Ensuring access to essential family planning commodities in Senegal

Challenges and Achievements

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Context of Senegal

- FP has become a national priority, and is included in the National Development Plan (2015-2018), the PSE, PANPF, and RMNCH.

- Pledge by Senegal in Ouagadougou to increase CPR from 12% to 27% by 2015.

- Acceleration of implementation of RH/FP strategies, in particular Informed Push Model (IPM).

- Strong involvement of civil society and religious leaders to overcome socio-cultural barriers.
Tendance de la prévalence contraceptive
% de femmes de 15-49 ans en union qui utilisent une méthode contraceptive

TPC : 12, 1 % en 2010 et 20,3 % en 2014

Besoins non satisfaits : 25%
Achievements

• Strong inclusion of civil society, public sector and other partners in implementing national action plans (PANPF/RMNCH).

• Mapping of stakeholders and the 3 essential FP commodities.

• Strengthened capacity of partners to advocate for the 3 essential FP commodities.

• Two high-level meetings with DSRSE/MoH and other key stakeholders (UNFPA, USAID, WHO, UNICEF, PNA, ADEMAS, DPM).

• DSRSE/MoH involved in introducing activities of the Templeton Foundation-funded project in the National Advocacy Plan.

• Development of demand creation strategies for the 3 essential FP commodities for inclusion in the next communication plan (PNPF 2016-2020).
Achievements

• 200% increase of budgets for contraceptive methods (doubled!).

• The 3 essential FP commodities are included in the national Essential Medicines List.

• Low use of three FP methods; EC pills, Female Condoms, and Implants. According to the latest DHS 5% of women use Implants, and only 13% of women know about EC.

• Introduction of Sayana Press and Implanon.

• Transition towards Implanon NXT.

• Improved availability of contraceptives at level of district health service delivery (PPS) with a national coverage of Informed Push Model in the public sector.

• Improved financial access to contraceptives, by means of an official government statement on fixed pricing for contraceptives in the public sector.

• Integration of female condoms in supply chain, from RH and HIV perspective: aspect of double protection.
Challenges and next steps

• Difficulties to implement regulatory aspects.

• Experimenting with task shifting or implants (community level).

• Sustainability of Informed Push Model:
  - integrate new products in the method mix
  - transfer the logistical management to the national pharmacy procurement unit (PNA).

• Transition to Implanon NXT (introduction plan).

• Introducing implants at private pharmacies.

• Advocacy for female condoms (social marketing with ADEMAS) and introduction of Cupid 1 female condom in the method mix.

• Organising demand creation activities at all levels to increase knowledge and use of female condoms.
For most women, including women who want to have children, contraception is not an option; it is a basic health care necessity.

-- Louise Slaughter