2017 Contraceptive Security Indicators

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What are the Contraceptive Security Indicators?

**Purpose:** Enables decision makers in countries and the global health community to monitor progress toward CS, inform program planning, and advocate for improved policies and resources.

- More than 70 quantitative and qualitative indicators
- Developed and first implemented by the USAID | DELIVER Project in 2009
- Conducted every 2 years
- GHSC-PSM updated the survey and administered it in 2017 in 36 countries
Methodology

Strategic Pathway to Reproductive Health
Commodity Security (SPARHCS) framework
Methodology

- **Format:** Excel-based questionnaire; quantitative and qualitative questions covering finance and policy
- **36 countries** (77% response rate)
- **Respondents:** Completed in-country by GHSC-PSM country personnel, ministry of health officials, USAID officials, or other donors
- **Data sources:** Survey respondents conducted key informant interviews. Key informants used source documents.
Components of the CS Indicators Survey

A. Leadership & Coordination
B. Finance & Procurement
C. Commodities
D. Policy
E. Supply Chain
F. Quality
G. Private Sector
97% (35 out of 36) of countries surveyed have a national committee that works on contraceptive security

2015 result: 94% (33 out of 35 countries surveyed both years)
83% (29 out of 35) of CS Committees are deemed “Functional” based on:

☑ Meets at least twice a year

☑ Representatives from relevant sectors participate regularly (ministry of health, donors, UN agencies, NGOs, social marketing, commercial sector, ministry of finance/planning)

☑ Has developed or started development on any policies, procedures, and/or action plans in previous year

☑ Has adhered to/implemented these policies, procedures, and/or action plans
Average Stockout Rate for Combined Oral Contraceptives at **Central level**

<table>
<thead>
<tr>
<th>Country</th>
<th>Stockout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>8%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>8%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>11%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>12%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>17%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>20%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>25%</td>
</tr>
<tr>
<td>Kenya</td>
<td>42%</td>
</tr>
</tbody>
</table>

**Countries reporting zero stockouts of either formulation offered**

- Armenia
- El Salvador
- Bangladesh
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Côte d’Ivoire
- Dominican Republic
- DRC
- Ghana
- Guinea
- Haiti
- Malawi
- Mali
- Nepal
- Niger
- Nigeria
- Philippines
- Senegal
- Togo
- Uganda
- Zambia
- Zimbabwe

- Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg [Microgynon]
- Levonorgestrel/Ethinyl Estradiol 150/30 mcg [Seasonale, Levora, Jolessa]
- Other
Average Stockout Rate for Combined Oral Contraceptives at Service Delivery Point level

Supply Chain

- Armenia: 0%
- Cape Verde: 0%
- Haiti: 0%
- Bangladesh: 0.3%
- Burkina Faso: 3%
- Ethiopia: 4%
- Burundi: 5%
- Nigeria: 5%
- Malawi: 6%
- Nepal: 8%
- Philippines: 9%
- Pakistan: 14%
- Guinea: 17%
- Mali: 21%
- Tanzania: 23%
- Zambia: 26%
- Ghana: 27%
- Kenya: 32%
- Madagascar: 38%

Legend:
- Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg
- Levonorgestrel/Ethinyl Estradiol 150/30 mcg
Spending on Contraceptives by Funding Source

- Internally generated funds
- All OTHER government funds as percentage of total spent
- In-kind donations and grants as percentage of total spent
Percentage of countries with policies that **hinder** or **enable** the private sector to provide contraceptive methods

**2015:** Armenia, Bangladesh, Cote d’Ivoire, Ghana, Guinea, Madagascar, Malawi, Senegal, Tanzania, Togo, Zambia

**2017:** Madagascar, Bangladesh, Philippines, Benin, Ghana

**2017:** India, Afghanistan, Kenya, Angola, Malawi, Bangladesh, Mali, Benin, Nepal, Burkina, Niger, Faso, Nigeria, Cameroon, Pakistan, Cape Verde, Philippines, Cote, Senegal, d’Ivoire, Tanzania, Dominican, Togo, Republic, Uganda, DRC, Zambia, El Salvador, Zimbabwe, Ethiopia, Ghana, Guinea, Haiti

- **2015:**
  - Hinder: 37% (Bangladesh), 15% (Burkina Faso)
  - Enable: 73% (Cote d’Ivoire)

- **2017:**
  - Hinder: 15% (Bangladesh), 73% (Cote d’Ivoire)
  - Enable: 94% (India)

The graph shows the percentage of countries with policies that hinder or enable the private sector to provide contraceptive methods in 2015 and 2017.
Countries with policies that hinder the ability of the private sector to provide contraceptive methods

Hindering Policy Examples:

- Private sector needs specific permission to import contraceptives.
- Taxes/customs duties on contraceptives.
- International NGOs need to seek exemptions for subsidized contraceptive marketing/distribution for donated/in-kind contraceptive items.
- Policy allowing first dose of injectables only by a doctor at a health facility.
- Regulated drugs (contraceptives included) not allowed for mass media advertising.
Countries with policies that enable the ability of the private sector to provide contraceptive methods

2015 (73% of countries) 2017 (94% of countries)

Enabling Policy Examples:
• Government allocates contraceptives to NGOs freely
• Accreditation, continuing education for suppliers, public-private partnerships
• Public health service trains all private sector providers of contraceptives
• MOH provides FP commodities to private hospitals and clinics for free
• National health insurance scheme expanding coverage to FP services
• Government contracts out service delivery to NGOs and private sector
• Provider networks and franchises, subsidies, social behavior change communication, public-private partnerships
• Drug shops sell FP methods over the counter, offering opportunities to reach existing and new family planning clients
Countries in which family planning commodities are subject to **duties, import taxes, or other fees**

2015
(69% of countries surveyed)

2017
(40% of countries surveyed)
Resources

Currently Available on the GHSC website: (www.ghsupplychain.org/csi-dashboard)

- CS Indicators online interactive dashboard
- Narrative report
- Downloadable database (contains additional aggregated results, blank survey, and full survey responses from all countries)

Available upon request:
- 2017 CS Indicators Data Collection and Usage Manual
- Past CS Indicators and Index datasets
Demonstration of the Interactive Dashboard

CS Indicators Dashboard:
https://www.ghsupplychain.org/csi-dashboard

For additional questions, please contact:

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Uses of the Contraceptive Security Indicators

**Advocacy**
- Raise awareness about the country’s progress toward its FP2020 commitments
- Ensure a dedicated budget line for contraceptive commodities in the national budget
- Increase government spending to meet the forecasted need for contraceptives

**Policy**
- Remove barriers to enable the private sector to more easily distribute contraceptives
- Remove barriers constraining young or unmarried people from accessing contraceptives
- Extend national health insurance to cover family planning

**Programming**
- Seek public-private partnerships for provision of contraceptive commodities and services
- Strengthen the commodity security committee
- Strengthen the supply chain for contraceptives
Use of the CS Indicators within the Context of Nepal

Balkrishna Khakurel, P&GR Advisor, USAID GHSC-PSM Project, Nepal
Constitutional and legislative protection for Reproductive Health: Current Trends

Reproductive Rights

- Constitution recognizes reproductive rights as a basic human right
- The Federal, Provincial, and Municipal levels are each responsible for managing essential health services including health commodities
- Essential health commodities are free of cost in the public health system, including reproductive health care
- Public-private partnerships expand access to free commodities in private/NGO facilities
Family Planning Policy in Nepal: Progress Against FP2020 Commitments

- **Commitment:** Increase budget allocation for FP by 7% each year  
  **Status:** Government allocation goal not met, but increased funding from external development partners at outset.

- **Commitment:** Identify and address barriers to access of FP services among special groups including adolescents and youth  
  **Status:** Progress made. New 2018 Safe Motherhood and Reproductive Health Rights Act ensures services for adolescents and disabled individuals.

- **Commitments:** Strengthen enabling environment for FP, capacity of health institutions and service providers to expand FP service delivery, Increase availability of a broader range of modern contraceptives and improve method mix, increase health care seeking behavior  
  **Status:** Progress made in advocacy, capacity, method mix, communication campaigns.

- **Commitment:** Introduce eLMIS at the district and gradually to the HFs level by end of 2019  
  **Status:** Rollout of eLMIS at regional medical stores and district stores is on track, and it is gradually being rolled out to health facilities.
Family Planning Policy in Nepal: Change is the New Certainty

• Dramatic developments in donor engagement

• Increased private sector involvement

• A shifting method mix

• Innovations in every area from procurement to last mile delivery

The post-2020 RH ecosystem will not be business as usual. The environment is evolving, and we must adapt.
The Role of the Family Planning Sub-Committee

• Responsible for coordination and collaboration among stakeholders in matters pertaining to policy

• Advocates for increased resource mobilization in the public and other sectors

• Serves as a forum for sharing evidence for decision-making

• Serves as a technical resource and makes recommendations
Functioning of FP Sub-committees, Reproductive Health Coordination Committee

- **Coordinated by:** FP Section Chief, Family Welfare Division / DoHS
- **Includes representation from:** the Demographic Section/Family Welfare Division, Management Division, National Health Education Information Communication Centre (NHEICC), National Health Training Centre (NHTC), the Non-governmental Gender Organisations’ Coordinating Council (NGOCC), UNFPA, USAID, DFID, GtZ, KfW, PSI, MSI, and others
- **Is expected to meet:** at least quarterly; however, the last meeting was on July 17, 2018
- Provision for district-level RHCC
Areas of Advocacy Based on CS Indicators Results

- Budget alignment
- Resource management
- Supply chain governance at the federal level
- Economies of scale
- Institutionalization of supply chain activities at LLG level
Enabling Nationwide LMIS Data Visibility

An effort to **increase data quality** (accuracy, timeliness, completeness) by making data from different systems (i.e. online IMS and web-based system) visible at the central level
Areas of Potential Policy and Program Influence

• Possibility of using the budget for essential drugs at the province and LLG levels (central allocation and mobilization of own resources) for program drugs through the Nepal CRS Company (best value through negotiation of volume and price)

• Address the gap between the demand for contraceptives (forecast) and the supply (commodity procurement)

• Capture of Purchase Orders both from provinces and LLGs

• Increase data visibility at the LLG level

• Utilization of eLMIS reports and dashboards in decision-making related to commodity security, including capture of hospital and private sector logistics data
Areas of Potential Policy and Program Influence

• Operation of supply chain governance forums (e.g. LWG, RHSC, RHCC, FP Sub-committee, LMIS TF, etc.)

• Scale-up of method mixes - standard days method, modified implants and injectables

• Improvement in distribution - vendor’s responsibility

• Procurement from social marketing or government suppliers - framework contracts, price disclosure, prices inclusive of distribution, and saving in storage requirements
Thank you for your patience listening!
2017 Contraceptive Security Indicators

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