the procurement and distribution processes, both on the part of the country and donors.
- Reduce program overheads to lower commodity cost to the end-user.
- Encourage country government ownership of the issue of reproductive health supply security and encourage governments to assume critical roles and responsibilities.
- Encourage donors to address the irregularity of supply, lack of longer-term commitments, complexity of regulations, and explore the possibility of local and/or regional manufacturing.
- Foster partnerships between government and commercial sector/social marketing, perhaps through tax incentives and reduced import duties for the private sector.
- Move toward a definition of reproductive health commodities by first identifying a short list, then incremental progress towards a final list, beginning with contraceptives and condoms for HIV prevention, and including HIV/AIDS commodities such as voluntary testing supplies.
- Increase South-to-South exchanges.
- Promote concerted efforts in advocacy.
- Explore new models for coordination such as the Vaccines Independence Initiative.

Opening Addresses: Day One of the Meeting

Building the foundation continued at the beginning of the formal meeting with several welcome, opening, and keynote addresses. “The decisions we make at this meeting, the actions we agree on, the plans we lay, will have an impact on the availability of core reproductive health supplies and, in turn, on the reproductive health status of millions of women and men around the world,” stated **Ms. Amy Coen**, President of Population Action International. She continued, “We must not fail them. If together we focus on the problem at hand and think creatively about the solutions needed to address this challenge, we will walk away from this meeting knowing that we have accomplished something of the utmost importance, quite possibly an achievement like that of a large diamond in the crown of our lives’ accomplishments.”

Despite the crushing economic crisis that his country is suffering, Turkey’s Minister of Health, **Dr. Osman Durmus**, flew to Istanbul to address the participants and show his support for the important issue at hand. Dr. Durmus’ intense yet congenial demeanor (combined with a burst of media activity) helped launch the meeting amidst an atmosphere of energy and excitement.

Dr. Thoraya Obaid, Director of the UN Population Fund (UNFPA), set the stage for the task ahead by reminding her listeners of the compelling statistics on the vast reproductive health needs in developing countries. She reiterated UNFPA’s leadership role and commitment to ensuring adequate reproductive health supplies. Urging donors to rise to the occasion, she appealed to the entire plenary in declaring, “We need to work together to help ensure that the donor community will finally make the necessary funding available.”

Discussion Groups: Moving from a Shared Foundation to Exchanging Perspectives

To help establish a shared foundation of knowledge and understanding in support of the action-oriented planning in the coming days of the meeting, participants met in one of six discussion groups. Discussion group sessions provided an opportunity to present highlights of the IWG research as it related to the four meeting themes. The small group setting was also intended to provide maximum opportunity for dialogue and an occasion for participants to share other related research findings and experiences. The groups began with a presentation of the IWG research materials. After a period of open discussion, participants summarized their discussion, reporting on the following to the plenary:

- Best ideas of the group
- Points of agreement or disagreement
- Country examples
- Controversies, surprises, or innovations

Among the highlights of the exchange that occurred during the discussion groups was recognition of the critical importance of partnership, or as one participant put it, “One finger cannot crush rice. The hope is that we realize that we must all work together.” Another theme that came up in all of the groups was the issue of country or national ownership of the issue. Participants expressed concerns that not only should national governments be more engaged, they should take the lead role in designing and driving programs. Some participants remarked frankly that donors are overly concerned with their own national interests and that they do not listen to local stakeholders. They remarked that donor feelings of superiority can sometimes get in the way of effective action. On the donor side, participants were equally as open as the country teams. In noting their ignorance of the emerging crisis in supplies, one donor stated, “This is very humbling, where have we been?” Finally, the importance of advocacy in finding a solution to this crisis emerged in many of the discussions.

2.2 PERSPECTIVES

During the discussion groups, participants had the opportunity to explore the issue of contraceptive security through the IWG research findings and then moved towards exchanging perspectives on the issue. Following the discussion groups, a series of panel presentations from country delegations, donors and technical agencies served to broaden the frame of the meeting beyond the IWG research.

Panel: Securing Reproductive Health Supplies: Perspectives from the Field

Moderator: Ms. Sandra Kabir, Director of International Advocacy, Population Concern.

Four of the ten country delegations were asked in advance of the meeting to prepare and make presentations on a panel devoted to articulating a variety of country perspectives on securing essential reproductive health supplies. Mexico, Nepal, Turkey, and Zambia were chosen because they represent different geographic regions, face different public health issues, and employ different approaches to securing contraceptives and condoms.

Each presentation was limited to 10 minutes, which restrained the material that could be presented. Nevertheless, each country delegation worked together, and then met with the panel’s organizers prior to the meeting, to distill the highlights of their experience into a short presentation. Each was asked to focus on the perceived importance of supply security, the major current challenges, the resources available and needed to address those challenges, and any specific recommendations for stakeholders.

Interest in sharing country perspectives was so strong that several other country delegations prepared and hosted informal “roundtable” discussions that day.

Mexico

Presenter: Dr. Vicente Diaz, Director of Family Planning, General Directorate of Reproductive Health, Ministry of Health

In Mexico, family planning is heavily reliant on public sector delivery of services and products, and is likely to remain so for at least the next five years. Currently, over 60 percent of contraceptive methods are provided by the public sector (primarily through the social security system and the Ministry of Health). Projections for 2006 estimate that 72 percent of contraceptive users will rely on public sector sources, and 28 percent on the private sector. Thus, issues related to projected supply needs, funding, procurement, and pricing in the public sector are paramount.

- In his presentation, Dr. Vicente Diaz compared commodity prices paid by Mexican programs with those paid by a major commodity donor, USAID (a former donor to Mexico), to illustrate that Mexico pays more and therefore is at a disadvantage in procuring adequate supplies to meet its commodity needs. Mexico pays roughly twice as much (for IUDs) to nearly nine times as much (for oral contraceptives), due to a variety of reasons such as “buy-Mexican” regulations and high local production costs.
- The mandate of Mexico’s public sector is to serve the people and Dr. Diaz stressed that fully 20-25 percent of contraceptive users cannot pay anything. The need to provide services free to those who cannot pay poses a challenge that needs to be addressed.
- Decentralization, as part of health sector reform, was also cited as a major challenge to securing contraceptive supplies. The lower level of skills and training of staff at the state level was noted, together with the fact that donor-supported logistics management training and technical assistance had ended with the phasing out of donated contraceptives.
- The major actions Mexico has taken include bulk purchasing, marketing of generic brands, exemption from VAT, and inter-institutional coordination.
- An ongoing focus on supervision and technical assistance is required to make and sustain progress in the area of securing reproductive health supplies.
- The main recommendations to “help countries achieve self-reliance” include technical assistance in health management, the reinstatement of commodity donations, and promotion of a “universal price” for contraceptives to level the procurement “playing field” (so Mexico’s own expenditures for contraceptives will have as much purchasing power as donors on the international market).

Nepal

Presenter: Dr. Karuna Onta, National Safe Motherhood Network

Nepal is currently successful in securing condoms and other commodities to meet reproductive health needs. According to the presentation, this has been accomplished through long-term, comprehensive technical assistance to improve the health logistics system and through extensive, effective collaboration between the government and bilateral and multilateral donor agencies on commodity supply issues. Dr. Karuna Onta identified specific reasons for current and future projected success.

- The logistics system uses reliable distribution data as the basis for forecasts and re-supply actions (orders and deliveries). The logistics system ensures that commodities are not damaged or expired and are available for clients’ use, creating confidence and widespread awareness of the importance of logistics among program directors, district medical and health officers, and donors.
- Donors are willing to fund the purchase of essential commodities. DFID, KfW, CIDA and USAID are major supporters. Importantly, the Ministry of Health now also funds a portion (2 percent) of contraceptive purchases, and is committed to more than tripling that within the next five years.
- Nepal’s five-year plan projects that contraceptive supplies have been secured through 2005, due to adequate donor commitments. Beyond 2005, however, there are no commitments, underscoring the need for donors and country programs to develop common long-range objectives and undertake long-term commitments in order to achieve those objectives.

Turkey

Presenter: Mr. Ugur Aytac, Deputy Director General, General Directorate of Maternal and Child Health and Family Planning, Ministry of Health

The case of Turkey, the host country for the meeting, illustrated several important points around “self-reliance” for contraceptive supplies. Like Mexico, Turkey has also stopped receiving contraceptive donations from USAID; the five-year “phase out” period covered 1995-1999. Domestic government spending for contraceptives began in 1997 and has risen every year since. The presentation left open the question as to whether current funding meets current needs, noting the potential impact of the country’s economic crisis on reproductive health services. Using a map of Turkey showing total fertility and desired fertility by region, Mr. Aytac noted, “Turkish families want about two children, yet some have nearly five; there are pockets of great need.”

- The challenges Turkey faces in attempting to secure the availability of contraceptives mostly relate to financing. The untargeted nature of public sector distribution was also highlighted. With external technical assistance, the national program has analyzed and segmented the market for contraceptives, in order to more effectively target fee-based services and products toward those clients who have the ability to pay, while targeting subsidized services to those most in need. In the public sector, this includes new efforts to generate revenues through client “donations” for contraceptives from “better-off” clients, while the poor continue to receive free products and services. These donated revenues are used to augment public budgets for the purchase of new products for the program.
- Specific recommendations focused on the need to assure that commodity donation policies and sustainability plans are synchronized; that documentation and guidelines are developed for the transition to local responsibility for commodity financing; and that some level of technical assistance is agreed to and then continued throughout—and even several years beyond—“phase out.”

Zambia

Presenter: Ms. Monde Luhanga, Reproductive Health Specialist, Central Board of Health (CBOH)

Policy statements by the Zambian government are generally supportive of securing an adequate supply of contraceptives and condoms to meet reproductive health needs, but implementation has been very weak. The government provides an estimated 75 percent of all supplies nationwide and is heavily dependent on one donor—DFID—which donates 90 percent of public sector supplies. USAID, the Netherlands, and IPPF also contribute.

- A positive aspect of Zambia’s situation is the clearly articulated system for selecting, counting, storing and distributing essential reproductive health products, which has benefited from attention received throughout the health reform process of the past several years.
- Long-range plans, commitments, and organizational capabilities to organize financing and conduct procurement of essential supplies are not in place, however. Donors and the government are not currently aligned to meet commodity requirements beyond December 2002.
- A key technical challenge is the weakness of commodity management information systems. Feedback on consumption is lacking; the presentation called for accelerated implementation of a logistics management

information system to move products efficiently and to inform the planning and funding decisions related to drug and contraceptive financing.

- The major policy-level challenge to reproductive health commodity security is that reproductive health needs compete with other important “disease burdens,” especially HIV/AIDS, for resources, attention, and skilled providers. The impact of “basket funding” on contraceptive supply decisions was touched upon. The presentation put forward the proposition that in order to secure the availability of contraceptives and condoms, perhaps reproductive health should be funded out of a separate “basket.”

Panel: Challenges and Opportunities for Reproductive Health Supply Security

Moderator: Dr. Nicholas Dodd, Chief, Intercountry Programme and Field Support Branch, UNFPA

The panel was intended to provide a forum for discussion of recent trends in donor programming and to address some of the challenges and opportunities donors face and perceive. Presentations were followed by questions and open discussion among participants and presenters. The panel served as a source of information as well as a forum for articulating viewpoints, clarifying areas of misunderstanding and disagreement, and exploring possibilities for partnerships.

World Bank Sector-Wide Program Lending: Implications for Reproductive Health Commodity Purchase

Presenter: Ms. Joanne Epp, Operations Specialist, The World Bank

Ms. Joanne Epp discussed how the strategic focus for World Bank lending in health, nutrition and population (HNP) reflects a move away from disease control and towards system strengthening strategies such as improving health system efficiency. World Bank lending for these initiatives exceeded \$1 billion for 2001. She stated that the Bank plays an important role in providing assistance for drugs and contraceptives—roughly \$250 million per year with an estimated \$40 million designated specifically for condoms and contraceptives.

The Bank anticipates increased loans for reproductive health commodities through its HIV/AIDS programs. For example, \$500 million has been earmarked for IDA loans for HIV/AIDS programs through the Multi-Country HIV/AIDS Program (MAP) for Africa. MAP supports efforts to scale up national prevention, care, support and treatment programs for HIV/AIDS.

Interest in sharing country perspectives was so strong that several other country delegations prepared and hosted informal “roundtable” discussions that day.

The World Bank training program on population, reproductive health and health sector reform has reached over 50 countries and is expanding its partnerships. Each year, the three-week-long course attracts 100 participants. *(Information on the training program as well as a new condom procurement guide is available on the Bank's website at www.reprohealth.org)*

The Bank is now addressing reproductive health and HIV/AIDS issues in sector-wide programs (sector-wide approaches or SWAPs). The aim of SWAPs is to achieve sectoral goals through one national policy, strategy and budget instead of through a series of specific projects. SWAPs involve working in partnership with broad consultation with all stakeholders; a comprehensive sector policy framework that covers all relevant areas and projects; an expenditure framework with an intersectoral spending plan; and shared implementation structures and procedures.

“Essential reproductive health commodities are those that satisfy the reproductive health care needs of a significant proportion of the population and are based on valid scientific evidence. They should therefore be available at all times in adequate amounts and in the appropriate usage forms, and at a price that individuals and the community can afford.”

—Dr. Paul Van Look, WHO

One of the key aspects of comprehensive approaches such as SWAPs is that they seek to ensure that all inputs are fully financed. For example, one cannot deliver reproductive health services by purchasing commodities and funding training alone (a project approach). In addition, staff must be paid and deployed appropriately, the phone must function, the vehicles be repaired, etc. The other main characteristic of SWAPs is that they require the country (mainly the government, but increasingly all stakeholders) to define priorities within the funding available. This is the moment when program planners realize they will never have enough staff, money and skills to undertake all that needs to be done. They must make tough decisions. This is a very different process than for donor-dependent projects where priorities are not set, but rather, externally earmarked funding and donor agreements determine the priority activities.

Thus far SWAPs have been more focused on policy than implementation and the Bank has found it difficult to address issues like population and HIV/AIDS. However, the Bank has not systematically reviewed the implementation of SWAPs and reproductive health. In Bangladesh, SWAP programs are focusing on reproductive health, whereas in other countries a SWAPs approach led to the neglect of contraceptive commodities and services. Since SWAPs place more demands on governments to plan and implement, country governments need assistance to

develop the appropriate skills and expertise.

Ms. Epp stated that sector-wide programs provide a framework to approach reproductive health commodity security and an opportunity to strengthen programs. However, she emphasized the need to determine the configuration of the SWAP framework that would best work for reproductive health commodities.

She expressed the Bank's interest in supporting a strategy that focuses on country-level reproductive health commodity security issues such as national capacity building.

Increasing Coverage: Commodity Financing Mechanisms

Presenter: Mr. Martin Taylor, Health Strategist, U.K. Department for International Development (DFID)

Mr. Martin Taylor discussed DFID's perspectives on the challenges we face in funding and delivering reproduc-

tive health services, key issues that could be addressed through a global fund, and DFID's response to these challenges. He pointed out that at the present time there is a narrow window of opportunity in the United Kingdom for increasing support for health and development. This is due to heightened political visibility of the issue, given requests from the United Nations to increase the international response to communicable disease (HIV, tuberculosis, malaria, and childhood communicable diseases); a commission established on communicable disease; the Okinawa G-8, the meeting of the Organization for African Unity, and the UN General Assembly Special Session on HIV/AIDS (UNGASS).

Key issues that could be addressed during this time include:

- Scarcity of resources to tackle communicable diseases;
- Limited effectiveness and high transaction costs of existing initiatives;
- Multiplicity of global initiatives;
- Tendency for policy decisions to migrate upwards through global appraisal mechanisms; and
- Inequity of aid flows between those countries with a strong donor presence versus those without.

Mr. Taylor chose one aspect of one intervention to discuss—a global health and HIV/AIDS fund and how it could contribute to commodity security. He noted that the purpose of such a fund would be to extend the

scope of proven interventions, ensure essential commodity security and associated health systems support, tackle HIV/AIDS, TB, and malaria—in short, a health systems response. The aim is not only to increase available funds, but to “do what we are doing better.”

In order to ensure the effectiveness of a fund, certain principles should be followed. These include:

- Promoting developing country ownership and leadership;
- Supporting country-led processes;
- Supporting long-term development goals; and
- Building on and working through existing mechanisms.

Mr. Taylor remarked that new resources need to come from new, nontraditional sources as well as from old sources. Work should be sharply focused on what is actually needed, compared to what is available, although there is no way the gap between what is needed and what is available will be filled immediately. However, by demonstrating success in one targeted area—such as HIV/AIDS, TB and malaria—the fund could then increase in size and scope.

Role/Development of Private Commercial Sector

Presenter: Dr. Duff Gillespie, Deputy Assistant Administrator for Population, Health and Nutrition, U.S. Agency for International Development (USAID)

Dr. Duff Gillespie discussed the opportunities, benefits, and challenges specific to market segmentation and working with the private sector generally. His remarks were based on USAID’s experience with partnerships with the commercial sector since 1985. Over this period, market segmentation has emerged as the most effective approach to meeting the needs of clients while considering the respective roles of all of these partners.

The major opportunities and benefits of the commercial sector include the following:

- The private sector operates under market forces that support high quality and choice for consumers.
- The private sector has its own efficient distribution system.
- The private sector (for example, pharmacies) is often a more accessible and private source of service for some clients.

Challenges include:

- The commercial sector requires a critical mass of users.
- The commercial sector may require incentives and leverage to enter some markets.
- The commercial sector is unlikely to serve the poorest clients.

In addition, the commercial sector may be staying out of certain markets because of real or perceived barriers to entry. Free products can crowd out the private sector, and the policy and regulatory environment may act as a disincentive.

Private sector involvement is not the answer for all countries at all times. For some countries, the time for involving the private sector lies far in the future. For others, it may never be an option. The most challenging aspect of promoting private sector involvement is that there must be a profit margin sufficient to maintain the interest of the private sector.

Procurement: A Key Element of Supply Security

Presenter: Mr. Christian Saunders, Chief of Procurement Services, UN Population Fund (UNFPA)

Mr. Christian Saunders outlined the most important issues to consider for procurement of contraceptives and other reproductive health supplies. He highlighted those issues that currently pose the greatest challenge, and at the same time an opportunity to improve contraceptive security:

- **Competition:** Traditionally, the lowest cost was the determining factor in the procurement award process, but more recently the idea of best value for the money is gaining in importance.
- **The Procurement Process/The Supply Cycle:**² Issues that are critical to the supply cycle include demand planning or forecasting; budgeting; oversight; pre-qualification of, and strategic partnerships with, suppliers; a fair, transparent, simple, responsive and user-friendly partnering process; reliance on competition; well-trained and experienced human resources; compliance with international norms and standards for quality; standardization; and effective monitoring and evaluation. Timing is a key factor and poor timing often results in a continuous state of crisis management. Good communication with suppliers results in the best price and best service.
- **Price:** The more suppliers, the better the competition and the prices. And there can be no compromising on quality. Standardization will make re-supply easier and will bring down price. Volume, procurement process, market share, image and philanthropy all affect price. Price matters! For every one million dollars in shortfall in contraceptive commodity assistance, there is an estimated increase of 360,000 in the number of unintended pregnancies, an additional 150,000 induced abortions, an additional 800 maternal deaths, an additional 11,000 infant deaths, and an additional 14,000 deaths of children under age five.

² Estimating needs, identifying sources of funds, ordering supplies, production, delivery, and distribution.

	Current pricing (US\$)	Cost per year of coverage (US\$)
Condom	0.025	3.75
IUD	0.430	0.10
Injectable	0.675	2.70
Oral Contraceptives	0.175	2.10
Spermicides	0.060	9.00
Implants	23.000	4.60
Surgical (female)		1.06
Surgical (male)		0.60

Mr. Saunders explained that the price of contraceptives has not really changed over 20 years. He projected that prices will go down when production in developing countries increases. USAID prices are higher and illustrate what happens when procurement is “tied” (no competition). There is significant room for improvement in the price of injectables, while prices have come down for IUDs. Given currency fluctuations, prices for spermicides have remained the same for 20 years. There is a monopoly situation regarding implants.

Reproductive Health Commodities:

Making the Right Choices

Presenter: Dr. Paul Van Look, Director, Reproductive Health and Research, World Health Organization (WHO)

According to Dr. Paul Van Look, there are two principles that should govern the selection of reproductive health commodities for an essential list: 1) they should be essential, and 2) they should be appropriate. Citing a WHO document, Dr. Van Look stated, “Essential reproductive health commodities are those that satisfy the reproductive health care needs of a significant proportion of the population and are based on valid scientific evidence. They should therefore be available at all times in adequate amounts and in the appropriate usage forms, and at a price that individuals and the community can afford.”

Since the definition calls for satisfying reproductive health needs, these needs should be defined. According to the ICPD Programme of Action, paragraph 7.6, the components of reproductive health care are (political compromises removed): family planning; pregnancy, delivery and postpartum care; reproductive tract infections/sexually transmitted infections (RTIs/STIs), including HIV/AIDS; abortion; infertility; cancers (breast, reproductive systems); female genital mutilation and other harmful practices.

It is not easy to come up with consensus on a list. A lot depends on how inclusive one wants to be. One can satisfy the needs of a significant portion of the population—but what constitutes a significant portion? The general consensus has been to base the decision on valid scientific evidence, rather than choosing an exciting but

risky alternative. WHO has therefore started a process to identify best practices to guide organizations, donors and governments in determining essential commodities.

Decisions can be based on price (two products of the same type, but one is less expensive) and although this may seem logical, in reality some donors use other criteria to choose different commodities. For example, of two different brands of oral contraceptives, one is more expensive but it is also more effective. Decisions can also be based on other essential lists such as the essential drug list for the Mother-Baby Package.

Citing again from the WHO document, Dr. Van Look moved to the second principle and stated, “...the concept of essential reproductive health commodities needs to be flexible and adaptable to many different situations; exactly which commodities are regarded as essential remains a national responsibility.” There are many factors that influence whether essential reproductive health commodities are indeed essential in a given national context. Some countries have become dependent on a method because it has been used for a long time. One must also take into consideration the service capability in the country and the way in which users, services and commodities interact. Affordability and sustainability are other important factors. If a country cannot afford a certain commodity, but receives it subsidized from a donor (because it is a better value for the money), the country gets used to it. When the donor pulls out, the country cannot afford it. This is the sustainability trap.

In conclusion, countries (donor and recipient) would benefit from having a global, generic, essential reproductive health commodities list. Such a list should be based on clearly defined criteria including, inter alia, the content and scope of reproductive health services, public health considerations, scientific evidence, and cost-effectiveness. The development of a country-specific essential reproductive health commodities list, modeled after the global generic list, is a national responsibility. Preparation of country-specific lists should be guided by such criteria as patterns of prevalent needs, client preferences, service capabilities, and considerations of affordability and sustainability.

Plenary: Commodity Security for HIV/AIDS Prevention:

Dr. Peter Piot, Executive Director, UNAIDS

Dr. Peter Piot gave a luncheon address in which he discussed major challenges of the HIV/AIDS epidemic, what has been achieved to date, and his view of the way forward. He spoke about the treatment/prevention debate saying, “Treatment is extremely important, but it’s prevention that is going to stop this epidemic.” And he drew comparisons between HIV and other reproductive health issues, noting that both require open

dialogue about sexuality. He remarked that it is high time that the different stellar systems of reproductive health and AIDS come together—for some reason this has not happened.

One of the most striking comments that Dr. Piot made was that he was previously unaware of both the decline in donor funding for condoms and the projected shortfalls of funding in the future. He remarked that, a few months prior, a donor agency had alerted him to the shortages of condoms. He added that he should have known this fact, but didn't. He then stated his personal commitment to becoming a greater advocate of HIV prevention and condoms.

Dr. Piot outlined some lessons learned thus far in the fight against AIDS:

- HIV/AIDS is a problem with a solution—and Dr. Piot called on participants to commit themselves to spreading this message.
- There is no single magic bullet; family planning and reproductive health are not just a matter of technical fixes and neither is the response to AIDS.
- Both risk reduction and vulnerability reduction, including gender relations, have to be addressed.
- More should be invested in capacity building at the community level to ensure that efforts are sustainable, socially and institutionally.

Dr. Piot pointed out that “one of the difficulties of dealing with the AIDS epidemic is that it requires a response that has features of both an emergency (with 15,000 people infected every single day) and a long-term development problem. He warned, “We are in this for the long run; AIDS will be with us for generations.”

Dr. Piot called for dramatic increases in resources and more efficient use of these resources, for maintaining political momentum, working in partnership, and going to scale to reach the masses. He stated, “AIDS has fundamentally altered the way we work in reproductive health. AIDS is undermining the human resources and the capacity to deal with these issues. The response to the epidemic is complex and no country nor community has yet succeeded...” Dr. Piot later stated during a press conference that “no one should die for want of a three-cent condom.”

2.3 ACTION

Working Groups

A key outcome of the Istanbul meeting were action plans for continued follow-up. The meeting also culminated in a public statement, dubbed the Istanbul

Declaration. Working Groups, representing a balance of individuals from technical, programmatic, national and global interests, met throughout the meeting on the following four themes:

- Advocacy
- National Capacity Building
- Donor Coordination
- Financing

The task of the Working Groups was to identify actions with the potential to affect change, add value to existing work, and take advantage of partnerships. This was accomplished by discussing useful approaches, setting realistic, attainable long-term goals, and finally, by preparing six- to twelve-month action plans to pursue those goals.

Beyond Istanbul: Recommendations for Action

To ensure the availability of essential reproductive health supplies at all service outlets is the common vision and theme that brought meeting participants together and will move all stakeholders forward. The following four strategic objectives will be achieved through a series of activities at the national, regional and global levels:

- To maximize and improve the efficient application of financial resources dedicated to essential reproductive health supplies.
- To strengthen the capacity of national government and civil society organizations to secure supplies for their clients and constituents.
- To coordinate collective action by, among and between implementing and funding partners, guided by country, regional, and global strategic plans.
- To advocate effectively to develop and increase the political and financial commitment of all stakeholders at the national and global levels.

In July 2001, members of the IWG, Advisory Committee, Planning Committee and representatives of the Working Groups met in Washington, DC. The two-day meeting resulted in the following recommendations for moving forward:

First, there was a strong consensus that the momentum generated by the Istanbul meeting should not be lost and that whatever structure follows on should remain nimble and action-oriented. To this end, an International Consortium on Reproductive Health Supplies should be formed of relevant implementing organizations, guided by a steering committee and supported by a network of all interested stakeholders.

“...constituencies are mainly advocating for treatment....However, there is no such committed activism for prevention.”

—Dr. Peter Piot, UNAIDS

Secondly, national governments and civil society must not only understand this issue, they must be the leaders on this issue.

The final recommendations arising from this process are that:

- Programs aimed at **strengthening national capacity** in all aspects of securing reproductive health supplies should be expanded and developed where necessary. These programs include **logistics management, cost methodology, common assessment framework and information sharing.**
- Government-led **country coordinating councils** should be formed to consolidate the partnerships between all major stakeholders globally and nationally, including
- **Five regional meetings** (one in Asia, one in franco-phone Africa, one in anglophone or lusophone Africa, one in Latin America, and one in Eastern Europe/former Soviet Union) should be held to examine the regional issues and to support the development of a network and country-specific plans of actions. It is critical to share experiences and solutions.
- A full scale **advocacy/leadership campaign** should be undertaken to raise awareness of and resources for ensuring reproductive health supplies at the global level. Everyone has a role in advocacy, which is critical to the success of the initiative. Advocates must be knowledgeable about programs and technical aspects that impact the client at the end of the supply line.

Everyone has a role in advocacy, which is critical to the success of the initiative.

donors, NGOs and private sector representatives, to ensure coordination, collaboration and commitment to securing reproductive health supplies at the country level.

- New resources aimed at **strengthening southern expertise** should be supported. This South-North-South model is essential to the sustainability of these programs over the long term.
- A **web-based system of procurement** and management should be funded. It is critical to ensure that systems support transparency and move to slow corruption if the goal of getting the right product to the right place for the right price is to be attained.
- The development of a **list of essential reproductive health supplies** should include assessment of the role of country lists, the impact on supply availability of current lists, and the impact that inclusion of reproductive health supplies in a national list has on legislation, procurement, distribution, pricing, and quality assurance.
- At the global level, a **revitalized donor coordination council** should be supported with human and financial resources to ensure that the principal funders of supplies are working together, sharing information and helping solve this looming crisis.
- In collaboration with key social and private commercial sector representatives, a plan of action should be developed that directly relates to the **private sector role** in securing reproductive health supplies in selected countries.

A last recommendation is that a small group of countries be selected to host a **comprehensive initiative** that would put all of these components in place to ensure reproductive health supplies. Countries at varying stages of meeting their supply needs should be considered for this initiative which will showcase best practices in action.

The Istanbul Declaration

A small group of participants met periodically throughout the meeting to draft a statement for release at the close of the meeting. The Declaration, *Moving Forward Together from Istanbul to Secure Reproductive Health Supplies*, called for prevention, consensus and clarity of roles. It outlined the challenges, the responses to those challenges, and the required actions at both the national and global level. The Declaration was disseminated along with a list of the institutions represented at the meeting. The Declaration served as a public statement of participant commitment to action on the issue. It has been translated and disseminated widely, including to the participants of the United Nations Special Session on HIV/AIDS and at a meeting of the Partners in Population and Development in Cochin, India, June 2001. (See Appendix II for the full Declaration.)

◀ III. RELATED INITIATIVES ▶

Given that the Istanbul actions will add to and build on the work of others (either directly or indirectly), it was fitting that several innovative on-going initiatives were advanced during the course of the meeting. UNAIDS and UNFPA each took advantage of the opportunities afforded by the presence of so many stakeholders in Istanbul by organizing evening events regarding a condom initiative for HIV/AIDS prevention and the creation of a web-based procurement organization, the RHeXchange, respectively.

3.1 CONDOM SECURITY FOR HIV/AIDS PREVENTION

The meeting called by Peter Piot, UNAIDS and Thoraya Obaid, UNFPA discussed the issue of condom security and HIV/AIDS prevention. The purposes of the meeting were to share ideas amongst the multilateral and bilateral agencies and foundations and to develop action steps for moving this agenda forward.

The major issues discussed included:

- The focus on condom availability is not enough. Attention must be given to programming interventions.
- Condoms are needed now. Strategies must focus on getting condoms to clients.
- Staff need to be designated specifically to move the condom agenda forward.
- It is important to develop an action plan for condom security for use at the UNGASS on HIV/AIDS.
- A clear message of action is needed to move institutions forward.

Emerging from the meeting were a number of recommendations and steps for immediate action:

- Each institution should send a message to the field reporting out on this meeting.
- A clear consensus statement should be developed on condom security and be ready by the UNGASS meeting.
- The prevention message should be clearly articulated.
- A small working group consisting of UNAIDS, UNFPA, WHO, DFID and USAID should convene to develop an action plan.
- UNAIDS and UNFPA should fast-track their analysis on condom requirements.
- To facilitate communication, an electronic mailing list should be developed and each organization should identify one person to serve as the contact.
- Organizations should be requested to provide feedback and ideas on holding a condom summit as a follow-up to this meeting to:
 - ◆ Increase awareness and understanding of the condom gap and programming needs;

- ◆ Develop a better understanding of condom requirements;
- ◆ Examine and share best practices for condom programming;
- ◆ Develop field-based action steps to move the agenda forward; and
- ◆ Continue to coordinate and collaborate with the Interim Working Group on Reproductive Health Commodity Security.

3.2 PROMOTING EFFICIENCY AND TRANSPARENCY THROUGH WEB-BASED PROCUREMENT

The Global Reproductive Health Products Exchange or RHeXchange is a non-profit organization dedicated to making contraceptives and other products more available to people in developing countries. It was developed through a partnership among UNFPA, USAID and IPPF, and it supports international efforts to ensure the constant availability of reproductive health commodities for consumers around the world. The RHeXchange will increase the efficiency of the procurement process and help members improve their ability to estimate future requirements.

Via the internet, the RHeXchange offers a private electronic marketplace to bring together buyers and sellers of reproductive health products. Donors, foundations and service delivery organizations will use the RHeXchange to streamline procurement, improve access to information about orders, and obtain lower prices and better quality products. In addition, suppliers will be able to streamline order processing and increase order volume.

The RHeXchange will be operated initially through a secretariat and then by a non-profit corporation with a board of directors and technical advisory group.

**MEETING THE REPRODUCTIVE HEALTH CHALLENGE:
SECURING CONTRACEPTIVES, AND CONDOMS FOR HIV/AIDS PREVENTION**

3-5 May 2001, Istanbul, Turkey

MEETING OBJECTIVES

- **Raise awareness of the need to secure contraceptives and other reproductive health supplies to meet developing-country needs**
- **Identify key elements of the issue**
- **Identify critical mechanisms at the country and global levels for ensuring supply security**
- **Achieve consensus on the next steps and on roles of the participants/stakeholders**

◀ WEDNESDAY, MAY 2 ▶

6:00 – 9:00 p.m. REGISTRATION

◀ THURSDAY, MAY 3 ▶

FOUNDATION BUILDING

7:30 – 9:30 a.m. REGISTRATION

Plenary Session

9:30 – 10:00 a.m. WELCOME
Ms. Amy Coen, President,
Population Action International

10:00 – 10:15 a.m. WELCOME
Dr. Osman Durmus, Minister of
Health, Republic of Turkey

10:15 – 10:40 a.m. KEYNOTE ADDRESS
Dr. Thoraya Obaid, Executive
Director, United Nations
Population Fund (UNFPA)

10:40 – 11:00 a.m. MEETING OVERVIEW
Dr. Jay Satia, Executive Director,
International Council on
Management Population
Programmes,
Meeting Chair

11:00 – 12:00 p.m. CLARIFICATION OF MEETING
EXPECTATIONS
Mr. Bill Le Clere, Facilitator

12:00 – 1:00 p.m. LUNCH

Discussion Groups

1:00 – 4:00 p.m. BUILDING A SHARED FOUNDATION
(*Discussion Groups Breakout*)

2:30 – 3:00 p.m. BREAK

Plenary Session

4:00 – 5:00 p.m. DISCUSSION GROUPS REPORT
Dr. Jay Satia, Meeting Chair

5:00 p.m. DAY ONE ADJOURNS

6:00 – 7:30 p.m. UNFPA-SPONSORED RECEPTION

◀ FRIDAY, MAY 4 ▶

PERSPECTIVES

Plenary Session

8:30 – 8:40 a.m. PLENARY SESSION OPENING
Dr. Jay Satia, Meeting Chair

8:40 – 10:00 a.m. CHALLENGES AND OPPORTUNITIES
FOR REPRODUCTIVE HEALTH
SUPPLY SECURITY

Moderator: Dr. Nicholas Dodd,
Chief, Intercountry Programme
and Field Support Branch, UNFPA

- World Bank Sector-Wide Program Lending: Implications for Reproductive Health Commodity Purchase
Ms. Joanne Epp, Operations Analyst, Health, Nutrition and Population Department, The World Bank

- Increasing Coverage: Commodity Financing Mechanisms
Mr. Martin Taylor, Health Strategist, Health and Population Department, U.K. Department for International Development

- Role/Development of Private Commercial Sector
Dr. Duff Gillespie, Deputy Assistant Administrator for Population, Health and Nutrition, USAID
- Procurement: A Key Element of Supply Security
Mr. Christian Saunders, Chief, Procurement Services, UNFPA
- Reproductive Health Commodities: Making the Right Choices
Dr. Paul Van Look, Director, Department of Reproductive Health and Research, WHO

10:00 – 10:30 a.m. DISCUSSION

10:30 – 10:50 a.m. BREAK

10:50 – 11:50 a.m. SECURING REPRODUCTIVE HEALTH SUPPLIES: PERSPECTIVES FROM THE FIELD

Moderator: Ms. Sandra Kabir, Director of International Advocacy, Population Concern

- **Dr. Karuna Onta**, National Safe Motherhood Network, Nepal
- **Ms. Monde Luhanga**, Reproductive Health Specialist, Central Board of Health, Zambia
- **Mr. Ugur Aytac**, Deputy General Director, Maternal and Child Health and Family Planning, General Directorate, MOH, Turkey
- **Dr. Vicente Diaz**, Director of Family Planning, General Directorate of Reproductive Health, MOH, Mexico

11:50 – 12:30 p.m. DISCUSSION

12:30 – 1:30 p.m. LUNCH

Commodity Security for HIV/AIDS Prevention

Speaker: Dr. Peter Piot, Executive Director, UNAIDS

Introduction: Hon. Timothy Wirth, President, UN Foundation

Working Groups

1:30 – 4:30 p.m. WORKING GROUPS MEET

- Advocacy
- National Capacity Building
- Donor Coordination
- Financing

3:00 – 3:30 p.m. COFFEE BREAK

4:30 p.m. WORKING GROUPS ADJOURN

◀ SATURDAY, MAY 5 ▶

ACTION

Plenary Session

9:00 – 10:15 a.m. WORKING GROUP UPDATES
Dr. Jay Satia, Meeting Chair

Working Groups

10:15 – 12:00 noon WORKING GROUPS RECONVENE

12:00 – 1:00 p.m. LUNCH

Plenary Session

1:00 – 3:00 p.m. MOVING FORWARD FROM ISTANBUL
Working Groups present action plans to a panel made up of select Advisory Committee members and other meeting participants.

Review Panel

- Ms. Amy Coen
- Dr. Thoraya Obaid
- Dr. Peter Piot
- Ms. Danièle Testelin
- Hon. Timothy Wirth

3:00 – 3:30 p.m. ISTANBUL DECLARATION

Dr. Jay Satia, Meeting Chair

MOVING FORWARD TOGETHER FROM ISTANBUL TO SECURE REPRODUCTIVE HEALTH SUPPLIES

• Prevention • Consensus • Clarity of Roles

THE CHALLENGE

There is a crisis in availability of reproductive health supplies, in particular contraceptives and condoms for HIV/AIDS prevention, that threatens human rights and realization of the goals of the 1994 International Conference on Population and Development. Half of all pregnancies are unintended; every minute, 40 women undergo an unsafe abortion, 10 people are infected with HIV/AIDS, and 650 people are infected with a curable sexually transmitted infection (STI). This reality is compounded by the largest ever generation of young people aged 15-24, the rapidly growing demand for family planning and other reproductive health services, and the global AIDS pandemic. Poor reproductive health—and especially HIV/AIDS—is impoverishing individuals, families and communities in those countries least prepared to cope, undermining sexual and reproductive rights, and underscores the need to ensure that the supplies to confront this challenge are available to all who need them.

- The cost of quality contraceptives and condoms needed is projected to rise from \$810 million to \$1.8 billion, between 2000 and 2015.
- The cost of ensuring the quality of services needed to deliver and provide these supplies is projected to increase from \$4 billion to \$9 billion over the same period.

THE RESPONSE

In recognition of this crisis, non-governmental organizations, governments, private foundations, bilateral and multilateral agencies met as equal partners in Istanbul, Turkey, 3-5 May 2001 to develop concrete and immediate actions to meet the challenge of securing reproductive health supplies. They agreed that:

- There is an urgent need to build awareness of and generate action on this crisis.
- Response strategies must be country-specific, designed and led by governments that fully involve civil society, and flexibly supported by donors.
- Prevention of unintended pregnancies and STIs, especially HIV/AIDS, is a cornerstone of good reproductive health care and must have priority within sector strategies and budgets.
- Effective implementation demands clearly defined roles, responsibilities and accountability for all partners.
- UNFPA's mandate to assist countries in ensuring availability of and access to reproductive health supplies and services is a critical component of this effort.

ARENAS FOR ACTION

An effective and successful response to this challenge requires action in four areas:

Advocacy

Advocacy is needed at all levels to build political commitment to the priority of reproductive health supplies and services, and to mobilize the financial and other resources needed to ensure a consistent, adequate, and appropriate supply of reproductive health products.

National capacity building

At the national level, security in reproductive health supplies requires the capacity to forecast, finance, procure, and deliver good-quality and reliable supplies and services, over the long term, to all men and women who need them. Many countries need technical and financial assistance to achieve this.

Financing

To ensure sustainability of sexual and reproductive health services and supplies will require full and sustained financing and cost-sharing both between donors and developing countries and, within countries, the involvement of the public, non-governmental and private commercial sectors. It is critical to identify the most appropriate role for each financing source, and use each to its best advantage. Not only do resources need to be increased, but they need to be efficiently applied.

Donor Coordination

Donors can best help countries address their needs by flexible and simplified procedures, to maximize the benefit and timeliness of their assistance, at minimal cost. Building on existing mechanisms, countries should take the lead in coordinating donor efforts. Donors should strive for greater consistency and coherence in their policies and practices.

CONCRETE ACTIONS

All stakeholders will transmit the outcomes of this meeting to their governments, and advocate for their inclusion in the Declaration of Commitment on HIV/AIDS at the UN General Assembly Special Session, as well as in deliberations of the LDC3, G-8, and use any and all opportunities that arise to promote them. In particular, the role of civil society organizations in spurring and taking action on this issue demands recognition and support. South to South cooperation should also be involved and encouraged.

* Dr. Teniin Gakurruh of the Ministry of Health of Kenya, and Mr. Amare Bedada of the Family Guidance Association of Ethiopia read the Istanbul Declaration to the participants for adoption.

At the national level:

- Develop national strategies for achieving security in reproductive health supplies no later than 2003, to ensure that the right supplies are at the right place, at the right time, at the right cost, including to identify financing options and market alternatives;
- Secure and implement agreement from donors to build on existing mechanisms for ensuring their coordination;
- All partners should promote the appropriate integration of sexual and reproductive health services, including family planning, maternal health care, and STI/HIV prevention and care, especially for young people;
- Governments should work with WHO to include essential reproductive health supplies in their national essential drugs list.

At the global level:

- Donors must ensure that reproductive health supplies are a core component both in existing commitments and in any new commitments of financial resources;
- The UN system, donor governments and civil society should reinforce their support for AIDS activities in countries in the framework of UNAIDS;

- All partners should endorse UNFPA's leadership role in helping to make the implementation of the Global Call to Action a reality;
- UNFPA should be supported in strengthening its coordination of international assistance;
- UNFPA/WHO should finalize a short list of essential reproductive health supplies;
- Donors should improve the efficiency and transparency of procurement systems and procedures;
- All stakeholders, including the Istanbul meeting network, should work together to organize regional meetings based on the Istanbul model.

CONCLUSION

The Istanbul meeting is a milestone in a dynamic process of partnerships, solidarity and commitment to action that stakeholders pledge to continue. We know what to do about this crisis of shortfalls in reproductive health supplies, and how to do it. We endorse the outlines of the action plan for advocacy, national capacity building, financing and donor coordination developed at this meeting. Now is the time to act to safeguard our future and that of young people everywhere.

5 May 2001, Istanbul, Turkey

◀ STAKEHOLDERS PARTICIPATING IN THE ISTANBUL MEETING ▶

BKKBN, Indonesia	Indonesian Planned Parenthood Association	Pathfinder International, USA
Canadian Agency for International Development (CIDA)	International Council on Management of Population Programmes (ICOMP)	Planned Parenthood Federation of Nigeria
Central Board of Health, Zambia	International Planned Parenthood Federation (IPPF)	Planned Parenthood Association of Zambia (PPAZ)
Churches' Medical Association of Zambia	IPAS, USA	Population Action International, USA
Contraceptives and Logistics Management Division, Office of Population, Health and Nutrition, USAID	IPPF Western Hemisphere Region	Population Concern, U.K.
Contraceptive Retail Sales (CRS), Nepal	John Snow, Inc. (JSI), USA	Population Services International (PSI)/Europe
Department of Community Development & Population Activities, Federal Ministry of Health, Nigeria	JOICFP (Japanese Organization for International Cooperation in Family Planning)	Reproductive Health Alliance Europe
Department for International Development, United Kingdom	Kreditanstalt für Wiederaufbau (KfW), Germany	RFSU (Swedish Association for Sexuality Education)
Deutsche Stiftung Weltbevölkerung, Germany	Marie Stopes Clinic Society, Bangladesh	Safe Motherhood Network, Nepal
Directorate for Maternal and Child Health and Family Planning/Ministry of Health, Turkey	Marie Stopes International, U.K.	STOPAIDS Organization, Nigeria
Directorate of Family Planning, Ministry of Health and Family Welfare, Bangladesh	MEXFAM (Mexican Family Planning Association)	The Bill & Melinda Gates Foundation
Division of Primary Health Care, Ministry of Health, Kenya	Ministry of Finance, Foreign Aid Division, Nepal	The David and Lucile Packard Foundation
DKT Indonesia	Ministry of Finance, Turkey	The Futures Group International, USA
Equilibres et Populations, France	Ministry of Health and Family Welfare, Bangladesh	The William and Flora Hewlett Foundation
Family Guidance Association of Ethiopia (FGAE)	Ministry of Health, Ethiopia	The World Bank
Family Planning Association of Kenya (FPAK)	Ministry of Health, Kenya	Turkish Family Health and Planning Foundation (TAPV)
Family Planning Association of Turkey	Ministry of Health, Mexico	U.S. Agency for International Development
Federal Ministry of Health, Nigeria	Ministry of Health, Turkey	UNAIDS
General Directorate of Reproductive Health, Ministry of Health, Mexico	Ministry of Health, Vietnam	United Nations Population Fund (UNFPA)
	Naripakka, Bangladesh	United Nations Foundation
	National AIDS Control Council, Kenya	Vietnam National Committee for Population and Family Planning
	Partners in Population and Development South to South	Vietnam Women's Union
	PATH (Program for Appropriate Technology in Health), USA	Vietnamese Family Planning Association
		Wallace Global Fund
		Women's Rights Division, Human Rights Watch, USA
		World Health Organization

Ms. Amy Coen, President, Population Action International: Welcome

Ms. Amy Coen welcomed participants to the meeting. She outlined the history of the emergence of the reproductive health supply shortage, including UNFPA's involvement since the early 1990s and the formation of the Interim Working Group in Reproductive Health Commodity Security (IWG) in March 2000. IWG member organizations were recognized: John Snow, Inc., Program for Appropriate Technology in Health (PATH), Population Action International and the Wallace Global Fund. The following foundations were recognized for their support of the meeting: the Bill & Melinda Gates Foundation, the Wallace Global Fund, the Better World Fund (sister fund of the UN Foundation), The William and Flora Hewlett Foundation, and The David and Lucile Packard Foundation.

Ms. Coen discussed reproductive health supply shortages and their various implications for youth, HIV/AIDS, unmet need, and the ICPD Programme of Action. She briefly outlined some of the causes of the growing shortages: the success of reproductive health programs, which has led to increased use and demand; the growth of the world's population, which means more women of reproductive age; the largest single group of young people, ever, now moving into their reproductive years; and declining donor assistance.

"The decisions we make at this meeting, the actions we agree on, the plans we lay, will have an impact on the availability of core reproductive health supplies and, in turn, on the reproductive health status of millions of women and men around the world," said Ms. Coen. "We must not fail them. If together we focus on the problem at hand and think creatively about the solutions needed to address this challenge, we will walk away from this meeting knowing that we have accomplished something of the utmost importance, quite possibly an achievement like that of a large diamond in the crown of our lives' accomplishments."

Dr. Osman Durmus, Minister of Health, Republic of Turkey: Welcome

Dr. Osman Durmus welcomed participants to Turkey and expressed his high hopes for the success of the meeting. He discussed how the electronic information sectors have affected information, education and communication and stressed how important access to information and services—including education on sexual behavior and HIV—is to reproductive health care. He also noted that the provision of good quality contraceptives, especially condoms, and reliable supply stocks should be guaranteed at all levels of reproductive health services. Dr. Durmus also emphasized the importance of focusing on youth and male involvement, and the critical need for continued involvement of NGOs. He then described some of the reproductive health activities underway in Turkey, such as the "Self Reliance Program" and the establishment of an International Training Center on Reproductive Health, Population and Development in collaboration with UNFPA.

Dr. Thoraya Obaid, Executive Director, United Nations Population Fund: Keynote Address

Dr. Thoraya Obaid began her keynote address by pointing out the timeliness of the meeting given the increased international attention being paid to slowing the further spread of HIV/AIDS. She thanked all the members of the IWG and gave special thanks to the Bill & Melinda Gates Foundation for funding this important undertaking.

Dr. Obaid reminded the audience of the goal of universal access to reproductive health services by 2015 agreed to at the ICPD in Cairo and described the conclusions of the 1999 intergovernmental review of the ICPD. While progress toward ICPD goals was being made, noted Dr. Obaid, many shortcomings remained. These shortcomings include inadequate progress in a number of areas: safe motherhood, stemming HIV/AIDS, protecting young people, and the serious gap between available resources and program needs. Dr. Obaid reported that, according to UNFPA, the shortfall in donor support specifically for contraceptives reached \$86 million in 1999, and the annual cost of making these supplies available through quality services is about \$4 billion in 2000, rising to \$9 billion in 2015. In the past six months, the Netherlands and the United Kingdom have given UNFPA a combined total of nearly \$80 million to address the current commodity shortfall, and Canada added another half a million dollars, Dr. Obaid reported.

Dr. Obaid also presented UNFPA's efforts to improve contraceptive security through the development of a Global Strategy for Reproductive Health Commodity Security and by continuing to play a leadership role and work in partnership to assist countries in procuring quality, low-cost reproductive health supplies. A variety of efforts on a number of different fronts are required for this strategy to succeed. She called for the promotion of gender equality, the combating of violence against women, the expansion of reproductive health services, more programs focused on youth, and efforts to overcome economic, social and cultural factors driving the spread of HIV/AIDS. Dr. Obaid concluded, "We need to work together to help ensure that the donor community will finally make the necessary funding available."

Dr. Jay Satia (Meeting Chair), Executive Director, International Council on Management of Population Programmes: Overview of Meeting

Dr. Jay Satia thanked the government of the Republic of Turkey for the warm hospitality with which meeting planners and participants were received. He discussed the objectives of the meeting and outlined the four central themes that would guide the proceedings of the next three days:

- **Advocacy:** the identification and strengthening of understanding and commitments required to ensure the availability of reproductive health supplies.
- **National Capacity Building:** the strengthening of national systems and functions that enhance independent capacity to ensure reproductive health supply security.
- **Donor Coordination:** the systems on which donors and host countries can most effectively collaborate to ensure reproductive health supply security.
- **Financing:** the financing options available globally and nationally to ensure reproductive health supply security.

Dr. Satia then outlined the agenda using the road map (Figure 1, page 7). He described how each of the three meeting days would contribute to the overall meeting objective of enhancing awareness and understanding of the challenge of securing sustainable supplies of reproductive health products, and strengthening the commitment to meet that challenge. The focus of Day One was on *foundation*, where participants would meet together to build a shared understanding of the issues surrounding reproductive health supply security to set the stage for the work to come. Day Two was designed to air a variety of *perspectives* on reproductive health supply security. To this end, donor/technical and country panels as well as a luncheon address on HIV/AIDS and reproductive health supplies were planned. Finally, on Day Three, the focus would be *action*. Participants would

break into Working Groups, each corresponding to one of the four meeting themes, and formulate action plans. Dr. Satia stated that the Istanbul meeting was designed to incorporate ample time for Working Group discussions to ensure that concrete steps to address supply problems would be undertaken while taking advantage of the partnerships that developed in the process.

◀ APPENDIX IV ▶ THE ISTANBUL APPROACH: INPUT, INCLUSION, INNOVATION

I. EXECUTIVE SUMMARY

The success of the Istanbul meeting was in large part due to the careful planning and advance work that started more than nine months prior to the meeting. Because of the interest expressed in the meeting format, its organizers have drafted this description of the strategy of the meeting and its organization. By providing background on the process that went into planning the Istanbul meeting and its follow-up, the meeting organizers hope to assist others who endeavor to replicate this model at the regional or global levels.

This appendix first describes the creation of the organizing body for the Istanbul meeting—the Interim Working Group on Reproductive Health Commodity Security—before outlining the process that culminated in “Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention.” This process included the decision to hold the meeting, the mobilization of resources to pay for the meeting, and the bringing in of additional stakeholders into the process through the creation of additional committees. The resulting Planning and Advisory Committees worked collaboratively and tirelessly to stage this historic meeting of diverse stakeholders concerned with ensuring reproductive health supplies for developing country women and men.

II. CREATION OF THE IWG

In the last several years, a series of important meetings occurred where the looming shortfall of contraceptives was discussed. These events included meetings of the Working Group of the Global Initiative on Reproductive Health Commodity Management of UNFPA, as well as meetings convened by other stakeholders such as private foundations. The Interim Working Group on Reproductive Health Commodity Security (IWG) was formed in response to UNFPA's call for participation of a wide variety of stakeholders to address this emerging crisis. Currently, John Snow, Inc. (JSI), Population Action International (PAI), Program for Appropriate Technology in Health (PATH), and the

Wallace Global Fund are the core members of this group. The group agreed on a set of objectives: to define the problem of reproductive health commodity security; to gather information on the problem; and to identify both the causes of the problem and potential solutions.

The four organizations of the IWG bring different comparative advantages to the group. JSI is an international consulting firm working to address pressing health care issues in the United States and in over 80 countries around the world. JSI currently implements DELIVER, a global project funded by USAID which focuses on improving the availability of contraceptives and other essential health products at service delivery points. PAI is a U.S.-based public policy and advocacy organization with a 35-year history of advocacy on population and reproductive health issues whose funding comes wholly from individual contributions and private foundations. PAI was selected as the fiscal agent for the IWG. PATH is an international, nonprofit, non-governmental organization dedicated to improving health, especially the health of women and children. PATH identifies, develops, and applies appropriate and innovative solutions to public health problems, particularly in low-resource settings. Finally, the Wallace Global Fund is a U.S.-based private foundation whose mission is to catalyze and leverage critically needed global progress towards an equitable and environmentally sustainable society.

The decision was made early in the process for the IWG to focus on contraceptive supplies, since these were commodities for which information existed. The hope was that later the emphasis on contraceptives would be expanded to include all reproductive health supplies in keeping with the consensus reached at the 1994 International Conference on Population and Development to take a comprehensive approach to reproductive and sexual health.

III. BUILDING A SOLID BASE OF KNOWLEDGE

A viable plan of action and advocacy strategy requires a solid base of knowledge. To this end, the Interim Working Group developed an ambitious six-month work plan of research. The group commissioned or undertook extensive research on the nature and extent of the projected shortfall and its implications at the country and global level to:

- State the nature of the problem of supply shortfalls;
- Describe and enumerate the gap in contraceptive supplies and project contraceptive and condom supply needs for developing countries through 2015;
- Classify different developing countries according to

- the strength of their contraceptive supply programs;
- Describe contraceptive shortfalls from the standpoint of service providers, advocacy organizations and government representatives within developing countries;
- Assess the awareness of developing country women leaders regarding reproductive health supply issues through focus group discussions;
- Propose and discuss various mechanisms for financing contraceptives in developing countries;
- Provide profiles of bilateral and multilateral donors' commodity assistance;
- Describe how service providers defined essential reproductive health supplies; and
- Provide case studies of major issues contributing to supply shortages.

These research studies were carried out from March to August 2000 and included a process of both internal and external review by experts from different stakeholder groups. French and Spanish translations of executive summaries (and for the shorter publications, the entire document) were prepared. By mid-April 2001, the publication packet entitled *Meeting the Challenge: Securing Contraceptive Supplies* was printed and mailed to participants to be read prior to the Istanbul meeting.

IV. MOVING FROM RESEARCH TO ACTION

A central premise of the IWG's work has been that a solution to the problem of contraceptive supply is only possible with a full understanding of the issues involved and with the input, participation and commitment of the principal stakeholders in the process. Donors, foundations, technical agencies, service delivery programs, the private sector, NGOs, and national governments all have significant and important roles to play. In fact, unless all of these stakeholders are involved in the development and implementation of a strategy to overcome the crisis that threatens contraceptive supplies, a realistic solution will not emerge.

The IWG felt that an international meeting could play a significant role in building consensus on a comprehensive global strategy and in establishing the roles of stakeholders as implementers. A successful meeting would also prepare the way for follow-up work on such issues as country level needs, donor activity, global and country-level coordination, and advocacy. This follow-up work would serve to maintain the interest, participation, and commitment of the meeting's participants so that the strategy can be successfully realized. The direct outputs of the meeting were envisioned to include an action plan, joint statement or declaration, and ongoing working groups.

The IWG approached five foundations for support of its activities which included both the dissemination of the research, the meeting and immediate follow-up. The group received favorable responses from the foundations and was awarded a total of \$1.3 million for the organization and immediate follow-up to the meeting, as well as for the printing and dissemination of the nine IWG publications.

The purpose of this global stakeholder meeting would be:

- To bring together key stakeholders on the issue;
- To raise awareness of problems in ensuring access to reproductive health supplies;
- To identify critical mechanisms for addressing the problem at global and country levels; and
- To achieve consensus on next steps in tackling the problem and to clarify the roles of key stakeholders as implementers of an action plan.

V. PLANNING AND IMPLEMENTING THE ISTANBUL MEETING: A RECIPE FOR INCLUSION AND BUY-IN

The input of stakeholders early in the process was essential to gain consensus and broad support for the strategy. The mechanism for achieving maximum stakeholder input included the creation of bodies that worked closely with the IWG to create a coherent and action-oriented agenda for the meeting. The following paragraphs describe this process.

Once funding was secured for the global stakeholder meeting, a coordinator was hired by PAI in its role as fiduciary agent. The coordinator's main tasks were to manage the IWG's day-to-day activities and to serve as meeting coordinator for the Istanbul meeting.

A. Planning

Selection of a Meeting Chair

The IWG sought a prominent international figure to chair the meeting. Given the diversity of participants, the sensitivity of issues to be discussed, and the need to generate a meaningful consensus on follow-up actions, the IWG felt that a capable Chair would be essential to achieving the meeting's objectives. The IWG selected Dr. Jay Satia, Executive Director of the International Council on Management of Population Programmes (ICOMP), for this role. Coming from a southern country, Dr. Satia was able to engage the country teams by supporting their participation and promoting a prominent role for the teams during the plenary sessions. He also helped to both resolve problems at the meeting and ensure comity, progress and the support of participants for a final set of meeting recommendations.

The Planning Committee

The IWG established a Planning Committee for the meeting in November 2000. This Planning Committee included NGOs, multi- and bilateral donors, government representatives from developing countries and private foundations. The Planning Committee's function was to plan the Istanbul meeting, select meeting participants and take active roles as presenters and facilitators at the meeting in May.

The Planning Committee met in Barcelona, Spain in January 2001 to begin drafting an agenda and to agree upon criteria for selection of meeting participants. Two subcommittees were formed—an Agenda subcommittee and a Participant subcommittee—to continue work beyond Barcelona. Members of the subcommittees were self-selected and included individuals who had easy access to electronic communications and whose organizations afforded them time and resources to prepare for the Istanbul meeting.

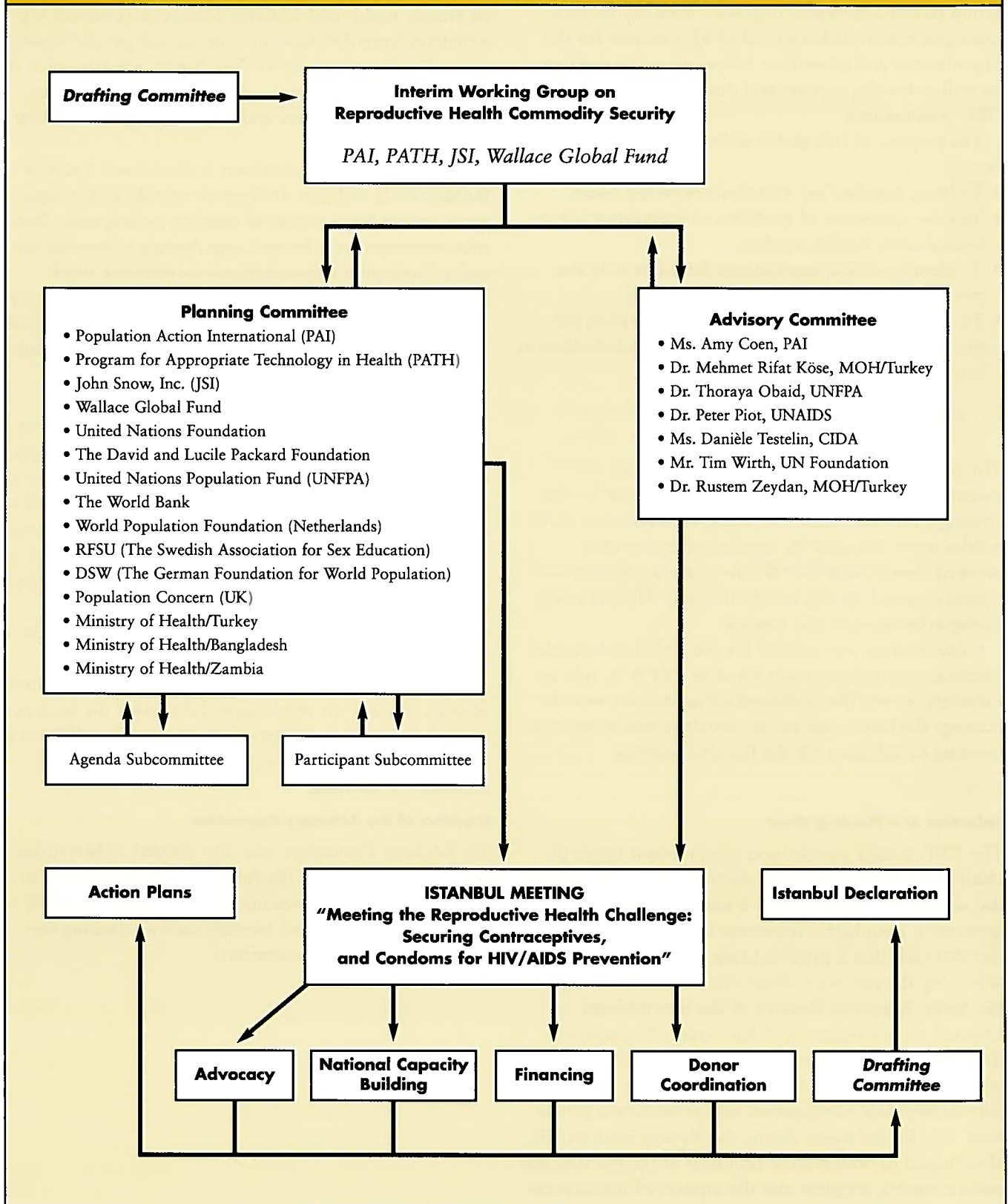
The Planning Committee was also tasked with choosing a name for the meeting. While contraceptive supplies were the focus of the IWG research, as they would be at the Istanbul meeting, the Planning Committee decided to choose a meeting title that would situate contraceptives within the context of reproductive health in an era of an ever-growing HIV/AIDS pandemic. The title selected for the meeting was "Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention."

In Barcelona, the Planning Committee agreed on a set of objectives for the meeting, and discussed the need to expand the number of participants from 72 to 100 for a truly representative meeting. Ultimately, 127 people attended the meeting.

Creation of the Advisory Committee

An Advisory Committee was also created in November 2000. The function of the Advisory Committee was to lend influence to the meeting and to carry out specific functions at the Istanbul meeting such as chairing sessions and making presentations.

◀ FIGURE 2 ▶
 ON THE ROAD TO ISTANBUL: DIAGRAM OF PROCESS LEADING TO
 THE 2001 ISTANBUL MEETING ON REPRODUCTIVE HEALTH SUPPLIES



Participant Selection

There were 127 participants at the meeting representing 41 organizations, agencies, and governments. Included were 10 developing country delegations, NGOs, multi- and bilateral donors, foundations and technical agencies.

The Planning Committee sought to include representatives of all key stakeholders in a meeting that was intended for fewer than 100 participants. The initial challenge of attracting the appropriate participants soon evolved to the challenge of accommodating the growing interest. Unfortunately, many were still turned away. Planning Committee members worked their networks while UNFPA, USAID and developing country partners referred a pool of candidates to the Planning Committee for the formation of country teams. Technical agencies also worked with the committee to identify one key representative for participation. The Advisory Committee also played a role, and it was through its efforts that word of the meeting spread, culminating in the day that UN Secretary-General Kofi Annan personally instructed his staff to attend.

The Planning Committee agreed that meeting participants should include individuals actively working on reproductive health commodity security issues and represent as wide a range of perspectives as possible. To ensure the most thoughtful and well-informed discussion, the committee sought further to identify those individuals in each participating agency who could make practical contributions, and who had the authority to speak for his/her organization. Meeting organizers focused on attracting the following participants:

- **Major International Donors.** The focus was on the multilateral and bilateral donors who have traditionally played a major role in providing contraceptives and associated technical assistance to developing countries, as well as donors who have signaled their strong interest in facilitating long-term approaches to the problem.
- **Leading NGOs.** The emphasis for this set of participants was on identifying a representative sample of NGOs capable of playing a strong advocacy role within donor countries. In addition, prominent NGOs from developing countries were sought for their perspectives on needs and opportunities and to serve on the country teams.
- **Developing Country Delegations.** Representatives from 10 developing country governments and NGOs were sought to participate in the 10 country teams. The representatives included were government policymakers from the ministries of health or finance, and those familiar with the programmatic dimensions of logistics, procurement and/or forecasting of contraceptive supplies in their own country. Countries were selected so as to represent a good cross section of contraceptive security “levels” as well as a diversity of challenges and needs (e.g., large vs. small commercial sector, high vs. low HIV infection rates, various stages of health sector reform). The countries selected were: Bangladesh, Ethiopia, Indonesia, Mexico, Kenya, Nepal, Nigeria, Turkey, Vietnam, and Zambia.
- **Technical Agencies.** A select number of technical agencies were invited to participate to act as resources during the meeting on the range of technical areas relevant to contraceptive security.

B. Implementation

Meeting Design and Agenda

A meeting consultant worked alongside the Planning Committee to assist in designing a nontraditional meeting held in an atmosphere that would maximize interaction among the diverse stakeholders and be conducive to frank dialogue and action.

The motto of the meeting was Advocacy, Action, Access. The IWG chose this motto to instill an atmosphere of action and excitement—and to set the stage for a different kind of meeting where all the major stakeholders would sit at the same table in open dialogue to tackle the issues.

The vision of the meeting’s Planning Committee was that an ongoing mechanism needed to emerge from Istanbul to continue the work beyond Istanbul. The Committee envisioned four thematic Working Groups that would take form in Istanbul, formulate the outlines of action plans there, and then continue their partnerships after Istanbul. The four groups should address:

- Advocacy
- Financing
- Donor Coordination
- National Capacity Building

The Planning Committee struggled with designing a meeting that could change the way the international reproductive health community worked together, and break the impasse of years of work that, while consider-

able, was clearly not keeping up with growing needs. The meeting needed to address the concerns that many participants so eloquently expressed: that they were bogged down with rules and regulations, suffering from a lack of transparency and the accompanying corruption, unaware of and unable to coordinate multiple stakeholders, unable to keep up with competing demands, and overwhelmed by the needs of their country. How did the Planning Committee develop a meeting set apart from just another session with good intentions but ultimately no impact?

One way was to devote a significant portion of the meeting to “action” (see the action module description below). In order to achieve this, the participants were carefully chosen, materials were mailed in advance to ensure that all participants had an understanding of the issues, and all country teams met together for a full “pre-conference” day to build cohesion and confidence. In the end, the meeting was organized around three modules: Foundation Building, Perspectives, and Action.

Foundation Building

The purpose of this module was to build a shared understanding of the issues surrounding reproductive health supply security and to set the stage for the work to come. Building a strong foundation was accomplished through the dissemination of the research packet, the pre-conference day, and the discussion groups on Day One of the meeting.

- **The Pre-Conference Session.** A deliberate effort to foster participation was made throughout the preparatory phase of the meeting and during the meeting itself. In addition to the formation of a meeting Planning Committee and the formation of country delegations as described above, a pre-conference session was held for the country delegations the day before the start of the formal meeting. The pre-conference session allowed country teams the time to become familiar with the issues, to identify common concerns that could be raised during the meeting, and to develop the confidence needed for active dialogue with a group of people who in many cases had a long history of funding the country programs. Approximately 30 delegates from 10 developing countries attended the pre-conference session.

During the pre-conference session, a group of delegates were selected to present at a session of the full meeting. The reporting format gave country teams a highly effective voice, visibility and presence at the

plenary. Throughout, members of the Planning Committee worked with country teams, providing technical assistance and support as needed.

- **Discussion Groups: Moving from a Shared Foundation to Exchanging Perspectives.** In order to help establish a shared foundation of knowledge and understanding to support the action-oriented planning in the coming days of the meeting, participants met in one of six discussion groups. For these groups, members of individual country teams and other delegations were kept together. In the later days of the meeting, small groups were diversified across teams and delegations. The discussion groups were essential to introducing an atmosphere of partnership.

The Discussion Group sessions provided an opportunity to present highlights of the IWG research as it related to the four meeting themes. The small group setting was also intended to provide maximum opportunity for dialogue and an occasion for participants to share other related research findings and experiences. The groups began with a presentation of the IWG research materials. After a period of open discussion, participants summarized their discussion, reporting on the following to the plenary:

- ◆ Best ideas of the group
- ◆ Points of agreement or disagreement
- ◆ Country examples
- ◆ Controversies, surprises, or innovations

Perspectives

Day Two was designed to air a variety of perspectives on reproductive health supply security. To this end, donor/technical and country panels, as well as a luncheon address on HIV/AIDS and reproductive health supplies were held. The panels served as a source of information as well as a forum for articulating viewpoints, clarifying areas of misunderstanding and disagreement, and exploring possibilities for partnerships. These sessions also broadened the frame of the meeting beyond the IWG research.

The following presentations were followed by questions and open discussion among participants and presenters:

- Challenges and Opportunities for Reproductive Health Supply Security
- Securing Reproductive Health Supplies: Perspectives from the Field
- Commodity Security for HIV/AIDS Prevention

Action

From the start, the IWG and other meeting planners conceived of the Istanbul meeting as a means to energize existing activities and partnerships as well as to forge new ones, and to establish a mechanism to ensure concrete actions toward those ends. On Day Three of the meeting, participants broke into facilitated Working Groups corresponding to each of the four meeting themes, and formulated action plans, while a small group of participants drafted a public statement for adoption by the participants.

- **Working Groups: A Module for Action.** The purpose of the Working Groups was to promote consultation and exchange of perspectives; discuss useful approaches and set realistic, attainable long-term goals; and prepare a six- to twelve-month action plan to pursue those goals. The Working Groups met several times during the course of the meeting in sessions moderated by a team of facilitators. Participants were placed in the groups by the meeting planners according to participants' own first or second group of choice to achieve a balance of individuals representing technical, programmatic, national and global interests. Each Working Group focused on one of the four meeting themes (advocacy, national capacity building, donor coordination, financing).

The objectives and activities of each of the Working Group sessions were planned in detail beforehand. Facilitators for each group received training and were given specific instructions and skill training in using a working group approach to lay the foundation for a year or more of initiatives. For example, the facilitator guided the group discussions through a brainstorming exercise to define the challenges faced in achieving reproductive health supply security, a prioritization of these challenges, the development of achievable strategic objectives and, finally, a plan of action for a six- to twelve-month period. The actions were chosen based on the potential to effect change, add value to existing work, and take advantage of partnerships.

Because of time limitations, the groups sought the most efficient method of reporting to the plenary. This included the selection of a rapporteur and a defined presentation format pre-printed on overhead transparencies. Although the format led some to feel disappointed in the limited amount of their group work that could be presented, it did allow the majority of time to be spent actually working towards actions in groups, instead of listening to presentations in plenary. The reporting format consisted of identifying two to three priority action items, three description points for each action, and a list of responsible parties.

◀ FOLLOWING ISTANBUL ▶

JUNE

Partners in Population and Development meeting
June 12-15, 2001, Cochin, India

UNGASS

June 25-27, New York

IWG meets with UNFPA

June 28, New York

IWG Follow-Up Meeting

June 29, New York

JULY

Meeting in Washington, DC to compile the Action Plan

July 17th: Working Group Representatives, IWG, Planning Committee

July 18th: Report to the Advisory Committee

Compiling the Istanbul Meeting Report

G8 meeting

July 20-22, Genoa, Italy

AUGUST/SEPTEMBER

Action Plan & Meeting Report completed

Bridging activities planned

OCTOBER/NOVEMBER

Report of the meeting to private donor community and to UNFPA and UNAIDS

Meeting of donors to fund Action Plan with report from IWG

Phase II begins

- **Preparation of the Istanbul Declaration.** The Planning Committee agreed that a consensus statement should emerge from the Istanbul meeting. The Istanbul Declaration was the result of input from a number of people representing the various stakeholder groups. The IWG made a decision that going into the Istanbul meeting without some kind of draft would be a mistake—undoubtedly, a two-and-a-half day meeting would not be enough time to come up with a declaration that did justice to all the work that had gone on in Istanbul.

Therefore, the IWG appointed a very small drafting committee to create a “zero draft” that would form a basis for the Istanbul Declaration. A three-person team consisting of representatives from UNFPA,

CIDA and PAI (representing a multilateral, bilateral and an NGO) created a zero draft. The purpose of the zero draft was to summarize the major ideas coming out of Istanbul and to announce any agreed-upon principles. In a sense, the process of creating the zero draft was “practice” for the “real thing.”

The idea was that during the Istanbul meeting, representatives from each Working Group would check in periodically with the drafting committee so that the ideas coming out of the Working Groups would be reflected in the final Istanbul Declaration. This plan worked with some modification. Originally composed of three persons, the drafting committee expanded to include additional representation from developing countries, as well as one representative from each of the four Working Groups—this added greatly to both the sense of ownership of the document and the substance of the Declaration. Input from all stakeholder groups was obtained from the Working Group and other representatives on the committee. In the end, the Declaration that came out of Istanbul was quite different from the original zero draft.

Closing the Circle: Linking Istanbul to Other Initiatives

As planning for the Istanbul meeting progressed, the Agenda subcommittee discussed ways to strategically link the meeting to other ongoing global initiatives. When strong interest was expressed by the donor and private foundation community to do this, the subcommittee agreed to incorporate two activities so as to enhance the content of the meeting and the quality of meeting discussions. The two special topics were condoms for HIV/AIDS prevention and promoting efficiency and transparency through web-based procurement.

Follow-up: The Way Forward

The foundation, perspectives and action modules extend far beyond the meeting itself, through the continued development and implementation of action plans formulated by the Istanbul Working Groups. The task at hand—securing reproductive health supplies—is immense, and a single meeting cannot begin to solve the problem. Hence, action plans are intended to add value to the past and present work of many agencies, to establish new partnerships, and to catalyze change in a new way. Moving forward will require continued planning, funding and commitment. The follow-up chart (on page 29) shows some of the upcoming activities that are critical to the movement forward.

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◀ ACRONYMS ▶

AIDS	acquired immune deficiency syndrome
CBOH	central board of health
CIDA	Canadian International Development Agency
DFID	Department for International Development, UK
DSW	Deutsche Stiftung Weltbevölkerung
EU	European Union
HIV	human immuno-deficiency virus
HNP	health, nutrition and population
ICOMP	International Council on Management of Population Programmes
ICPD	International Conference on Population and Development
IDA	International Development Association
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
IWG	Interim Working Group on Reproductive Health Commodity Security
JSI	John Snow, Inc
KfW	Kreditanstalt für Wiederaufbau
MAP	Multi-Country HIV/AIDS Program
MOF	ministry of finance
MOH	ministry of health
NGO	non-governmental organization
PAI	Population Action International
PATH	Program for Appropriate Technology in Health
RFSU	Swedish Association for Sex Education
RH	reproductive health
RHeXchange	The Global Reproductive Health Products Exchange
RTI/STI	reproductive tract infection/sexually transmitted infection
STI	sexually transmitted infection
SWAP	sector-wide approach
TB	Tuberculosis
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	UN General Assembly Special Session
USAID	United States Agency for International Development
VAT	value added tax
WHO	World Health Organization

MEETING THE CHALLENGE

SECURING SUPPLIES FOR REPRODUCTIVE HEALTH

The Interim Working Group on Reproductive Health Commodity Security (IWG) is a collaborative effort of John Snow, Inc. (JSI), Population Action International (PAI), the Program for Appropriate Technology in Health (PATH) and Wallace Global Fund. Recognizing the important leadership role of the UN Population Fund (UNFPA) in meeting the goals of the 1994 Programme of Action, the IWG's objective is to further these goals by raising awareness about the importance of securing reproductive health supplies. The IWG seeks to identify the causes of failures and weaknesses in commodity systems and to spur actions that will contribute to securing essential supplies for the delivery of reproductive health care.

