



# Road-Mapping a Total Market Approach

## Eastern Europe and Central Asia Workshops

April 2013



## Acknowledgments

The regional workshops were the vision of Ezizgeldi Hellenov, the Reproductive Health Commodity Security Regional Adviser at the United Nations Population Fund (UNFPA) Eastern Europe and Central Asia (EECA) Sub-regional Office in Almaty, who initiated and planned them within the ongoing EECA regional program. He oversaw the workshops with the support of Tim Sladden, HIV Adviser in the EECA Regional Office in Istanbul. The UNFPA Global Programme to Enhance Reproductive Health Commodity Security, managed by the Commodity Security Branch, provided the funding for the workshops. Doina Bologa, UNFPA Country Director for Bosnia and Herzegovina, Kosovo, the Former Yugoslav Republic of Macedonia, and Serbia, hosted the workshop in Sarajevo. Nuzhat Ehsan, UNFPA Representative in Ukraine, and Pavlo Zamostian, UNFPA Assistant Representative, hosted the workshop in Ukraine.

Janet G. Vail, Reproductive Health Senior Program Officer at PATH, developed the workshop content. Jenny Winkler developed the facilitation guide. Amy Heyden, Reproductive Health Global Program Administrator at PATH, co-facilitated the workshops.

UNFPA staff provided logistical support. In Sarajevo, special thanks go to Majda Prljaca, Communications Assistant. In Kyiv, Natalia Nason provided logistical oversight. Karlygash Mizanova, Programm Associate in the Sub-regional Office in Almaty, provided general administrative assistance for both workshops.

For more information about total market approaches (TMA) contact:

PATH

MAILING ADDRESS

PO Box 900922  
Seattle, WA 98109  
USA

STREET ADDRESS

2201 Westlake Avenue  
Suite 200  
Seattle, WA 98121  
USA

Tel: +1 (206) 285-3500  
Fax: +1 (206) 285-6619

Janet Vail, Project Director  
Email: [jvail@path.org](mailto:jvail@path.org)

Copyright © 2013, United Nations Population Fund (UNFPA) and Program for Appropriate Technology in Health (PATH). All rights reserved.

Suggested citation: UNFPA and PATH. *Road-Mapping a Total Market Approach: Eastern Europe and Central Asia Workshops April 2013*. Seattle: PATH; 2013.

Cover photo: UNFPA

# Table of contents

Acronyms .....iv

Forward.....v

Background ..... 1

Introduction ..... 1

Survey .....2

Context setting.....3

Country experiences with total market initiatives .....5

Planning for the future .....6

Conclusion .....7

Annex 1 .....8

Annex 2 ..... 12

Annex 3 ..... 15

## Acronyms

CSB	Commodity Security Branch
EDL	Essential Drugs List
EECA	Eastern Europe and Central Asia
EECARO	UNFPA Eastern Europe and Central Asia regional office
FP	Family planning
GPRHCS	UNFPA Global Programme to Enhance Reproductive Health Commodity Security
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
JSI	John Snow, Inc.
MICs	Middle-income countries
MOH	Ministry of health
NGOs	Nongovernmental organizations
PATH	Program for Appropriate Technology in Health
RH	Reproductive health
RHCS	Reproductive health commodity security
SRH	Sexual and reproductive health
TMA	Total market approaches
UNFPA	United Nations Population Fund

## Forward

In Eastern Europe and Central Asia, progress has been made in recent years in improving sexual and reproductive health (SRH). But significant challenges and barriers still limit universal access to SRH services and commodities, as called for by the International Conference on Population and Development (ICPD) Program of Action and Millennium Development Goals (MDGs) 5 and 6, in particular for vulnerable populations.

The initiative to introduce the total market approach in the region as an innovative tool to improve access to SRH commodities emerged from a multi-country study conducted by United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation's European Network in 2011 and the recommendations from a high-level consultative meeting with government representatives held in 2012.

The total market approach (TMA) looks at what the public sector, commercial suppliers, and nongovernmental organizations can do to ensure a reliable supply of reproductive health commodities, in particular for family planning and HIV prevention. It takes into account that not all population groups are able or willing to pay the full market price for such commodities, and foresees subsidies or free supplies for those who cannot afford them. This helps ensure that the entire population has access to a wider range of affordable quality contraceptives, including marginalized or otherwise under-served groups.

The TMA is particularly suitable for middle-income countries wishing to lower their dependency on development assistance for covering supplies of SRH commodities while ensuring access for all population groups. Eighteen of the 20 countries in Eastern Europe and Central Asia are middle-income countries.

UNFPA and PATH are natural partners in advancing total market approaches due to UNFPA's unique position as an intergovernmental agency mandated to promote SRH and PATH's function as a bridging agency between the public and private sectors. PATH's previous experience with TMA at the national level has been to work with governments to take on the role of steward to the total market, and to coordinate with the private sector to expand access, ensure equity, and maximize financial resources. This central role of the government has been a key to success, and a substantially different approach than other programs that encouraged private-sector participation in family planning.

The plan of introducing the TMA to almost 20 countries at two regional workshops was truly ambitious; however, both workshops resulted in the development of concrete national action plans for each participating country, showing that this can be a model process moving forward.

We believe that the process started in this region will not only help the participating countries in making progress on implementing the ICPD agenda and the relevant MDGs, but that it will also be useful as a model for other regions, with the support of the Global Programme to Enhance Reproductive Health Commodity Security.

### **Werner Haug**

Director, Regional Office for Eastern Europe and Central Asia, UNFPA

### **Jane Hutchings**

Director, Reproductive Health Global Program, PATH

# Background

In Eastern Europe and Central Asia (EECA), achieving reproductive health commodity security (RHCS) is a challenge due to poor commitment of the governments to invest in affordable and accessible reproductive health products, especially contraceptives. Progress toward RHCS is also challenged by political, economic, and structural changes including health sector reforms and privatization of health services. Since most of the countries in the region are middle income, very limited amounts of reproductive health commodities are provided by development partners. In general, the region is characterized by increasing unmet need, a high rate of abortion, low modern contraceptive use, and increasing inequity in contraceptive prevalence.

In June 2012, the United Nations Population Fund (UNFPA) Regional Office for EECA (EECARO) and the International Planned Parenthood Federation (IPPF) European Network Regional Office conducted a meeting of high-level government officials from 17 countries in order to bring attention to gaps, priorities, and measures for client-oriented RHCS strategy in middle-income countries (MICs). The meeting was based on findings and recommendations of a 2011 survey in seven MICs.<sup>1</sup> During the two-day meeting, participants revisited the survey recommendations and validated them for their respective countries. Several of the endorsed recommendations applied to total market initiatives; specifically:

- To coordinate efforts of all stakeholders from different sectors (nongovernmental organizations [NGOs], private and public sector) with clear division of roles and responsibilities;
- To introduce sustainable financing mechanisms (such as the total market approach) including applying government funding to prioritize the affordability of contraceptives for vulnerable populations.

Based on these recommendations, EECARO initiated activities for “road-mapping” implementation of total market approaches (TMA) in the region. A letter of understanding was signed with PATH, a global health organization and technical partner with extensive experience in TMA. After several consultations during 2012 and analysis of 2013 online survey findings, EECARO and PATH developed materials for regional workshops.<sup>2</sup>

## Total market background

### Defining a total market approach:

Government coordination and support of public and private stakeholders to leverage their comparative advantages to enhance equitable, sustainable family planning.

### Defining “private sector”:

Non-profit providers (such as NGOs, religious organizations, and social marketing groups) and for-profit product manufacturers, distributors, and self-financing providers.

# Introduction

The EECARO of UNFPA convened two workshops in April 2013. The first, in Sarajevo from April 17 to 19, was designed to reach English-speaking countries. Teams from eight countries participated: Albania, Bosnia and Herzegovina, Bulgaria, Kosovo, Former Yugoslav Republic of Macedonia, Romania, Serbia, and Turkey. The second workshop, held in Kyiv from April 23 to 25, was conducted for Russian speakers from these twelve countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. The Kyiv workshop was conducted with simultaneous interpretation for English and Russian.

1. UNFPA and IPPF European Network. Key Factors Influencing Contraceptive Use in Eastern Europe and Central Asia. December 2012.

2. See: [eeca.unfpa.org/public/pid/14587](http://eeca.unfpa.org/public/pid/14587) or [www.path.org/publications/detail.php?i=2332](http://www.path.org/publications/detail.php?i=2332) for the workshop materials.

The country teams were composed of representatives from the following categories of organizations:

- Family planning (FP) or reproductive health (RH) programming division of the ministry of health (MOH)
- UNFPA
- Financing responsibility from the MOH, ministry of finance, or national health insurance
- NGOs, such as an affiliate of IPPF or a social marketing group

A total of 82 people participated in both workshops, including advisers from the UNFPA EECA regional and sub-regional offices. A list of participants is provided in Annex 1.

The workshop objectives were to increase awareness about total market approaches for RH/FP and to develop an action plan for total market initiatives in each country. The agenda for the three-day workshop, provided in Annex 2, was organized around the steps to implement a TMA<sup>3</sup>:

1. Engaging stakeholders
2. Gathering and applying evidence
3. Developing and implementing an action plan

Much of the work was conducted in small groups composed of individuals from a mix of countries. Participants came together as a country team at the end of the second day to compare notes and to develop their country action plans.

The expected result of each workshop is that the country teams will implement the actions in their plans with the support of UNFPA and its partners.

## Survey

To plan for the meeting, PATH developed a survey to seek inputs on the participants' knowledge of total market concepts, identify the range of experiences with TMA, and determine workshop content and methods. The survey is provided in Annex 3. UNFPA administered the questionnaire, translated it into Russian, and translated the Russian responses.

Thirty-three respondents from 16 countries replied by the following type of respondent: 6 MOH, 11 UNFPA, 15 NGOs, 1 donor. The survey respondents were not all the same as those attending the workshop.

Overall, the majority of respondents agreed that the government has a function to coordinate stakeholders, which it is now fulfilling (64 percent), or that a high priority (73 percent) is to establish and maintain a coordination mechanism. Similarly, most (73 percent) felt it appropriate to coordinate public and private financing for family planning services.

In terms of targeting public financing, 80 percent felt it was a high priority to direct public funding to lower-income populations, and agreed that identifying the most appropriate population for the public sector to finance would improve equity and access to family planning for all.

Despite these responses about coordination of financing and targeting of public financing, 55 percent felt that it was a low priority to encourage higher-income populations to seek services that are privately funded, and 30 percent felt it was not a priority at all.

In terms of increasing the government's stewardship of non-state providers, 61 percent felt this was a high priority.

3. The workshop agenda was organized with five implementation steps. Based on feedback from participants, this was revised to these three steps.

## Context setting

In each country, the local UNFPA and government authority opened the workshop. These served to stress the importance of the topic to the local and regional context, and also to make a commitment to future implementation. In Sarajevo, Draženka Malicbegovic, Assistant Minister at the Ministry of Civil Affairs, said that Bosnia and Herzegovina will take steps to introduce the TMA, as this will contribute to achieving the goals set in the 2012 national sexual and reproductive health (SRH) policy.

“The total market approach is an important tool not only for making the supply of reproductive health commodities more sustainable, but also for eliminating existing barriers to modern family planning methods.”

*Doina Bologa, UNFPA's Country Director for Bosnia and Herzegovina, Serbia, Kosovo, and the former Yugoslav Republic of Macedonia*

In Ukraine, Mr. Alexandr Tolstanov, Deputy Minister of Health of Ukraine, stated: “The hosting of the regional TMA workshop in Kyiv has a two-fold objective: (1) to share Ukraine experience to other middle-income countries and (2) learn more regarding the total market approach in order to fill the existing gaps in our country and advance our RH system.” Nuzhat Ehsan, the UNFPA representative, noted that Ukraine’s commodity supply is fragile, and partnership between the government and private sector is key to freeing up the government to take care of vulnerable populations.



Approximately one-third of the participating countries already had conducted some form of total market planning. However, the workshop helped participants to clarify use of the term “total market” and to discuss if previous work was indeed total market-oriented. For example, some survey respondents noted that they already worked with the private sector to provide services and develop policies, but they had not heard the total market terminology. On the other hand, five countries had previously conducted market segmentation studies, but the resulting study recommendations were not applied (see sidebar below). Similarly, some countries did not have coordination mechanisms between the government and other sectors, or had coordination committees that did not meet.

While two of the participating countries are low income (Kyrgyzstan, Tajikistan), and one is high income (Russia), the remaining are classified as middle income. In general, this signals an environment of declining external donor contributions for the health sector.

Governments of nine countries provide funding for contraception (Albania, Georgia, Kazakhstan, Moldova, Romania, Russia, Turkey, Ukraine, Uzbekistan), but through different mechanisms. Four target the financing to vulnerable populations (Albania, Kazakhstan, Romania, Ukraine). In the case of Georgia and Moldova, the government funding is provided via national health insurance.

Ten countries (Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Kyrgyzstan, Macedonia, Tajikistan, Turkmenistan, Serbia) have no current government funding for contraception.

In most of the participating countries, the private sector provides 70 percent or more of family planning services.

“The results of the family planning market segmentation study did not find their application in any of the ongoing FP projects mainly on the reasons of being too technical (poor capacities of the national stakeholders to benefit from the evidence) and capitalized on poor commitment of the government to address the existing high unmet FP needs. Based on the above, it would be important to systematically assess the ability and willingness of the government, as well as all contraceptive providers, both current and future, and define their roles, based upon capacity and expertise and agree to work in partnership for the benefit of improving contraceptive use. It would be important as the government has been on the eve (at least rhetorically) of the introduction of the mandatory health insurance (and where the FP methods should find their deserved place).”

*Survey respondent*

From a total market perspective, the challenge in this region is to encourage the government to undertake coordination and stewardship functions in the areas of regulating quality and increasing access, especially for vulnerable populations.

### Road-mapping of Total Market Approach for FP/RHCS

Country name	Country population			Country income				Modern contraceptive prevalence rate			Focus on condom programming for HIV prevention?		Public/private source mix for contraceptive provision		
	<7 Million	7-20 Million	>20 million	Low: \$1,025 or less	Low Middle: \$1,026 to \$4,035	Upper Middle: \$4,036 to \$12,475	High: \$12,476 or more	<25%	25-54%	>54%	Yes	No	>70% public	30-70% public	<30% public
Albania	●					●		●			●		●		
Armenia	●				●				●		●				●
Azerbaijan		●				●		●			●				●
Belarus		●				●			●		●			●	
Bosnia and Herzegovina	●				●			●			●				●
Bulgaria		●				●			●		●				●
Georgia	●				●				●		●				●
Kazakhstan		●				●			●		●			●	
Kyrgyzstan	●			●					●		●				●
Kosovo	●				●			●			●			●	
Macedonia	●					●		●			●				●
Moldova	●				●			●			●				●
Romania			●		●				●		●		●		
Russia			●				●			●	●				●
Serbia		●			●				●		●				●
Tajikistan		●		●					●		●				
Turkmenistan	●					●			●		●				●
Turkey			●			●			●			●		●	
Ukraine			●		●				●		●				●
Uzbekistan			●			●				●	●				●

Based on small group discussion and grouping of themes among the participants, each workshop defined key elements of a TMA. In both workshops, the participants identified core elements as:

- Coordination and partnership of stakeholders from different sectors.
- Seeking universal access by:
  - Defining appropriate populations to target.
  - Providing maximum benefit for vulnerable populations.
- State leadership and accountability.

“TMA is stewardship of a quality system that provides access for all.”

*Workshop participant*

# Country experiences with total market initiatives

Teams from among these countries presented their experiences to the participants in both workshops, and shared their challenges and lessons learned. Teams from Albania, Kosovo, and Romania presented their experiences in total market planning in the Sarajevo workshop. At the Kyiv workshop, Armenia, Georgia, and Ukraine presented. Key findings from these presentations are summarized here.

**Albania:** Albania has a national contraceptive security strategy, conducted market segmentation analysis, has had a sector-wide coordination body since 2006, and a national action plan for RHCS. Government funding for contraceptives is increasing as UNFPA ceases product donations. The country context is supportive (see Figure 1). By 2016, the government plans to shift free distribution of products to only the most vulnerable population. Future needs are to determine the cost of the basic package of health services (including RH/FP), and to determine how to monitor the quality of service provision.

**Kosovo:** Kosovo presented its experience with condom social marketing. Its main challenges have been the low demand for family planning with total fertility decreasing, and the lack of government prioritization of family planning. While they do have a coordination committee, it is not officially endorsed to make decisions.

**Romania:** Romania's experience is similar to Albania's in that the government is purchasing contraception as donors leave, and it is targeting products to vulnerable populations. They coordinate with other sectors. Challenges include decentralization of financing and maintaining quality of health service providers. Their lessons learned are shown in Figure 2.

**Armenia:** Armenia had conducted prior market segmentation analysis and some elements of total market planning. Sexual and reproductive health (SRH) and FP are included as priorities in the poverty reduction strategy. Reliable data exist on contraceptive use, trends, and needs. However, they did not have a coordination body on SRH and there was agreement in the survey responses that the government was not taking a lead role to mobilize all sectors. Additionally, their presentation raised an important point that the Essential Drugs List (EDL) did not include family planning devices, such as condoms and IUDs (see Figure 3).

**Georgia:** The focus of Georgia's total market planning was on gathering evidence for advocacy and decision-making. This included a gap analysis of family planning services, a study of economic and social vulnerability, and a reproductive health survey. Most impressively, contraceptive prevalence had increased to 53 percent in 2010 (from 41 percent in 1999), while the abortion rate halved over the same period. Government partnerships with pharmacists have expanded access to contraception, especially for youth. However, challenges remain. As with Armenia, many RH products are not on the EDL. Restructuring of private health facilities and insurance financing programs necessitates renegotiation with previous partners on supply distribution and pricing.

**Ukraine:** Mr. Alexandr Tolstanov, Deputy Minister of Health of Ukraine, noted that Ukraine as a middle-income country already started to procure contraceptives for its three categories of vulnerable populations within the ongoing State Program on Reproductive Health of the Nation. The USAID Together

Figure 1. Enabling environment in Albania

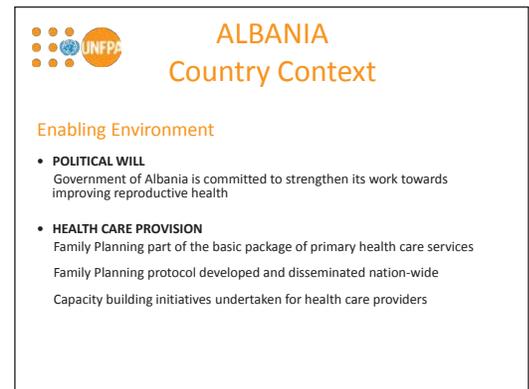


Figure 2. Lessons learned in Romania

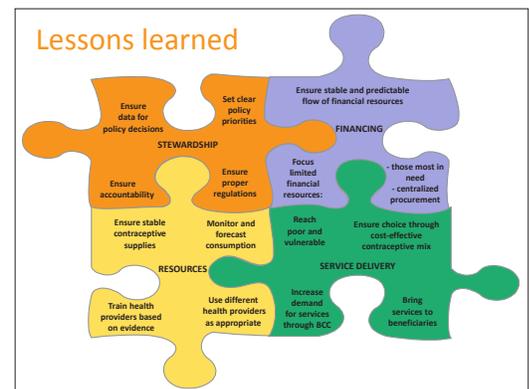
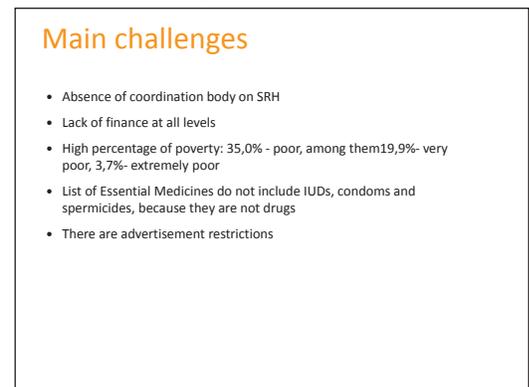


Figure 3. Challenges in Armenia



for Health project, implemented by John Snow, Inc. (JSI), applied a total market approach to improve availability, accessibility, and affordability of contraception. This included working with pharmacists to provide a defined package of products, and training and certifying pharmacies. In addition, the project collaborated with pharmaceutical manufacturers to reduce prices, launch needed methods, and provide education to the pharmacists. The key to their approach was targeting different market segments as shown in Figure 4. One of the key lessons learned was that backing of the government is crucial for success. In future, the government will work with sub-national level government agencies to mobilize resources for procurement and work with the private sector.

Figure 4. Ukraine market segments



## Planning for the future

By the end of the workshops, each country team had developed its action plan.<sup>4</sup> Common themes of the plans were to:

### Engage stakeholders:

- Identify new stakeholders.
- Strengthen existing coordination bodies (e.g., meet routinely or diversify membership).
- Advocate to government agencies, parliamentarians, and subnational government authorities.
- Integrate TMA into national strategy development.

### Gather and apply evidence:

- Determine current contraceptive and service sources including private markets.
- Collect evidence about the extent and identification of low-income, vulnerable populations.
- Identify which populations are best suited to pay for contraception.
- Review/revise EDLs to include contraception (including devices).
- Evaluate legislative and regulatory changes needed.
- Determine costs of family planning service provision.
- Determine quality indicators to monitor quality of service provision in both public and private sectors.

Each country team also requested support from UNFPA's regional office to implement these action plans. Most of these requests were for technical support to conduct willingness-to-pay and market-segmentation studies, plan advocacy strategies and activities, and address demand generation. Additionally, support is needed to promote AccessRH with government procurement bodies. Regional approaches were most welcomed, and participants sought to continue to share their experiences through regional networking and alliances, particularly using social media tools. It was agreed to assess implementation after one year and then determine what additional support is needed.

Evaluation results showed that both workshops were successful in increasing the participants' awareness and understanding of total market approaches, and in helping country teams to develop a road map for how to introduce a total market approach in each country.

4. These plans are available at: [eeca.unfpa.org/public/pid/14361](http://eeca.unfpa.org/public/pid/14361)

## Conclusion

Nineteen country teams developed action plans in the course of the workshop. Most participating countries already had some previous experience with components of total market approaches before the workshop; the workshop enabled them to examine gaps and move forward quickly to develop an integrated plan. EECARO will provide support to countries to implement the plans, such as targeted technical support.

Countries in the EECA region have the capacity to develop and implement action plans for applying total market approaches to achieve their family planning and reproductive health goals. The workshop helped participants to see how governments can contribute to the goals as steward of the total market, even when most services and products are sourced from the private sector. This will help to ensure access, equity and sustainability, and meet Millennium Development Goals.

# Annex 1

## Workshop participants: Sarajevo workshop

### Albania

Mr. Gazment Koduzi  
Director of Primary Health Care Department  
Health Insurance Institute

Dr. Fedor Kallajxhi  
Ministry of Health

Mr. Ardian Paravani  
Director  
NESMARK - Social Marketing Sector/Albania

Ms. Dorina Tocaj  
Reproductive Health Program Analyst  
UNFPA

### Bosnia and Herzegovina

Ms. Drazenka Malicbegovic  
Assistant Minister  
Ministry of Civil Affairs

Mr. Dalibor Pejovic  
Chief of Department for Planning, Human Resources  
and Information System  
Ministry of Civil Affairs

Dr. Begzudin Ahmetovic  
Ob-Gyn Specialist  
Department of Health and Other Services, District Brcko

Mrs. Doina Bologa  
UNFPA Country Director for Bosnia and Herzegovina,  
Serbia, Kosovo and the former Yugoslav Republic of  
Macedonia

Ms. Sara Calkic  
Sexual and Reproductive Health Project Assistant  
UNFPA

### Bulgaria

Mrs. Anina Chileva  
National Center of Public Health Protection

Mr. Ventzislav Kirkov  
Bulgarian Family Planning and Sexual Health  
Association

### Kosovo

Mr. Ukshin Vllasa  
Head of Budget Division  
Ministry of Health

Ms. Merita Vuthaj  
RH, MChH Officer  
Ministry of Health

Mr. Rifat Batusha  
Director  
KOPF-Social Marketing / Kosovo

Ms. Zarife Miftari  
SRH Coordinator  
UNFPA Kosovo

### Macedonia

Ms. Valentina Pavlovska  
State Advisor  
Ministry of Labour and Social Policy

Mr. Mile Bosnjakovski  
UNFPA

### Romania

Ms. Elisabeta Horhoianu  
SECS

Dr. Petronela Stoian  
Senior Advisor  
Program Implementation Unit  
Ministry of Health

### Serbia

Ms. Snezana Pantic Aksentijevic  
Senior Advisor  
Ministry of Health

Ms. Marija Jevtic  
Consultant  
IPPF

Ms. Marija Rakovic  
National Programme Officer  
UNFPA

### Turkey

Ms. Sema Sanisoglu  
Head of Reproductive Health Department  
Public Health Institution, Ministry of Health

Mr. Tevfik Cetinkaya  
Head of Department for Medicine and Pharmacy  
Social Security Institute

Mr. Hakan Şatiroglu  
General Director  
Turkish Family Planning Association

Mr. Gokhan Yildirimkaya  
Programme Analyst  
UNFPA

#### **UNFPA**

Mr. Tim Sladden  
HIV Adviser  
UNFPA Eastern Europe and Central Asia Regional Office

Mr. Ezizgeldi Hellenov  
RHCS Adviser  
UNFPA Central Asia Subregional Office

#### **Workshop participants: Kyiv workshop**

##### **Armenia**

Ms. Gayane Avagyan  
Head of Maternity and Reproductive Health Protection  
Unit  
Ministry of Health

Mr. Pavel Khazaryan  
Deputy Head of Social Security and Health Sectors  
Budget Planning Department  
Ministry of Finance

Mr. Eduard Hovhannisyan  
Programme Manager  
Pan-Armenian Family Health Association, IPPF-EN  
Affiliate

Mr. Vahe Gyulkhasyan  
SRH Project Coordinator  
UNFPA

##### **Azerbaijan**

Ms. Faiza Aliyeva  
National Coordinator on Reproductive Health and  
Family Planning  
Ministry of Health

Mr. Azad Veliyev  
Head of the Department of Finance and Economics  
Ministry of Health

Mr. Teymur Huseynov  
Health Analyst  
Public Health and Reforms Center, Ministry of Health

Mr. Teymur Seyidov  
Programme Analyst  
UNFPA

##### **Belarus**

Ms. Ala Kamliuk  
Head of the Department of Family Planning and Assisted  
Reproductive Technology  
National Research Center Mother and Child

Ms. Alena Tkachova  
Department on Public Health Planning and Economy  
Ministry of Health

Ms. Volha Labacheuskaya  
Reproductive Health Public Association  
Belarusian State Medical University

Mr. Siarhei Lisichonak  
Programme Assistant  
UNFPA

### **Georgia**

Mr. George Gomereli  
Head of Economic Department  
Ministry of Labour Health and Social Affairs

Mr. Kakha Kheladze  
Deputy Director  
Social Services Agency

Mr. Irakli Khvedelidze  
Head  
Caucasus Social Marketing Association

Ms. Tamar Khomasuridze  
Assistant Representative  
UNFPA

### **Kazakhstan**

Ms. Kuliya Birzhanova  
Chief Expert Department of Maternal and Childhood  
Health Protection  
Ministry of Healthcare

Ms. Rakhima Duyssenova  
Project Coordinator  
NGO Amansaulyk

Ms. Yuliya Lyssenkova  
National Programme Analyst  
UNFPA

### **Kyrgyzstan**

Mr. Joldoshbek Abdyldaev  
Finance Specialist  
Mandatory Health Insurance Fund

Dr. Aigul Boobekova  
Specialist, Obstetrician/Gynecologist  
Ministry of Health

Ms. Galina Chirkina  
Head  
Alliance of Reproductive Health

Ms. Cholpon Egeshova  
HIV Officer  
UNFPA

Ms. Nurgul Smankulova  
Reproductive Health National Programme Analyst  
UNFPA

### **Moldova**

Mr. Stefan Gatcan  
Director  
Mother & Child Institute

Mr. Iurie Osoianu  
Deputy Director  
National Medical Insurance Company

Ms. Rodica Comendant  
Director  
Reproductive Health Training Center NGO

Ms. Natalia Cojohari  
Youth Associate  
UNFPA

### **Russia**

Ms. Lidia Bardakova  
Assistant Representative  
UNFPA

### **Tajikistan**

Ms. Gulbahor Ashurova  
Head of RH and MCH Department  
Ministry of Health

Ms. Ruzigul Mirzoeva  
Head of Health Budget Department  
Ministry of Finance

Mr. Salohiddin Saibov  
Programme Coordinator  
Tajik Family Planning Alliance

Mr. Khurshed Irgitov  
Programme Associate on FP/RHCS  
UNFPA

### **Turkmenistan**

Mr. Chary Nazarov  
Director  
MCH Institute

Mr. Sahetmammet Sahetmammedov  
Head  
Department of Bookkeeping and Financial Reporting

Mr. Kemal Goshliyev  
RH NPO  
UNFPA

Ms. Albina Sadullaeva  
RH Programme Associate  
UNFPA

### **Ukraine**

Ms. Valentyna Kolomeychuk  
Deputy Head, MCH Division  
Ministry of Health

Ms. Galyna Dovganchin  
Head, Division of Strategic Planning and Public  
Procurement  
Ministry of Health

Ms. Didenko  
Head of Vinnitsa Oblast Health Department

Ms. Elena Streltsova

Ms. Tatiana Rastrigina  
Program Officer  
USAID

Ms. Anastasiya Dumcheva  
World Health Organization

Ms. Galyna Maystruk  
Women Health and Family Planning Association  
IPPF Affiliate

Mr. Oleg Kuzmenko  
JSI

Mr. Pavlo Zamostian  
Assistant Representative  
UNFPA

Mr. Andrey Poshtaruk  
UNFPA

### **Uzbekistan**

Ms. Nodira Islamova  
Leading Specialist of MCH Department  
Ministry of Health

Mr. Abror Valijanov  
Chief Economist  
Ministry of Finance

Ms. Gulsara Tishaeva  
Director, Andijan Branch  
Uzbek Association for Reproductive Health

### **UNFPA Eastern Europe and Central Asia Regional Office**

Ms. Karlygash Mizanova  
Programme Associate  
UNFPA Central Asia Subregional Office

## Annex 2

### Agenda

Road-Mapping a Total Market Approach for Family Planning and Reproductive Health Commodity Security (Including Condom Programming): “Ensure access for all to family planning and reproductive health, with a specific focus on vulnerable populations.”

April 17–19, 2013: Sarajevo, Bosnia and Herzegovina

April 23–25, 2013: Kyiv, Ukraine

#### Day 1: Background

8:45–9:15	Registration
9:15–10:00	Opening speech by host country, UNFPA, and PATH
10:00–10:30	Introductions, agreements, and other logistics arrangements
10:30–10:45	Meeting objectives and expected results
10:45–11:15	Break
11:15–13:00	<p>What is a total market initiative (TMI)?</p> <ul style="list-style-type: none"><li>• What are common elements of a definition?</li><li>• How could a TMI help to achieve national FP/RH strategy and goals?</li><li>• How do different stages of a country’s economy and its FP/RH program influence the total market interventions?</li></ul>
13:00–14:00	Lunch
14:00–14:30	Identify steps to a TMI
14:30–15:00	<p><b>Step 1: Engage stakeholders</b></p> <p>Participants work in small groups to address questions about a case study</p>
15:00–15:30	Break
15:30–16:00	Participants continue in small groups on a case study
16:00–16:30	Small groups report out to plenary
16:30–17:00	<p>Synthesis of learning from Step 1</p> <p>Each participant records next steps to engage stakeholders in their country</p>
17:00–17:15	Wrap up and adjourn

## Day 2: Implementation

9:00–9:30	Recap of day 1 Introduction to day 2
9:30–10:00	Access RH presentation
10:00–10:45	<b>Step 2: Gather and apply evidence for decision-making</b> Participants work in small groups on a case study
10:45–11:15	Break
11:15–12:00	Small groups report out at plenary Synthesis of learning Each participant records next steps to gather evidence in their country
12:00–13:00	<b>Step 2, continued: Apply the evidence</b> Round-robin in each small group: <ul style="list-style-type: none"><li>• Tell us about a time you observed in your country when data were applied effectively to decision-making?</li><li>• What data might be effective to influence critical stakeholders in your country in future?</li></ul> Each small group reports out to plenary
13:00–14:00	Lunch
14:00–15:00	<b>Step 3: Develop and implement an action plan</b> Moderated panel discussion to present examples of TMIs from countries (i.e., different contexts and practices) and their action plans
15:00–15:30	Break
15:30–16:00	Each participant records an action plan Small groups discuss and compare plans
16:00–17:00	Participants work in country teams to compare the notes they recorded from previous steps
17:00	Wrap up

### Day 3: Success

9:00–9:15	Recap of day 2 Introduction to day 3
9:15–9:45	<b>Success and lessons learned</b> <ul style="list-style-type: none"><li>• How do you define and measure success?</li><li>• What are success factors from previous initiatives?</li><li>• What are lessons learned and best practices?</li></ul>
9:45 – 10:45	Country teams record their action plan
10:45–11:15	Break
11:15–12:15	Country teams report out on their plan in plenary
12:15–12:30	Discussion and questions/answers
12:30–13:00	Country teams identify regional support to fulfill their commitments
13:00–14:00	Lunch
14:00–14:30	Evaluation of workshop
14:30–15:00	Closing ceremony
15:00–15:30	Farewell coffee break

## Annex 3

### A survey for the total market approach for FP/RHCS in EECA

#### Existing family planning programs and policies

1. For each of the following, please note if you agree (A), disagree (D), or don't know (DK) about the situation in your country.

Statement	A	D	DK
a. The government is involved in promoting or working with the private sector for family planning service provision.			
b. The government usually engages not-for-profit private sector providers in the development of family planning policies.			
c. The government usually engages for-profit private sector providers in the development of family planning policies.			
d. Legislation and regulations exist to define roles and responsibilities of private sector in family planning.			
e. The government has the necessary resources to enforce existing legislation and regulations on family planning.			
f. Public (government) spending on family planning for the lower-income population is adequate.			
g. The government takes a lead role in mobilizing and coordinating all sectors and stakeholders to improve family planning services.			

2. What is the priority in the following areas for ensuring equity and access to family planning services in your country? Please note if you think it is a high priority (H), low priority (L), or not a priority at all (N).

Statement	H	L	N
a. Directing public funding to lower-income populations.			
b. Encouraging higher-income populations to seek services that are privately funded.			
c. Establishing or maintaining a coordination mechanism involving all stakeholders in family planning.			
d. Coordinating public and private financing so that family planning services for all are sustainable.			
e. Increasing government's stewardship (oversight to ensure quality, availability, affordability) of non-state providers of family planning.			

3. Are there additional priorities you think are important which are not mentioned?

### Total market approach

4. Do you agree, have a neutral opinion, or disagree that public-private collaboration will create equitable and sustainable access to family planning services?

- Agree
- Neutral
- Disagree

5. Have you ever heard (known) of “total market approach”?

- Yes
- No (go to question 9)

6. How do you define it?

7. Which aspects of the total market approach do you think would be most helpful or appropriate in your country, and why?

8. Which aspects of the total market approach do you find least appropriate and why?

9. I will read to you some statements and please tell me if you agree (A), disagree (D) or don't know (DK).

Statement	A	D	DK
a. Strengthening the government's role in coordinating and mobilizing the public and private sectors is an effective way to improve family planning programs.			
b. Identifying the most appropriate population for the public sector to finance will improve equity and access to family planning for all populations.			
c. Identifying the most appropriate contraceptive method mix provision to each sector's population is a priority.			

10. What are some of the steps you think are important to engage stakeholders in developing a total market approach? (Please list the most important three steps):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

11. What are the resources or data you think are required to support the coordination and mobilization of public and private sectors in your country?

**Workshop design**

12. What are your hopes for what you will accomplish or achieve through your participation in this workshop?

13. Please describe workshop techniques or methods that you have found particularly effective and would like to see integrated into this meeting?

14. Are there any workshop techniques or methods that you would prefer not to see integrated into this meeting?

Thank you very much for your participation. We will be using the results of this survey to develop the agenda for the workshop to be held in April 2013.



