

GLOBAL PROGRAMME TO ENHANCE REPRODUCTIVE HEALTH COMMODITY SECURITY



Fifth Stocktaking Meeting on the GPRHCS

The Hague, The Netherlands - 16 and 17 April 2012

About the GPRHCS

UNFPA's Global Programme to Enhance Reproductive Health Commodity Security is a catalyst for national efforts to build stronger health systems and procure essential supplies. It is UNFPA's main channel for providing technical and financial assistance for family planning. The GPRHCS is designed to help leverage technical and financial resources in complement to the UNFPA Country Programmes. Multi-year support is provided to catalyse national action in countries where weaknesses in supply systems for essential commodities hinder progress towards national priorities for reproductive health. The GPRHCS supports country-driven efforts to prioritise reproductive health commodity security and mainstream it into budgets, policies, programmes and mid-term plans. On the global and regional levels, UNFPA works with partners within several market-shaping initiatives aimed at improving quality, expanding method choice and reducing the cost of commodities.

UNFPA has mobilized \$450 million since 2007 to ensure access to a reliable supply of contraceptives, condoms, medicines and equipment for family planning, HIV/STI prevention and maternal health. In 2011, the GPRHCS mobilized \$144.9 million from Australia, Denmark, Luxembourg, Netherlands and United Kingdom.

RHCS is achieved when all individuals can have access to affordable, quality reproductive health supplies of their choice whenever they need them. It is critical to all UNFPA programming and to the achievement of the Millennium Development Goals.

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INTRODUCTION

The Fifth Annual Stocktaking Meeting of the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) was hosted by the Government of The Netherlands and took place from 16 to 17 April 2012 in The Hague. This meeting brought together interested parties from donor countries, international and local non-governmental organizations (NGOs), as well as other strategic partners, to assess the results of this UNFPA flagship programme.

UNFPA welcomed two Ministers of Health: Dr. Johanita Ndahimananjara of Madagascar, and Dr. Zainabu Hawa Bangura of Sierra Leone. The principal donors to the GPRHCS were represented by Elly Leemhuis, Bram van Ojik and Rebekka van Roemburg for The Netherlands and Filomena Atkins, Nel Druce and Sandra MacDonagh for the United Kingdom. Among the participants were Timothy Poletti representing Australia, Valerie de Filippo from Friends of UNFPA, Marion Kneesch of Germany (KfW), Sarah Negro and Tommaso Nodaro of Italy, Miguel Casado of Spain, Patricia Atkinson of Marie Stopes International, John Skibiak of the Reproductive Health Supplies Coalition, Nienke Blauw and Yvonne Bogaarts of Rutgers WPF, Marie Christine Siemerink and Luuk Jan Boon of Universal Access to Female Condom, Aron Betru of the UN Foundation, Beverly Johnstone of USAID and Sameera Maziad al Tuwajiri of the World Bank.

The UNFPA team was made up of Babatunde Osotimehin, UNFPA Executive Director; Anne-Birgitte Albrechtsen, Deputy Executive Director - Management; Jagdish Upadhyay, Chief, Commodity Security Branch (CSB); Sietske Steneker, Director, UNFPA Brussels; Eric Dupont, Chief, Procurement Services Branch; Kechi Ogbuagu, Coordinator of the GPRHCS; Cheik Tidiane Cisse, UNFPA Representative in Madagascar; Ratidzai Ndhlovu, UNFPA Representative in Sierra Leone; Benedict Light,

Senior Technical Adviser RHCS, Brussels; Beatriz de la Mora, Resource Mobilization Specialist; and Desmond Koroma and Susan Guthridge-Gould, both CSB consultants. Of particular note, Dr. Osotimehin gave the keynote address and Anne-Birgitte Albrechtsen participated throughout the meeting.

Objectives and expected results

The meeting focused on objectives pertaining to annual results as well as future directions:

1. Provide an update on progress to date of the GPRHCS;
2. Share experiences and lessons learnt including in-country challenges and opportunities for Global Programme implementation;
3. Share, discuss and reach a consensus on the key elements of a new and even more efficient GPRHCS Phase II;
4. Agree upon modalities for increased resource mobilisation and commitment in support of the GPRHCS Phase II.

The meeting provided a forum to discuss the progress made over the last year and, in a broader sense, to assess past performance and future directions. It succeeded in achieving its expected results, with donors and partners well-informed about progress and results of the GPRHCS. Many experiences and lessons learnt were shared. Consensus was achieved on the key elements of the GPRHCS Phase II, as well as some of the modalities through which existing and future donors/mechanisms would commit funding in support of the next phase of the programme.

Main points on implementation to date

Participants at the meeting agreed on key points regarding the GPRHCS from its launch in 2007 and through its implementation to date:

1. The GPRHCS has delivered results in the first five years and should be continued;
2. UNFPA is ready to change and expand this programme in order to manage additional funds and deliver them effectively;
3. The GPRHCS offers a proven track-record of results, strong in-country partnership and presence, and convening power as a flagship programme of UNFPA;
4. The focus on results is a strength;
5. The integrated approach is a strength; it was reflected in the sense that any sticky note might have been posted on a flipchart by any donor, government or UNFPA participant;
6. The programme is a model to guide UNFPA programming in the future; it is a “transformational engine” of the organization; it can be a champion of transformational change to reduce unmet need for family, prevent HIV/AIDS and improve maternal health.

Main points on GPRHCS Phase II

The group also made a number of observations and recommendations regarding the next phase of the GPRHCS. There was general consensus about the importance of an integrated approach, support at the country-level, additional indicators for monitoring and evaluation, identification of gaps and barriers, and data for evidence-based advocacy. The group proposed creating an advisory body with donors, partners and governments as an addition to the current management structure. These and other suggestions were elicited from the participants in highly participatory learning sessions.

1. Establish an advisory body with donors, partners and governments as an addition to the current management structure;
2. Increase support at country level, e.g. build the capacity of UNFPA Country Offices and strengthen in-country technical support;
3. Integrate RHCS into health systems and take an integrated approach to programme delivery;
4. Track and monitor results, e.g. add indicators to the Monitoring and Evaluation framework on

- demand creation, quality of care, and the capacity of health system to sustain RHCS progress;
5. Communicate results to the public and partners;
6. Generate data for evidence-based advocacy, including financial benefits of family planning and RHCS; be more systematic about advocacy, with plans and strategies;
7. Identify and analyze gaps and barriers to RHCS;
8. Increase the number of countries to 69 in total, perhaps with 35 focus countries;
9. Increase financial support from donors and programme countries; mobilize resources;
10. Increase emphasis on youth;
11. Increase emphasis on demand generation and creation through social mobilization;
12. Increase understanding of underserved populations and focus on target groups of young, poor, underserved, ethnic groups;
13. Increase knowledge management and sharing of lessons learned;
14. Increase partnership at an early stage with all stakeholders as part of the programme management structure, because collaboration is key;
15. Work more closely with strong existing bodies in civil society and the private sector;
16. Be open and transparent, and be accountable for use of funds to achieve results;
17. Work within the UNFPA focus on maternal health and youth;
18. Align with and consider funding cycles and programming cycles;
19. Consider role of Country Offices and Regional Offices; consider cost-sharing;
20. Continue to address access to reproductive health in middle income countries;
21. Develop country selection criteria on political will, CPR, MMR, teenage pregnancy rate, etc.;
22. Develop an exit strategy with an incentive to exit, and identify indicators for system sustainability and continuity, e.g. achieving 60 per cent CPR, level of government commitment, and equity and access.

The GPRHCS team would like to acknowledge all present for their enthusiastic and thoughtful

contributions during the interactive sessions as well as in more formal settings during the event. Several distinguished guests addressed the group, including the Ministers of Health from Madagascar and Sierra Leone and the Dutch Minister for European Affairs and International Cooperation. The UNFPA Executive

Director spoke on the first day and the new Deputy Director participated throughout. This event came at an important time for the GPRHCS as its 2007-2012 period concludes. Its success is evident in the many insightful, creative and concrete proposals for the next phase.

About the event: *The meeting convened at the Netherlands Ministry of Foreign Affairs headquarters in The Hague. Following welcome remarks from the UNFPA Executive Director and Bram van Ojik, Director of the Department for Social Development, Ministry of Foreign Affairs, the meeting began with an update on the programme's achievement, with a presentation of the 2011 annual report. This was followed by presentations by the UNFPA Country Representatives for Madagascar and Sierra Leone sharing country experiences in GPRHCS implementation. The afternoon sessions were held in a conference room at the Novotel Den Haag City Centre. There were brief presentations on the 2011 external Mid-term Review of the GPRHCS and on the first United Nations High Level Meeting*

on RHCS, held in September 2011 in New York. These presentations, in combination with the morning sessions, set the scene for an interactive session involving all participants. The interactive session was built around a series of questions and was effective in giving participants the opportunity to provide feedback about key elements of the GPRHCS Phase II design, objectives and operational modalities. The second day of the event focused on the commitment of financial resources and political will for supporting RHCS. Ministers of Health from Madagascar and Sierra Leone described the process of accelerating access to family planning in their respective countries. A panel discussion addressed the role of partners. The meeting concluded with consensus on the way forward.



Group work at the Fifth Stocktaking Meeting of the GPRHCS. Credit: UNFPA.

ACHIEVEMENTS AND COUNTRY EXPERIENCES

Key results in RHCS

Dr. Kechi Ogbuagu, GPRHCS Coordinator, delivered a presentation on the GPRHCS Annual Report 2011 and achievements in reproductive health commodity security and family planning.

The GPRHCS works in 46 countries and is yielding impressive results, especially in the Stream 1 countries that receive sustained, multi-year support. Annual surveys are conducted by UNFPA in every Stream 1 country, providing important information about progress towards RHCS in addition to national data. The survey findings help countries to understand the bottlenecks in health systems and highlight the positive impact of actions such as, for example, the introduction of a computerized logistics management information system in Sierra Leone. In all Stream 1 countries, RHCS continued to improve in 2011. RHCS issues that came to the forefront in 2011 included young people, Middle Income Countries (MICs), maternal health commodities, neglected commodities, and comprehensive condom programming. There was heightened attention to family planning leading up to the London Summit on Family Planning, an event hosted by the UK Government and The Bill & Melinda Gates Foundation where global leaders will unite to provide 120 million women in the world's poorest countries with access to contraceptives by 2020.

Access to essential supplies is improving. More couples are able to realize their right to family planning, more health centres are stocked with contraceptives and life-saving maternal health medicines, family planning is increasingly being prioritized at the highest levels of national policies, plans and programmes, and more governments are allocating domestic resources for contraceptives.

Use of modern family planning is increasing – in some cases, dramatically. The increase in contraceptive prevalence rate (CPR) continued in 2011 in GPRHCS programme countries. Recent national data in Burkina Faso and Ethiopia again confirmed the trend. In Burkina Faso, CPR has increased from 13.3 per cent (MICS 2006) to 16.2 per cent (DHS 2010). In Ethiopia, CPR has nearly doubled from 13.9 per cent (DHS 2005) to 27.3 per cent (DHS 2011). Improved use of modern methods of contraceptive also has been recorded in other GPRHCS programme countries. In Niger, CPR increased from 11.7 per cent (DHS 2006) to 21 per cent (HMIS 2010).

Access to a choice of appropriate methods is expanding. In 2011, three modern methods of contraceptives were available in at least 80 per cent of service delivery points in 10 out of 12 priority GPRHCS programme countries. Investments in computerized logistics management systems are yielding results: In 2011, the percentage of service delivery points (SDPs) offering at least three modern contraceptive methods improved in Madagascar from 30.8 per cent 2009 to 97.2 per cent in 2011. In Ethiopia, the increase was from 60 per cent in 2006 to 97.2 per cent in 2011. In Nicaragua, the increase was from 66.6 per cent in 2008 to 100 per cent in 2011. In Mongolia the increase was from 93.5 per cent in 2010 to 98.2 per cent in 2011. For Lao PDR, the percentage of SDPs reporting 'no stock out' of contraceptives within the last six months increased from 36 per cent in 2010 to 84 per cent in 2011.

More health facilities now have lifesaving maternal health medicines. This is part of efforts to reduce maternal deaths and morbidity. In Lao PDR the percentage of SDPs with five life-saving maternal health medicines has increased from 13 per cent

in 2010 to 41 percent in 2011. In Mongolia, the percentage increased from 76.8 per cent in 2010 to 86.8 per cent in 2011 and in Sierra Leone from 75.5 per cent in 2010 to 91.2 per cent in 2011.

Capacity development and health systems strengthening initiatives are working. Through the efforts of our country offices and other partners, Essential Medicine Lists have been revised and now include contraceptives and life-saving maternal health medicines; national coordination mechanisms for reproductive health commodities security are made functional; and countries have been assisted to prepare and implement national RHCS strategies. Such country capacity and system strengthening efforts are some of our accomplishments in Bolivia, Papua New Guinea, Democratic Republic of Congo, Timor Leste, South Sudan, Lao PDR, Mongolia and Zambia.

Governments are committing national resources to contraceptives. Budget lines for reproductive health commodities are present in 11 out of 12 priority GPRHCS programme countries, excepting Haiti. Allocations increased in 2011 in Burkina Faso, Ethiopia, Mongolia Nicaragua and Ethiopia (where the amount nearly doubled). A budget line was established for the first time in Nigeria and in Sierra Leone.

Country experiences in ensuring access to RHCS

Ms. Rati Ndhlovu, UNFPA Representative in Sierra Leone, and Mr. Cheikh Tidiane Cisse, UNFPA Representative in Madagascar, set the stage for presentations by the countries' Ministers of Health.

In Sierra Leone, reproductive health policies and strategies have created an enabling environment for RHCS in Sierra Leone. High-level political commitment to family planning, including by the First Lady, is contributing to progress. Improvements can be seen in the procurement and storage of commodities, with no stock-outs reported at the central and district levels in 2011 and past problems with leakage of drugs prevented. National implementation of an electronic

LMIS, with CHANNEL software, encompasses all drugs. While there has been progress, there continues to be need in developing the capacity of human resources and increasing young people's access to sexual and reproductive health services.

In Madagascar, "good partnerships" are credited with the progress made in improving RHCS in the country, including with MSI. There have been improvements in the supply chain. For example, an SMS (text messaging) project carried out with the TELMA Foundation not only monitored maternal death but also monitored stocks of life-saving maternal health drugs and other essential reproductive health supplies. Demand creation for modern methods of family planning will continue to be a particularly important activity in areas considered hard to reach.



Ms. Rati Ndhlovu, UNFPA Representative. Credit: UNFPA.



Mr. Cheikh Tidiane Cisse, UNFPA Representative, and Anne-Birgitte Albrechtsen, UNFPA Deputy Executive Director. Credit: UNFPA.

Country case study: Minister of Health, Madagascar

The Honorable Johanita Ndahimananjara, Minister of Health, described progress in reproductive health commodity security in the Republic of Madagascar, acknowledging UNFPA support through the GPRHCS. She outlined the opportunities, challenges and lessons learned.

The country's interim action plan for 2012-2012 builds on the commitment of national and regional stakeholders for family planning; active collaboration with partners, and decentralization of maternal health, family planning and logistics activities. GPRHCS has supported the integration of RH commodities into



The Honorable Johanita Ndahimananjara, Minister of Health, Madagascar.
Credit: UNFPA.

one distribution system (SALAMA). This effort has included logistics capacity development, equipment and transport at the central warehouse, and creation of a coordination committee. To date, 70 per cent of RH commodities have been integrated into the SALAMA system. CHANNEL software is used to manage all RH commodities. Procurement processes have also been improved, and contraceptives and maternal health drugs are distributed free of charge. Opportunities for public-private partnerships can be seen in community-based distribution by family planning NGOs, a market segmentation study, and resource mobilization through local companies.

There are many challenges ahead, including the need to increase the allocation in the national budget line for family planning and to ensure accountability through auditing of supply management, she said. Madagascar is committed to reducing unwanted teenage pregnancies by promoting youth health services, raising awareness through demand creation for family planning, and increasing access to RH commodities. The country will also continue to increase private sector participation in maternal health and family planning and improve infrastructure at the district level and transport of RH commodities to remote areas.

Among the lessons learned, the Minister cited recognition of the need to reduce maternal mortality through the availability of life-saving medicines and the monitoring of their quality and quantity at health facilities. She also noted the need to integrate family planning services within basic health care, and to collect data on GPRHCS indicators. The Minister said the GPRHCS is an opportunity for Madagascar in the context of social crisis.

"Madagascar would not have improved its maternal health and family planning indicators without the support of GPRHCS," she said. "Despite the spectacular results achieved, challenges remain and we still need support from GPRHCS to strengthen the ongoing changes for a durable transformation that will positively impact on the social and economic development of Madagascar," she concluded.

Dr. Babatunde Osotimehin, UNFPA Executive Director

Dr. Babatunde Osotimehin, UNFPA Executive Director, delivered an opening statement describing family planning as one of the most important investments that can be made at this time. He placed emphasis on an integrated approach, saying that integration is a priority throughout the delivery system for reproductive health commodities, and can be advanced by making use of GPRHCS systems. The presence of a national budget line for contraceptives and other RH commodities is an important step in any country. "Once you have a budget line, you can build on it," he said, noting the importance of strengthening systems for procurement, distribution and monitoring. Analyse the gaps where needs are not being met, as in the case of young people and especially young girls. While huge unmet need is seen in Africa, look more closely at national statistics to identify gaps like the high unmet need in the Andean region of Latin America, he advised. This work of the GPRHCS is not only about commodities but also about educating and empowering women and girls. Of the upcoming London Family Planning Summit, Dr. Osotimehin said the momentum for family planning presented "an opportunity to get it right, to make a difference" and to mobilize all stakeholders to realize the promises made at the International Conference on Population and Development, the Millennium Summit, other international agreements on the environment, health and human rights – and those to come at the London Summit and proposed Beijing+20.

Mr. Bram van Ojik, Ministry of Foreign Affairs

Mr. Bram van Ojik, Director of the Department for Social Development (DSO), Ministry of Foreign Affairs, spoke on behalf of Mr. Ben Knapen, Minister for European Affairs and International Cooperation. He reaffirmed the strategic alliance with UNFPA, saying the Fund's priorities were the same as those of the Dutch Government. He described a recent visit to Yemen, where women can obtain contraceptives with or without their husbands as part of a Marie Stopes' clinic. Population issues link priority issue areas such food security, water and sanitation, peace and security, and sexual and reproductive health and rights, he said. Given a choice, women want fewer – and often healthier – children yet they too often have no access to family planning services. "In order to make progress, we need all parties," Mr. van Ojik said. He reaffirmed the strategic alliance and continued support of The Netherlands, noting in particular support for access to female condoms and for demand creation through information and education reflecting young people's culture and outlook.



Mr. Bram van Ojik, Ministry of Foreign Affairs, The Netherlands.
Credit: UNFPA.

CAPTURING INPUT ON KEY ISSUES, REPORTING ON HIGH LEVEL MEETING AND MID-TERM REVIEW

The session was chaired by the Honorable Johanita Ndahimananjara. Ten-minute presentations by Ms. Susan Guthridge-Gould and Mr. Desmond Koroma, UNFPA Consultants, served as an introduction to an interactive discussion. Ms. Gillian Martin Mehers, a professional facilitator, carried out a Carousel Discussion that efficiently captured key ideas, concerns and recommendations from all participants on three central topics in RHCS.

UN High Level Meeting

First ladies, ministers of health and parliamentarians numbered among the 80 people present at the first United Nations High Level Meeting on Reproductive Health Commodity Security, held 7 and 8 September 2011 in New York. It provided an opportunity to share experiences among 12 priority countries in the GRPHCS. Panel discussions focused how to mobilize political and financial resources, how integrate supply management in national health systems, and how to provide access to family planning services for underserved communities. In a Call to Action, the distinguished group declared: "Comprehensive sexual and reproductive health services including for voluntary family planning, ensured by a secure supply of reproductive health commodities, is a national priority for saving women's lives, improving maternal health and preventing HIV." Videos on key RHCS themes covered at the event are available online, including this overview: <http://youtu.be/Vzeb9YYmxXc>.

Mid-Term Review

The Mid-Term Review in 2011 confirmed the success and achievement of the GPRHCS. The independent review was conducted approximately half-way through the 2007-2013 programme. The report¹ synthesized findings from 14 country case studies.² It found that "the Global Programme has successfully set up country-level building blocks for reproductive health commodity security":

- Coordination committees are in place in most countries and function reasonably well, particularly on operational issues;
- RHCS is embedded in key national strategies such as health sector strategies, poverty reduction strategies, and STI/HIV/AIDS strategies. In several countries it is also included in gender mainstreaming strategies;
- RHCS strategies are in place in most countries, and are being implemented;
- With only three exceptions countries have made no ad hoc requests for supplies during 2010;
- Logistics management information systems (LMIS) are being developed everywhere;
- Essential reproductive health commodities are included on essential medicines lists, with only a few commodities omitted in some countries.

1 Synthesis Report, UNFPA Global Programme to Enhance Reproductive Health Commodity Security Mid-Term Review, January 2012, Authors: Adrienne Chattoe-Brown, Olivier Weil and Meg Braddock, www.hlsp.org

2 Stream One: Mongolia, Sierra Leone, Madagascar, Ethiopia, Burkina Faso, Lao PDR and Nicaragua. Stream Two: Ghana, Zambia, Lesotho, Benin, Liberia, Nigeria and Uganda

The review also commented on other areas of progress. In some countries the programme has successfully advocated for increased government funding for reproductive health commodities. The programme has mobilized considerable and increasing donor funds for reproductive health commodity security. Reports against the monitoring framework indicate that integration into UNFPA and the wider United Nations is proceeding well. The Commodity Security Branch in New York has designed a programme which has good country reach and enough flexibility to enable many country priorities to be addressed. Programme management systems are in place, Country and Regional Offices have staff committed to RHCS, and a monitoring framework has been developed. And, at global level, there is active engagement with key partners on RHCS. UNFPA has established itself as a global and country level player in RHCS.

Input on three key topics in RHCS

Participants contributed their ideas, concerns and recommendations on three key topics in RHCS: (a) Reaching Underserved Communities, (b) Mobilizing Political and Financial Commitment, and (c) Strengthening Supply Management Systems. Notes from each topic are provided below.

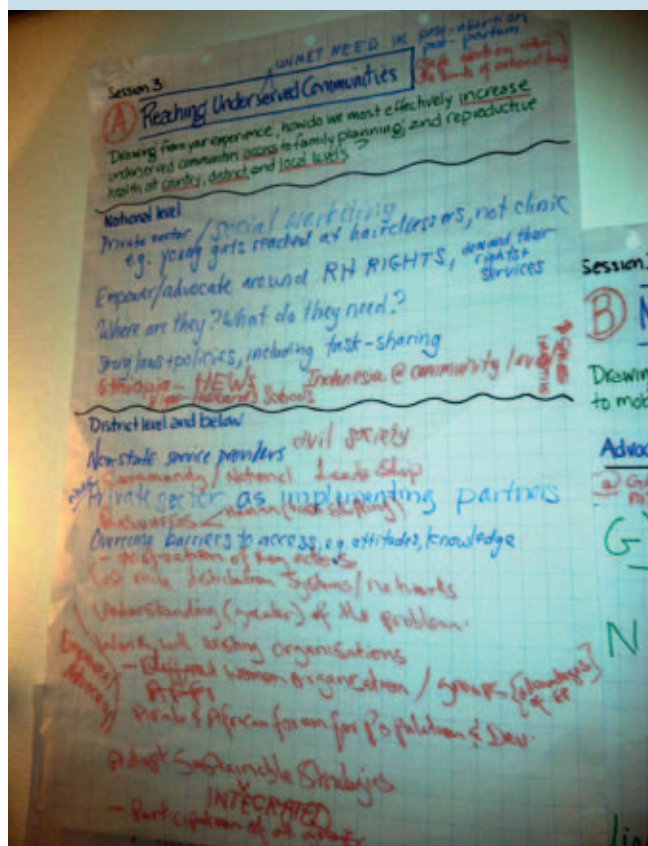
A. Reaching underserved communities

Drawing from your experience, how do we most effectively **increase** underserved communities' **access** to family planning and reproductive health at country, district and local levels?

- Understanding and mapping: Who are they? Where are they? Analysis based on disaggregated data is needed to identify the diverse needs of some very different groups. Gap analysis;
- Underserved may also encompass those with unmet need, e.g. overlooked need related to post-abortion, post-partum;
- Regarding data, use existing sources and go beyond

- CYP to use other measures combined;
- Supply side issues: Engage the private sector; Enhance enabling environment with law and policies; Service delivery needs method mix (more choice = more interest) and task shifting;
- Demand side issues: Advocacy, carried by an empowered and informed civil society that demands right to RH; Evidence-based advocacy showing benefits/results, including financial calculations;
- Data, monitoring, accountability – especially country level;

About the method: The session took the form of a Carousel Discussion. Participants were divided into three working groups at three tables. Each group had an opportunity to work on all of the questions, rotating every 20 minutes and taking a coloured marker with them to add notes to the next topic's flip chart. In the end, participants returned to their original table and reported back on highlights.



- Operational issues: Private sector as important partners; Task shifting to maximize resources; Always integrated in system; Work within existing structures.

B. Mobilizing political and financial commitment

Drawing from your experience, what are some of the **best strategies** to mobilize political will and financial resources for RHCS?

- Advocacy at global level;
- Advocacy split at State and District level, with targets such as NGOs, civil society, parliamentarians, private sector;
- Create links between gender, human rights and education – find champions for social protection;
- Simplicity in messages, e.g. gain a demographic dividend;
- Build and interact with youth communities;
- Look at the Futures Group, how to link population issues to unmet need;
- Show benefits in terms of dollars, compare benefits to cost of doing nothing;
- Develop investment case, involve Ministry of Finance and Planning;
- Link family planning to population dynamics, environment, other issues;
- Engage private sector, align with tax incentives, employer-based programmes, insurance schemes.



Capturing ideas on flip charts. Credit: UNFPA.



Small group work on GPRHCS issues. Credit: UNFPA.

C. Strengthening supply management systems

Drawing from your experience, how should we **support countries** to build supply management systems for RHCS?

- Assess gaps in a systematic way;
- Identify partners for assessments, identify clear responsibilities and roles;
- Pursue public-private sector partnerships and collaboration with civil service organizations;
- Situations are different, approaches are different, e.g. pre-position storage in remote areas;
- Integration at all levels of the supply system;
- Ensure timely forecast;
- Improve multi-channel distribution systems, e.g. hairdressers distribute female condoms;
- Ensure financial resources for services, not only commitments;
- Demonstrate benefits, advocacy for government support;
- Create medium and long-term strategies;
- Ensure active RHCS committees;
- Share good practices, either face-to-face or via Internet;
- Ensure RH commodities are in the essential drug list;
- Improve customs clearance process;
- More prequalified supplies;
- Reduce theft and wastage;
- Build infrastructure, e.g. train health staff, roads, warehouse (World Bank);
- Strengthen existing supply chains.

4

ENVISIONING THE NEW PROGRAMME'S OPERATIONAL ASPECTS

What will the proposed new programme – Phase II of the GPRHCS – look like? Dr. Kechi Ogbuagu described operational aspects based on the development of a new GPRHCS document. Concrete suggestions contributed by participants are listed below. The summary of suggestions was reported by Mr. Jagdish Upadhyay, Chief, Commodity Security Branch.

Nine questions about the shape of the new programme

1. What elements do you think we should prioritize as part of an effective and efficient management structure?

- Advisory group of partners
- Composed of governments, donors and other partners
- Meeting biannually
- More coordination with UNFPA management
- With more interaction with the board
- Funding allocation mid to long term planning – with cost sharing elements
- Strengthened country offices with clarified roles of regional offices

2. How should we select which countries are in the programme? How should we revise the country selection criteria?

- Expressed political will and commitment
- Needs based

About the method: An interactive approach called “crowd sourcing in pairs” captured the ideas of all participants, without identifying the source as representing government, NGO, staff, etc. The group was asked to imagine the new programme. What would it look like? Participants worked in randomly selected pairs to answer questions on nine posters, writing on sticky notes. This was followed by analysis in groups of four (quads). Each small group then presented in plenary, reporting on the patterns they found in their analysis of response. Reflections were discussed in plenary and summary comments were provided by a selected representative.



Answering questions posted about the GRPHCS. Credit: UNFPA.

- Prevalence of high maternal mortality
- CPR 20 per cent and less
- Low level of unmet needs
- Teenage pregnancy rate
- Should not be based on donor interest

3. What do you like about the current monitoring and evaluation framework?

- Country focused
- Comprehensive result and indicator based
- Yearly tracking approach

4. What changes would you make to further strengthen it?

- Need internalization within government data management systems (HMIS)

The new programme should include results on:

- Quality of care
- Demand creation
- Effectiveness of interventions
- Tracking social protection

5. How do we know a country programme is ready to transition out of the programme?

- CPR of 60 per cent or more
- Middle income status
- Government financing capacity is significant
- Quality, equity and access indicators are strong
- Incentives to graduate?



Participants reported to the group with a summary of comments. Credit: UNFPA.



The posters collected input from donors, partners and staff alike. Credit: UNFPA.

6. What priority of clients/beneficiaries should we be targeting/prioritizing?

- Hard to reach – youths (in and out of school), peer groups, poorest
- Invest in multi-channel supply chain
- Invest in and leverage private sector
- Displaced population – humanitarian settings
- Ethnic minority groups
- Rural and urban poor
- Marginalized schools – build / improve on mechanisms and avoid duplication of efforts

7. Should the programme's current funding allocation mechanism stay the same or change and if it needs to change how?

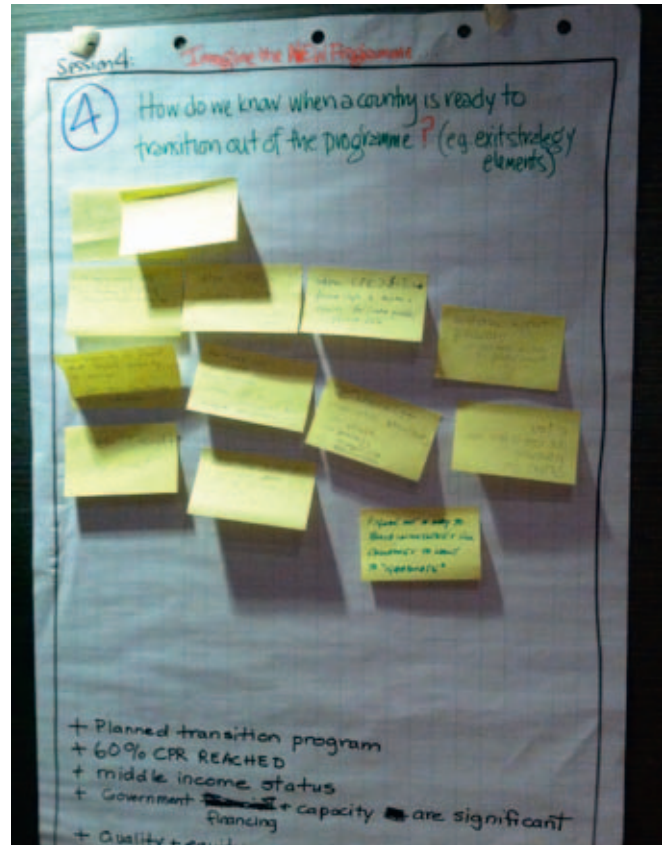
- Changing context – adapted to change in world financing mechanism for MDGs 4 and 5 – July event

- Strengthen systems – balance between RH commodities and strengthen systems (humanitarian assistance)
- How can we leverage domestic commitment
- Sustainability and graduation, consistent support
- Results based funding. Same streams and more RBF
- Learning through doing – M&E, lessons learned

8. If partnership is a priority, how do we build broader alliances for mobilizing resources and implementing the programme.

National level:

- Stronger partnerships at national level via: coordination mechanism; civil society participation and engagement
- Stronger functional national coordination mechanisms
- Focus on resource mobilization



Subsequent sessions sought solutions and answers to questions raised in this activity. Credit: UNFPA.

Global level:

- Leverage existing participants
- Strong emphasis on public-private partnerships

Communications:

- Develop the investment case – social, economic benefits, results based and evidence based

9. Are there any other questions we should be asking in the new programme?

- Incentives to reach hard to reach areas
- Consolidate what works (not always new innovations)
- Can GPRHCS use UNFPA core budget
- How can UNFPA support 2 per cent growth? (transformation)
- How to optimize the triangle – demand, supply and enabling environment

- How can we better support supplies and services and demand generation
- The focus on 69 low-income countries would leave out many countries in LAC
- Build on success and evidence
- Develop investment case
- Focus on services (procurement logistics) and products
- Results-based financing – goes against working with poorest, underserved and youth

Session 5: Accelerating and transforming universal access to family planning information and services

Ensuring transformational change at the country level

Mr. John Skibiak, Director of the Reproductive Health Supplies Coalition, chaired a session focusing on opportunities, challenges and lessons learned at the country level.

From Madagascar, the Hon. Johanita Ndahimananjara spoke about innovation and results, with success based on groundwork leading to continue momentum. She also noted the importance of public private partnership.

From Sierra Leone, the Hon. Zainabu Hawa Bangura described a successful effort to improve accountability and monitor supplies through a contract with a civil



The Hon. Johanita Ndahimananjara (left) and the Hon Zainabu Hawa Bangura (right). Credit: UNFPA.

society organization. Task-shifting in which additional training is provided to midwives is another strategy that is yielding results in Sierra Leone.

In both countries, common themes emerged. Improvements in RHCS are supported when there is strong country ownership of country-led initiatives and strong partnership committed to advancing national priorities for family planning, maternal health and HIV prevention.

Role of GPRHCS partners

Speakers represented The Netherlands, DFID, USAID and a civil society organization. Discussion was opened to engage all participants. Panelists spoke about continued Dutch support and the opportunity presented by the London Summit to mobilize support and move the family planning agenda forward. Panelists agreed that the country is the priority target for support and that UNFPA is well-positioned to mobilize action at country level. Collaboration is key, and the time is now to bring stakeholders on board.

From **The Netherlands**, Rebekka van Roemburg of MINBUZA provided a brief overview of the priorities of the Government of The Netherlands, i.e. food security, water and sanitation, peace and security, and sexual and reproductive health and rights. In context of the latter, the focus is on youth, commodities, SRH care including safe abortion, and SRH rights in particular for vulnerable populations. Ongoing efforts to safeguard the national budget for SRHR were mentioned. She emphasized the crucial need for collaboration, mentioning 'four keys to open the box' – government, donors, UN and non-state actors. With regard to the UNFPA, programmatic strength was mentioned. "The UN can do things we cannot do. UN agencies have different entry points and bigger reach," she said. She described the role of civil society in terms the three 'As' of advocacy, action and accountability. Private sector involvement has shifted from concern for corporate social responsibility, with companies now present to profit, though a

model is needed that works for all parties. There is an enlightened business community that wants to make headway, she said. Each partner needs to do what each is good at. "To be cost effective we need integrated care. When a mother and child go to a clinic, the mother may want protection against HIV, contraception to avoid unwanted pregnancy and to vaccinate her child."

From **The United Kingdom**, Nel Druce of the Department for International Development (DFID), presented PowerPoint slides about the forthcoming London Summit on Family Planning in July 2012, which was formerly known as the 'gold moment' for family planning. The Summit represents a huge opportunity and the UK Government is very committed, she said. Women and girls are "front and centre of UK development policy" with a commitment to delivering results for improved women's and girls' health and empowerment. The UK results framework 2010-15 seeks at least 10 million more women using modern contraception (of these at least 1 million aged 15-19), with more than 5 million unintended pregnancies prevented. "Access to family planning is a gap in the RMNH continuum with at least 200 million women with an unmet need for modern contraception," she said. DFID is focusing on 69 least-industrialized countries, including India and Indonesia. The goal is by 2020 to ensure that women in the developing world have the same access to services and supplies as those in the developed world. Guiding principles in this transformation will be universal access to RH, equity, national leadership, a focus on poorest countries, catalytic support, partnership, innovation, performance-based financing, and monitoring of results for accountability. UNFPA and its GPRHCS have critical roles to place in address barriers to access to family planning, she explained. The GPRHCS is "doing a fantastic job in public sector, with great strides in procurement and coordination at national level." She noted the need to define demand-side mobilization models for service delivery, and how the GPRHCS will link to country family planning strategies.

From the **United States**, Beverly Johnstone of the United States Agency for International Development

(USAID) recalled the very strong links between USAID and UNFPA since 2008, with the strongest links in the sphere of RHCS. She noted in particular the Reproductive Health Supplies Coalition, CARhs and recent support to Mali. Commodity security and logistics colleagues might have ideas about how we could do more, she said. The key is at country level. She invited ideas about how to strengthen collaboration at the country level, perhaps through a formal USAID/UNFPA partnership or a USAID mission with GPRHCS at country level. Overall, there is a need to identify specific issues at the national level, such as initiatives for demand creation, noting that USAID has extensive networks on reproductive health and maternal health at national and global levels.

From **Marie Stopes International**, Patricia Atkinson emphasized the importance of partnerships. "We rely on partnerships; commodities are key to our business," she said. MSI has limited resources of its own and welcomed mention in the GPRHCS Annual Report of what MSI did with a \$2 million contribution from UNFPA GPRHCS in 2011 and for the \$8 million coming in 2012. MSI is part of a much larger set of stakeholders who rely on partners to raise the profile of family planning, and is looking forward to the London Summit. MSI relies on UNFPA in the policy environment – to remove barriers, to facilitate access – and UNFPA supports those changes, for example in policy shifts to address unmet need or task-shifting, she said. MSI is also working with the private sector to identify areas of high unmet need. How can the private sector help? MSI has franchise models with relatively low-skilled, private, for-profit providers in which MSI provides training on modern contraceptives and provides them with supplies. MSI is carrying out franchise programmes in 20 countries and welcomes joint efforts to bring these service providers into the more formal sphere of health provision, focusing on quality of care and also service provision and contracting out – health policy innovations designed to ensure better integrated care. MSI would like to see a formalizing of multi-year partnerships to improve predictability and sustainability. "Following the family planning summit, how can we scale up?"

Following the panellist's comments, discussion was opened to the group.

From the **World Bank**, Sameera Maziad al Tuwaijri described the H5 (now including UN Women) as the key forum of collaboration on reproductive health commodity security. RHCS partnership between UNFPA and the World Bank is very strong, she said, with the World Bank relying on UNFPA for much of its RH commodity procurement. "We need to formalize the World Bank/UNFPA/GPRHCS partnership," she said, noting that RHCS is a key link to progress in family planning and development.

From **UNFPA**, Kechi Ogbuagu referred to the UNFPA Executive Director's comments on the fundamental importance of an integrated approach. A package of services, corresponding to what individuals need, must be provided rather than just a series of non-integrated separate services available at different locations and times. It is necessary to use 'granulation' to ensure a given issue is embedded in integrated (primary health care) services, she said. She emphasized the importance of national-level efforts following the July 2012 London Summit on Family Planning and the need for flexibility and responsiveness in order to be sustainable. Funding is important but what we use it for will matter more, she said, asking does UNFPA need a new mechanism or shall it continue to use what it has, in the form of the GPRHCS.

From **Sierra Leone**, the Hon. Zainabu Hawa Bangura, Minister of Health, asked how can the country sustain its gains? Continued support is needed, especially in the next four to five years. "We have laid solid foundations. We need to build on them to sustain them. We need time and resources," she explained. The Minister mentioned task-shifting to address human resource challenges, critical with only 120 doctors and 12 hospitals in the country. She listed a number of current activities: Community Health Officers (CHOs) are being trained to provide obstetric care, solar suitcases are providing electricity to facilities, five health facilities providing basic

emergency obstetric care are being upgraded in coming months (using the CHOs and community ambulances), and retired midwives have been re-engaged for two years to help build skills. The European Commission, in a separate initiative, has funded the overhaul and/or replacement of health supply warehouses. In one drive to reach populations in rural areas, the Minister persuaded private doctors in the country to travel to remote areas to provide SRH services. The doctors gave their time for free and NGOs arranged accommodation at no cost.

From **Friends of UNFPA**, Valerie de Filippo said that she is inspired by the progress reported and the tremendous number of successful family planning models. She mentioned the development by USAID of best practices and observed that, as a community, much has been done that has been 'wonderfully successful.' In moving RHCS and the GPRHCS forward, she made a plea to not "use civil society at the last minute" because civil society groups need lead time to build support and said that UNFPA need to play a convening role at national level.

From the **UN Foundation**, Aron Betru observed that UNFPA has networks and relationships with Ministries of Health around the world. For UNFPA the true client is the country, he said. The GPRHCS is clearly about much more than reproductive health commodities - it is very much about services, too. Strategies need to address country needs, improve coordination among donor partners, promote more multi-year planning, and align better with country strategies, he said. UNFPA should be an advocate for coordination.

From **USAID**, Beverly Johnstone queried a potential disconnect between GPRHCS country support and UNFPA Country Programmes and asked how they might be better aligned. In response, the UNFPA Representative from Sierra Leone described GPRHCS funds simply as "an extra element of the country programme" that were not parallel but integrated. "It is one programme with no separation," she said.

5

WAY FORWARD AND WRAP UP

The session was chaired by Ms. Nel Druce of DFID. From UNFPA, Jagdish Upadhyay, Kechi Ogbuagu and Anne-Birgitte Albrechtsen, Deputy Executive Director (Management), shared perspectives on the way forward for the GPRHCS. The closing session was conducted by Anna-Birgitte Albrechtsen, Jagdish Upadhyay and Mr. Bram van Ojik. It included conclusions, next steps, closing remarks and a vote of thanks to the host country.

Perspectives on the way forward

The GPRHCS Phase II is proposed to be aligned more closely with government, working within national

frameworks under government leadership and with government ownership. An even stronger emphasis on partnership is planned as part of the programme's structure, especially with civil society partners. It will be open and transparent, notably in finance, as it is hoped that significant funding from the London Summit will be directed to the GPRHCS. Other areas for increased action will include demand creation, social mobilization, operational research and evidence-based advocacy.

The GPRHCS Phase II will, based on partner feedback, provide support in 69 countries. Changes in technical assistance modality to countries are anticipated. The focus will be similar to Phase I but stepped-up in 35



The meeting confirmed support for continuing the programme. Credit: UNFPA.

countries. The number of Stream 1 or 'focus countries' will increase from 12 countries to 35 countries. It will be a challenge to help countries become as strong in RHCS as Madagascar and Sierra Leone, pointing to the need for champions in-country to provide support and report back.

The new phase will reflect UNFPA's current internal mobilization on maternal health and youth through two clusters. It will also align with the UNFPA Country Programmes, and will align demand-side efforts. A new technical advisory (TA) modality is envisioned.

Anne-Birgitte Albrechtsen observed that there is much in GPRHCS she would like to see done in the rest of UNFPA, such as the focus on monitoring and evaluation and results, government leadership, engagement with partners and a focus on youth. The Global Programme is part of the transformational engine of UNFPA.

UNFPA sees itself unashamedly as a central player in family planning and reproductive health commodity security, she said. Phase II will involve strengthened and more integrated partnerships and strengthened support to UNFPA Country Offices. More input will be sought on the proposed governance structure and ideas to help manage additional funds.

As a key next step, UNFPA will revise the GPRHCS Phase II document and submit to donors for input and finalization.

Closing session

Key elements of the 'way forward' include the report of this meeting, the document defining the new GPRHCS Phase II, increased sharing of family planning strategies, working together especially at country level, mobilization of resources, research and data collection and sharing, intensified demand generation and creation (social mobilization), more knowledge sharing and knowledge management based on lessons learned, and consideration of way to align GPRHCS Phase II with funding cycles and programming cycles.

When asked to describe the annual meeting and plans for the future of the GPRHCS, participants called out the following words and phrases: transformational change, promising, commitment, monitoring, sustainability, out of the box, demand creation, continuity, integration, partnership, strong systems, sustainability, inspiring.

ANNEX 1: Agenda

Time	Topic	Chair/Facilitator
DAY ONE - 16TH APRIL		
9:00-10:45	<p>Session 1:</p> <p>Objectives: i) To provide an update on progress to date of the GPRHCS, ii) Share experiences and lessons learnt including in-country challenges and opportunities for Global Programme implementation.</p> <p>Update on Global Programme Implementation: Presentation of 2011 GPRHCS Report and achievements in RHCS/FP</p> <p>Country Experiences in Ensuring Access to RHCS</p> <p><i>Partner Countries:</i> Sierra Leone Madagascar</p>	<p>Chair: Dr Babatunde Osotimehin</p> <p>Presenters: Dr Kechi Ogbuagu</p> <p>Ms Rati Ndhlovu</p> <p>Mr Cheikh Tidiane Cisse</p>
11:15-11:45	<p>Session 2: Official Opening</p> <p>Opening Remarks</p> <p>Keynote Remarks</p>	<p>Chair: Mr. Bram van Ojik, Ministry of Foreign Affairs, The Netherlands</p> <p>Mr. Bram van Ojik</p> <p>Dr. Babatunde Osotimehin, UNFPA Executive Director,</p>
13:30-15:30	<p>Session 3: Interactive Session highlighting some key events of the GPRHCS in 2011;</p> <p>Mid-term Review of the GPRHCS</p> <p>GPRHCS High Level Advocacy Meeting in NY</p> <p>Introduction of Topics</p> <p>Group Work</p> <p>Plenary Sharing of Group Work Discussions</p>	<p>Chair: Hon Johanita Ndahimananjara</p> <p>Beatriz de la Mora/Desmond Koroma/Kechi Ogbuagu/Susan Guthridge Gould</p> <p>All participants</p>

Time	Topic	Chair/Facilitator
15:45-18:00	<p>Session 4:</p> <p>Objective: Share, discuss and reach a consensus on the key elements of a new and even more efficient GPRHCS Phase II.</p> <p>Presentation and discussion of Key Elements of the Phase 2 GPRHCS Document</p> <p>Group Work</p> <p>Plenary Sharing of Group Work Discussions</p>	<p>Chair: Mr Jagdish Upadhyay</p> <p>Dr Kechi Ogbuagu</p> <p>All participants</p>
DAY TWO - 17TH APRIL		
9:30-10:30	<p>Session 5:</p> <p>Objective: Agree upon modalities for increased resource mobilisation and efficient/effective commitment and utilization in support of the RHCS at Global and Country Levels.</p> <p>Accelerating and Transforming Universal Access to Family Planning Information and Services</p> <p>Ensuring Transformational Change at the Country Level - Opportunities, Challenges, and Lessons learnt.</p>	<p>Chair: Mr John Skibiak, Director RHSC</p> <p>Hon Johanita Ndahimananjara and Hon Zainabu Hawa Bangura</p>
10:45-11:30	Discussions	All participants
11:30-13:00	Panel Discussion: Role of Partners of the GPRHCS in Ensuring Universal Access to FP	Speakers: Netherlands, DFID, USAID, Civil Society
13:30-14:30	Discussions	All participants
14:30-15:30	Session 6: Way Forward and Wrap Up	Chair: Ms Nel Druce
15:30-16:00	<p>Session 7: Official Closing</p> <p>Presentation of Conclusions and way forward</p> <p>Closing Remarks</p> <p>Vote of Thanks</p>	<p>Chair: Ms Anna-Birgitte Albrechtsen, UNFPA DED Management</p> <p>Mr Jagdish Upadhyay</p> <p>Mr Bram van Ojik</p> <p>Ms Anna-Birgitte Albrechtsen</p>

Rapporteur General – Ms Susan Guthridge-Gould

ANNEX 2: List of participants

THE HAGUE 17-18 APRIL 2012

Australia	Mr. Timothy Poletti, Advisor, Australian Mission to the UN, Geneva
Denmark	Ms. Charlotte E. Kanstrup, Senior Technical Adviser HIV/AIDS, DANIDA
Friends of UNFPA	Ms. Valerie DeFilippo, President
Germany	Dr. Marion Kneesch, Head, Health, Education, Social Protection Division, Sub-Sahara Africa, KfW Bankengruppe
Italy	Ms. S. Nero, First Secretary, Italian Embassy – The Hague
Madagascar	Dr. Johanita Ndahimananjara, Minister of Health
Mary Stopes International	Ms. Patricia Atkinson, Vice President and Health Systems Director
RHSC	Mr. John Skibiak, Director, Reproductive Health Supplies Coalition
Rutgers WPF	Ms. Nienke Blauw, Advocacy Officer
Sierra Leone	Dr. Zainabu Hawa Bangura, Minister of Health
The Netherlands	Ms. Rebekka van Roemburg, Head of the Health and Aids Division, Ministry of Foreign Affairs
	Ms. Elly Leemhuijs, Counsellor, Ministry of Foreign Affairs
	Ms. Barbara Rietbroek, Policy Officer, UN & IFI Department, Ministry of Foreign Affairs
UK	Ms. Sandra MacDonagh, Health Adviser, Sexual & Reproductive Health, DFID
	Ms. Nel Druce, DFID
	Ms. Filomena Aitken, Adviser, DFID
UNFPA	Mr. Cheikh Tidiane Cisse, Representative
	Ms. Rati Ndhlovu, Representative
	Dr. Babatunde Osotimehin, Executive Director
	Ms. Anna-Brigitte Albrechtsen, Deputy Executive Director – Management
	Mr. Werner Haug, Director, Technical Division
	Mr. Jagdish Updadyay, Chief, Commodity Security Branch
	Mr. Eric Dupont, Chief, Procurement Service Branch
	Ms. Sietske Steneker, Chief, Brussels Liaison Office
	Dr. Kechi Ogbuagu, Adviser, Commodity Security Branch
	Mr. Ben Light, Adviser, Commodity Security Branch, Brussels Office
	Mr. Niyi Ojuolape, Special Assistant to Executive Director, Office of Executive Director
	Ms. Beatriz de la Mora, Specialist, Resource Mobilization Branch
United Nations Foundation	Mr. Aron Betru, Director, Pledge Guarantee for Health
	Ms. Jessica Bowers, Public Affairs
United States	Ms. Beverly Johnston, Senior Policy Advisor, Health, USAID
Women Deliver	Ms. Jill Scheffield, President
World Bank	Dr. Sameera Maziad al Tuwajiri, Adviser, Population, Reproductive, Maternal and Child Health

UNFPA: *Delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.*

RHCS: *Reproductive health commodity security is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.*



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