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*Reproductive Health Commodity Security:  
Partnerships for Change*

*A Global Call to Action*



**UNFPA**

United Nations  
Population Fund

**Reproductive Health Commodity Security:  
Partnerships for Change**

**A Global Call to Action**

**April 2001**

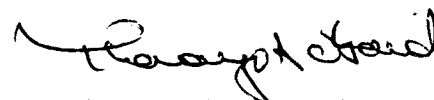
## FOREWORD

The International Conference on Population and Development (ICPD) in Cairo, 1994, highlighted the objective of universal access to reproductive health care by the year 2015. This objective includes access to reproductive health commodities -- contraceptives for family planning, condoms for the prevention of sexually transmitted infection/human immunodeficiency virus (STI/HIV) and other reproductive health commodities -- all in the context of the main components of reproductive health, including family planning, maternal care, STI/HIV prevention and quality of care, with due attention to gender equality, women's empowerment and sociocultural concerns. Recognizing that the goals and objectives of ICPD, including a secure supply and choice of high-quality reproductive health products, cannot be reached by any one agency alone, the United Nations Population Fund (UNFPA) embarked upon the development of this "Call to Action" to achieve reproductive health commodity security (RHCS). RHCS is one of the key building blocks needed to achieve the goals of the ICPD Programme of Action and to fulfil the ICPD+5 process. Each partner — developing-country Governments, bilateral donors, the World Bank and regional development banks, United Nations organizations and agencies, foundations, non-governmental organizations (NGOs), intergovernmental organizations (IGOs), technical agencies and the commercial private sector — is encouraged, in accordance with its comparative advantage, to work cooperatively with others in fulfilment of this Call for Action for RHCS. UNFPA agreed, in response to its ICPD mandate in this area, to lead and coordinate the global effort.

The Call to Action is based on the premise that RHCS is a multidimensional issue with many challenges in which each partner has an important role to play at national and global levels. (Annex 1 lists self-reported descriptions of the comparative advantages of a number of partners working to achieve RHCS.) Each country situation is unique, resulting from the interplay of political, social, cultural and economic variables. It is necessary, therefore, to develop approaches that are specific to the situation prevailing at a given time in each country. It will be critical to monitor trends in the demand for and supply of reproductive health commodities in order to prevent shortfalls that would have grave consequences for women and their families. (Annex 2 shows the recent trend of reported donor support for contraceptives compared with estimated requirements.)

UNFPA is committed to the success of this undertaking. This Call to Action is intended to increase the focus at global and national levels on improved partnerships, coordination, advocacy, resource mobilization, national capacity building and sustainability. Although ambitious, the achievement of RHCS is feasible if all partners work together cooperatively. UNFPA looks forward to working closely with all partners in this vital endeavour (see UNFPA, "Reproductive Health Commodity Security: Partnerships for Change. The UNFPA Strategy", April 2001).

We would like to express special appreciation to the Governments of the United Kingdom, the Netherlands and Canada for recent grants in response to reproductive health commodity shortfalls. These generous donations will help advance the collective efforts to achieve one of our priority institutional aims: a secure supply and choice of high-quality reproductive health commodities in developing countries.



Thoraya Ahmed Obaid  
Executive Director  
UNFPA

### **Every Minute in the World**

- 380 women become pregnant
- 190 of these women did not plan or do not wish the pregnancy
- 110 women experience a pregnancy-related complication
- 40 women have an unsafe abortion
- 650 people are infected with a curable STD
- 10 people are infected with HIV
- 1 women dies from a pregnancy-related cause

## CONTENTS

	<u>Page</u>
LIST OF ABBREVIATIONS.....	viii
I. INTRODUCTION.....	1
II. PROBLEM STATEMENT.....	3
A. Growing demand for reproductive health commodities.....	3
B. Need for expanded provision of commodities from the international community and countries.....	3
III. WHAT NEEDS TO BE DONE.....	4
A. Actions at the global level.....	5
B. Actions at the country level.....	7
IV. PROPOSED ROLES OF PARTNERS.....	8
V. CONCLUSIONS.....	11
ANNEX 1 PARTNERS IN REPRODUCTIVE HEALTH COMMODITY SECURITY COMPARATIVE ADVANTAGES .....	13
ANNEX 2 PROJECTED CONTRACEPTIVE COSTS, SHORTFALLS AND CONSEQUENCES.....	28

## LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CCA	Common Country Assessment
CMS	Commercial Market Strategies
CPA	Country Population Assessment
CST	Country Technical Services Team
DESA	Department of Economic and Social Affairs
FHI	Family Health International
HIV	Human immunodeficiency virus
ICOMP	International Council on Management of Population Programmes
ICPD	International Conference on Population and Development
IEC	Information, education and communication
IGO	Intergovernmental organization
IPas	International Projects Assistance Services
IPPF	International Planned Parenthood Federation
IUD	Intra-uterine device
JSI	John Snow, Inc.
MSH	Management Sciences for Health
MSI	Marie Stopes International
NGO	Non-governmental organization
PAI	Population Action International
PATH	Program for Appropriate Technology in Health
PPD	Partners in Population and Development
PSI	Population Services International
RBM	Results-based management
RHCS	Reproductive health commodity security
RTI	Reproductive tract infection
STI	Sexually transmitted infection
SWAp	Sector-wide approach
TFGI	The Futures Group International
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WPF	World Population Foundation

# Reproductive Health Commodity Security: Partnerships for Change

## A Global Call to Action

### I. INTRODUCTION

1. The Programme of Action of the 1994 International Conference on Population and Development (ICPD) represents a watershed in the field of population and development. The Programme, drawn up by participants from more than 180 States and adopted by acclamation, firmly establishes a human rights approach to population and reproductive health issues and reflects a consensus on the centrality of meeting the needs of individuals rather than achieving demographic targets. It clearly defines the components of reproductive and sexual health, including family planning, and challenges Governments to operationalize information and service programmes. It also addresses issues in the social and cultural environment, such as gender equality, so that individuals can attain reproductive and sexual health to the fullest possible extent.

2. One of the goals agreed upon in the ICPD process was “universal access to reproductive health care”. In 1999, a review of achievements in the five years since the ICPD (the “ICPD+5”) revealed that although much progress had been made in implementing the ICPD Programme of Action, much remained to be done. Elaborating on the goal of achieving universal access to reproductive health care, the ICPD+5 document, *Key Actions for the Further Implementation of the ICPD Programme of Action* (hereinafter referred to as *Key Actions*),<sup>1</sup> states that

“Governments should strive to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides if available, to prevent infection. By 2005, 60 per cent of such facilities should be able to offer this range of services, and by 2010, 80 per cent of them should be able to offer such services” (paragraph 53).

3. The recommendations in *Key Actions* include refining certain ICPD goals, setting benchmarks for the achievement of those goals and identifying the specific roles of the United Nations system and United Nations organizations in the efforts to reach those goals. With respect to the United Nations Population Fund (UNFPA), *Key Actions* urges, *inter alia*, that the Fund continue to strengthen its leadership role in assisting countries in taking “the strategic action necessary to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives” (paragraph 61).

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<sup>1</sup> The document, Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/1999/PC/4), was adopted by the twenty-first special session of the General Assembly in July 1999.



4. A number of building blocks are needed to achieve of the goals of the ICPD and the ICPD+5. These include strengthened delivery systems; well-trained providers of information and services; advocacy, awareness creation and information, education and communication (IEC) activities; research and development on reproductive health technologies; and effective programme strategies and approaches. However, all of these contributions to a well-functioning system would be meaningless in the absence of the absolutely necessary component of reproductive health commodity security (RHCS), defined as a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person's needs at the right time and in the right place. The ICPD goal of universal access to reproductive health care by the year 2015 can be achieved only with universal access to reproductive health commodities – the ultimate goal of the RHCS strategy.

5. To achieve RHCS, this Call to Action proposes that a variety of partners undertake focused and coordinated work in several areas, principally advocacy, national capacity building and sustainability. The proposed strategy takes into account such components as forecasting, financing, and procurement and supply systems, all of which are essential to its achievement. The work would be undertaken and coordinated within the overall context of strengthening national reproductive health programmes, with due attention to sociocultural concerns.

6. The success of any global strategy would depend upon the contributions of a number of partners, each according to its comparative advantage. These partners would include programme countries; bilateral donors; the World Bank and the regional development banks; United Nations partners, such as UNFPA, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS); foundations; non-governmental organizations (NGOs); and the private sector. UNFPA, as one of the partners, is fully committed to managing the necessary support, coordination and monitoring mechanisms at global and country levels that are required for the success of the proposed strategy. (For details, see Annex 1, “Partners in Reproductive Health Commodity Security” which includes self-reported descriptions of the comparative advantages of various agencies working on the RHCS issue.)

7. This document begins with a problem statement and a brief analysis of the issues. It describes what needs to be done and how the desired outputs would be achieved by various partners in the strategy, under the overall coordination of UNFPA. Other partners can use this Call to Action as the basis for individual strategies and work plans formed around their comparative advantages to implement a component of the global strategy and to reach defined goals.

8. The success of the partners in this complex and difficult collaborative work would give reality to the ICPD vision, making a significant contribution to individuals and couples in all countries in enabling them to exercise their reproductive rights and achieve reproductive and sexual health.

## II. PROBLEM STATEMENT

### A. Growing demand for reproductive health commodities

9. In 1999, the world's population exceeded 6 billion, with 80 per cent living in developing countries.<sup>2</sup> The average number of live births per woman in 1998 was 3.0 in the less developed countries and 5.1 in the least developed countries, compared with 1.6 children in the more developed countries. It is estimated that between 2000 and 2015, the number of women and men of reproductive age in developing countries will increase by 23 per cent, indicating a rapid growth in the number of potential users of reproductive health services. The level of demand for such services is projected to increase as a result of this growth and of increased levels of awareness.

10. Due to past high fertility rates, there are now more than 1 billion young people between the ages of 15 and 24, the largest cohort in this age group that the world has ever known. Addressing the urgent needs of adolescents for reproductive and sexual health information and services emerged as a priority concern during the ICPD+5 review, when the call for countries to meet the needs of adolescents was reaffirmed. Currently, the number of live births per 1,000 women aged 15 to 19 varies significantly between rich and poor countries – from 31 per 1,000 in more developed regions to 128 per 1,000 in the least developed countries.

11. By the end of 2000, about 36.1 million people were estimated to be living with HIV/AIDS, 90 per cent of them in developing countries. HIV/AIDS has led to a rise in mortality in many countries and is the leading cause of death in sub-Saharan Africa, with young women being most vulnerable to infection. Already, almost 22 million people have died of AIDS, 4.3 million of them children. More than half of all new HIV infections are among young people aged 15 to 24. The ICPD+5 *Key Actions* document encourages Governments to use "as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent" (paragraph 70). Ready access to such reproductive health commodities as male and female condoms, and microbicides when they are available, are essential to reaching this objective.

12. Approximately 600,000 women die annually from pregnancy-related causes, including more than 75,000 from unsafe abortion. Ensuring that health providers have access to the necessary reproductive health commodities could save many lives.

### B. Need for expanded provision of commodities from the international community and countries

13. It is foreseen that most developing countries, particularly the poorest, and especially those in Africa, while continuing to strengthen their national capacity, will continue to rely on contraceptive commodities supplied by donors for the foreseeable future. As demand for

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<sup>2</sup> Unless otherwise indicated, all data in this paper are from United Nations sources.

reproductive health services and commodities is increasing, there is a need for the international community to respond, to bring more partners into the arena and to improve the coordination of their inputs.

14. In 1994, participants at the ICPD agreed that on the order of two thirds of the general resources needed for population and reproductive health programmes in developing countries should come from domestic sources and that donors would provide the remaining one third. Although the donors' one-third share was not decided for each individual programme area, a comparison with the one-third figure provides a useful yardstick against which to compare trends in contraceptive provision. A recent UNFPA analysis of trends in donor support for contraceptives against estimates of future needs suggests that while demand is increasing, donor support is actually declining. Donor support for contraceptives in 1999 reached its lowest level in five years. The nearly 50 per cent decline in the procurement of contraceptives, including condoms, by UNFPA in that year was directly related to funding shortages. Without significant increases in support, potential shortfalls in supply will continue to grow. (The analysis, "Projected Contraceptive Costs, Shortfalls and Consequences" appears as Annex 2.)

15. Increased support for contraceptives and other reproductive health commodities is also required from programme countries themselves to promote sustainability. Unless the gap for all reproductive health commodities is filled by concerted and consistent action on the part of programme countries, donors and other partners, the consequences of these projected shortfalls on the lives of women and their families will be grave. Based on an analysis of global figures, it is estimated that a shortfall of \$1 million in contraceptive commodities alone is likely to result in approximately 360,000 unwanted pregnancies, 150,000 abortions, more than 800 maternal deaths and 11,000 infant deaths. Moreover, investments in other facets of reproductive health service programmes will remain largely ineffective if reproductive health commodities are unavailable to those who want to use them.

16. Support for the provision of reproductive health commodities must take account of the changing environment in which reproductive health is being provided. Health-sector reform, including the adoption of sector-wide approaches (SWAs), is being undertaken in many countries as part of a shift away from project support to broader sector support. SWAs offer opportunities to address such issues as financing, but they also foster concerns that a broader focus may reduce support for certain critical areas, such as reproductive health. The strategy for RHCS would take into account the development of SWAs to ensure that reproductive health commodities, as an essential component of reproductive health, are a major item on their agenda.

### **III. WHAT NEEDS TO BE DONE**

17. As the main goal of the ICPD is to contribute to improved reproductive health, the main purpose of this Call to Action is to improve the capacity of national programmes in developing countries to manage key areas of reproductive health commodity supply and, increasingly, to provide those commodities to all who need them. Building national capacity to stimulate demand and to manage the entire supply chain is essential to ensuring that individuals have access to high-quality and affordable reproductive health commodities when and where they want them. This is the key to sustainability over the long term.

18. No one organization can, by itself, provide a secure supply of reproductive health commodities to meet increasing demand. Rather, organizations need to work together to accomplish RHCS. This collaboration will enable each of the partners to fulfil its organizational mandate and, at the same time, to generate significant benefits for reproductive health programmes in developing countries. For example, programme countries can expect that their national capacity would be strengthened and that sustainable approaches would increasingly be adopted. Donors would have evidence that their contributions are well coordinated, are meeting an identified need and are strengthening a system that is addressing the full spectrum of issues – from forecasting to supply management. Technical agency partners would have the assurance that the technical tools they are developing are being used to improve national capacity.

19. In full support of national capacity-building efforts, partners can focus on advocacy, with emphasis on in-country and global resource mobilization efforts; technical resources development; technical backstopping; training; coordination through information-sharing and the development of early-warning mechanisms for shortfalls and mechanisms for follow-up; and the development of standards, protocols, training materials and guidelines.

20. Associated with these efforts is the need for: increasing awareness of the importance of quality assurance systems and of the global and national infrastructure required to support them; expanding choice by broadening method mix and introducing new and less-known methods; and strengthening national regulatory systems, as appropriate. Global and national coordination mechanisms need to be strengthened so that RHCS can be addressed in an overall strategic manner.

21. The actions described in this paper, focusing as they do on the reproductive health commodity needs of individuals, would contribute directly to achieving the ICPD goal of universal access and availability of reproductive health care. When the global strategy succeeds, it will result in a decrease in unmet need for family planning; a decrease in unwanted births, especially among adolescents; a decrease in maternal mortality; and a decrease in HIV prevalence among persons aged 15-24. These and other goal indicators have been identified to reflect progress in these key areas.

#### **A. Actions at the global level**

22. The global framework includes a focus on advocacy, resource mobilization for global and in-country efforts, technical cooperation and coordination.

23. **Advocacy.** Advocacy interventions at the global level – based in part on the UNFPA global database and in part on research conducted by other organizations – can take many forms, including formal consultations, informal meetings, training, public relations, Goodwill Ambassadors, study tours, publications, newsletters and Web sites for diverse purposes, including information-sharing and networking among partners in various countries. All partners need to develop strategies, policies and procedures that promote a cooperative and coordinated global effort and that make it widely known at their headquarters and field offices that RHCS is a top priority. Advocacy at the global level also includes efforts to strengthen the ability of partners to access sufficient financial resources for reproductive health commodities and related

programme and technical inputs so that country programmes can function in an efficient, cost-effective and, eventually, sustainable manner. Because resources are scarce, additional advocacy is needed to raise awareness among all partners, particularly donors, of the growing gap between the increasing needs in developing countries and the available resources.

24. **Resource mobilization.** Strategic resource mobilization includes fund-raising at the global level among all partners to help finance commodity procurement and national programme capacity-building efforts. Fund-raising must be targeted not only to traditional donors but also to foundations, the public and the commercial private sector.

25. Partner strategies at the global level would have to address the issues raised by the imbalances among countries in the proportion of domestic resources dedicated to commodities, particularly contraceptives, and in their access to external financial aid. Almost two-thirds of all donated contraceptive support is provided to only 10 countries. Although some countries have a strong commitment from donors, several countries have few or no donors, and many countries have only minimal per capita donor contributions.<sup>3</sup>

26. **Technical cooperation.** Work in developing technical resources at the global level involves developing a technical resources database and any additional policy, operational and technical guidelines, publications and tools that may be needed to implement RHCS. This will include guidance on how to ensure RHCS in the context of health-sector reform and SWAp; development of the required standards, norms and protocols – the basic tools for providing policy and technical guidance; and the collection and sharing of good practices and lessons learned on RHCS.

27. **Coordination.** Global coordination mechanisms need to be strengthened so that RHCS can be addressed in an overall strategic manner. Taken together, the above global activities would facilitate coordinating the efforts of the various partners involved in carrying out strategic efforts. Coordination mechanisms, including expanded databases, publications and Web sites, and consultative meetings, would be set up. Such efforts have already begun with the UNFPA Consultative Meeting on Reproductive Health Commodity Security of 22 September 2000 and the Consultative Meeting on Reproductive Health Commodity Security of 16-17 November 2000, the latter meeting including more than 40 representatives of United Nations agencies, bilateral organizations, foundations, NGOs, IGOs and the private sector. Further meetings such as these will be organized by UNFPA, and other partners are also raising awareness and developing action plans through their own initiatives. These include upcoming meetings organized by the Interim Working Group in Istanbul in May 2001 and by Partners in Population and Development (PPD) in Kerala in June 2001. However, the success of the strategy depends upon the acceptance and commitment of each partner to the principle of working together in a joint enterprise. The proposed roles of some of the partners working to accomplish RHCS are outlined in section IV below.

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<sup>3</sup>See UNFPA, "Donor Support for Contraceptives and Logistics, 1999" for data on average donor support by country between 1995 and 1999.

## B. Actions at the country level

28. At the country level, actions would focus on national capacity building, advocacy, improved sustainability and coordination.

29. **National capacity building.** Clearly, strengths and weaknesses vary from one country to the next. Partners need to work together to support a national strategy designed by each country to meet its commodity requirements. Thus, training and technical assistance in building national capacity would be tailored to the needs of each individual country. They would enable national programmes to do the following:

- More accurately forecast their reproductive health commodity supply requirements basing programme direction, strategies, plans and orders on the demand of users;
- Strengthen their capacity to obtain financing via government revenues, health insurance and other sources, including donors, and develop greater programme sustainability;
- Develop the knowledge, skills and experience to procure sufficient quantities of high-quality commodities cost-effectively; and
- Create strong, reliable and secure supply systems to monitor, deliver and make accessible sufficient quantities of affordable and attractive products to consumers.

30. **Advocacy.** Advocacy efforts at the national level would be designed to improve the environment for financial support and to reduce policy and procedural barriers to ensuring RHCS. Improved advocacy is needed to promote the development of more efficient and sustainable long-term financing strategies to meet national reproductive health commodity needs. Because of the gap between needs and resources in many countries, it is necessary for policy makers and planners to develop consumer-centred strategic approaches to identify needs and sources of financing for reproductive health commodities by looking not only to donors but also to each of the other major partners – Governments, NGOs and the private sector.

31. Additional advocacy activities may be required for the following: awareness creation and the development of political support for RHCS; policy analyses needed to reform regulatory and tax environments that inhibit the role of the private sector; and policy interventions to reduce regulations that may constrain reproductive health options, advertising and promotion, and price control mechanisms.<sup>4</sup> Ultimately, successful advocacy would contribute to making RHCS a priority and would thus reinforce efforts to secure adequate financial support.

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<sup>4</sup> See UNFPA, *The UNFPA Private Sector Initiative*, Technical Report Number 48 (New York, 1999), and Genevieve M. Kenney, *Assessing Legal and Regulatory Reform in Family Planning: Manual on Legal and Regulatory Reform*, OPTIONS II Project (Washington, DC, The Futures Group, January 1993).

32. **Sustainability.** While national capacity building is the most important contribution to improving the sustainability of RHCS, a number of possibilities can be explored at the country level to strengthen sustainability. Expanding the commitment of the Government to support RHCS, either financially or in kind, is key. Where feasible, efforts would be linked to similar efforts undertaken to strengthen overall health systems. These include:

- Increasing the contribution of users themselves via user fees (cost recovery);
- Selling subsidized branded products through existing commercial outlets (social marketing);
- Encouraging greater utilization of commercially sourced products by those with the ability to pay (private sector); and
- Reducing the costs of services by increasing the efficiency of service provision (improved management systems).

In addition, planning for reproductive health commodity distribution can be rationalized among the various sectors by using the results of market segmentation studies to make sure that people who can afford to buy their own commodities, at affordable commercial prices, do so, thus freeing up scarce resources for more needy populations.<sup>5</sup> In sum, many cost-recovery schemes need to be evaluated. Innovative approaches to increase self-reliance must be explored.

33. **Coordination.** Finally, national coordination mechanisms need to be strengthened so that RHCS can be addressed in an overall strategic manner within national reproductive health programmes. The Government, with assistance from UNFPA and other concerned agencies, would lead coordination efforts at the national level. These efforts are expected to take the form of coordination bodies such as working groups composed of representatives of key partner agencies in the country, including public officials, donors, major NGOs and the private sector. The national working groups would be responsible for gathering and analyzing RHCS information, generating consensus around priority issues, helping to segment the market and monitoring the efforts of each partner. The working groups would meet regularly to discuss progress and problems and, generally, to hold each partner accountable for its strategies and work plans.

#### IV. PROPOSED ROLES OF PARTNERS

34. In this complex and changing environment, strategic and strengthened partnerships are essential to meet present and emerging challenges. Although impossible to delineate with precision, examples of the potential roles of various partners are suggested here in this Call to Action to illustrate how each, drawing upon its comparative advantage (Annex 1), could contribute towards fulfilling the overall RHCS strategy.

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<sup>5</sup>Barbara Janowitz et al., *Issues in the Financing of Family Planning Services in Sub-Saharan Africa* (Research Triangle Park, NC, FHI, 1999).

35. **Developing Country Governments.** The most important of the partners, the Governments of developing countries and their agencies, such as Ministries of Health, Finance and Planning, have the closest links to users and their needs and are knowledgeable about local conditions and populations. Governments and the diverse national programmes they lead are responsible for policies in their countries, especially fiscal policies as they affect reproductive health, particularly of women and adolescents. Governments are responsible for ensuring that the national reproductive health programmes have the capacity to assess demand, forecast, finance, procure and deliver high-quality reproductive health commodities. In many countries, this responsibility extends over the efforts of groups in the public, NGO and private sectors, as well as local and national governments. Governments will always play an important role in the development of sustainability, particularly in regard to ensuring the increasing availability of national resources for reproductive health services, including reproductive health commodities. Governments also have the role of providing overall coordination of the RHCS partners working in their countries.

36. **Bilateral donors.** Bilateral donors are critical to supporting effective advocacy and resource mobilization at the global level and participating in government-led efforts at the national level to support the provision of reproductive health commodities. They are vital also to the provision of financial and technical support to national capacity-building efforts. Traditional bilateral donors, such as Canada, Germany, the Netherlands, the United Kingdom and the United States, may wish to consider expanding the provision of reproductive health commodities to meet the growing needs in developing countries. Most donors already provide their supply data and analyses to UNFPA, and these data are critical to all partners' understanding of reproductive health commodity requirements. By participating in the global and national coordination process, donors would enhance the impact of their contributions. Since there may be a gap between what they can provide and overall global needs, donors also serve a vital role in encouraging alternatives to direct commodity donation, such as social marketing and expanding the role of the private sector.

37. **World Bank and regional development banks.** The World Bank and regional development banks are making important contributions to RHCS. Bank loans and grants play an increasing role in funding government health programmes, including their commodity requirements. The procurement of reproductive health commodities by these international financial institutions, partly through the UNFPA procurement facility, is also significant. The World Bank and regional development banks are actively promoting SWAps and basket-funding mechanisms in developing countries. Health-sector reform efforts are leading to a restructuring of the way Governments organize services and allocate resources, including allocations to reproductive health information and services. Collaboration in these new processes is vital to ensure that reproductive health services and commodities continue to receive adequate attention.

38. **United Nations organizations and agencies.** The continued involvement of WHO and UNAIDS and other concerned United Nations organizations and agencies is central to developing and disseminating technical information and guidance, particularly in such areas as essential reproductive health commodity lists, product standards and quality assurance testing and procedures. The primary responsibility of UNFPA in this field is to provide leadership and to establish and maintain coordination mechanisms to ensure partners can work together effectively



at global and national levels to ensure that good-quality reproductive health commodities are available and accessible to people who need them. UNFPA is fully committed to assisting Governments in developing and coordinating effective strategies for RHCS programme implementation. UNFPA is also committed to providing support for effective advocacy and resource mobilization at the global level and to giving technical support for the efforts of Governments, NGOs and the private sector at the national level to achieve RHCS. UNFPA will work with all partners that have specific expertise in components of the overall strategy. Some of these would directly contribute as donors, for example, by providing support for commodities, whereas others would provide or finance technical assistance in collaboration with in-country institutions. UNFPA would work closely with WHO and UNAIDS to ensure that appropriate standards, guidelines and protocols are developed and used at the country level in the implementation of the RHCS strategy and to ensure the availability and accessibility of condoms for STI/HIV prevention.

39. **Foundations.** Foundations, such as the David and Lucile Packard Foundation, the Rockefeller Foundation, the Bill and Melinda Gates Foundation, the Hewlett Foundation, the United Nations Foundation and the Wallace Global Fund, have an interest and experience in supporting efforts to help couples in developing countries achieve reproductive health. Foundations offer a special advantage in that their grants can be flexible and long term, if required. As some foundations are considering directing a portion of their resources to strengthen advocacy, support national capacity building and create more sustainable national reproductive health commodity systems, it is important to integrate their inputs as part of the global effort. Further discussions should also seek to bring additional foundations into the group to support strategic RHCS efforts.

40. **NGOs, intergovernmental organizations (IGOs) and contractors.** International and regional NGOs and IGOs, including the network of European NGOs (EURONGOS)<sup>6</sup> and such organizations as the Family Health International (FHI), the International Council on Management of Population Programmes (ICOMP), International Planned Parenthood Federation (IPPF), International Projects Assistance Services (Ipas), Management Sciences for Health (MSH), Marie Stopes International (MSI), Population Action International (PAI), the Program for Appropriate Technology in Health (PATH), PPD, and the World Population Foundation (WPF), along with contractors Commercial Market Strategies (CMS), John Snow, Inc. (JSI), and The Futures Group International (TFGI), are already playing important roles in RHCS. They are, for example, helping national programmes establish effective advocacy programmes; providing technical assistance on various aspects of commodity security; supporting training activities; developing model approaches; involving themselves in the development of procurement specifications and good manufacturing practices; and facilitating South-to-South exchanges. NGO networks such as the European NGO network are developing joint and/or complementary programmes in partnership with NGOs in developing countries. Social marketing organizations such as DKT and Population Services International (PSI) are playing an important role in some of the above areas and in serving as a bridge between public-sector provision mechanisms and the full-price commercial sector. Parliamentary organizations and networks can play an important role in focusing attention on the importance of strong policies.

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<sup>6</sup> Eurongos include such organizations as Equilibres et Population, Population Concern, the Swedish Association for Sex Education (RFSU) and Vaestoliitto, the Family Federation of Finland, the World Population Foundation.

41. **Commercial private sector.** The private sector is a sizeable partner in many countries, with the potential to play an even more important role in these and in other countries in the future. A significant contribution of private-sector companies is in providing products to donors at public-sector prices, which enables wider access by consumers in developing countries. In addition, the commercial sector in developing countries helps to make products and services more attractive and accessible to users who can afford to pay commercial prices. Depending upon socio-economic and geographic factors, the private sector is responsible for up to half or more of the commodities that consumers use in some countries. National programmes may wish to look more closely at commercial entities as potential partners in service delivery and in working towards sustainability.

42. **Private individuals.** Private individuals represent a powerful, yet sometimes neglected part of the solution to RHCS. Their use of reproductive health commodities drives the demand side of the equation, and those who purchase commodities from their personal resources reduce the burden on public-sector programmes. Thus, the contribution of private individuals must always be taken into account. The demand-supply balance needs to be further explored in situations where a larger segment of the population can be encouraged to utilize their private income for commodities than is currently the case.

## V. CONCLUSIONS

43. This Call to Action is based on the premise that RHCS is a multidimensional issue with many facets and challenges in which each partner has an important role to play at national and global levels. Each country situation is unique, resulting from the interplay of different political, social, cultural and economic variables. It is necessary, therefore, to develop approaches that are specific to the situation prevailing at a given time in each country. In any event, it will be critical to monitor trends of demand and supply from both national and international sources against requirements in order, where possible, to predict and prevent imbalances and shortfalls that have grave consequences on women and their families.

44. Much is already known about the reproductive health commodity situation in many countries. However, reproductive health programme needs and technical support requirements still need to be better documented. The above-described work areas represent the main areas of attention in strengthening national capacity to provide good-quality products to meet consumer demand on a sustainable basis. All partners responding to the Call to Action will need to identify their priorities, mobilize resources and develop activities, as appropriate, in these areas.

45. In the post-ICPD+5 environment there is a need to acknowledge and act on the following points:

- The reproductive health commodity requirements of individuals in developing countries appear to be outgrowing the contributions from traditional donors and national sources;
- The supply and demand circumstances in each country are manifold and changing;

- The developing country environment today is marked by decentralization, both in terms of national programme implementation and donor decisions as well as by other ongoing processes, such as health-sector reform and the development of SWAps. Global initiatives must be translated into appropriate applications for each national situation;
- The inputs of the many and diverse partners addressing the RHCS issue at global and national levels need to be coordinated if they are to be efficient and cost-effective; and
- The coordinated contributions of all partners are needed if RHCS is to succeed.

## **Partners in Reproductive Health Commodity Security: Comparative Advantages**

### **I. INTERNATIONAL ORGANIZATIONS**

#### **United Nations Joint Programme on HIV/AIDS**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative joint venture of the United Nations family that brings together the efforts and resources of seven United Nations system organizations (UNICEF, UNFPA, UNDP, UNDCP, UNESCO, WHO and the World Bank) to help prevent new HIV infections, care for those already infected and mitigate the impact of the epidemic. Its aim is to help mount and support an expanded response – one that engages the efforts of many sectors and partners from Governments and civil society.

The UNAIDS Secretariat helps spark, coordinate and streamline action by its seven co-sponsoring organizations. It plays a key role in the management and dissemination of knowledge that is fundamental to combating AIDS. It identifies and analyses sound strategies and approaches for achieving the aforementioned objectives. It also helps countries and the United Nations system to establish goals so that they can set clear directions and hold themselves accountable. The Secretariat provides policy guidance and, through technical networks, brokers technical cooperation to help countries to implement best practices.

Another key function of the UNAIDS Secretariat is to gather, analyse and disseminate information on the evolving epidemic and on the global response to it, in order to help national Government and development partners to draw appropriate strategies to respond to the epidemic.

Both internationally and within countries, the UNAIDS Secretariat advocates for an expanded response to the epidemic. It encourages the use of best practices. Most important, the Secretariat works to build a global commitment by Government, donors, United Nations partners, civic society actors, including NGOs and the private sector, to combat the epidemic.

Consequently, UNAIDS' specific role and interest in the RHCS is mainly on the prevention of HIV transmission, through male/female condoms and other reproductive health devices. With respect to condom programmes, the UNAIDS effort will be spearheaded by UNFPA, which is also handling condom procurement and logistics, whereas WHO deals mainly with technical issues and standards. The World Bank also contributes to procurement. The UNAIDS Secretariat will support this effort. However, its comparative advantage is essentially in advocacy, communication and the development and dissemination of technical information.

## United Nations Population Fund

In line with the goals established as part of the ICPD+5 process, national capacity in developing countries must be strengthened to address the full range of RHCS issues. To assist countries in the implementation of RHCS, UNFPA would concentrate its work in those areas in which it has a comparative advantage. These include the knowledge and expertise that UNFPA has accumulated in the last 30 years; its support for comprehensive reproductive health programmes that address both demand and supply issues; its field offices in developing countries; its experience in procurement (including the Global Contraceptive Commodity Programme), which serves the needs of its own programmes and those of many other donors; the Commodity Management Unit and its RHCS Working Group; its nine Country Technical Services Teams (CSTs), which provide technical assistance on diverse logistics and supply issues; and the Fund's already close working relations with programme countries and other partners, such as WHO, UNAIDS, bilateral donors, the World Bank and the regional development banks, NGOs, foundations and the private sector.

In countries where UNFPA has programmes, its Representatives would consult with national counterparts and other partners in establishing RHCS coordination mechanisms or theme groups, within the context of national reproductive health programmes, made up of interested parties in order to assist Governments in planning, identifying gaps and coordinating donor, NGO and private-sector support to national RHCS programme efforts. These working groups would also provide an interface with the Commodity Management Unit at UNFPA headquarters and, through it, with its RHCS Working Group, for exchanging information and addressing broad issues that cannot be readily resolved at the local level.

As one of the RHCS partners, UNFPA is fully committed to managing at global and country levels the necessary support, coordination and monitoring mechanisms required for the success of the RHCS strategy, including the promotion of condom programming for STI/HIV prevention. For the past 10 years, the direct predecessor (the Global Initiative on Reproductive Health Commodity Management) of the group responsible for guiding and managing the Fund's core RHCS activities, the Commodity Management Unit, has moved the issue of reproductive health commodities and logistics management to the forefront of the reproductive health agenda. Its collaborative studies on contraceptive requirements and logistics management needs have taken a holistic view of the contraceptive and condom supply problem in some 20 developing countries, examining reproductive health policy issues; long- and short-term needs; public, private and NGO service-delivery roles; logistics and quality issues; condoms for STI/HIV prevention; strategies for implementation; and financing. The recommendations of these studies have been used in many countries to develop improved national programme responses in procurement, logistics support and finance. Other activities have included estimates of global contraceptive requirements, including condoms for STI/HIV prevention; the issuance of technical guidance documents on, for example, procurement and logistics management; the conduct of logistics management training workshops; and the implementation of the UNFPA Private Sector Initiative.

Since 1990, UNFPA has maintained a database on the contraceptive commodities provided by donors. It is available to any interested party and will soon be posted on the Internet. The

information in the database is analysed in an annual Web-based report entitled “Donor Support for Contraceptives and Logistics” and provides the basis for observing trends in donor contraceptive support and for planning appropriate responses. The UNFPA commodities database for goods donated in the year 2000 will be expanded to address demand-side issues and include other reproductive health commodities at both global and country levels. This expansion will strengthen the value of the database as a tool for planning, monitoring and evaluation.

As the main goal of RHCS is to contribute to improved reproductive health, the main purpose of the UNFPA strategy is, separately and in collaboration with others, to improve the capacity of national programmes in developing countries to manage key areas of reproductive health commodity supply and, increasingly, to provide those commodities to all who need them (see UNFPA, “Reproductive Health Commodity Security: Partnerships for Change. The UNFPA Strategy” (April 2001)). Building national capacity to manage the entire supply chain is essential to ensuring that individuals have access to good quality and affordable reproductive health commodities when and where they want them. This is key to sustainability over the long term. This goal would be addressed by activities at both global and national levels.

To learn more about UNFPA’s commitment to RHCS and to view a copy of the UNFPA strategy for implementing RHCS, please visit the UNFPA Web site at [www.UNFPA.org](http://www.UNFPA.org).

### **The World Bank**

The World Bank recognizes that family planning and reproductive health services are crucial to countries’ objectives of improving health and human development, especially for poor people. IDA support to population and reproductive health emphasizes the provision of quality services and information that expand access to a range of voluntary family planning methods, enable women to go useful through pregnancy and childbirth, and prevent and treat reproductive health and sexually transmitted infections.

#### **Comparative advantages in reproductive health financing**

The Bank and its partners in the population and reproductive health fields – including UNFPA, WHO, UNAIDS, UNICEF, bilateral donors and NGOs – provide borrowers with most of the technical expertise as well as significant financial assistance for their programmes. These partners look to the Bank for support in policy dialogue and resource mobilization. Because of the Bank’s access to both finance and planning ministries as well as functional ministries such as health, education, and women’s affairs, it is well positioned to facilitate synergistic policies that link investments in various sectors, including health, education, and gender, to achieve optimum impact.

The Bank is working with countries on health-sector reforms that can address many of the underlying constraints that make health systems unresponsive to the reproductive health needs of the poor. As countries implement health-sector reforms, they need to ensure that health systems maintain the quality and accessibility of reproductive health services, and to recognize that these

services (including family planning) are an ideal core around which to strengthen primary and secondary health care. Health reform involves many new financing and service delivery approaches that have great potential for improving the effectiveness and impact of reproductive health services, but that have not been fully refined or tested. To ensure that reproductive health improves rather than deteriorates in the process, it is important that its special challenges be recognized, and that mechanisms be developed to enable monitoring and support systems to respond adequately to them.

### **Reproductive health commodity security**

The Bank plays an important role in providing assistance for drugs and contraceptives, approximately \$250 million a year, with an estimated \$40 million for condoms and contraceptives. Of this, UNFPA handled \$20 million in procurement for the Bank's borrowers last year. In November 2000, UNFPA and the Bank's procurement staff met to work out the terms for a standard agreement for the Bank and its borrowers when using UNFPA as a procurement agent. In addition to the condom guide that the Bank's Pop/RH Thematic Group is working on, these actions could facilitate more government purchases of reproductive health commodities.

The Bank supports the efforts by UNFPA and the Inter-agency Group to promote reproductive health commodity security. It is interested in supporting a strategy that focuses on country-level reproductive health commodity security issues: forecasting, funding, procurement, delivery and private sector issues. It supports strengthening analyses of national capacity-building issues and looks forward to working with UNFPA and the IAG to identify countries where security issues are serious and more research is urgently needed.

### **World Health Organization**

The World Health Organization (WHO) is responsible for setting norms and standards for reproductive health care services. Improving reproductive health through the provision of high-quality care requires a concerted programmatic approach. The development of evidence-based technical (clinical) guidelines is the first step to improving the skills of health care workers, defining the level of performance, improving the quality of services provided and, ultimately, improving reproductive health outcomes. These guidelines shape policy formulations, support assessment and strengthening of health care systems' responses, e.g., employment and deployment of health care providers, coverage, management and supervision, and facility and resource requirements.

Over the years, WHO has developed norms, standards and clinical guidelines in maternal and newborn health, family planning and STI/HIV/AIDS and other aspects of reproductive health programmes. WHO has accumulated experience in helping countries develop effective diagnosis and diagnostics, improving rational prescription practices and essential drug management.

## II. INTERGOVERNMENTAL ORGANIZATIONS

### Partners in Population and Development

Led by the expressed concerns of its member countries, Partners in Population and Development (PPD) has recently explored its role in ensuring commodity security. At a special session on commodity issues organized in conjunction with the Partners' Board Meeting, held in Beijing in November 2000, the Board noted with concern the rising cost of reproductive health drugs and commodities. The Board also acknowledged that quality assurance in commodity production was a critical element in promoting wider acceptability of the products among donor countries. The Board recommended that Partners collaborate with pharmaceutical agencies and other concerned organizations to promote quality assurance, logistics management and regulatory systems that would create greater accessibility of products to other countries at more affordable prices. To consider options and opportunities in this regard, the Board recommended that a technical meeting be organized on related issues in India.

#### PPD comparative advantage

Partners' membership structure offers potential opportunities for member countries to access technical support in commodity issues through South-to-South cooperation. With a successful record of effective cooperation among the member countries, Partners has demonstrated its comparative advantage in South-to-South collaboration. As a membership organization, it is well accepted in the member countries, for which it can effectively create commitment for adoption of appropriate policies. Playing the role of a catalyst and facilitators, Partners can effectively complement and supplement the work of other international agencies on commodity security issues and, thereby, maximize the impact of global efforts.

#### PPD programmes on commodity security

Partners proposes to contribute to a global system that ensures increased self-reliance of developing countries, on an equitable basis, with respect to the availability, production, distribution and use of contraceptives and essential reproductive health commodities.

- *Technical meeting on commodity issues.* As recommended by the Board, a technical meeting will be organized as a high-level dialogue among ministerial level policy makers, private-sector representatives and technical experts. The proposed areas of discussion are: Background situation focusing on demand and supply; Quality Assurance Systems: Current Status, Future Needs and Options for Improvements; Drug Regulatory Systems, with Special Reference to Partner Countries; HIV/AIDS Drugs; and Commodity Management Issues, including Logistics Systems and Procurement Policies.
- *Networking on commodity issues.* A South-to-South technical exchange process will be established after the meeting, facilitated by the Partners Secretariat, to bring information on new developments to Partner countries, in cooperation with other agencies.



- *Future strategies.* Based on the conclusions of the technical meeting, Partners will formulate its future strategies on commodity issues, mainly to play the role of a catalyst and a facilitator, in cooperation with other global mechanisms (such as UNFPA RHCS), to bring the outcomes to policy makers in the Partner countries for action. Possible options are to assist one another through technical exchanges, technical assistance, improvement in quality assurance, documentation of current situations and the undertaking of market segmentation studies.

### **III. NON-GOVERNMENTAL ORGANIZATIONS**

#### **International Projects Assistance Services**

The mission of International Projects Assistance Services (Ipas) is to promote women's reproductive health and rights, with a focus on improving access to safe post-abortion and abortion care. Ipas is a U.S.-based not-for-profit NGO carrying out activities in more than 20 countries. Its activities include partnerships with local commercial distributors of Ipas equipment. Ipas distributes manual vacuum aspiration (MVA) kits in more than 80 countries; MVA is a preferred technology for safe, uterine evacuation and is also used for endometrial sampling. In addition, Ipas makes available a simple, highly accurate pregnancy test suitable for low-resource settings, and other basic reproductive health products worldwide. A key objective for Ipas is to develop sustainable local access to these technologies and mainstream them into the normal channels for supply, including local commercial distributors, tenders issued by donor agencies and health ministries, and direct purchases by individual service providers. Ipas employs a flexible pricing policy to respond to special needs and circumstances. In certain cases, Ipas donates MVA and other products to facilitate service access in low-resource settings while sustainable systems are being put in place.

Ipas programmes in training, technical assistance, policy, research and evaluation help ensure that technologies are provided as part of a comprehensive approach to improving service access and quality. With more than 30 years' experience in the area of reproductive health commodities, Ipas is familiar with regulatory issues and procurement systems in a number of countries and can provide technical assistance in planning, procurement and logistics. Ipas has strong networks with health professionals and their associations. Training for both public- and private-sector providers in post-abortion care and safe induced abortion, including use of MVA, is a primary activity, with materials available in a variety of local languages.

#### **International Planned Parenthood Federation**

IPPF currently comprises 154 affiliated Family Planning Associations and works with other partners in an additional 26 countries. It is the world's largest NGO in the field of sexual and reproductive health. Through the various programmes its members have developed, the Federation has been able to reach out and serve people in ways that other service suppliers have not achieved. Because the donations the members receive from the Federation are not restricted, members have the freedom to buy a wide variety of contraceptives and thus offer more options to their clients. In addition, during the last few years, members have begun to increase their sustainability, organizing diversification programmes that help subsidize programmes for poorer populations and youth.

The Western Hemisphere Region recently developed a Supplies Database currently being implemented in four of the Federation's regions. These new information systems have given the Associations greater control of their inventories, significantly decreased contraceptive losses due

to expiration and effectively diminished the overstocking and understocking of contraceptives in the service areas. Additionally, this database can identify the various distribution channels of the contraceptives and the existing quantities throughout the sections of the programmes, aspects that are very important in evaluating these systems.

### **Management Sciences for Health**

Management Sciences for Health (MSH), a private, non-profit corporation, has collaborated since 1971 with health decision makers throughout the world to improve the quality, availability, and affordability of health and population services. MSH has assisted public- and private-sector health and population programmes in more than 100 countries by providing technical assistance, conducting training, carrying out applied research and developing systems in health programme management. MSH maintains a staff of more than 650 in the Boston, Massachusetts, headquarters, in offices in Washington, D.C., and in 24 field offices throughout the world. MSH funding sources include bilateral development agencies, development banks and private foundations. Its annual operating budget exceeded \$US 54 million in FY 1999.

MSH seeks to influence public policy; to improve the management of health and family planning services by increasing their availability, effectiveness, efficiency and sustainability; and to promote access to these services.

MSH manages projects in more than 55 countries. MSH activities focus on: educating health-care providers, consumers and managers through training, publications, electronic media and conferences; applying practical management skills to public health problems through both the public and the private sectors; extending technical and management skills and competence to individuals and institutions through collaborative work and training programmes; and innovation in applied research and health management.

#### **Initiatives linked to reproductive health commodity security**

In 1998, a shift in donor priorities necessitated that the Romanian public-sector family planning programme look for new ways to continue supplying essential low-priced contraceptives to its citizens. MSH's Family Planning Management Development (FPMD) project has been working with public and non-governmental organizations to increase access to and availability of affordable contraceptives.

FPMD has worked in Turkey with the Maternal-Child Health/Family Planning (MCH/FP) General Directorate of the Ministry of Health since 1991, *inter alia*, to help the Ministry increase the availability of contraceptives to the general population. Through the institutionalization of MIS systems and skills, and the introduction of a contraceptive distribution system known as "Top-up," contraceptive stock levels at MCH/FP and health centers are regularly replenished. As a result, family planning service delivery points have experienced fewer stock-outs, fewer expired or damaged commodities, better storage conditions, better record-keeping, and improved forecasting of contraceptive needs.

In April 2000, MSH's Rational Pharmaceutical Management Project, launched the Cost-Estimate Strategy—a methodology for improving the use and availability of reproductive health commodities—developed in collaboration with the MotherCare Project and United States Pharmacopeia. A spreadsheet-based tool enables users to systematically estimate the costs of reproductive health commodity needs and survey instruments facilitate an assessment of the availability and use of reproductive health commodities within the health system.

In Egypt, MSH is assisting the Ministry of Health and Population to move towards long-term self sustainability in public-sector contraceptive needs, by developing the capacity to finance, procure and manage contraceptive commodities, in response to USAID's planned phase-out of donated contraceptives.

In late 2000, MSH began implementing four major initiatives (three USAID cooperative agreements and a foundation grant) which will likely impact on reproductive health services in many parts of the world over the next five years.

- The overall goal of the ADVANCE Africa project is to reduce unintended and mistimed pregnancies in Africa through increasing the use of sustainable, quality family planning and reproductive health services and healthy practices, thus addressing unmet need for services and increasing demand in the twenty-first century;
- The Rational Pharmaceutical Management Plus project's purpose is to improve the availability of health commodities (pharmaceuticals, vaccines, supplies, and equipment) of assured quality for PHN priority interventions, and promote their appropriate use in both the public and private sectors;
- The Management and Leadership Development project supports the development of high-performing organizations that provide effective health services through a number of interventions, including, strengthening management and leadership skills, enabling leaders and managers to work effectively in the context of health sector reform and decentralization, and developing the capacity of local or regional organizations to provide south-to-south technical assistance; and
- A recent Bill & Melinda Gates Foundation award is enabling the MSH drug management programme to support innovative country-level public-private collaborations to increase access to essential drugs and vaccines.

### **Population Action International**

Founded in 1965 as the Population Crisis Committee (PCC), Population Action International (PAI) has a long history of conducting research-based advocacy and political mobilization on behalf of global population stabilization with a particular focus on family planning, reproductive health and environmental linkages. The late General William Draper, Jr., a pioneer in the population movement and PCC Chairman was influential in the founding of UNFPA and played a critical role in early efforts to generate commitment and raise funds from donor Governments, benefiting both UNFPA and IPPF.

Since its inception, PAI has succeeded in raising awareness, understanding and action on family planning and reproductive health among political leaders and the public through advocacy activities and numerous broadly accessible publications. PAI's authoritative analysis of the impact and importance of U.S. policies and financial support for international population assistance programmes has helped to increase funding levels for family planning from the U.S. Congress, and has helped numerous NGOs worldwide lobby for and obtain greater funding for family planning and reproductive health from key donor countries. It has also helped NGOs generate political will within developing-country Governments to give adequate attention and resources to reproductive health.

PAI lobbies the U.S. Congress and Executive Branch, influential individuals and multilateral agencies. It leads trips to developing countries to see reproductive health projects first-hand. In addition, PAI has been active participant in a variety of international population forums since its founding and in decennial United Nations population conferences since 1974.

Perhaps unique among all other organizations of its kind, PAI accepts no financial support from any bilateral or multilateral funding source, giving PAI an independence and freedom of action enjoyed by few of its colleagues.

### **Population Concern**

As the major focus for the RHCS strategy is advocacy, capacity building, coordination, technical support and sustainability, it is clear that Population Concern has a role to play. Population Concern has been involved in international family planning, and more recently sexual and reproductive health programmes and issues since the late 1960s. It works with partner NGOs of the South in 20 countries in Asia, Africa, the Arab world and Latin America. These partnership programmes encompass community-based distribution of contraceptives, sexual and reproductive health information, education and services for young people and advocacy, among others.

Population Concern works on advocacy in the United Kingdom, Europe and beyond. Its focus has been mainly, although not exclusively, on young people's sexual and reproductive health. In the United Kingdom, Population Concern works with the All Party Parliamentary Group on Population, Reproductive Health and Development, educating members of Parliament on sexual and reproductive health issues, preparing evidence for parliamentary hearings, etc. In addition, it keeps in close contact with senior civil servants at the Department for International Development (DFID). An active member of EURONGOS, Population Concern is also involved in the education of members of the European Parliament and EC officials on sexual and reproductive health issues.

At the global level, Population Concern is developing an international advocacy strategy. One topic to be included is the adequate securing of reproductive health commodities. In this effort, it will work with other NGOs, the World Bank, WHO, UNFPA, DFID and the EC.

## **The Population Council**

An international, non-profit research institution, The Population Council examines reproductive health from three perspectives: biomedical, social science and public health. Its research – and the information it produces – helps change the way people think about problems related to reproductive health and population growth. The Council was established in 1952 by John D. Rockefeller 3rd to search for a better understanding of population-related problems.

The Council's work ranges over the broad field of population. Its work includes research to improve services and products that respond to reproductive health needs and the design of interventions to treat and prevent STI/HIV. It includes studies of the effects of population factors on a country's ability to provide a better life for its citizens and research on the influence of education and livelihood opportunities on young girls and women. It is also concerned with the reproductive health and well being of the one billion adolescents in the developing world who are about to enter their reproductive years and whose behavior will shape their countries' future.

The Population Council's comparative advantages lie in its unique combination of excellence in demographic studies, operations research, technical assistance, basic research on reproductive physiology, and the development of new contraceptives. In addition, the Council helps to improve the research capacity of reproductive and population scientists in developing countries through grants, fellowships and support of research centers. The Council has contraceptive commodities in development and also in distribution to many countries. Its development of the CU-T 380A was matched by its ability to train providers and study the ways in which commodities could be introduced to various family planning systems. This work was repeated with the Norplant ® contraceptive implant and will shortly be repeated with Jadelle and Mirena.

## **Programme for Appropriate Technology in Health**

Programme for Appropriate Technology in Health (PATH) emphasizes capacity development in all of its reproductive health programmes to ensure that the public sector has the ability to secure an ongoing supply of good quality and affordable contraceptives and that local institutions receive the training and support necessary to provide quality, client-centered care. To develop this supportive environment, PATH has provided technical assistance to developing-world organizations both in the public and the private sectors in procurement, the implementation of good manufacturing practice (GMP) and quality assurance through the development of standards.

PATH views the procurement process as a way to safeguard product quality and programme financial resources. At the country level, PATH has provided customized programmes of assistance to help countries develop technical capabilities and tools at central and peripheral levels to plan, implement and monitor health commodity supply activities and systems and thus move away from dependence on donors and towards self-sufficiency. Assistance has included interventions at the policy level, such as facilitation of tax relief; development of reference materials, including information on international trade practices and conventions, specifications, sources, prices and quality assurance within the procurement process; and training of personnel

through hands-on international procurement exercises. Countries served include Armenia, Bangladesh, China, Ecuador, Egypt, Eritrea, Ghana, Jamaica, Kazakstan, Kenya, Kyrgyzstan, Mexico, Morocco, the Republic of Moldova, Tunisia, Turkey, Turkmenistan, Ukraine, the United Republic of Tanzania, Uzbekistan, Viet Nam and Zimbabwe. At the global level, PATH has collaborated with the international community on sustainability and self-sufficiency issues and rational adaptation of health-care reforms such as decentralization and the integration of public health programmes, particularly vaccination and family planning. These collaborative efforts have resulted in accomplishments such as the harmonization of vaccine procurement policies among USAID, WHO, and the United States Food and Drug Administration (USFDA).

Since 1980, PATH has worked with more than 30 pharmaceutical and medical device manufacturers in 25 countries in various aspects of manufacturing to improve product quality. A long-term commitment to the implementation of GMP is key to improving product quality and, through the reduction of waste, improving production profits.

Quality assurance techniques ensure the safety and efficacy of contraceptive products after they leave the manufacturer. PATH research on condom packaging, on behalf of USFDA and USAID has had an impact on condom standards and procurement specifications worldwide, resulting in a new International Standards Organization global standard for condom ageing and labeling for shelf life.

### **The Swedish Association for Sexuality Education**

The Swedish Association for Sexuality Education (RFSU) has several comparative advantages in the provision of RHCS. Founded in 1933, it has an in-depth knowledge of sexual and reproductive health matters, having 70 years of experience in dealing with many sensitive issues related to sexual and reproductive health, including adolescent sexual rights and reproductive health rights, sexuality education in schools and the promotion of legal and safe abortion. It combines service delivery and advocacy strategies, and brings a grass-roots perspective to the issues. Since its beginnings, it has owned a commercial condom company and has much experience in condom promotion and marketing.

RFSU has undertaken programmes on adolescent sexual and reproductive health, male involvement, gender and sexual violence in collaboration with NGOs in India, the Russian Federation, the United Republic of Tanzania and Zambia.

It has managed to maintain its independence as an NGO while, at the same time, earning credibility. It has served on the governmental delegations at the ICPD (Cairo) and ICPD+5 meetings as well as the Fourth World Conference on Women (Beijing) and Beijing+5 meetings. Through its newly established all-party group on sexual and reproductive health in Parliament and other political contacts, RFSU is well positioned to influence sexual and reproductive health issues. In addition, RFSU has developed an integrated strategy for the promotion of sexual and reproductive health.

## **Väestöliitto (The Family Federation of Finland)**

The mission of Väestöliitto's development cooperation is sustainable development and improved welfare of the people. The aim is to promote sexual and reproductive health and rights so that every individual and couple can make informed and responsible choices on his or her own sexuality and reproduction, including whether to get married, and when and how many children to have. The realization of sexual and reproductive rights promotes equality and balanced population development, alleviates poverty and decreases the burden on the environment.

Väestöliitto participates in development policy discussion through media, events and personal contacts; strives to raise the awareness of politicians and other decision-makers, media, teachers and the public on sexual and reproductive health and rights and the importance of including them in development programmes, including efforts to mainstream STI/HIV prevention in development cooperation; cooperates with Nordic, European and international organizations working in the field; and works in overseas development projects in Africa, Central America and Asia. Such projects include the following:

- Malawi: Strengthening family planning and STI prevention in a primary health care setting in rural Malawi in cooperation with the Mannerheim Child Welfare League and a local NGO, and under the supervision of the Malawi Ministry of Health. The project is supported by the William and Flora Hewlett Foundation and Bill & Melinda Gates Foundation.
- Mexico: Preventing STI/HIV by education and counseling in urban slum areas with special emphasis on adolescents. Initiated by the Mexican Family Planning Association (Mexfam), this project is funded by the International Department of Development Cooperation of the Finnish Ministry for Foreign Affairs (DIDC).
- Namibia: Preventing STI/HIV among children and adolescents by developing sexuality education, carried out in cooperation with other Finnish NGOs. The local partner in Namibia is the Namibian National Aids Committee. The project is supported by DIDC.
- South Africa: Decreasing maternal mortality by developing midwife education and improving maternal care and adolescents' sexual health in a joint project of various Finnish organizations and polytechnics. Väestöliitto concentrates on decreasing teenage pregnancies and preventing HIV.
- Viet Nam: Supporting contraceptive social marketing project (1996-1997) aimed at offering reasonably priced high-quality condoms and oral contraception to the low- and medium-income population. The local partner was DKT Vietnam, social marketing organization. The project was supported by DIDC.



## **IV. CONTRACTORS**

### **Commercial Market Strategies**

Commercial Market Strategies (CMS) is a project of the United States Agency for International Development (USAID). The project is implemented by Deloitte-Touche Tohmatsu in collaboration with Abt Associates Inc., the Meridian Group and Population Services International. The project aims at increasing the use of family planning and other health products and services through private-sector partners and commercial strategies. Its activities include increasing consumer demand through social marketing activities; improving consumers' ability to access health services through developing health insurance programmes and health-financing alternatives; expanding the availability of family planning with the creation of provider networks; mobilizing the commercial sector to provide affordable products and services through the creation of public-private partnerships; supporting the expansion of private and commercial health sectors through innovative financing mechanisms; increasing the sustainability of the NGO sector through strengthening technical, financial and institutional capacities; and improving the environment for private- and commercial-sector participation through policy dialogue and regulatory reform.

With respect to contraceptive security, CMS's comparative advantage is its experience and ability to work with the private sector and its appreciation of the contribution that the private sector can make in improving reproductive health in the developing world. Another comparative advantage is CMS's analytic and research capabilities, currently focused on several research tasks aimed at identifying the role the private sector could play in addressing the problem of contraceptive security. A final element in its comparative advantage is its experience in dealing with both public-sector policy makers and private-sector entrepreneurs.

### **John Snow, Inc.**

John Snow, Inc., is the prime contractor for DELIVER, a USAID-funded global technical assistance contract aimed at strengthening developing-country health and family planning programmes' supply chains, with an emphasis on product availability to the end user. After 15 years of involvement in the field through the Family Planning Logistics Management (FPLM) projects I, II and III, much has been accomplished to establish and maintain effective distribution systems in many countries. Yet, in times of increasing demand and uncertain funding, much remains to be done to improve the efficiency of those systems and to secure the reliable, routine long-term availability of essential products like contraceptives during times of health reform, the HIV/AIDS crisis and "graduation" from donor support.

DELIVER will continue to work to strengthen logistics management information systems, streamline distribution systems, and improve forecasting and procurement planning --- the nuts and bolts of logistics management. It will also implement new efforts to improve understanding of and support for the supply chain at the policy level in country programmes and donor agencies. DELIVER's focus on ultimate product availability as the hallmark of commodity security requires a broad conceptualization of the supply chain and the environments in which it

functions; as such, DELIVER addresses not just logistics issues per se, but organizational issues, policies, financing, donor coordination and research.

The work of DELIVER is divided into interrelated components, all aimed at one strategic objective: improved availability of contraceptives and other essential health commodities at service delivery points. The five components are:

- Improving logistics systems, including infrastructure, distribution, forecasting, procurement, management information systems and evaluation;
- Improving human capacity in logistics, including training and other performance improvement strategies for both individuals and organizations;
- Improving resource mobilization for contraceptive security, including work in donor coordination, policy commitment, health-sector reform and the fostering of local leadership;
- Improving the adoption/adaptation of advances in logistics (from the commercial sector), which includes operations and analytical research; and
- Improving and supporting USAID's contraceptive procurement system, including estimating requirements for USAID products, and maintaining, operating, and upgrading the central commodity management information system (familarly known as NEWVERN).

Depending on country priorities, the new DELIVER project will address the need for sound logistics systems for essential health products other than contraceptives, including HIV/AIDS test kits, STD treatment drugs and vaccines. The notion of routine product availability, or the need for an integrated supply chain to achieve "security" of supply all the way to the end customer, applies to these products as well as to contraceptives.

The DELIVER staff consists of 140 technical advisers, managers, and support staff based in Washington, D. C., and field offices in Bangladesh, Bolivia, Colombia, Guatemala, Kenya, Malawi, the Philippines and Togo. The staff consists of logistics advisers with specialties in management information systems, database management, forecasting, demography, communications, drug management, nutrition, organizational development and performance improvement.

## Projected Contraceptive Costs, Shortfalls and Consequences

1. Contraceptive prevalence in developing countries has grown dramatically in the past four decades. In the years since the mid-1960s, the contraceptive prevalence rate (CPR) has increased from around 10 per cent to almost 60 per cent, with some 9 out of 10 users relying upon modern methods. United Nations Population Division projections show an increase in the population of reproductive age in developing countries of some 23 per cent between 2000 and 2015. The number of contraceptive users during the same period is projected to increase more than 40 per cent as a consequence of population growth and of an increase in the proportion of people who use contraception. On the basis of these projections, UNFPA has estimated the costs of future contraceptive requirements (Table 1).

2. Data on donor support for contraceptive commodities between 1992 and 1999, given in Table 1, indicate an uneven trend. Between 1992 and 1996, donor support averaged 40.9 per cent of overall estimated requirements. This percentage has since fallen – to under 25 per cent in 1999.

**Table 1: Estimated Contraceptive Requirements Compared with Reported Donor Support for Contraceptives (in millions of dollars)**

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Estimated contraceptive cost	222	265	308	351	394	437	480	529	572	614	657	702
Donor support, actual	82.8	116.9	118.4	143.9	172.2	137.5	143.2	130.8				
Donor share of contraceptive cost, %	37.3	44.1	38.4	41.0	43.7	31.5	29.8	24.7				
Estimated donor share at 40.9%						178.7	196.3	216.4	233.9	251.1	268.7	287.1

*Source:* Derived from “Contraceptive Commodity Requirements and Costs in Developing Regions, 1999-2015” (Draft), UNFPA, 2000.

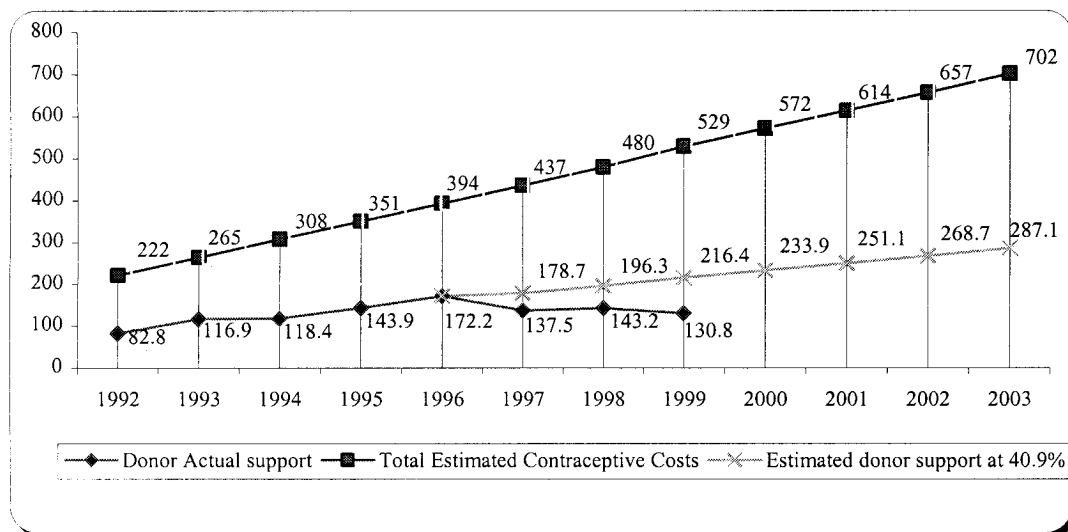
*Note:* These estimates of costs are based upon United Nations population projections and estimates of actual contraceptive prevalence in developing countries. This analysis relates only to contraceptive commodities. The cost of ensuring that good-quality contraceptives reach informed users is additional and not part of this analysis.

Had donors maintained their funding at 40.9 per cent, they would have supplied in 1999 more than \$216 million worth of commodities rather than the actual amount of just under \$131 million – a potential shortfall of some \$86 million.

3. UNFPA has not yet received reports from all donors concerning their commodity support for 2000 and 2001; however, it should be noted that three donor governments—the United Kingdom, the Netherlands and Canada—have provided financial support amounting to approximately US\$80 million for RH commodities and logistics, especially condoms for STI/HIV prevention. These sums, which were provided in response to the potential shortfalls, will be reflected in UNFPA database reports for 2000 and 2001.

4. Demand and supply figures are displayed graphically in Figure 1, where the potential contraceptive gap is clearly apparent. Shortfalls exist at present and will continue to increase unless this trend is reversed.

**Figure 1: Trend of Reported Donor Support for Contraceptives Compared with Estimated Requirements (in millions of dollars)**



5. Contraceptives to meet the needs of developing countries are paid for from only three basic sources: government budgets, donors and individual users. Demographic and health surveys (DHS) provide an important body of information on sources of contraceptive supply, usually broken down in the following categories: government, pharmacy, NGO and other private. These surveys do not reveal the degree to which donor support plays a role as the ultimate source for each recipient category, especially those supplied by Governments. The true extent of the potential gap between demand and supply can be assessed only with improved data on national expenditures and individual private payments for contraceptive commodities. However, it is

difficult to imagine that such shortfalls as depicted in Figure 1 have been totally counterbalanced by an equivalent increase in government or individual private spending.

### **The Reproductive Health Consequences of Contraceptive Commodity Shortfalls**

6. The difference between the contraceptive commodity support that donors had been providing in the early 1990s (an average of 40.9 per cent from 1992-1996) and the level of support actually provided in subsequent years (for example, 24.7 per cent in 1999) is described as a shortfall.<sup>1</sup> If it is assumed that the estimated shortfall of donated contraceptive commodities in 1999, valued at \$86 million, was not met by increases from governmental and commercial sectors, grave consequences affecting the health of women and children in developing countries could have resulted.<sup>2</sup> For purposes of discussion, estimates of the increases in key reproductive health morbidity and mortality parameters are listed here for each \$1 million shortfall in contraceptive commodity assistance.

a.	Increase in the number of unintended pregnancies:	360,000
b.	Additional induced abortions:	150,000
c.	Additional maternal deaths	800
d.	Additional infant deaths	11,000
e.	Additional deaths of children under 5	14,000

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<sup>1</sup>To calculate the consequences, the formulas used in the UNFPA report submitted to the Executive Board, "Meeting the Goals of the ICPD: Consequences of Resource Shortfalls up to the Year 2000" (document DP/FPA/1997/12, 10 July 1997), were employed.

<sup>2</sup>The average cost per user of contraceptives has been calculated at \$1.52 a year. It is assumed that the unavailability of contraceptives, even though other reproductive health services exist in the country, would have an adverse impact on women's reproductive health.



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