# Family Planning Access for All:
## Policy Change for Action and Accountability
## A catalyst for discussion

11 July 2012

**"Living Document"**

We continue to welcome comments and suggestions that can help to improve it!

Reproductive Health
SUPPLIES COALITION

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Reproductive Health Supplies Coalition
Rue Marie-Thérèse, 21
1000 Brussels, Belgium
info@rhsupplies.org
www.rhsupplies.org

This document was prepared for the RMA WG
by Lou Compernolle (RHSC) and Maggie Usher Patel

# Contents

# Acknowledgements

This document was prepared for the Reproductive Health Supplies Coalition's (RHSC) Resource Mobilization and Awareness Working Group (RMA WG) in the months preceding the Family Planning Summit 2012 in London.

The Reproductive Health Supplies Coalition would like to acknowledge the commitment and support of members of the RMA WG in the preparation of this paper.

We are also deeply grateful to more than 150 of our colleagues from 26 countries who have shared their in-depth country knowledge and experience to define the policy and practice issues that are potential barriers to ensuring family planning access for all. In less than one week, many managed to convene country meetings to discuss the task at hand and the speed and coordination of responses have been impressive.

This document therefore draws mostly on their collective thinking and input and is designed to be informative and used as a catalyst for further discussions during and after the Family Planning Summit on policy and practice changes and required action at country and global levels.

We are also grateful to the authors Maggie Usher-Patel and Lou Compernolle for their professional and speedy production of the paper and for the prompt and insightful comments received from our key reviewers Leslie Patykewich (JSI), Beth Fredrick (AFP), Jay Gribble (PRB), Karen Hardee (Futures Group), Sarah Shaw (IPPF).

We would also like to thank RMA WG Chairs Leo Bryant (MSI) and Martin Ninsiima (AFP) for their support of this effort as well as Hannah Pandian and Hailey Wright (PATH) for their expert editing and advice.

# Foreword

**Dear colleagues,**

The Family Planning Summit 2012 has an ambitious agenda – to provide by the end of this decade an additional 120 million women in the poorest countries with access to life saving family planning information, services and supplies. This rallying call is not just timely, it is crucial. However, such groundbreaking progress can only happen when structural changes lead the way, when existing policies are challenged from the ground up, and when political commitment is harnessed.

This is where the Reproductive Health Supplies Coalition can contribute in a meaningful way. We have tapped into our vast global network to identify the policy gaps that undermine effective family planning programs. These are the voices of the world's poorest women.

Civil society, with its understanding of the everyday lives of women and men, is uniquely placed to press for change. Furthermore, the Coalition is uniquely placed to harness the power of civil society effectively. I am moved by the commitment and enthusiasm our partners have shown in forging this blueprint for change. It is from the power of partnerships that the promise of transformation arises. Together, we can make this happen. We really can.

**John Skibiak**

Director
Reproductive Health Supplies Coalition
11 July 2012

# Family Planning: An unfinished agenda

The ability to choose the timing, number and spacing of children drastically improves maternal and child health, reduces unintended pregnancies and abortions, and helps prevent the spread of HIV/AIDS. It also paves the way to the sustainable social and economic development of individuals, families, communities and nations.[I]

At any given time, more than 860 million women in developing countries – more than half of all those within the reproductive ages of 15 to 49 – want to avoid becoming pregnant for at least two years. Owing in large part to the existence of family planning programs, more than 645 million are using modern contraceptives.[II] As a result of global and national investments made over the last forty years, millions of women, men, and young people are now able to choose, access, and use affordable, high-quality reproductive health supplies to safeguard their sexual and reproductive health and rights.

Despite great advances, family planning is an unfinished agenda: there is still a high global unmet need for family planning especially among poor and vulnerable populations. More than 220 million women still have unmet need for family planning[III] and face well-documented consequences of unplanned pregnancies that affect not only their own health and socio-economic wellbeing, but that of their children, families and the communities in which they live. Furthermore, the coming decades will see the largest-ever group of young people in history becoming sexually active, and therefore having a need for family planning, especially contraception.

Family planning aid trails behind other health funding. As a proportion of total health overseas development assistance to all developing countries, funding for family planning has steadily decreased over the last decade, from 8.2% in 2000 to 2.6 % in 2009.[IV] Political will and commitment have levelled off in many developing and developed countries.

The Family Planning Summit's goal is to give an additional 120 million women in the poorest countries access to lifesaving family planning information, services and supplies by 2020. By striving to do so, it firmly places improved access to family planning at the core of the global development agenda and gives the global family planning community a unique opportunity to build on successes to date and accelerate actions that will contribute to transforming the quality of life of women, men and young people.

# Political Commitment and Policy Change

A range of political, social, behavioural, programmatic and funding factors will all have to be addressed to achieve access for all. This document focuses on commitment to change policy and practice, as this is an area where countries and civil society have great contributions to make.

To attain the Family Planning Summit's ambitious goal it will be necessary to strengthen political commitment, which is essential for creating the enabling environment that supports the development and growth of effective and sustainable family planning policies, programs and budgets.

The Family Planning Summit lays the groundwork for policy commitment and change at the highest level in countries, which will greatly contribute to improving the operating environment for family planning services.

Civil society has leverage to sustain political commitment through accountability mechanisms and to support policy change through targeted action. Within the Reproductive Health Supplies Coalition, the Resource Mobilisation and Awareness Working Group (RMA WG) contributes to reproductive health commodity security by engaging civil society, building partnerships with key stakeholders, raising awareness of reproductive health supply issues, mobilizing resources, increasing global, regional and country leadership and driving policy change.

As a contribution to the goal of the Family Planning Summit, the RMA WG tapped into the collective experience of more than 150 partners from 26 of the world's poorest countries and asked them to identify those policy changes that stand to make a substantial contribution to meeting the unmet need for family planning.[v] These partners also provided insights regarding the concomitant actions that must be either changed or scaled-up in countries and helped to outline the role civil society can play. The information received from countries was very rich in detail and will be made available online after the Family Planning Summit; the tight deadline did not allow for time to incorporate them.

This informative document is directed at the wide spectrum of stakeholders involved in improving access to family planning; it serves as a catalyst for further discussions during and after the Family Planning Summit and an anchor for future targeted action at the country level. The authors very much welcome additional comments and suggestions, which can be sent to policy@rhsupplies.org

# Policy Changes Identified Across 26 Countries

A change in policy requires a concomitant change in programming and practice, in order to translate policies into practice. Country partners reviewed the proposed policy changes for each country and used their wealth of experience to propose actions that support the effective implementation of these policies to improve commodity security, programming and practice.

Capitalizing on the comparative advantage of RHSC partners, this document focuses largely on those areas affecting supply factors. As a result the suggested policy changes do not fully encompass all aspects of family planning. Broader issues such as demand creation, behaviour change, and all the components of service delivery are all critically important in achieving the goals outlined in the Family Planning Summit, but are not necessarily dwelt upon in any depth in this document.

From the many specific policy priorities that were put forward by country partners, 10 themes were distilled. These are the policy areas, summarized in Tables 1 and 2, that need to be considered, albeit at varying levels, in each country to attain the goals of the Family Planning Summit.

**Bangladesh Bolivia Burkina Faso Cameroon DRC Ethiopia Madagascar Mali Mauritania Nepal Niger Nigeria Pakistan**

1. Supportive legislative and policy development and implementation frameworks; prioritises the provision of family planning as an integral part of health services

2. Ensure adequate and sustainable national resources for family planning at all levels (national, district and local) to support procurement and provision of family planning services

3. Develop a policy implementation structure that links central and decentralized institutions

4. Focus on task shifting and improve the skills of the health workforce particularly at the community level

5. Ensure registration, importation, procurement and distribution of reproductive health essential medicines, contraceptives and consumables using public and private sector infrastructures

6. Establish policies that integrate family planning as part of the provision of sexual and reproductive health services

7. Support gender equity and promote girls education

8. Support policy development and implementation that prioritises provision of services for vulnerable and poor sectors of the population, including adolescents

9. Include family planning in poverty reduction strategy development and implementation

10. Provide a policy environment that is conducive for NGOs and faith-based organizations to provide a continuum of services

**Ghana Guatemala Guinea Honduras India Indonesia Kenya Paraguay Philippines Senegal Tanzania Togo Uganda**

# Table 1. Summary of Policy Changes

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| **1.**<br><br>Supportive legislative and policy development and implementation framework that prioritises the provision of family planning as an integral part of health services | Encourage political commitment and hold government accountable (i.e. commitment to spend percentage of budget on health)<br><br>National policies and strategies recognize contraceptive security as integral to achieving national family planning, health, poverty reduction and development goals (adequately financed/resourced and have CS-related indicators included and monitored)<br><br>Assess the policy framework and policy implementation barriers and advocate for strategic policy changes, including better implementation of existing policies<br><br>Establish a rights-based foundation for programmes and policies recognizing the need for informed choice and equity in meeting the diverse needs of all clients, including youth and vulnerable groups<br><br>Ensure institutional anchoring of the reproductive health division within health ministries<br><br>Foster political will and champions to support the provision of family planning services as a component of health services<br><br>Use different media to engage with civil society/ communities, to enhance engagement of religious leaders in supporting the provision of family planning services<br><br>Create a parliamentary network for family planning<br><br>Ensure continuity when governments change<br><br>Cost-out the roll out of policies and legislation | Bangladesh<br>Bolivia<br>Cameroon<br>DRC<br>Guinea<br>Indonesia<br>Mali<br>Mauritania<br>Nepal<br>Niger<br>Pakistan<br>Paraguay<br>Philippines<br>Tanzania<br>Uganda |

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| **2.**<br><br>Ensure adequate and sustainable national resources for family planning at all levels (national, district and local) to support procurement and provision of family planning services | Financial commitments should be translated into sustainable support and implemented policies for family planning programs, contraceptives and supporting systems (including logistics, human resources for health, etc.)<br><br>Create financing mechanism and ensure finances to support the provision of family planning at all levels of the health service within the national health sector budget<br><br>Strengthen leadership and management of services in financial and technical areas<br><br>Advocate for relying less on donors and have the government assume a leadership role<br><br>Expand the provision of services throughout the health sector and scale-up the provision of family planning services<br><br>Ensure commodity security is integrated into national policies, budget lines at all levels and programmatic activities<br><br>Explore and promote innovative financing mechanisms (insurance, vouchers, etc) to help expand access to family planning<br><br>Ring-fence budget for family planning and commodity security in health sector budget | DRC<br>Mali<br>Pakistan<br>Paraguay<br>Uganda<br>Burkina Faso<br>Ethiopia<br>Ghana<br>Honduras<br>Kenya<br>Nigeria<br>Zambia |

# Table 1. Summary of Policy Changes

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| 3.<br><br>Develop a policy implementation structure that links central and decentralized institutions with clear roles and responsibilities for family planning resources for family planning resource and programme management within the health system | Assess the policy implementation structure for family planning at the central levels and within the health system and below (i.e. vertical vs. integrated programming) and advocate for adjustments, where needed<br><br>Implement policies and strategies to address supply and demand barriers affecting access to quality services and supplies<br><br>Policies and strategies address supply and demand barriers to access to quality services and supplies<br><br>Advocate for family planning as part of decentralized health systems and ensure accountability at all levels for policy and program implementation<br><br>Advocate for adequate resources at district and local levels | Bolivia<br>DRC<br>India<br>Mali<br>Mauritania<br>Nigeria<br>Senegal<br>Togo |

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| 4.<br><br>Focus on task shifting and improve the skills of the health workforce particularly at the community level | Increase the provision, training and regulation of different categories of health personal, particularly nurses and paramedics, to provide a range of family planning methods including long acting and permanent methods through task shifting in both the public and private sector<br><br>Increase the number and categories of staff including nurses, midwives, community based health workers and pharmacists able to provide a broad range of contraceptive methods including long acting and permanent methods, particularly at community level<br><br>Provide a policy and practice environment that enhances task shifting including pre-service and in-service training and regulation, human resource planning and placement, incentives and performance improvement/multiple delivery points/ adolescent friendly services, integration of services/ scaling up high-impact practices<br><br>Scale-up the provision of community-based family planning services | Bangladesh<br>Ethiopia<br>Kenya<br>Mauritania<br>Nepal<br>Nigeria<br>Pakistan<br>Tanzania<br>Togo<br>Uganda<br>Zambia |

# Table 1. Summary of Policy Changes

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| 5.<br><br>Ensure registration, importation, procurement and distribution of reproductive health essential medicines, contraceptives and consumables using public and private sector infrastructures | Integrate logistic management systems with existing service delivery systems<br><br>Implement policy and programmes to ensure consistent availability of quality family planning services and contraceptives for all segments of the population by using multiple delivery points including services provided by public, NGO, private and social marketing sectors<br><br>Ensure national plan including budgets lines and financing to improve importation and procurement of reproductive health essential medicines and commodities and logistics management<br><br>Focus on rural areas through existing public and private sector infrastructure serving other areas of health care provision<br><br>Strengthen procurement, importation and registration of prequalified, regulated reproductive health essential medicines and commodities<br><br>Development of family planning and monitoring & evaluation frameworks and use of LMIS to monitor stocks and plan procurement<br><br>Strengthen prescribing practice, levels of competence and service delivery<br><br>Remove importation taxes on contraceptive supplies and consumables | Cameroon<br>DRC<br>Ethiopia<br>Ghana<br>Guinea<br>Honduras<br>India<br>Madagascar<br>Niger<br>Nigeria<br>Pakistan<br>Philippines<br>Senegal<br>Tanzania<br>Togo<br>Uganda |

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| | Ensure broad method mix and choice including long acting and permanent methods, female condom, fertility awareness based methods and emergency contraception as well as the introduction of newer methods | |
| 6.<br><br>Establish policies that integrate family planning as part of the provision of sexual and reproductive health services, particularly those associated with maternal and child health, HIV/STI prevention and prevention of unsafe abortion. | Provide a policy and practice environment that integrates the provision of family planning in the provision of maternal and child health, HIV prevention and management, prevention of unsafe abortion and other areas of health care provision that support improved sexual and reproductive health<br><br>Increase opportunities for counselling on family planning, birth spacing, use of modern methods of contraceptives and informed choice within the provision of all health services<br><br>Develop guidelines for the use of misoprostol and include it on the essential medicines as a treatment in case of incomplete abortions and have it registered as such at the national level | Bolivia<br>India<br>Madagascar<br>Nepal<br>Paraguay<br>Philippines |

# Table 1. Summary of Policy Changes

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| 7.<br><br>Support gender equity and promote girls education | Advocate for policies and programmes that expand access to education, including an emphasis on secondary education<br><br>Use different media to engage with civil society/ communities to enhance education, particularly of girls and young women, and promote gender equity<br><br>Integrate sexual health into the national curricula education on life skills including family planning<br><br>Foster champions within the political, religious and traditional leadership<br><br>Enhance engagement of men in supporting gender equality and the provision of family planning services and adolescent friendly services<br><br>Ensure spousal consent is not required at the point of service delivery<br><br>Advocate for the removal of policies that endorse child marriage | Ghana<br>Guatemala<br>Indonesia<br>Kenya<br>Mali<br>Nepal<br>Nigeria<br>Pakistan<br>Paraguay |

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| 8.<br><br>Support policy development and implementation that prioritises provision of services for vulnerable and poor sectors of the population, including adolescents and focuses on the last mile | Provide adolescent friendly services – include young men and underserved youth<br><br>Use different media to engage with civil society/ communities to enhance education and demand for services<br><br>Provide multiple service delivery points in the public and private sectors, including the workplace<br><br>Reduce barriers to the provision of services, such as parental and school consent for adolescents<br><br>Invest in mobile units that provide information and services in remotes and disadvantaged areas<br><br>Foster champions within the political, religious and traditional leadership<br><br>Collaborate closely with faith-based organisations, among others, to ensure a wide reach | Ethiopia<br>Ghana<br>Guatemala<br>Guinea<br>Honduras<br>India<br>Kenya<br>Mali<br>Mauritania<br>Nepal<br>Niger<br>Paraguay<br>Togo<br>Zambia |

# Table 1. Summary of Policy Changes

| Key policy changes | Illustrative actions to support policy change | Countries |
|---|---|---|
| **9.**<br><br>Include family planning in poverty reduction strategy development and implementation | Include family planning in all relevant policies, notably education, poverty reduction strategies and sustainable livelihood programmes<br><br>Monitor implementation of poverty reduction strategies to ensure that the family planning component is implemented<br><br>Advocate for an integrated approach across sectors including population issues and climate change | Burkina Faso<br>Ethiopia<br>Uganda |
| **10.**<br><br>Provide a policy environment that is conducive for NGOs and faith-based organizations to provide a continuum of services | To ensure momentum and effective scale-up of services enable NGOs and faith-based organizations to commit to providing services for a minimum of 5 years<br><br>Ensure participation of the non-state sector including NGOs and faith based organizations in policy development and implementation.<br><br>Plan and prepare a critical mass of new family planning providers within the department of health and parastatal organisations to improve coverage<br><br>Expand social marketing and introduction of innovative contracting out options | Bangladesh<br>Madagascar<br>Pakistan |

# Table 2. Policy change priorities overview

| | Policy Priorities | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Country** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Bangladesh | ■ | | | ■ | | | | | | ■ |
| Bolivia | ■ | | ■ | | | ■ | | | | |
| Burkina Faso | | ■ | | | | | | | ■ | |
| Cameroon | ■ | | | | ■ | | | | | |
| DRC | ■ | ■ | ■ | | ■ | | | | | |
| Ethiopia | | ■ | | ■ | ■ | | | ■ | ■ | |
| Ghana | | ■ | | | ■ | | ■ | ■ | | |
| Guatemala | | | | | | | ■ | ■ | | |
| Guinea | ■ | | | | ■ | | | ■ | | |
| Honduras | | ■ | | | ■ | | | ■ | | |
| India | | | ■ | | ■ | ■ | ■ | ■ | | |
| Indonesia | ■ | | | | | | ■ | | | |
| Kenya | | ■ | | ■ | ■ | | ■ | ■ | | |
| Madagascar | | | | | ■ | ■ | | | | ■ |
| Mali | ■ | ■ | ■ | | | | ■ | ■ | | |
| Mauritania | ■ | | ■ | ■ | | | | ■ | | |
| Nepal | ■ | | | ■ | | ■ | ■ | ■ | | |
| Niger | ■ | | | | ■ | | | ■ | | |
| Nigeria | | ■ | ■ | ■ | ■ | | ■ | | | |
| Pakistan | ■ | ■ | | ■ | ■ | | ■ | | | ■ |
| Paraguay | ■ | ■ | | | | ■ | ■ | ■ | | |
| Philippines | ■ | | | | ■ | ■ | | | | |
| Senegal | | | ■ | | ■ | | | | | |
| Tanzania | ■ | | ■ | ■ | | | | | | |
| Togo | | | ■ | ■ | ■ | | | ■ | | |
| Uganda | ■ | ■ | | ■ | ■ | | | | ■ | |
| Zambia | | ■ | | ■ | | | | ■ | | |

# Key actions for the Resource Mobilisation and Awareness Working Group

The Reproductive Health Supplies Coalition is a global partnership at the forefront of the global reproductive health commodity security movement and is dedicated to ensuring that all people can make an informed choice. Meaning all people are able to make an informed choice, have access to, and use affordable, high-quality supplies to ensure their better reproductive health.

Within the Reproductive Health Supplies Coalition, the RMA WG firmly supports the vision and goals of the Family Planning Summit. The group has defined three key areas – engaging countries, strategic action and accountability – where it can add considerable value to ensure equity, choice and quality.

## Civil society action

Organisations that represent civil society, many of whom are members of the RMA WG, fulfil a crucial role as the conduit between government and family planning users, their families and communities. Investing in civil society will empower it to:

- Champion the family planning needs and rights of all citizens to ensure their health and well-being through informed choice and voluntary family planning
- Hold governments accountable for their commitments and ensure family planning continues to be prioritized over time
- Drive the demand for a broad range of accessible and continuous, high quality affordable contraceptives and services
- Partner with governments and donors to address the key barriers to progress and identify opportunities for policy change and scale up of successful family planning interventions

## Engaging countries

The RMA WG is dedicated to working closely with partners in countries to ensure political commitment is sustained and acted upon. Political and financial commitments to the Family Planning Summit goal will only translate into sustained action if they are owned by countries and bolstered by the international community. It is vital that countries themselves are actively engaged in defining their needs. That is why the RMA WG reached out to its partners, representing the broad array of stakeholders involved in family planning, in 26 of the world's poorest countries.

## Effective Collaboration for Accountability

The RMA WG believes coordination mechanisms at the national level will need to be strengthened and, where they do not exist, be put in place to ensure action is harmonized, progress monitored, problems identified and locally appropriate solutions found.

The RMA WG suggests that accountability for identifying and scaling up effective practices to enhance access to reproductive health supplies at the national level be placed within existing coordinating mechanisms such as the national contraceptive security committees (NCSC) and other relevant committeessuch as the family planning technical working groups. [VI] These committees engage a wide range of stakeholders, including government, civil society, donors and the public and private sector. They offer an existing forum where progress can be monitored, problems identified and solutions found.

Housing monitoring of the impact of local strategies in an existing locally-owned structure is critical if governments are to demonstrate leadership and take charge of their own national family planning programmes. In countries where they do not exist, efforts should be made to work with all relevant donors and the Ministry of Health to establish these groups, ensuring they include representation from the Ministries of Health and Finance, as well as the donor community, nongovernmental community, private sector, social marketing sector and local civil society. This will help to ensure ongoing communication and coordination among stakeholders on joint priorities.

The civil society seat on these committees and task teams provides the connection between the national monitoring mechanisms and civil society, ensuring that advocacy is connected to the needs identified through the monitoring process. Civil society can work closely within these structures to act as community advocates to improve the policy, budgetary, legislative and socio-cultural environment which contribute to empowering women and support access to family planning services, supplies and information.

# Contributing Partners

The Reproductive Health Supplies Coalition wishes to thank

- Abt Associates
- Association Béninoise Pour La Promotion De La Famille (ABPF)
- Action Et Développement (ACDEV)
- Association Camerounaise Pour Le Marketing Social (ACMS)
- Advocacy Nigeria
- Action Et Développement
- Advance Family Planning (AFP)
- AFP-Tanzania
- AFP -Uganda
- Association Guinéenne Pour Le Bien Être Familial (AGBEF)
- Agence Française De Développement (AFD)
- Aliansi Remaja Independen/ Independent Youth Alliance
- Aprofam Guatemala (IPPF)
- Asociacion Honduras De Planificacion De Familia (ASHONPLAFA)
- Association Malienne Pour La Protection Et La Promotion De La Famille (AMPPF)
- Assemblee Nationale Cameroun
- Association Des Femmes Actives Contre Le Sida, Niger
- Association Mauritanienne Pour La Promotion De La Famille (AMPF)
- AYZH Health And Livelihood Private Limited
- BEN/SADEV
- National Family Planning Coordinating Board Indonesia (BKKBN)
- Care
- Cepep (Demographic Studies Center Of Paraguay-IPPF Affiliate)
- Research And Analysis Center Of Public Policies-Nicaragua (CEAP)
- Cies-Bolivia (IPPF)
- Community And Family Aid Foundation
- Conseil National De Lutte Contre Le Sida, DRC
- Cupid Limited, India
- Direction De La Pharmacie Et Du Médicament, Mali
- Direction Nationale De La Pharmacie Et Des Laboratoires Guinée
- Demand Side Financing Bangladesh (DSF)
- Dsme/Ministere De La Sante Benin
- Deutsche Stiftung Weltbevoelkerung (DSW)
- Economic Community Of West African States (ECOWAS)
- Engenderhealth
- Equilibres & Populations
- FPA Bangladesh
- FPA Tanzania
- FHI 360
- Fonds De Solidarite Nationale Mali
- Futures Group
- Futures Group Peru
- Futures Group Mali
- Global Hope Mobilization (GLOHOMO)
- Gujarat Aids Awareness And Prevention
- Human Development Trust, Tanzania
- Indian Council Of Medical Research
- Institut Bioforce
- International Planned Parenthood Federation (IPPF)
- IPPF Africa Region
- Institut Régional De La Santé Publique Béni (IRSP)
- IPAS Central America
- JHPIEGO Kenya
- Johns Hopkins University Center For Communication (JHUCCP)
- John Hopkins Bloomberg School Of Public Health
- John Snow International (JSI)
- JSIIDeliver Bolivia
- JSIIDeliver Guatemala
- JSIIDeliver Nicaragua
- JSIIDeliver Paraguay
- Kenya Association For Maternal & Neonatal Health (KAMANEH)
- LABOCONTROLE
- Likhaan Center For Women's Health, Inc.
- MSI Burkina Faso
- MSI Ethiopia
- MSI Madagascar
- MSI Senegal
- MSI Uganda
- Ministère De La Sante Mauritanie
- Ministère De La Sante Programme National De Sante De La Reproduction, DRC
- Ministère Des Affaires Étrangères, Ambassade De France
- Ministry Of Health Zambia
- Ministry Of Health Of Bolivia
- Ministry Of Health Of Guatemala
- Ministry Of Health Of Honduras
- Ministry Of Health Of Paraguay
- MSD/Merck
- National Population Commission For Nigeria (NPC)
- Noble Missions For Change Initiative
- Northern Sector Action On Awareness Centre (NORSAAC)
- IPEDE
- Social Welfare Action Alliance (SWAA)
- The David & Lucile Packard Foundation
- PAHO Honduras
- PAHO/Clap
- PAHO Paraguay
- Partners In Population And

Development (PPD)
- Pathfinder International
- Path
- Path Kenya
- People's Health Movement (PHM )
- Planned Parenthood Association Of Ghana
- Planned Parenthood Federation Of America (PPFA)
- Population Aciton International (PAI)
- Population Council
- Population Council, Accra
- Population Services International (PSI)
- PASMO/PSI Bolivia
- PASMO/PSI Guatemala
- PASMO/PSI Honduras
- PASMO/PSI Nicaragua
- PASMO/PSI Paraguay
- Population Reference Bureau (PRB)
- Prestech - Presbyterian Technical Services
- Profamilia Nicaragua (IPPF)
- Programme Integre De Sante De Reproduction Et Familiale (PISRF)
- Prosalud Bolivia
- Reproductive Health Uganda (RHU)
- Reproductive Health Supplies Coalition (RHSC)
- REPROlatina
- Rosapod
- Supply Chain Management Services For Health For Africa (SAMASHA)
- Sante Sans Frontiere
- Sima Community Based Organization
- Shops Project
- Social Security Institute Of Bolivia
- Social Security Institute Of Guatemala
- Social Security Institute Of Honduras
- Social Security Institute Of Paraguay
- Teenage Health Education Centre
- United Nations Population Fund (UNFPA)
- UNFPA Mali
- UNFPA Nicaragua
- UNFPA Paraguay
- United .States Agency For International Development (USAID)
- Ulat/MSH Honduras
- USAID Nicaragua
- World Health Organization (WHO)
- Youth Net And Counselling

## Endnotes

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III Susheela Singh and Jacqueline E. Darroch, Adding It Up: Costs and Benefits of Contraceptive Services - Estimates for 2012, New York: Guttmacher Institute and United Nations Population Fund, 2012.

IV Schrade, C et al., Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health: Options for Action, SEEK Development for the Partnership for Maternal, Newborn and Child Health, 2011.

V The countries were selected from a list of the world's poorest countries (http://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD last accessed 10 June 2012) ensuring a balanced representation from all regions the Reproductive Health Supplies Coalition is active in (Latin America, West Africa and Asia) and those having either RMAWG or Coalition partners on the ground.

VI With a specific focus on contraceptive supplies these coordinating mechanisms are deemed most effective, other bodies like the FP Technical Working Groups that work more broadly on FP issues (demand, service delivery, supplies) will be more appropriate to tackle other issues and will need to be considered on a case to case basis.

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