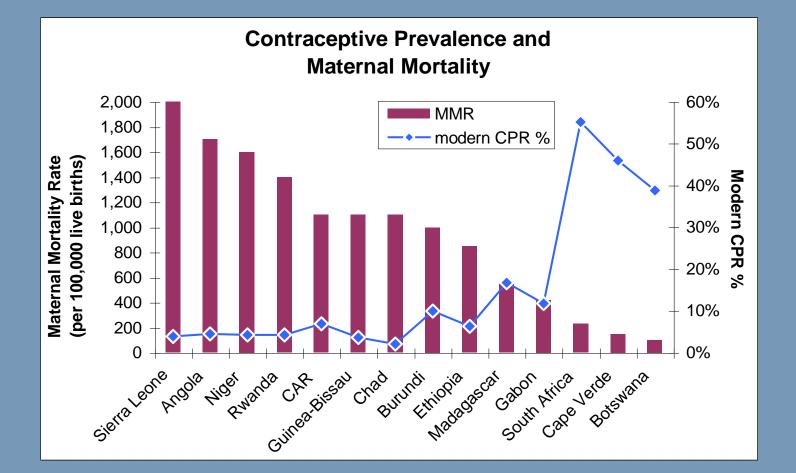


Procurement of RH Commodities Meeting on Post-abortion Care Alexandria, Egypt May 12-13, 2010

> Dr. Kabir U Ahmed Technical Adviser Commodity Security Branch

Family Planning: The Unfinished Agenda





Family Planning: The Unfinished Agenda



Donor Funding Trend

- Family Planning:
 - 1997: 653 million
 - 2006: 393 million
- Sexually transmitted diseases and HIV/AIDS activities:
 - 1997: 294 million
 - 2006: 5 billion



Procurement - resources

- Regular: from country program budget/allocation
- Extra budgetary: (from diff trust funds/donors, i.e. GPRHCS, MHTF, UBW)
- Emergency: can be trust funds, special funding proposals (e.g. 'Flash' appeal), or country programme budget
- Special initiative: e.g. UNFPA-UNHCR collaborative initiative for the provision of condoms/essential medicines for the refugees, IDPs and populations in camp settings



UNFPA Procurement elements

- PSB Procurement: Procurement undertaken by Procurement Services Branch(PSB) for UNFPA funded activities/projects
- Third Party Procurement: Procurement undertaken by PSB when a third party(govt., other agencies or institutions) outsource procurement to UNFPA
- Local Procurement: Procurement undertaken by UNFPA Country Offices in accordance with the decentralized <u>authorization</u>.
 Procurement can be from local or international suppliers.



Procurement processing

- A. From regular resources and/or through third party agreement
- 1. Request from the COs goes to the PSB (except local procurement).
- 2. Country requests are screened and validated-in-terms of quantity
- 3. Validated with the country specific registration, EML, etc
- 4. Process through competitive bidding /or Long Term Agreement
- 5. PO issued to the manufacturers (production starts); with LTA---immediate + competitive bidding
- B. Procurement from extra-budgetary resources (i.e. CSB, others):
- 1. COs sends request to the budget owner- and validation done (e.g. CSB)
- 2. Send to PSB for processing (Steps #3 to #5 above)

Usual time from country requests received up to the

commodities/goods delivered at the country level: 6-8 months



RH commodities/life saving maternal medicines and devices

• Contraceptives

Male and Female Condoms, COCs, EOCs, Injectables, IUDs and Implants

• Essential life saving maternal medicines (from GPRHCS)---10 priority medicines (*under revision-i.e. Misoprostol for PAC, etc*)

Current UNFPA List of 10 Essential Medicines (beyond contraceptives)

Magnesium Sulfate, Oxytocin, Ergometrine, Iron/Folate, Amoxicillin, Azithromycin, Clotrimazole, Metronidazole, Benzathine Benzylpenicillin, Cefixime

- Other essential medicines: selected (Misoprostol, others)
- Medical devices/equipments: selected (MVAs,others)
- Emergency RH Kits for crisis/emergency situations(#8-MVAs)



Requirement for a standard request for RH commodities

- Name of the product (Brand name with content and required specifications /formulation)
- Quantities in specific units (cycles, pcs, sets, gross etc)
- Check if the product is in EML, registered in country and confirm acceptability at local customs.
- Special labeling and markings/branding(if required)



Some Challenges

- Lack/absence of country specific procurement plan (coordinated) in consultation with the MoH/other key stakeholders
- Yearly procurement requirements should be based on mid/longer term plans regardless of the resources & processed with optimum lead time
- Countries making 'ad hoc' requests; lack in national expertise/capacity in forecasting and managing procurement
- The resources pledged are not received accordingly from donors
- Regular progress reporting, both programmatic and financial, is crucial
- Prequalification of manufacturers; pre and post shipment inspections
- Sometimes the manufacturer cannot deliver as expected due to technical difficulties (e.g. Pfizer Depo-Provera recall)

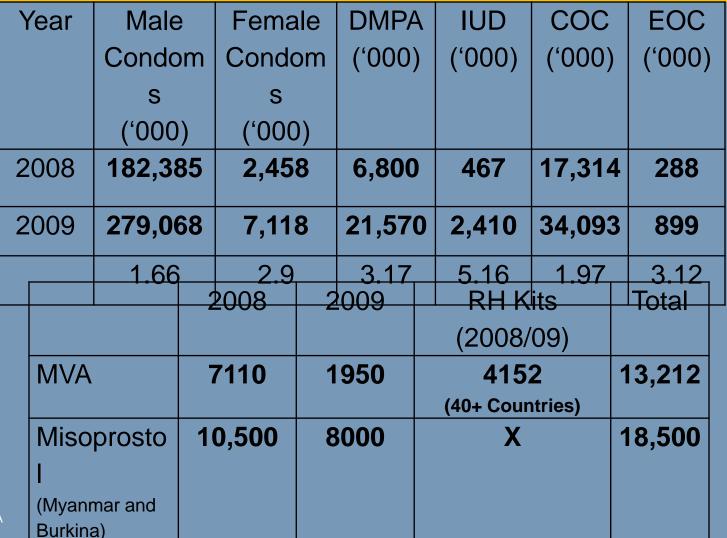
UNFPA Response: Global Program to Enhance RHCS (GPRHCS 2007-2012)



- Integrated approaches to RHCS improved at all levels in-country [focus on inter-linkages with programmes and policies on RH, including HIV/AIDS prevention]
- RHCS-related systems and capacity enhanced among national stakeholders at the national level (PSM, up and down streams)
- Reproductive Health commodity needs met consistently and reliably
- 3 Streams :
 - Stream 1: 15 countries, integrated approach (systems), able to demonstrate significant progress (up to 5 yrs, max 5m/yr)
 - Stream 2: 30+ countries, limited funds for some capacity and systems enhancement and planned RH commodity provision (1-3 yrs, 1m/yr)

• Stream 3: ad hoc support to meet emergency needs, stock outs Sustainable commitment: from both govt. and donors(5 years)

Contraceptives(GPRHCS countries) **MVA and Miso.**(all countries):2008-2009



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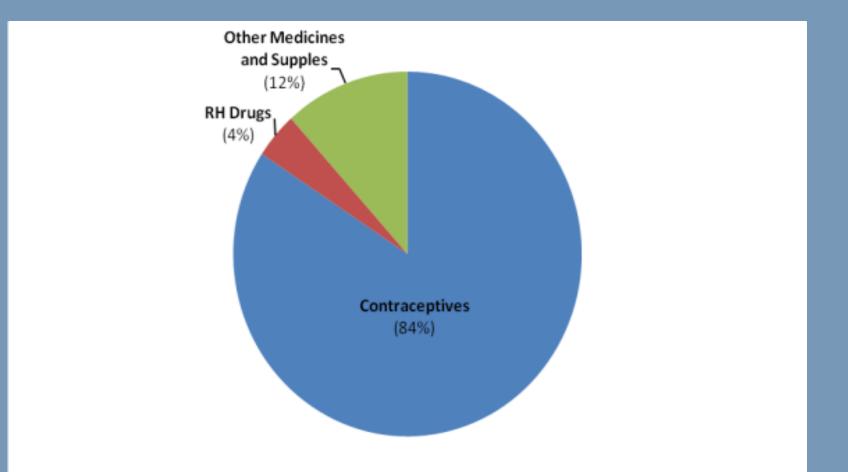
GPRHCS Fund Allocation & Their Distribution, 2009



Expenditure	Amount	Percentage
Commodity Provision	70,259,604	80.67
Capacity Development	16,830,201	19.33
Total	87,089,805	100

Commodity Expenditure, 2009 (GPRHCS)





CSB/UNFPA



Summary

- UNFPA work thru Govt/MoH and focus on national capacity building and system strengthening (procurement process/planning, supply chain mgt., forecasting,LMIS, etc)
- As procurement is a lengthy process (6-8 months), countries need to have procurement plan with projections/forecast; place advance orders
- Misoprostol is in WHO EML, and UNFPA is going to revise its priority medicines list.(Miso for mgt. of abortion and miscarriage)
- UNFPA can support countries with Miso and MVAs –if these are in compliance with the national plans for procurement and requested through MoH, added in country specific EML/registration.

6 Rights Principles:

R quantity, R choice, R time, R place, R quality, R price CSB/UNFPA



NO PRODUCT NO PROGRAM

Thank You



CSB/UNFPA