United Nations High Level Meeting on Reproductive Health Commodity Security

New York, New York — 7 and 8 September 2011

UNFPA

Cover: The UNFPA Executive Board heard a statement from the 12 focus countries attending the event, delivered by Her Excellency Zainab Hawa Bangura, Minister of Health and Sanitation, Sierra Leone, in a presentation at the Headquarters of the United Nations in New York.

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CONTENTS

First ladies, ministers of health and parliamentarians numbered among the 80 people present at the first High Level Meeting on Reproductive Health Commodity Security, 7 and 8 September 2011 in New York. It provided an opportunity to share experiences among 12 priority countries in the UNFPA Global Programme to Enhance Reproductive Health Commodity Security. The event included four panel discussions, plenary sessions, a presentation to the UNFPA Executive Board and a Call to Action that voluntary family planning, secured by a steady supply of contraceptives, is a national priority for saving women's lives.

The 12 Stream One countries in the Global Programme are Burkina Faso, Ethiopia, Haiti, Lao People's Democratic Republic, Mali, Madagascar, Mongolia, Mozambique, Nicaragua, Niger, Nigeria and Sierra Leone. In opening remarks, Dr. Babatunde Osotimehin, Executive Director, UNFPA, called on the 12 countries to put resources in their budget to meet the needs of their women and girls.

Key points:

1. Dramatic increases in the use of modern methods of contraception are widely reported by participating countries. In Niger, the contraceptive rate increased from 5 per cent in 2006 to 21 per cent in 2010. In Madagascar, it rose by 11 percentage points from 2004 to 2009, when it reached 29.2 per cent.
2. Supplies are reaching more people in the right place at the right time. In Burkina Faso, the number of health clinics reporting no shortfalls or stock-outs increased from 29 per cent in 2009 to 81 per cent in 2010.
3. Access to appropriate methods is improving. In Nicaragua, the percentage of service delivery points offering at least three modern methods of contraception increased from 66.6 per cent in 2008 to 99.5 per cent in 2010. In Ethiopia, the increase was from 60 per cent in 2006 to 98 per cent last year.
4. Country-driven initiatives include training and computers for stronger supply delivery in the national health system, awareness campaigns and advocacy for national policies, strategies and dedicated lines in national budgets for contraceptives.

Objectives:

- Provide an opportunity for High Level Officials of GPRHCS Stream 1 countries to discuss country achievements and share experiences with each other, the UNFPA Executive Board, UNFPA donors and other UNFPA major partners;
- Brainstorm and agree on the most effective strategies for ensuring even greater successes;
- Produce a joint declaration of commitment in support of family planning, reproductive health commodity security, and sexual and reproductive health (FP/RHCS/SRH) in their respective countries.

Expected outputs:

- Achievements, lessons learnt and challenges shared among delegates and with the UNFPA Executive Board, UNFPA Donors and other UNFPA major partners;
- Increased understanding by delegates about UNFPA and GPRHCS;
- Increased understanding by Executive Board and other partners about the implementation of RHCS in beneficiary countries;
- Most effective strategies for ensuring successful FP/RHCS/SRH interventions identified and agreed upon for further action;
- Declaration made in support of intensification of FP/RHCS/SRH interventions.

Opening Ceremony

From left to right: Mrs. Helen Onma Mark, spouse of the Senate President of Nigeria; Mrs. Sia Nyama Koroma, First Lady of Sierra Leone; Dr. Babatunde Osotimehin, Executive Director, UNFPA; Ms. Julia Bunting, Leader of the AIDS and Reproductive Health Team at DFID

2.1 Mr. Werner Haug
Technical Division, UNFPA

Mr. Werner Haug, Director of the UNFPA Technical Division, welcomed participants to the Opening Ceremony. "This meeting is very important because it is the first of its kind at which eminent personalities, first ladies, ministers of health and parliamentarians are together in one room discussing an issue that is at the heart of UNFPA: ensuring reproductive health commodity security," he said. He explained that UNFPA works in partnership with governments, other agencies and civil society to provide integrated support for reproductive health, gender equality and population and development strategies. A specific focus of UNFPA support to countries is to achieve RHCS, and this meeting provided a unique opportunity to share the experiences in the GPRHCS, a UNFPA "flagship programme" currently working in 45 countries, including 12 Stream 1 countries receiving multi-year support, 33 Stream 2 countries receiving targeted support and a number of Stream 3 countries receiving emergency support. Progress has been particularly encouraging in the Stream 1 countries, Mr. Haug said, where building a strong foundation for RHCS is high on the national agenda. He thanked participants for attending this meeting, held at the mid-term of the programme to chart the way forward."

> *"This meeting is very important because it is the first of its kind at which eminent personalities, first ladies, ministers of health and parliamentarians are together in one room discussing an issue that is at the heart of UNFPA: ensuring reproductive health commodity security."*
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> - Mr. Werner Haug
> Director, Technical Division, UNFPA

2.2 Dr. Babatunde Osotimehin
Executive Director, UNFPA

Dr. Babatunde Osotimehin placed the meeting in context of UNFPA and human rights. "The matter before us deserves soul-searching and speaking from the heart," he began. "I want to speak to the issue of maternal health, maternal survival, family planning and reproductive health as it effects the most vulnerable in the world today." Access to information, access to choices, access to commodities and the ability to control and take charge of their lives are too often denied women and girls, he said. With the start of the Global Programme, UNFPA and countries have seen progress grow since 2007, such as: "How small investments can make such a large difference in the life of people, particularly women. How we have been able to reach many more women. How a country's contraceptive prevalence rates have just gone up. How we have reduced maternal mortality because of that, and how we have also reduced unsafe abortions in many countries because of that." This progress is something to celebrate, he said, but 215 million women want family planning and they are not getting it. "Family planning to my view is a human right; the right of everybody to determine how she wants to lead her life."

Giving context to the challenge, he turned to world population: "As of the 31st of October this year, the world will have a population of 7 billion. 1.8 billion of them are young people. 90 per cent of them live in your countries in the developing world. That implies that 1 billion young women are actually seeking for the information and service that we are here talking about," he said, pledging UNFPA support.

> *"Family planning to my view is a human right; the right of everybody to determine how she wants to lead her life."*
>
> - Dr. Babatunde Osotimehin
> Executive Director, UNFPA

2.3 H.E. Mrs. Helen Onma Mark
Spouse of the Senate President of Nigeria, on behalf of First Lady Dame Patience Jonathan

Mrs. Helen Onma Mark opened the statement on behalf of the First Lady of Nigeria noting the good timing of the meeting among events with direct bearing on maternal and child health. She wished success to the meeting in helping to achieve the goals of the Global Programme to Enhance Reproductive Health Commodity Security. "Since voluntarily signing on to the GPRHCS in 2007, and we have UNFPA and the United Nations as a whole to thank for championing the RHCS initiative, Nigeria has made tremendous progress in the effort to provide affordable and qualitative reproductive health supplies for women who request and require them. In addition to commodities provision, we also continue to take advantage of the opportunities for capacity development, training, awareness-creation and monitoring that are integrated into and provided by RHCS project," she said. Mrs. Mark noted that the Nigerian Government's recent allocation of $4 million and the establishment of training facilities in RHCS processes in some states are evidence of commitment to the cause.

Providing for more than 35 million women of reproductive age is a vast challenge, to which Nigeria is responding in many ways: establishing a national policy and guideline, strategic plan, budget line for procurement of reproductive health commodities; strengthening of the health care delivery system to provide essential services in antenatal care, facility delivery and family planning; development of a functional contraceptive logistics management system; recruitment, training and deployment of thousands of nurses and midwives to 1,000 health facilities across the country; advocacy and awareness creation. Other areas of progress include investments in the HIV/AIDS response and a national agenda in which the health of women and children is a main plank of the health sector.

2.4 H.E. Mrs. Sia Nyama Koroma
First Lady of the Republic Sierra Leone

The First Lady extended her condolences regarding the bomb attack on the UN headquarters in Abuja, mourning the loss of precious lives. She highlighted recent progress in reducing maternal and infant mortality. "A few years back, Sierra Leone lagged significantly with unacceptable high rates of maternal and infant mortality, which contributed to our being at the bottom of the human development index. Today, I am pleased to inform you that we are moving in the right direction, and collectively we are changing the face of maternal and child mortality and morbidity in Sierra Leone," she said. Recognized as a passionate advocate for improved maternal health, reduced child mortality and the empowerment of women, the First Lady described her most recent endeavour – the Women's Initiative for Safe Health, or WISH, to improve women's reproductive health outcomes.

Turning to reproductive health commodities, the First Lady highlighted the success of GPRHCS-supported efforts. "The high maternal mortality rate in Sierra Leone is partly due to the weak reproductive health commodity security system, including the non-availability of reproductive health commodities, lack of storage facilities, weak distribution systems for commodities and a weak logistics management information system. I must commend UNFPA and other health development partners for the results of the Global [Programme on] Reproductive Health Commodity Security, for example the inventory and control management software, CHANNEL. This has improved the tracking of stock-outs and reporting of commodities, increased accountability in the use of commodities and improved storage conditions at 12 out of 13 district medical stores by equipping and making them functional. This has also increased the uptake of family planning and other reproductive health programmes such as fistula activities and the screening of patients for breast cancer."

2.5 Ms. Julia Bunting
Representing Bilaterals and Partners

Representing the donor community was Julia Bunting, Team Leader of the AIDS and Reproductive Health Team in the Policy and Research Directorate of the Department for International Development (DFID), a department of the British Government. She is Coalition Chair of the Reproductive Health Supplies Coalition, setting the vision of the Hand-to-Hand Campaign to reduce unmet need for family planning. She placed the Global Programme on RHCS in the context of other processes contributing to improve the health and save the lives of women and children, including the UN Secretary General's Global Strategy on Women's and Children's Health. "The Global Programme is an important contribution to that Global Strategy," she said. In these difficult economic times, she emphasized the need to communicate the results that this money is buying with taxpayer's dollars. "Women's and children's health is something that is very easy for people to understand. They understand that if you give a dollar you can vaccinate a child and save a life. They understand about being able to provide reproductive health commodities. But we collectively need to demonstrate the results, the value for money that we are getting from this programme.

The funding gap is about $460 million per year, she explained, and Ministers of Finance need to be presented with data that demonstrates value for money. Investments in family planning and reproductive health, investments in improving maternal and newborn health, pay dividends not just for those women but for their families, their communities, their nations and ultimately for their economies. "The value of the market for nail polish in the US is worth about $460 million per year. So, for the same value that we pay for nail polish in the US we can provide women around the world with essential reproductive health supplies," she said. She emphasized the importance of working together to demonstrate that progress can be made.

Setting the stage

3.1 Introduction by Mr. Jagdish Upadhyay

Chief, Commodity Security Branch, UNFPA

Reproductive health commodity security is similar to the concept of food security, explained Mr. Jagdish Upadhyay of the UNFPA Commodity Security Branch as he welcomed participants and introduced the first session of the day. "It is similar to the concept of food security. Commodity security means that we must have the consistent availability of commodities, they should be affordable and all individuals should be able to use them whenever they need them. The concept of RHCS inherently includes both supply and demand," he said. The types of commodities provided include contraceptives, including male and female condoms, life-saving maternal health medicines and equipment. In the meeting, he explained that participants would hear about a number of issues:

- Saving women's lives and preventing infections, including HIV, by improving access to essential supplies;
- Mobilizing additional resources, with the aim that everyone who wants to delay or limit pregnancy can use the contraceptive they want;
- Ensuring that commodities reach people, to that 'last mile' beyond the district level, aided by logistics tracking systems;
- Promoting informed choice and for people who chose to use contraceptives, making them affordable, safe and of high quality;
- Increasing access to RH commodities not only to easier-to-reach people in cities, but also to those in more difficult-to-reach rural areas, to the less educated and to those who cannot afford to pay.

3.2 Overview of UNFPA

GPRHCS and Interventions in Stream 1 Countries by Dr. Kechi Ogbuagu, Coordinator GPRHCS

Dr. Kechi Ogbuagu invited the distinguished participants to be informal, as a family committed to making a difference. Three videos set the stage. She defined reproductive health commodity security as "making sure that all individuals can obtain and use affordable, quality supplies of their choice and whenever they need them". RHCS is pivotal to the ICPD, the International Conference on Population and Development. It is pivotal to our ability to achieve the MDGs. And it is crucial for addressing the issues of the large unmet need for services, particularly family planning services, which exist in many of our countries, she explained. Many initiatives are engaged in meeting this unmet need, such as the UN Secretary General's Global Strategy for Women's and Children's Health and the HANDtoHAND Campaign to which UNFPA contributes through the Reproductive Health Supplies Coalition. UNFPA's response to the need for RHCS is the Global Programme to Enhance Reproductive Health Commodity Security, which is one of two thematic funds in UNFPA. The GPRHCS:

- pools funds from multiple donors
- provides a flexible, multi-year funding source
- promotes country-driven action
- promotes national ownership as a key principle
- focuses on national capacity and systems
- catalyses national action to mainstream RHCS
- bridges from donor dependency to new aid approaches
- moves towards unitary supply systems to improve efficiency and work across programmes

GPRHCS provided sustained support to 45 countries in 2010, including 12 Stream 1 and 33 Stream 2 countries. Some additional ad-hoc support was provided to Stream 3 countries.

- Stream 1 – multi-year funding to help develop sustainable RH supply systems

- Stream 2 – support to initiatives to strengthen targeted elements of RHCS, based on country context
- Stream 3 – emergency funding for RH commodities

Overall political and financial commitment to GPRHCS continued to rise in 2010 despite the challenges of the global financial crisis. Results-based programming and reporting are key priorities. The framework for the Global Programme sets out to measure results against established goals and targets. This enhances results-based monitoring and accountability.

Results measured by the programme:

- Contraceptive prevalence rate (CPR) increased substantially in several Stream 1 countries (Madagascar, Ethiopia, Niger and Mozambique), where DHS show a successive upward trend;
- In 10 countries, three modern methods of contraceptives were available in at least 80 per cent of service delivery points (SDPs);
- In nine countries, five essential maternal health drugs were available in more than 60 per cent of SDPs;
- Clear increase in number of facilities without stock-outs of contraceptives (5 out of 11 countries).
- 11 countries have national strategic plans in place for RHCS under government leadership and with the involvement of relevant stakeholders;
- Functional coordinating mechanisms for RHCS exist in 10 of 11 Stream 1 countries.

Dr. Ogbuagu described successful initiatives in several countries that have been benefited from GPRHCS support. A campaign in Burkina Faso engages community leaders in theatre events to promote the benefits of family planning. In Niger, the Husbands' Schools (Ecoles Mari) are increasing men's involvement in family planning and maternal health. In Madagascar, a rapid results strategy known as 'Quick Wins', adopted by the Ministry of Health, is improving indicators in six of the poorest regions by improving provision of RH commodities and services, including family planning. In Haiti, reproductive health kits, hygiene-cholera kits and dignity kits are part of the humanitarian response to the devastating earthquake in January 2010. In Mongolia, outreach services ensured availability of services and supplies including modern contraceptives to remote communities. In Mali, efforts to target special groups include the training of army clinicians in contraceptive technology.

Supply systems in Nicaragua are being strengthened by implementation of improved logistics management information systems for a more adequate and reliable supply of contraceptives and RH commodities. In Ethiopia, a remarkable initiative is reaching out to rural communities through trained Health Extension Workers, for whom a special focus has been training for the insertion of a long-acting contraceptive implant. In Lao PDR, in order to respond to the unmet needs in remote areas, there is a widespread effort to expand community-based distribution (CBD) of family planning services through trained village CBD agents. A focus on LMIS is strengthening the delivery system in Sierra Leone, where training participants learn to use CHANNEL computer software at workshops. A range of activities in Mozambique are bringing down the maternal mortality rate. Nigeria is addressing the challenges of its large and youthful population, with a focus on communication skills aimed to improve the quality of family planning services and promote access to a wider range of commodities at facilities - with young people a special target group.

These examples are a clear demonstration from many countries of measurable success based on national efforts. They show an improved ability to mobilize others in support of RHCS, family planning and SRH, given support from the Government. They also make a significant contribution to the improvement of access to commodities and SRH service. However, there is still a serious challenge before us, Dr. Ogbuagu said. Well over 215 million women still have an unmet need for family planning.

The Reproductive Health Supplies Coalition has set an ambitious goal:

100 million new users of modern contraception by 2015.

Meeting this challenge will mean:

96 million
fewer unintended pregnancies

3.3 Presentation on Unmet Need for Family Planning:
The Size of the Problem by Mr. John Ross, Senior Fellow, The Futures Group International

Mr. John Ross defined the term unmet need: "Think of a woman who is around age 30 who has had four children and needs another 10 to 15 years of protection. She is cohabitating, she is exposed, she does not want another child (either never or she does not want one now) – you have a person who has obvious unmet need. She may not have very good access, she lives too far, the distance is too great, the cost is too high – so there is an unmet need."

About unmet need for contraception

- Many women do not want to get pregnant, but they are not using any contraception
- They are fecund, usually married or cohabiting; others are single
- Some want just to delay the next pregnancy, but others want to stop completely
- Some use rhythm or withdrawal methods, which often fail, producing abortions
- In all developing countries there are 215 million women with unmet need
- Many are having unplanned/unwanted pregnancies, resulting in some abortions, maternal deaths, high risk births and infant deaths

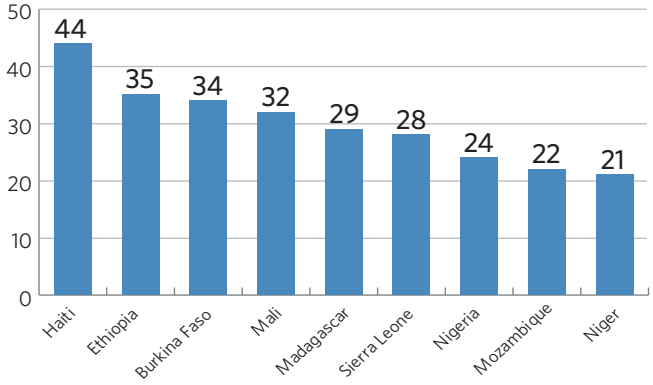
Unmet need is greater in rural areas, greater in low-education groups, greater among the poorest quintiles, and contraceptive use is least for them. Programme shortfalls are greatest for the rural, poor, and low-education groups.

One measure of unmet need is the percentage of married women who want no more children or whose last child was unwanted or ill-timed. Another measure is about access. Half of the population with unmet need lacks ready, reliable access to particular contraceptives, e.g. sterilization and IUDs.

The Reproductive Health Supplies Coalition launched the HANDtoHAND campaign to reduce unmet need by adding 100 million additional users of modern contraception by 2015. This campaign builds on the UN Secretary General's Global Strategy for Women and Children's Health and supports MDG 5 to reduce maternal mortality. Reducing unmet need by 100 million additional users would mean, between 2008 and 2015: 96 million fewer unintended pregnancies, 54 million fewer abortions, 110,000 fewer mothers dying in pregnancy and childbirth, and 1.4 million fewer infant deaths.

Increased contraceptive use requires high level commitments, policies, funding, and programme implementation. Stronger family planning programmes are the key, with private sector involvement. The final tests are the delivery of multiple contraceptive methods, through multiple channels, with full public information and access. There is a cost to meeting unmet need. Factor in commodity costs, personnel costs and the costs of building up the supply systems. Reduced unmet need through increased contraceptive use is key, and it will hasten progress to reduce maternal and child mortality.

Percentage of married women with unmet need for modern methods of contraceptive in the 12 Stream One countries of the GPRHCS



54 million *fewer abortions*

10,000 *fewer mothers dying in pregnancy and childbirth*

1.4 million *fewer infant deaths*

- Mr. John Ross, Senior Fellow, The Futures Group International

Discussion Session: Mobilizing Political and Stakeholder Commitment

High-level officials hold a panel discussion on the theme of scaling-up maternal mortality reduction efforts through reducing unmet need for family planning

4.1 Mobilizing Political and Stakeholder Commitment for Sexual and Reproductive Health including Reproductive Health Commodity Security

RHCS is a powerful platform for reducing unmet need and achieving reproductive rights, but it is donor dependent. However, the actions are driven by vigorous and committed support at the highest national levels. The session facilitator, Mr. Benoit Kalassa of UNFPA, asked, "How do we win sustained political and financial commitment for RHCS? What is the nature of the government commitment to RHCS? Who are the key leaders for RHCS within government, at national or decentralized level? What are implication for policy and programming?" The facilitator asked the panel members from Mali, Nigeria and Sierra Leone to respond to these questions.

4.2 H.E. Madame Madeline Diallo Ba
Minister of Health, Mali

Reproductive health is at the core of health issues in Mali, the Minister said, and constitutes a major road in addressing issues of poverty. She underlined the personal engagement of the President to promote health issues for the population in general and in particular for the promotion of reproductive health, and noted that the First Lady is especially concerned with children and mothers and the reduction of maternal and child and neonatal mortality and morbidity. The Ministry of Health has put in place a strategic plan for 2011–2015 with four major components: (1) family planning, (2) STIs, notably HIV/AIDS, (3) obstetric and neonatal care and (4) blood supply management and logistical capacity. Also, the national commitment of the Government is to finance from 10 per cent to 15 per cent of the global procurement of contraceptives, as are efforts to make available at lesser cost the commodities for family planning, free C-sections, free anti-retroviral drugs to fight mother-to-child transmission of HIV. The Government is also taking responsibility for malaria for pregnant women and children under 5 and also for cervical cancer screening. Import barriers for essential medicines, products and materials for RH have been lifted. Mali has taken the position to increase efforts to space births to improve the health of women and children, in order to substantively decrease maternal, child and neonatal morbidity and mortality.

4.3 H.E. Mr. Linus Awute
Permanent Secretary of the Ministry of Health, Nigeria

Representing the Hon. Minister of Health, Mr. Linus Awute noted the auspicious timing of this meeting, supporting countries as they make a "high jump" to achieve the MDGs. He said that maternal mortality and unmet need are high because "the issue of contraceptive use is not being embraced and appreciated the way it ought to" for a huge population. Nigeria is addressing the challenge by focusing of key areas, he explained, including a focus in on leadership and governance with a strategic development plan for RHCS with key deliverables, carefully costed, that is seeing results. He described the complexities of working with multiple levels of government, and a focus on an advocacy approach with disaggregated data, which is helping each level to be able to see the whole picture of its own indexes and to embrace its responsibility. Another strategy involves financing, with dedicated funding for reproductive health commodity security. The distribution system is working and national structures are in place in 774 local government areas with trained staff. A pilot-based project for implants is underway. He also noted that an intensified commitment to health promotion will include reproductive health in its advocacy for awareness-raising and sensitization, which will also increase demand.

4.4 H.E. Mrs. Zainab Hawa Bangura
Minister of Health and Sanitation, Sierra Leone

The Government, with support from Parliamentarians, has introduced a free health care initiative for pregnant women, lactating mothers and children under 5. It has already led to a 300 per cent increase in the number of deliveries in institutions, contributing the reduction of maternal and infant mortality by over 60 per cent within one year. The country's largest hospital referral hospital for maternal and infant care saw 9,000 women between January and August 2011 compared to its average of 800 women in a year. Repositioning family planning was part of the preparation for the free health care initiative. The country is renovating 14 of 20 referral hospitals, building 35 new community health facilities and working to improve the standards and quality of care in 65 health facilities. UNFPA has provided computers, air conditioners and equipment in distribution facilities. Delays at the seaport are being reduced from six months to two weeks, by taking containers to the national warehouse where customs officers can inspect them more efficiently.

The Minister is actively promoting RHCS, including through extensive travel, and is specifically seeking a national budget line for reproductive health commodities. With the leadership created by the President, First

Lady, Ministry and Members of Parliament, reproductive health has become a key priority in the agenda for change. She commended UNFPA for promoting the use of CHANNEL, which is now used as the national inventory control management software for the integrated procurement supply chain management in Sierra Leone. CHANNEL software has been installed in the Minister's office, she explained: "I can now monitor the movement of health commodities across the country from all our 1,300 health facilities from my office." It also has been installed at the central medical store, all districts medical stores and all Government hospitals across the country with the support of UNFPA.

> *"I can now monitor the movement of health commodities across the country from all our 1,300 health facilities from my office." CHANNEL is now used as the national inventory control management software for the integrated procurement supply chain management.*
>
> - Hon. Zainab Hawa Bangura
> Minister of Health and Sanitation, Sierra Leone

4.5 Plenary discussion

Points made by participants and panellists during group discussion include the following:

- Political commitment should lead to national ownership, participants said, which is key to sustaining and increasing funding to heath systems overall, to reproductive health and to RH commodities. An example was offered from Sierra Leone, where the private sector, NGOs and other partners have collaborated to make the most of strengths, with a monthly review of benchmarks that supports the President's leadership.
- Partnership is also important at the community level. The local population has taken charge of some 700 community-level centres throughout Mali.
- Mobilizing commitment may start with systems. The use of a primary health care approach in rural Nigeria, for example, has helped to address inequity in access to health services with facilities upgraded and equipped, and training to build human resources.
- Partnership with the private sector could be successful. In Mali, partnerships with mining companies, foundations and the Malian diaspora that intervenes on a local basis are structures that bring the private sector to the development of health and reproductive health in particular.
- Countries noted increased political commitment, with reproductive health and RHCS increasingly reflected in national programme plans and budgets, and with governments taking steps to assure the flow of commodities to increase access, availability and utilization.

Discussion Session: Mobilizing and Committing Financial Resources

Participants at the UN High Level Meeting on Reproductive Health Commodity Security.

5.1 Mobilizing and Committing Financial Resources for Reproductive Health Commodity Security

Ms. Argentina Matavel of UNFPA asked, "How do we effectively mobilize resources in the current environment, with donor fatigue, where donors are facing challenges with the financial crisis in their own countries that is still going on? How do we secure resources specifically for reproductive health commodities, when countries have multiple needs? How do we mobilize the private sector? How do we ensure partnership from communities, and enable communities to demand from their legitimate representatives that RH commodities are important? How do donors manage to convince taxpayers that they should still put money out there for our countries?"

5.2 H.E. Médecin General de Brigade Pascal Jacques
Minister of Public Health, Madagascar

The Minister explained that in Madagascar, donors left the country in December 2008 and the crisis started in February 2009. In December 2009, the World Bank stopped all involvement in Madagascar. How to manage the little resources we have now? The President and the Ministry of Finance know very well that the wealth of the country is with its population. But a population that cannot produce cannot contribute to the nation. Therefore priority programmes are health programmes. The Minister described one example: the distribution of health products, including RH products. Madagascar has a centralized purchasing system that works well and manages to distribute to the district and community level. The country is receiving some benefit from mining, with a 2009 agreement with the mining companies for $100 million to be used for the construction of the new hospitals so people in the provinces can receive health care. Before this, everybody had to travel to the capital city. Also, the construction of roads is in part being financed by mining companies. The Government has made health a priority. In order to build trust with its partners, it is using the CHANNEL system for control, transparency and follow-up so that partners can see what's being done and the need for it. Today WHO and UNFPA are trusted and permanent partners who can see the efforts being made by members of the Government, and by the President of the Republic himself.

5.3 H.E. Dr. Bertrand Sinal
Health Commission President of the Chamber of Deputies, Haiti

The Hon. Deputy Dr. Bertrand Sinal voiced the commitment of the President of the Republic, Michel Martelly, who has worked with lawmakers to make health, especially RH, a cross-cutting issue of his Government's policy. In Haiti, in spite of all previous efforts, only 24 per cent of women in union have access to modern methods of contraception. After the devastating earthquake of January 2010 – to which were added a number of hurricanes and the devastating consequences of cholera – field studies have demonstrated that fertility rate was 4 per cent and has doubled in metropolitan areas. In the areas most hard-hit by the earthquake, the metropolitan area, the population in the camps is 52 per cent women, and 49 percent of these women no longer want to have children or lack the power to be able to control when to have children. More than 55 per cent do not have access to long-term modern methods. The Minister explained that Haiti has completed a strategy of education and employment-creation to help reduce maternal, child and neonatal mortality, and give better health to children. While still benefitting from financial and technical resources from GPRHCS, the challenge is to have the Government of Haiti working with the Ministry of Finance and Ministry of Health for creation of a budgetary line for RH commodities. Efforts will also be made to put in place an integrated management system for commodities at the national level.

The Government has made health a priority. In order to build trust with its partners, it is using the CHANNEL system for control, transparency and follow-up so that partners can see what's being done and the need for it. Today WHO and UNFPA are trusted and permanent partners who can see the efforts being made by members of the government, and by the President of the Republic himself.

- Médecin General de Brigade Pascal Jacques
Minister of Public Health, Madagascar

5.4 Ms. Elly Leemhuis-de Regt

Senior Advsior, Sexual and Reproductive Health and Rights, Ministry of Foreign Affairs (DSO), Netherlands

Sharing experiences based on her experience as a civil servant in the Government of the Netherlands, Ms. Leemhuis-de Regt said that given enormous budget cuts, she must be able to make the case for reproductive health, and for reproductive health commodities. "You have to prepare many different messages to reach different audiences. I am extremely happy this gathering is taking place so we can help each other to create the messages, to find the arguments, and illustrate the arguments with country examples which we are hearing now and which you are sharing with us now," she said. UNFPA is helping to make the case by providing not only country stories but also data and economic figures about the benefits of investing in family planning. Mobilization and commitment of resources have to be followed by disbursements, spending and accounting for spent funds. Taxpayers want results. She also noted with concern the situation of reproductive health commodities in humanitarian situations for refugees, internally displaced people and people hit by natural disasters – calling for more funds in Stream 3 in the GPRHCS.

> *"You have to prepare many different messages to reach different audiences. I am extremely happy this gathering is taking place so we can help each other to create the messages, find the arguments, and illustrate the arguments with country examples."*
>
> - Ms. Elly Leemhuis-de Regt
> Senior Advisor, Ministry of Foreign Affairs, Netherlands

5.5 Plenary discussion

Points made by participants and panellists during group discussion include the following:

- Mobilizing resources to meet the needs of hard-to-reach remote and rural populations was a challenge noted by several countries. In Mongolia, for example, such challenges are exacerbated by the harsh winter.
- Reducing dependency on international assistance is a future goal.
- Making RHCS a priority remains a challenge in countries affected by man-made and natural disaster. The situation in Haiti was described, where some 500,000 people live in tents, increasing women's vulnerability to gender-based violence and unwanted pregnancies.

Discussion Session:
Strengthening Integrated Systems

Participants at the UN High Level Meeting on Reproductive Health Commodity Security.

6.1 Strengthening Integrated Commodity Supply Management Systems for the Health Sector

The UNFPA facilitator, Mr. Cheikh Tidiane Cisse, asked, "What actions have been taken in your country to establish integrated supply management systems?" Any time we talk about 'integration' we are facing a lot of challenges. He explained that a secure supply of reproductive health commodities requires capacity and system enhancement in logistics management functions such as forecasting, procurement, storage and distribution, identification of sources of quality reproductive health commodities, and also improving of service provider's skills, and monitoring and evaluation. These activities require a strong emphasis on national capacity building and development of sustainable national systems' mechanisms and procedures. He said the aim is to improve efficiency by enhancing product availability. Separate, vertical approaches often overlap in inefficient ways with a lot redundancy, suggesting a need to replace multiple parallel processes with one system. This is a complex and gradual process requiring the stakeholders to reach consensus on, for example, which LMIS to adopt, promote and roll out. The panellists would present good examples of integration. Discussions noted problems with budgets, redundancies in systems that require further integration, challenges in the civil service and examples of progress in Ethiopia and processes in Mozambique.

6.2 H.E. Mr. Tekeda Alemu
Ambassador Extraordinary and Plenipotentiary Permanent Representative, Ethiopia

Ethiopia's health sector development underscores the need to ensure that essential medicine – drugs and contraceptives – are accessible, effective, of quality and prescribed and used rationally, the Minister said. He described the newly formed pharmaceutical fund and supply agency, which focuses on health care commodity procurement and distribution, fund management, building capacity at health centres, and improving forecasting and evidence-based and rational use by providers. UNFPA, through the Global Programme, and other partners such as USAID-Deliver, have been a major source of support for helping the agency move from unexpected stock-outs and stagnant RH indicators towards a more predictable, planned and country-driven approach for securing essential supplies. He noted that the Family Planning technical working group plays a key role and included many important partners. The country finalized a logistic master plan in 2008. Pharmaceuticals including family planning and RH commodities have been procured in bulk and delivered directly to service distribution points, warehouses have been constructed, and an integrated system has been developed, towards one public health supply chain delivery. "The smallest units of health care delivery, the health posts, are reached through this integrated logistics system, thus making is possible for end-users to easily access RH family planning commodities through Health Extension Workers who have been deployed all over the country in the thousands," he said.

6.3 H.E. Médecin General de Brigade Pascal Jacques
Minister of Public Health, Madagascar

Madagascar conducted an analysis of its logistics management information system, seeking integration. Analysis showed there was a centralized procurement system, political will for the integration of commodities, a manual for quantification of commodities needs, a committee for logistics that met regularly, and a logistical system decentralized to regions and health districts. There was also technical and financial support from UNFPA. However, several parallel systems of information and logistics existed for vertical health systems, the social and political crisis in January 2009 had ended some financial support, the ability to stock warehouse pharmacies at the central and district level was limited. Another challenge was the use by the pharmacies of illegal and parallel sources for supplies. A programme of action was developed for the integration of health commodities for the period 2008-2012. Next, CHANNEL software was adopted for the management of commodities including all 22 regions and 100 districts nationwide. Also, steps were taken to reinforce capacity for procurement of material and human resources. Decentralization of the national budget for the purchasing of medicines in the regions and districts was another action. What were the results? Integration of health commodities for over 60 per cent of vertical programmes; strengthening of capacity for the central procurement of materials, transport, computers and human resources; an increase in available medicine and therefore a decrease in stock-outs; and improvement in the quality of medicines distributed, due to better stock management in the central warehouse.

The county overcame resistance to change by involving all parties and sharing information about the benefits of an integrated approach.

What were the results? Integration of health commodities for over 60 per cent of vertical programmes; strengthening of capacity for the central procurement of materials, transport, computers and human resources; an increase in available medicine and therefore a decrease in stock-outs; and improvement in the quality of medicines distributed, due to better stock management in the central warehouse.

- Médecin General de Brigade Pascal Jacques
Minister of Public Health, Madagascar

6.4 H.E. Dr. Aida Libombo
Minister of Health and Special Advisor for MDG 4&5, Mozambique

Conveying apologies for the Minister of Health, who could not attend, Dr. Libombo presented progress and challenges in the GPRHCS. SRH is a priority, as is the reduction of maternal mortality in the poverty reduction plan and national programme. Mozambique is a Stream 1 country and has received sustained, multi-year funding from the GPRHCS. This has contributed to steadily reducing maternal deaths. Also in terms of family planning, Mozambique is increasing the offerings of at least three modern methods in 2011. An evaluation showed that 98 per cent of primary and secondary level service delivery points have three modern contraceptive methods available, and availability at the tertiary is 100 per cent. The financing of contraceptives is mainly provided by UNFPA and USAID, with UNFPA playing a very important role year after year. She noted the need to increase capacity and retention of staff with logistics background, to improve its LMIS, seeking to make all aspects of the system communicate. The next step towards a secure supply is to support the central warehouse in training in logistics management systems, for relevant personnel at all levels, and developing training tools for LMIS. The country will also finalize the national pharmaceuticals master plan, which includes reproductive health commodities. "In the context of reduction of budget in the public health sector, spending money on contraceptives is still a challenge, a very serious challenge," she said.

6.5 H.E. Mr. Elias Guevara
Vice-Minister of Health, Nicaragua

Nicaragua has made important improvements in its health system and is focused on ensuring that the reproductive health commodities are available, particularly contraception, so that women are able to plan their families and also so that if a woman does decide to become pregnant, to ensure that the necessary medicines are available to avoid any type of complication that can arise. These efforts have contributed to the reductions in maternal mortality. In 2010 some 103 women died in of maternal health causes, much lower than 300 to 400 deaths in childbirth in previous years.

The Vice-Minister emphasized the importance of education, saying that if we do not educate the population, if we do not inform people that these commodities are available and are part of their rights, they will not be used. He described progress in strengthening health services for family planning and maternal and neonatal health care and also care to address cervical cancer and breast cancer and in case of men prostate cancer. The focus is on integrated programmes.

The Government is developing its RHCS policy. Key strengths include the existence of the reproductive health commodity security national coordination committee and a multi-annual reproductive health commodity security plan which is part of the national sexual and reproductive health strategy. In 2011, the Government increased its allocations and is currently contributing 74.2 per cent of the total funds for sexual and reproductive health, the Vice-Minister reported. The availability of at least three modern conceptive methods in health facilities is also increasing.

Improvement in the availability of reproductive health supplies and contraceptives is helping to improve the health of women and girls and maternal mortality in the country.

Contraceptives are also now included in the national essential drugs list, as an integral part of central supplies. This ensures that supplies required by women and couples are available when they need them, allowing women and couples to control the size and spacing of their families.

The logistics management information system covers almost 100 per cent of the health system and health facilities. In difficult regions to reach where it rains nine months of the year, enormous efforts are made. The community health model involves doctors and nurses and involves building the capacity of the local communities to educate our women and about maternal and reproductive health and contraception and ensuring follow-up.

6.6 Plenary discussion

Points made by participants and panellists during group discussion include the following:

- Integration of RHCS into health systems can be aided by the establishment of committees, involved dialogue with concerned parties, and the creation of systems for follow-up with government authorities. Such elements combined with political will and a clear vision have enhanced RHCS in countries such as Madagascar.
- It is important to avoid redundancy and to integrate systems. An example was offered from Ethiopia, where steps to integrate the health system have yielded some results: procurement lead time has decreased, stock-outs at facility-level have decreased; and wastage of commodities due to expired dates has descreased. Also, RHCS has been integrated into studies of health and medicine. Overall, there has been building of national capacity building in procurement forecasting, accomplished with partners. Significantly, the government has used national resources to support RHCS. The extensive programme of health extension workers has taken services to the community level.
- The allocation of funds for RH commodities and systems may need to reflect different situations with different countries. In Mongolia, for example, funds were differentiated as opposed to a blanket allocation in order account for factors such as population, distance and existing infrastructure.
- The integration of churches and faith-based organizations into RHCS plans and activities has enhance ownership and helped to raise funds for reproductive health information and services. This approach has been successful in Nigeria among other countries.
- Funders should be included in discussions about logistics management systems. It was noted that multiple funders often bring multiple systems of reporting and different kinds of software. Procedures and follow-up may be onerous. Participants agreed that governments and funders do best in a partnership with communication and transparency.
- Integration of RHCS may benefit from the Sector-wide Approach in which partners support programme planning and monitoring and evaluation, as carried out in Mozambique.
- Financial mechanisms and procedures may help to acknowledge the costs of achieving RHCS.
- Personnel evaluations of public workers may be helpful mechanisms in addressing human resources issues within the civil service.
- Good data is important for many reasons, from better forecasting and procurement to better information for evidence-based advocacy, participants strongly agreed. Data has been developed and used in Nicaragua, for example, to enhance political dialogue, mobilize internal resources and demonstrate results to the donor community.
- Data on the benefits of family planning and increased use of contraceptives could be prepared for Ministers of Finance in particular. It was suggested that participants work with their governments to come up with clear figures of how much can be saved in the short- and medium-term by committing funds in the budget for RH commodities.
- Integrating RHCS may engage various aspects of work at the national level, including agreements with funding partners so that interventions are in tandem with country work plans, or perhaps encompass other ideas such as embedding staff within government to manage funding.
- Alternative opportunities to secure funding should be explored. It was suggested for example, that countries link commodity security to other health loans, e.g. World Bank or The Global Fund to Fight AIDS, Tuberculosis and Malaria with proposals including HIV prevention as well as family planning.

"It strikes me that a lot has been said about the need for an integrated plan, where we begin to see more synergies between what is happening at several levels of governments and ways in which we assure commodity security, as well as accessibility and availability, and the nature and quality of management," said the Hon. Ambassador Nkojo Toyo of Nigeria.

Discussion Session: Ensuring Access for Underserved Communities

7.1 Ensuring Access to Family Planning Services for Underserved Communities

Mr. Benson Morah, UNFPA facilitator, defined 'underserved communities' with respect to reproductive health services, in particular family planning services: they include rural populations, the poor, the uneducated, young people (especially young girls), people living with HIV, the disabled and the internally displaced populations. Often referred to as 'hard to reach' or 'difficult to reach' communities or populations, they represent large numbers. Up to 80 per cent or 90 per cent of the populations live in the rural areas of the 12 Stream 1 countries in the Global Programme to Enhance Reproductive Health Commodity Security, and many are uneducated and young – and getting younger.

Success depends on reaching underserved communities. Massive inequalities exist, sometimes masked by aggregate data. He noted several approaches that are being used to reach underserved communities: Ethiopia's Health Extension Workers linked to the public health system, community-based distribution, mobile clinics, youth-friendly services and social marketing techniques. In this panel discussion, panellists are asked: What has worked? What has not worked? What strategies do we need to adopt for the future? What challenges have been faced and what steps have been taken to overcome barriers to access?

"When we talk about underserved communities, we are actually talking about the majority of our populations and unless services get to these people we can never imagine our ability to be able to meet various goals we are committed to achieve, whether they are universal access to reproductive health services or attainment of the Millennium Development Goals," Mr. Morah said.

7.2 | H.E. Dr. Souleymane Sanou
Permanent Secretary of the Ministry of Health, Burkina Faso

H.E. Dr. Souleymane Sanou said low contraceptive prevalence in the country stands at 15 per cent (DHS 2010) and unmet needs in rural areas for family planning stands at 31 per cent (2006 census). Burkina Faso has signed up to the various international, African and sub-regional agreements and address family planning in national strategic documents. Historically, in terms of community involvement, three examples are of interest: In 1985, the motto was 'one village, one primary health centre'. And this primary health centre was being run by one man and one woman who lived in the village. In 1987, a new policy was introduced to strengthen primary health centre following the Bamako initiative and in 1995 an experiment took place with community centre laboratories, which was a community-specific approach for RH commodities.

As an objective, community-based distribution is to create a demand for service at the community level for commodities, meet this demand, and improve the availability of services, increase knowledge and use of the referral system, and get the local community involved in decision-making—in fact, and this is a very important point, to increase contraceptive prevalence, he said.

One strategic document has been developed in consultation with all concerned partners, NGOs, community organization, etc. Burkina Faso now takes a contractual approach to hiring health workers, and has recruited 10 NGOs for community strengthening, and 150 community-based organizations for the implementation of the projects. The structure covers the 13 regions of the country and 55 health districts. Several partners are with the country for the implementation, including UNFPA.

This is a whole package of activities – also with a focus on sensitization and awareness-creation for the effective distribution of certain RH commodities, and especially the referral system in case this is beyond capacity at the local level. State funding for contraceptives is between 69 per cent and 97 per cent, and there is a budget line at the national level. The effective participation of the local community and the involvement of local community organizations is key, with some of lessons learned in organizing to fight HIV/AIDS. Community-based health workers can effectively answer the demands of the local population if they are well trained and supervised. Developing community-based distribution systems will allow the country to multiply by three or four times the current activities.

> *"'Underserved communities' with respect to reproductive health services, in particular family planning services: they include rural populations, the poor, the uneducated, young people (especially young girls), people living with HIV, the disabled and the internally displaced populations. Often referred to as 'hard to reach' or 'difficult to reach' communities or populations, they represent large numbers."*
>
> - Mr. Benson Morah
> UNFPA facilitator

7.3 H.E. Mr. Lambaa Sambuu
Minister of Health and Member of Parliament, Mongolia

The Minister described the political and demographic context in relation to family planning in Mongolia. He said that Mongolia's unique demographic characteristics include a sparsely dispersed and small population size. A pro-child population policy and economic incentives are designed to increased interest in having more children, especially among vulnerable groups. Nevertheless, a large number of young women have abortions and unmet need for family planning has increased in the last five years from 4.6 per cent in 2003 to 14.5 per cent in 2008, according to the National Health Survey. Mongolia's Population Policy (2004-2015) emphasizes protection of women's rights to decide on a number and timing of their pregnancies and access to family planning.

Much positive progress has been made in achieving universal access to reproductive health. For example, there has been a decrease of the maternal mortality rate of more than three times in the past decade and 53.4 per cent of women of reproductive age use a modern method of contraception, according to 2010 data from the Ministry of Health. There has been a long and fruitful partnership with UNFPA, its technical and financial assistance, including the Global Programme to Enhance RHCS. It has greatly contributed to our achievements, the Minister said. In addition to critical equipment for maternity wards for safe delivery, the GPRHCS specifically contributed to making contraceptives widely available and this enables women to make a choice, and to strengthen the supply system.

Major challenges in Mongolia continue, notably the disparity and inequity in access to reproductive health services and commodities including family planning due to large distances, extreme winter weather conditions and other socio-economic barriers. There is a high STI rate and limited access of SRH services for adolescents and young people. Maternal and infant morbidity and mortality rates are three times higher among vulnerable women than the national average. Nearly 40 per cent of all maternal deaths occur among herder and unemployed mothers, who have limited access to services.

Targeted interventions for getting FP services for underserved communities include outreach to herders' families by outreach health workers (bagh feldshers) and mobile services, snow mobiles in rural areas, reaching every district initiative in pre-urban underserved communities and vouchers for vulnerable groups to receive free essential health services including FP. There is a need for continued support from UNFPA/GPRHCS to overcome the challenges, and to scale up quality SRH services nationwide and eliminate disparity in remote areas. This support needs strong focus on youth and adolescents and expansion of sexuality education, BCC, youth friendly services with greater involvement of youth people.

Mongolia is very close to achieving MDG4 and 5, but needs a little push and support in next five years, because mining revenue is not yet available, though it will be in the next five to six years. The Minister expressed commitment to intensify government actions to secure reproductive health commodities, particularly, to increase the state budget for reproductive health commodities and fully fund reproductive commodity needs by 2015.

7.4 H.E. Soumana Sanda
Minister of Health, Niger

The Minister presented the situation in Niger, a country of 15 million where 42.9 per cent of the population is below the age of 15 and maternal mortality, fertility and unmet needs are high. The age of first marriage is 15.9 years of age. Community-based interventions are support at the highest level and through strategic partnership with faith-based organizations, Muslim and Christians, as well as with traditional leaders – with sensitization tools and sermons for Imams, along with a series of sermons on human rights taken from the Koran that highlights the protection of women and children. Community-based interventions engage men via 172 Schools for Husbands that have been able to multiply contraceptive prevalence level by three, prenatal consultation by three, post-natal consultation by two, immunization by two, and assisted delivery by two.

Also in the community-based approach is a radio programme with more than 1,200 listening stations broadcast from 125 community radio stations in the eight regions of the country, in partnership with the NGO Anima Sutra. Women's listening groups meet for a programme on prevention of HIV/AID and or RH issues, for example. A community-based distribution responsible for the integration of mother-child services includes the creation of 250 sites for the community-based distribution centres to improve family planning services and pilot projects for district-level distribution centres. Centres using the CHANNEL system increased from 6 to 50 between 2009 and 2010 for better management of stock. CPR rose from 5 per cent in 2006 to 16 per cent in 2009 and then in 2010 reached 21 per cent. High-impact community-based systems merit support and the continued advocacy at a high level to mobilize communities, support the action plans to reach the MDGs 4 and 5, an increase men's involvement with Husband's Schools scaled up to a national level, and to strengthen the integration of HIV and reproductive health and family planning.

> *Community-based interventions engage men via Schools for Husbands that have been able to multiply contraceptive prevalence level by three, prenatal consultation by three, post-natal consultation by two, immunization by two, and assisted delivery by two.*
>
> - H.E. Soumana Sanda
> Minister of Health, Niger

7.5 H.E. Dr. Bounkhuang Phichit

Vice Minister for Health, Mother and Child Health Center, Lao PDR

The Minister asked, "How are we reaching out to enhance access to family planning for people in remote areas of Lao PDR?" Lao PDR has a population of about 6 million, with young people accounting for 50 per cent of the total. GDP about $1,000 per capita per year, life expectancy is 64 years, MMR stands at 405 per 100,000 live births, infant mortality is 20 and under-five mortality is 98 per 1,000 live births, total fertility rate is 4.5, the growth rate is 2.2. Lao PDR also has 49 ethnic groups with different dialects, cultures, living conditions, taboos and low education.

"In order to have access to reproductive health services for those people living in remote areas with poor transportation and communication we have started to train the CBD, community-based distributors from 2007 in three provinces. Now there are 63 CBD working in 8 provinces out of 17 provinces in the country."

Evaluations have shown that CBD should be expanded to other remote areas. CBDs can also provide other services. CPR through CBD, contraceptive prevalence rate, has increased even higher than national coverage." CBD will become CBD+ to distribute not only contraceptives but also provide maternity and health education. Ways to meet the needs of certain groups, especially young people, will be improved. A policy for free-of-charge delivery has been approved by the Ministry of Health. With UNFPA assistance, a skilled birth attendance plan has been development in line with the Maternal and Neonatal and Child Health Package.

7.6 Plenary discussion

Points made by participants and panellists during group discussion include the following:

- Underserved communities could benefit from mobile information and communication technologies. Several countries provided examples:
  - Mobile phones and telemedicine are reaching hard-to-reach populations and enhancing market segmentation research in Mongolia;
  - Mobile phones will be used to conduct a maternal health audit in Lao PDR, and for tracking reproductive health commodity supply levels and to monitor maternal health in Madagascar;
  - 500 mobile telephone contributed by UNFPA are being used in Mali to follow maternal, child and neonatal mortality.

"We have just started to train staff in five provinces and we have developed guidelines for this maternal audit. We are going to use to use mobile phones because our country is very mountainous and it is really very hard to reach people, so mobile phones will be suitable for conducting the audit for maternal health," said Dr. Kaisone Chounramany of Lao PDR.

The Call to Action

Honourable Ministers and Parliamentarians in the ECOSOC Room, UN Secretariat, developing the Call to Action.

The drafting and review of a Call to Action was prepared at the end of Day One by honorable members of Parliament from participating countries. Finalization and adoption of the Declaration took place on the morning of Day Two in the ECOSOC Room of the UN Secretariat Building, notwithstanding a temporary power outage. In the end, 50 participants from 12 developing countries agreed on a Call to Action that urges national governments, civil society and the private sector to provide stronger leadership in reproductive health commodity security. To achieve that, participants urged these governments and national stakeholders to reinforce existing political and financial commitments for reproductive health commodity security, invest in stronger supply chain management systems for reproductive health commodities, and ensure expanded and equitable access to services.

The Call to Action highlighted the participants' concern that "despite progress, disparities persist in access to sexual and reproductive health information, services and essential supplies, and that the poor and other vulnerable groups, including young people, continue to be underserved and suffer high unmet need." It also included their affirmation that "comprehensive sexual and reproductive health services, including voluntary family planning, ensured by a secure supply of reproductive health commodities, is a national priority for saving women's lives, improving maternal health and preventing HIV."

"We recognize that reproductive health commodity security (RHCS), with its strong family planning focus, provides a powerful platform for governments to align efforts according to national priorities and to accelerate the reduction of unmet need for family planning and so allow women, men and young people throughout the world to exercise their right to reproductive health"

- Call to Action, Enhancing Reproductive Health Commodity Security, September 2011

Call to Action

Enhancing Reproductive Health Commodity Security

New York, 7-8 September 2011

WE, the participants of the High-Level Meeting on Enhancing Reproductive Health Commodity Security held in New York on 7-8 September 2011,

WELCOME PROGRESS made in recent decades in ensuring that more individuals worldwide are now able to exercise their right to reproductive health, including the right to plan and space their families, and the results achieved in increasing the use of modern methods of contraception and reducing maternal death and HIV infections;

REAFFIRM our commitment to achieving the Millennium Development Goals and to the principles of the United Nations Secretary-General's Global Strategy for Women's and Children's Health, and commend the high-level political commitment by our Heads of State and Governments to sexual, reproductive, maternal, newborn and child health and to scaling up efforts to meet demand for reproductive health commodities;

CONCERNED that despite progress disparities persist in access to sexual and reproductive health information, services and essential supplies, and that the poor and other vulnerable groups, including young people, continue to be underserved and suffer high unmet need;

AWARE that spending for sexual and reproductive health programmes, including for maternal and family planning services, is not sufficient to meet current and future needs, we acknowledge that there is global consensus that family planning is a cost-effective investment in human development, especially important given the global economic crisis;

AFFIRM that comprehensive sexual and reproductive health services including for voluntary family planning, ensured by a secure supply of reproductive health commodities, is a national priority for saving women's lives, improving maternal health and preventing HIV;

RECOGNIZE that reproductive health commodity security, with its strong family planning focus, provides a powerful platform for governments to align efforts according to national priorities and to accelerate the reduction of unmet need for family planning and so allow women, men and young people throughout the world to exercise their right to reproductive health;

WE, FIRST LADIES, PARLIAMENTARIANS, MINISTERS, HEREBY INDIVIDUALLY AND COLLECTIVELY CALL ON countries and national stakeholders, including civil society and the private sector—according to their respective roles and responsibilities—to partner and collaborate to:

1. Reinforce existing political and financial commitments for reproductive health commodity security:

a) Provide political leadership to bring about sustainability in reproductive health commodity security by: developing and expanding social protection mechanisms; strengthening partnership and coordination; leveraging, allocating and using resources equitably at all levels; demonstrating results to mobilize support; and scaling up successful country-driven initiatives;

b) Take concerted action to demonstrate that the primary responsibility for the achievement of reproductive health commodity security lies with national government and ensure increased resource allocation for reproductive health in line with global and regional commitments.

2. Invest in stronger supply chain management systems for reproductive health commodities:

a) Establish integrated supply management systems for health to improve efficiency including functional logistics management information systems using modern information and communication technology in order to ensure consistent, reliable supply of quality-assured reproductive health commodities;

b) Establish a sustainable national mechanism for human resource development to strengthen capacity to deliver reproductive health commodity security.

3. Ensure expanded and equitable access to services:

a) Ensure that under-served and hard-to-reach groups (with a focus on protecting adolescent girls) can exercise their right to informed choice and can access and use sexual and reproductive health information and care, including voluntary family planning;

b) Increase partnership, collaboration and coordination among all stakeholders and at all levels and strengthen the capacity of civil society and parliamentarians to represent the grassroots and to hold governments accountable for their commitments to reproductive health commodity security.

This Call to Action was issued at a meeting organized by the United Nations Population Fund and attended by senior representatives of 12 Stream One countries of the UNFPA-initiated *Global Programme to Enhance Reproductive Health Commodity Security*. The countries represented were: **Burkina Faso, Ethiopia, Haiti, Lao People's Democratic Republic, Mali, Madagascar, Mongolia, Mozambique, Nicaragua, Niger, Nigeria and Sierra Leone.**

Burkina Faso

H.E. Rock Marc Christian Kabore, Chairman of the National Assembly

H.E. Michel Kafando, Ambassador Extraordinary and Plenipotentiary Permanent Representative

H.E. Paul Robert Tiendrebeogo, Ambassador Extraordinary and Plenipotentiary Deputy Permanent Representative

Dr. Souleymane Sanou, Permanent Secretary of the Ministry of Health

Ms. Françoise Ouedraogo, Assistant Parlementaire

Ms. Françoise Beremwoudougou, Attaché

Ethiopia

H.E. Tekeda Alemu, Ambassador Extraordinary and Plenipotentiary Permanent Representative

Haiti

H.E. Dr. Bertrand Sinal, Health Commission President of the Chamber of Deputies

H.E. Uder Autoire, President, Health Committee

Dr. Marie Lamercie Florence Duperval, Member of the Technical Advisory Group of the Presidency

Lao People's Democratic Republic

H.E. Dr. Bounkhuang Phichit, Vice Minister, Mother and Child Health Center

Dr. Kaisone Chounramany, Director, Mother and Child Health Center

Ms. Keobounkhong Vidavone, Third Secretary

Madagascar

H.E. Médecin Général de Brigade Pascal Jacques Rajaonarison, Minister of Public Health

H.E. Zina Andrianarivelo-Razafy, Ambassador Extraordinary and Plenipotentiary Permanent Representative

Mali

H.E. Diallo Madeleine Ba, Minister of Health

H.E. Oumar Dau, Ambassador Extraordinary and Plenipotentiary Permanent Representative

Dr. Ibrahim Coulibaly, Technical Adviser to the Minister

Mongolia

H.E. Lambaa Sambuu, Minister of Health and Member of Parliament

Ms. Jargalsaikhan Dondog, Director of the Information, Monitoring and Evaluation Department at the Ministry of Health

Mozambique

Dr. Aida Libombo, Minister of Health's Special Advisor for MDG 4 & 5

Nicaragua

H.E. Yamileth Bonilla, Parliamentarian

H.E. Elias Guevara, Vice-Minister of Health

H.E. Maria Rubiales de Chamorro, Ambassador Extraordinary and Plenipotentiary Permanent Representative

Niger

H.E. Soumana Sanda, Minister of Health

H.E. Dr. Maikibi Kadidiatou Dandobi, Minister of Population and Social Affairs

H.E. Aboubacar Ibrahim Abani, Ambassador Extraordinary and Plenipotentiary Permanent Representative

Mrs. Halimatou Djibo Saddy, First Counsellor

Nigeria

H.E. Helen Onma Mark, Spouse of the Senate President of the Federal Republic of Nigeria

H.E. Ambassador Nkojo Toyo, Member of the Nigerian House of Representatives

H.E. Prof U. Joy Ogwu, Ambassador Extraordinary and Plenipotentiary Permanent Representative to the Nigerian Mission to the UN

Mr Linus Awute, Permanent Secretary of the Federal Minister of Health

Mrs. Tumini Akogun, Wife of the Leader of the Nigerian House of Representatives

Dr. Nnenna Ogbualafor, Technical Assistant to the Minister of Health on Maternal and Child Health

Mrs. Hafsatu Garba-Abdulkadir, Second Secretary, Permanent Mission

Mr. Umar Abdullahi, Personal Assistant

Sierra Leone

H.E. Sia Nyama Koroma, First Lady of the Republic of Sierra Leone

H.E. Zainab Hawa Bangura, Minister of Health and Sanitation

H.E. Elizabeth Alpha-Lavalie, Chairperson, Sierra Leone Parliamentarian Action Group on Population and Development

H.E. Leroy Kanu, Minister Plenipotentiary

H.E. Rasie Kargbo, Deputy Permanent Representative for Political Affairs

Ms. Florence Katta, Project Coordinator, Women's Initiative for Safer Health Project (WISH)

Mrs. Musu Matturi Dao, Personal Assistant to the First Lady

Mr. Saidu Nallo, Counsellor

Lt. Col. Ronnie Harleston, Military Attaché

ANNEX 1: REPORTING TO THE EXECUTIVE BOARD

The group reported to the Executive Board during a luncheon meeting at the United Nations Delegates Dining Room. The report was very positively received, praised in particular for being concise and detailed. Introductory remarks were delivered by the UNFPA Executive Director. Distinguished delegates provided updates on progress and the meeting deliberations were presented, along with the 'Call to Action'. Concluding remarks were delivered by the Chair of the UNFPA Executive Board.

The report to the UNFPA Executive Board was drafted and reviewed in consultation with the workshop participants at the end of Day One and early on Day Two. A representative of the group was selected. During the formal lunch with the UNFPA Executive Board, the following statement was delivered by Her Excellency Zainab Hawa Bangura, Minister of Health and Sanitation, Sierra Leone:

Your Excellencies, First Ladies, Colleague Ministers and Honourable Members of Parliament, Distinguished Ladies and Gentlemen, Good Afternoon

I have been requested to brief all of you, especially the Executive Board of UNFPA, on our deliberations on the two-day High Level Meeting on Enhancing Reproductive Health Commodity Security on 7th and 8th September 2011 organized by the United Nations Population Fund here in New York.

Twelve focus countries in the UNFPA Global Programme met to discuss how to enhance commodity security in their respective countries to meet the International Conference on Population and Development (ICPD) and MDG goals. Discussion focused on the pivotal and strategic roles of reproductive health commodity security in achieving global and national development goals.

As countries, we shared our experiences and reported on what we have achieved, especially in the four years since the Global Programme was launched. Countries reported unprecedented progress in the use of modern methods of contraception, with CPR (contraceptive prevalence rate) often increasing by as much as 4 or 5 percentage points per year on the average. This has helped to reduce rates of maternal death and prevent HIV infections.

We are achieving notable successes by directing sustained, multi-year funding towards underserved populations and by building the capacity of our health systems. Many of us described how our integrated supply management systems are reducing costs, making effective use of resources, and reducing wastage.

The Global Programme to Enhance RHCS was highlighted by almost all of us as an important means for implementing the UN Secretary-General's Strategy for Maternal and Child Health as well as the HANDtoHAND campaign.

Through this programme, our countries received support for procuring contraceptives for family planning and essential life-saving drugs and equipment for maternal health care as well as for strengthening our health systems.

The High Level Meeting started with opening remarks by the UNFPA Executive Director and the First Ladies of Sierra Leone and Nigeria. After an overview of UNFPA and the Global Programme to Enhance Reproductive Health Commodity Security, we listened to speakers in four panels, each followed by questions and answers. The four panel topics were:

- Mobilizing Political and Stakeholder Commitment for RH and RHCS
- Mobilizing and Committing Financial Resources
- Strengthening Integrated Commodity Supply Management Systems for the Health Sector
- Ensuring Access to Family Planning Services for Underserved Communities

PANEL 1 emphasized the importance of placing RHCS on the national development agenda, and of political commitment by the national leadership, with presidents and first ladies making reproductive health and rights their personal priorities.

PANEL 2 addressed the need to leverage resources at all levels, enhance partnerships and coordination, show results to guide programmes and justify additional funding both within countries and by donors, and to allocate and effectively disburse funds. A main point that was emphasized is the need to scale up successful country-driven initiatives.

PANEL 3 addressed the need to strengthen weak health systems as well as integrate parallel supply systems so as to enhance efficiency. Also emphasized was the key role of logistics management information systems, including training in computer software for e-LMIS.

PANEL 4 focused on hard-to-reach groups. We talked about underserved groups in our countries, such as those who are young or who live far from health facilities. Mongolia noted harsh winters and Lao PDR described mountainous terrain.

Throughout the day, we shared experiences and examples of initiatives in the 12 participating countries. Such experiences and examples were in the areas of advocacy, human resources development, logistics management, improving procurement and storage of supplies, and training on such subjects as the CHANNEL computer software, emergency obstetric care, and new contraceptive technologies.

Some interesting success stories shared by participants are:

1. In Niger, the Husband's School for the education of men on family planning and maternal health has mobilized men and led to increases in ante-natal care attendance and uptake in family planning services;
2. Madagascar highlighted their successes in community-based distribution;
3. Lao PDR described innovative approaches to serve remote populations in remote mountainous areas
4. Ethiopia reported on task shifting and the expansion of a task force for contraceptive supply;
5. Mali presented its work to reach underserved population and also support to blood transfusion;
6. Haiti noted that the Global Programme's targeted focus is helping a country with many needs make reproductive health a priority, along with a unique integrated supply chain management system;
7. Mozambique emphasized integrated and coordinated support for maternal health and family planning;
8. Nicaragua emphasized the work on cervical cancer and integration of its supply management system;
9. Mongolia highlighted the use of effective public-private partnerships in passing an amended procurement law;
10. Nigeria highlighted the importance of involving traditional and religious leaders and other community gatekeepers in a geographically and ethnically diverse country to deliver RH commodities;
11. Burkina Faso has contracted out its community-based distribution activities to local NGOs and associations with significant impact on CPR;
12. For Sierra Leone, I spoke about the introduction of robust software, the CHANNEL, and stronger supply system which is reducing maternal death and bringing tremendous results.

All of these examples and experiences were shared by us in our discussions. The discussions led to the creation of a Call to Action agreed by all 12 countries. On behalf of all of us, I would like to thank the Executive Board members for meeting and engaging with us during this high level meeting which is the first of its kind for the Global Programme. I would also, on behalf of all of us participating at this meeting, like to encourage our governments, international donors and UNFPA to continue support for reproductive health commodity security. The Global Programme to Enhance Reproductive Health Commodity Security is working and many of our countries are committed to achieving progress towards the MDGs. I wish to thank all of you, especially members of the Board, for your kind attention.

HIGH LEVEL MEETING ON REPRODUCTIVE HEALTH COMMODITY SECURITY

NEW YORK, SEPTEMBER 7TH AND 8TH, 2011

DAY ONE - 7 SEPTEMBER 2011 **Venue: Millennium UN Plaza Hotel**		
TIME	AGENDA ITEMS	SPEAKERS/PANELISTS
OPENING CEREMONY		
9:30am-10:30am	Chairperson • Welcome by Remarks • Statement • Statement • Statement • Statement	• Mr Werner Haug, Director Technical Division • Dr. Babatunde Osotimehin, Executive Director, UNFPA • Her Excellency the First Lady of Nigeria • Her Excellency the First Lady of Sierra Leone • Julia Bunting, Representing Donor Community
SESSION 1 – SETTING THE STAGE/INTRODUCTION		
10:45am-10:55am	Introduction of Objectives and Agenda Announcements	• Mr. Jagdish Upadhyay, Chief Commodity Security Branch, • Dr. Kechi Ogbuagu, Coordinator GPRHCS • Mr. John Ross
10:55am-11:15am 11:15am-11:30am	Overview of UNFPA, GPRHCS and Interventions in Stream 1 Countries Unmet Need for Family Planning – the size of the problem	
SESSION 2 –PANEL DISCUSSIONS BY DISTINGUISHED DELEGATES **Theme: Scaling Up Maternal Mortality Reduction through Reducing Unmet Need for Family Planning**		
11:30am-12:00pm	Mobilizing Political and Stakeholder Commitment for Sexual and Reproductive Health including Reproductive Health Commodity Security	Facilitator: Mr. Beniot Kalassa Panellists: • Hon. Minister for Health, Mali • Hon. Minister for Health, Nigeria • Hon. Minister for Health, Sierra Leone
12:00-12:30pm	Plenary Discussion	
12:30PM-1:30PM	LUNCH	

DAY ONE - 7 SEPTEMBER 2011 (continued) Venue: Millennium UN Plaza Hotel		
TIME	AGENDA ITEMS	SPEAKERS/PANELISTS
1:30pm-2:10pm	Mobilizing and Committing Financial Resources for Reproductive Health Commodity Security	Facilitator: Ms. Argentina Matavel Panellists: • Hon. Minister for Finance, Madagascar • Director for Medical Commission, MOH; Haiti • Elly Leemhuis - de Regt, Representing Donor Community
2:10pm-2:40pm	Plenary Discussion	
2:40pm-3:20pm	Strengthening Integrated Commodity Supply Management Systems for the Health Sector	Facilitator: Mr Cheikh Tidiane Cisse Panellists: • H.E. Ambassador/Perm Representative; Ethiopia • Hon. Minister for Health, Madagascar • Hon. Minister for Health, Mozambique • Hon. Minister for Health, Nicaragua
3:20pm-4:10pm	Plenary Discussion	
4:20pm-5:10pm	Getting Family Planning Services to Underserved Communities	Facilitator: Mr Benson Morah Panellists: • Hon. Minister for Health, Burkina Faso • Hon. Minister for Health, Mongolia • Hon. Minister for Health, Niger • Hon. Minister for Health, Lao PDR
5:10pm-5:35pm	Plenary Discussion	
SESSION 3 - DRAFTING AND REVIEW OF WORKSHOP DECLARATION		
5:35pm-6:00pm	Drafting and Review of 'Call To Action'	Facilitation: Honourable Members of Parliament from participating countries

DAY TWO - 8 SEPTEMBER 2011 Venue: ECOSOC ROOM UN Secretariat		
TIME	AGENDA ITEMS	SPEAKERS/PANELISTS
SESSION 4 - FINALISATION AND ADOPTION OF WORKSHOP DECLARATION		
10:00am-11:30am	Finalisation of Draft 'Call To Action'	Facilitation: Honourable Members of Parliament from participating countries
12:00pm-12:30pm	Adoption of 'Call To Action'	Facilitation: Honourable Members of Parliament from participating countries
SESSION 5 - FORMAL LUNCH WITH UNFPA EXECUTIVE BOARD Venue: UN Delegates Dining Room 1-3		
1:15pm-3:00pm	• Introductory Remarks by The UNFPA Executive Director • Updates on progress/meeting deliberations by Distinguished Delegates • Presentation of highlights of 'Call To Action' by a Representative of the Distinguished Delegates • Interactions/Discussions • Concluding Remarks by Chair UNFPA Executive Board	
SESSION 6 - DINNER RECEPTION WITH UN AMBASSADORS, DONORS and PARTNERS Venue: Ball Room UN Millennium Plaza Hotel		
6:30pm–8:30pm	Formal Dinner Reception (Separate agenda to follow)	

Facilitator General – Mr. Benson Morah, Rapporteur General – Ms. Susan Guthridge-Gould

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