



Reproductive Health
Supplies Coalition

Reproductive Health Supplies Coalition Membership Meeting

**October 24–25, 2007
Washington, DC**

Meeting Report

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DAY 1: OCTOBER 24, 2007

Welcome and Introductions

Co-Chairs Margret Verwijk and Wolfgang Bichmann welcomed participants to the Reproductive Health Supply Coalition's (hereinafter referred to as the "Coalition") eighth semiannual membership meeting. The Co-Chairs thanked the US Agency for International Development (USAID) for hosting the meeting in Washington, DC and extended a special welcome to the guests from Latin America. Working Group (WG) leaders and members were introduced, as well as Executive Committee members.

Report on Executive Committee Meeting

Co-Chairs Wolfgang Bichmann and Margaret Verwijk summarized the discussion and decisions taken by the Executive Committee at their meeting of the previous day:

- Executive Committee members welcomed Antoinette Gosses, who will be replacing Lena Sund as European Commission representative on the Executive Committee.
- A membership task force, created at the request of the Executive Committee, had delivered their recommendations pertaining to membership and governance. The recommendations, which are described below, were accepted.
- The current Co-Chairs will be completing their two-year terms as Co-Chairs in April 2008. Wolfgang Bichmann will extend his term by one year, to April 2009.
- A Co-Chair nominating committee has been established.
- Following the next membership meeting, to be held in April/May 2008, all membership meetings will be held annually, rather than every six months.
- The Executive Committee reviewed the draft communications strategic framework.
- Jagdish Upadhyay will henceforth replace Rogelio Fernandez-Castilla as the UNFPA representative on the Executive Committee.
- The Executive Committee bid farewell and extended its thanks and best wishes to Terri Bartlett.

The Coalition Since London

Speaker: John Skibiak, Director of the Reproductive Health Supplies Coalition

Presentation: [*The Coalition Since London*](#)

Coalition Director John Skibiak reviewed the objectives of the meeting, the broad goals of the Coalition. He defined the primary purpose of this meeting to be the establishment of new linkages between WGs, regions, and partner initiatives. He described the Coalition's achievements over the past six months as they related to each of the Coalition's three Strategic Goals (SG); he also provided updates on Coalition work with respect to completion of the Strategic Plan, communications, membership and governance, and sustainability.

SG1: Increase resources for supplies

Coalition partners have achieved remarkable success in pursuing different strategic pathways for more predictable financing:

- Bilateral support for supplies has grown, with new contributions from UK, Netherlands, Germany, Spain, and USAID.
- RMA Working Group's (WG) advocacy toolkit promises to help health planners, programmers and others access needed resources.
- RMA WG partners continue to assist countries to access Global Fund resources for RH
- MDA WG held a manufacturers' forum, which brought together representatives of government, the NGO and private sectors.

The Coalition will continue efforts to expand the resource base for supplies and will look forward to new opportunities to engage with partnerships that have singled out supplies as a priority area.

SG2: Strengthen Supply Systems

Update on the RHI Interchange:

- RHI staff traveled to five countries in Latin America and the Caribbean (LAC) and Sub-Saharan Africa where they are forging “a community of users” for the tool as a potentially important source of information for decision-making, along with distribution and consumption data.
- There is increasing evidence that data from the RHI is being used by assistance agencies to support field-based activities. In the last six months, customized RHI reports have supported advisors on 14 technical assistance trips.
- RHI will soon include contraceptive purchases procured by UNFPA and funded by Ministries of Health, World Bank, CIDA, DFID, Global Fund, and more.

The Minimum Volume and Pledge Guarantee (MV/PG) mechanism will facilitate access to the funds needed to procure supplies, and in quantities that will achieve lower unit costs. This initiative promises to lower procurement costs and enable countries to overcome the ebb and flow of national funding cycles.

To date:

- Funding to conduct a “proof of concept” for the MV/PG has been pledged by four Coalition members.
- The World Bank will manage the request for proposals (RFP) for this study to accelerate the selection process of the business consulting company. Study results are expected by the next membership meeting.

SG3: Assure Added Value

Strategic Plan was approved in August 2007. In the coming months, the Secretariat will:

- Condense the document into a simpler, more abridged format to be more easily understood and operationalized.
- Use the strategy to guide the formulation of communication activities as well as the monitoring and evaluation (M&E) plan.
- Work more closely with WGs to link their work, current and future, with the goals and objectives of the Strategic Plan.

Financial sustainability of the Coalition is being addressed through consultancy to address the sustainability of both the Secretariat and RHI; and to assess the utility, desirability and feasibility of an “incubation fund” to support small-scale initiatives and/research ventures by WG’s. The consultant has begun work and plans to complete his report by early next year.

Communications efforts have seen a number of significant developments:

- Catherine Potter was hired in June 2007 as Secretariat’s new Communications Officer.
- Communications Task Force met in July to begin formulating a communications strategy. A draft strategic framework has been prepared and was submitted to the Executive Committee for review.
- The Coalition new website is ready to go online. Mock-ups of the home and sub-pages were displayed. The new website focuses on the Coalition’s “added value”. It is structured around the new Strategic Plan and offers a portal for input from the country level.

Membership Plan

John Skibiak presented the decisions of the Executive Committee with respect to recommendations on membership and governance, prepared by the Membership Task Force. John thanked the Membership Task Force, which had successfully synthesized the interests, concerns, and ideas that emerged from interviews and an exhaustive literature review.

The following recommendations were approved by the Executive Committee:

Membership:

- Membership will be open to any organization with a stake in RH supplies.
- Organizations applying to become members must confirm in writing their commitment to the Vision, Mission, and Principles of the Coalition.
- The Secretariat may approve membership applications but may, in case of uncertainty or dispute, refer applications to the Executive Committee for decision.
- Affiliates of an umbrella organization may apply for separate membership.
- Current members need not re-apply.

Executive Committee:

- The EC will comprise 13 non-permanent, rotating seats
- Heads of the WGs will now sit as members of the Executive Committee; as members, they will represent their WG and its thematic interest, not the organisation in which they are employed.
- Attendance at EC meetings will be limited to EC members only or to their replacements in cases of absence.

Conclusion

The Coalition plans to move forward by focusing on the following areas:

- Put into effect a new membership policy.
- Operationalize the Strategic Plan and goals to life.
- Seize opportunities to engage with other partnerships.
- Develop way forward to ensure financial sustainability.

Market Development Approaches Working Group Update

Speaker: Ben Light, UNFPA

Presentation: [*Market Development Approaches Working Group Update*](#)

Ben Light summarized the achievements of the MDA WG over the past six months. He highlighted the MDA WG meeting, which was held in early October 2007 in Washington, DC. The meeting included:

- A forum where invited manufacturers raised issues of importance to them, such as procurement mechanisms, registration processes, import duties/procedures, access to reliable data, market segmentation and targeting, and marketing and market growth.
- Presentations from a variety of partners (some from outside the Coalition) addressed three main themes: total market approaches, sustainable markets and capacity, and social marketing.
- Identification of MDA work streams based on issues identified during the meeting.

The meeting resulted in a successful revision of the WG work plan, which linked the Coalition's new Strategic Plan to seven new workstreams:

- Development of Market Segmentation Toolkit.
- Development of indicators to measure market development.
- Targeted Global Advocacy for Market Development Approaches
- Facilitating the availability of quality Generic Supplies (collaboration with SSWG?)
- Facilitating an enabling environment for the non-public sector to complement the health stewardship role of the State (collaboration with RMAWG?)
- Cultivating links with Manufacturers
- Demand Creation

A report of the meeting will be available soon on the Coalition website. Ben emphasized that recent successes by the MDA WG were due in large part to strong support and collaboration by the Secretariat.

World Health Organization Prequalification Update

Speaker: Helene Moller, World Health Organization (WHO)

- There has been a marked improvement in the prequalification process for condoms and intrauterine devices (IUDs).
- Guidelines for condoms and IUDs were submitted to the WHO Expert Committee in mid-October. Unless major changes are recommended, the Expert Committee is expected to endorse the guidelines.

Systems Strengthening Working Group Update

Speaker: Alan Bornbusch, USAID

Alan introduced his presentation by reminding everyone that the Systems Strengthening Working Group (SSWG) focuses its work on supply chain logistics, technical issues and the data needed to effectively manage supply chains. He structured his presentation around five major areas as described below:

Countries At Risk Group

The Countries At Risk (CAR) group comprises a small group of leading donors who regularly meet to develop coordinated responses to impending supply disruptions. As noted in the CAR's second year progress report, the group has met with mixed success. It successfully averted stock-outs in Kenya and Rwanda, but was unable to address shortages in Bangladesh, Malawi, and Uganda. The group has timely, accurate stock status data from only a select number of countries. But it is working to improve this situation through a revised format for receiving data and developing linkages with a broader array of data sources. The SSWG has scheduled a meeting for Friday, October 26 when members will discuss a range of possibilities to further strengthen the CAR Group.

RH Interchange

Work on Phase 2 of the RH Interchange (RHI) continues. RHI managers Mimi Whitehouse and Jane Feinberg traveled extensively in the last six months, visiting five countries in LAC and Sub-Saharan Africa. They met with 107 people total, representing 73 organizations. The SSWG will continue its work to build communities of practice and ensure the application of RHI at country level. The SSWG will also reinforce use of the RHI as a database for the CAR group and others. It looks forward to expanding the database with UNFPA procurements funded by ministries of health, World Bank, SIDA, DFID, and others. Currently the RHI has data for 144 countries and more than 800 million US dollars worth of shipments.

Financing Mechanisms

The SSWG is working to address the volatility and unpredictability in donor financing for RH supplies. The Minimum Volume and Pledge Guarantee (MV/PG) mechanisms are designed to examine "better money" as opposed to "more money." The study for the design of the pilot MV/PG is about to be launch. Funding commitments for the study have exceeded \$350,000, and additional commitments are expected soon. A counterpart group, led by Wolfgang Bichmann, will meet on Friday, October 26 to decide next steps. It is anticipated that a consulting firm to conduct the study will be contracted by the end of the year. The World Bank has offered to take charge of procurement arrangements for that team, whose work is expected to take four months.

Review of Supply Chain Management Software Tools

A new area of work for the SSWG is the review of software tools for supply chain management. There has been a proliferation of software tools for management of RH supplies. SSWG will commission a review of these tools against a framework of supply chain management requirements to have better clarity and consensus on what tools fit where. The terms of reference for this work were recently

finalized and the Robert H. Smith School of Business at the University of Maryland have been contracted to complete the work. The team will meet with SSWG on Friday, October 26.

Prequalification

The SSWG also intends to focus on prequalification of RH Supplies. In collaboration with the MDA WG, the SSWG is looking more broadly at quality assurance. A major concern is long-term sustainability of WHO and UNPFA Prequalification Programme, which is currently funded by the Bill & Melinda Gates Foundation.

Resource Mobilization and Awareness Working Group Update

Speaker: Terri Bartlett, Vice President, Public Policy and Strategic Initiatives, PAI

Terri Bartlett, Head of the Resource Mobilization and Awareness (RMA) WG, announced that the focus of the group's work has been the Advocacy Toolkit, which was first introduced to the Coalition in Bonn in October 2006. Development of the toolkit was led by USAID's Health Policy Initiative (HPI) at Constella Futures, in collaboration with Population Action International (PAI), International Planned Parenthood Federation (IPPF), World Population Fund (DSW), and other civil society organizations globally. Noting that there are many different advocacy toolkits "out there", Terri emphasized that the goal of this tool is for groups to use and incorporate sections that are specific to them.

Advocacy Toolkit

Speakers: Tanvi Pandit-Rajani and Anne Jorgensen, USAID | HPI, Constella Futures

Presentation: *Leading Voices in Securing RH Supplies – An Advocacy Guide and Toolkit*

Tanvi Pandit-Rajani and Anne Jorgensen summarized the purpose of the toolkit, its users, and the target audience. They also provided a comprehensive overview of the toolkit's content, including a planning guide for advocacy, a package of tools and templates, and an electronic information bank.

The purpose of the toolkit is to provide Coalition members and partners with an evidence-based advocacy guide and toolkit to raise awareness and foster policy change for increased commitment to RH commodities at country level. The primary target audience is country-level decision-makers. Contents of the toolkit include the following:

- How-To Planning Guide for Advocacy, which includes an outline of groundwork for advocacy. This section provides guidance on identifying policy solutions; tools for reaching consensus on advocacy objectives; guidance for identifying target audiences and reaching target audiences; and real-life examples and lessons in advocacy.
- Tools, templates, and materials, which include a "context matrix"; talking points/briefing notes; template PowerPoint presentations; policy briefs; fact sheets; and press releases and media alerts.
- Information bank, which includes resources, materials, websites, etc. and collective knowledge and experience that can be used in advocacy for RH supplies. This information bank is a resource that is will be updated and maintained by the Coalition. It is provided on CD now but will be made available online soon.

Discussion

Participants were divide into three breakout sessions, each charged with addressing a different topic. Feedback from each breakout group is summarized below.

Group 1: Increasing family planning commitment in a high HIV setting:

- Though well-conceived and timely, the toolkit includes a lot of information and it will take time for people to look through the materials and give feedback.

- Harry Jooseery noted that his Partners in Population and Development (PPD) colleagues are often in a position to advocate but are not knowledgeable about how to do it, so this toolkit would be very useful for them.
- Just showing the toolkit to users is not sufficient—it will need to be supplemented with technical assistance. The group suggested that the RMA WG should address the issue of providing technical assistance.
- Can the commitment that countries have made at the national level be used as an advocacy technique in the guide?

Group 2: Increasing private sector participation in a donor phase-out setting:

- Users need to be very careful about adapting the steps and not over-simplifying a complex context, particularly with respect to the private sector. The toolkit guidelines can be useful if applied to general settings.

Group 3: Addressing supply chains in a low contraceptive prevalence rate setting:

- We need a deliberate dissemination strategy for this guide.
- It needs to be translated.
- Need to talk about putting supplies into development context. In countries with low contraceptive prevalence rates (CPR), we may need to look at other aspects and not just the supply chain.
- It will be important to pretest the guide, perhaps do pilot examples in one or two countries, and possibly make assessments and revisions before rolling it out at the global level.
- Some advocacy nongovernmental organizations (NGOs) may need a separate training on using the guide itself.

Update on UNFPA Country-Level Work

Speaker: Jagdish Upadhyay

Jagdish Upadhyay highlighted three recent events, having taken place with strong UNFPA involvement:

- Last September saw the inauguration in Arusha, Tanzania of the East African Community (EAC) Inter-Parliamentary Forum on Health, Population and Development. At a special Health Ministerial Advocacy Meeting, health ministers of five East African countries endorsed the EAC SRH Strategic Plan, in which reproductive health commodity security (RHCS) constitutes a priority component. Participating parliamentarians said that if resources for RHCS do not increase, they will personally raise the issue with their respective Ministries of Finance and Health.
- Two weeks ago, a meeting was held in Botswana by the Southern Africa Development Community (SADC). Sixty parliamentarians and health officers from 16 countries participated in the meeting and endorsed the need for RH commodity security (RHCS). The meeting generated much publicity in South Africa and elsewhere about RHCS.
- On Sep. 9–10, 2007, UNFPA hosted a “RHCS Champions Meeting”. Held in New York, the meeting drew ministers, government officials, parliamentarians, and staff from NGOs, as well as some Executive Committee members of the Coalition. The purpose of the meeting was to recognize the work of these “champions”; document their successes in making RHCS visible in their countries; share these lessons with champions from other regions; and provide a forum for the champions to meet with UNFPA’s Executive Board.

UNFPA Dashboard Tool

Speaker: Gary Connille, Technical Advisor, UNFPA

Gary Connille presented an overview of the Dashboard, which he described as a work in progress. The Dashboard is a tool designed to 1) monitor country progress relative to key UNFPA indicators of RHCS, 2) link progress to UNFPA country office performance, and 3) help determine whether there is a

minimum threshold that all countries need to reach. Though the tool currently focuses on UNFPA country offices; Gary welcomed feedback so that it can be useful for all organizations working in RHCS.

Data collection begins with UNFPA sending a simple questionnaire to its country offices. From the feedback, UNFPA can generate a regional map that accurately portrays overall progress relative to RHCS.

Once operational, the dashboard could inform decisions over resource allocation and provide a basis for discussions with country offices to determine priorities and action plans. It may also serve as an incentive for country offices to improve performance, especially since improvements in indicators can be carried out inexpensively and rapidly. The tool can also be shared with donors to demonstrate progress, irrespective of changes in local contraceptive prevalence.

LAC Session: History of the Family Planning Movement

Speaker: Carmen Barroso, Regional Director, IPPF, Western Hemisphere Region

Presentation: [*History of the Family Planning Movement in Latin America and the Caribbean: Success and Challenges*](#)

Carmen Barroso provided an overview of the history of the family planning (FP) movement in LAC, beginning in the 1960s. Thanks to certain key players, FP has made great strides; but some persistent problems still need to be addressed.

Overview

The last half century has seen rapid population growth in LAC. It has also been characterized by high birth rates, opposition to FP by many governments and Catholic Church, average annual growth rates of 2.8 and total fertility rates of 6, a Catholic population, and strong nationalism.

Important players in promoting RH in LAC included prominent male physicians, key women (both poor and prominent), some NGOs, international support, and IPPF and its affiliates. UNFPA was also a very important player through its distribution of contraceptives. Other factors conducive to FP were increased urbanization, education, government acceptance of NGO-initiated FP programs, and an overall improvement of women's role in society.

As evidence of the dramatic changes of the past 50 years: today more than 70% of women of reproductive age use contraceptives and more than 60% of women use modern methods. This has led to declines in fertility; especially in those areas exposed to free distribution of contraceptives. Today, sources of contraceptives are diverse, including public, private, and NGO institutions. Governments are increasingly using their own funds to provide free commodities.

However, some persistent problems still exist. These include:

- Regional inequalities with respect to income and quality of living. The gap between the wealthiest and poorest segments of society for access to RH commodities is greater than for any other health commodity.
- A major persisting source of inequality is between youth and adults. Fertility rate for adolescents is surpassed only by Africa.
- Worldwide, LAC has the highest rates of unsafe abortion and the highest rate of maternal death due to abortion.
- Institutional problems: as a result of changing donor priorities, both NGO and governmental programs have introduced sustainability measures that increasingly rely on user fees, thereby limiting access by the poorest.
- Political opposition to RH remains strong. There is, therefore, a need for a strong NGO community that is able to resist opposition.

PAHO's (Pan American Health Organization) revolving fund for vaccines could be a good model for contraceptives. International support for RH remains since rapid increases in contraceptive prevalence were attributable in large part to international collaboration and technical assistance. Good working relationships between the public and private sectors is essential for creating and sustaining political will, as well as assuring technical support.

Respondents

Respondents Margaret Neuse and Ben Light were asked to comment on Ms. Barroso's presentation to draw parallels and contrasts to other regions of world.

Respondent: Margaret Neuse

Margaret Neuse began with an overview of the larger context, provided her comments on the LAC experience, and then compared it with other regions of the world. She highlighted the need to learn from IPPF's successes and those of its affiliates in particular.

Drawing on a recent study by Cleland et al¹, Margaret highlighted five key elements for effective and sustainable FP programs. These include 1) high-level political commitment; 2) broad coalition support from elite groups; 3) adequate funding; 4) demand creation for use of FP; and 5) sustainability of supplies and supply services, etc. In terms of these key elements, the creation of an enabling environment in LAC has been of mixed success.

Factors that have contributed to the success of FP programs in LAC include:

- Various groups of elites joined together to support and expand access to FP. This was often aided by indifference (as opposed to opposition) on the part of governments.
- USAID and other donors provided significant support to LAC with successful results. The availability of these funds has shifted over time.
- NGOs played an important role in providing services, information, and advocacy for FP.
- While LAC is marked by diversity, most countries did start out with a significant health care infrastructure (i.e., well-trained doctors and nurses), strong reliance on sterilization, access to mass media from North to South, and sustainable supply and demand.

Factors that have contributed to the success of FP programs in Asia and Africa:

- Understanding of the impact of population growth and strong political commitment (in Southeast and East Asia) to realizing demographic objectives.
- Building on other successful development programs, such as education, etc. (same as LAC).
- Adequate funding in most of South Asia (India, Bangladesh, and Pakistan) coupled with strong political commitment in certain countries (Bangladesh). However, in contrast to much of LAC, health infrastructure (lack of trained professionals, service delivery sites, clinics, etc.) is stretched.
- Africa (particularly in West and Central Africa) confronts many challenges. Medical training and infrastructure is weaker than in LAC and Asia. Government commitment and effectiveness have also been weaker, or at best mixed. Funding has been low relative to need, except perhaps in the area of HIV/AIDS. Alternatives have been less accessible.

Key lessons learned from LAC:

- Find and use elites.
- Build coalitions.
- Connect with and engage religious leaders early if possible.
- Find ways to get information services and products to users.
- Build on other development efforts.
- Increase funding and maximize use of funding available.
- Innovate.

¹ Cleland J, Bernstein S, Ezeh A, et al. "Family Planning: The Unfinished Agenda," *The Lancet* 368(9549): 1818-1827, 2006.

Respondent: Ben Light

Ben Light noted that access to and use of FP 40 years ago in LAC was similar to many developing countries today. LAC's success was due to key champions (especially IPPF affiliates), community-based distribution, and social marketing. He also noted challenges that still remain:

- It is difficult to reach the poor, rural, and indigenous populations.
- Many programs are still donor dependent.
- There is a lack of coordination between public, private, and NGO sectors.
- In regions where needs are most acute, civil society has not emerged as a strong supporter/advocate of FP. There is a need to include a wider range of stakeholders. How can we bring stakeholders from private sector, NGO community, and civil society to create a total market approach?

Discussion

Question 1: How do you (C. Barroso) explain the fact that the birth rate for poorest quintile of young people is going up; and what can we do about it?

- Young people have enormous difficulties obtaining contraceptives. There is a disparity between the reality that young people are having sex and the perception by the general public that young people do not have sex.
- Abstinence-only programs are widespread, but not completely effective.
- Limited economic and educational opportunities lead many younger women to be indifferent about having a baby.

Question 2: Could you (M. Neuse) talk more about the influence of the media?

- US television is pervasive and can have both negative and positive impacts on cultural norms.
- Mexico and Colombia also have a major media influence in the region. Television instigates a consumer society, and people begin realizing they need to save their money to be successful, which means having children later.

Question 3: Who is doing something about the issue of inequalities across wealth quintiles?

- Governments are distributing free contraceptives, but even the highest quintiles are served mainly by subsidized government programs.
- NGOs try to work where the government does not work, often with mobile health units (boat, motorcycle, etc.). These efforts, however, are insufficient.

Question 4: Considering how Catholicism has affected FP in LAC, how do Islam, Buddhism, and Hinduism affect other regions of the world?

- In the case of Islam, programs have worked with Muslim leaders to establish culturally sensitive terminology, and to rely on lessons from the Koran in communicating the value of FP to religious leaders.
- In cases where programs are not careful and deliberate in their approach, there can be a religious backlash. Indonesia, Egypt, and Iran are successes with respect to engaging Islamic groups to support FP.
- In Iran, a growing young (and potentially underemployed) population convinced both the government and religious leaders of the need for FP services.
- In South Asia, the Hindu religious approach is very practical and religious leaders tend to be the first to adopt FP approaches.

Question 5: Why has the use of modern methods dropped in recent surveys (e.g., in Peru)?

- In Peru, there was a drop for the lowest quintile due to MINSA stock outs. People were forced to rely on traditional methods.

LAC Session: Mobilizing and Leveraging Resources for Family Planning

Facilitator: Patricia Mostajo, Country Director, USAID | Health Policy Initiative, Peru

This session provided an overview of the roles of different sectors (government, NGOs, and civil society) in mobilizing and leveraging resources in the context of donor phase-out of contraceptive supplies. It also highlighted the importance of leadership from ministries of health (MOH) in creating a supportive policy environment for contraceptive security, and the value of engaging civil society in resource mobilization and policy implementation.

Guatemala: Improving Financial Sustainability

Speaker: Dr. Mirna Montenegro Rangel, Coordinator, Women's Health and Development Initiative

Presentation: [*Improving Financial Sustainability in Guatemala: The Role of Advocacy and Policy in Contraceptive Security*](#)

Dr. Mirna Montenegro Rangel provided an overview of challenges and successes relating to the financial sustainability of RH services in Guatemala and the role of advocacy and policy in influencing changes. She described how certain conditions impact contraceptive security, such as poverty, rural residence, and inequality. Guatemala is a diverse country with 25 ethnic groups, 23 languages and a host of socioeconomic gaps (urban/rural, indigenous/non-indigenous). Thirty-two percent of the rural population does not have access to health services; and those that do, do not necessarily have access to FP/RH.

There have been some notable successes achieved between 1990 and 2007:

- In 1990, there was no legislative framework or enabling policies for FP. Despite slowly declining fertility, however, the demand for FP services was increasing. There was inequality in access to services, weak public sector programs, and a reliance on donated contraceptives.
- Today Guatemala's FP program is on its way to financial sustainability. The MOH is partially financing contraceptives and has significantly expanded RH services, the Guatemalan Social Security Institute is buying its own contraceptives, and major NGOs are achieving financial independence. There has been a rapid decline in TFR over the last six years and an overall increase in use of FP—especially among lower-income populations.
- Guatemala owes its success to civil society, advocacy campaigns, and legislative breakthroughs.

Paraguay: Moving Toward Contraceptive Security

Speaker: Veronica Betancourt, Regional Technical Advisor, USAID | Health Policy Initiative

Presentation: [*Paraguay: Moving Toward Contraceptive Security*](#)

(Veronica Betancourt replaced Dr. Rubén Ortiz, who could not attend). In 2003, Paraguay formed a contraceptive security committee and, in March 2004, conducted a contraceptive security assessment. One of Paraguay's major achievements was the approval, in May 2006, of a law (no. 2907) that sets aside funds for the procurement, storage, and distribution of contraceptives to meet MOH requirements. The law makes possible decentralized financing of contraceptives; mandates social security to procure its own supplies; and establishes a permanent budget line item for contraceptives and delivery kits. The development of the law was largely stimulated by participation of Paraguayan officials in a regional meeting for CS held in Peru in 2004. Creating these types of policy champions within the government has been crucial for promoting FP.

Key components of passing the law to assure contraceptive security:

- Advocacy with stakeholders was a critical component.
- Strategic management of the political environment was also important.
- Advocacy prior to introducing the law was needed to sensitize political actors.

- A lesson learned is that such a law should not only guarantee funds but also address appropriate procurement mechanisms.

Ecuador: Dealing with Donor Phase Out of Contraceptives

Speaker: Teresa de Vargas, Executive Director, CEMOPLAF

Presentation: [*Dealing with Donor Phase Out of Contraceptives in Ecuador: How CEMOPLAF Mobilized Resources to Meet its Needs for Family Planning Supplies*](#)

Teresa de Vargas shared her experience with *El Centro Médico de Orientación y Planificación Familiar* (CEMOPLAF) and the strategies being employed to adapt itself to the phase-out of contraceptives from donors. CEMOPLAF has managed to maintain a continuous supply of products, keep prices affordable, decentralize its system, expand services, and utilize cross subsidies. While prices for contraceptives in Ecuador appear high, they have not risen for the past five years due to user's inability to pay. Ecuador will begin purchasing contraceptives through UNFPA for an initial amount of \$1 million.

CEMOPLAF's future goals are to maintain supplies for clients, become financially sustainable, join Ecuador's contraceptive security committee, and to be an FP provider under the Government. It has been difficult for CEMOPLAF to achieve a level of sustainability above 96% while preserving the organization's mission and level of service.

Discussion

Question 1: Can you speak more about the alliances formed among Guatemalan NGOs?

- Work on that began before the law was actually drafted. Alliances were built with 23 organizations, including medical and nursing associations. While the organizations did not all have the same missions or goals, they looked for their common ground with respect to FP, respecting the diversity of the group. Their common goal was to pass the FP law.

Question 2: How did Paraguay and Ecuador effectively target the subsidies (e.g., by quintile)?

- There are full-service health centers which are geared towards middle to upper class clients. Those health centers targeting indigenous, rural, and/or low income populations are located in less socio-economically diverse areas, which makes it easier to target subsidies towards them.

Breakout Sessions

The previous presentations were followed by breakout sessions of an hour's duration. Detailed feedback from the breakout sessions are recorded in Appendix 1.

DAY 2: OCTOBER 25, 2007

Keynote Speech

Speaker: Dr. Kent Hill, Assistant Administrator for Global Health, Bureau for Global Health, USAID

Dr. Hill described the importance of global health, how it fits into development, and the understanding that development is now a cornerstone of US foreign policy. He emphasized that health is integral to development. It forms the basis of a stable work force, productive economies, and is essential for democracy to survive. Those working in health should reach outside of the field to make this case to others and recruit more health advocates.

The mission of USAID's Family Planning Program is to expand access to high-quality voluntary FP services and information and RH care in order to improve the health and lives of women and their families. USAID has been involved in the procurement and distribution of contraceptives for 30 years. USAID has a long-standing commitment to strengthening supply chain management systems in countries worldwide and has seen tangible improvements in product availability in many countries.

USAID diversification of funding and leveraging with partners, such as the Coalition, has dramatically improved the ability of USAID to do its work. The Coalition has helped to identify FP and HIV prevention programs at risk of supply shortages and has helped avert stock-out crises in Kenya and Ethiopia. The Coalition is also exploring new ways to finance RH supplies, secure and manage these supplies, and engage the private sector.

The new USAID | DELIVER Project aims to improve collaboration with global and regional partners for improved availability of essential health supplies and includes the Coalition as one of its principle partners. USAID is committed to increasing RH supplies through private and public services. It recognizes the need to develop measures to ensure that health programs have a full supply of essential health commodities and commends the Coalition for addressing these issues.

LAC Session: Supply Chains Under Health Sector Reform

Facilitator: Anabella Sánchez, Technical Advisor, USAID | DELIVER PROJECT

Presentation: [*How to Protect Supply Chains: An Introduction to the Session*](#)

This session highlighted key considerations facing the international donor community, policymakers, FP managers, and logistics advisors as they design and implement reforms for logistics system functions. Guests from the LAC region shared the successes and challenges regarding direct procurement, use of procurement agents, and maintaining contraceptive security in integrated and decentralized logistics systems.

Bolivia

Speaker: Oscar Viscarra, National Program Director, United Nations Population Fund, Bolivia

Presentation: [*Decentralization and Integration of the Supply System in Bolivia: How to Protect Sexual and Reproductive Health Supplies*](#)

Dr. Oscar Viscarra described the transition from a decentralized to integrated system within the context of Bolivia's health reforms. He outlined both challenges to the reforms as well as factors that facilitated its success.

Success factors:

- Some functions of the logistics cycle should remain centralized, such as standardization, information system, procurement, and quality control.

- Regular monitoring of the logistics system is key to ensuring its efficiency, effectiveness, and transparency.
- Prioritizing the logistics management information system in times of health reform.
- Information systems must be computerized during the process of integration.

Challenges:

- Sustaining political and technical support for the logistics system.
- Working with municipal governments to advocate for procurement of contraceptives.
- Improving local capacity for supply chain management.
- Access to real-time data on availability of contraceptives at all levels of the health system.
- Creating a common vision for contraceptive security.

Nicaragua

Speaker: Wendy Abramson, Senior Program Manager, USAID | DELIVER PROJECT

Presentation: [*Contraceptive Security and Health Sector Reform: Effects upon the Logistics Cycle*](#)

Wendy Abramson (replacing Alejandro Solís who could not attend) provided an overview of Nicaragua’s transition from nine parallel logistics systems under separate managers—to a single integrated system. She highlighted key success factors and challenges.

Success factors:

- Intra-institutional consensus among different Ministry of Health programs and divisions (service delivery, planning, norms, administration, etc.).
- Logistics assessment included tracer drugs and contraceptives.
- Integration was conducted gradually and was first pilot-tested.
- Documentation of the integration process served as advocacy piece for expansion to national level.
- MOH commitment to FP and contraceptive availability.

Challenges:

- Automation of the Logistics Information System.
- Consolidation of forecasting based on consumption data to secure procurement of adequate supply.
- Protect MOH funding for contraceptives through a budget line item.

El Salvador

Speaker: Dr. Esmeralda de Ramírez, National Coordinator, FP Program, MOH, El Salvador

Presentation: [*Experience with Contraceptive Procurement: Ministry of Health, El Salvador*](#)

Dr. Esmeralda de Ramírez described El Salvador’s experience with contraceptive procurement following donor phase-out of contraceptives. Because of the cost of local procurement was prohibitively high, the MOH decided to explore other procurement mechanisms. In 2004, they entered into a successful agreement with UNFPA—resulting in significant savings and low-priced high-quality products.

Key factors that facilitated the new procurement process:

- Intra-institutional coordination, which enabled the implementation of the UNFPA-MOH agreement, ratified by Ministerial Resolution in 2004.
- Increased technical knowledge as MOH staff learned how to prepare financial scenarios and negotiate procurement plans.
- Training of key personnel to manage the system and reduce under-reporting of key data for forecasting, which has been essential for preparing financial and procurement scenarios.
- Participation in CS regional meetings in Nicaragua, Dominican Republic, Peru, and Guatemala.

- Meetings with key MOH officials to gain support for the CS Initiative.
- Official recognition of the CS Committee, by Ministerial Resolution.
- Approval and implementation of the donor phase-out plan for contraceptives in 2006.
- Financial justification (comparison of local and UNFPA prices), promoted and defended at the Legal, Administrative and Financial Units of the Ministry of Health.

Challenges:

- Need to ensure sustainable funding for the annual procurement of contraceptives, including a specific budget line item for contraceptives.
- Honor the contraceptive procurement schedule, agreed upon in the Phase-Out plan between USAID and MOH.
- Need to create the political and legal framework for CS in country.
- Need to create the right conditions for implementing the MSPAS-ISSS joint procurement agreement (UNFPA).
- Ensure a broad method mix and the appropriate allocation of funds to procure them.

Chile

Speaker: Dr. Rene Castro, Director of the Program for Women, Ministry of Health, Chile

Presentation: [*The Supply Chain Within The Framework of Health Sector Reform*](#)

Dr. Rene Castro described CENABAST's creation of an online procurement planning system. The online system is designed to facilitate electronic bidding and information dissemination, and to combat inefficiencies and lack of transparency in the contraceptive supply chain. CENABAST is the procurement and distribution agency for all essential drugs, including contraceptives, for Chile's public health sector. The Public Sector Contracting and Procurement Division website is available at: www.chilecompra.cl.

Next steps for continued development of the online procurement system include validation of users, training of users and online delivery of users' passwords and codes, and continuous improvement of the system.

Summary

Facilitator: Anabella Sánchez, Technical Advisor, USAID | DELIVER PROJECT

Presentation: [*How to Protect Supply Chains: Key Messages*](#)

Anabella Sánchez reviewed key messages from the presentations, including lessons learned in Latin America, and how these lessons relate to other regions.

Guiding questions:

- Do you see any similarities (challenges and strategies)?
- How do these lessons relate to the regions where Coalition members provide support?

Discussion

Question 1: In Ecuador, there are sufficient and secure funds for contraceptives, but because of decentralization, a poor logistics system, high prices from local procurement, and a weak LMIS, the government has not been able to take full advantage of these funds and ensure product availability for the entire population. What is UNFPA's role in promoting CS in Bolivia?

- UNFPA is working primarily on advocacy to reposition FP and RH as country priorities. A second task is to collect evidence of the effects of decentralization to convince the government of the need to maintain certain functions at the central level.

Question 2: How can the automation of logistics and information systems be transferred to low-resource regions?

- Drawing on the experience of Guatemala, Anabella Sánchez felt that coordination of donor funding, collaboration between donors and the MOH, and MOH ownership of the system would be key steps in building capacity in resource-poor regions.

Question 3: RHCS is a “multi-legged stool”, influenced by good supply chain management, effective procurement practices, adequate financing, and successful public-private partnerships. Why has there not been more effort with regards to the last “leg” of the stool (public-private partnerships)?

- In much of LAC, the expectation is for the public sector to assume responsibility for providing health care, either directly or through social insurance and other programs. This often leaves government and NGOs in an adversarial relationship. Donors and governments must make a concerted effort to design plans that ensure a complementary relationship between sectors.
- MOH can play a key role in serving the poorest segments of the population.
- In the 1960s, NGOs were supported by the religious and donor communities, in large part because governments were not paying attention to RH issues. Today, NGOs are looking more at sustainability, cost recovery, and serving target populations.

Question 5: Can Dr. Castro talk more about CENABAST’s ability to provide technical assistance in the region, and whether CENABAST is capable of procuring contraceptives on behalf of other countries?

- CENABAST does not have the ability to procure commodities for other countries, but would be willing to establish cooperation to share its experiences.

Breakout Sessions

Today’s presentations were followed by breakout sessions. Detailed feedback from the breakout sessions is included in Appendix 1.

Conclusions from LAC Sessions

Facilitator: John Skibiak

Coalition Director John Skibiak highlighted four broad themes that arose during the two day’s discussions that could hold key lessons for other regions. He asked for input from participants with in-depth knowledge of other regions and whether these issues have potential application beyond Latin America.

1. Distribution of free contraceptives as a mechanism to generate demand for family planning and reproductive services. Once demand has been generated, the transition can then take place to look at cost recovery. This approach has been influential in realizing much of the success in LAC today.

Ben Light:

- Although this strategy may have played a crucial role in LAC, today’s circumstances are different. There are many more demands on public sector funds. In the current environment, massive distribution of free products will not necessarily benefit those who really need it. There is no point in building a market and then potentially undermining it by distributing free goods.
- We need more of a total market approach to determine who is best placed to serve different populations. It often seems as though the public, private, and NGO sectors are jockeying with each other to reach those deemed most difficult to reach. Together with the public sector, we need to help raise awareness of this challenge, and try to have better market segmentation.

Wolfgang Bichmann:

- Agrees that the environment has changed. LAC certainly has benefited from social insurance schemes and social institutes that provide services. But this is not the case worldwide.
- Analyses have shown that free services are often consumed, not by those most in need, but by wealthier populations. Targeting subsidies to the poor, particularly where resources are scarce, is a more effective means to reach the poor.
- Even successful efforts to create revolving funds (eg. Bamako Initiative) have encountered sustainability and management problems. One could try to flood the market with free products, as Jeffrey Sach's is proposing to do with mosquito nets. It remains to be seen whether this approach will be successful.
- LAC is not necessarily 40 years more advanced than Africa—the context is very different and Africa has also experienced many social changes.
- We need to learn more about the effectiveness of engaging champions to influence public opinion. Social marketing also uses well known personalities to support messages.
- Social marketing programs know that price tags often heighten the value associated with a product. In areas where the ability to pay is very low (as in Africa), it is even more important to ensure that those who can pay do, which also, in turn, helps build social security systems.

Wendy Abramson:

- In LAC, they flooded the market with contraceptives knowing that people who could afford to pay would get them for free. This was done intentionally to create demand, although it was probably an expensive approach.
- How do you target the scarce resources you have to be able to provide free products and services to those who can barely afford food? It could be an issue of targeting certain geographic areas, or provinces or regions, or rural vs. urban, etc.

Teresa de Vargas:

- In many countries and specifically in Ecuador, free distribution is not welcome by the indigenous population. They usually equate quality with value, so they often toss out the contraceptives.
- What will happen with Africa after 40 years when there are no longer donations? We always need to think about the future. How much will the user need to or be able to pay? There must be a way of creating awareness and educating people.

Margaret Neuse:

- We may be focusing a lot on commodities and products, but in most LAC countries, sterilization is also a really important method. Fertility patterns have emerged in LAC showing that women were having two or three children in their twenties and then were getting sterilized. There was subsidized access to interval and postpartum sterilization (situation was different in Brazil), initially by IPPF affiliates and then later, by governments.

Anabella Sanchez:

- Once you are providing free contraceptives, it is very difficult to start charging for them. The El Salvador constitution mentions “free health for all,” so initiating a fee for services policy would have run contrary to that.

Carmen Barroso:

- In Latin America, there always has been a strong notion that health is a right. This has to be taken into consideration.
- We also need to consider the cost of targeting. A number of World Bank studies have shown that establishing systems for targeting can be expensive and result in gross inequity because it's hard to target the ones who don't have the ability to pay. Unless we have more of a type of geographical target.

- We should also consider doing “use” targeting. In LAC, the most underserved are under the age of 19. There is, therefore, solid grounds for creating demand among that group and instituting mechanisms to reduce cost-related barriers.

2. Role of NGOs and civil society in prioritizing RH and FP, particularly in bringing about legislative change.

Antoinette Gosses:

- Civil society in much of Africa is weak, at best nascent. Many NGOs are active as service providers, almost as an extension of the government services. There are few advocacy leaders.
- Nor has legislation played much of role in Africa. Often, policy change comes about through international pressure—to comply with the Paris Declaration, for example. Countries’ ability to meet social sector targets are constrained, not by the absence of policies, but by lack of funding.
- Changing opinions and behavior is very much a function of education—there is a close correlation between women’s education and use of contraceptives.
- There has been some success in leveraging the support of traditional or religious leaders. In Burkina Faso, for example, such leaders stated publicly that family size should be limited, and that women have rights, etc. It is very much dependent on the country.

Harry Jooseery:

- In LAC there have been notable achievements—greater than in Asia and Africa—in improving indicators of fertility, maternal mortality, etc. Guatemala, Paraguay, and Ecuador have successfully involved NGOs in re-shaping the policy environment; while Bolivia has moved from crisis management to a more sustained development.
- But LAC does its own set of challenges. Lack of funding, for example, threatens sustainability. LAC must reconcile demand with unmet needs, and unmet need with resources. It also needs to re-strategize resource mobilization for sustainability. Sector-wide approaches (SWAPs) need to promote private-public partnership.
- We need to create real links between our investments in RH and global development generally. Many countries have technical expertise and innovation that ought to be shared—like Chile’s web-based procurement system; like the production of quality generic drugs that meet WHO prequalification standards. And we need to share lessons in capacity-building.

Garry Connille:

- NGOs and civil society are important and relevant to Africa. Not only do they help change policy but help influence discourse. They are often at the forefront of efforts to reach out to marginalized and/or vulnerable communities such as sex workers and men who have sex with men—groups that governments are often slow to recognize. In the 1980s and 1990s it was easier for organizations to financially support NGOs and civil society. Now because of harmonization, it is becoming more difficult to go outside the government, so NGOs are not receiving the support they need.

3. Consolidation of procurement to overcome duplication of systems (and their resultant inefficiencies) while at the same time, noting the advantages to be derived from decentralization, as evident in the health reforms taking place worldwide.

Steve Kinzett:

- Because of donor phase out, many LAC ministries are procuring certain RH commodities for the first time. The absorption of this function by government presents the same risks as government procurement of anything. Laws that mandate use of (or give preference to) local suppliers can easily lead to higher prices.
- Africa is also seeing greater consolidation of procurement, but for different reasons. Greater use of budget support and SWAPs places procurement in government hands. To ensure

transparency, the RH supply community cannot abrogate its responsibilities to engage in the procurement process. Earlier today we saw the good example of Chile's transparency online.

- One issue not covered this morning relates to integrated procurement mechanisms and quality assurance of locally produced commodities. Peter Hall and others have addressed this issue and their findings should be of concern to us all.

3a. Balancing this consolidation with decentralization and health reforms taking place worldwide.

David Smith:

- There is a solid basis for supporting centralized procurement. Nonetheless, there is a tension between the benefits of centralized procurement and a natural and genuine aspiration to do things locally—to have local solutions involving local people. Centralized procurement can seem remote and disconnected from the reality on the ground, but it does offer four main advantages:
 - Quality assurance.* Pharmaceuticals have been well regulated among the big international players; progress on this front is also increasingly evident in the case of condoms and IUDs. As we seek to develop local capacity, take advantage of generic supplies, and increase competition, we must address the issue of quality assurance. Centralized procurement allows us to manage and control the process more effectively.
 - Cost.* It is a question of serving more people with the same money. We should apply same profit-seeking principles evident in the commercial sector to public sector procurement. Centralized procurement has unquestionably driven costs down.
 - Transparency in fraud prevention.* The remoteness and anonymity of centralized procurement does offer some protection against corruption. While the downside of distance may be a less precise understanding of the local environment, it does provide a huge advantage in assuring transparency and preventing fraud.
 - Quality of service delivery of supplies.* A large customer base means huge influence over the supplier.

4. Potential role of opinion makers and champions in bringing about change throughout society.

Jagdish Upadhyay:

- Economy, education, and governance are three major factors to consider. Sri Lanka was a model country 25 years ago because women were so educated and at that time CPR was more than 60%.
- Opinion leaders in Asia have made a big difference, both positively and negatively. In India, there was a negative impact—Indira Gandhi once lost her post as prime minister, in part because she was seen as having pushed too hard for FP.
- LAC's social structure and hierarchy are so close. It is not the same in Africa.
- Parliamentarians and goodwill ambassadors can also have a huge impact. In Asia, Africa, and even some Arab states, for example, people watch Bollywood actors, footballers and cricketers. We need to find out who the opinion leaders are and craft the messages we want them to convey so they can make an impact—at national as well as community levels.

Breakout Sessions: Working Groups Consider Lessons from LAC

The three Coalition WGs considered opportunities to incorporate the lessons learned from LAC into their work plans and on-going activities. Detailed feedback from these breakout sessions is provided in Appendix 1.

New Female Condom Consortium

Speaker: Yvonne Bogaarts, Senior Advocacy Officer, World Population Foundation (WPF)

Presentation: [Female Condom Consortium](#)

This presentation introduced the new “Female Condom Consortium”, which was established in the Netherlands in May 2007 with the aim of making the female condom more available and accessible worldwide. The Consortium is a partnership comprising the Dutch chapter of Oxfam (Novib), WPF, JIPPY Foundation (a small female-condom producer), IDA Solutions (a specialized distribution firm), and the Dutch Government.

Yvonne addressed four themes contained in the Coalition’s new Strategic Plan: the challenges of ensuring broad method choice, innovative financing, role of women, and alternative product sourcing.

The presentation described four female condom (FC) products:

- FC 1 is made of polyurethane and is the most widely tested, used, and available female condom. It is made by the Female Health Company.
- FC 2 is a less-expensive, second-generation female condom made of a synthetic latex, nitrile. Introduced in 2006 by the Female Health Company, it is intended to eventually replace FC 1.
- The Dr. Reddy Female Condom was developed by MedTech Health Products in India. Made of latex, it is marketed under the V’Amour brand name. It has not yet been approved by WHO.
- PATH’s Woman Condom is a user-driven condom which is not yet on the market. Funding for this initiative is problematic. It is the only research/development initiative underway for a better FC.

Critical factors influencing the establishment of the new Consortium:

- High cost and women’s limited purchasing power in developing countries.
- Lack of funding and donors. Little money is invested in research and development.
- Modeling exercises by UNFPA have shown that when a female condom offered as part of STI and pregnancy prevention program, it is shown as cost-effective.
- Female condoms are the only device we have to prevent pregnancy, protect against STIs, without negative side effects, and available now. The female condom adds choice and better method mix.
- The potential for increased use of the female condom is high especially in contexts of high maternal mortality rates, the feminization of HIV/AIDS, limited choice of infection prevention methods, and high cost and limited availability of AIDS treatments.

The Consortium is active in three broad areas:

- Research and development: The Consortium is currently setting up a production line in Malaysia for a latex female condom with a price of .07€ to .10€ per unit, with an expected production of 22 million units per year. It is expected to be on the market by May 2008.
- Country program: The Consortium plans to introduce the latex female condom in Nigeria and Malawi. This large-scale programming will involve all stakeholders.
- Knowledge center: This database will serve as a global technical resource including educational materials, dissemination of results of country implementation, and help desk for research projects.

The Coalition can support the female condom through positive advocacy, ongoing support of further research and development, and funding.

Discussion

Jeff Spieler: The Consortium must work at lightning speed if it plans to get a Malaysian company to produce a product and have it on the market by May 2008. The Consortium will need to look at what approval mechanisms it will use—WHO Prequalification, Dutch Government, EMEA, etc. It will need clinical trial data, acceptability data, and of course to ensure production quality. These are big hurdles and it will take time.

David Smith: It is good to think about WHO Prequalification, but it will also be necessary to get the factory itself prequalified and inspected. The Consortium will need to look closely at the quality of production, which took years for the male condom. The price of the female condom has always been a source of frustration—there has always been the question of whether the price is too high and limits use, or whether the price will drop if use goes up? It will be a tremendous job to break this vicious circle.

Yvonne Bogaarts: It is true that we are optimistic in our planning. Before starting production, however, we looked into these issues and began to build a huge network of people who will support the Consortium. There are many people in this Coalition who have good experience and expertise and could also help the Consortium. The Consortium took an activist stand in order to get things moving now; it has also developed plans to address any potential worst-case scenarios.

Wrap-up and Closing Remarks

Speaker: Margret Verwijk, Co-Chair

During this eighth semiannual Coalition meeting, members and guests were updated on Coalition activities and initiatives, developments, and highlights. The meeting brought together many organizations eager to learn about and improve RHCS, and to support achievement of the MDGs. Guests from LAC shared their knowledge and experience in financing, supply chain management, advocacy, public-private collaboration, and reaching out to the poor. All of us are searching for ways to help individual countries meet the high unmet need for supplies.

The road to supply security is difficult and there are challenges in Africa that could be more numerous or different than in LAC. However, by putting our organizational strengths together and continuing to learn and gather knowledge, success will be achieved. The Secretariat will provide follow-up support and resources. Work will continue, and WGs will continue to meet.

A nominating committee for the Co-Chairs of the Coalition will be formed and will be looking for nominations from Coalition members, as Margret Verwijk's term as Co-Chair ends next year. If members are interested, they should make it known. The Co-Chair position is a rewarding opportunity to steer changes and support progress.

Antoinette Gosses from the European Commission announced that the next membership meeting will be held in Brussels, Belgium and will be hosted by the European Commission.

The Coalition thanked USAID for hosting the meeting, LAC guests, the Secretariat, USAID | DELIVER, interpreters, recorder, members, and guests.

APPENDIX 1: BREAKOUT SESSIONS

October 24, 2007 (16:30 – 17:30) Mobilizing and Leveraging Resources

Breakout Group 1: Developing and implementing government policies to ensure financing for family planning and reproductive health.

LAC Guests:

Mirna Montenegro, Guatemala (facilitator)
Esmeralda de Ramírez, El Salvador

What is the role of different actors in policy development and implementation related to financing of family planning (FP) and reproductive health (RH)?

- It is crucial to recognize the roles that each sector plays and to maximize their strengths. The government is welfare motivated; private sector is profit motivated; and NGOs and civil society are program motivated. Each sector has its own role within the framework of providing RH commodities and services, and each has strengths in serving different segments of the population.
- How do we find political and other actors who can play a role in promoting and advocating for FP?

What challenges do countries/regions face with respect to policy development and implementation?

- While promoting FP from the legal angle may be challenging, mobilizing civil society and NGOs to create demand (as was done in LAC in the 1960s) may be more viable in other regions.
- In Africa, politicians resist getting involved in FP issues, making the LAC experience not easily transferable. In West Africa, there is virtually no civil society involvement.

What are some important components to addressing policy development and implementation?

- The El Salvador government is following the example of Guatemala by evaluating a proposed law that guarantees free universal access to FP services. The process has involved exchanges between the two governments. In El Salvador, leadership came from the President, while in Guatemala it came from a congressman.
- Guatemala has found it necessary to enact multiple laws to ensure universal access to FP, and to fund the procurement of contraceptives. In Chile and Mexico, similar results were achieved without the need for so many laws.
- International pressure to develop policies in support of universal access has driven current legislation; downside is that local people are not fully invested.

Breakout Group 2: Financial sustainability for NGOs involved in family planning and the importance of the whole market approach.

LAC Guests:

Teresa de Vargas, Ecuador (facilitator)
Carmen Barroso, IPPF/Western Hemisphere

What is the role of NGOs in contraceptive security?

- Though it is important to recognize the comparative advantages of NGOs versus the private and public sectors, the fact is that in LAC, NGOs are increasingly losing their reason for being and are facing an identity crisis. They can, however, play a powerful and catalytic role.
- The role of NGOs in LAC is different than in Africa. In LAC, there is a willingness to work outside of the government and push for change; this is less true for Africa.

- It is difficult to apply the experience of LAC to Africa. Africa has fewer resources relative to its size; and the cultural context is very different. Many African NGOs are church-supported and have little to do with FP. Presence of NGOs reflects government's failure to meet the health care needs of the poor.
- Establishing the administrative systems needed to expand services and control costs requires technical assistance and training. Moving away from a reliance on donations towards cost recovery requires a significant investment in new financial systems.
- National Contraceptive Security Committees (DAIA) meet regularly, but do not have the authority to make decisions or purchase contraceptives. This should change.
- Nicaragua does not have enough contraceptives in stock, and yet the MOH is no longer permitting delivery of donated contraceptives from IPPF. Governments sometimes see NGOs as competitors; or disagree with their policy of charging fees for services.

What strategies are NGOs using to ensure their financial sustainability?

- To serve the poor and even just to remain in business, NGOs must generate additional resources. Failure to do so may mean having to find other target groups or identify new cost-recovery strategies.
- One alternative is to create a parallel commercial entity, as IPPF has done.
- APROFAM, which distributes contraceptives to 140 Guatemalan NGOs, now wants to add FP services. In Tanzania, NGOs are marketing condoms.

What can be done to promote a total market approach toward contraceptive security?

- Perhaps funds could be targeted towards private sector providers to see how they might expand FP. It is difficult to get the private sector to see itself as stakeholders in public health. Well over half of all Africans go to private clinics because public-sector services are so poor.
- Wendy Abramson and Anabella Sanchez recently finished a paper for USAID, detailing models of private sector involvement based on evidence from Cambodia, Bangladesh, Haiti, Colombia, and Guatemala. They hope to pilot the model in Africa and, if it proves feasible, develop guidelines.

Breakout Group 3: The role of advocacy in ensuring commodity security and the use of quantitative data to support advocacy.

LAC Guests:

Patricia Mostajo, Perú (facilitator)

Oscar Viscarra, Bolivia

What types of information can be used for advocacy purposes?

- It depends on who one is targeting. Different decision-makers respond to different kinds of information. For example, policymakers tend to respond to demographic and social indicators, politicians want to see information that will garner votes, planners in the MOF want to see budgetary information and cost benefits, and the MOH wants to see health benefits and who is being reached.
- Decision-making is decentralized in some countries, and this needs to be taken into consideration.
- Poignant, personal stories paired with data, personalizes the information. This is not very common in LAC.
- In Nicaragua, UNFPA conducted a political mapping of players, so they could see who to target. This allowed them to craft specific messages to specific actors. They conveyed their information through the mass media, spokespersons/opinion leaders, and included men. They mostly used qualitative data.
- Advocacy should not overlook opportunities to use the human rights angle.

What are the sources of this information?

- Reliability and availability of data is always problematic.

- Surveys are powerful tools, but we should focus on survey sustainability and compatibility with previous surveys (e.g., Ecuador did a survey on its own after donors left). If governments conduct their own surveys, it is critical to ensure that they are compatible with previous surveys and/or other methods of data collection.
- Among countries, and even within a single country, data can be analyzed differently. Using different quintile breakpoints, for example, can make it difficult to interpret data.
- Different donors collect information differently (e.g., CDC and MACRO), which can make it hard to make comparisons.
- Public opinion surveys are useful for decision-making and are a cheap way of gathering data.
- Focus groups can be powerful (e.g., Ecuador's Mayan population)
- Tracking method/service provision by source (e.g., NGO, public sector, etc) shows who bears responsibilities and who takes on different roles.

Are the needed data available?

- Though the data may be “out there”, the language used is not always appropriate for all audiences. The vocabulary of the health community does not necessarily resonate with parliamentarians (e.g., Nicaragua). Messages must be “translated” into the audiences’ language.

Who should be involved in advocacy for ensuring contraceptive security?

- Only nationals should be involved in advocacy with donor support behind the scenes.
- Include beneficiaries in advocacy, as is currently the case with HIV/AIDs.
- There is a trend to make crucial decisions in a legal environment.
- It is important to cultivate support across political parties in anticipation of changes in government.
- Advocacy during elections is important.

October 25, 2007 (11:00 – 12:30) Supply Chains Under Health-Sector Reform

Breakout Group 1: Successes and challenges in outsourcing procurement to a third-party agent.

LAC Guests:

Esmeralda de Ramírez, El Salvador (facilitator)

Oscar Viscarra, Bolivia

What is the role of a third-party procurement agent?

- A third-party agent is called in when a country lacks the capacity to manage procurement in a transparent and open process. When carried out in collaboration with local counterparts, third-party procurement provides the basis for capacity building and skill transfer so that local agents can eventually take over the process. A third-party procurement agent is not a long-term solution.
- Collaboration between host country and agent is very important. Both must be on the same page and address the same objectives openly; failure to do so can lead to adversarial relationships.
- Third-party procurement expands the marketplace and brings with it competition based on lowest price, high quality and good shelf life and high quality. These processes and skills must be passed on to the local counterpart country.
- In the case of large volumes, it may always be more cost effective to procure through a third party. It is important to have in place a objective transparent process in place to select third-party procurer.
- One must be clear about the long term-vision of procurement when hiring a procurement agent.
- Decisions over the appropriate use of third-party procurement are not always so straightforward. Country needs vary. While agents can manage the entire process from beginning to end; they can also take on pieces. There is a menu of services agents can provide. By turning over everything to an agent, countries may fail to build local capacity.
- In Peru, a reduction in local prices has prompted the government to use UNFPA to procure some supplies, and local producers or distributors to procure others. This approach makes it possible to conduct annual market analyses before making purchases. El Salvador, meanwhile, has no restrictions on source or means of procurement. They can buy locally or internationally.

When is it best to use a third-party agent to procure health commodities?

- Third-party procurement can play a critical role in building local capacity, especially where that capacity is absent or threatened. Effective procurement requires appropriately trained staff. And yet in most developing counties, staff turnover is high—exacerbated by the higher salaries offered in the private sector and even donor organizations. Local procurement units bear the brunt of this drain.
- Transparency in market prices is critical, especially for those with less experience and/or exposure to procurement. It is the role of ministries and governments to set up innovative systems.
- The use of a third-party agent can be very strategic. It can be used to influence national policy, remove restrictions that result in high better prices, or open access to wider market.

What are some of the successes and challenges of countries having used third-party procurement agents?

- Poor communication between a MOH procurement unit and the third-party agent is always a risk. This can result in mismanagement of medicines, loss, lack of planning for financial systems, and inadequate planning for storage, distribution, etc. Collaboration is critical.
- There can be miscommunication even within a UNFPA—be it within a country office, between country offices and Copenhagen; or between UNFPA and suppliers. UNFPA may misunderstand what the customer wants; the customer may misunderstand what is realistic.
- Coordination is key. It is important to think about logistics as a whole and take into account the time needed to actually deliver products—we often allow too little time. Downstream logistics,

for example, is not a strong point of UNFPA; so they often work with USAID | DELIVER which does have that expertise.

- One success story relates to the Global Fund program in Kenya, where collaboration is good among donor. In Kenya, there is a consortium (which includes GTZ, Crown Agents, DELIVER, and KEMSA) that successfully manages procurement, logistics, and logistics skills transfer.
- UNFPA works well in coordination with PSI and Crown Agents, and in LAC, JSI has been one of the strongest advocates for UNFPA procurement.
- El Salvador is strengthening procurement within its MOH by building capacity and working with local talent to bid internationally.

Breakout Group 2: Successes and challenges in direct procurement.

LAC Guests:

René Castro, Chile (facilitator)

Patricia Mostajo, Peru

Carmen Barroso, IPPF/Western Hemisphere

What capacities does the public sector need to procure transparently, efficiently, and effectively?

- There needs to be a healthy dialogue between technical units and procurement units.
- Key capacities include: political will, an established structure for family planning, adequate human resources, and maintenance.
- Need accurate technical descriptions of products for bids – specifications.
- Need access to open pricing information, ideally on the web.
- Countries need to know the market/business. They need to know the providers; and they need to know what acceptable prices are (market studies can be helpful).

What steps can organizations/governments take to ensure transparency in procurement?

- Formulate and publish standardized procedures for tendering and procurement so that manufacturers know who is making the decisions and that the same procedures will be followed every time.
- Make public the bases on which manufacturers were selected so that procurers remain accountable for their decisions. Bids should be published, even before an award is made.
- JSI is currently looking at the feasibility of a regional website in which LAC countries could publish bids.

What successes/challenges have countries experienced with direct procurement?

- Some countries are under pressure to use local manufacturers despite their higher prices. Others, especially Central America, have smaller, less competitive markets, which also raises prices.
- The effectiveness of direct procurement is undermined by a lack of automation (which increases the number of layers, steps, and people involved), corruption, and high staff turnover.
- In Chile, the health centers are the ones that take responsibility for their forecasts and orders. This direct procurement instills ownership. Unlike with donated commodities, procurers have more of an incentive to ensure that products they order are used, not lost or wasted.
- Responsibility for storage rests with the manufacturers, which ship product off the line. As a result, CENABAST does not get involved with warehouse management or distribution.
- CENABAST's lessons and experience can indeed be shared with other developing countries.

Breakout Group 3: Maintaining commodity security and prioritizing supply chain management systems in a decentralized and integrated setting.

LAC Guests:

Anabella Sánchez, Guatemala (facilitator)

Teresa de Vargas, Ecuador

How do we transfer what we know about FP commodity management to other products (in vertical and/or integrated systems)?

- The shift toward integration in LAC happens when programs are self-sustaining and when donors are withdrawing resources. However, these processes are concurrently happening in Africa and Asia. So, integration is not necessarily correlated with graduation.
- When you are decentralizing, maintaining some centralized functions is placing greater/broader need for capacity lower down in the system. How do you best strengthen that capacity? How do we make the TA to strengthen capacity efficient?
- In the USAID | DELIVER PROJECT, efforts are underway to streamline training efforts and apply innovative techniques that reach as many people as effectively as possible. In Bolivia, logistics training is part of university, nursing, and pharmacy curricula. One possible reason the country continues to experience supply chain management (SCM) problems is that those receiving pre-service training are not entering the public health work force. Equally critical in ensuring optimal performance of the logistics system is monitoring and supervision of personnel.
- Despite a strong supply chain in Indonesia, contraceptive leakage has been high. The system itself may have been partially to blame since it encouraged midwives and other providers to sell contraceptives. Public sector midwives worked in the morning, received contraceptives, and then sold them from their home communities.

What is the role of NGOs, civil society, UNFPA, and others in strengthening SCM and LMIS policies and implementation of policies at the local level and when integrating drug systems?

- Previously, donated commodities would arrive at the Ecuadorian MOH and stay there, even though regional and municipal facilities remained stocked out. CEMOPLAF filled the role of providing products to lower level facilities within the public sector. Now, the MOH works with UNFPA to procure contraceptives.
- In Guatemala and in Peru, MOHs have partnered with local NGOs (APROFAM in Guatemala and PRISMA in Peru) to manage the logistics and distribution of public sector commodities.
- In some countries, social marketing organizations rely on the distribution/logistics systems of private companies (e.g. Coca-cola or local beer companies) for contraceptives.

What are the trade-offs between vertical vs. integrated supply chain systems?

- Decentralization is a greater challenge than integration to optimal supply chain functionality, because you are pushing greater management responsibility further down towards the community level. The benefit of decentralization, on the other hand, is that those with greater knowledge of the reality further down the supply-chain now have greater decision-making authority.

October 25, 2007 (15:00 – 16:00)

Working Groups Consider Lessons from LAC

Breakout Group 1: Market Development Approaches Working Group

Private-sector involvement in LAC:

- The commercial sector was never interested in entering the market while free products were available.
- Quintile differentials are closing in LAC
- JSI has done a market segmentation study and compared the findings of various DHS's. Results show that Peru and Nicaragua both relied on the private sector before the arrival of donations. The private sector is currently being revitalized in these countries.
- NGOs are represented on Contraceptive Security Committees, but the commercial sector rarely is.
- The Female Health Company, which is adding the female condom to comprehensive condom programming, has found that distributors need to be included from very beginning if their capacity to heighten awareness is fully maximized.
- LAC is ripe for a second tier market. This experience could be brought over from Africa, because LAC does not have this experience.

Social marketing in LAC:

- IPPF affiliates and other NGOs started with CBD programs and these generally transformed into social marketing programs. Without donor funding, NGOS and IPPF affiliates had no choice but to become self-sufficient.
- There has been a strong reliance on sterilization in LAC.
- Though conditions vary across countries, social marketing is not extensive across LAC. Most interventions involve condoms.
- Alan Lambert's model of cross-subsidization is worth looking at. He takes EC proceeds to fund social marketing products. There is a strong education component to his model.

Demand:

- There is a need to look at the demand side when developing the commercial sector. Demand is not always there, even when product is available.
- Introducing new products (e.g. ribbed condoms) or underutilized ones (FC or EC) can be an effective way to stimulate or reinvigorate the market. New products can also be a great education tool for family planning
- Publicizing demand can help draw in the commercial sector.

Breakout Group 2: Resource Mobilization and Awareness Working Group

- Civil society can play a key role in enhancing sustainability. There are certain things governments cannot or will not touch; but pressure from civil society can prompt them to do so.
- Most IPPF affiliates were established in the 1960s and were, in many cases, the lead FP organization in their respective countries. IPPF affiliates are a good example of the role civil society can play in strengthening SRH services at country level.
- In LAC, NGOs initially focused their attention on service delivery. Today they are increasingly taking on an advocacy role. There are also national (and even regional) NGO coalitions. Emergence of the coalitions took different paths in each LAC country.
- The women's movement in LAC has been strong. It has given way to alliances and levels of advocacy not seen in other regions. Civil society in LAC is strong and in many cases, driven by women's groups. Nigeria has one of the oldest women's organizations in existence.
- Donors have a role to play in the formation of coalitions. Organizations often compete with each other to access scarce donor funding. But donors can also help bring organizations together.

Breakout Group 3: System Strengthening Working Group

Financing mechanisms:

- As the design of a pilot for the Minimum Volume (MV) and Pledge Guarantee (PG) mechanisms gets underway, which countries in LAC (if any) would benefit from these mechanisms? Many LAC countries do have difficulty providing 100% up front funding.
- In recent D&I workshop in the Dominican Republic, Guatemalan participants raised the issue of using the PAHO Revolving Fund (historically for vaccines) to purchase contraceptives. Questions were raised over why the eligible commodities list does not include contraceptives.
- Is there another organization in the region that could fulfill the role of a regional procurement agent for LAC? CENABAST, for example, could serve as a technical advisor for the procurement of all health commodities. Since it is a Chilean government agency, however, it is unlikely that it could procure for other countries.

RH Interchange:

- Because Honduras handles procurement directly through the MOH, their information will not be captured by RHI. In Guatemala, the MOH is able to use the RH Interchange (RHI) to track shipments of donated commodities, as well as those procured by a third party agent, such as UNFPA.
- RHI can serve as a national repository of longitudinal shipment information.
- As long as procurement remains centralized, the RHI will always be useful at central level.
- UNFPA country offices have access to a real-time tracking system.
- The CENABAST system has been online for one year and is still being refined. There is currently no provision for on-line tracking of commodity distribution. That is specified in the TOR with the provider.

Quality assurance:

- In Chile, the Instituto de Salud Pública (not CENABAST) is responsible for quality assurance (QA). All pharmaceutical products and/or imported products, must be registered with the ISP. Pharmaceuticals are mainly procured locally. At one point, the Chilean government looked at the possibility of working with UNFPA, but found that their local prices were better. They also preferred to procure locally to protect the local market.
- El Salvador has had difficulties in the quality of certain locally produced contraceptives. The ISSS has purchased orals and has documented problems in quality.
- QA is key to systems strengthening and must be taken on by this Working Group.
- LAC countries (governments, NGOs, etc.) do not seem to have a good sense of their options for ensuring the quality of contraceptives (apart from using UNFPA as a procurement agent). Is there harmonization of drug registry/certification in Latin America? Mercosur is one forum where these types of questions might be discussed.
- In the Eastern Caribbean (and among separate institutions in El Salvador), countries have combined efforts to assess the quality of contraceptives and medicines.