

Round-table Discussion:

Laying the foundation for lasting engagement
between the RHSC and China

14 May 2015, Hotel Nikko New Century, Beijing



Introduction

From May 14-15, the Executive Committee of the Reproductive Health Supplies Coalition met in Beijing, China for its first semi-annual meeting of the 2015.

The choice of Beijing as a meeting venue was a strategic decision, but it also represented a notable departure from past practice. It was the first time an Executive meeting not linked to the Coalition's general membership meeting was held outside of Europe or North America. And it was the first time Committee members chose to devote an entire week to the event, visiting service delivery providers, manufacturers and other facilities in both Shanghai and Beijing.

But the decision to meet in China was also strategic in that it marked the end of the China Contraceptive Supplies Administration's (CCSA) two-year term on the Executive Committee. Representing the government of China, CCSA joined the Coalition in 2011 and then, one year later, secured a seat on its governing body, the Executive Committee. For the Committee, CCSA's departure represented an opportune moment to lay the foundations for a lasting engagement with China more broadly. To that end, the Executive chose to engage actively with key stakeholders from across China's reproductive health (RH) community, share ideas and be witness to China's contribution to reproductive health commodity security.

A key building block in that engagement process was a round-table discussion, which took place on the first day of the actual Executive Committee meeting. The event took the format of an open discussion, involving Committee members and 23 invited guests (see full participant list in Annex 1), each chosen on the basis of their knowledge and experience on one or more of four broad themes, agreed upon in advance by partners in China and the Executive Committee. Simultaneous

简介

5月14至15日,生殖健康供应联盟执行委员会在中国北京召开了2015年上半年年度会议。

选择北京作为会议召开地是一项战略决策,同时也标志着我们在以往实践基础上的重大转变。这是委员会会议除了与联盟全员大会合作召开之外,第一次在欧洲或者北美以外的地区召开,也是委员会成员第一次把一整个星期的时间投入到会议当中,期间,他们拜访了上海和北京的服务提供商、生产商和其他机构。

在中国召开此次会议,还有另一个战略意义,那就是标志着国家卫生计生委药具管理中心(CCSA)作为联盟执行委员会成员两年任期的结束。2011年,CCSA代表中国政府加入联盟,一年以后加入其管理机构:执行委员会。对于委员会来说,我们也可以利用CCSA任期结束的机会来奠定联盟与中国建立更加广泛和持久关系的基础。为了实现这一目标,委员会委员与中国的生殖健康(RH)领域的主要机构确保积极开展合作,交流想法,见证中国对生殖健康产品安全的贡献。

在执行委员会会议召开的第二天举行的圆桌会议讨论,是我们保持紧密联系的重要环节。圆桌会议以公开讨论的形式进行,包括委员会委员和23个特邀嘉宾(与会名单见附件1),受邀嘉宾都

translation was provided so that guests could speak freely and candidly.

This report offers a detailed account of the round-table discussion. It describes the rationale and background for the event; it presents the key themes around which the discussion focused; it acknowledges and documents the contributions of those who attended; it highlights key take-away messages and themes; and, finally, it outlines next steps as the Coalition seeks to respond to the calls for it to act, as voiced by partners, both on the Executive and within China more broadly. This document, therefore, represents the first of what we hope will be many steps on the road to a lasting engagement with China.

是对四项广泛议题中的一个或多个议题拥有广泛知识和经验的人，该四项议题是由中国的合作伙伴和执行委员会提前共同商讨决定的。会议提供同声传译以便与会人员自由和坦诚地交流。

本报告详细记录了圆桌讨论的内容。包括介绍了会议召开的理念和背景，列出了集中讨论的重要议题，记录和确认了与会人员的发言，强调了所传递的重要信息和主题。最后，为了响应合作伙伴期望联盟在委员会层面和中国开展更加广泛活动的呼吁，报告总结了下一步行动措施。因此，这份报告代表了我們期望与中国保持长期持久的合作道路上迈出的第一步。

Round-table Discussion Topic One

China as development partner

The last few years have seen China assume an increasingly proactive role as a development partner, both in the area of international health and specifically RH commodity security. It has, for many years, made significant donations of supplies and equipment under the umbrella of Partners in Population and Development (PPD). At the beginning of 2015, China's government contributed financially, for the first time ever, to GAVI. And more recently, China has captured world headlines by calling for the establishment of an Asia regional bank. While the international community has overwhelmingly welcomed these moves, many members, including China, have their own unique views as to what "partnership" truly means. In this session, we ask participants to reflect on and address the following issues: What is China uniquely equipped to deliver in advancing the cause of global RH commodity security? What is the Chinese perspective on the post-2015 development agenda? What expectations does China have of the global development community that would help it contribute more effectively in the development space? What do those organizations with a longer history in the development space hope to see from China?



Jack Zhang, Hu Hongtao, Xu Ming, Cheng Feng

Mr. Hu Hongtao, Commissioner of the National Health and Family Planning Commission (NHFPC), opened the discussion on "China as a Development Partner" by describing China's population and reproductive health (RH) context. He highlighted the following points:

- › With 1.368B people, China has the largest population in the world and accounts for about 19% of the world's total population.
- › Despite having the world's second largest economy, China's GDP per capita places it around 90th in the world, behind that of Iraq (84th) and South Africa (80th).
- › By 2014, China had reduced its MMR to 21.7/100,000 from 88.8/100,000 in 1990—one year ahead of the MDG target deadline.
- › China met its MDG targets for poverty reduction and the under-five mortality as early as 2007.

- › China's TFR currently stands at 1.6.
- › Those aged 60 and over (212M) account for 15.5% of China's total population.
- › China evidences an abnormal sex ratio at birth (115.8).
- › China's "floating" or internal migrant (rural to urban) population stands at 253M.
- › Unmarried girls represent a large proportion of those receiving abortion.

Mr. Hu noted that cost and quality represent two important barriers to accessing RH commodities in developing countries. Many of the RH products available in developing countries do not have WHO prequalification or UNFPA quality certifications. And those that do, are often beyond the means of those who need them. This is a long-standing problem. And it is not just a technical problem; it is also a policy one. He said he understood the importance of ensuring the quality of RH medicines, but recognized that access is more than just quality.

He acknowledged the efforts of WHO, UNFPA and other international organizations to address this issue. During the Fifth International Symposium on China-Africa Cooperation in Health, which was held in Beijing last March, an in-depth discussion addressed the issue of promoting the flow of essential medicines to ensure the universal access to health.

He went on to make four specific recommendations:

1. **Encourage Chinese manufacturers to make more of an effort to obtain WHO prequalification and UNFPA quality certification.** China has the largest number of RH commodity users in the world and is one of the world's largest RH producers. China is self-sufficient in terms of contraceptive methods and yet, with very few exceptions, none of these has obtained the WHO Prequalification. So far, only 14 Chinese products (from five Chinese pharmaceutical companies) have obtained WHO prequalification. This is not normal or acceptable. China will continue donating RH products to other developing countries, especially in Africa, but the range of what can be donated is very limited. This problem needs to be solved urgently.
2. **China should continue to negotiate with other developing countries for mutual recognition of RH product quality standards and fast-track registration.** Hu thanked the Bill & Melinda Gates

Foundation for helping Shanghai Dahua Pharmaceutical Company pursue WHO prequalification for Sinolimplant, which has now been registered in nearly 30 countries. China is also supporting the "Every Woman, Every Child" initiative and will reinforce efforts to promote the exchange and flow of essential life-saving medicines among developing countries.

3. **China should continue to promote technology transfer and the local production of RH commodities in developing countries.** The voices of pharmaceutical manufacturers from economically emerging countries like China, India, South Africa and Brazil must be heeded.
4. **Ensuring better reproductive health requires a comprehensive solution.** Commodity security is an indispensable element in the quest to achieve universal access to reproductive health, but it alone is not enough. Policy making, program designing and implementation, and the creation of enabling environments are equally critical. **Strategies for reaching the last mile must also be addressed.** China is eager to share its experience and lessons-learned with other developing countries through seminars, policy dialogues, training workshops and expert consulting.

Ms. Qiao Jianrong, DFID, noted that China still faces huge development challenges. As manager of DFID's bilateral aid program in China, she said she often asks herself "what is the unique role China can play?" In the short-to-medium term, what China brings to the table will not be international financing—there are still too many domestic development challenges, too many poor people. In her view, it is on the technical side where China's potential contribution is to be found. She said the world can expect from China both technology and innovation—like Sino Implant. She saw great potential to be derived from Chinese partnerships with developing countries or partners from the North.

Qiao reminded everyone that China's efforts at reducing poverty and achieving the MDGs does not go that far back. In her view, China offers a fresh perspective, which will be valuable for those working in Africa, for example. She said she had just had an interesting conversation with the Deputy Director of China's Centre for Disease Control about Sierra Leone's Ebola operation. In his view, China's comparative advantage is in building systems and infrastructure post-Ebola.



Qiao Jianrong, Gloria Quansah-Asare

Ms. Joan Kauffman, Director, Columbia Global Centers East Asia, said she saw the China model as an interesting one. Looking ahead, she said, China will not be so much a recipient of support as it will be a donor, exporting its own success story. One of these stories is contraceptive and pharmaceutical self-sufficiency. **In Africa, where so much money is being spent, how can China’s skills be leveraged?**

Arie Hoekman, Country Representative, UNFPA China, noted that at the recent Fifth International Symposium on China-Africa Cooperation in Health, there was a real willingness to consider health as part of the Chinese portfolio. He said that while he was by no means a pharmaceutical expert, he felt it was important that there be internationally-agreed quality standards. “When we were looking at China as a condom producer, we asked ourselves how we might get them into the world market with better prices and better quality. We pushed standards internally, and after that, the prequalification process was a walk in the park. We now have six condom manufacturers of the same quality as those from Korea or Thailand. Together, they make up 50 per cent of donated condoms worldwide.”

Referring to Mr. Hu Hongtao’s remarks, Hoekman noted that while UNFPA is, of course interested, in contraceptives, the “niche markets” for lifesaving medicines are much more difficult to fill. And the gains to be made there are enormous. In the case of oxytocin for example, global prices exceed what is being produced in China by a factor of 9 or 10. China has huge production capability—at latest count at least 18,000 pharmaceutical producers, two with very high volumes. It must be possible to help them achieve internationally-recognized standards and have prequalification be the final resolution of that.

Jotham Musinguzi, Director of the Africa Regional Office of Partners in Population and Development (PPD/ARO), said that Africa is looking forward to quality and to the possibility of African countries integrating into bigger economies. “If you want to exploit economies of scale”, he said, then “bringing African countries into regional blocks is one valuable way forward”.

Round-table Discussion Topic Two

Making the most of innovation and choice

In the Coalition’s Strategy, contraceptive choice manifests itself at both ends of the supply chain: at the last mile, where the focus is very much on users’ ability to access their method(s) of choice; and at the global or country-level, where the focus is very much on the range of products entering the service delivery system. Many in our community bemoan the fact that the choices of contraceptives available to women have not fundamentally altered in the last two decades—this, despite the diversity of RH products, either in existence or under development. Ironically, some of the biggest barriers to product entry in the global “market” are the very systems established by the international community to promote choice, quality and availability. New technologies for which there are no established international standards, for example, face an uphill battle in responding to calls for WHO prequalification, which of course is the gateway to global procurement. And efforts to work within the system often present a maze of challenges—especially for generic manufacturers. Prequalification is just one example. But in this session, we look at some of the challenges in bringing promising technologies to the global stage and ask what can be done to address them—both on the part of the international community and those seeking to enter the global market. What could the Coalition contribute to bringing more Chinese-made reproductive health products to the global market?

Dr. Jack Zhang, PATH’s Country Director for China, reminded the group that in January, China, for the first time ever, donated to GAVI and GAVI procured vaccines from China. This fact triggered two thoughts in his mind. First, if we had more prequalified products entering the Chinese market, China would be more willing to become a donor country. Increased research, development and manufacturing will strengthen international competition, grow supply, and reduce prices; thereby expanding and strengthening China’s role as a donor. Secondly, he noted that China manufactures a wide range of products, and does so in huge volumes. The number of vaccines produced in China is greater than that in any other country, and yet there is only limited international procurement of Chinese vaccines.

Zhang noted that the definition of “quality” in China cannot be captured in a single word. He acknowledged that there is room for improvement within Chinese manufacturing, he argued that the definitions of Chinese and international quality standards were not necessarily identical. Sometimes Chinese standards are higher—“if we had started earlier, Chinese products could have entered the market earlier”. He

cited one instance of having provided seven years of technical assistance to an enterprise so that it could improve quality—but their product only got qualified in 2013.

As far as the woman’s condom is concerned, he said, PATH is currently moving forward with prequalification of the Dahua Medical Devices product. He said they had spent half a year summarizing background documentation and talking to two international organizations. In contrast, the IUD—particularly the Yantai IUD—has been far more of a challenge. The company has encountered a number of obstacles just trying to get its product under review by WHO prequalification. And a major challenge has been understanding the guidelines that govern the process. He reminded everyone that the more onerous the hoops one has to jump through, the more discouraged (and unwilling) manufacturers will be to engage in the process. Only with improvement can enterprises become international.

Mr. Xu Jingduo, General-Manager of Yantai Contraceptive Company (YCC) reminded everyone that IUDs make up half the contraceptive method mix in China. In 2005, Yantai



Jack Zhang, Hu Hongtao, Xu Ming, Cheng Feng, Arie Hoekman, Zheng Zhenzhen

conducted a large clinical study—122,000 cases—testing 13 different type of IUDs, including the CuT380. Of the 13, the CuT380 was the least effective, with an average 10 percentage point gap between it and the most effective. In the Chinese context, such a disparity would translate into 11M unexpected pregnancies, not to mention the associated risks of abortion and other negative health consequences. As a result of that study, the Chinese government decided to remove the CuT380 and ML Cu 375 from the national procurement catalogue.

For some time now, YCC has been trying to broaden global access to what it believes is a safe and more effective product. But they have been stymied in their efforts by the inability to break into a WHO prequalification process that, they feel, has cast its lot with a very different product, the CuT380. There has been a lack of clarity and even transparency in knowing how best to enter the process. In Mr. Xu's view, WHO is following standards set 30 years ago, and is thereby restricting science and technology.

Mr. Mi Guoqing, Deputy Director General, China Contraceptive Security Administration (CCSA) agreed that China needs to follow international standards to guide production and improve quality. If not, “we can easily be eliminated in a very competitive environment”. The IUDs introduced decades ago had their place and have contributed

to improving reproductive health globally. But, he noted, recent innovations have outperformed these. He reminded everyone that IUD users in China account for 60 per cent of all IUD users in the world—and of that, the Yuangong (Yantai) IUD makes up for more than half the market.

He agreed with Dr. Zhang of PATH: domestic and international standards are not necessarily identical. In some cases, Chinese standards are even stricter than international ones.

Ms. Li Yanqiu, Vice President, China Reproductive Health Industry Association (CRHIA): focused-in on a key message coming through each of the previous presentations: that despite all that China is doing and producing in the RH supplies space, it is absent in the global marketplace for RH supplies. There are a lot of good products available in China; and over 400 companies that contribute to China's economic growth by producing them. Chinese products are cost effective but they are not competing on the international market.

She also said, “we are also talking past one another: international entities say they are not familiar with our standards, and therefore leave us on the sidelines as they focus only on traditional IUDs. And on our side, we have yet to establish relevant policy supports or conduct necessary market and other research.

And there are cultural differences. Chinese companies focus only on the Chinese market while ignoring the obstacles that often impede entry into the global market. The information and market intelligence needed to “go global” is not always available for those Chinese companies that wish to do so. We also don’t always fully understand international procurement systems. And we still need a better appreciation of the costs and benefits of pursuing WHO prequalification. Many find it a daunting prospect. And while trade associations such as our own have been doing what we can, we too are inexperienced and need guidance from the Coalition.

We ask the international community to apply regulatory standards that allow for innovation; and we ask for support to establish a working group that can look seriously at what it will take to enable Chinese companies to go global. And lastly, we ask the Coalition whether resources from the Innovation Fund can be used to assess the global prospects of Chinese companies and help them to promote their products internationally.”

Ms. Wen Chunmei, Technical Officer, WHO, acknowledged that innovation was a valued and important component of the Coalition’s new Strategy. She also understood the desire on the part of many to accelerate the WHO prequalification process, but she noted that setting standards takes time and that WHO follows a stringent, science-based process for doing so. She urged everyone to be patient and allow WHO to respond accordingly.

Mr. Cheng Feng, Program Director, Tsinghua University, insisted that Chinese products are reliable and well-tested; and pointed out that they have allowed China to prevent at least 400M potential births in the past three decades.

China has a number of institutions responsible for overseeing the quality, distribution, and monitoring of RH supplies. It has an established regulatory authority that follows and ensures compliance with international good manufacturing processes (GMP). With regards to procurement, it has the China Contraceptive Supplies Administration (CCSA) which is responsible for testing, procurement, supply and distribution of products. It has the National Contraceptive Adverse Reaction Monitoring Centre, which is positioned to react. And it has a risk warning system.

It seems, however, that the international community does not recognize—or is unfamiliar with—all these systems. “We produce a wide range of contraceptives—and we are happy to contribute many of them to the world. But prequalification is a barrier—it doesn’t really help us. “

Mr. Cheng noted that he was FHI’s China Country Director when the Bill & Melinda Gates Foundation donated funds to help Dahua attain WHO prequalification. “We saw many organizations working together to attain that goal. In 2004, Dahua passed BMP and ISO9000. And today Sinolmplant is registered in more than 30 countries. But Dahua still doesn’t have prequalification.”

And then in 2012, a global volume guarantee brought down the price of implants to \$8. Is this fair play for Dahua, he asked. Dahua has spent so much of its own time and effort in addition to Gates’ support. Is this a quality issue, a price issue or a personal issue? **Chinese government needs a policy to help other countries manufacture health products locally.** If Chinese enterprises find it difficult—we can produce them locally in Africa—that is one solution.

Ms. Zheng Zhenzhen, Chinese Academy of Social Sciences, observed that while the Chinese are frequently asked to play an important role on world’s stage, they are often not prepared to do so. If the Yantai (Luengong) IUD is so good—why hasn’t the world heard of it? The joke in China is that we only do, we never talk. **To find more partners we need to improve our communications.**

Reproductive health products are different from many other health products in that they often involve a host of cultural dimensions, both in terms of acceptability and actual application. We may need to improve training. For that reason, we look to the Coalition to help facilitate such conversations; and we seek out the support of international corporations and organizations. We need the Coalition’s skills and lobbying capacity.

Ms. Chen Ying, Zizhu Pharmaceuticals, acknowledged that WHO prequalification takes a long time but she said that in her view, the effort was worth it. Since Zizhu had its first product prequalified in 2009, they have benefitted a lot. She asked her Chinese counterparts to be patient, and her international counterparts to treat Chinese prequalification applicants with courtesy and transparency,

Round-table Discussion Topic Three

Chinese Investment in Africa: a lever for improving reproductive health?

According to The Brookings Institute, China is Africa's largest trading partner, having surpassed the United States in 2009. Reaching almost \$200B in 2012, China's trade with Africa was double that of the United States, but still represented just over 4% of its global total. While China imports crude oil and other raw materials and resources from Africa, it also invests significantly in the continent's development. By the end of 2009, 46% of China's cumulative foreign aid of RMB256.29B (approximately US\$41B) had been given to countries in Africa. Such investment holds out tremendous opportunities for Africa's future. It also puts China in an advantageous position to help ensure the health and well-being of Africa's labor-force, especially those employed in firms benefitting from its investment. There is ample evidence that employment-based health and family planning services reap benefits, both to the employer and the employee. Does the prospect of supporting reproductive health in Africa interest China? Or Africa? What are the challenges? What are the opportunities? How could the Coalition and its members contribute to the dialogue on this topic?

Mr. Xu Ming, Vice President, China Chamber of Commerce for Import & Export of Medicines and Health Products, remarked that when Darwin encountered the Galapagos, he found a wide variety of species, many of which could not survive off the island. In his view, "we have a similar situation here in China. We are very proud of our technology but our products for whatever reason have difficulty surviving outside China."

In Xu's view, China needs to be proactive. There is no need to wait for WHO prequalification to get products registered in the African market. He commented on a discussion he had had some time back with a senior official in Ghana who said "you can get your products registered in Ghana without prequalification—I will give it the fast track". We should use these contacts, Xu said. In contrast to WHO, which can be very bureaucratic, our companies need to be realistic, pragmatic and proactive.

Mr. Lester Coutinho, Deputy Director, Family Planning Program, Bill and Melinda Gates Foundation, said that the Foundation is deeply committed to improving access to pharmaceutical products. "We do feel obliged", he said "to respect the current architecture for establishing internationally-recognized quality standards and not to

interfere with that." He also pointed out that whatever systems may prevail at country-level, if Chinese manufacturers wish to sell to the international donor community, their products must meet accepted international standards. He said the Foundation can provide, as it has done in the past, technical assistance and private sector support. But they remain committed to the pathway that has been created.

Dr. Gloria Quansah-Asare, Deputy Director General, Ghana Health Services (GHS), directing her comments to Mr. Xu Ming and said that irrespective of what he had been told by the Ghanaian official, WHO prequalification was part of national policy. She reminded the group that not long ago, Ghana found itself in an unfortunate situation in which Global Fund resources were used to procure condoms. The tender was won by a Kenyan firm that purchased a huge quantity of Chinese-made condoms that later turned out to be defective—they had visible holes. That experience forced them to go back to the drawing board and ask why they had not insisted on WHO prequalification. She admitted that Ghana does import Sino-implant, which doesn't have prequalification. But for that, a special dispensation was required from the Ghana FDA, and even that was awarded on a limited basis. In her

words, having been burned in the past, “we are now especially stringent about RH commodities”.

Mr. Mi Guoqing, CCSA, acknowledged that while prequalification can go a long way towards reducing risks, the only sure way is to know the producer. “If you know the company, you will get satisfactory products.”

Ms. Li Yanqiu said Dr Quansah-Asare’s remarks were of great interest to her trade association, which also includes four affiliated industrial parks (comprising companies, research institutions, and labs). **She suggested that Chinese development aid in the RH sphere be included as part of Chinese foreign assistance to African countries.** That way, she felt, RH aid could be increased. Secondly, she said that the companies in industrial parks were ready to make donations and contribute to RH in Africa. **But there are two things still in desperate need: better market intelligence on demand and more accurate information on importation.** What are importation procedures at country level? How does one clear customs? What are prospects for tax exemption?

Dr. Gloria Quansah-Asare, GHS, pointed out that the regulatory authority over the importation of health commodities—at least in Ghana—covers both the private and public sectors. Strict policies also govern donations. To receive tax exempt status, arrangements must be made beforehand to consign goods to the public sector.

Mr. Frank Roijmans, i+solutions, echoed others’ comments on the need for better communications and stronger relationships. After 30 years in the manufacturing industry, he said, “I’ve learned that the only way to engage in a market is to go to the country. As soon as you understand the dynamics at the country level and how this ties to global arena, then the strategic development of the business can actually be gin. It is critical to understand countries and the global market; how they interconnect and how they can be linked to businesses in China.”

Ms. Chen Ying, Vice President, International Department, Zizhu Pharmaceuticals, noted that ever since her company began seeking WHO prequalification of its RH medicines, she has been responsible for dossier preparation and submission. She said that from her perspective, managing the dossier process and GMP review are comparatively easy. Despite Zizhu’s success in getting three of its products prequalified (and two uterotonics currently under review), it is a tough process.



Moses Muwonge, Jotham Musinguzi, Li Yanqiu

Just as tough, though, is getting products into countries. She said they need counterparts on the ground to help them navigate the often complex regulatory environments at country level—especially in countries where English is not the dominant language.

Mr. Jagdish Upadhyay, Chief, Commodity Security Branch, UNFPA, acknowledged that the African Union has been at the center of many discussions on strengthening access to RH services, including China’s role in the process. He said UNFPA had also been a partner in that space, having participated in two recent discussions.

Every government, he said, seeks quality. The immediate challenge we need to address is the issue of prequalification itself. It is a long process; how it operates is not evident to everyone; and the economic and other benefits of securing prequalification were not always so clear. What was needed therefore, is not the wholesale rejection of prequalification, but rather a strategy for improving how it works. Ultimately, those in the international community, UNFPA and WHO in particular, should be helping the Chinese Regulatory Authority to become a prime source of information; and in the shorter term, we need to work more with local experts so they can transmit knowledge and skills to local manufacturers.

Round-table Discussion Topic Four

Meeting Young People's Reproductive Health Needs

China's current generation of young people are experiencing what some have called a 'sexual revolution'. According to "China Case Study on UNFPA" by Joan Kaufman, Sc.D., now the Columbia Global Center's East Asia Director in Beijing, they are delaying marriage and are more sexually active than in the past. However, their access to contraceptive products is limited as reproductive health programming is targeted mainly to married women. This shift in both demographics and behavior presents risks with which we are all familiar: more unwanted pregnancies and the potential for increased abortion. The shift also poses challenges to the health system. The contraceptive needs and preferences of young people and nulliparous women are often different from those of older or married counterparts. In this new environment, therefore, balancing supply and demand can be a real challenge. What can China learn from the West in addressing this complex new reality? And what can the West offer China?

Ms. Lily Liu Liqing, Country Representative, Marie Stopes International China, opened the discussion on youth. She noted that there are 300M young people aged 10-24 in China, whose attitudes towards sexuality are becoming more and more global. Unfortunately, the availability of comprehensive sex education is not keeping up with this shift. The Chinese government is trying to introduce HIV prevention education in schools, but not comprehensively enough. Contraception and gender, for example, are not included in the sex education curriculum. China's internal migrant population also experiences high rates of unwanted pregnancy; and the rate of abortion among young unmarried women is rising. While the numbers are imprecise, we know that there are roughly 13M abortions per year. Indeed, 10M medical abortion packages are sold annually. STI and HIV transmission rates remain low, but they are rising, especially among young people and MSM. The government is concerned and is trying hard to adapt; but there remains no clear policy on sexual and reproductive health and rights (SRHR) for unmarried youth.

Traditionally in China, the IUD has accounted for at least half of the method mix. But that has been among married women. Young people view things differently; they are saying "IUD? My mum uses IUDs; that's old fashioned".

Young people are also anxious about using oral contraceptives. They believe that something you ingest

internally cannot be good: it must have side effects. So there is a growing preference for more coital-dependent methods, like condoms and emergency contraception (EC), which is extremely popular.

There are some fears that infertility is increasing as a result of the overuse of EC but there is no clear scientific evidence to support that.

Finally, it is important to keep in mind that young people do not comprise a homogeneous group; they are very diverse. But there are commonalities. This generation has grown up with technology—gadgets, mobiles—traditional lectures do not interest them.

We in China have a lot to learn from the international community. Scandinavia, for example, has yielded some exemplary work in young people's sex education. And even in the US, teenage pregnancy rates have dropped over the last five years.

Ms. Li Lihe, China Family Planning Association (CFPA), echoed Lily's remarks about the need for international support. She said it is very difficult to get things done in schools or to undertake new initiatives because this is not something schools have traditionally done. Young people learn, in effect, "on the playground". And this, along with the



Chen Ying, Sun Ye, Lily Liuliqing, Joan Kaufman

shortage of trained providers who can offer advice, contributes to the high contraceptive failure rate among young people. There are also a lot of misperceptions; many women don't know when, during their menstrual cycle, they can become pregnant. Many believe they cannot become pregnant the first time they have sex. And even those who decide to use contraception often find it difficult accessing the contraceptives they need. Even universities shy away from installing contraceptive dispensers, which could make a difference.

Li Lihe recommended that efforts be made to explore more exciting and innovative contraceptives that might attract young people, such as thinner condoms and/or those that offer a better sexual experience.

Ms. Joan Kauffman agreed with Lily and Li Lihe. The challenges associated with youth access are all a function of the historic legacy of family planning in China. Traditionally, China's FP program has focused almost exclusively on married women. As a result, we find a huge number of young people resorting to repeat abortions as their "contraceptive method".

The challenge, she said, is figuring out how to bridge what is effectively a long-standing separation between youth and

family planning services. At the local level, hospitals do not integrate family planning or contraceptive service delivery within the overall service package. There is no contraceptive counselling, no follow-up, no opportunity for a sexually active person to talk about sexually transmitted infections (STIs). China has to understand and reintegrate services at the local level.

Mr. Ian Askew, Director, RH Services and Research, Population Council, noted that despite all the talk about "differences", he didn't really see that much difference between the realities of young people in Africa and China. In both places, he said, there were disparities between what young people want, and what is offered in FP programs. He said the take-away message he got from Lily was differences in "lifestyle" which is pretty universal. As in Africa, the sexual debut of young people is getting earlier; they are getting married later; and they are sexually active for longer.

Similarly, he noted that for young people generally, sex tends to be occasional, clandestine, and unplanned. They need to have methods available at the spur of the moment, whether in schools or places where they congregate. And if unmarried youth are in regular relationships, then it is important to advocate for dual protection, providing both condoms and more effective pregnancy protection.



Mi Guoqing, Jin Anrong

Mr. Arie Hoekman, UNFPA, noted that one difference in China is that while adolescents may be increasingly sexually active that is not translating into higher fertility. And that is because in China 6.5M abortions take place each year among those aged 24 and younger. There is absolute ignorance about protecting oneself. There is also believed to be an association between frequent abortion and high suicide rates. Recognition is growing that youth friendly services are critically important.

Mr. Mi Guoqing said that the CCSA was piloting a project that uses vending machines to dispense contraceptives. The machines allow anyone over the age of 16 to use their ID cards to access contraceptives. But he cautions that many young people just don't trust free products (even if its government money that is paying for them).

While there is a legal basis for providing contraception to unmarried youth, he said that Chinese culture is different from that in Western society. Chinese parents often cannot accept that their children have sexual needs. And young people, as in other parts of the world, do not necessarily want to listen to their parents.

Ms. Gloria Quansah-Asare (GHS) acknowledged that there are similarities among youth everywhere, but there are also differences. In Denmark, everybody goes to school, education is compulsory, abortion is legal. In Ghana even second year university students don't necessarily know their fertile period or when they can get pregnant. Access is also an issue: schools will not allow contraceptives to be dispensed on the premises. And the quality of education is important. A lot of illegal abortion takes place because of stigmatization.

Mr. Jagdish Upadhyay, UNFPA, closed the session by thanking all who participated, but also by reiterating the need to set common goals and take the various issues, discussed during the round-table, to the global level.

He reminded those in attendance that the Coalition has direct access to more than 300 organizational members, and so he encouraged everyone to reach out and communicate.

Executive Committee wrap-up of Round-table proceedings

During the two hour round-table discussion, participants had the opportunity to share views and voice concerns in their own language. They also explored ways in which the Reproductive Health Supplies Coalition might leverage its assets to support the work of partners in China; while at the same time leveraging the assets of Chinese partners to improve the global landscape for reproductive health commodity security.

As was discussed throughout the round-table, and reiterated by the Executive Committee, the contents of the round-table warranted not just reflection, but also action. And to that end, Committee members singled out key messages they heard so that these could, in turn, become the basis for potential action.

This section of the report, therefore, includes key take-away messages as identified by the Committee and includes a series of possible action steps that it has asked the Coalition Secretariat to explore and pursue as appropriate.

Observations

- › There is a pervading preoccupation with regulatory systems and Chinese companies' general struggle to attain WHO prequalification. Certain partners also expressed a fundamental challenge to Western regulatory standards, citing their own regulatory procedures as being at least equivalent—if not superior—to WHO standards.
- › There was a discernible cry for help from manufacturers. Chinese manufacturers work in a global industry and the language barrier presents a fundamental problem, making it very difficult to engage in the global market. This is not a weakness but an opportunity—one where the Coalition can be of assistance.
- › As is the case for many manufacturers, Chinese manufacturers have a weak understanding of the RH market. And that can easily happen. UN organizations, multilaterals, and bilaterals all have their own rules, which creates a complicated maze. What are women's needs in the lower to middle income countries? How can companies help governments bring products to these countries?
- › Prequalification can be a frustrating process for anybody, even for companies in the US and Europe. But the frustrations don't just end there. Prequalification requires follow-up. If standards and procedures change—which they constantly do—then these must be reflected in the regulatory dossiers; otherwise one will not be compliant with the WHO prequalification process. Secondly, managing markets means securing registration in country, which has its own associated sets of complications. And finally, business success does not just depend on selling. In a world where corporate societal responsibility is written in capital letters, all manufacturers—Western and Chinese—have the same responsibility to any family planning user, be they in Congo or Europe or China.
- › A level playing field is critical. Diversification of the supplies base is critical. Right now, only a limited number of companies are able to manufacture quality products at the levels required. We need to be helping any company, generic or innovator, in Africa or in Southeast Asia. We need them all. And if there is favoritism, we risk distorting

the entire contraceptive market, and that is in nobody's interest.

- › China's challenges are not unique to that country. There would be value in bringing Chinese, Indian and European manufacturers together to help them realize they are all in this together.
- › Despite all the challenges, Chinese manufacturers engaging in the prequalification process have found it a useful experience. They all recognize that it has helped them improve the quality of what they produce. On the other hand, one cannot say that just because a product has not been prequalified, it is therefore not a quality product. CCSA has vetted and can guarantee the quality of products in its procurement catalogue. If an international buyer wishes to know the manufacturer of a product, they can find it in the CCSA catalogue.
- › Universally recognized standards such as WHO prequalification are essential. Africa has every right to build and manufacture its own products and to make money. But there need to be stringent guidelines governing the process. When everybody is producing to survive, it is easy to cut corners and slip through.
- › Investment in local production may also require investment in demand creation. China may manufacture better IUDs, but if they are only used by 1% of the population in a given country, then what is the incentive to produce locally?
- › For those outside the WHO prequalification process, it can often feel extremely non-transparent. Just sharing that information would be helpful.
- › Healthy competitiveness among manufacturers should not prevent them (or us) from sharing market data means to deliver the supplies needed to provide FP services to 120M new users by 2020. There is a huge market out there and we need to be able to show manufacturers that there is a space for them.
- › We need greater alignment between the needs of procurers and manufacturers on a range of fronts, but especially quality. What does quality mean to manufacturers so that buyers can issue better tenders? A common understanding of what each side is looking for would help streamline procurement processes and make them more effective.



Members of the Executive Committee of the Reproductive Health Supplies Coalition

Next Steps for the Reproductive Health Supplies Coalition

The high profile afforded this round-table by both the China Contraceptive Supplies Authority (CCSA) and the National Health and Family Planning Commission, coupled with the active participation of so many key stakeholders, has raised expectations for the Coalition to act—and to do so in a timely manner. Some of these expectations may exceed what falls within the Coalition’s manageable interests; but many do not.

In the coming months, the Coalition Secretariat, with input and guidance from both the Executive Committee and Chinese partners such as CCSA, will pursue opportunities to begin operationalizing many of the activities highlighted in the paragraphs that follow. Each activity builds on one or more levers of change identified in the Coalition’s newly approved Strategy; and aligns with the strategic pathways by which the Coalition pursues the cause of reproductive health commodity security through greater availability, choice, quality and equity.

The timing of this round-table is opportune; the Coalition is entering its second decade, and CCSA’s recently-fulfilled term on the Executive Community provides the foundation for its ever strengthening relationship with the Coalition

Activities

Play a more active role in ensuring that the news and information generated globally get communicated to stakeholders in China in a timely and routine manner.

Throughout the round-table, better communication was a recurrent theme. It was discussed in connection with the need to overcome linguistic barriers, particularly in non-English speaking countries. It also arose in connection with many of the misunderstandings Western entities have over existing Chinese systems to manage quality, supply chains and pharmacovigilance. And it arose in connection with the need for Chinese organizations to be able to tap, in a better and more effective manner, the knowledge and resources that exist within the Coalition’s global membership.

The Coalition has access to a host of resources that could facilitate better two-way communication between China and the West. First, the Coalition could commit to a more formal partnership with one or more Chinese member

institutions that could serve, in effect, as its in-country partner/contact for channeling relevant information and bridging the linguistic divide. The Coalition has had long experience in bridging both geographical and linguistic through its regional forums. The Coalition could also gradually begin issuing certain publications in Chinese and then, depending on their demand and utilization, either expand or pull back (e.g. newsletters, reports, etc.). And finally, the Coalition could act as an intermediary, linking both Chinese and non-Chinese member organizations through introductions, meetings, webinars and other mechanisms.

Share more widely with all global partners, ongoing Coalition efforts to gather and analyze market intelligence. The round-table saw broad-based consensus around the need to ensure a “level playing field” when it comes to market dynamics: a field where all manufacturers, innovator and generic, have access to the same market information and support.

At present, the Coalition is engaged in a host of activities to better understand the marketplace—activities that promise to help donors use resources wisely and effectively and that help manufacturers to plan and produce mindfully. Some of these resources include the Supply Visibility Project which offers insight into quantities of contraceptives sold each year by manufacturers; the Coordinated Supply Planning group, which has developed methodologies for estimating future demand for implants and injectables; a new algorithm to help manufacturers decide when and where to register new products; and more recently, a costed commodity gap analysis to help quantify commodity needs (and costs) to meet the goals of FP2020.

The information gathered through these efforts is meant to benefit the community as a whole. It is not proprietary; and no Coalition members have ever been sidelined from the data gathering process. But it is almost certainly the case that many who could benefit from this information are not—and it is likely our Chinese members form part of this group. Though better outreach and reporting; and translation into Chinese, the Coalition could play an important role in levelling the playing field.

Bring to the world’s attention, and work to resolve, issues of importance to Chinese member organizations.

Much of the discussion during the round-table focused on the issue of prequalification: the challenges in entering and successfully exiting it; its transparency (or lack thereof); and its utility from a business or economic perspective. But the concept of prequalification also came to encompass something bigger, something more abstract such as the bureaucratic pace of international development efforts, the frustrations of having to “outsource” technical assistance to navigate processes that are intended to be international; and the failure of global decision makers to acknowledge China’s expertise in technology development and innovation, etc.

It is critical that all Coalition members, irrespective of place, have a platform to convey their perspectives to the global community in ways that bring about positive change. Hampered by language, the channels open to English- French- or Spanish-speaking members are not open to all development partners in China. Again, with a more concerted effort to break down language barriers through expanded translation and interpretation services, communicating via the Coalition’s website and newsletter could become a more viable option. Another option would be to bring together key players in direct dialogue. In the follow-up to the round-table, for example, Coalition staff raised with (and received a positive response from) WHO/ Geneva the possibility of a webinar that would allow Chinese stakeholders to pose questions directly to key decision makers. And thirdly, a more active Coalition presence in China could assist member organizations to engage more actively and consistently with Coalition working groups so they are better able to develop robust proposals to the Innovation Fund.

Leverage the Coalition’s large membership base to assist WHO prequalified manufacturers in China identify potential contacts and representatives at country level.

Another point of consensus at the round-table was the importance of manufacturers having their “feet on the ground”. Success in business means establishing contacts at country-level, understanding local markets, and effectively managing local regulatory systems. Regrettably, for a host of reasons (language being one of them) many Chinese manufacturers do not have a presence on the ground and remain uncertain as to how best to establish local contacts and/or work effectively with them. While it is clearly beyond the scope

of the Coalition to engage in “deal making” or business ventures, it is within our scope to facilitate matchmaking—linking partners who could add value to the work of others. Once again, this is an area where a more institutionalized presence in China could allow for wider dialogue and interaction.

Establish a more sustained engagement with member organizations in China that would allow for more routine dissemination of information; translation of critical materials into Chinese; and two-way conversation between Chinese partners and the global community.

In comparison to most other Coalition members, the reality is that China operates to a different beat—geographically, linguistically and logistically. While our development partners in China do routinely speak English, many in the manufacturing sector do not, which makes it difficult for them to communicate views and concerns directly. And even those who do speak English, or Spanish or French, the six hour time difference between Beijing and Europe (and 12 between Beijing and the US East Coast) means that joint participation in working group calls is difficult, if not impossible.

Maximizing China’s presence in the Coalition will necessarily entail some sort of ongoing presence on the ground. Member organizations in China must have a contact in China they can speak to in real time; staff in the Coalition Secretariat must have the means to engage routinely and reliably with someone in China, whether it is to organize webinars, communicate directly with members on the ground or arrange translations. At this point, it is unclear what that sort of arrangement might look like, in part because there is no budget set aside for any such activity. At the very least, however, the Coalition is committed to exploring options under the guidance of China Contraceptive Supplies Administration, which we see as our lead partner in China.

Annex 1: Round-table Participants

Executive Committee and selected Secretariat staff of Reproductive Health Supplies Coalition

Dr. Ian Askew	Director, Reproductive Health Services and Research, Population Council, Nairobi, Kenya
Dr. Linda Cahaelen	Health Development Officer and AOR, Health Policy Project, Office of Population and Reproductive Health, Washington, DC
Mr. Lester Coutinho	Deputy Director, Family Planning Program, Bill & Melinda Gates Foundation, Seattle, USA
Mr. Brian McKenna	Deputy Director, Reproductive Health Supplies Coalition, Brussels, Belgium
Dr. Moses Muwonge	Health Logistics Consultant, SAMASHA, Uganda
Dr. Jotham Musinguzi	Regional Director, Partners in Population and Development Africa Regional Office, Uganda
Ms. Leslie Patykewich	Technical Advisor, JSI, Washington DC, USA
Dr. Gloria Quansah-Asare	Deputy Director-General, Ghana Health Service, Ghana
Mr. Frank Roijmans	Senior Reproductive Health Programs Advisor, i+solutions, Woerden, Netherlands
Ms. Hannah Pandian	Communications Officer, Reproductive Health Supplies Coalition, Brussels, Belgium
Mr. John Skibiak	Director, Reproductive Health Supplies Coalition, Brussels, Belgium
Mr. Francois Sow	Head, Human Development Unit, Ministry of Foreign and European Affairs, Paris, France
Ms. Ellen Starbird	Director, Office of Population and Reproductive Health, USAID, USA
Mr. Jagdish Upadhyay	Chief, Commodity Management Branch, UNFPA, New York, USA

Representatives of RHSC member organizations in China and invited guests

Mr. Arie Hoekman	Country Representative, UNFPA Beijing
Dr. (Mr.) Cheng Feng	IMPH Program Director, Research Center for Public Health, Tsinghua University
Dr. (Ms.) Chen Ying	Senior Engineer, Licensed Pharmacist, Vice Director of International Department, CR Zizhu Pharmaceutical Co., Ltd. Beijing
Dr. Guan Yunpeng	Deputy Director, China Chamber of Commerce for Import & Export of Medicines and Health Products, National Technical Service Center for Trade.
Mr. Hu Hongtao	Commissioner, Department of International Cooperation, National Health and Family Planning Commission (NHFPC)
Ms. He Chunhong	Director, China Chamber of Commerce for Import & Export of Medicines and Health Products, National Technical Service Center for Trade.
Ms. Jin Anrong	China Contraceptive Supplies Administration (CCSA)
Dr. Joan Kaufman	Director, Columbia Global Centers East Asia
Ms. Li Lihe	China Family Planning Association (CFPA)
Ms. Lily Liuliqing	Country Representative, Marie Stopes International China
Ms. Li Yanqiu	Vice President, China Reproductive Health Industry Association (CRHIA)
Dr. (Mr.) Mi Guoqing	Deputy Director-General, China Contraceptive Supplies Administration (CCSA)
Mr. Peng Jiong	Assistant Representative, UNFPA Beijing
Mr. Pei Yong (Ryan)	International Trade Department Manager, Guangzhou Double-one Latex Products Co., Ltd., Guangzhou
Ms. Qiao Jianrong	Senior Health Advisor, UK Department for International Development, Beijing
Mr. Sun Ye	CR Zizhu Pharmaceutical Co., Ltd. Beijing
Wang Ye	UNFPA Beijing
Dr. (Ms.) Wen Chunmei	Technical Advisor, WHO Beijing
Mr. Xia Ji (Jayson)	General Manager, Guangzhou Double-one Latex Products Co., Ltd., Guangzhou
Dr. (Mr.) Xu Ming	Vice President, China Chamber of Commerce for Import & Export of Medicines and Health Products
Mr. Xu Jingduo	Yuan Gong IUD Manufacture, Yantai
Dr. (Mr.) Jack Zhang	Director, PATH Beijing
Dr. (Ms.) Zheng Zhenzhen	Chinese Academy of Social Sciences

Annex 2: Chinese Translation of Selected Chapters

执行委员会圆桌会议成果总结

在两个小时的讨论中,与会人员用母语分享了观点,提出了担忧。大家也探讨了各种方法,研究如何能让生殖健康供应联盟利用自身的资源支持中国合作伙伴的工作,同时利用中国合作伙伴的资源促进全球生殖健康产品安全。

贯穿会议的一个议题,也是执行委员会反复强调的一点,就是会议的内容不仅是反思的成果,还要最终促成行动。为了实现这一目标,委员会成员将会议上的关键信息整合在一起,据以成为下一步可能行动的基础。

因此,本报告的这一部分包括委员会确认的关键信息点,以及委员会要求联盟秘书处探索和寻找的一系列可能行动的步骤。

观察

- 监管机构和中国公司一直在努力获得WHO资格预审。有些合作伙伴也表达了为了达到西方监管标准所面临的根本挑战,并例证了他们自己的监管流程即便没有超越、至少也是不亚于WHO的标准。
- 会上,生产商希望得到帮助的呼声非常高。中国生产商面向全球领域,语言障碍是一个根本性的问题,这使他们很难进入国际市场。这不是一个弱点,而是机遇——一个联盟可以帮助他们抓住的机遇。
- 跟其他国家的很多生产商一样,中国生产商对RH市场的了解非常少,这也是很普遍的一个现象。联合国组织、多边机制和双边机制都有各自的规则,如迷宫一样复杂。中低收入国家女性的需求是什么?公司怎么能够帮助政府把所需的产品引入到这些国家?
- 资格预审对任何一个机构来说都是一个充满挫折的过程,即便对美国和欧洲的公司也是如此。但是,困难还不止在申请的阶段。资格预审常常要求后续的跟进。如果标准和流程发生改变——这两项经常变化——那么监管记录里面必须反映这些变化,否则的话,申请就不合WHO资格预审的流程规范。第二,市场的管理意味着要在进入的国家获得注册,这也是一个非常复杂的过程。最后,商业的成功不仅仅取决于销售额。当今的世界很看重企业社会责任,所有的生产商——不管是西方的还是中国的——对计划生育产品的用户都负有同样的责任,不管他们是刚果、欧洲还是中国的用户。
- 一个公平的竞争环境非常重要,同样供应商的多样化也十分关键。当下,只有一部分公司能够生产符合要求的质量过关的产品。我们需要给所有的公司提供帮助,不管是普通公司还是创新公司,非洲公司还是南亚公司。我们需要帮助所有的公司。如果单只偏好某类公司,那么我们将面临扭曲整个生殖健康产品市场的风险,这对任何人都是没有好处的。
- 别的国家也面临中国面临的挑战。如果把中国、印度和欧洲的生产商聚到一起,帮助他们认识到,他们都是这项事业中的重要一环,这是很有价值的。
- 尽管挑战重重,但是参与资格预审的中国生产商发现这是一个很有价值的经历。他们认为这个过程帮助他们改进了产品质量。另一方面,不能说没有通过资格预审的产品就不是高质量的产品。CCSA已经审查并且保证其采购清单中所列的产品质量。如果某国际采购商有意向了解某产品的生产商,他们可以在CCSA的产品清单里面找到这个生产商的信息。

- › 像WHO资格预审这样的国际认可的标准是很重要的。非洲有权利研发和生产自己的产品以求盈利，但是这个过程必须受到严格的指导。如果大家生产产品都是为了赚钱，那么就很容易偷工减料、蒙混过关。
- › 本地化生产的投资还需要努力制造需求。也许中国能够生产质量更好的节育环，但是如果一个国家只有1%的人用这个产品，那么本地化生产又有什么吸引力呢？
- › 没有参与WHO资格预审流程的厂商有时候感觉极度不透明，只要能分享信息，就能带来帮助。
- › 生产商之间良性的竞争不应阻碍到他们（或者我们）分享市场数据。截至2020年，将有1.2亿新的用户需要计划生育服务。市场很大，我们必须让生产商知道，他们是有发展前景的。
- › 我们需要在采购商和生产商的各种需求之间寻找更多一致性，主要是质量方面的需求。搞清楚质量对生产商意味着什么，采购方才能更好地做标书。了解双方的需求，才能帮助简化采购流程，使其更加有效。

生殖健康供应联盟下一步计划

国家卫生计生委药具管理中心和国家卫生和计划生育委员会对于此次圆桌会议的鲜明立场，以及许多重要利益相关者的热情参与让大家对联盟采取行动——而且是迅速的行动——有了更大的期许。

在未来的几个月，在执行委员会以及像CCSA这样的中国合作伙伴的协助和指导下，联盟秘书处将寻找机会开始运转下文突出强调的多项行动。每项行动都基于联盟刚刚通过的战略中所列出的一个或多个变革，并且通过扩大供应、丰富选择、提高质量和促进公平的方式，与联盟推动生殖健康产品安全事业的战略途径保持一致。

这次圆桌会议的召开恰逢其时。联盟进入了第二个十年，并且CCSA最近成功地履行了执行委员会委员一职，这为增强与联盟之间的联系打下了基础。

行动

加强保证世界范围内的新闻和信息能够及时传递给中国的利益相关者，并形成常规。在整个圆桌会议过程中，如何使交流更加通畅是大家反复讨论的议题。交流问题的一个方面是需要克服语言障碍，特别是非英语国家的语言障碍。另外一个方面是西方机构对中国现有的管理质量、供应链和药物警戒性的体制的误解。第三个方面是中国组织需要以更好、更有效的方式获得作为联盟国际成员应享有的知识和资源。

联盟拥有很多可以促进中国和西方国家双向交流的资源。首先，联盟愿意与一个或者多个中国机构建立更加正式的伙伴关系，这些机构能够作为联盟的国内合作伙伴/联系人，跨越语言障碍，传达相关信息。通过地区性的论坛消除地理和语言上的隔阂，在这方面，联盟有着丰富的经验。联盟也可以逐渐开始发行一些中文刊物，就需求和使用情况决定继续扩大发行还是停止发行（比如，新闻稿、报告，等等）。最后，联盟可以扮演中间人的角色，通过介绍、会

议、网络研讨会和其他机制将中国和非中国的成员组织联系起来。

在更大范围内与国际合作伙伴分享联盟正在进行的信息搜集和市场情报分析的工作。圆桌会议上，大家达成广泛一致，在市场发展方面必须保证“公平竞争”：让所有的生产商——不管是生产创新产品还是仿制产品——都可以获得市场信息和支持。

目前，联盟正推动一系列的活动，以便更好的理解市场行为，这些活动能够促进捐助者广泛而有效地使用资源，帮助生产商目的明确地进行计划和生产。这些资源包括：供应能见度计划，提供每年生产商的避孕产品的销售量；协调供应计划小组，已经开发出一套可以测算未来皮埋和注射剂避孕药物需求量的方法；一个新的计算方法，可以帮助生产商决定何时何地注册新产品；以及最近的一项工作，建立产品缺口分析模型，帮助量化产品需求（和成本）并实现FP2020目标。

通过大量努力搜集到的信息用来服务整个社区。这不是某个组织专有的，任何一个联盟成员都没有被排除在信息收集过程之外。但是，很多能够从这些信息中获益的组织并没有从中获益——中国成员也是其中之一。通过更好的交流和报告以及中文翻译，联盟能够在创造公平环境方面扮演重要的角色。

让世界注意到并且努力为中国成员组织解决非常重要的问题。圆桌会议上的很多讨论都集中在资格预审问题上：加入和成功退出资格预审的挑战；资格预审的透明度（或者说是缺乏透明）；以及资格预审在商业和经济视角下的实用性。但是，资格预审这个概念也开始涵盖更多更加抽象的内容，比如国际发展的效率被官僚主义的繁文缛节所消弭，为了所谓的国际化而不得不硬着头皮进行技术支持“外包”，以及国际决策者并未承认中国在技术发展和创新等方面的专业性。

很重要的一点是，所有联盟成员，不管在哪个国家，都有一个平台来向国际社会表达自己的观点，带来积极的改变。因为语言障碍的问题，面向说英语、法语或者西班牙语成员的渠道并没有向中国的合作伙伴开放。同样，如果做出更加协调一致的消除语言障碍的努力，扩大笔译和口译服务的范围，那么利用联盟的网站和新闻稿进行沟通会变得更加切实可行。另一个方法是将重要的各方聚集起来进行直接对话。比如，在圆桌会议之后，联盟工作人员向WHO/日内瓦提出有没有可能开展一次能够让中国的利益相关者向决策者直接提问的网络研讨会。第三，如果联盟在中国的活动更加活跃，就能够帮助成员组织也更加活跃、持久地与联盟工作小组合作，让它们能更好地向创新基金提出强有力的提案。

利用联盟广泛的成员基础来帮助获得WHO资格预审的中国生产商，发现潜在的国家级别的联络人和代表。圆桌会议上达成的另一个共识是生产商必须要“脚踏实地”。商业的成功意味着建立国家层面的联系，了解当地市场，并有效地与当地监管系统进行合作。遗憾的是，因为一系列的原因（语言也是其中之一），很多中国生产商在当地没有代表处，不知道怎么跟当地建立联系，以及/或者有效地跟他们合作。虽然联盟肯定不能参与“交易过程”或者商务行动，但是我们可以帮助搭建桥梁——把能够互相促进的合作伙伴联系起来。同样的，如果在中国有更多机构化的联络处，那么对话和互动也会更加广泛。

与中国成员组织建立更加持久的联系，可以定期发布信息；重要资料的中文翻译；以及中国的合作伙伴和国际社会之间的双向对话。

跟大多数其他的联盟成员相比，中国的情况很不一样——地理、语言和物流方面都不尽相同。虽然我们在中国的发展合作伙伴都能讲英语，很多生产领域的人却不会说英语，这让他们很难直接发表观点并说出他们的担忧。就算是会讲英语、西班牙语或法语的人，北京和欧洲6个小时的时差（北京和美国东海岸12个小时的时差）意味着同时参与工作小组电话会议，即便可能，也是很困难的。

为使中国在联盟中的地位最大化，要求中国在当地有更大的影响。中国的成员组织必须在中国有能够实时对话的联络人；联盟秘书处必须能够常规地、可靠地跟中国保持联系，不管是为了组织网络研讨会、在当地与成员直接交流，或是安排翻译。目前，还不清楚这种安排最终会呈现出什么形式，部分原因是还没有为此拨出预算。但是至少，联盟承诺，国家卫生计生委药具管理中心是我们在中国最重要的合作伙伴，在他们的指导下，联盟将探索各种沟通交流的方式。

Annex 3: Media coverage of the event

Source: National Health and Family Planning Commission of the People's Republic of China website - link 1, link 2

国家卫生计生委国际合作司
(港澳台办公室)

王国强副主任会见国际生殖健康供应联盟代理主席一行

中华人民共和国国家卫生和计划生育委员会 2015-05-12

5月13日下午, 国家卫生计生委副主任、国家中医药管理局局长王国强会在京出席国际生殖健康供应联盟执委会会议的联盟代理主席贾格迪普·厄帕德亚及其一行。

王国强副主任首先代表国家卫生计生委对国际生殖健康供应联盟在京召开联盟2015年执委会会议表示欢迎, 对联盟成立十年来在促进发展中国家生殖健康产品供应安全方面所取得的进展表示祝贺。王国强副主任介绍了中国计划生育避孕药具生产和供应情况、中国在促进人口和生殖健康南南合作方面所取得的进展, 中国援助西非国家抗击埃博拉疫情和向尼泊尔地震灾区派遣医疗队的举措, 以及中医药在防治妇科疾病、不孕不育症治疗等方面的作用。他表示中国将继续与国际生殖健康供应联盟等国际组织合作, 为促进人口和生殖健康领域的南南合作、推动更多价廉物美的中国生殖健康产品走向国际市场、造福于广大发展中国家的青龄群众做出更大的努力。

贾格迪普·厄帕德亚先生代表联盟执委会对中方承办联盟执委会会议表示感谢, 他特别感谢中国政府和人民在自己的祖国尼泊尔遭受强烈地震灾难时所给予的大量及时的无私援助。他介绍说联盟十年来取得了令人可喜的成就, 联盟成员单位从最初的16个发展到现在的350多个, 为发展中国家提供负担得起的优质生殖健康产品做出了积极的贡献。他希望今后继续与中方一起努力, 共同拓展合作空间。

国际生殖健康供应联盟是一个行业性国际组织, 成立于2004年, 秘书处设在比利时首都布鲁塞尔, 致力于促进发展中国家生殖健康产品的供应。中国国家卫生计生委药具管理中心是该联盟执委会成员。联盟2015年执委会会议由药具管理中心承办。委国际合作司和药具管理中心负责人参加了会见。出席联盟2015年执委会会议的来宾在会期间还参观考察了北京、上海等地的生殖健康产品生产和供应工作。



王国强副主任会见国际生殖健康供应联盟代理主席



王国强副主任与出席国际生殖健康供应联盟执委会会议的外宾合影

相关链接

- 国家药监局发布《避孕药具生产质量管理规范》 2015/07/21 09:21
- 国家药监局发布《避孕套生产质量管理规范》 2015/07/18 01:21
- 国家药监局发布《避孕套生产质量管理规范》 2015/07/18 01:20
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中华人民共和国国家卫生和计划生育委员会
National Health and Family Planning Commission of the People's Republic of China

药具管理中心承办国际生殖健康供应联盟执委会会议

中华人民共和国国家卫生和计划生育委员会 2015-05-20

经国家卫生计生委批准, 由药具管理中心承办的国际生殖健康供应联盟2015年执委会会议于5月14-15日在北京召开。余前王国强副主任分别会见了全体参会执委。

中国作为避孕药具生产和使用大国, 通过承办执委会会议, 让执委们与来自中国政府、非政府组织、专家学者和生产企业的参会代表进行面对面的交流, 并以圆桌会议的形式, 在充分沟通的基础上, 达成了三点共识: 一是为推动中国生殖健康产品走向国际市场, 将着手制定和修订相关产品的国际标准; 二是为推动中国的生殖健康产品列入国际采购目录, 将着手解决世界卫生组织和联合国人口基金的产品认证等关键问题; 三是为更好地满足年轻人生殖健康需求, 将继续加强对话, 共同推进南南合作等, 最终形成各方共赢局面。药具管理中心主任张福恒参会并致辞。

此次执委会会议首次在亚洲和北美以外地区召开。中方为此专门安排参会执委实地参观考察了北京、上海等地的生殖健康产品生产企业、青少年生殖健康教育基地、避孕药具发放供应和妇幼保健等工作。



国际生殖健康供应联盟2015年执委会



国际生殖健康供应联盟执委会圆桌会议

相关链接

- 国家药监局发布《避孕药具生产质量管理规范》 2015/07/21 09:21



The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.