

## EDITORIAL

# Sustainable supply of reproductive-health commodities

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### INTRODUCTION

Women should not be denied reproductive health-care services because essential commodities are not available. And facilities should not have to stop providing such services because of lack of supply. Yet, these scenarios are commonplace in developing countries. Unfortunately, the fact that sustainable supply *can* be achieved in many low-resource, reproductive-health contexts is frequently not understood. Supply of reproductive-health commodities may be considered sustainable when it is available on a long-term basis, at levels corresponding to the needs of patients and the community, through secured resource allocations.

Reaching Millennium Development Goal (MDG) 5 for maternal health will require sharp acceleration of progress in order to approach the targets. Increasing sustainable supply of reproductive-health commodities can prevent unintended pregnancies and unsafe abortions, averting tens of thousands of maternal deaths annually<sup>1,2</sup>. The essential, evidence-based interventions and associated key commodities are also well-documented<sup>3</sup>. Simply put, 'No product? No programme'. Additionally, in an uncertain global economic environment, donor constraints will continue to tighten. In order to achieve strong, sustained

progress on MDG 5, national governments must take primary responsibility for commodity security, with donors playing a supportive role.

### ACHIEVING SUSTAINABLE SUPPLY

Factors influencing the attainment of sustainable supply for essential reproductive-health commodities intervene at a variety of levels, globally as well as in each specific country (Box 1). They may vary widely for different commodities. For instance, abortion-related commodities are frequently marginalised due to stigma and donor policies. This is true in spite of the fact that deaths from unsafe abortions are largely preventable through the provision of safe abortion services, treatment of abortion complications, contraception, and the commodities associated with them.

If these factors are to be effectively and permanently addressed, strong leadership and commitment from policy-makers on global and country levels are vital. Realising that this commitment is frequently lacking, many of those active in the field of reproductive health worldwide believe that programme managers must budget annually for the donation of essential commodities in order to sustain their service delivery programmes.

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**Box 1** Factors influencing sustainability of supply of essential reproductive-health commodities*Availability of affordable, high-quality medicines and supplies:*

- National registration and regulatory approval
- National commodity availability through public health supply systems and distributors

*Structure of national supply systems:*

- Segmentation and fragmentation of health system structures based on disease-specific programmes<sup>4</sup>
- Inefficiencies in national public health supply infrastructure

*Institutionalisation of supply:*

- Funding through short-term donor grants vs. annual health ministry or facility budgets
- Use of parallel control systems for donated commodities, rather than inclusion in integrated control systems of health-care systems or facilities

*Human resource capacity:*

- Management of staff turnover
- Training of staff with supply-related responsibilities

*Stigma:*

- Evidenced at global level among major policy-makers and some donors
- Potentially present at every level within an individual country's supply system and within health-care facilities

Yet programme managers often do not implement strategies to shift commodity financing from donors to procurement by the health-care facilities<sup>4</sup>.

Additionally, organisations responding to crisis situations, such as natural disasters, frequently struggle to develop and maintain supply availability of essential reproductive-health commodities in initial crisis response as well as in the aftermath, which may last months or years<sup>5</sup>. Governments, local agencies, and distribution systems are often considerably weakened by the crises, and existing problems are exacerbated.

**Commercial availability**

Those active in the field of reproductive health worldwide *can* still pursue sustainable supply for essential commodities within individual countries while also advocating for greater commitment from policy-makers<sup>6</sup>. This process begins with consideration of the commodity's availability for purchase within the country. Manufacturers must register affordable, high-quality versions of the commodity and/or have approvals from the necessary national regulatory authorities. The product's manufacturer also should engage at least one commercial distributor, possessing experience in marketing and selling reproductive-health commodities, to distribute and actively market the commodity within a country and/or region. Depending upon the distributor's geographic coverage, more than one distributor or sub-distributor per country may be necessary and desirable.

**Health system supports**

The active engagement and support of administrators and professionals within the country's health ministry and health systems greatly influence the sustainability of a commodity's supply. In many countries, the decision of the health ministry to add the commodity to national and/or regional essential medicines and supplies lists is a critical step toward the commodity's eventual integration into the national public health supply chain infrastructure.

Key health-care system policies should sanction use of the reproductive-health commodity. Additionally, statements from professional clinical and health worker organisations supporting commodity use can increase acceptance of the commodity and of the services which it enables.

**Financing mechanisms**

As is well-documented and understood by those active in the field of reproductive health worldwide, establishing effective financing mechanisms for essential commodities requires a considerable amount of advocacy, technical assistance, and perseverance. Budget line items should be established, as appropriate, within a particular health ministry's or health system's budgetary process, and should not remain underspent.

Governments all too often consider donor funding to be a long-term financial solution for reproductive-health commodity supply, and country financial

ownership is avoided. Funding through NGOs, multi-lateral and bi-lateral sources on a short-term basis can be very helpful in establishing commodity supply and service delivery; however, donor funding priorities shift over time, and country ownership of the funding of commodity supply is essential. Many countries have safe motherhood and obstetrics and gynaecology budgets which may be relatively reliable, long-term sources of funding.

### Supply management

Finally, well-designed, integrated, and consistently executed forecasting (quantification), procurement, and inventory management practices are necessary ingredients for sustainable commodity supply<sup>7</sup>. Forecasting methods utilised should consider factors including historical consumption, logistics/distribution data, service statistics, and commodity availability<sup>8</sup>. The forecasts should flow into procurement processes to determine order quantities. Consistently executed transactions and well-managed vendor relationships strengthen commodity availability. A strong inventory management system utilises an effective record-keeping system and minimises any losses through theft, expiration, or damage. A coordinated process flow between these functional areas is also essential, as it enables information and outputs to be transferred effectively throughout the supply system.

Following strong progress for a specific commodity in the areas of commercial availability, health system supports, financing mechanisms, and supply management, health-care systems and facilities achieve a far more sustainable level of commodity supply. However, conditions specific to a health-care facility or to a particular country's public-health infrastructure may still negatively affect availability. At health-care facility

level, these may include inadequate training of staff with supply-related responsibilities, excessive staff turnover, poor distribution or transportation systems, weak vendor relationships, and stigma. These conditions will need to be immediately addressed, as well as subjected to long-term corrective action and monitoring.

### CONCLUSION

Achievement of sustainable supply is not simple, but it results in more women accessing life-saving and preventive care, while receiving the reproductive-health services of their choice. Also, health-care facilities which have a high level of supply sustainability can maintain service provision even when donors have shifted their attentions elsewhere.

If those active in the field of reproductive health worldwide seek to accelerate progress toward achievement of Millennium Development Goal 5 – reducing the global maternal mortality ratio by three quarters and achieving universal access to reproductive-health care – a strong commitment to sustainable supply of essential reproductive-health commodities, grounded in sound strategies, is imperative.

**Declaration of interest:** Ipas is a non-profit organisation committed to increasing the availability of reproductive-health supplies in health systems and sites around the world, as well as to strengthening public health supply systems. WomanCare Global, a UK charity affiliated with Ipas, is the sole distributor of Ipas manual vacuum instruments and works globally to provide high-quality, affordable reproductive-health products to both public and private health sectors. The author alone is responsible for the content and the writing of the paper.

### REFERENCES

1. United Nations. *The Millennium Development Goals Report 2007*. New York: United Nations 2007.
2. World Health Organization. *Unsafe abortion. Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*, 6th edn. Geneva: World Health Organization 2011.
3. The Partnership for Maternal, Newborn and Child Health. *A global review of the key interventions related to reproductive, maternal, newborn and child health (RMNCH)*. Geneva, Switzerland: PMNCH 2011.
4. Unger JP, Van Dessel P, Sen K, De Paepe P. International health policy and stagnating maternal mortality: is

- there a causal link? *Reprod Health Matters* 2009;17: 91–104.
5. Claeys V. Beyond despair – Sexual and reproductive health care in Haiti after the earthquake. *Eur J Contracept Reprod Health Care* 2010;15:301–4.
  6. Abernathy M. *Planning for a sustainable supply of manual vacuum aspiration instruments: A guide for program managers*, 2nd edn. Chapel Hill, NC: Ipas 2007.
  7. Ahsan S. IpasUniversity (www.ipasuniversity.org): *Reproductive health supply management and sustainability*. Chapel Hill, NC: Ipas 2011.
  8. Program for Appropriate Technology in Health (PATH) and the World Health Organisation (WHO). *Procurement capacity toolkit*. 2009. Accessed 15 March 2012 from: “<http://www.path.org/projects/procurement-toolkit.php>”