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Welcome to SupplyNews!

This bi-monthly newsletter aims to keep you updated on the Supply Initiative and related activities in ensuring essential reproductive health supplies. You can read the SupplyNews at <http://www.rhsupplies.org/news/news.shtml>. Should you wish to include news, events or new resources relevant to the topic of supply shortages please write to the editor, Ms. Meghan Cloud at meghan.cloud@rhsupplies.org.

1. Supply Initiative News and Updates

1.1. Subgrantee Meeting

On 18-19 April, the advocacy subgrantees of the Supply Initiative and Population Action International (PAI) met for a second time in Brussels to discuss their current and upcoming activities, as well as to strategise and create synergies between their work at the national and international levels.

The objectives of the meeting were to:

- Update all participants on the latest developments in the area of RH supplies,
- Identify areas of co-operation and synergies among the subgrantees and other and key players, and
- Develop a plan for further action and advocacy work for RH supplies.

The subgrantees of the Supply Initiative are Action Canada for Population and Development (ACPD), the Commonwealth Medical Trust (COMMAT), the German Foundation for World Population (DSW), Interact Worldwide, and the World Population Foundation (WPF). PAI's subgrantees are Marie Stopes International (MSI) and the Swedish Association for Sex Education (RFSU). Also present at the meeting were representatives from the International Planned Parenthood Federation – European Network (IPPF-EN), the United Nations Population Fund (UNFPA), the Inter-European Parliamentary Forum on Population and Development (IEPPFD) and YouACT: European Youth Network on Sexual and Reproductive Rights.

For more information about the Supply Initiative Advocacy subgrantees, please contact Mr. Rune Rasmussen at rune.rasmussen@rhsupplies.org.

1.2. Supply Initiative Staff Conduct Research In Ghana

Between 14 February-5 March 2005 two Supply Initiative (SI) staff, Mr. Paul Crystal of JSI/DELIVER and Ms. Elizabeth Leahy of PAI, travelled throughout Ghana in the SI's first country research trip. The objectives of the trip were to gather information on the reproductive health supply situation in Ghana, both generally and as it applies to individual women, for use in the SI's communications and



advocacy efforts. The SI staff also aimed to make reproductive health stakeholders in Ghana aware of the SI's work and to participate in the country's annual contraceptive forecasting exercise and donor presentation.

Crystal and Leahy visited four cities and five villages throughout the Greater Accra, Ashanti, Eastern, Central and Northern regions of Ghana. Their travels took them to clinics run by the Ghana Health Service and the Planned Parenthood Association of Ghana (PPAG), the country's main private provider of reproductive health and contraceptive services.

In addition to clinical staff, the SI visitors met with non-traditional, community-based distributors and youth peer educators, who provide reproductive health education and sell non-prescription contraceptives in remote locations beyond the reach of most clinics. They interviewed ten female clients of family planning clinics, ranging in age between 19 and 36, about how access to information and contraceptive supplies has affected their lives. Crystal and Leahy also met with representatives of the Ghana Social Marketing Foundation and the Ghana Registered Midwives Association.

The SI staff determined that generally, the reproductive health supply situation in Ghana is functional and women who want contraceptives can in most cases acquire them. Even when a shortage occurs, as when PPAG was stocked out of condoms for four months in 2004 due to a shipment scheduling problem, clients can usually obtain the same method from another source (such as the government or the private sector) or successfully and temporarily switch to a different method.

In terms of funding and logistics, the Ministry of Health, PPAG, the Ghana Social Marketing Foundation and foreign donors, including IPPF, UNFPA, and the governments of Japan, the U.K. and the U.S., will maintain their strong partnerships and dedication to further improving the RH supply situation in Ghana. Innovative programmes such as PPAG's focus on youth make sure that the needs of diverse and often under-served populations are not neglected. The SI staff expects that Ghana will continue to serve as a model of best practices in reproductive health and family planning to other developing countries.

For more information about the SI's research in Ghana, please contact Mr. Paul Crystal at paul_crystal@jsi.com or Ms. Elizabeth Leahy at eleahy@popact.org. Photographs from this trip are available on the website at http://www.rhsupplies.org/issues/story_Ghana.shtml.

1.3. Supply Initiative Website: Text-only Version Redesigned

The text-only version of the Supply Initiative website has been redesigned to correspond to the design and format of the graphic site. The text-only version, available

at http://www.rhsupplies.org/text_only.shtml, allows those users with slower connections to take advantage of the contents of the website, as well as serving as a "printer-friendly" version.

Some of the highlights of the new text-only site include:

- An expanded chapter detailing the RHInterchange (http://www.rhsupplies.org/text_only/rhi.shtml),
- New chapters on the RH Supplies Coalition (http://www.rhsupplies.org/text_only/coalition.shtml) and Advocacy work (http://www.rhsupplies.org/text_only/advocacy.shtml) of the Supply Initiative, and
- A "Key Issues" Chapter (http://www.rhsupplies.org/text_only/issues.shtml), which provides users with unique information researched by the Supply Initiative surrounding the issue of RH supplies and shortages.

For more information, or if you have any questions or comments, please contact Ms. Meghan Cloud at meghan.cloud@rhsupplies.org.

2. Advocate's Corner

2.1. U.S. Senate Defies Bush On Foreign Family Planning Aid

In an annual battle in Congress, the Senate voted on 5 April to lift restrictions on U.S. family planning aid to health centres abroad that promote or perform abortions.

The adoption by the Senate of the bipartisan **Boxer-Snowe amendment, which repeals the Global Gag Rule**, is an important reaffirmation of the Senate's opposition to this destructive policy. Imposed by President Bush on his first day in office in 2001, the Global Gag Rule (officially known as the Mexico City Policy of 1984) denies U.S. family planning funds to foreign non-governmental organisations that use other, non-U.S. funds to counsel, perform, or advocate around abortion.

Rather than making the incidence of abortion more rare, as its proponents claim, the Global Gag Rule has cut off the flow of desperately needed condoms and contraceptives throughout the developing world. Dozens of service providers have lost U.S. funding for reproductive health programmes, forcing some to shut down their clinics altogether. This, in turn, results in unwanted pregnancies while also hampering efforts to prevent the spread of HIV/AIDS.

The amendment, offered by Senators Barbara Boxer of California and Olympia Snowe of Maine, ensures that U.S. foreign policy is consistent with American values, including medical ethics and practice, as well as free



speech. **It prevents the imposition of requirements that would be unconstitutional or untenable as a matter of policy in the U.S. from being exported** as a matter of U.S. foreign policy.

The vote came as an amendment to a bill to authorise US \$34 billion in spending on 2006 foreign aid and State Department operations. The figure generally reflects Bush's spending request and represents an increase of about 13 per cent over current spending. Much of the increase is to fight AIDS world-wide and to support Bush's Millennium Challenge programme, which ties U.S. aid to countries' efforts to build democracy and develop free-market economies.

The 52-46 vote to repeal the Global Gag Rule is particularly encouraging given the more conservative makeup of the chamber in the wake of the November 2004 election. For example, in the last election four retiring Democratic senators, who were generally supporters of international family planning – Senator Bob Graham of Florida, Senator Ernest Hollings of South Carolina, Senator John Breaux of Louisiana, and Senator John Edwards of North Carolina – were replaced by Republican senators opposed to these programmes. Eight Republican senators voted in favour of the Boxer-Snowe amendment; not a single Democrat voted against the amendment.

In 2003, the Senate adopted a similar amendment by Senator Boxer overturning the Global Gag Rule. Like the current situation, the amendment was included in the Foreign Aid reauthorisation bill. Because of the controversial nature of the underlying legislation, however, the Foreign Aid reauthorisation was never finalised by Congress. In fact, the last time a Foreign Aid reauthorisation bill was signed into law was 1985. As in past years, it is unlikely that the Foreign Aid reauthorisation bill will be signed into law this year. Moreover, due to the current opposition in the House of Representatives to overturning the Global Gag Rule, this destructive policy will likely stay in place throughout the second term of President Bush.

2.2. Canada Boosts Maternal and Child Health Funding

On 7 April, World Health Day, Canada's Minister of International Co-operation, Ms. Aileen Carroll, announced that the Canadian International Development Agency (CIDA) will provide close to **CDN \$90 million for initiatives that will improve maternal and child health in developing countries**. Of this, nearly CDN \$40 million will support programmes that will improve sexual and reproductive health in Bangladesh and Nigeria, strengthening the national health systems in the process.

"There is simply no good reason why, in the twenty-first century, thousands of women and children in developing countries should be dying during childbirth and the early years of life," Minister Carroll argued. "CIDA funded health programmes and interventions have saved mil-

lions of lives and are achieving real, positive and measurable results. This is why, on World Health Day, I am pleased to announce new funding for such initiatives."

Initiatives that improve maternal health include:

- Almost CDN \$20 million over two years, including CDN \$5.95 million to UNFPA and CDN \$13.75 million to UNICEF for the Essential Health Commodity Project in Bangladesh. This initiative aims to **improve access of poor and vulnerable groups, especially women and children, to essential drugs, vaccines and family planning commodities**. UNICEF and UNFPA will work with the Government of Bangladesh to ensure better access for the poor;
- **CDN \$11 million** over four years to the UNFPA for **contraceptives and safe motherhood kits in Nigeria**. This will help improve women's ability to make informed choices regarding contraception and reproductive health and will enhance women's abilities to exercise control over their reproductive rights; and,
- CDN \$8.2 million over 5 years to the UNFPA in Haiti to reduce maternal mortality. This project will provide technical assistance, support family planning and support the provision of emergency obstetric services.

The announcement came at a breakfast meeting organised by ACPD, a partner of the Supply Initiative; the Canadian Society for International Health; the Planned Parenthood Federation of Canada; CARE Canada and the Society of Obstetricians and Gynaecologists of Canada.

The Minister's interest in UNFPA was sparked by a series of three panels sponsored by ACPD on reproductive health supplies (in co-ordination with the Supply Initiative), the Global Gag Rule (supported by PAI) and greater integration of HIV/AIDS and reproductive health. Front-page news articles in Ottawa's main newspaper on the same topics during that week last autumn culminated in the Minister's decision to increase support to UNFPA.

2.3. European Commission Adopts "MDGs Package"

On 12 April, the **European Commission (EC) adopted three communications on the subject of the Millennium Development Goals (MDGs)**. The package offers proposals in the areas of Finance for Development, Coherence for Development and Focus on Africa. The Commission also suggested measures to increase development aid and making aid more efficient.

A significant element of these communications is the path outlined to allow the European Union (EU) to reach the goal of 0.7 per cent of gross national income (GNI) for



official development assistance (ODA) by 2015. The EC outlines in detail how this is to be achieved, creating individual targets for each Member State and setting timetables to meet these levels. The EC's proposal has the potential to nearly double the EU's yearly budget for public development aid in ten years. It is estimated that this contribution would increase from €46 billion in 2006 to more than €90 billion in 2015.

Currently, four Member States have already achieved the goal of 0.7 per cent ODA/GNI and have committed to keep their ODA at least at this level. However, only another six Member States have already set fixed timetables to achieve this target by 2015.

Yet, considering the important role that access to social services have in reaching the MDG targets, **health services are not mentioned in the three communications**. In another newly adopted EC communication, the so-called "**MDG synthesis report**," there is a much stronger emphasis of health issues and the **importance of reproductive health (RH) including access to supplies**. This report is a summary of what the EC and Member States have done so far in reaching the MDGs. It is hence retrospective in nature, whereas the new MDG package frames the EC's response to the MDG review, but the difference in content is none the less noteworthy.

Adopted in the EC the three communications now have to be adopted by the European Parliament and Council. The Council debate and possible adoption is likely to happen during the General Affairs & External Relations Council (GAERC) meeting in May.

More information, as well as the three communications, is available online at http://europa.eu.int/comm/development/index_en.htm.

For more information on EU policy, please contact Mr. Rune Rasmussen at rune.rasmussen@rhsupplies.org.

3. Reproductive Health Supplies: Question of the Month

This interview is with Mr. Andrew Piller, Director of DKT Ethiopia, DKT International's oldest programme, which accounts for approximately 90 per cent of all condoms distributed in Ethiopia.

Question: What are DKT International's key activities in Ethiopia?

Answer: DKT Ethiopia (the local affiliate of DKT International) has been implementing a contraceptive social marketing program in Ethiopia since 1990. The current product range includes two brands of condoms, 2 brands of oral contraceptives, one brand of injectable contraceptive and one brand of oral rehydration salts (ORS). These

products are subsidized to make them affordable for the majority of the population. The marketing of these products involves a wide range of promotional activities to encourage trial and continued use.

Question: Ethiopia is a relatively large country with a large rural population. How does DKT ensure that all Ethiopians have access to reproductive health supplies?

Answer: DKT has more than 40 staff based outside of Addis Ababa responsible for marketing our products. Over the 14 years of operation DKT products have been made available in more than 3,700 hospitals, clinics, pharmacies, drug stores and rural drug vendors. This represents the majority of these types of outlets available in the country. DKT's products are also sold through a various other local and international NGO facilities. Along with these outlets DKT sells condoms into an estimated 30,000 'non-traditional outlets (such as bars and kiosks) throughout the country.

Question: What are the greatest difficulties you have in ensuring that the appropriate RH supplies reach consumers?

Answer: For hormonal methods the major difficulty is that there are only a limited number of outlets that are authorized to dispense these products. For condoms, there is a lot of resistance to condom use (partially due to misinformation from a variety of sources) – a problem found in many if not most countries in the world.

Question: What are the contraceptive preferences of Ethiopians and why?

Answer: According to the most recent reports from the Ministry of Health, injectable contraceptives, condoms and oral contraceptives are the favorite methods (in that order). Injectable contraceptives are very popular because they are discrete and convenient (only needed every three months). Condoms are mainly distributed for HIV/STI prevention (reported condom use for family planning is modest).

Question: How do you think access to RH supplies could best be improved in Ethiopia and what are the key steps to ensuring access?

Answer: The Ethiopian Ministry of Health is committed to improving access to RH supplies and services. Recently the MOH established a comprehensive network of Health Extension Workers (HEWs). These HEWs will be based in villages throughout the country and will be responsible for, among other things, providing RH supplies and services. At the same time, the MOH is improving their logistic systems for managing supplies. The posting of these HEWs (due to be completed in the next few years) and improved logistics management of supplies will be a potentially major step in improving access to RH sup-



plies. In conjunction with that, DKT is working with the relevant authorities to increase the number of alternative outlets authorized to distribute RH supplies.

Question: To what extent is the private sector involved in reproductive health and family planning activities in Ethiopia? Do you see their role expanding in the future and how?

Answer: Presently, the private sector has minimal direct involvement with RH and FP activities in Ethiopia. There is no local manufacturing of RH/FP products and importing costs and duties are a constraint. There are a growing number of private health clinics, mostly in urban areas and that should continue to increase. As the country grows economically it is inevitable that the private sector will get more active – for both supplies and services.

4. Reproductive Health Supplies Shortage News

4.1. Behind The Newsclip: RH Supplies in Tsunami-Affected Region

The following news was circulated among the community newswires and newsletters in February 2005.

U.N. Says Unwanted Pregnancies Could Rise Due to Contraceptive Shortage in Tsunami-Hit Aceh's Refugee Camps

BANDA ACEH, Indonesia – A growing number of women living in tsunami-ravaged Aceh province's refugee camps could have unwanted pregnancies in coming months because of a shortage of contraceptives, officials said Tuesday.

The government estimates that 400,000 people left homeless by the Dec. 26 earthquake and tsunami are living in squalid camps in the province – one of the country's poorest regions, on the northern tip of Sumatra island. Many have no access to basic health care services because the waves damaged hospitals and clinics, ruined medical supplies and killed doctors, nurses and midwives.

Indonesia National Family Planning Coordinating Board official, Tri Tjahjadi, said his office in the provincial capital of Banda Aceh had been swamped by requests for condoms and other forms of birth control. The office has about 16,000 contraceptives – but needs 80,000, he said.

“As these people start to forget the traumatic event, we expect an increase of sexual activity among the affected people, especially in the next three months,” he said in a statement released by the United Nations Population Fund.

Even if Aceh officials had enough contraceptives, it would have difficulty shipping them to some areas where roads were badly damaged or washed away by waves, the UNFPA said.

Officials could also face a possible backlash from fundamentalist Muslims in the world's most populous Muslim country who consider contraceptives a taboo topic and think birth control devices encourage pre-marital sex.

Pregnant women comprise about 25,000, or 6 percent, of some 400,000 refugees in Aceh's camps, the United Nations says. Every month, 800 women give birth in the camps – or about 27 a day – according to the world body.

The camps' unsanitary conditions put expectant mothers at greater risk of infections and other potentially life-threatening complications, the U.N. agency said. Normally, 15 percent of women in Aceh have pregnancy-related complications.

Source: Associated Press, 1 February 2005, <http://www.ewomensnews.org/archives/2005/02/02/indonesia-un-says-unwanted-pregnancies-could-rise-due-to-contraceptive-shortage-in-tsunami-hit-acehs-refugee-camps/#more-55>

SupplyNews Behind the Newsclip: Effects of the Tsunami in Indonesia

Unlike in other countries experiencing shortages of contraceptives and condoms, the situation in Indonesia developed suddenly as a result of a natural disaster, rather than being the cause of long-term problems in the supply chain.

The tsunami destroyed an entire region of Indonesia: buildings and housing were ruined and swept away with the wave; basic infrastructure, including roads, no longer exists; and the destruction of the land has rendered agriculture-related and several other paying jobs useless. Many Acehnese are left without a home, a job or income, and often members of their own families went missing in the disaster.

Impact on Reproductive Health and Supplies

Similar **destruction has occurred within the supply chain for RH supplies**: water flooded the warehouses, ruining the supplies, which were not swept away with the wave; motorcycles and other vehicles, which were used to transport supplies, are also gone; and, institutional memory has been lost, as the computers were destroyed. In effect, nothing is left of the infrastructure that supported the shipment and distribution of supplies.

On top of this, approximately **one-third of the midwives in the region went missing** in the tsunami. As midwives



provided up to 80 per cent of family planning services, the region now has a shortage of RH staff. And those, who are left, have lost their clinics. Although the surviving midwives still retain the knowledge necessary to provide services, they lack the supplies and instruments necessary to do this.

Now, after the tsunami, mothers and children remain one of the most vulnerable groups. Most pregnant women have little access to prenatal care, safe delivery, counseling and follow-up care.

Demand for Contraceptives

To complicate the matter of RH staff and supply shortages, **contraceptive use (and demand) in Indonesia is high**, with 55 per cent of married women using modern methods of contraception, of which the preferred methods are oral pills and injectables and, to a lesser extent IUDs and condoms.

Among the displaced population in Aceh, the **demand for contraceptives is rising**, as couples seek to prevent pregnancies while they are living in camps. Family planning services are important in the aftermath of natural disasters, because they help to prevent unwanted pregnancies, avoid pregnancies spaced too close together or dangerous pregnancies in women who are too young or too old. Many women would like to use contraceptives to prevent a pregnancy or delay one until their living conditions become safer.

Securing Emergency Supplies

Shortly after the tsunami, several international **donor organisations stepped in to support the Ministry of Health (MoH), the Indonesian Family Planning Association (BKKBN) and the Indonesian Midwife Association (IBI)** to help re-establish basic reproductive health services and provide RH supplies to those who need them. Many donors and NGOs are providing safe birth kits and are stepping up their technical assistance to ensure maternal and child health and safe delivery.

UNFPA conducted an assessment of the situation and responded quickly to this emergency crisis. With co-operation from USAID, emergency supplies, drugs, instruments and contraceptives were supplied to the region and both organisations are working to ensure that there is a sufficient stock to meet contraceptive needs.

UNFPA was able to airlift and ship contraceptives to the west coast of Aceh using military carriers and international NGOs, which had chartered boats. The U.S. has also assisted with donations by providing air support to facilitate BKKBN's rush of critical RH supplies, including oral pills, injectables and condoms, to Aceh.

Both organisations have been working closely with BKKBN to rebuild their capacity to provide RH services and supplies. UNFPA has provided BKKBN, as well

as the MoH, with computers, telephones and vehicles to support distribution activities, while USAID has provided support to jumpstart family planning services and outreach activities.

Alongside support for BKKBN, international donor organisations are also working with the IBI to ensure maternal health by improving access to trained midwives and necessary supplies. UNFPA has provided the IBI with medical instruments, drugs and contraceptives and DKT International, together with their donor the KfW Development Bank made a contribution of a range of contraceptives to the IBI.

Ensuring Long-Term Solutions

As the situation begins to improve in Aceh, **long-term solutions for sustainable contraceptive supplies** are being discussed. Key to this is **re-building the private sector** so that midwives, doctors and clinics can return to providing quality services and products. If this is postponed too long, there is a risk that the population will grow accustomed to free services and supplies and no longer be willing to pay for these goods.

Although the population will continue to need free or subsidised services for some time, in the past, the majority of Indonesians were able and willing to pay for socially marketed products over free goods. It is estimated that many Achenese have lost their incomes, including their capacity to purchase contraceptives, for at least the next year.

DKT, whose work contributes to an estimated ten per cent of the contraceptive prevalence in Indonesia, is currently examining ways to start re-building the private sector, as well as continue their social marketing activities in the region.

The tsunami disaster demanded immediate emergency response throughout South and Southeast Asia. In these situations organisations need to factor in maternal and child health issues as a standard practice in the initial round of assessments following a disaster. The quick response of organisations, such as UNFPA, USAID and DKT, has helped to prevent many larger problems and continuous support will be necessary to improve the situation in Aceh.

Sources: *DKT International in Indonesia, UNFPA website <http://www.unfpa.org>, UNFPA offices in Aceh, USAID*

4.2. Contraceptive Security In Togo: A USAID Reply

In response a previous article on the condom shortage in Togo, USAID has submitted the following letter to the editor. The Supply Initiative appreciates the clarification from USAID regarding the contraceptive supply situation in Togo:



The December 2004/January 2005 issue of *SupplyNews* carried the article “Creating a Plan for Contraceptive Security in Togo: USAID’s 18 Country WARP Plan Affects Reproductive Health Supplies.” USAID applauds the efforts of the Supply Initiative to draw attention to ensuring access to essential reproductive health supplies in West Africa. However, we offer clarifications of the following statements in the article to give a more balanced picture of USAID’s commitment to improve reproductive health commodity security in West Africa.

“Although WARP has improved the impact of USAID’s activities in West Africa, it has at the same time resulted in a decrease of contraceptive donations to the region.” Contraceptive flows through the WARP program [West Africa Regional Program], approximately US \$1.4 million annually, are an inadequate way to gauge USAID’s total contraceptive support to the region. Seven bilateral Missions in the region – Benin, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal – have reproductive health programs that support contraceptive supplies. **The WARP program is not correlated with a decline in USAID contraceptive and condom donations to West Africa.** Considering all USAID sources, USAID shipments to a select number of the 18 countries covered by WARP totaled US \$6.7 million in calendar year 2000. From 2001 to 2004 they have been between US \$11-13 million annually. **Annual fluctuations have reflected program factors such as consumption, supply pipelines, and other donor assistance.**

“Surprisingly, the total number of contraceptives donated through the four-country SFPS has not increased proportionally to accommodate the transition to the expanded 18-country WARP.” Unlike its predecessor project, SFPS [Santé Familiale et Prévention du SIDA], WARP is not involved in direct service delivery and could not be reasonably expected to do so in the new program orientation. The intent of WARP has never been to service the contraceptive and condom supply needs of the 18 countries. WARP is designed to work at the regional level to complement and support country efforts to adopt sustainable reproductive health, STI/HIV/AIDS, and child survival policies and approaches. For contraceptive security, one focus is to **support the development of a regional platform for “informed buying” to support country procurements of reproductive health commodities.** Two others are to disseminate and provide technical assistance for best practices in country strategic planning and to build capacity in technical and management institutes to provide logistics training.

“As a result of policy changes and implementation of the WARP, the level of condom supply [to Togo] has decreased.” USAID’s condom donations to Togo during 2000-2005 show no clear trend. While it is conceivable that Togo would get fewer commodities under the new program orientation, **annual changes have been in response to program factors and not to policy changes or implementation of WARP.** Condom donations increased during 2000-2003

in response to chronic shortages and the need to restore adequate buffer stocks in country. They peaked in 2003 and declined in 2004 in response to program needs and reorganization of distribution systems in Togo. Data for the first half of 2005 shows shipment quantities again on the rise.

“Given the critical state of reproductive health in Togo, USAID agreed to extend its donations there through the end of 2005.” A stakeholder workshop in 2003 recommended that WARP continue contraceptive and condom donations to Togo through 2005. It further recommended that donations continue after 2005 within the framework of a national contraceptive security strategy that would include identifying and mobilizing new and additional resources for financing Togo’s needs. WARP accepted these recommendations, and within this context, began technical assistance to the Government of Togo to develop a commodity security strategy. **A cut-off of USAID donations to Togo in 2006 is not planned.**

WARP has been working with Togo to ensure a smooth transition in getting support from other donors. Indeed, **Togo has been successful at mobilizing additional resources for its condom needs.** As mentioned in the article, the Government of Togo has successfully sought US \$33 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria to fund condom and contraceptive procurement, as well as cover operating costs and promotional materials through 2011. Mobilizing the vast resources of the Global Fund and other HIV/AIDS funding for condoms (and, we might add, contraceptives as part of preventing mother-to-child transmission) can be a significant contribution to meeting the growing supply needs of countries. Helping to unlock these resources for the financing, procurement, and distribution of commodities in West Africa is a priority for WARP’s technical assistance.

In addition, technical assistance for repositioning family planning in Togo is ongoing, including advocating for a national budget line item for the purchase of contraceptives as well as for improving the reproductive health commodity logistics system.

These clarifications do not alter the overall picture of contraceptive insecurity in West Africa. The situation is severe. It exceeds the resources any single donor can commit. Reproductive health commodity security in West Africa will require a concerted effort involving country governments in the region, regional bodies like the West Africa Health Organization (WAHO), donors, multilateral organizations, the private sector, and others.

Fortunately, increased attention is being paid to reproductive health and family planning in the region. At their Fifth Assembly convened by WAHO in October 2004, ECOWAS Health Ministers called upon WAHO, Member States, and partners to implement a set of specific steps to



improve reproductive health commodity security. USAID is now engaged in new and expanded partnerships to address some of these recommendations and to improve the reproductive health of women and men in West Africa.

Alan H. Bornbusch, USAID/Washington

Kristin Cooney and Felix Awantang, USAID/WARP

4.3. Female-Controlled Barrier Methods and the Fight Against HIV

The HIV/AIDS epidemic has taken a devastating toll on public health throughout the last three decades, and infection rates continue to rise around the world. **Women are at greater risk than men of acquiring HIV and other sexually transmitted infections (STIs)** for a combination of biological, economical, and socio-cultural reasons. Condoms remain the only method proven to reduce HIV transmission during sexual intercourse, but millions of women do not have the power within their relationships to insist upon condom use.

Scientists are currently researching potential female-controlled prevention methods that may be utilised without having to negotiate use with a male partner. **Microbicides** (substances that can be applied topically to reduce the risk of HIV/STI transmission) are being developed, and cervical barrier methods (diaphragms, cervical caps and other devices) are being tested for their ability to reduce HIV/STI transmission. The possibility that **cervical barriers may provide this “dual protection”** against both pregnancy and HIV and other STIs has sparked renewed interest in these methods.

In June 2004, Ibis Reproductive Health and partner organisations launched the Cervical Barrier Advancement Society (CBAS) in response to the growing need for more information on these methods. CBAS is an international networking organisation that aims to raise the profile of cervical barriers, both for preventing pregnancy and potentially also HIV and other STIs. CBAS is committed to sharing information about cervical barrier methods and barrier-microbicide devices and to facilitating networking between researchers working on these methods.

Several clinical and acceptability trials are currently underway to explore whether or not the diaphragm offers women some protection against HIV/STIs and how women and providers feel about using diaphragms for this purpose. More information about current research in this field is available at the CBAS website (www.cervicalbarriers.org).

One major study, the **Methods for Improving Reproductive Health in Africa (MIRA)** trial, is examining the effectiveness of the Ortho All-Flex diaphragm and Replens® lubricant gel in preventing heterosexual transmission of HIV among at-risk women in Southern Africa. With funding from the Bill & Melinda Gates Foundation, the University of California, San Francisco is leading

the MIRA trial in collaboration with Ibis Reproductive Health, the University of Zimbabwe, the Perinatal HIV Research Unit of South Africa, and the Medical Research Council of South Africa. This study will also explore the safety and acceptability of the diaphragm, the feasibility of using the diaphragm and lubricant gel as a sustainable HIV prevention method, and whether diaphragm use reduces transmission rates of chlamydia, gonorrhoea, and trichomoniasis.

If cervical barriers prove effective in preventing HIV/STI transmission, they must also be acceptable and available to the people who need them most in order to have an impact on the HIV/AIDS epidemic. Acceptability research is ongoing, and questions of cost and access are being investigated, but further research, as well as political and financial support will be required to ensure access to new technologies by those who are currently at risk and unprotected.

For more information on CBAS or the MIRA trial, please contact Ms. Katy Backes at kbackes@ibisreproductivehealth.org; for more information on Ibis Reproductive Health, please contact Ms. Ann Brown at abrown@ibisreproductivehealth.org.

4.4. Material Of The Month

The World Health Report 2005: Make Every Mother and Child Count

World Health Organization 2005

On 7 April, World Health Day, the World Health Organization (WHO) launched a new report entitled, **“Make Every Mother and Child Count.”** This year’s World Health Report coincides with the commemoration of the fifth anniversary of the Millennium Declaration adopting the Millennium Development Goals (MDGs). These goals have underlined the importance of improving health, and particularly the **health of mothers and children, as an integral part of poverty reduction.**

Discussed in depth in chapter three, Great Expectations: Making Pregnancy Safer, a key to improving the outcomes of pregnancy is finding appropriate ways of preventing and dealing with unwanted pregnancies. Unintended, mistimed and unwanted pregnancies are estimated to number 87 million per year, most of which are due to a huge unmet need for investment in contraception, information and education to prevent these pregnancies.

Adequate access to contraception can contribute to substantially better maternal health. Tackling unmet need can help avoid unwanted pregnancies and allows for birth spacing, which ensures better maternal health, as well as increases the chance of child survival. Contraception also reduces maternal death and disability through its potential to decrease unsafe abortions.



The World Health Report 2005 is available online at <http://www.who.int/whr/2005/en/index.html>.

4.5. Event Of The Month

Global Health Council's Annual Conference

31 May – 3 June 2005, Washington, DC, USA

This year's annual conference of the Global Health Council, themed "Health Systems: Putting Pieces Together," focuses on the components necessary to ensure successful health programmes, putting issues such as financing, policy, logistics, governance and service delivery at the forefront.

The conference will feature over 40 panel sessions and workshops addressing several different topics. Some sessions specifically related to logistics and financing of RH programmes and supplies include:

- **The Logistics Simulation: Can You Prevent Stock-outs?** Tuesday, 31 May, 1-4 pm: this workshop, given by JSI/DELIVER, aims to make participants familiar with the supply chain and some logistics system constraints, while discussing their possible effects on the operation of the health programme.
- **The Link is Logistics: Lessons from IMCI, MTCT+, Injection Safety and Contraceptive Security,** Friday, 3 June, 10:30 am-12:30 pm: at this panel, presenters will discuss negative effects of logistics and procurement on programme implementation; ensuring continuous supplies through data collection and procurement; potential solutions to improve forecasting methodologies; challenges to achieving contraceptive security; and the development and implementation of the logistic management information system for family planning services.
- **Using Assets Wisely: Human and Financial Resources for Reproductive Health,** Wednesday, 1 June, 10:30 am-12:30 pm: at this panel session, presenters will discuss effective training strategies to build local capacity and to advocate for adolescent sexual and reproductive health and rights; targeting strategies for public-sector family planning resources; and how to expand community-based distribution activities while maintaining and even increasing their performance in contraceptive distribution.
- **Engaging the Marketplace: Private Sector Strategies for Reproductive Health,** Wednesday, 1 June, 2-4 pm: at this panel discussion, presenters will discuss the process of introducing and assessing marketplace-based reproductive health services; how to increase awareness of reproductive health as part of corporate social responsibility and increase employer participation in reproductive health; and limita-

tions and successful interventions to sustainability of private-sector initiatives.

For more information on this conference, please visit the website at <http://www.globalhealth.org/conference/> or write to conference@globalhealth.org.

5. The Lighter Side

5.1. Family Planning Eye-Chart



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