

**Improving health by ensuring access to quality
contraceptives and other reproductive health supplies**



Reproductive Health Commodity
Security *Advocacy Briefs*

RHCS Advocacy Briefs

Most Asian countries are now making an effort to improve national capacity to estimate current and future reproductive health commodity requirements, procure these supplies, and track and manage inventories by establishing efficient logistics management systems. Governments and other agencies are working to prevent temporary stockouts and shortages of supplies at all levels of the supply chain and to store and deliver products when and where they are needed. However, satisfactory levels of achievement cannot be achieved unless and until there is an adequate level of political commitment to reproductive health commodity security (RHCS).

Commitment to RHCS requires sufficient financial and human resource allocations. It also means that policies reflect the need to have right supplies available to clients at right time, in the right place, with the right quality and at the right cost. It means having a budget line item for essential RH supplies and engaging various RHCS stakeholders for better coordination and integrated support to this important area. A strong advocacy programme is critical to the achievement of these objectives.

Advocacy efforts will be necessary in order to build political commitment and mobilize resources to meet country needs for high-quality, affordable RH commodities and services. Advocacy is especially needed to reduce policy and procedural barriers to ensuring RHCS. Sustainable, consumer-centred strategic approaches will reduce the gap between needed and available resources (both financial and human). Advocacy activities to create national awareness and political support for RHCS may involve parliamentarians, leaders of civil society, and other senior health and financial officials.

The ten Advocacy Briefs are intended to serve as prototypes or templates for country level advocacy. They can be used as they are, or modified using relevant country data/information and translated into the local language. The Briefs serve as evidence-based advocacy materials toward the goal of achieving RHCS.

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Reproductive Health Commodity Security



RHCS
Brief 1

Improving health by ensuring access to quality
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REPRODUCTIVE HEALTH AND THE MDGs

“The year 2007 marked the halfway point of the Millennium Development Goals. So far, world progress towards meeting the goals has been uneven. UNFPA’s contributions in the areas of reproductive health and rights, and to preventing violence against women, are critical to achieving these targets.”

- Ban Ki-moon, Secretary-General of the United Nations

At the Millennium Summit in 2000, 189 United Nations Member States agreed to help the world's poorest countries significantly by the year 2015. A framework for progress was developed, consisting of eight Millennium Development Goals (MDGs). Secretary-General Ban Ki-moon’s statement is clear that progress on improving reproductive health is critical to the achievement of the MDG targets.

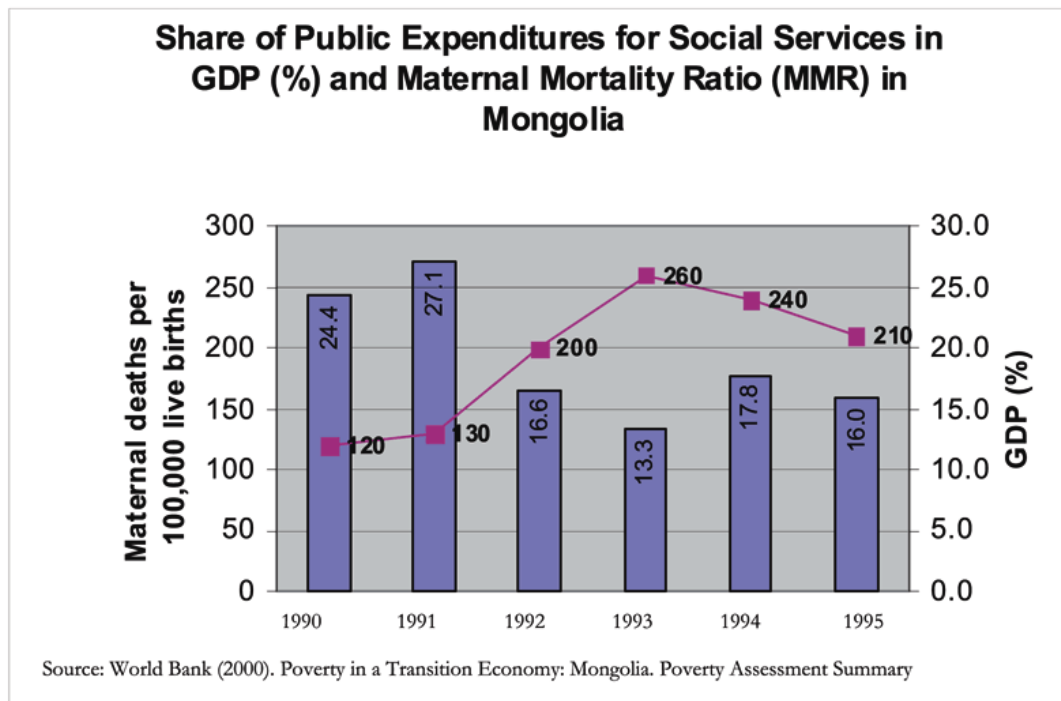
Secure access to reproductive health supplies has a direct impact on the Millennium Development Goals, in particular—

- **MDG Target 1—Reduce by half the number of people living on \$1 per day:** Falling fertility rates in low income countries have been correlated with a decline in poverty. Provision of reproductive health services and supplies helped reduce fertility by 43 per cent in developing countries from 1965 to 1990.
- **MDG Target 5—Reduce by two-thirds the mortality rate among children under 5:** Almost 11 million children under the age of 5 die each year, mainly in developing countries. The use of modern methods of family planning is critical to successful birth spacing and increased infant survival.
- **MDG Target 6—Reduce by three quarters the maternal mortality ratio:** In industrialized countries a woman has only a 1 in 4,000 chance of dying in pregnancy or childbirth over the course of her lifetime; in the developing world, that risk increases to 1 in 60. The use of contraceptives to ‘space’ births is a critical factor in reducing maternal mortality, yet 123 million women who want to use contraception are unable to do so.
- **MDG Target 7—Halt and begin to reverse the spread of HIV/AIDS:** Actions to prevent HIV are 28 times more cost effective than treatment (Singh 2003). Condoms are currently the only product able to prevent sexually-transmitted HIV.

Several studies have shown the benefits of investing in family planning services in terms of government savings. For example—

- In Thailand, every dollar invested in family planning programme saved the government more than \$16 in other social expenditures.
- In Viet Nam, every dollar invested in family planning would save about \$8 in health, education and other services.
- In Egypt, every dollar invested in family planning saved the government \$31 in social expenditures.

The consequences of inadequate investment in reproductive health have been demonstrated and well documented over many years. For example, according to the World Bank, the maternal mortality ratio in Mongolia increased steadily from 1989 to 1993 due to inadequate resources to support basic social services. Decreased social expenditures resulted in the closing of hospitals, health clinics, and maternity homes or the curtailing of their operations. Data from Mongolia indicate that increased support provided through development loans again helped to reduce the maternal mortality ratio.



Countries benefit directly and indirectly from investing in reproductive health. Healthy mothers are able to care for their families, and contribute to family income and to the development of their communities. Family planning as a part of reproductive health helps individuals and couples avoid unwanted pregnancies, bring about wanted births, allow couples to determine the timings of births and the number of children in their families. This leads to fewer mother and infant deaths; data indicate that infant mortality rates can decrease by as much as 45 per cent when births are spaced more than 2 years apart (Deliver, 2003). Smaller families also allow parents to invest more in every child's care and education, and decreases demand for government social spending on education, health, food, water, and sewage, and it eases population pressure on the environment.

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WHAT IS REPRODUCTIVE HEALTH COMMODITY SECURITY?

Reproductive Health Commodity Security (RHCS) is defined as having a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person's needs, at the right time and in the right place. RHCS is achieved when all individuals can choose, obtain, and use affordable and high quality reproductive health commodities whenever they need them.

In 1994, the International Conference on Population and Development set forth the goal of universal access to reproductive health services by 2015. RHCS is an essential element in attaining this goal. RHCS means improved access to and greater choice of quality contraceptives for individuals who wish to space or prevent pregnancies. It means improved availability of essential reproductive health drugs and supplies to ensure safe motherhood, manage emergencies during childbirth, treat sexually transmitted infections, and prevent mother-to-child transmission of HIV.

Throughout the developing world, demand for contraceptives, condoms, and other essential RH supplies and equipment far exceeds the supply. This increasing demand is caused both by rising populations and by the success of programmes aimed at increasing contraceptive use and health seeking behaviours among people of reproductive age.

At the same time, available resources are shrinking as international donors and development partners struggle to maintain already inadequate funding for reproductive health commodities. In 2007, donors provided US\$223 million for contraceptives and condoms, while the cost to meet the need in all developing countries was over US\$1.3 billion.

This funding crisis has serious implications for health. UNFPA estimates that each US\$1 million shortfall in contraceptives means an estimated—

- 360,000 more unwanted pregnancies;
- 150,000 more additional induced abortions;
- 800 maternal deaths;
- 11,000 infants deaths;
- 14,000 additional deaths of children under five.

But lack of funds is not the only problem preventing access to reproductive health supplies and services. Inadequate systems of health care delivery and supply logistics leave many people vulnerable to unwanted pregnancy, sexually transmitted infections including HIV/AIDS, and risky childbirth without basic equipment or medical

supplies. Lack of information about reproductive health rights, quality health services, and effective methods for preventing unwanted or mistimed pregnancies limits the ability to make healthy choices. Poor coordination among donors, development partners, and governments has resulted in gaps in supply, duplication of efforts, and even donation of inappropriate products. In some countries, well-intended efforts to reform the health sector have disrupted effective family planning and reproductive health programmes, resulting in decreased access to supplies and services for many existing clients.

However, awareness of these issues is increasing, along with an understanding of how countries can secure adequate reproductive health supplies over the long term. Milestones include:

- 1994: The International Conference on Population and Development in Cairo highlights the objective of universal access to reproductive health care, including access to commodities.
- 2000: UNFPA initiates the development of a global strategy for reproductive health commodity security.
- April 2001: UNFPA issues a Call to Action intended to increase the global focus on achieving RHCS with partners such as foundations, non-governmental organizations, governments, and the private sector.
- May 2001: A consortium of technical agencies, advocacy organizations, and foundations sponsors a conference in Istanbul called *Meeting the Challenge: Securing Contraceptive Supplies and Condoms for HIV/AIDS Prevention*. During the conference, leaders of UN agencies, developing country delegations, representatives of NGOs, private and public funders, and technical agencies declared their commitment to securing reproductive health supplies and drafted an action agenda for improving RHCS at the local, country, and global levels.
- 2004: Reproductive Health Supplies Coalition established. This group of partners, including UNFPA and many other stakeholders, is dedicated to ensuring that people in lower- and middle-income (LMI) countries can obtain and use high-quality reproductive health (RH) supplies.

Many countries around the world have also launched ambitious plans to improve their reproductive health commodity security, and the agencies that support these efforts have gained a great deal of knowledge and experience in helping to resolve the often complex challenges that countries must face. There are successes in RHCS, and a great deal of lessons learned that governments and other stakeholders can draw upon to address their own commodity security challenges.

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Reproductive Health Supplies Coalition website: www.rhsupplies.org

Reproductive Health Commodity Security



RHCS
Brief 3

Improving health by ensuring access to quality
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BENEFITS OF REPRODUCTIVE HEALTH SUPPLIES & SERVICES

“Meeting reproductive health supply needs is a key element of the global effort to save the lives of women and men by protecting their reproductive health.”

– Thoraya A. Obaid, UNFPA Executive Director

Ensuring that RH supplies are available, accessible, and affordable in all countries will bring many benefits to individuals, families, communities, and nations.

- Women’s overall health improves when births are optimally spaced and timed.
- Children’s health and survival rates improve when mothers have better reproductive health.
- Families can better nurture, feed, house, clothe, and educate each child, building their social capital.
- Women can participate in wider community and economic activities, which increases gender equity and social development.
- Transmission of HIV among individuals and communities is reduced.
- Countries can save costs on education, health, and other social services.

Compared to other health problems worldwide, sexual and reproductive health problems contribute much of the global burden of disease: 32 per cent among women 15-44 years (WHO 2001). Also each year, some 50 million women suffer illness related to pregnancy and childbirth, and over 529,000 die (WHO 2005).

Providing contraceptive services to people in the developing world has had a proven impact on this situation. But the cost is significant. The resources needed to provide modern contraceptive supplies and services to *existing* users in the developing world (including labour, overhead and capital expenses, as well as contraceptive supplies) are estimated to be US\$7.1 billion in 2003). Although this is a lot of money, the impact is enormous. Each year, this investment prevents—

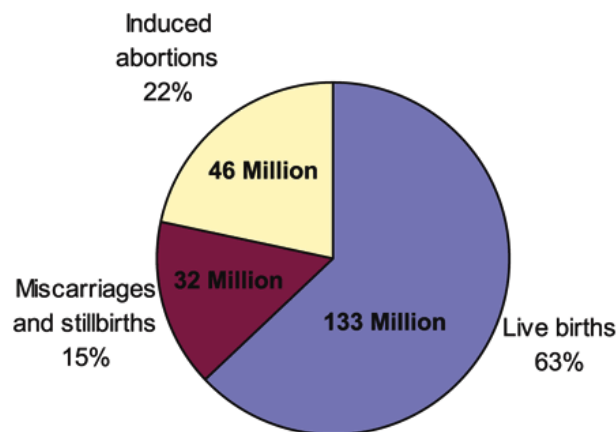
- 187 million unintended pregnancies;
- 60 million unplanned births;
- 105 million induced abortions;
- 22 million spontaneous abortions;
- 2.7 million infant deaths;
- 215,000 pregnancy-related deaths—79,000 from unsafe abortions; and
- 685,000 children from losing their mothers as a result of pregnancy-related deaths.

Preventing these health consequences also reduces the need for services such as treatment of the complications of unsafe abortion and care for orphans.

However, some 201 million women in the developing world—most of them living on less than a dollar a day—have an unmet need for effective contraceptives. This is due both to lack of access to modern methods, and to lack of choice, incorrect use, or fear of side effects, which are all symptoms of poor quality of care. As result, in developing countries—

- Around 87 million women unintentionally become pregnant each year—these pregnancies are either mistimed or unwanted;
- Of the estimated 211 million pregnancies that occur each year worldwide, 46 million end in induced abortion.

The outcomes of a year's pregnancies (WHO 2005)



According to data from the World Health Organization, of the 46 million pregnancies that are terminated each year around the world—

- More than 18 million that are performed in the developing world are considered unsafe abortions;
- In Asia, 30 per cent of unsafe abortions occur among women aged less than 25 years; and
- In South Asia, 22 unsafe abortions occur per 1000 women each year;
- Around 2.5 million, or almost 14 per cent of all unsafe abortions in developing countries are among women under 20 years of age.

The cost of addressing the unmet need for contraceptive services of the 201 million women who live in developing countries is estimated at about US\$3.9 billion in 2003, of which the cost of contraceptives and other supplies is approximately US\$696 million. This is a significant sum, but the investment would yield much greater savings. Not only in public expenditures (where a dollar invested saves between US\$12 and US\$31 in future social expenses), but in the lives of women and children, and in the economic and social development of the countries in which they live.

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Reproductive Health Commodity Security

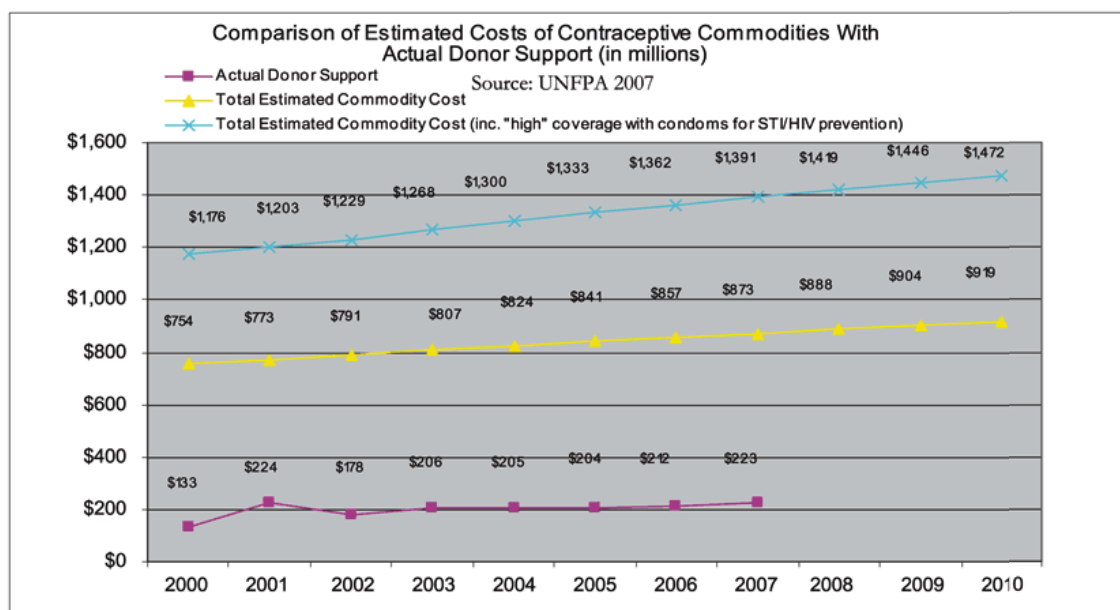


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Brief 4

Improving health by ensuring access to quality
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RESOURCES TO MEET DEMAND

As the volume of contraceptives and condoms needed to meet clients' demand increases, the actual cost required to procure contraceptive commodities also goes up. In 2007, approximately 655 million women or their partners used contraceptives, while the estimated cost of the needed commodities was \$873 million (UNFPA 2007). When condoms for HIV prevention are included, total requirements rise to \$1.4 billion. In 2007, donors provided only US\$223 million for contraceptives and condoms – or 16 per cent of the total required. Some users have turned to the private sector to meet their needs, but for many this was not possible.



Over the coming years, as shown in the figure above, the total financial requirements for contraceptives and condoms will continue to rise as populations expand and demand for contraceptives and condoms increases. However, donor support has remained stagnant at around US\$200 million for the last five years, and is not expected to increase significantly. So it is unlikely that adequate funds for contraceptives will be available unless governments themselves come up with solutions in their countries.

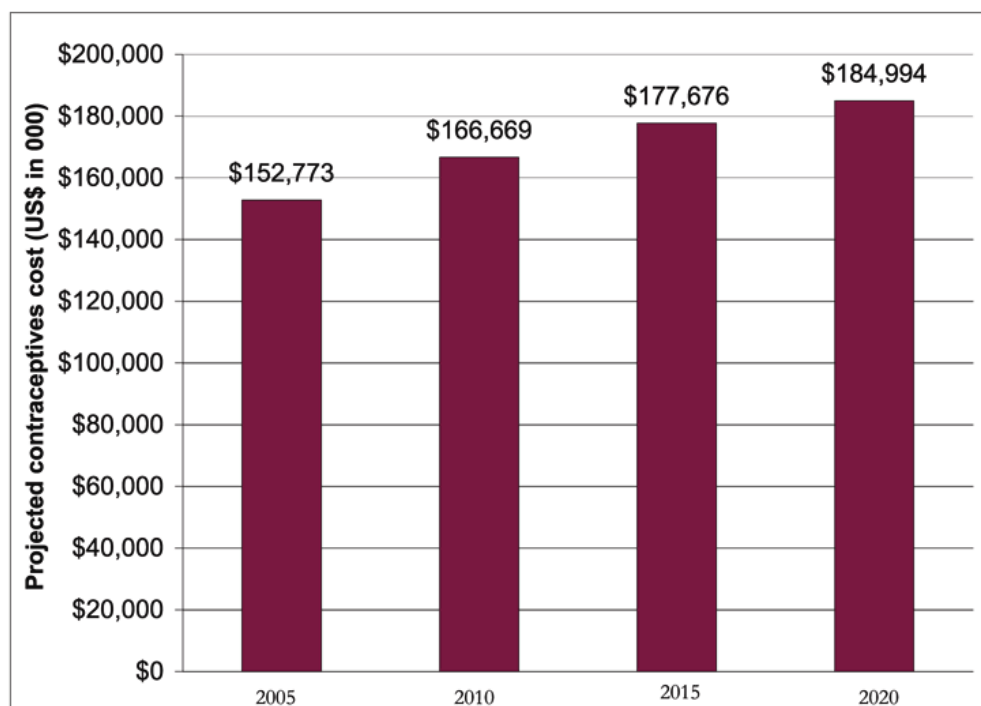
The countries of East and Southeast Asia (ESEA) alone—excluding China—need resources amounting to US\$150 – 185 million per year (see figure below). To meet regional demand, countries of East and Southeast Asia will need to come up with a combined US\$126 – 155 million each year through 2020 from their own sources, whether those are public, private (including individuals), or some combination of the two.

Regional spending of US\$126 million on contraceptives and condoms is substantial, especially considering that governments must also fund the additional costs of storing and delivering those supplies to their clients, and of providing good-quality reproductive health services.

Countries that depend on donor support to help meet the demand for contraceptives face a crisis. Recent evidence indicates that donor support for contraceptives is declining. Except for China, all countries in the ESEA region depend on donor support, whether in full or in part, to meet the growing demand for contraceptives and condoms through the public, private, and social marketing sectors. Although seven of the twelve donor-supported countries in ESEA have a budget line item for contraceptives, most of these have been unable to become self-reliant. Only Malaysia and Thailand are currently in a position to achieve complete financial independence, yet even these middle-income countries face sustainability issues caused by inadequate attention to the impact of policies—such as decentralization and service fees—on client access to reproductive health commodities.

Projected cost of contraceptives and condoms in countries of East and Southeast Asia

(excluding China) (Source: Ross, John, et. 2005)



This funding crisis has serious implications for health outcomes and could lead to additional unintended pregnancies, induced abortions, infant deaths, and maternal deaths if the supply of contraceptives and condoms does not meet the demand.

However, a variety of funding options are available to address this crisis. Many countries that still receive development assistance have established basket funding mechanism or sector-wide approach (SWAp) that allow the pooling of donor funds to supplement government budgets. These funds can then be used to help offset the reduction of direct donations of contraceptives and condoms. In addition, in a Total Market Approach, users are segmented by their ability to pay for supplies, and governments are able to reduce the financial burden on public resources by targeting publicly funded supplies and services to those least able to pay. The commercial and social marketing sectors then serve the segment of the population which is able to pay either commercial or subsidized prices. Furthermore, when countries need supplies, the use of competitive bulk procurement (utilizing international competition and large procurement quantities) results in lower prices and allows public resources to be used efficiently. Countries can pursue these and other opportunities to diversify their funding sources and improve their reproductive health commodity security.

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Reproductive Health Commodity Security



RHCS
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Improving health by ensuring access to quality
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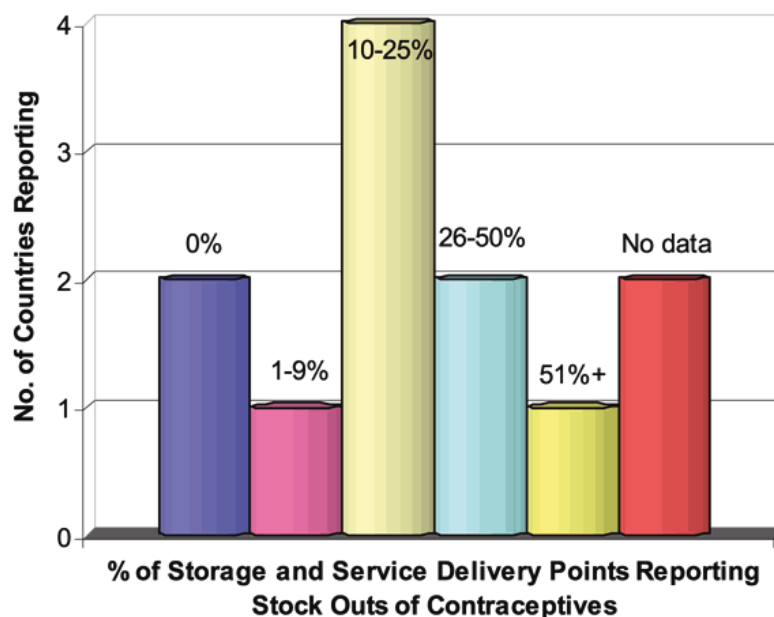
AVAILABILITY OF CONTRACEPTIVE COMMODITIES

A secure supply of essential reproductive health commodities is crucial to achieving the goals of the ICPD Programme of Action and to each country's Millennium Development Goals. One of the greatest causes of the more than 87 million unplanned pregnancies each year is lack of access to effective contraceptive methods for women and couples. The supplies are simply not available.

Availability of reproductive health supplies has been of growing concern to governments, non-governmental agencies, donors and providers. In developing countries around the world, stockouts (the complete absence of supplies at service delivery points) are still all too common in health clinics and other service delivery points. The reasons for this are varied—in some cases; it is simply poor management and distribution of existing contraceptive stocks. But often the problem is a lack of funds to procure sufficient supplies.

Of the twelve countries in East and Southeast Asia (ESEA), two countries reported experiencing stockouts of contraceptives in up to 50 per cent of warehouses and/or service delivery points as reported in 2005, while one country reported stockouts in *more* than 50 per cent of its locations. Four countries reported experiencing stockouts in up to 25 per cent of its storage and service delivery points, and one other country experienced stockouts in less than 10 per cent of its locations. Only two countries experienced no stockouts, while two other countries did not have data on stockouts.

Number of ESEA countries experiencing stockouts of contraceptives in Storage or Service Delivery Points in 2005 (UNFPA 2005)



In many of these developing countries, stockouts of contraceptives are due mainly to five reasons:

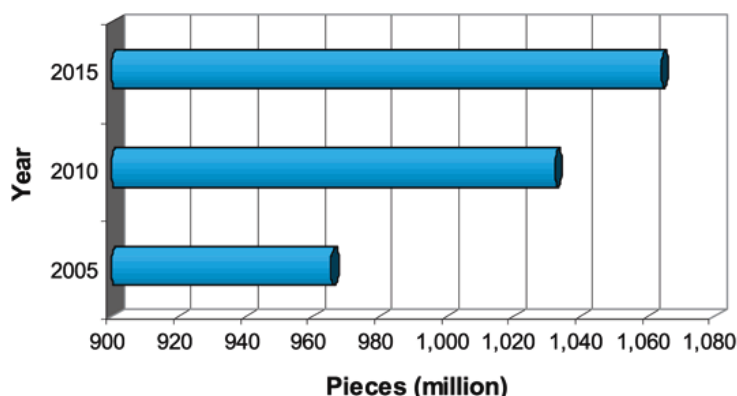
- Growing interest in contraceptive use, resulting in greater demand;
- Changing preference among users for different contraceptive methods (“method mix”);
- More people of reproductive age;
- Insufficient, poorly coordinated donor funding; and
- Inadequate logistics capacity in developing countries.

More than two decades (1970 to 1995) of data from 23 countries demonstrate that use of contraceptives nearly tripled during that period, while the number of children per woman declined by half (Robinson and Ross, 2007). This increase in contraceptive use was due to family planning policies and programmes to reduce fertility and improve birth spacing.

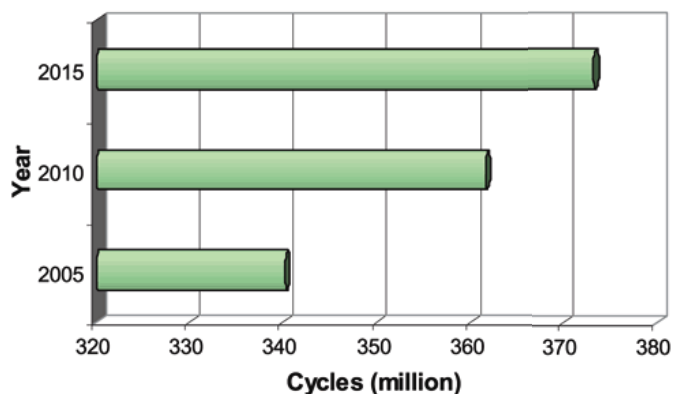
Contraceptive use will continue to increase in countries where the use has not reached a plateau. Therefore, demand for contraceptives will increase and the supply gap will widen unless countries commit to securing adequate quantities of contraceptives for the people who need and want them.

Projected Contraceptive Requirements for East and South-East Asian Countries, 2005 – 2015 (Ross 2005)

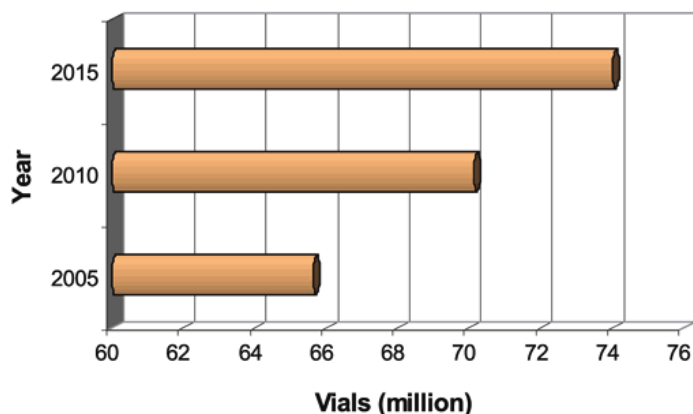
Condoms (for Family Planning)



Oral Pills



Injectables



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Reproductive Health Commodity Security



RHCS
Brief 6

Improving health by ensuring access to quality
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CONDOM SHORTAGES AND HIV

“The most alarming consequences of the financial shortfall, where a condom crisis exists today, are in the areas of HIV/AIDS prevention. In all of the affected countries, the supply of condoms is far short of what is needed.”

Thoraya A. Obaid, UNFPA Executive Director

Prevention is the mainstay of the international response to AIDS. Condoms are an essential part of comprehensive prevention and care programmes, and their promotion and availability must be accelerated. The consistent and correct use of male and female condoms is an integral component of prevention strategies that individuals can choose from in order to reduce their risk of sexual exposure to HIV and other infections. Prevention programmes need to ensure that high-quality condoms are accessible to those who need them, when they need them, and that people have the knowledge to use them correctly to avoid sexually transmitted infections (STIs) or unintended pregnancy.

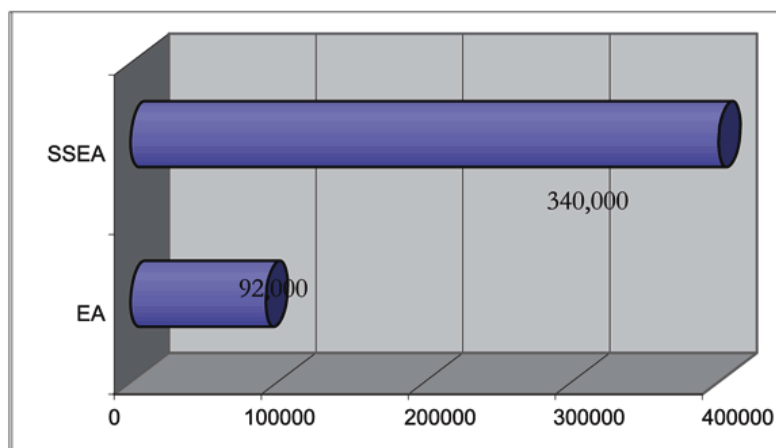
In Asia, HIV epidemic is expanding rapidly in South-East Asia, with wide variation in epidemic trends between different countries. While the epidemics in Cambodia, Myanmar and Thailand all show declines in HIV prevalence, those in Indonesia (especially in the Papua province) and Viet Nam are growing. Improved access to condoms is crucial throughout these regions to prevent further spread of the disease.

Data from UNAIDS and WHO show that in 2007—

- 33.2 million people were living with HIV around the world, 4.9 million of whom live in Asia;
- About half (17.7 million) were women living with HIV;
- 2.5 million people were newly infected with HIV, 440,000 of whom were in Asia;
- 2.1 million people died due to AIDS-related illnesses, 300,000 in Asia alone.

Estimated Number of Adults and Children Newly Infected with HIV During 2007

(Source: UNAIDS. AIDS Epidemic Update: December 2007)



(SSEA = South and South-East Asia, EA = East Asia)

A rapidly growing demand for condoms

Developing countries currently need around 10 billion condoms per year, and may need more than 18 billion by 2015. Access to a secure supply of condoms is crucial for communities affected by HIV/AIDS. While demand is growing, it is critical to ensure that that demand is met by sufficient supply of both male and female condoms.

Providing more choices for protection: the female condom

While male condoms are the number one HIV protection method, the female condom should also be made readily available as a complementary method. The female condom is the only dual protection (STI protection and contraception) method that can be initiated and to some extent controlled by women, and as such represents an important breakthrough in HIV prevention. The introduction of female condoms in settings where the male condom is also available has resulted in an increased incidence of protected sex acts. For example, a study in Thailand showed that when both female and male condoms were available to users, STI incidence rates were reduced by a quarter.

Comprehensive Condom Programming

UNFPA has recently developed a Comprehensive Condom Programming (CCP) strategy to be applied at country level in order to avoid condom shortages and address the growing demand. CCP is aimed at making quality male and female condoms consistently *available*, *affordable* and *accessible* to the local population. Condom programming must also optimize the use of different entry points in reproductive health and HIV prevention settings, and appropriately utilize public, social marketing and private sector methods.

Targeting vulnerable groups

In particular, young people and people practicing high-risk behaviours must have greater access to condoms. Young people currently represent more than half of all new HIV infections, and require a different supply approach from the adult population. Meanwhile, interventions should be focused on groups with increased risk/vulnerability to infection. Evidence from Cambodia indicates that there has been a promising rise in condom use among female sex workers. In order to prevent a rapid spread of the HIV epidemic in the ESEA region, it is essential that these and other groups with increased risks have continuous access to the condoms they need.

As UNAIDS Director Peter Piot said in Istanbul during the conference *Meeting the Challenge: Securing Contraceptive Supplies and Condoms for HIV/AIDS Prevention* in May 2001: “No one should die for want of a three-cent condom.”

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ADAPTING TO DONOR PHASE-OUT OF CONTRACEPTIVE SUPPLY

The concept of the phase-out of support to contraceptive supplies began in 1994, as the U.S. Agency for International Development began a systematic reduction of its contraceptive donations in several countries. Although not many experiences were systematically recorded during this process, some lessons learned from countries that underwent phase-out can be applied to events now occurring in countries in Asia and the Pacific.

At present, countries that are currently undergoing the phasing out of donor support for contraceptives include Bangladesh, Cambodia, Indonesia, Nepal, Philippines, and Viet Nam, among others.

Brazil, Colombia, Ecuador, Mexico, Morocco, Tunisia, and Turkey all successfully made the transition from donor dependence to contraceptive self-reliance. There are a number of common reasons behind these success stories:

- They had strategies incorporating capacity-building and self-sufficiency;
- Strategies covered a sufficient length (i.e., five years) to accommodate the implementation of a comprehensive transition plan, and plans were flexible to allow for changes during the implementation;
- Strategies emphasized government commitment and the need to direct advocacy efforts toward the government to attract necessary attention; and
- Strategies included alternative funding mechanisms to shift clients who could afford to pay for their contraceptives to the private sector.

Of course, the phase-out period was rarely smooth. Some of the problems these countries experienced during phase-out include:

- The ongoing challenge of sustaining government commitment to carrying out technical functions such as forecasting (estimating needs) and procuring supplies;
- Supply problems that were exacerbated during the phase-out by changes to the original plan;
- Lack of a line item in the national budget for contraceptives meant that future contraceptive funding was not secure. This was in spite of the creation of a special fund intended to stave off immediate stockouts and the steady increase of government spending for contraceptives.

Each country addressed these problems in their own way, and the solutions they came up with included:

- Continuous public advocacy campaigns involving advocacy groups, such as the network of women's NGOs, with activities that included public information, press briefings, and news releases to help spur civil society and the general public to maintain strong government commitment;
- Governments embracing alternative funding strategies, such as cost-sharing with those who can afford to pay, to attain greater self-sufficiency and alleviate the financial burden on the government;
- A market segmentation study that improved understanding of the client population and the market for contraceptives, resulting in more targeted use of government funds and more accurate forecasting of supply needs;
- Building in-country capacity to manage procurement and the supply chain; and
- Improving national capacity for forecasting, procurement and logistics management systems as part of the phase-out strategic plan.

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Reproductive Health Commodity Security



RHCS
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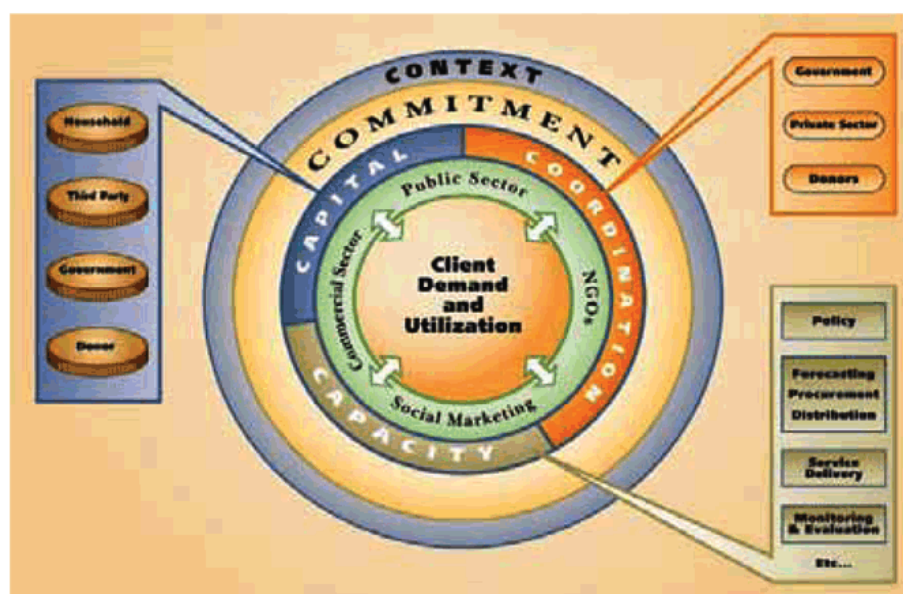
Improving health by ensuring access to quality
contraceptives and other reproductive health supplies

DEVELOPING REPRODUCTIVE HEALTH COMMODITY SECURITY STRATEGIES

Around the world, countries are working to improve their reproductive health commodity security, following a strategic approach that considers a wide variety of factors affecting RHCS. Many countries in and around East and Southeast Asia are working through a multi-sectoral process involving governments and partners from civil society, nongovernmental organizations, international agencies, donors, and private sector organizations, often in partnership with UNFPA.

This process usually starts with an RHCS assessment and strategic planning, which results in a national RHCS strategy. It follows a framework that was developed by UNFPA with USAID in collaboration with a wide range of collaborative agencies. The framework is called SPARHCS (pronounced as “sparks” – Strategic Pathways to Reproductive Health Commodity Security), and it addresses the many issues that affect RHCS and provides a comprehensive approach to operationalize RHCS.

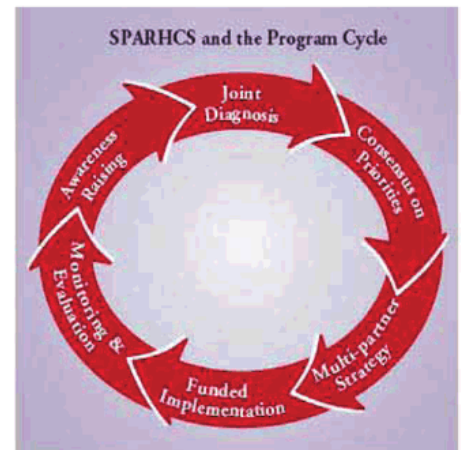
The SPARHCS Framework



At the very centre of the framework is the client. **Clients**—as product users—are the ultimate beneficiaries of commodity security, as well as its ultimate drivers through their demand for products. **Context** considers the prospects for RHCS in terms of policies and regulations, as well as broader social and economic conditions and religious concerns. The existence of supportive policies, government leadership, and focused advocacy are all evidence of **commitment**, which is fundamental to RHCS. Necessary **capital** (financing) involves not only government and donor funding, but also insurance company and employer funding, as well as individuals who purchase their own supplies.

This requires significant **coordination** among stakeholders to ensure the best use of resources and to avoid gaps and duplication of efforts. Finally, there are certain institutional **capacities** that are essential to RHCS, from policy development and service delivery to supply chain management and monitoring and evaluation.

SPARHCS is meant to initiate concerted action toward the goal of empowering people to be able to choose, obtain and use the reproductive health supplies they want. The approach is a continuous cycle (see adjacent figure). Entry into the cycle can occur at a variety of points, from awareness-raising to evaluation, depending on the country situation. The SPARHCS approach has been used by a variety of countries in the ESEA region and nearby, including Bangladesh, Cambodia, Indonesia, Mongolia, Nepal, Philippines, and Timor Leste. Most of these countries used the process to develop national RHCS strategies and operational plans, but Indonesia and Philippines both applied SPARHCS at district (Indonesia) or provincial (Philippines) levels in keeping with their decentralized health services structure.



During the process of developing its national RHCS strategy in 2006, the government of Nepal established a technical working group which used the SPARHCS assessment tool to analyze each of the seven elements highlighted in the framework, identifying problems, issues, and gaps. Members of the technical working group then identified solutions and strategies to deal with issues, and prioritized them by importance. The resulting strategic activities were then presented to all major stakeholders, achieving consensus prior to submitting the strategic plan to the government of Nepal.

This exercise was successful in bringing stakeholders together to define a common vision, agree upon goals and objectives, delineate roles, responsibilities, and use of resources, and identify areas of collaboration for making progress in commodity security. Senior officials of the government of Nepal led the whole exercise with support from UNFPA and the U.S. Agency for International Development. After being endorsed by the government, the strategy started making a positive impact in terms of increases in government funding for contraceptives (from zero per cent in 2002 to five per cent in 2005, 74 per cent in 2006, and 100 per cent in 2007), donor support for social marketing and for more technical assistance in service delivery and strengthening of supply chain management. At the same time, there is increased coordination between the Ministry of Health and donors, with regular quarterly forecasting meetings to monitor supplies. A donor has pledged funding for contraceptives for the period until 2011 (the last year of the strategic action plan).



Senior government official at RHCS Stakeholders' workshop in Kathmandu.

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A personal communication with a member of the technical working group (August 2007) of Nepal.

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CREATING COMMITMENT FOR RH COMMODITY SECURITY

Commitment to commodity security is a complex issue. It can be seen in such areas as the existence of supportive policies and regulatory environment, sufficient resources to meet client needs, adequate numbers of trained personnel, and strong systems for delivering health care and health supplies. Commitment is essential from many different stakeholders within both the public and private sectors, as well as among donors and partners.

Therefore, it is important to determine a country's level of commitment to reproductive health commodity security (RHCS), and in particular, how that commitment has made an impact on commodity security. There are several indicators that can be used to determine whether there is a commitment to improving RHCS in country. These indicators include—

- Establishment of a national coordination committee on RHCS with participation from a broad range of stakeholders;
- Development of a national RHCS strategy;
- Existence of a budget line item for contraceptive commodities;
- Inclusion of contraceptives in the Essential Drug List (EDL).

In many countries, national RHCS coordination committees have made positive impacts on RHCS. Some important achievements of these committees are—

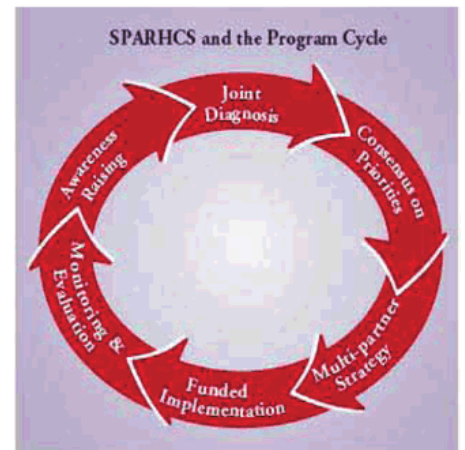
- Including contraceptives in the EDL;
- Creating a budget line item for IUDs in the national budget;
- Establishing a regular forecasting exercise;
- Developing a sustainable computerized logistics management information system (LMIS) with provincial technical support teams;
- Ensuring that logistics data (consumption, stock-on-hand and wastage) are collected and available for decision-making on a regular basis.



Lao Minister of Health with representatives of UN and International agencies at the RHCS Regional Workshop organized by UNFPA in Vientiane

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Lao Minister of Health with representatives of UN and International agencies at the RHCS Regional Workshop organized by UNFPA in Vientiane

Having reproductive health commodities, especially contraceptives and condoms, included in the EDL is an important step. However, it does not guarantee that funds will be available to procure them, due to competing priorities with other essential—often lifesaving—drugs.

Indeed, even having a budget line item for contraceptives and condoms does not guarantee funds. In a number of countries that have budget lines for these commodities, the available funding is insufficient to meet the country's needs. It is essential that political commitment to RHCS is sustained and demonstrated through adequate funding of the budget line *every year* to ensure that supply meets demand. In many countries, this will require commitment from donors and development partners as well as governments.

Commitment from donors and partners is particularly important in order to ensure that their efforts to support reproductive health and family planning are coordinated. This prevents wasteful duplication of efforts and helps guarantee that all required commodities are provided. Without a commitment to coordination, countries often end up in a situation where different donors or partners are providing the same commodity—such as multiple brands of the same oral contraceptive pills—while other commodities like injectable contraceptives are overlooked. As a result, pills are overstocked and risk being wasted through expiration on the shelf, while injectables are rationed and ultimately are “stocked out” when no supplies are left.

In addition to funding supplies, commitment can be demonstrated by ensuring adequate resources—both human and financial—to operate a logistics system that can effectively forecast supply needs and procure and deliver the commodities to the people who need them. Fully funding the supplies alone will not guarantee their availability at health clinics and community distribution points; the supply chain that stores and distributes those commodities and the information system that is needed for effective supply chain management must also be adequately funded and staffed with trained personnel.

Finally, commitment must be sought from the private sector, which includes commercial pharmacies, private health providers, nongovernmental organizations (NGOs) that provide reproductive health and family planning services, and social marketing agencies that sell low-cost quality contraceptives and condoms. In most countries, the private sector serves a large share of the market for contraceptive supplies and services, and governments should actively seek to collaborate with private sector entities to ensure that all people have access to high quality products, regardless of their ability to pay. Typically, this is accomplished through a “Total Market Approach” that segments the market into those who can afford to pay (the target group served for the private sector) and those who cannot (the target group for public services). By defining these groups, governments are better able to direct their limited resources to serve those who are least able to pay for reproductive health supplies and services.

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RHCS AND SUPPLY CHAIN LOGISTICS

Reproductive health commodity security (RHCS) depends on many different factors, from commitment and coordination to policies and service delivery. But at the national level, commodity security is fundamentally dependent upon four very practical but essential elements:

- The ability to accurately **forecast** how much of each commodity is needed, and when they are needed;
- The ability to adequately **finance** those commodity requirements—either from government resources or by effectively coordinating the financial resources of development partners to purchase required commodities;
- The technical capacity to **procure** the commodities in a timely and efficient manner; and
- A well-functioning system to **distribute** those products to customers on a reliable basis.

These are the four *pillars* of reproductive health commodity security, three of which—forecasting, procurement, and distribution—are specifically logistics functions (financing for reproductive health commodities is discussed in *RHCS Brief 4: Resources to Meet Demand*). Performing each of these functions successfully requires good data about how much of each commodity has been used (consumption) and how much is left at each level of the supply chain (stock status). This data must be collected by an effective logistics management information system (LMIS) and used to forecast future needs, determine financing requirements, procure supplies in a timely manner, and manage their distribution in order to avoid shortages.

Forecasting, procurement, and distribution are three functions in a logistics cycle driven by the information in an LMIS. At the top of the cycle is the customer (or client) whom the system serves. Product selection follows this, and is influenced by customer needs and—in the case of contraceptives—choices. Next is forecasting and procurement, followed by distribution. At the centre is the LMIS, which provides the data essential to the functioning of all the other elements. Throughout the cycle is constant monitoring to ensure that each function is performing as required, and that the quality of the product is protected.



The Logistics Cycle

All of these functions are interdependent, and each one warrants additional explanation.

Product Selection: In any logistics system, products must be selected. In a health logistics system, product selection may be the responsibility of a national formulary and therapeutics committee, pharmaceutical board, board of physicians, or other government-appointed group. Many countries have developed a national essential drugs list (products deemed most cost-effective in treating priority health issues), which guides both procurement decisions and prescribing practices by health care workers. In the case of contraceptives, client (or customer) preferences must also be considered.

Forecasting: After product selection, managers of the logistics cycle must determine the quantity of each product to procure. The forecasting process focuses on estimating the quantities of the specific commodities that will be needed for a specified time period. It is based on data showing past consumption as well as demographic and programme data that adjusts for likely increases in demand or expansion of services.

Procurement: Once a forecast of product need is conducted, they must be then be procured. This can be a very complex task, and procurement decisions will affect the cost and quality of the products as well as the timing of their delivery. In general, there are significant cost-saving benefits to procuring large quantities of a product that meet a programme's need over a period of years rather than months. Proper procurement planning allows delivery to be made in stages rather than all at once, which prevents over burdening storage facilities and helps prevent products from expiring unused. While many governments conduct their own procurements, others hire procurement agents to handle the process for them. UNFPA provides procurement services in many countries.

Distribution: Nearer the end of the supply chain, storage and transportation plans in reproductive health programmes function best when they focus on the delivery of products to clients, not just from one point to another along the supply chain. After an item is procured and received at the central level, it must be stored and then transported to a point accessible to the customer. Determining how much stock should be stored is an important decision, and is determined by data in the LMIS. Transporting products is another area that requires significant attention and resources, and is often one of the weakest links in the logistics system in resource-poor countries.

Logistics management information system: Information must drive the logistics cycle. Without information, the logistics system will not run smoothly. Managers gather data about each activity in the system and analyze that data to coordinate future actions. For example, they gather data about inventory levels and consumption in order to forecast future needs and determine how much more of a product to procure. The LMIS can also provide data on wastage and stockouts, revealing problems in the logistics system that need to be addressed.

Quality Monitoring: Quality monitoring appears between each activity of the logistics cycle. This refers, for example, to the quality (or efficacy) of the products selected, the quality (or accuracy) of the forecast, the quality of procurement decisions (such as delivery schedules and responsiveness of the manufacturer), the quality of products before they enter the distribution system and while they are being stored and distributed, and finally the quality of the client's experience—how did the client feel about the products and service they received?

Finally, a logistics system operates successfully only if well-trained and efficient staff members place orders, move boxes, and provide clients with goods. Health programmes must be organized to provide the appropriate resources (for example, supervisory authority and technical knowledge) to ensure that all logistics activities are carried out properly, and thereby contribute to achieving commodity security.

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