Road-Mapping a Total Market Approach
Eastern Europe and Central Asia Workshops
April 2013
Acknowledgments

The regional workshops were the vision of Ezizgeldi Hellenov, the Reproductive Health Commodity Security Regional Adviser at the United Nations Population Fund (UNFPA) Eastern Europe and Central Asia (EECA) Sub-regional Office in Almaty, who initiated and planned them within the ongoing EECA regional program. He oversaw the workshops with the support of Tim Sladden, HIV Adviser in the EECA Regional Office in Istanbul. The UNFPA Global Programme to Enhance Reproductive Health Commodity Security, managed by the Commodity Security Branch, provided the funding for the workshops. Doina Bologa, UNFPA Country Director for Bosnia and Herzegovina, Kosovo, the Former Yugoslav Republic of Macedonia, and Serbia, hosted the workshop in Sarajevo. Nuzhat Ehsan, UNFPA Representative in Ukraine, and Pavlo Zamostian, UNFPA Assistant Representative, hosted the workshop in Ukraine.

Janet G. Vail, Reproductive Health Senior Program Officer at PATH, developed the workshop content. Jenny Winkler developed the facilitation guide. Amy Heyden, Reproductive Health Global Program Administrator at PATH, co-facilitated the workshops.

UNFPA staff provided logistical support. In Sarajevo, special thanks go to Majda Prljaca, Communications Assistant. In Kyiv, Natalia Nason provided logistical oversight. Karlygash Mizanova, Program Associate in the Sub-regional Office in Almaty, provided general administrative assistance for both workshops.

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# Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CSB</td>
<td>Commodity Security Branch</td>
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<tr>
<td>EDL</td>
<td>Essential Drugs List</td>
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<tr>
<td>EECA</td>
<td>Eastern Europe and Central Asia</td>
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<td>EECARO</td>
<td>UNFPA Eastern Europe and Central Asia regional office</td>
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<td>FP</td>
<td>Family planning</td>
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<td>GPRHCS</td>
<td>UNFPA Global Programme to Enhance Reproductive Health Commodity Security</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<tr>
<td>IUD</td>
<td>Intrauterine device</td>
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<tr>
<td>JSI</td>
<td>John Snow, Inc.</td>
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<td>MICs</td>
<td>Middle-income countries</td>
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<td>MOH</td>
<td>Ministry of health</td>
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<td>NGOs</td>
<td>Nongovernmental organizations</td>
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<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<td>RH</td>
<td>Reproductive health</td>
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<td>RHCS</td>
<td>Reproductive health commodity security</td>
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<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>TMA</td>
<td>Total market approaches</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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In Eastern Europe and Central Asia, progress has been made in recent years in improving sexual and reproductive health (SRH). But significant challenges and barriers still limit universal access to SRH services and commodities, as called for by the International Conference on Population and Development (ICPD) Program of Action and Millennium Development Goals (MDGs) 5 and 6, in particular for vulnerable populations.

The initiative to introduce the total market approach in the region as an innovative tool to improve access to SRH commodities emerged from a multi-country study conducted by United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation's European Network in 2011 and the recommendations from a high-level consultative meeting with government representatives held in 2012.

The total market approach (TMA) looks at what the public sector, commercial suppliers, and nongovernmental organizations can do to ensure a reliable supply of reproductive health commodities, in particular for family planning and HIV prevention. It takes into account that not all population groups are able or willing to pay the full market price for such commodities, and foresees subsidies or free supplies for those who cannot afford them. This helps ensure that the entire population has access to a wider range of affordable quality contraceptives, including marginalized or otherwise underserved groups.

The TMA is particularly suitable for middle-income countries wishing to lower their dependency on development assistance for covering supplies of SRH commodities while ensuring access for all population groups. Eighteen of the 20 countries in Eastern Europe and Central Asia are middle-income countries.

UNFPA and PATH are natural partners in advancing total market approaches due to UNFPA's unique position as an intergovernmental agency mandated to promote SRH and PATH's function as a bridging agency between the public and private sectors. PATH's previous experience with TMA at the national level has been to work with governments to take on the role of steward to the total market, and to coordinate with the private sector to expand access, ensure equity, and maximize financial resources. This central role of the government has been a key to success, and a substantially different approach than other programs that encouraged private-sector participation in family planning.

The plan of introducing the TMA to almost 20 countries at two regional workshops was truly ambitious; however, both workshops resulted in the development of concrete national action plans for each participating country, showing that this can be a model process moving forward.

We believe that the process started in this region will not only help the participating countries in making progress on implementing the ICPD agenda and the relevant MDGs, but that it will also be useful as a model for other regions, with the support of the Global Programme to Enhance Reproductive Health Commodity Security.

Werner Haug
Director, Regional Office for Eastern Europe and Central Asia, UNFPA

Jane Hutchings
Director, Reproductive Health Global Program, PATH
Background

In Eastern Europe and Central Asia (EECA), achieving reproductive health commodity security (RHCS) is a challenge due to poor commitment of the governments to invest in affordable and accessible reproductive health products, especially contraceptives. Progress toward RHCS is also challenged by political, economic, and structural changes including health sector reforms and privatization of health services. Since most of the countries in the region are middle income, very limited amounts of reproductive health commodities are provided by development partners. In general, the region is characterized by increasing unmet need, a high rate of abortion, low modern contraceptive use, and increasing inequity in contraceptive prevalence.

In June 2012, the United Nations Population Fund (UNFPA) Regional Office for EECA (EECARO) and the International Planned Parenthood Federation (IPPF) European Network Regional Office conducted a meeting of high-level government officials from 17 countries in order to bring attention to gaps, priorities, and measures for client-oriented RHCS strategy in middle-income countries (MICs). The meeting was based on findings and recommendations of a 2011 survey in seven MICs. During the two-day meeting, participants revisited the survey recommendations and validated them for their respective countries. Several of the endorsed recommendations applied to total market initiatives; specifically:

- To coordinate efforts of all stakeholders from different sectors (nongovernmental organizations [NGOs], private and public sector) with clear division of roles and responsibilities;
- To introduce sustainable financing mechanisms (such as the total market approach) including applying government funding to prioritize the affordability of contraceptives for vulnerable populations.

Based on these recommendations, EECARO initiated activities for “road-mapping” implementation of total market approaches (TMA) in the region. A letter of understanding was signed with PATH, a global health organization and technical partner with extensive experience in TMA. After several consultations during 2012 and analysis of 2013 online survey findings, EECARO and PATH developed materials for regional workshops.

Introduction

The EECARO of UNFPA convened two workshops in April 2013. The first, in Sarajevo from April 17 to 19, was designed to reach English-speaking countries. Teams from eight countries participated: Albania, Bosnia and Herzegovina, Bulgaria, Kosovo, Former Yugoslav Republic of Macedonia, Romania, Serbia, and Turkey. The second workshop, held in Kyiv from April 23 to 25, was conducted for Russian speakers from these twelve countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. The Kyiv workshop was conducted with simultaneous interpretation for English and Russian.

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The country teams were composed of representatives from the following categories of organizations:

- Family planning (FP) or reproductive health (RH) programming division of the ministry of health (MOH)
- UNFPA
- Financing responsibility from the MOH, ministry of finance, or national health insurance
- NGOs, such as an affiliate of IPPF or a social marketing group

A total of 82 people participated in both workshops, including advisers from the UNFPA EECA regional and sub-regional offices. A list of participants is provided in Annex 1.

The workshop objectives were to increase awareness about total market approaches for RH/FP and to develop an action plan for total market initiatives in each country. The agenda for the three-day workshop, provided in Annex 2, was organized around the steps to implement a TMA:

1. Engaging stakeholders
2. Gathering and applying evidence
3. Developing and implementing an action plan

Much of the work was conducted in small groups composed of individuals from a mix of countries. Participants came together as a country team at the end of the second day to compare notes and to develop their country action plans.

The expected result of each workshop is that the country teams will implement the actions in their plans with the support of UNFPA and its partners.

**Survey**

To plan for the meeting, PATH developed a survey to seek inputs on the participants' knowledge of total market concepts, identify the range of experiences with TMA, and determine workshop content and methods. The survey is provided in Annex 3. UNFPA administered the questionnaire, translated it into Russian, and translated the Russian responses.

Thirty-three respondents from 16 countries replied by the following type of respondent: 6 MOH, 11 UNFPA, 15 NGOs, 1 donor. The survey respondents were not all the same as those attending the workshop.

Overall, the majority of respondents agreed that the government has a function to coordinate stakeholders, which it is now fulfilling (64 percent), or that a high priority (73 percent) is to establish and maintain a coordination mechanism. Similarly, most (73 percent) felt it appropriate to coordinate public and private financing for family planning services.

In terms of targeting public financing, 80 percent felt it was a high priority to direct public funding to lower-income populations, and agreed that identifying the most appropriate population for the public sector to finance would improve equity and access to family planning for all.

Despite these responses about coordination of financing and targeting of public financing, 55 percent felt that it was a low priority to encourage higher-income populations to seek services that are privately funded, and 30 percent felt it was not a priority at all.

In terms of increasing the government's stewardship of non-state providers, 61 percent felt this was a high priority.

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3. The workshop agenda was organized with five implementation steps. Based on feedback from participants, this was revised to these three steps.
In each country, the local UNFPA and government authority opened the workshop. These served to stress the importance of the topic to the local and regional context, and also to make a commitment to future implementation. In Sarajevo, Draženka Malicbegovic, Assistant Minister at the Ministry of Civil Affairs, said that Bosnia and Herzegovina will take steps to introduce the TMA, as this will contribute to achieving the goals set in the 2012 national sexual and reproductive health (SRH) policy.

In Ukraine, Mr. Alexandr Tolstanov, Deputy Minister of Health of Ukraine, stated: “The hosting of the regional TMA workshop in Kyiv has a two-fold objective: (1) to share Ukraine experience to other middle-income countries and (2) learn more regarding the total market approach in order to fill the existing gaps in our country and advance our RH system.” Nuzhat Ehsan, the UNFPA representative, noted that Ukraine's commodity supply is fragile, and partnership between the government and private sector is key to freeing up the government to take care of vulnerable populations.

Approximately one-third of the participating countries already had conducted some form of total market planning. However, the workshop helped participants to clarify use of the term “total market” and to discuss if previous work was indeed total market-oriented. For example, some survey respondents noted that they already worked with the private sector to provide services and develop policies, but they had not heard the total market terminology. On the other hand, five countries had previously conducted market segmentation studies, but the resulting study recommendations were not applied (see sidebar below). Similarly, some countries did not have coordination mechanisms between the government and other sectors, or had coordination committees that did not meet.

While two of the participating countries are low income (Kyrgyzstan, Tajikistan), and one is high income (Russia), the remaining are classified as middle income. In general, this signals an environment of declining external donor contributions for the health sector.

Governments of nine countries provide funding for contraception (Albania, Georgia, Kazakhstan, Moldova, Romania, Russia, Turkey, Ukraine, Uzbekistan), but through different mechanisms. Four target the financing to vulnerable populations (Albania, Kazakhstan, Romania, Ukraine). In the case of Georgia and Moldova, the government funding is provided via national health insurance.

Ten countries (Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Kyrgyzstan, Macedonia, Tajikistan, Turkmenistan, Serbia) have no current government funding for contraception.

In most of the participating countries, the private sector provides 70 percent or more of family planning services.

“While two of the participating countries are low income (Kyrgyzstan, Tajikistan), and one is high income (Russia), the remaining are classified as middle income. In general, this signals an environment of declining external donor contributions for the health sector.”

Survey respondent

“The total market approach is an important tool not only for making the supply of reproductive health commodities more sustainable, but also for eliminating existing barriers to modern family planning methods.”

Doina Bologa, UNFPA’s Country Director for Bosnia and Herzegovina, Serbia, Kosovo, and the former Yugoslav Republic of Macedonia
From a total market perspective, the challenge in this region is to encourage the government to undertake coordination and stewardship functions in the areas of regulating quality and increasing access, especially for vulnerable populations.

Based on small group discussion and grouping of themes among the participants, each workshop defined key elements of a TMA. In both workshops, the participants identified core elements as:

- Coordination and partnership of stakeholders from different sectors.
- Seeking universal access by:
  - Defining appropriate populations to target.
  - Providing maximum benefit for vulnerable populations.
- State leadership and accountability.

“TMA is stewardship of a quality system that provides access for all.”

*Workshop participant*
Country experiences with total market initiatives

Teams from among these countries presented their experiences to the participants in both workshops, and shared their challenges and lessons learned. Teams from Albania, Kosovo, and Romania presented their experiences in total market planning in the Sarajevo workshop. At the Kyiv workshop, Armenia, Georgia, and Ukraine presented. Key findings from these presentations are summarized here.

**Albania:** Albania has a national contraceptive security strategy, conducted market segmentation analysis, has had a sector-wide coordination body since 2006, and a national action plan for RHCS. Government funding for contraceptives is increasing as UNFPA ceases product donations. The country context is supportive (see Figure 1). By 2016, the government plans to shift free distribution of products to only the most vulnerable population. Future needs are to determine the cost of the basic package of goods to shift free distribution of products to only the most vulnerable population. By 2016, the government plans to shift free distribution of products to only the most vulnerable population. Future needs are to determine the cost of the basic package of goods. However, challenges remain, as with Armenia, many RH products are not on the EDL. Restructuring of private health facilities and insurance financing programs necessitates renegotiation with previous partners on supply distribution and pricing.

**Kosovo:** Kosovo presented its experience with condom social marketing. Its main challenges have been the low demand for family planning with total fertility decreasing, and the lack of government prioritization of family planning. While they do have a coordination committee, it is not officially endorsed to make decisions.

**Romania:** Romania’s experience is similar to Albania’s in that the government is purchasing contraception as donors leave, and it is targeting products to vulnerable populations. They coordinate with other sectors. Challenges include decentralization of financing and maintaining quality of health service providers. Their lessons learned are shown in Figure 2.

**Armenia:** Armenia had conducted prior market segmentation analysis and some elements of total market planning. Sexual and reproductive health (SRH) and FP are included as priorities in the poverty reduction strategy. Reliable data exist on contraceptive use, trends, and needs. However, they did not have a coordination body on SRH and there was agreement in the survey responses that the government was not taking a lead role to mobilize all sectors. Additionally, their presentation raised an important point that the Essential Drugs List (EDL) did not include family planning devices, such as condoms and IUDs (see Figure 3).

**Georgia:** The focus of Georgia’s total market planning was on gathering evidence for advocacy and decision-making. This included a gap analysis of family planning services, a study of economic and social vulnerability, and a reproductive health survey. Most impressively, contraceptive prevalence had increased to 53 percent in 2010 (from 41 percent in 1999), while the abortion rate halved over the same period. Government partnerships with pharmacists have expanded access to contraception, especially for youth. However, challenges remain. As with Armenia, many RH products are not on the EDL. Restructuring of private health facilities and insurance financing programs necessitates renegotiation with previous partners on supply distribution and pricing.

**Ukraine:** Mr. Alexandr Tolstanov, Deputy Minister of Health of Ukraine, noted that Ukraine as a middle-income country already started to procure contraceptives for its three categories of vulnerable populations within the ongoing State Program on Reproductive Health of the Nation. The USAID Together
for Health project, implemented by John Snow, Inc. (JSI), applied a total market approach to improve availability, accessibility, and affordability of contraception. This included working with pharmacists to provide a defined package of products, and training and certifying pharmacies. In addition, the project collaborated with pharmaceutical manufacturers to reduce prices, launch needed methods, and provide education to the pharmacists. The key to their approach was targeting different market segments as shown in Figure 4. One of the key lessons learned was that backing of the government is crucial for success. In future, the government will work with sub-national level government agencies to mobilize resources for procurement and work with the private sector.

Planning for the future

By the end of the workshops, each country team had developed its action plan. Common themes of the plans were to:

Engage stakeholders:
- Identify new stakeholders.
- Strengthen existing coordination bodies (e.g., meet routinely or diversify membership).
- Advocate to government agencies, parliamentarians, and subnational government authorities.
- Integrate TMA into national strategy development.

Gather and apply evidence:
- Determine current contraceptive and service sources including private markets.
- Collect evidence about the extent and identification of low-income, vulnerable populations.
- Identify which populations are best suited to pay for contraception.
- Review/revise EDLs to include contraception (including devices).
- Evaluate legislative and regulatory changes needed.
- Determine costs of family planning service provision.
- Determine quality indicators to monitor quality of service provision in both public and private sectors.

Each country team also requested support from UNFPA’s regional office to implement these action plans. Most of these requests were for technical support to conduct willingness-to-pay and market-segmentation studies, plan advocacy strategies and activities, and address demand generation. Additionally, support is needed to promote AccessRH with government procurement bodies. Regional approaches were most welcomed, and participants sought to continue to share their experiences through regional networking and alliances, particularly using social media tools. It was agreed to assess implementation after one year and then determine what additional support is needed.

Evaluation results showed that both workshops were successful in increasing the participants’ awareness and understanding of total market approaches, and in helping country teams to develop a road map for how to introduce a total market approach in each country.

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4. These plans are available at: eeca.unfpa.org/public/pid/14361
Conclusion

Nineteen country teams developed action plans in the course of the workshop. Most participating countries already had some previous experience with components of total market approaches before the workshop; the workshop enabled them to examine gaps and move forward quickly to develop an integrated plan. EECARO will provide support to countries to implement the plans, such as targeted technical support.

Countries in the EECA region have the capacity to develop and implement action plans for applying total market approaches to achieve their family planning and reproductive health goals. The workshop helped participants to see how governments can contribute to the goals as steward of the total market, even when most services and products are sourced from the private sector. This will help to ensure access, equity and sustainability, and meet Millennium Development Goals.
Annex 1

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Annex 2

Agenda

Road-Mapping a Total Market Approach for Family Planning and Reproductive Health Commodity Security (Including Condom Programming): “Ensure access for all to family planning and reproductive health, with a specific focus on vulnerable populations.”

April 17–19, 2013: Sarajevo, Bosnia and Herzegovina

April 23–25, 2013: Kyiv, Ukraine

Day 1: Background

<table>
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<tr>
<th>Time</th>
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<td>8:45–9:15</td>
<td>Registration</td>
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<td>9:15–10:00</td>
<td>Opening speech by host country, UNFPA, and PATH</td>
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<td>10:00–10:30</td>
<td>Introductions, agreements, and other logistics arrangements</td>
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<td>10:30–10:45</td>
<td>Meeting objectives and expected results</td>
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<td>10:45–11:15</td>
<td>Break</td>
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<tr>
<td>11:15–13:00</td>
<td>What is a total market initiative (TMI)?</td>
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<td></td>
<td>• What are common elements of a definition?</td>
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<td>• How could a TMI help to achieve national FP/RH strategy and goals?</td>
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<td>• How do different stages of a country’s economy and its FP/RH program influence the total market interventions?</td>
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<td>13:00–14:00</td>
<td>Lunch</td>
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<td>14:00–14:30</td>
<td>Identify steps to a TMI</td>
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<td>14:30–15:00</td>
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<td></td>
<td><strong>Step 1: Engage stakeholders</strong></td>
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<tr>
<td></td>
<td>Participants work in small groups to address questions about a case study</td>
</tr>
<tr>
<td>15:00–15:30</td>
<td>Break</td>
</tr>
<tr>
<td>15:30–16:00</td>
<td>Participants continue in small groups on a case study</td>
</tr>
<tr>
<td>16:00–16:30</td>
<td>Small groups report out to plenary</td>
</tr>
<tr>
<td>16:30–17:00</td>
<td>Synthesis of learning from Step 1</td>
</tr>
<tr>
<td></td>
<td>Each participant records next steps to engage stakeholders in their country</td>
</tr>
<tr>
<td>17:00–17:15</td>
<td>Wrap up and adjourn</td>
</tr>
</tbody>
</table>
## Day 2: Implementation

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 9:00–9:30     | Recap of day 1  
Introduction to day 2                                                   |
| 9:30–10:00    | Access RH presentation                                                  |
| 10:00–10:45   | **Step 2: Gather and apply evidence for decision-making**  
Participants work in small groups on a case study                       |
| 10:45–11:15   | Break                                                                   |
| 11:15–12:00   | Small groups report out at plenary  
Synthesis of learning  
Each participant records next steps to gather evidence in their country |
| 12:00–13:00   | **Step 2, continued: Apply the evidence**  
Round-robin in each small group:  
• Tell us about a time you observed in your country when data were applied effectively to decision-making?  
• What data might be effective to influence critical stakeholders in your country in future?  
Each small group reports out to plenary                                   |
| 13:00–14:00   | Lunch                                                                   |
| 14:00–15:00   | **Step 3: Develop and implement an action plan**  
Moderated panel discussion to present examples of TMI practices from countries (i.e., different contexts and practices) and their action plans |
| 15:00–15:30   | Break                                                                   |
| 15:30–16:00   | Each participant records an action plan  
Small groups discuss and compare plans                                    |
| 16:00–17:00   | Participants work in country teams to compare the notes they recorded from previous steps |
| 17:00         | Wrap up                                                                 |
### Day 3: Success

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>9:00–9:15</td>
<td>Recap of day 2&lt;br&gt;Introduction to day 3</td>
</tr>
<tr>
<td>9:15–9:45</td>
<td><strong>Success and lessons learned</strong>&lt;br&gt;• How do you define and measure success?&lt;br&gt;• What are success factors from previous initiatives?&lt;br&gt;• What are lessons learned and best practices?</td>
</tr>
<tr>
<td>9:45 – 10:45</td>
<td>Country teams record their action plan</td>
</tr>
<tr>
<td>10:45–11:15</td>
<td>Break</td>
</tr>
<tr>
<td>11:15–12:15</td>
<td>Country teams report out on their plan in plenary</td>
</tr>
<tr>
<td>12:15–12:30</td>
<td>Discussion and questions/answers</td>
</tr>
<tr>
<td>12:30–13:00</td>
<td>Country teams identify regional support to fulfill their commitments</td>
</tr>
<tr>
<td>13:00–14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00–14:30</td>
<td>Evaluation of workshop</td>
</tr>
<tr>
<td>14:30–15:00</td>
<td>Closing ceremony</td>
</tr>
<tr>
<td>15:00–15:30</td>
<td>Farewell coffee break</td>
</tr>
</tbody>
</table>
Annex 3

A survey for the total market approach for FP/RHCS in EECA

Existing family planning programs and policies

1. For each of the following, please note if you agree (A), disagree (D), or don't know (DK) about the situation in your country.

<table>
<thead>
<tr>
<th>Statement</th>
<th>A</th>
<th>D</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The government is involved in promoting or working with the private sector for family planning service provision.</td>
<td></td>
<td></td>
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<tr>
<td>b. The government usually engages not-for-profit private sector providers in the development of family planning policies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The government usually engages for-profit private sector providers in the development of family planning policies.</td>
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<td></td>
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<tr>
<td>d. Legislation and regulations exist to define roles and responsibilities of private sector in family planning.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. The government has the necessary resources to enforce existing legislation and regulations on family planning.</td>
<td></td>
<td></td>
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<tr>
<td>f. Public (government) spending on family planning for the lower-income population is adequate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The government takes a lead role in mobilizing and coordinating all sectors and stakeholders to improve family planning services.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. What is the priority in the following areas for ensuring equity and access to family planning services in your country? Please note if you think it is a high priority (H), low priority (L), or not a priority at all (N).

<table>
<thead>
<tr>
<th>Statement</th>
<th>H</th>
<th>L</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Directing public funding to lower-income populations.</td>
<td></td>
<td></td>
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<tr>
<td>b. Encouraging higher-income populations to seek services that are privately funded.</td>
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<tr>
<td>c. Establishing or maintaining a coordination mechanism involving all stakeholders in family planning.</td>
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<tr>
<td>d. Coordinating public and private financing so that family planning services for all are sustainable.</td>
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<tr>
<td>e. Increasing government's stewardship (oversight to ensure quality, availability, affordability) of non-state providers of family planning.</td>
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</tbody>
</table>

3. Are there additional priorities you think are important which are not mentioned?
Total market approach

4. Do you agree, have a neutral opinion, or disagree that public-private collaboration will create equitable and sustainable access to family planning services?
   □ Agree
   □ Neutral
   □ Disagree

5. Have you ever heard (known) of “total market approach”?
   □ Yes
   □ No (go to question 9)

6. How do you define it?

7. Which aspects of the total market approach do you think would be most helpful or appropriate in your country, and why?

8. Which aspects of the total market approach do you find least appropriate and why?

9. I will read to you some statements and please tell me if you agree (A), disagree (D) or don’t know (DK).

<table>
<thead>
<tr>
<th>Statement</th>
<th>A</th>
<th>D</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Strengthening the government’s role in coordinating and mobilizing the public and private sectors is an effective way to improve family planning programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Identifying the most appropriate population for the public sector to finance will improve equity and access to family planning for all populations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Identifying the most appropriate contraceptive method mix provision to each sector’s population is a priority.</td>
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</tbody>
</table>

10. What are some of the steps you think are important to engage stakeholders in developing a total market approach? (Please list the most important three steps):

1. ........................................................................
2. ........................................................................
3. ........................................................................
11. What are the resources or data you think are required to support the coordination and mobilization of public and private sectors in your country?

Workshop design

12. What are your hopes for what you will accomplish or achieve through your participation in this workshop?

13. Please describe workshop techniques or methods that you have found particularly effective and would like to see integrated into this meeting?

14. Are there any workshop techniques or methods that you would prefer not to see integrated into this meeting?

Thank you very much for your participation. We will be using the results of this survey to develop the agenda for the workshop to be held in April 2013.