
Reproductive Health Commodity Security: Partnerships for Change

A Global Call to Action



UNFPA

United Nations
Population Fund

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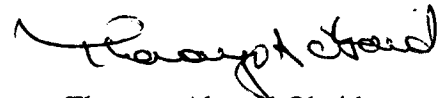
FOREWORD

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.

A handwritten signature in black ink, appearing to read 'Thoraya Ahmed Obaid', with a stylized, flowing script.

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

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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

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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*),¹ 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).

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