Preventing stock-outs of safe abortion commodities and contraceptives in 13 countries: data and lessons learned

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Abortion commodities

WHO recommended safe abortion commodities:
• Vacuum aspiration (manual or electric)
• Misoprostol
• Misoprostol combined with mifepristone
Countries

Data between 2012 - 2015

Ipas programs in 13 countries:
• Africa - Ethiopia, Ghana, Kenya, Nigeria, Zambia
• Asia - Bangladesh, India, Myanmar, Nepal, Pakistan
• LAC - Guatemala, Mexico, Nicaragua
Indicators

Data collected using Ipas’ Site Progress Report

Collected stock-out data includes following indicators:

• Was there a stock-out on day of visit and in the last 3 months
• Number of MVA in stock on day of visit meets the recommended number*
• 3 short-term contraceptive methods available on day of visit and in the last 3 months
• 3 short-term and 2 long-term contraceptive methods available on day of visit and in the last 3 months

* Recommended number of MVA based on 25 uses per aspirator
% of Sites - MA Stock Out Day of Visit

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% of Sites - MVA Stock Out Day of Visit
% of Sites with MVA at Recommended Supply Levels

Bar chart showing the percentage of sites with MVA at recommended supply levels for various countries from FY12 to FY15. The countries listed include Bangladesh, Ethiopia, Ghana, Guatemala, India, Mexico, Myanmar, Nepal, Nicaragua, Nigeria, Pakistan, and Zambia. The chart indicates the percentage of sites meeting supply recommendations for each fiscal year.
% of Sites - 3 Short Acting Modern Methods Available Day of Visit

[Bar Chart showing the percentage of sites with 3 short acting modern methods available on the day of visit for Bangladesh, Ethiopia, Ghana, Kenya, Mexico, Nicaragua, Nepal, Nigeria, Pakistan, and Zambia from 2012 to 2015]
## Sites with 3 Short + 2 Long Acting Modern Methods Available Day of Visit

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Progress

• Increased stock availability while increasing number of sites providing services
• Increased focus on availability of contraceptives for post-abortion contraception services
• Continued work in health systems to strengthen supply chains
• Increased knowledge about quality of MA among Ipas staff, increased advocacy with ministries and providers in country
• Increased capacity building in SCM of Ipas staff
• Internal “no stock-out” policies
Challenges

• Lack of donor support for supplies from largest donors
• Donor policies
• Stigma of abortion within health systems can extend to commodity availability
• Confusion around dosage quantities or reuse amount complicates inventory control and procurement
• Weaknesses in public sector supply chain
Lessons Learned

• Importance of sharing data with other actors at national levels
• No stock-out policy implications
• Importance of integration of supply chain for sustainability
• Focusing work on post abortion contraception helps ensure availability of contraceptives
Thank You