

COUNTRY PERSPECTIVES
ON THE FUTURE OF CONTRACEPTIVE SUPPLIES

MEETING THE CHALLENGE



THE INTERIM WORKING GROUP ON REPRODUCTIVE HEALTH COMMODITY SECURITY (IWG) is a collaborative effort of John Snow, Inc. (JSI), Population Action International (PAI), the Program for Appropriate Technology in Health (PATH) and Wallace Global Fund. The IWG was formed in response to a meeting of the Working Group of the Global Initiative on Reproductive Health Commodity Management of UNFPA in January of 2000. At the meeting, UNFPA called on the participation of a wide variety of stakeholders to address the looming crisis represented by the shortfall in contraceptives around the world. The IWG's objective is to further the goals of the 1994 Programme of Action by raising awareness about the importance of securing reproductive health supplies. The IWG seeks to identify the causes of failures and weaknesses in commodity systems and to spur actions that will contribute to securing essential supplies for the delivery of reproductive health care.

The IWG understands the importance of addressing the full range of reproductive health commodities. The group is focusing on contraceptives first, however, due to the widespread lack of consensus within the population and reproductive health field regarding which commodities to include in an essential list of supplies. Moreover, there is little information on donor contributions for non-contraceptive reproductive health commodities. Through its efforts on contraceptive security, the IWG is working to bring together stakeholders to develop strategies for addressing the broader issues of reproductive health commodity supplies in the future.

ACKNOWLEDGMENTS

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COUNTRY PERSPECTIVES ON THE FUTURE OF CONTRACEPTIVE SUPPLIES

In 2000, John Snow, Inc. (JSI) and the Program for Appropriate Technology in Health (PATH) surveyed family planning programs in 13 countries. Intended to highlight in-country perspectives on current and future contraceptive supply, the questionnaire solicited input on specific trends in commodity forecasting, funding, procurement, and delivery, as well as general concerns about donor coordination and future threats and responses to contraceptive security. Altogether, 23 respondents participated, 13 from government family planning programs and 10 from major in-country non-governmental (NGO) programs. Respondents were asked questions about their perspectives on supply issues, the actions they are taking to address changes in donor contributions, and how a gap between contraceptive needs and supplies would impact their programs.

The countries and programs surveyed represent a wide mix of viewpoints due to their diverse procurement methods, histories of donors and donations, population sizes, and incomes. Yet despite their different backgrounds and experiences, all respondents anticipated that contraceptive requirements in their countries will increase in the next 3 to 5 years. Most indicated that they expect external donors and government budgets to fill this gap and meet future supply needs. Private sector approaches (i.e., shifting users from public to private sector services, private insurance coverage, and employer cost sharing) were generally not viewed as the primary means to ensure adequate contraceptive supplies.

Almost three-quarters of the programs surveyed fund all or part of their contraceptive supplies, and half procure at least a portion of their own supplies from domestic and/or international suppliers. While some programs claim to be wholly independent from, and some wholly dependent upon, donors for their commodity supplies, most of the surveyed programs fall somewhere in between these two points. Other specific findings include the following:

- About half of the programs surveyed segment their clients to some degree by specifically targeting vulnerable or poor populations.
- Stock-outs, delays in shipments, and redundancy or oversupply of certain contraceptives are the problems most commonly cited as having a significant impact on programs.
- Inadequate government commitment to commodities, inadequate donor funding for commodities, fiscal constraints on the purchasing of contraceptives by governments, and high commodity prices on the international market are seen as the most serious threats to commodity supplies and the future success of family planning programs.
- Respondents understand that threats to contraceptive supplies must be addressed both globally and nationally.
- To address these threats, respondents proposed such strategies as improving logistics systems, increasing lobbying and advocacy, including contraceptives in institutional budgets, encouraging local contraceptive production, searching for alternative sources of financing and new providers, cooperating with donor agencies, encouraging NGOs to find new donors, and instituting fees for services.

- Respondents called for increased donor support and better coordination of donors at the global level.
- While many respondents expect that donor support for contraceptives will decrease in the future, their responses also suggest that family planning programs are generally unsure about the future role of donors.
- Respondents stated that if donors reduce support, they would like them to first help strengthen local capacity in such areas as forecasting, procurement, and Logistic Management Information Systems (LMIS) to minimize future program difficulties. Indeed, the most commonly cited solutions to com-

BACKGROUND

Historically, donors have played a key role in all aspects of contraceptive supply, from direct donations of commodities to procurement and logistics support. In recent years, however, international assistance for contraceptives has declined, while demand for contraceptives has increased. This trend has prompted concerns about the future ability of family planning programs worldwide to fulfill their contraceptive requirements and whether men and women will be able to obtain the products and services they need to achieve and maintain good reproductive health.

More countries are or will be forecasting, financing, procuring, and delivering contraceptives with less donor assistance. This will have far-reaching implications for the price, quality, effectiveness, and reliability of products and services.

modity supply problems (such as stock-outs and shipment delays) were the strengthening of procurement processes and of LMIS.¹

- Respondents indicated that improving local procurement capacity and contributing to the financing of supplies are the most effective uses of donor resources.

A number of common recommendations for action and assistance emerged from the overall results of the survey, as follows:

- Increase donor funding and clarify intentions;
- Increase government commitment to commodities;
- Ease fiscal constraints on governments by strengthening other service sectors; and
- Improve national capacity by strengthening systems for logistics, private service delivery, domestic procedures to procure commodities, and forecasting.

In September 2000, the United Nations Population Fund (UNFPA) presented a strategic approach entitled, *A Global Strategy for Reproductive Health Commodity Security (RHCS)*. This new strategy recognizes that each partner working in this field has an important role to play according to its comparative advantage and that all partners must work together to expand their efforts on both the global and national levels. With UNFPA's leadership and coordination, the success of the efforts of the various partners can be maximized. These broadened efforts are already underway, including the improvement of advocacy and resource mobilization, strengthening of national capacity, and reinforcement of program sustainability and coordination.²

Considerable uncertainty exists about whether and how family planning programs are preparing for the changing donor environment. The annual figures for donor contributions are relatively well documented and studies have been undertaken on possible alternatives to donor assistance, including the private sector. There is less information, however, about how government and non-governmental programs view supply issues, the actions they are taking to address changes in donor contributions, and how a gap between contraceptive needs and supplies would affect their programs. Such information is timely for several reasons:

- An increasing number of countries that receive donor assistance are assuming (or are expected to assume in the near future) responsibility for meeting all or part of their contraceptive needs. This means that more countries are or will be forecasting, financing, procuring, and delivering contraceptives with less donor assistance. This will have far-reaching implications for the price, quality, effectiveness, and reliability of products and services.
- Wide variations exist among countries with regard to institutional capacity. The strengths or weaknesses of national institutions will in large part determine the degree to which countries will successfully manage contraceptive supplies on their own. Country-level perceptions of the capacities and limitations of their programs can help determine the most effective way to channel sparse resources without compromising the broader mission of family planning programs to provide good quality contraceptives to consumers.
- Concern about the future of family planning programs in developing countries in the face of diminish-

ing donor support has raised awareness of the need for coordinated strategies at both the national and international levels. The incorporation of country-level perspectives on supply issues is critical in order for these efforts to be effective.

APPROACH AND METHODOLOGY

In 2000, the Program for Appropriate Technology in Health (PATH) collaborated with John Snow Inc. (JSI) to develop a questionnaire on contraceptive supply issues and to administer it to respondents from government and non-governmental family planning organizations.³ The questionnaire sought to identify issues that face service delivery programs and to solicit input on specific trends in commodity forecasting, funding, procurement, and delivery, as well as general concerns about donor coordination and future threats and responses to commodity security. Programs in 13 countries were identified to receive questionnaires. Criteria for selecting the countries to survey included:

- The presence of an in-country contact to administer the questionnaire;
- Diversity with regard to geography, donor assistance, income, population size, local manufacturing and procurement capacity, strength of the commercial contraceptive market and history of supply problems; and
- The willingness of Ministry of Health and/or NGO representatives to participate.

JSI and PATH compiled a list of potential respondents, drawing on their knowledge of and experience with the logistics and supply issues faced by programs in specific countries. The original aim was to survey two respondents from each of the 13 countries, one from the government family planning program and one from a major in-country non-governmental service delivery program.

In-country assistants, or consultants chosen by them, personally administered the questionnaires to ensure maximum and timely responses. The questionnaire was translated into Spanish and Arabic where appropriate. For the purposes of this questionnaire, “contraceptives,” “contraceptive commodities,” and “commodities” included the following: combined pills, progestin-only pills (mini-pills), IUDs, Norplant, injectables, condoms (male and female) for both family planning and HIV/STD prevention, diaphragms, sterilization (tubal ligation clips), spermicides (vaginal foaming tablets, foams, creams, and jellies), and emergency contraception.

It should be noted that the relatively small number of countries surveyed means that the perspectives discussed in this report do not represent all developing country family planning programs. In addition, unless explicitly noted, all information reported here was compiled from

the personal replies and statements of respondents, and may therefore not represent the current or future activities of programs or donors.

THE RESPONDENTS

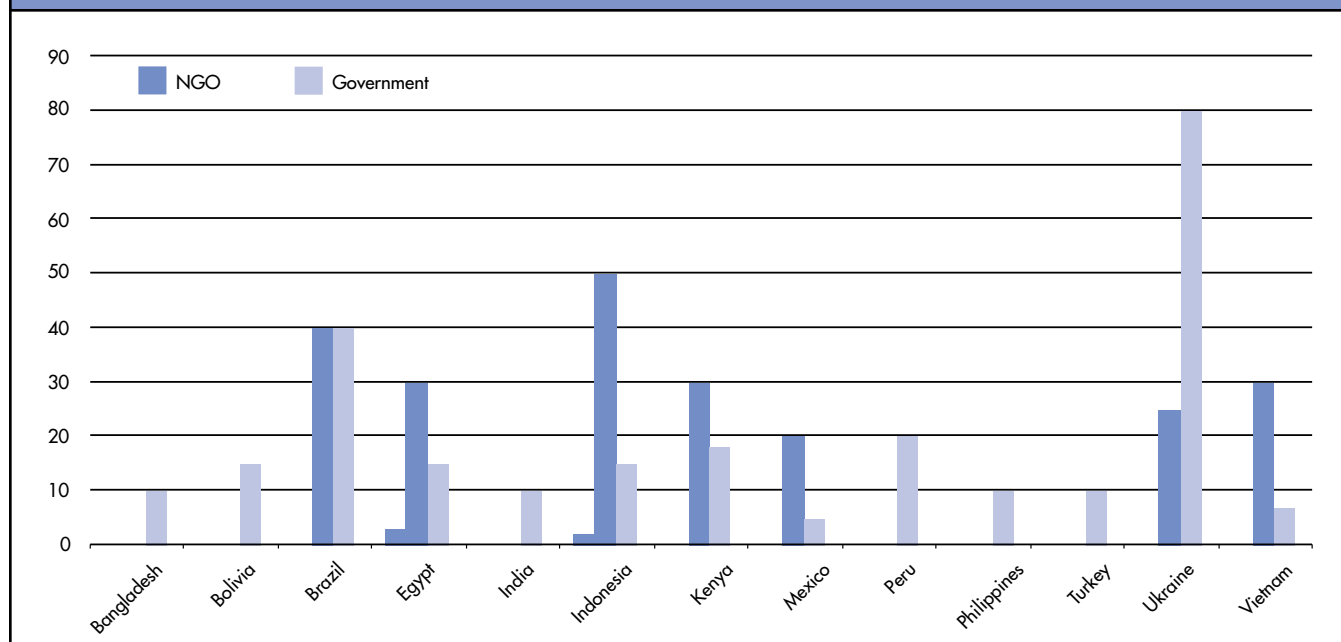
Twenty-three respondents in 13 countries completed the questionnaire, 13 from governmental and 10 from non-governmental family planning programs.⁴ According to World Bank classifications, five of the participating countries are low-income (GNP per capita of US \$760 or less); five are lower-middle-income (GNP per capita of US \$761-\$3,030); and three are upper-middle-income (GNP per capita US \$3,031-\$9,360). The populations of these countries range from 8 million (Bolivia) to more than 1 billion (India). Together they are home to well over 2 billion people, or more than 40 percent of the developing world (60 percent when China is excluded).⁵ Table 1 shows the distribution of respondents by country and type of program.

REGION/COUNTRY	GOVERNMENT	NGO
Asia		
Bangladesh	1	
India	1	
Indonesia	1	2
Philippines	1	1
Vietnam	1	1
Africa		
Egypt	1	2
Kenya	1	1
Europe and Central Asia		
Turkey	1	
Ukraine	1	1
Latin America		
Bolivia	1	
Brazil	1	1
Mexico	1	1
Peru	1	
TOTAL	13	10

FINDINGS

The programs surveyed vary widely in size, from one that covers only 1.5 percent of its country’s contraceptive users to another that covers almost 90 percent. The governmental family planning programs are much larger than the NGO programs. All but one government program covers more than 40 percent of the population of contraceptive users, while all but one NGO program covers 10 percent or fewer.

◀ FIGURE 1 ▶
 EXPECTED PERCENT INCREASE IN CONTRACEPTIVE REQUIREMENTS
 IN THE NEXT 3-5 YEARS FOR 22 PROGRAM RESPONDENTS



Estimating Future Requirements

All of the respondents anticipated an increase in contraceptive supply requirements in the next 3 to 5 years. However, as illustrated in Figure 1 above the extent of this anticipated increase varies widely, ranging from 2 to 80 percent.

When asked how they expect increased commodity needs to be supplied, two-thirds of the respondents cited external donors and an expanded government budget. The next most common answer, with eight responses, was that in-country NGOs will purchase contraceptives. Seven respondents (three government, four NGO) indicated that private service delivery will ensure contraceptive supply. Only four respondents, all from government programs that are heavily donor-dependent, pointed to the receipt of loans as a way to purchase contraceptives. With the exception of the latter response, there was little discernible difference between the answers provided by NGO and government respondents. The majority of programs apparently expect future commodity needs to be met by the same sources that have dominated contraceptive provision in the past, i.e., external donors and governments.

The programs surveyed use a variety of methods, often in combination, to estimate future commodity requirements. Most (17 programs) rely on records maintained at the service delivery level, followed by historical data (16) and demographic information (13). Eight respondents stated that their programs estimate requirements based on distribution capacity.

Responses to a question eliciting the degree to which programs target services to specific populations revealed that more than half (12) of the surveyed programs supply contraceptives to anyone who requests them. Five supply anyone with an income below a certain income level; five serve only married women and men; and four serve only people in specific geographic regions. Other populations targeted include adolescents, unmarried women, women who for medical reasons should not become pregnant, or the poor, as well as emergency cases. Nine of the 23 programs (6 NGO and 3 government) segment their clients to some degree.

Funding Contraceptives

Almost three-quarters of the programs surveyed (17) fund all or part of their contraceptive supplies, while the remaining 6 programs are wholly dependent on external donors. Of the 17 programs that fund contraceptives, 13 receive contraceptive support through loans, grants, and/or direct donations. Almost 70 percent of the government programs (9) have a line item for contraceptives in their budgets; three of these are in upper middle-income countries, three in lower middle-income countries, and three in low-income countries. The amount of money allocated to contraceptive procurement in 1999 ranged from US \$4000 in Ukraine to more than US \$37 million in India.

Table 2 provides a breakdown of assistance for contraceptive supply given to the surveyed programs.

The figures supplied by programs should be interpret-

ed cautiously because of the complexity of the donor assistance process. However, certain broad inferences can be made about the funding status of the surveyed programs. While four programs claim to be wholly independent from, and six wholly dependent upon, donors for their commodity supplies, most of the surveyed programs fall somewhere in between these two points. In other words, the majority of countries finance at least a portion of their commodity requirements.

Among the respondents whose programs receive contraceptive support from donors, ten expect current levels of such support to increase and eight expect it to decrease. NGOs seem to be somewhat more optimistic than governments about future donor assistance: six of eight NGO respondents expect donor funds to increase over the next 3 to 5 years, while six of ten government respondents anticipate a decrease.

Interestingly, those respondents who expect donor support for contraceptives to decrease nonetheless believe that donors will continue to be a central source of contraceptive supplies in the future. They are also confident that government budgets for contraceptives will increase. Moreover, they expect that in the future, these two sources will support supplies to a greater degree than will in-country NGOs, private service delivery systems, or loans. This discrepancy suggests that family planning programs are generally uncertain about the future role of donors with regard to contraceptive supplies.

Respondents who expect donor support for contraceptives to decrease answered an open-ended question on the probable impact of this decline on their programs and adjustments the programs would undertake to cope with such a change. Respondents from two programs explicitly stated that reduced donor support for contraceptives would “harm the program severely” and “hamper expansion of access.” Almost all the respondents who expect donor support for contraceptives to decrease addressed the need to prepare for this trend in the future by attaining greater financial independence today.

Some programs have already started to work toward financial sustainability by initiating cost recovery mechanisms, diversifying funding, shifting low-income clients to less expensive contraceptive methods, and pursuing other undefined “independence initiatives.” Two respondents also mentioned the importance of building capacity at the institutional level in areas such as procurement, forecasting, and LMIS in order to make their programs more self-reliant.

Procuring Contraceptives

Eleven of the surveyed programs (seven government and four NGO) procure at least a portion of their own contraceptives. Seven of these programs have full-time dedicated procurement staff. Primary procurement sources include both international and in-country manufacturers. The most common factor governing the selection of

◀ TABLE 2 ▶
PROGRAM FUNDING SOURCES

PROGRAM TYPE	FUNDING SOURCE			
	Programs that wholly fund contraceptive supplies (no loans, grants, or direct donations)	Programs that rely on loans, grants, or direct donations for less than 50% of total contraceptive supplies	Programs that rely on loans, grants, or direct donations for more than 50% of total contraceptive supplies	Programs that wholly rely on direct donations for contraceptive supplies
Government	3	1	7	2
NGO	1	3	2	4
Total	4	4	9	6

Respondents from two programs explicitly stated that reduced donor support for contraceptives would “harm the program severely” and “hamper expansion of access.”

suppliers is the requirement that products be purchased from domestic manufacturers. The seven respondents who cited such a mandate represent programs in five large countries (Brazil, India, Indonesia, Mexico, and Vietnam) that have launched efforts to strengthen local suppliers. In addition, respondents from two other programs stated that choice of procurement method, regulatory approvals, and supply mandates are governed by funders or lenders.

Programs use various methods to ensure standards of quality, as indicated in Figure 2 below. Among all 23 respondents, the most common methods named were evaluation of product documentation, regulatory testing/sampling, monitoring acceptability to users, and visual inspection. Overall, all but five respondents stated that their programs use two or more of these methods to ensure quality standards.⁶

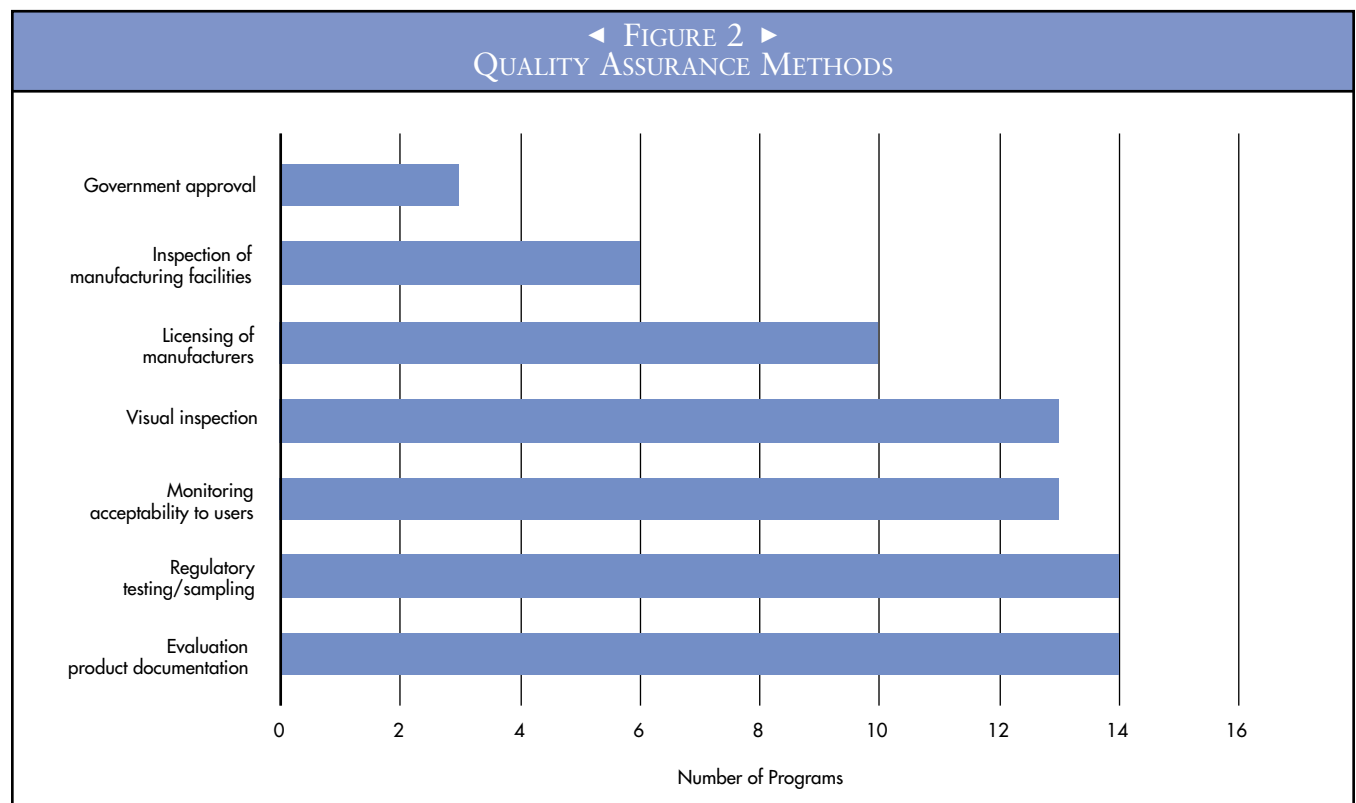
Delivering Contraceptives

Respondents were shown a list of problems and asked which had had a significant impact on their program in the last three years. The most commonly cited problems were stock-outs and delays in shipments (nine responses for each) and redundancy/oversupply of certain contraceptives (seven responses). More than one-quarter of the programs experienced one or more of the following problems: poor contraceptive quality and storage conditions, difficulties with the agency's procurement system, excessive lead times for supplies, product loss, and

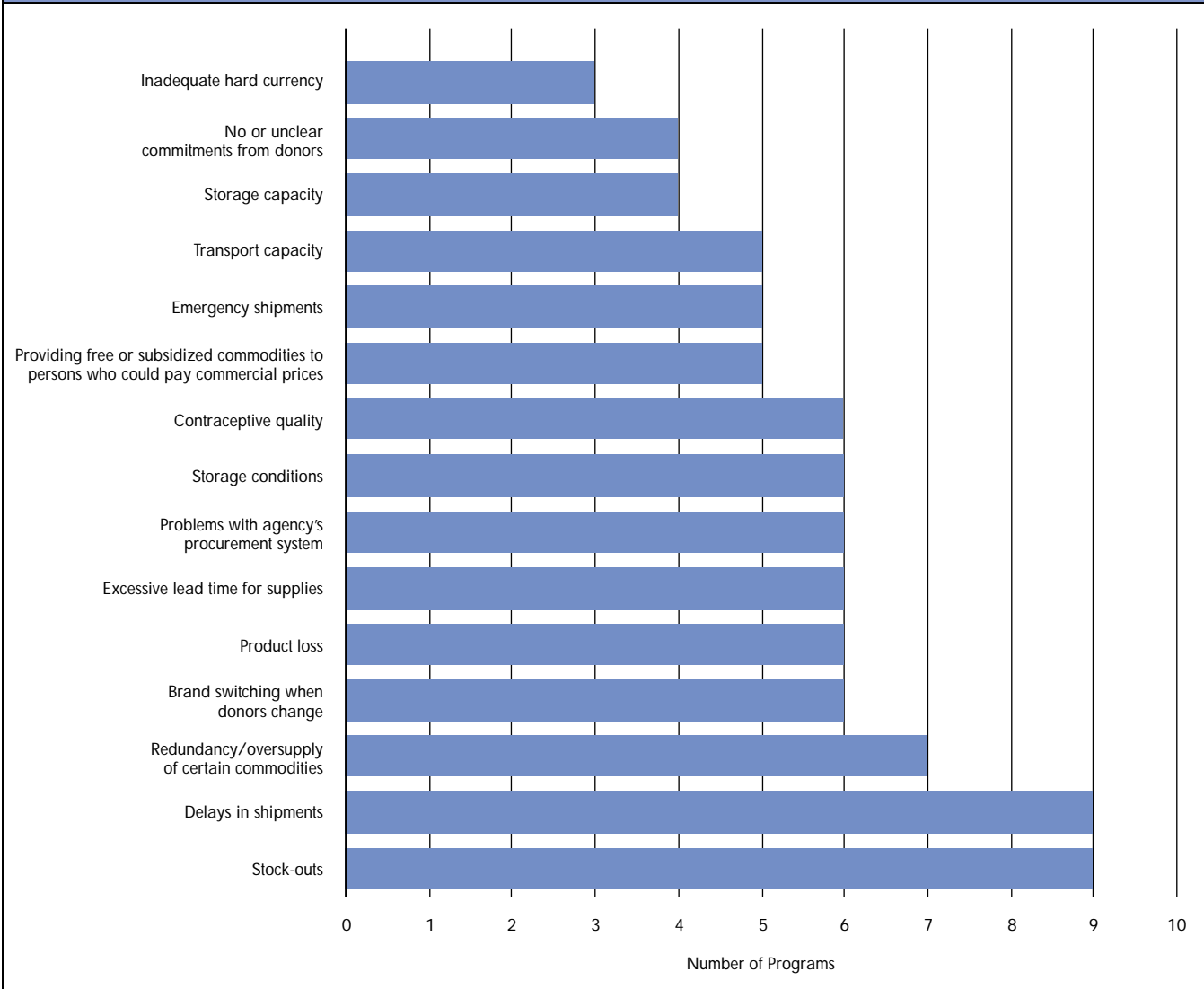
brand switching when donors change. The frequency of these problems is clearly illustrated in Figure 3. In addition, four programs reported other problems not shown in Figure 3: high national tax and custom fees; a lack of logistics management; inadequate knowledge of logistics staff; frequent shifts in contraceptive methods among users; insufficient funds available to the government and insufficient incomes throughout the population.

Four government programs account for almost half of the problems reported by all 23 respondents. Three of these programs procure all or almost all of their own commodities, although one receives its entire supply in the form of direct donations from several donors. All four programs also receive donor assistance in the form of forecasting and logistical support, but only one of the three programs that undertake procurement receives assistance for this process. All things considered, it is difficult to identify with any certainty the characteristics of a program that is more or less likely to be afflicted with the types of problems listed in Figure 3.

Respondents from both government and NGO programs cited weakness in the procurement system and the LMIS as the most common source of problems. Programs that procure their own contraceptives expressed the need for alternative procurement sources and earlier procurement preparation and to prepare for procurement in advance. One government program with a decentralized system asserted that centralized procurement would more



< FIGURE 3 >
SIGNIFICANT PROBLEMS WITH CONTRACEPTIVE SUPPLIES



effectively ensure that products are purchased in a timely manner. Another program that relies on donors to procure contraceptives underscored the need to strengthen national procurement capacity in order to reduce the incidence of stock-outs, shipment emergencies and delays, and general procurement problems.

Similarly, many respondents felt that their program's LMIS should be strengthened in order to more effectively manage stocks and ensure adequate supplies. Finally, respondents from two programs indicated that improved targeting of supplies to particular populations would solve some of their delivery system problems, while respondents from two others pointed to the need for better planning and coordination with, as well as commitment from, donors.

Respondents were also asked which mechanisms programs had used to obtain product-related input from clients in the last two years. Many programs seem to

have used a combination of methods, the most common of which were the integration of a feedback component into management information systems (MIS), client interviews or focus groups, and periodic surveys. In addition, seven programs had conducted market studies and six had used complaint forms in order to obtain client feedback.

Program Capacity

The questionnaire sought information on program capacity by eliciting information on the existence of full-time, dedicated staff for logistics or procurement, a budget line item for commodities, a forecasting unit, and a management information system (MIS). Eighteen programs have dedicated staff members whose primary, full-time jobs focus on logistics, while seven have full-time staff who focus on procurement. Nineteen programs have a special unit or individual who is responsi-

◀ TABLE 3 ▶
PROGRAM CAPACITY

Program type	Full-time dedicated logistics staff	Forecasting unit	Full-time dedicated procurement staff	Budget line item	MIS
Government	12	12	6	9	12
NGO	6	7	1	5	9
Total	18	19	7	14	21

ble primarily for forecasting contraceptive requirements, 14 have a line item for contraceptives in their budgets, and 21 have an information system that is used as a management tool. Table 3 illustrates the distribution of these capacities according to the type of program.

The overall number of programs with full-time procurement staff is noticeably low compared to other capacities. However, several respondents indicated that, although their programs lack “full-time” procurement staff, they do have one or more staff members who are dedicated to procurement in addition to other functions. Furthermore, the questionnaire did not obtain information regarding the complexity of the information obtained and handled by an MIS. It is clear that MIS capacities differ widely, with some systems consisting of stock cards while others are computerized. The fact that respondents so frequently attribute problems to a weak procurement system and/or MIS suggests the need for a more in-depth study of each program’s system in order to understand how to achieve effective capacity.

Donor Coordination

A number of donors provide program support in a wide range of areas, from provision of commodities to technical assistance. As indicated in Table 4, survey respondents reflect the breadth of agencies from which they receive commodity support. Ten agencies provide commodity support to 15 programs, of which 10 (6 government and 4 NGO) receive support from two or more agencies.

The majority of programs receive donor assistance (i.e., either training or infrastructure improvement) in specific areas, as follows:

- Contraceptive logistics (17)
- MIS (16)
- Policy and strategy formulation and planning (13)
- Service delivery (12)
- Quantity estimation (12)
- Family planning advocacy (12)

Ten programs also receive external assistance for social marketing, seven for contraceptive procurement, and six for establishing a correct contraceptive mix. However, the questionnaire did not solicit information about which agencies are providing the programs with these varied types of assistance.

When asked how donor resources can best be used to ensure that a program’s future contraceptive requirements are met, respondents from eight programs raised issues surrounding procurement and financing. Some expressed the wish for more feedback on procurement operations, while others want donors to “transfer skills” in procurement and forecasting to relevant government ministries. Even some governmental programs that currently procure contraceptives would like donors to assist with financing or, as stated by one respondent, “to a certain extent, give us support for commodities...[to] release the pressure on our budget” so that “funds can be used for other services.” A number of respondents mentioned the heavy burden borne by their programs as a result of procurement costs and expressed the need for donors to reduce this burden.

Respondents from two programs also stated that they would like donor rules and conditions to be less cumbersome. A representative of one government program stated that “these rules and conditions should be standardized to help easy and timely procurement through effective donor coordination. Some donors provide tied funds, which results in procurement at high cost. Donors should provide untied funds.” Several respondents also complained that donors supply “unpopular brands of contraceptives” and stated that they “should

◀ TABLE 4 ▶
SUPPORT FOR COMMODITIES

Agency	Number of Programs
United Nations Population Fund (UNFPA)	7
U.S. Agency for Int’l Development (USAID)	6
International Planned Parenthood Federation	5
World Bank	4
In-country government	3
Kreditanstalt für Weideraufbau (KfW)	3
Department for International Development (DFID)	3
Canadian International Development Agency	2
Swedish International Development Agency	1
European Union	1

be more involved in the requirement needs of the program they subsidize” and provide generic rather than brand name products.

Finally, a number of programs would like donors to assist them in using their resources more effectively. One respondent suggested that, to this end, donors could provide assistance by determining which clients receive full, partial, or no subsidies, while another expressed the need for help in shaping a strategy of program service fees. In addition, respondents from two programs felt that donors should help “develop the market” and strengthen private sector participation and involvement in direct service delivery in order to “ease...the burden of total subsidies provided by government.”

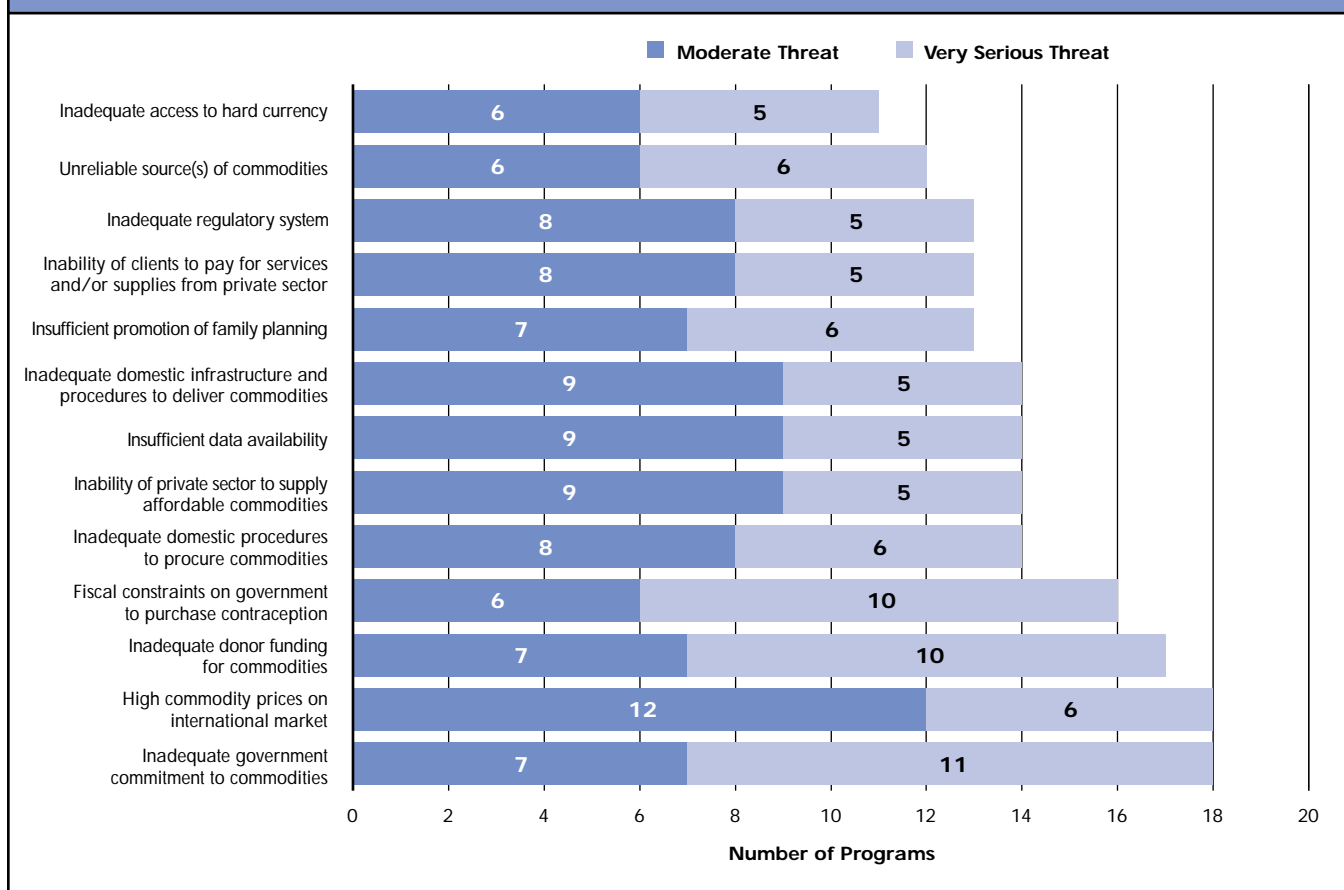
When asked how each program coordinates multiple donors, the most common answers were sharing contraceptive requirements and forecasts and coordinating procurement. Eleven respondents cited each of these categories. Six programs apparently share information on prices, delivery constraints, and new suppliers; six use joint development of country assistance; and six negotiate with each donor on an individual basis. All programs with two or more donors currently coordinate the efforts of their donors to some degree.

CHALLENGES AND RESPONSES

As indicated in Figure 4, respondents most widely cited inadequate government commitment to and inadequate donor funding for contraceptive supply, as well as fiscal constraints on governments for the purchase of contraceptives, as the issues that pose a “very serious threat” to the future success of family planning in their countries. However, when responses to the questions of “moderate threat” and “very serious threat” are evaluated together, high contraceptive prices on the international market also emerged as posing a critical challenge to family planning programs.

While respondents from government and NGO programs did not differ markedly in their perceptions of these issues, it is notable that those in the former category perceived “fiscal constraints on governments to purchase contraceptives” as the most formidable threat. Among all 13 government respondents, six perceived this issue as a “very serious threat,” four as a “moderate threat,” and only two as “no threat.” This perception of the threat of fiscal constraints is consistent with the comment made by a number of respondents that donor resources are best used to help programs finance contraceptives. At the same time, all of the government

< FIGURE 4 >
PERCEPTIONS OF THREATS TO FAMILY PLANNING PROGRAMS



programs that wholly fund their own contraceptive supplies perceived “inadequate donor funding” as posing “no threat” to the future success of family planning in their country.

The issues that respondents most frequently cited as “no threat” to the future success of family planning in their countries were unreliable source(s) of contraceptives, inadequate access to hard currency, insufficient promotion of family planning, and insufficient data availability. However, half or more of respondents perceived even these issues as “moderate” or “very serious” threats.

Not surprisingly, programs that anticipate larger increases in their future contraceptive requirements generally perceived a greater number and level of threat than programs that anticipated smaller increases. This is particularly clear in the case of “inadequate donor funding for contraceptive commodity supply.” No respondents from the eight programs that are expected to increase by 10 percent or less in the next 3 to 5 years perceived this as a “very serious threat,” while respondents from only three such programs perceived it as a “moderate threat.” On the other hand, all but one of the 14 respondents who expect their program’s requirements to increase by more than 10 percent perceived this issue as a “moderate” (4) or “very serious” (9) threat. The exception is a government program whose entire contraceptive supply is donated.

Respondents provided a wide variety of answers to the question of how programs address threats. Most of the answers indicate that programs are just beginning to explore possible solutions. Programs have started looking for alternative sources of financing and ways to encourage the local production and manufacturing of contraceptives. Sustainability plans are being developed and closer coordination between government and donor agencies, as well as direct collaboration with donors and NGOs, are now clear goals.

Other planned initiatives include the identification of mechanisms and strategies to expand the availability of contraceptives; conducting studies to explore other sources of contraceptives (such as social marketing); the generation of income through services; lobbying legislators, political leaders, and other “influentials;” and investing in institutional capacity so that programs can become more effective and self-reliant. A number of respondents also mentioned the need for international

support for technical training, logistics, LMIS, and marketing in order to help their programs build capacity and operate with maximum self-reliance.

When asked how programs can effectively ensure an adequate supply of contraceptives in the future, respondents cited more efficient use of current logistics systems (17 responses); diversification of funding sources for contraceptives (16 responses); the introduction or increase of user fees for services and/or contraceptives (14); and the strengthening of forecasting systems (14). In addition, 12 respondents cited the need for more, new, and/or better coordination of donors. The importance of targeting subsidies to those most in need and of raising the awareness of new constituencies were each cited by ten respondents.

Additional options for ensuring contraceptive supply include shifting users to the private commercial sector, private insurance coverage, and employer cost sharing. These options, which all involve the private sector, garnered the least support (with six, four, and three responses, respectively), suggesting a lack of optimism about the private sector’s ability to solve supply problems. The limited support expressed for the private commercial sector may seem particularly surprising given the fairly strong support for the introduction of user fees (14 responses). If, as many respondents suggested, clients would be willing to pay for contraceptives charged by the surveyed programs, one might expect that those clients would also be willing to purchase contraceptives from the private commercial sector.

One possible explanation for this apparent discrepancy is the perception among a large number of respondents that the private sector is unable to provide affordable contraceptives to poorer clients. About two-thirds of the respondents cited this problem as a serious threat to the future success of family planning in their countries. In other words, respondents seem to think that the private commercial sector can and should alleviate future program demands made by wealthier clients. However, the problem of affordability prevents this sector from playing a significant role in solving future supply problems. Nonetheless, respondents support the segmentation of program fees, and several expressed a desire for donor assistance in broadening understanding of the private sector and the opportunities it affords to reduce the financial burden of programs.

All but one of the 14 respondents who expect their program’s requirements to increase by more than 10 percent perceived [inadequate donor funding] as a “moderate” (4) or “very serious” (9) threat.

The expectation that external donors and government budgets will provide supplies in the future is very high...the private sector is generally not viewed as the solution to supply problems.

◀ CONCLUSION ▶

This study highlights in-country perspectives on current and future contraceptive supply. It examines the key problems facing family planning programs, the activities they are undertaking to address these problems, and the areas where respondents feel donor resources could be directed most effectively. Overall, programs plan to strengthen, expand, and refine the existing supply system with regard to institutional capacities, clients, and donor funding.

It is clear that family planning programs around the world anticipate an increase in contraceptive requirements in the coming years. The expectation that external donors and government budgets will provide supplies in the future is very high. At the same time, even though most program representatives surveyed recognize the need to initiate cost recovery measures and target clients, the private sector is generally not viewed as the solution to supply problems.

Survey respondents frequently asserted that procurement and MIS systems are weak. This is of critical importance, since 11 surveyed programs procure at least a portion of their own contraceptives. At present, about two-thirds of the programs receive MIS assistance, while less than one-third receive any assistance for procurement. Only three of the 13 government family planning programs surveyed receive any technical

assistance for procurement. Given the dominant role of these public sector programs in the surveyed countries, this finding suggests that donors need to greatly expand the training and transference of skills in procurement if greater self-reliance is to be achieved.

There was a strong perception among respondents that the future success of family planning programs is threatened. Key problems cited were high commodity prices on international markets, inadequate donor funding for and government commitment to contraceptive commodity supplies, and fiscal constraints on governments to purchase contraceptives. For these reasons, donor resources should be used to improve procurement and financing in the future. However, donors need to take a broad view of contraceptive supply by concentrating resources and training in ways that respond to each country's needs and level of self-reliance.

The next step for donors, developing country governments, NGOs, and technical agencies is to consider how to achieve increased contraceptive commodity security, what the contributions of each group will be, and how to coordinate those contributions. The 1994 International Conference on Population and Development called for universal access to safe, affordable, and high-quality contraceptives. Any strategy to meet this important goal will require concerted effort and willingness by a range of actors at both the global and national levels.

NOTES

- ¹ Currently, about two-thirds of the programs receive LMIS assistance, while less than a third receive assistance for procurement.
- ² UNFPA News Feature. “UNFPA Fully Committed in Ensuring Universal Access to Reproductive Health Care by 2015: A Global Strategy for Reproductive Health Commodity Security,” available from <http://www.unfpa.org/news/features/rhcs.htm>; Internet; accessed 2 March 2001.
- ³ In addition, members of the Interim Working Group on Reproductive Health Commodity Security (IWG) and staff members of the technical division of the United Nations Population Fund (UNFPA) commented on the survey.
- ⁴ A non-governmental response was received that is not considered in the current analysis because it was from an international rather than a local program. We did not receive an NGO response from Turkey because the four major NGOs providing commodities to clients there had stopped doing so following the withdrawal of donations from the United States Agency for International Development, although some later received contraceptives from UNFPA expressly for earthquake victims.
- ⁵ Population Reference Bureau. *2000 World Population Datasheet* (Washington, DC: PRB, 2000).
- ⁶ For a detailed examination of how family planning programs perceive and apply quality assurance issues, see PATH, *Contraceptive Quality Assurance: Findings of a 22 Country Survey*. Reproductive Health Reports No. 2 (Seattle, WA: Program for Appropriate Technology in Health, July 1997).

MEETING THE CHALLENGE

SECURING CONTRACEPTIVE SUPPLIES

SECURING SUPPLIES FOR REPRODUCTIVE HEALTH

The Interim Working Group on Reproductive Health Commodity Security (IWG) is a collaborative effort of John Snow, Inc. (JSI), Population Action International (PAI), the Program for Appropriate Technology in Health (PATH) and Wallace Global Fund. Recognizing the important leadership role of the UN Population Fund (UNFPA) in meeting the goals of the 1994 Programme of Action, the IWG's objective is to further these goals by raising awareness about the importance of securing reproductive health supplies. The IWG seeks to identify the causes of failures and weaknesses in commodity systems and to spur actions that will contribute to securing essential supplies for the delivery of reproductive health care.



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