

## HEALTH SYSTEMS REPORTER: Focus on reproductive health commodities security 23 May 2006

produced by the [IDS Health and Development Information](#) team  
in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [reproductive health commodities security](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact [r.wolfe@ids.ac.uk](mailto:r.wolfe@ids.ac.uk).

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## Feature: reproductive health commodities security

Secure and sustained access to quality and affordable supplies of commodities is a critical driver of health outcomes, including reproductive and sexual health. Improved access to these commodities is essential for the success of wider efforts to scale up health services, in order to achieve the Millennium Development Goals. Reproductive health commodities security (RHCS) is the when all individuals can choose, obtain and use affordable, quality reproductive health (RH) commodities, whenever they need them. RH commodities are as those required for the prevention and management of reproductive tract infections, for obstetric and maternal health care (including for management of complications of unsafe abortion and for comprehensive abortion services where the law permits) and contraceptives including emergency contraception, and male and female condoms.

Changing donor practice and priorities in many countries is creating a funding gap while demand for reproductive health commodities and services continues to grow. [UNFPA](#) (United Nations Fund for Population Activities), a long-term supplier of contraceptives, has regular annual budget fluctuations that can disrupt supplies. Similarly, lack of predictability at national level results from funding fluctuations, weak policies and systems of donors, governments and implementers, and particularly lack of co-ordination between these actors. Meeting growing demands for RH commodities and services requires adequate funding commitments, and close coordination among donors to avoid gaps or duplication. Strengthening collaboration is also in line with international commitments made in the 2005 Paris Declaration on Aid Effectiveness, and to a strengthening role of governments in managing and co-ordinating RH commodity supply.

Thanks to Nel Druce, [HLSP Institute](#), for advice on this feature.

For more information see:

- [The Supply Initiative](#) website
- Our new key issues guide on [Market Development Approaches](#) for reproductive health supplies

### Recommended readings

1. [Reproductive health commodity security \(RHCS\) country case study synthesis](#)
  2. [The West Africa reproductive health commodity security study: summary of findings from phase one](#)
  3. [2005 Paris Declaration on Aid Effectiveness](#)
  4. [Access to condoms and HIV/AIDS information: a global health and human rights concern](#)
  5. [Global health partnership impact on commodity pricing and security.](#)
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### Reproductive health commodity security (RHCS) country case studies synthesis: Cambodia, Nigeria, Uganda and Zambia

Author(s): Druce, N.

Produced by: Department for International Development (DFID) Health Resource Centre (HRC), 2006

This report, commissioned by the UK Department for International Development and the Netherlands Ministry of Foreign Affairs, analyses the key factors that influence the financing, procurement, forecasting, and supply of reproductive commodities and how national and international agents interface and co-ordinate their activities. Findings show that while there have been some successes to strengthen commodity supply, there are continued limitations in national capacity. They also highlight how the role of external agencies in financing and procurement tends to undermine ownership and discourage national government accountability.

The report recommends continued advocacy to include reproductive health and RHCS in national development and health policy plans, supported by domestic budgets allocations. It also highlights the need for financial mechanisms to facilitate more flexible and predictable donor financing, as well as to enable efficient procurement with lower costs. Other recommendations include: mainstreaming RHCS with wider health systems strengthening; repositioning reproductive health as a key but neglected driver in the reduction of child and maternal mortality, as well as a priority in its own right; and linking reproductive health services with care, treatment and prevention of STIs (sexually transmitted infections), HIV and AIDS. The report also recommends that international donors need to make more long term and predictable commitments to RH supplies, which should build national capacity for procurement and other supply functions. [adapted from author]

Available online at: [http://www.dfidhealthrc.org/publications/srh/RHCS%20synthesis\\_Mar06\\_final.pdf](http://www.dfidhealthrc.org/publications/srh/RHCS%20synthesis_Mar06_final.pdf)

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### West Africa reproductive health commodity security study: Ghana reproductive health commodity security country assessment

Authors: Amenyah, J.; Rao, R.; Shea, E.; Oubnichou, M.; Nazzar, A.; Addico, G.

Produced by: Deliver, 2005

This country assessment from USAID and DELIVER examines the supply of reproductive health commodities in Ghana. The assessment was commissioned as part of the West Africa Reproductive Health Commodity Security study. The study is directed towards developing a strategy for strengthening reproductive commodity security in the region through developing a mechanism for pooled procurement of reproductive health commodities, and through the expansion of private sector participation in their supply.

The country assessment found strong support in Ghana for a pooled procurement mechanism at a regional level. There are no obstacles to the development of such a mechanism at the level of policy, procedures and financial management. However, product selection and registration are not currently co-ordinated across the region, and a quality harmonisation scheme would need to be developed. The short and medium term financing of reproductive health commodities is secure, but the longer term financing is more uncertain. The study found that the private sector currently has only a small role in reproductive health services but that the capacity exists for expanding this role considerably. The success of social marketing initiatives in the country indicate that social marketing could play a significant part in the expansion of private sector involvement in delivering reproductive health services

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### Paris declaration on aid effectiveness

Authors: High-Level Forum on Aid Effectiveness

Produced by: Aid Harmonization & Alignment, 2005

Adopted at the High-Level Forum on Aid Effectiveness (March 2005) the Paris Declaration on Aid Effectiveness, has been prepared with broad participation from development practitioners, through a process coordinated by the High-Level Forum Steering Committee. The declaration will outline a set of joint commitments and targets for governments and multilateral donors to reach over the next five years.

Against the different key principles of the Rome Declaration (2003) and the Marrakech memorandum on Managing for Development Results (2004), the following commitments for donors and partners are highlighted in the Declaration:

- **Ownership** — Partner countries exercise effective authority over their development policies, strategies and national systems when relying, partially or entirely, on external resources.
- **Alignment** — Donors base their overall support on partner countries' national development strategies, systems and procedures. This creates mutual commitments. For partners, it means having sound and operational development policies and systems for managing aid. For donors it means using partner countries policies, institutions and systems as the framework of reference for providing aid.
- **Harmonisation** — Donors organise their multiple activities in ways that maximise their collective efficacy.
- **Managing for results** — Improves the performance and accountabilities in achieving sustainable improvements in development by focusing on development results.

Available online at: <http://www.oecd.org/dataoecd/0/27/34504737.pdf>

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### Access to condoms and HIV/AIDS information: a global health and human rights concern

Produced by: Human Rights Watch (HRW), 2004

This Human Rights Watch briefing paper documents censorship of information, myths and restrictions on condoms in a number of countries. While

condoms remain the single most effective device against sexually-transmitted HIV, they face government-imposed constraints in numerous countries worldwide. This brief outlines the United States' (US) "War on Condoms", and religious opposition. It then provides examples of country restrictions on condoms and HIV/AIDS information in India, Nigeria, Peru, Brazil and the United States

The report outlines how, in the US, government-funded "abstinence only" programmes censor science-based information about condoms and suggest that heterosexual marriage is the only reliable strategy for prevention of sexually transmitted HIV, despite evidence to the contrary. Moreover, governments in many countries bow to pressure from religious leaders to censor information about condoms in school-based or other HIV-prevention programmes. The report argues that while abstinence and fidelity may work in some cases, promoting this behaviour at the expense of condoms deprives people of complete information and services. It recommends that governments and donors should immediately lift restrictions on access to condoms and take concrete steps to guarantee comprehensive and science-based HIV-prevention services to all those who need them. [adapted from author]

Available online at: <http://hrw.org/backgrounder/hivaids/condoms1204/condoms1204.pdf>

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### Global health partnership impact on commodity pricing and security

Author(s): Grace, C.

Produced by: Department for International Development (DFID) Health Resource Centre (HRC), 2004

This report, from the DFID Health Resource Centre (HRC), examines the impact of structures embedded within Global Health Partnerships (GHPs) on commodity pricing and security. The report: identifies market structures; traces various function of each GHP; considers what effect these functions have on supplier cost, competition and purchaser leverage; and identifies achieved outcomes for commodity pricing and security. The paper finds that reduced commodity prices and increased security can be best achieved by matching the approach to the product and market characteristics. However, there are risks with strategies that rely on firm contracting or corporate philanthropy. The optimal situation in terms of securing supply, best prices and reduced transaction costs would therefore be to encourage competitive markets.

The report recommends that donors could more proactively seek to lower barriers to entry for developing country suppliers and support of the WHO (World Health Organization) pre-qualification project is one way of doing this. The report also recommends that: differential pricing of essential medicines should be supported if it does not impede the development of longer-term competitive markets; and pooled procurement should be encouraged with funds from multiple bilateral agencies to allow for increased leverage with suppliers.

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## Summaries of other documents in the Health Systems Resource Guide

1. [Gender, caste, class and health care access: experiences of rural households in Koppal district, Karnataka](#)
  2. [The right reforms? Health sector reforms and sexual and reproductive health](#)
  3. [Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support](#)
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### Gender, caste, class and health care access: experiences of rural households in Koppal district, Karnataka

Author(s): Iyer, A.

Produced by: Achutha Menon Centre for Health Science Studies (AMCHSS), 2006

This study examines access to health care in Koppal, Karnataka, and focuses specifically on gender, caste, class, age and life stage as categories of analysis. The paper draws on a large household survey conducted in 56 villages in the region. It explores the idea of negotiating barriers to health care, beginning with the individual and progressively involving the family and ultimately, the state/market. The author explains that this report aims to sketch how inequities appear to work in an agrarian region that struggles to survive periodic drought and caste, class and gender are discussed in terms of their influence over treatment seeking decisions.

The study shows that access to health care is an important issue in poor villages, where 82 per cent of households had one or more sick persons requiring treatment. Findings show how class-based inequities were more sharply defined than caste-based inequities, possibly suggesting that access to health care is a function of economic status, purchasing power and affordability. However, women and men experience economic barriers differently. Apart from women marginalised in their natal homes and those in casual wage earning households, most other women suffered from lack of acknowledgement of their health needs. For men, the major barrier to health care was the lack of resources to pay for services.

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### The right reforms? Health sector reforms and sexual and reproductive health

Authors: Sundari Ravindran, T. K. ; de Pinho, H.

Produced by: Initiative for Sexual and Reproductive Rights in Health Reforms, Women's Health Project, 2005

This publication, from the Initiative for Sexual and Reproductive Rights in Health Reforms, pulls together available information on how health sector reform (HSR) has impacted on sexual and reproductive health services (SRH), and identifies information gaps and advocacy issues. The findings comes from the work of three research teams from Africa, Asia and Latin America who carried out systematic research on six elements on HSR. These elements include: financing, public-private interaction, priority-setting, decentralisation, integration of services and accountability,

The authors argue that the application of each of four principals is necessary to overcome the impact of neo-liberal health sector reform as well as to promote the provision of quality SRH services based on an equity and rights approach. These include: strengthening state legitimacy and reinforcing good governance; building political will and commitment to a discourse of equity and rights that ensure an inclusive health system; strengthening health systems through the provision of adequate resources and the capacity to manage these resources; and developing constructive accountability and participative mechanisms that facilitate meaningful involvement and advocacy from even the most vulnerable groups. The authors also highlight a number of knowledge and research gaps that need to be addressed, including: context and actors in HSR and SRH services; assessing the impact of HSR on health systems; and methods and tools for research.

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### **Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support**

Authors: UNAIDS

Produced by: United Nations, 2006

This publication, produced by UNAIDS, provides an update on the status of scaling up HIV prevention, treatment, care and support. It is based on numerous consultations and submissions from country members. The document identifies a number of key challenges that stand in the way of scaling up universal access. These include: inadequate and unpredictable financing; lack of human resources; unavailable or unaffordable HIV-related commodities; and the need for new technologies. The consultations also highlighted widespread stigma and discrimination, violence against women, homophobia and other HIV-related human rights abuses that discourage people from seeking information and services.

The document identifies six major requirements for reaching the goal: (1) all credible, evidence-based, sustainable national AIDS plans should be funded; (2) AIDS funding should be met through greater domestic and international spending, and enable countries to have access to predictable, long-term financial resources; (3) large-scale measures are needed to strengthen human resources to provide prevention, treatment, care, support and to enable more effective AIDS responses; (4) major barriers, including pricing, tariffs, research and development, need to be removed to speed up access to affordable, quality HIV commodities; (5) the AIDS related human rights of people living with HIV, women, children and vulnerable groups need to be protected and promoted; (6) every country should set ambitious AIDS targets to achieve universal access by 2010.

See the Health Systems Resource Guide for a complete list of new additions at: [www.eldis.org/healthsystems/](http://www.eldis.org/healthsystems/)

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The Health Systems Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - [www.eldis.org/health](http://www.eldis.org/health)
- Health Systems Resource Guide - [www.eldis.org/healthsystems](http://www.eldis.org/healthsystems)
- HIV and AIDS Resource Guide - [www.eldis.org/hiv aids](http://www.eldis.org/hiv aids)

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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Contact details:

Ingrid Young  
IDS Health and Development Information Team  
Institute of Development Studies, Sussex  
Brighton BN1 9RE, UK

Email: [i.young@ids.ac.uk](mailto:i.young@ids.ac.uk)

Tel: +44 1273 873 335

Fax: +44 1273 621202