

Global Programme to Enhance Reproductive Health Commodity Security

Progress Report 2008



United Nations Population Fund

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Executive Summary

Introduction and Objectives: Since 2007, the Thematic Fund for Reproductive Health Commodity Security [RHCS]—which finances the Global Programme to enhance RHCS—has helped UNFPA work with national governments to carry out the diverse and multi-faceted work needed to achieve Reproductive Health Commodity Security. Previous efforts responding to ad-hoc requests from countries for technical assistance and supplies failed to generate country-driven, sustainable approaches to commodity security.

UNFPA developed the Global Programme, specifically to help countries plan for their own needs in the sphere of RHCS. The Global Programme is designed to act as a catalyst to national action and the prioritisation and subsequent mainstreaming of Reproductive Health Commodity Security into national health policies, programmes, budgets and plans. As a result, countries are beginning to move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies and ensuring their use.

Focus on Stream 1 Countries: To ensure these extra funds have a clear measurable impact, the Global Programme provides multi-year funding to a relatively small number of ‘Stream 1’ countries. These predictable and flexible funds are then used to help countries develop more sustainable approaches to RHCS: ensuring the reliable supply of RH commodities and the concerted enhancement of national capacities and systems.

Of the nine current Stream 1 countries, receiving this country-defined package of medium-term support, Ethiopia, Burkina Faso, Mozambique, Nicaragua and Mongolia have been receiving support since 2007; with Madagascar, Laos, Niger and Haiti joining them in 2008. The selection of two further Stream 1 countries is currently underway. A key cross-cutting activity carried out in all Stream 1 countries in the final quarter of 2008 was the setting of the baseline for a number of key indicators against which progress and the impact of the Global Programme is to be measured over the coming years. *This progress report focuses primarily on Stream 1 countries.*

A large number of other countries are receiving Global Programme funds from Streams 2 and 3.

Stream 2: Stream 2 funding provides support to initiatives to strengthen several elements of RHCS in either one or more countries [providing the possibility of regional initiatives]. Though many countries have benefitted from this targeted support on what has until now been a more ad hoc basis, the formalisation of the selection of Stream 2 initiatives is currently underway. It is expected that during 2009, some 20 initiatives will be selected for funding and implementation will begin.

Stream 3: In 2008, Stream 3 provided about US\$20 million worth of RH commodities to some 60 countries to help them avoid RH commodity stockouts that would otherwise have occurred. The support included 196 million male condoms and 2.9 million female condoms in addition to other contraceptives and maternal health drugs. This emergency fund continues to support countries that face stockouts for reasons such as poor planning, weak infrastructure and low in-country capacity. Over time, UNFPA will seek to demonstrate that requests for funding are falling as in-country capacity and systems improve.

Stream 3 also provides indispensable support to countries facing stockouts due to humanitarian crises caused by natural or man-made disasters – and as UNFPA’s role in disaster relief becomes better defined, the need for this crucial source of support is likely to endure in the medium-term and beyond. As part of specific support to refugees and internally displaced population, UNFPA provided UNHCR with nearly 7 million male condoms and 440,000 female condoms that were distributed in 26 conflict and post-conflict countries.

Mainstreaming RHCS: The package of support defined in each of the Stream 1 countries by the government, with help from UNFPA and other key stakeholders, varies greatly as a function of specific RHCS-related needs and opportunities. In all countries, mindful of the need to mainstream this issue, the focus is less on the definition of a policy document with “RHCS” in the title than on the integration of RHCS into key health sector policies. The opportunities for such mainstreaming vary from country to country and so the policy vehicles by which the Global Programme promotes better RHCS also differ greatly. Progress is slower than desired in a number of cases and while efforts focus on keeping activities on schedule, the explicitly government-led approach of the Global Programme is one which UNFPA and its partners can promote, support and facilitate but not control.

In Stream 1 countries where broad-based efforts to reform and improve health systems and services are on-going, UNFPA has advocated mainstreaming RHCS into such processes and is using Global Programme funds to complement these larger efforts to strengthen elements of the health system. In Ethiopia, Global Programme funds are covering previously neglected RHCS-related elements to complement an ambitious, US\$110 million, five-year Ministry of Health initiative to implement a new health commodity supply system nationwide. In Nicaragua, a National Sexual and Reproductive Health Strategy was finalised in 2007 and Global Programme funds have been used to support the integration of an RHCS component within this broad Ministry of Health strategy. Promoting the mainstreaming of RHCS within the governments own principal policy vehicles also helps ensure the institutionalisation and national ownership of the issue. In Nicaragua, where RHCS-related activities were part of the Ministry of Health annual workplan, it was easier to ensure that the activities were completed.

Coordination and strategic in-country support: With national treasuries already severely overstretched in their efforts to up-grade national health systems and services, there is the ever-present risk that RHCS and related issues will become marginalised and neglected once again. At country level, UNFPA is engaged with a small number of partners [who vary from country to country] to keep the issue on the national agenda. In many cases, a national coordination mechanism [NCM] exists which has within its remit/TORs the issue of RHCS. Challenges abound however and much effort is devoted to addressing them.

At national level, the coordination mechanism often faces one or more of the following problems: [•] there are too few active members of the NCM and they tend to be drawn from those few organisations that have traditionally been most involved in RHCS and related issues; [•] members tend to be operational level with a technical background and little decision-making power; [•] the focus tends to be concentrated on one or more of the following – [i] technical logistics and procurement issues, [ii] contraceptives, [iii] reproductive health; [•] public sector involvement tends to be drawn from the [S]RH team in the Ministry of Health and the team responsible for RH commodity logistics and procurement; [•] there is little or no involvement of those in-country stakeholders involved in the fight against HIV/AIDS; [•] there is no complementary higher level forum with decision-makers in which RHCS is systematically debated, progress reviewed and strategic direction given.

To address these issues, UNFPA is working to ensure that RHCS is on the agenda of higher level fora periodically at national level [two to three times per year would seem reasonable] and that on such occasions key donor partners are able to provide strategic support for RHCS and related issues prioritised by the Global Programme.

Challenges of the new aid environment: The Global Programme is experiencing first-hand some of the challenges inherent in implementing a harmonised, country-driven approach that adheres to the guiding principles of the Paris Declaration on Aid Effectiveness. With a focus on alignment and harmonisation and government leadership, stakeholder control on events is somewhat reduced. For example, some governments try to emphasise harmonisation and government-led processes. It should be stressed though that the delays in implementation of activities which sometimes result are well compensated over the longer-term by the fact that government priorities are being implemented and governments set the priorities. Over time, implementation of policies where donors align with government and national priorities runs a better chance of being sustainable than previous more donor-driven approaches.

The reasons for under-utilisation of funds is sometimes more straightforward. Though Haiti became a Stream 1 country in 2008, no Global Programme funds were used in the sphere of RHCS due to severe weather conditions in the country which hampered progress. This was compounded by the United States decision to substantially reduce funding to the Ministry of Health. It is interesting to note, however, that the crisis which followed pushed the government to undertake to reduce its reliance on foreign aid and to create a budget line for RH commodities.

On a related note, it is also worth mentioning that in the context of health sector reform, where decentralisation of authority to provincial level is set to take place and mindful of how this can disrupt RH commodity supply in reforming countries, UNFPA increasingly recommends maintaining and *strengthening* centralised procurement functions.

Monitoring progress – GPRHCS baseline and RHCS dashboard: Monitoring performance of Stream 1 countries in particular but also the overall impact of the GPRHCS has been a key priority in 2008. In order to ensure a strong results focus in addressing reproductive health, a baseline for RHCS has been established in Stream 1 countries [and a number of other countries]. This will enable measurement of progress made on indicators such: as number of stockouts of supplies; number of service delivery points offering three or more contraceptive options; and levels of national capacity in forecasting and procurement. Additionally, an extensive online monitoring tool was developed in 2008 which facilitates a periodic survey of RHCS-related process indicators. The RHCS Dashboard will be available in early 2009 online as part of the new RHCS pages of the UNFPA website [www.unfpa.org]. This tool goes beyond the country baseline to collect information on such areas as; country office capacity; national action plan for RHCS; logistics and supply management; policy and advocacy. Measuring progress against the baseline and looking at the RHCS Dashboard are designed to provide countries with critical information to improve planning and to encourage proactive corrective action and a focus on results. In Madagascar, it was found that simply creating a solid baseline has already helped ensure a more strategic orientation toward achieving measurable results with an increase in demand-creation efforts that aim to improve the contraceptive prevalence rate [CPR].

Managing national commodity supplies data: The UNFPA-developed *Country Commodity Manager* [CCM] is straightforward software currently used in 89 countries to help manage and report central warehouse commodity data. In addition, to address in-country needs from central warehouse to district level, UNFPA developed and is piloting CHANNEL, a computerised logistics management system, in five countries. The focus on ease of use has meant that these software tools are proving very valuable where the widespread use of existing more sophisticated software [which tends to require substantial training] is not feasible at the present time.

UNFPA reorganisation: 2008 was a transitional year for UNFPA as the planned reorganisation process was implemented, with an increased focus on strong country teams. Regional offices have begun to move from headquarters in New York to the regions, with staff relocations and a new approach to the delivery of technical assistance adapted to the new organisational structure. Although the transition was smooth, it required changes in the implementation of country workplans and technical support modalities. In addition, International Public Sector Accounting Standards [IPSAS], a more rigorous system to be applied throughout the UN by 2010, was adopted. As IPSAS standards dictate that supplies must be received before funds are recorded as disbursed, the procurement process has had to begin much earlier. Internal adjustments are taking place in light of these new requirements and already many solutions have been found to resolve immediate obstacles caused by this new system.

UNFPA continues to face challenges in providing procurement services to governments that request them and much attention has focused on strengthening this facility. UNFPA's vision to build sustainable national systems and capacity for procurement, logistics and all elements of in-country supply management is beginning to take shape – with GPRHCS funds instrumental in helping this happen.

Tackling human resource constraints: A lack of human resources in many countries has also proved to be a major challenge. Mozambique seems to have faced a severe lack of human resources in the Ministry of Health. Ethiopia recruited a new Chief Technical Advisor for RHCS to be placed in the Pharmaceutical Funds and Supply Agency to address the human resource challenge. In many countries, knowledge about logistics management is in particularly short supply. The situation is often compounded when, for a variety of reasons, there is high turnover of those trained. In response to this problem, UNFPA is in the process of identifying several regional and national institutions whose capacity will be developed to provide much needed capacity building on logistics to national counterparts on a continuous and sustainable basis. In addition, the Reproductive Health Supply Coalition, in which UNFPA plays a key role, is developing an initiative for the professionalisation of logisticians in order to raise the status of logisticians and to ensure logistics is defined as a specialised and crucially important profession.

In Ethiopia, implementation of activities to expand reproductive health and family planning services and meet clients' needs is boosted by strong government commitment. The expansion of services has been severely constrained, however, by the lack of adequately skilled health care providers. With GPRHCS funds and technical assistance, the MOH is now providing Training of Trainer courses on Comprehensive Family Planning [encompassing the intra-uterine contraceptive device (IUCD), Jadelle, Implanon and emergency contraception] to develop the human resource capacity of the regions. In 2008, 125 health care providers were trained; another 250 will be in the first six months of 2009.

Building national capacity for better RHCS: Building capacity in country allows for sustainable progress and seeks to reduce reliance on outside technical assistance. In many cases, Global Programme funds were used to train health workers, government officials, local UNFPA staff, and partners in areas such as procurement, logistics management, forecasting RH commodity needs, the use of new or underutilised family planning methods and other critical areas. For example, Ethiopia trained 125 health care providers on Comprehensive Family Planning and 65 on long-term methods of family planning, who will go on to train others in a countrywide effort to expand coverage and variety of contraceptive options. The Asia-Pacific regional office in Bangkok conducted regional trainings on Logistics Management and Information Systems [LMIS] so that representatives from countries were able to return and train others. Afterwards, staff from UNFPA Mongolia organised two local trainings for national partners on use of the CHANNEL software which helps manage RH supplies from central to district level.

Advocacy in support of RHCS including for budget lines for RH commodities: With RH commodities long funded by too few donations from external partners, a budget line for RH commodities is a powerful symbol that governments genuinely value the importance of RH commodities and want to move towards more sustainable financing. In 2008, much targeted advocacy work was carried out at regional and country level resulting in increased support for RHCS particularly by parliamentarians, senior government officials and the media and leading to increased government funding of budget lines for RH commodities. General support for RHCS increased significantly in Uganda, Kenya, Tanzania and Djibouti. In Burkina Faso, the national budget contribution for contraceptives rose from 13% to 32% in 2007 [donors 68%] and to 89% in 2008 [donors 11%]. In Nicaragua, government funds covered 1% of contraceptives used in 2006, about 10% in 2007 and about 36% in 2008. Mongolia's government now purchases commodities to meet over 60% of the contraceptives supplied. Moreover, anecdotal evidence indicates that in countries receiving Global Programme support, RH commodity stockouts are down and the contraceptive use is up. In a number of humanitarian relief situations, Global Programme support has been crucial for the provision of sexual and reproductive health services.

Demand generation: In the area of demand generation, several countries have begun to address the need for better information at the grassroots level, so that individuals can make more informed choices. Many areas still lack quality information about family planning and HIV hinder progress in reproductive health. Burkina Faso made extensive efforts in 2008 with a public outreach campaign using film, radio and theatre that reached 60% of the country's population. In Laos, information campaigns and community outreach have helped to introduce the

concept of family planning in areas where CPR does not keep pace with supply availability [CPR at only 35% while availability of contraceptives is as high as 96%], because many people are not familiar with modern methods. Niger has implemented an information campaign to reach currently underserved groups, targeting rural communities and the military. In addition to these efforts, in many countries RHCS efforts are combined with Comprehensive Condom Programming to prevent HIV and generate demand for male and female condoms.

Developing synergies: As stated, the Global Programme is designed to help catalyse in-country action towards the prioritisation and mainstreaming of RHCS into national health policy. These additional funds are explicitly designed to complement the work of the UNFPA Country Programme and other in-country work to improve sexual and reproductive health in general. In addition, the Global Programme has increasingly strong operational links with the separate but very much complementary work financed by UNFPA's own Maternal Health Thematic Fund [MHTF]. In Madagascar, a GPRHCS Stream 1 country and a MHTF first wave country, the support provided is closely integrated. This approach of seeking and developing synergies is to be further developed from now on.

Comprehensive Condom Programming: Another initiative that complements the Global Programme and may be seen as an integral part of it is the Global Condom Initiative to intensify comprehensive condom programming [CCP] for HIV prevention and dual protection. Much of the funding for this work comes from the UNAIDS Unified Budget and Workplan [UBW], combining in a Joint Programme the work of the ten UNAIDS cosponsors to maximise the coherence, coordination and impact of the UN's response to AIDS. With a distinct management structure, though with full coordination with the Global Programme where in-country work overlaps, UNFPA's work in CCP continues to make an important contribution globally.

Based on UNFPA's comparative advantage in the unified AIDS response, the ten-step process to scale-up comprehensive male and female condom programming for the prevention of HIV and unintended pregnancy is ongoing in 55 countries [23 in Africa, 23 in the Caribbean, 7 in Asia, 2 in Latin America]. For the third consecutive year, access to female condoms has dramatically increased and reached the record number of 33 million in 2008. Despite the difficult economic situation in Zimbabwe, as of 2008 the country has the largest female condom distribution programme per capita increasing distribution from 2.2 million [2006] to 3.5 million [2007] to 5.2 million [2008]. In the same period, a number of other countries have also doubled or tripled access to female condoms for women and girls. Partnership with a number of other partners is helping to maximise access to male and female condoms through public, civil society, social marketing and private sectors. Particular efforts were made to reach populations in remote and rural areas with targeted distribution programmes for vulnerable and marginalised populations including those most at-risk.

Stronger Partnerships: In its work in the sphere of RHCS, UNFPA is developing increasingly strong partnerships at country, regional and global level, to develop new and better approaches to help countries achieve RHCS. All RHCS regional and global work is designed to facilitate better RHCS at national level.

Regional Centres of Excellence: As mentioned before UNFPA is placing increased emphasis on building the capacity of regional institutions that can provide technical support to national RHCS efforts. This strategy takes inspiration from the example of Indonesia's International Training Centre of the National Family Planning Coordination Board [BKKBN] which provides training courses on a wide range of RHCS components in the Asia Pacific region. Efforts are underway to build the capacity of a number of regional institutions in other parts of the developing world. In Africa, for example, strong and successful partnerships were further developed in 2008 with the following regional economic institutions: the East Africa Community [EAC]; the West Africa Health Organisation [WAHO]; the Inter-Governmental Authority on Development [IGAD]; and the Southern Africa Development Community [SADC].

Reproductive Health Supplies Coalition: At global level, UNFPA continues to play a key role in the Reproductive Health Supplies Coalition [RHSC], a global partnership of more than 70 multilateral and bilateral organisations, private foundations, national governments, civil society groups and private companies [see www.rhsupplies.org].

UNFPA has been particularly involved in: [1] development of two mechanisms that address key hurdles to RH commodity security – the *Pledge Guarantee for Health* helps developing countries to access supply finance when they need it, while *AccessRH* helps them secure favourable pricing and purchasing terms even when procuring low- or limited-volumes of supplies; [2] development of innovative approaches to address the increasingly acute budget constraints many countries are facing in the areas of SRH and RHCS – the *Total Market Initiative* aims to encourage better coordination and collaboration among RH/FP service providers from the public, private and NGO sectors to reduce overlaps and better target the delivery of services to those who need them, with particular focus on raising access and equity among the most marginalised communities; [3] definition of a Global Advocacy Strategy for RH supplies, building on a recently completed mapping exercise of the current situation; and [4] the prequalification of Condom and IUD factories to help country governments select quality supplies, encourage higher volume quality commodities purchases and help reduce costs.

Global initiatives: At global level, UNFPA has also been instrumental in: [•] a collaboration with the World Health Organisation [WHO], launched in 2008, to review access to a core set of critical, life-saving maternal/RH medicines [Oxytocin, Ergometrine and Magnesium Sulphate], beginning in four selected countries; [•] development of a Unified Health Model [with UNICEF, WHO, World Bank, UNDP, UNAIDS] to support health economics and costing.

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