

DEFINING REPRODUCTIVE HEALTH SUPPLIES:
A SURVEY OF INTERNATIONAL PROGRAMS

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 for 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

This survey was conducted by Population Action International for the Interim Working Group on Reproductive Health Commodity Security. It is part of the series of papers *Meeting the Challenge: Securing Contraceptive Supplies*. The authors wish to thank Ipas for its review of the report and for all of the respondents who took time out of their schedules to participate in the survey.

DEFINING REPRODUCTIVE HEALTH SUPPLIES: A SURVEY OF INTERNATIONAL PROGRAMS

In 2000, Population Action International (PAI) conducted a survey of reproductive health colleagues at 64 key organizations involved in international reproductive health service delivery, research, and advocacy. The goal of the survey was to develop a working definition of the supplies (commodities) that health professionals consider core or essential to reproductive health services in developing countries. Additional goals were to compile a comprehensive list of ongoing research and other types of projects related to the commodity issue and to document supply shortages in the field. The information gathered in this survey will complement other work in this area such as the research of the United Nations Population Fund (UNFPA) and World Health Organization (WHO).

Our hypothesis was that while most organizations subscribe to comprehensive language drawn from the Programme of Action adopted in 1994 at the International Conference on Population and Development (ICPD), they define reproductive health care largely in terms of contraceptive services. We also hypothesized that many organizations have developed neither a working definition of reproductive health care nor a list of associated commodities. While the survey findings suggest that both of these hypotheses are partially true, other interesting information was also revealed.

Responses were received from 26 individuals at 25 organizations. The majority of respondents considered most contraceptive supplies to be essential to reproductive health services. However, a large percentage also included condoms used explicitly to prevent sexually transmitted diseases (STDs), including HIV; information, education, and communication (IEC) materials; materials for the diagnosis and treatment of STDs; emergency contraception; and the manual vacuum aspiration (MVA) method of abortion. None of the organizations had a formal definition of reproductive health care and required supplies, although some knew of comprehensive inventories of all reproductive health commodities. The survey findings also indicate that the term “commodities” is defined in a variety of ways to include supplies, equipment, products, drugs, devices, over-the-counter products, laboratory supplies, materials, kits, consumables, and medicines.

Contraceptives and condoms for HIV prevention emerged as the most common supplies identified by survey respondents as core to reproductive health services. These findings have helped to refine the focus of commodity security efforts initially on contraceptives and condoms for HIV prevention, moving later to include broader reproduc-

tive health supplies. Other interesting findings such as the variety of terms used to describe commodities (supplies, equipment, products, drugs, devices, over-the-counter products, laboratory supplies, materials, kits, consumables, and medicines) will also help in clarifying language and focus for advocacy efforts.

DEFINING REPRODUCTIVE HEALTH SUPPLIES

The ICPD Programme of Action establishes the right of men and women to be informed about their reproductive choices and health, and to have access to the information and services that make good health possible. Given the anticipated increases in demand for such services over the next few decades, large supplies of contraceptives and “other commodities essential to reproductive health programmes”* will be needed in order to meet the ICPD’s challenging programmatic objectives.

It has become necessary and important to prioritize essential reproductive health (RH) supplies in light of the mandate of the Programme of Action, as well as the shrinking resource base available to finance such materials. Every country and every program has different needs depending on such factors as the strength of the primary health care infrastructure, the prevalence of various health-related conditions, the local resource base, and available donor resources. Priority lists of RH commodities customized on the basis of particular circumstances in a country or region are important. However, at this time, a general indication of what is commonly meant by the terms “reproductive health,” “commodities,” and “supplies” is important to the discussion of the global supply situation.

For this reason, Population Action International (PAI) conducted a survey of health professionals at 64 key organizations involved in international reproductive health

* United Nations. *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994*, Paragraph 7.25 (New York: United Nations, 1995).

service delivery, research, and advocacy. Of the 26 people that responded, 14 were based in the United States, five in Asia, three in Africa, three in Latin America, and one in the Middle East. The goal of the survey was to develop a working definition of the commodities that RH professionals consider core or essential in developing countries. Additional goals were to compile a comprehensive list of ongoing research and other types of projects related to the commodity issue and to document commodity shortages in the field.

The United Nations Population Fund (UNFPA), the World Health Organization (WHO), and other agencies have compiled comprehensive lists of RH commodities. These lists provide an exhaustive inventory of the supplies and equipment needed to provide RH services, but do not prioritize the commodities in any way. The PAI survey was therefore designed to assess the current opinions of organizations in the RH field with regard to which commodities are likely to appear on such a priority list. The survey process and results were intended to raise awareness of the ambiguity that exists in the field with regard to defining priority commodities and to foster discussions on this issue.

◀ SURVEY METHODOLOGY ▶

This survey was conducted by PAI in February-May 2000. The survey was sent by electronic mail to 64 organizations working in the reproductive health and family planning field, with an emphasis on service delivery organizations. This sample of organizations was determined by several sources, including the *User's Guide to USAID/Washington Population, Health, and Nutrition Programs*, International Planned Parenthood Federation (IPPF) web sites, Marie Stopes International (MSI), and the personal knowledge of the research team. The response rate to the survey was 41 percent, or 26 surveys.

◀ SURVEY RESPONDENTS ▶

ORGANIZATION	PROJECT OR PROGRAM
Academy for Educational Development (AED)	Linkages: breastfeeding and lactational amenorrhea; related maternal and young child nutrition
Carolina Population Center, University of North Carolina	MEASURE evaluation
CEMOPLAF (Centro Médico de Orientación y Planificación Familiar-Ecuador)	
Centre for African Family Studies (CAFS)	Program Office
Centers for Disease Control and Prevention (CDC)	Contraceptives & Logistics Management
Centre for Development and Population Activities (CEDPA)	
Family Health International (FHI)	Contraceptive Technology Research
International Planned Parenthood Federation (IPPF)	South Asia Regional Office
International Planned Parenthood Federation (IPPF)	East & Southeast Asia and Oceania Regional Office (ESEAOR); Fiji Field Office
International Planned Parenthood Federation (IPPF)	Regional Office and Sub-Regional Office for East and Southern Africa
International Planned Parenthood Federation (IPPF)	IPPF Arab World Regional Office (AWR)
Ipas	
John Snow, Inc. (JSI)	Family Planning Logistics Management Project (FPLM)
Johns Hopkins University (JHU)	Center for Communication Programs (CCP)
Macro International, Inc.	Demographic and Health Surveys (DHS)
Marie Stopes International	Latin America Programmes
Marie Stopes International	Marie Stopes Clinic Society (Bangladesh)
Marie Stopes International	Parivar Seva Sanstha (India)
Mexfam	
Pathfinder International	Family Planning Services
Population Reference Bureau (PRB)	Measure Communication
Population Services International (PSI)	AIDS Social Marketing
The Futures Group International	The Policy Project
The World Bank	Human Development Network; Health, Nutrition and Population
Zimbabwe National Family Planning Council	Head Office
Zimbabwe National Family Planning Council	Service Delivery Program

Most of the organizations that stated that they did not follow a formal definition of RH commodities nonetheless maintained some sort of working definition. None of the organizations referred to the ICPD Programme of Action when responding to this question.

◀ SURVEY RESULTS ▶

THE RESPONDENTS

As indicated below, more than half of respondents reported that their agencies purchase RH commodities for developing country programs. Slightly fewer reported that they are active in the delivery of RH services.

Does your organization purchase RH commodities for developing countries?

Yes	15
No	3
No Answer	8

Does your organization deliver RH services in developing countries?

Yes	13
No	12
No Answer	1

HOW DO ORGANIZATIONS DEFINE REPRODUCTIVE HEALTH COMMODITIES?

Responses to this open-ended question fell roughly into three categories.

1. Reproductive health commodities defined as those supplies necessary to deliver reproductive health services

Ten organizations defined RH commodities simply as those materials, drugs, or equipment necessary to deliver RH services, without offering additional information regarding the actual services provided.

2. Reproductive health commodities defined according to program content of specific projects

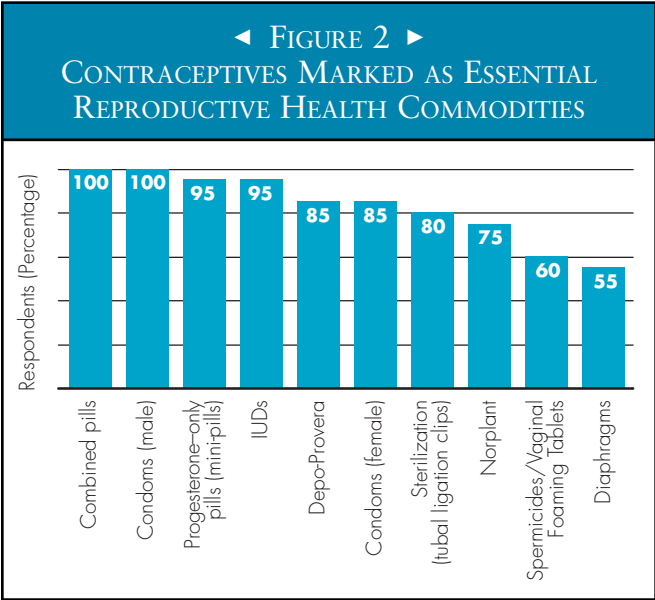
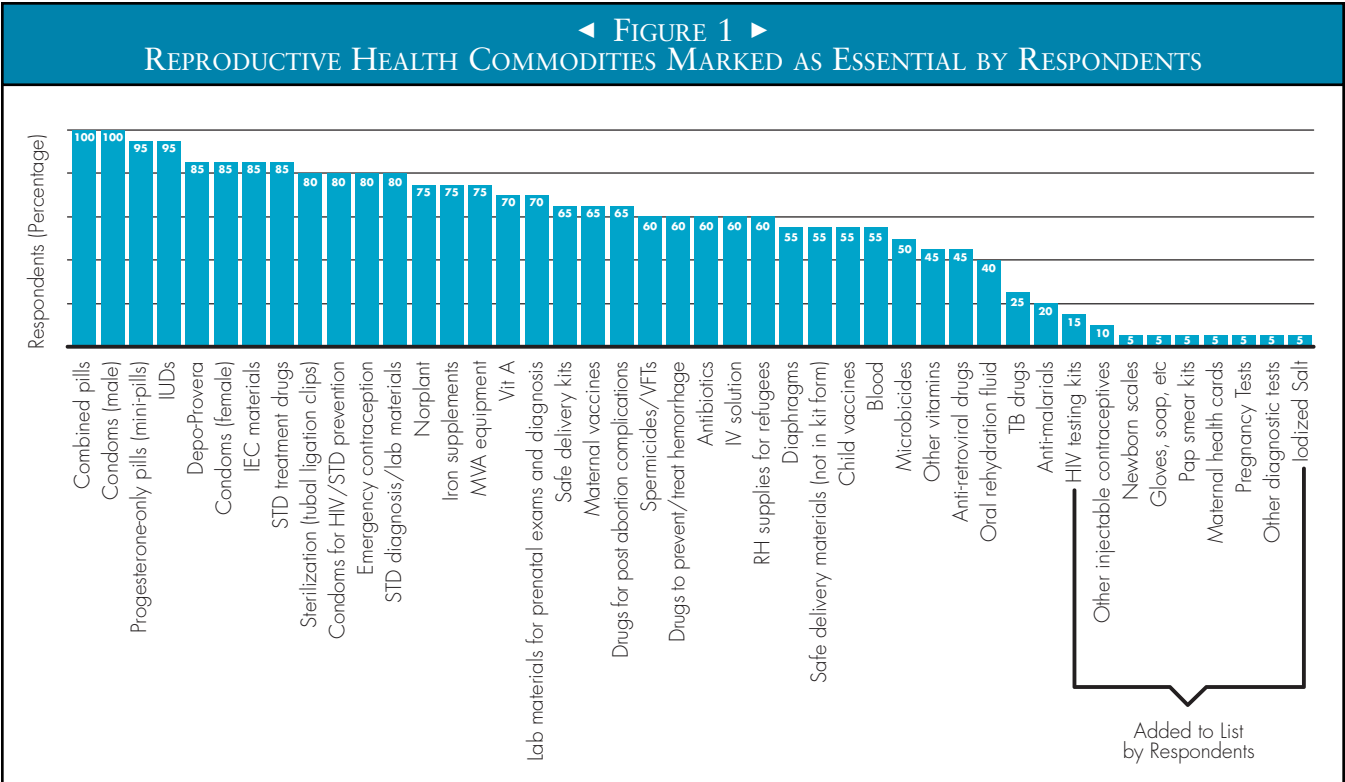
Seven organizations defined RH commodities according to project-specific criteria. For example, one respondent stated “We do not have an exclusive or limited list but allow partners and colleagues to define commodities relevant to RH in particular circumstances. RH typically includes maternal health, family planning, STDs/HIV/AIDS, but may also incorporate child survival or post-abortion care, so any commodities in these areas might be considered RH commodities.”

3. Reproductive health commodities defined broadly by referencing the WHO and UNFPA lists

Five organizations responded by referring to global lists of RH commodities developed by WHO and UNFPA or to comprehensive lists of RH services. These respondents referred to all commodities associated with any service having to do with reproductive health.

It should be noted that most of the organizations that stated that they did not follow a formal definition of RH commodities nonetheless maintained some sort of working definition. None of the organizations referred to the ICPD Programme of Action when responding to this question.

In addition, “commodities” were defined in various ways to include supplies, equipment, products, drugs, devices, over-the-counter products, laboratory supplies, materials, kits, consumables, and medicines.



WHAT ARE ESSENTIAL REPRODUCTIVE HEALTH COMMODITIES?

The survey sought to determine whether consensus exists in the field with regard to the commodities considered “essential” to reproductive health care. To this end, we provided respondents with a list of RH supplies and instructed them to indicate which ones their organization or project define as essential.

The 20 respondents to this question felt that both combined oral contraceptive pills and male condoms were essential supplies. While the majority of respondents (80-95 percent) considered most contraceptives (including the female condom) to be essential, not all considered diaphragms, spermicides, or Norplant to be essential. More than 80 percent included information, education, and communication (IEC) materials, materials and drugs for the diagnosis and treatment of sexually transmitted diseases (STDs), condoms for STD/HIV prevention, and emergency contraception. Also of interest was the fact that 75 percent of respondents (15) included manual vacuum aspiration (MVA) for abortion and 70 percent (14) included Vitamin A supplements. Supplies associated with safe motherhood activities were mentioned by just over half of the respondents, including safe delivery kits, iron supplements, child vaccines, and lab materials for prenatal exams and diagnosis. In addition, 15 percent of respondents (three) added HIV testing kits to the list provided in the survey.

WHICH COMMODITIES DO ORGANIZATIONS PURCHASE?

Of the 15 organizations that stated that they purchase reproductive health commodities, nine provided details regarding specific supplies. It should be noted that the answers below do not necessarily represent entire organizations, but reflect the opinion of the individual who responded.

Centro Medico de Orientación y Planificación

Familiar-Ecuador (CEMOPLAF)

- Educational supplies—printed materials
- Clinical supplies—gauze, cotton, rubber gloves, vaccines, lab materials
- Office supplies—papers, pens, computer supplies
- Cleaning supplies—detergent, brooms
- Contraceptives—pills, injectables, Norplant

Center for Development and Population Activities (CEDPA)

- Safe birthing kits

International Planned Parenthood Federation (IPPF)/

South Asia

- Condoms (male and female)
- Oral contraceptives
- Diaphragms
- Injectables
- Spermicides
- Emergency contraception
- Implants
- IUD and other contraceptives
- Clinical and medical equipment
- Audio visual equipment and materials

International Planned Parenthood Federation (IPPF)/

Africa Region

- Office equipment and furniture
- Vehicles
- Contraceptives
- Clinical equipment and materials

International Planned Parenthood Federation (IPPF)/ Arab World Region

- Office equipment and furniture
- Medical supplies and equipment
- Contraceptives
- Vehicles

MEXFAM

- Contraceptives
- Clinical materials
- Educational materials
- Medical instruments

Parivar Seva Sanstha (India)

- Condoms
- Oral contraceptives
- Injectables
- Laproscopic sterilization equipment
- Iron/Folic Acid
- Sanitary napkins
- Full range of drugs
- Consumables—infection prevention solutions needed for reproductive health
- Vaccines
- Menstrual regulation/abortion equipment

Population Services International (PSI)

- Condoms
- Oral contraceptives
- IUDs
- Injectables

Zimbabwe National Family Planning Council (ZNFPCC)

- Contraceptives
- STD drugs
- Painkillers
- Vitamins
- Commodities for clinical services

In addition, 15 percent of respondents (three) added HIV testing kits to the list provided in the survey.

ANECDOTAL REPORTS OF SHORTAGES

Do you anticipate future shortages?

Yes	13
No	1
Unsure	2
No answer	10

As indicated above, 80 percent of those who answered the questions reported that their programs anticipate future shortages of RH supplies. Others provided reports from staff members in the field on the commodity security outlook. Anecdotal information was provided for Bangladesh, Ecuador, Egypt, Fiji,

It was also reported that contraceptives are readily available in **Guinea**, although the lack of STD drugs at the local level is a major impediment to STD/HIV prevention work. Contraceptives are sometimes overstocked and supplies expire before use.

Since contraceptives are imported into **Zimbabwe**, one respondent anticipated that inflation coupled with taxation is likely to affect the ability to order adequate supplies.

Another respondent reported that contraceptive shortages are common in Africa due to delays in processing orders and other bureaucratic obstacles to the clearing and transport of goods.

Some organizations felt that the risk of contraceptive stockouts is particularly high in countries where the United States Agency for International Development is preparing to phase out assistance.

Ghana, Guinea, Iraq, Mexico, Morocco, Nigeria, Palestine, the South Pacific, Sudan, Uganda, and Yemen and Zimbabwe. This information is detailed below according to region.

Asia and Pacific

Respondents anticipated future shortages in **Bangladesh** and possibly **Fiji** although another agency did not anticipate shortages in the South Asia region. Shipping delays are reportedly responsible for some shortages of contraceptive supplies and related equipment in this region as well. These delays have been manageable because a nine-month excess stock of supplies is maintained.

Africa

Repeated shortages of condoms for both social marketing and public sector programs in **Nigeria** have been reported. According to one respondent, no major problems with supply shortages have occurred in **Ghana** since 1992.

In **Uganda**, however, a respondent reported that shortages of Norplant, condoms, syphilis screening kits, and vitamin A have occurred for one or two years. In addition, periodic shortfalls of HIV testing kits and Depo-Provera have occurred at some sites. These problems are compounded by confusion over the payment of handling and storage fees for contraceptives and drugs, which are now in arrears.

Middle East

Shortages of a few months' supply of oral contraceptive pills are reported to have occurred in **Iraq, Morocco, Palestine, Sudan, and Yemen**.

Another organization reported that the supply of commodities in **Egypt** is healthy and stable. Donors no longer subsidize products in the private sector and at least two brands of most products are available. Different brands are offered at different prices in order to meet the needs of a diverse market while also stimulating private sector growth. Short-term stockouts at the retail level are sometimes reported, but these are due mostly to small business stocking practices, not to manufacturing and distribution problems. Occasional shortages of specific products have occurred at the macro level, but these do not represent deep structural flaws in the market. In one case, public demand for a product exceeded the manufacturer's supply when television ads placed by the private sector promoted a contraceptive method directly to consumers.

Latin America

Shortages of printed materials are anticipated to occur in **Ecuador**. If external funding for programs is not maintained, shortages in supplies will occur for those programs serving the most vulnerable and poorest populations of **Mexico**. In general, respondents anticipated future shortages throughout the region.

Other

Some organizations felt that the risk of contraceptive stockouts is particularly high in countries where the United States Agency for International Development is preparing to phase out assistance. These countries are often not prepared to conduct forecasts and procurement independently. Other respondents noted general instances of inadequate supply of medical commodities and equipment (i.e., supplies other than contraceptives) in developing countries. With regard to the broader scope of RH commodities, it is felt that shortages of expendable supplies, drugs, and equipment are widespread. Drugs used for STD treatment are commonly out of stock. Respondents reported that government agencies do not have the resources and international donors are not keeping up with growing demand. The private commercial sector can meet the needs of those in the upper income brackets, but this excludes the more than 90 percent who rely on public sector support.

RESEARCH ON REPRODUCTIVE HEALTH COMMODITIES

Slightly more than a quarter (7) of the survey respondents reported that they were engaged in some type of research or other activity directly related to RH commodity supply. Among those who described the work they are doing, the use of surveys to gauge the need for RH supplies was the most commonly cited activity. Other activities included field stock evaluations, studies on family planning program acceptance and sustainability, marketing, and capacity building in logistics management. Details of the specific organization responses are given below.

Is your organization/project currently engaged in research or other activities related to RH commodity supply?

Yes	7
No	17
No Answer	2

◀ CONCLUSION ▶

The results of this survey will support the efforts of all stakeholders working towards ensuring a secure supply of reproductive health commodities. Contraceptives and condoms for HIV prevention were clearly the most common reproductive health supplies procured and delivered by the organizations surveyed. These findings have already helped to refine the focus of commodity security efforts initially on contraceptives and condoms for HIV prevention, while confirming the need to move later to include broader reproductive health supplies. Just as programs will need to overcome the separation of contraceptive and broader reproductive health supplies as health care systems integrate their services, commodity security efforts should expand their focus to include a comprehensive range of reproductive health supplies. At that juncture, it will be critical for all stakeholders to reach a consensus on one priority list of essential reproductive health supplies.

Other interesting findings such as the variety of terms used to describe commodities (supplies, equipment, products, drugs, devices, over-the-counter products, laboratory supplies, materials, kits, consumables and medicines) will also help in clarifying language and focus for advocacy efforts. Also worth noting was that survey participants were engaged and enthusiastic about the topic. Overall their responses and anecdotal information provide a valuable base of information for future research, as well as for the development of a strong base of stakeholders to support efforts towards securing reproductive health supplies.

ORGANIZATION	RESEARCH
Centers for Disease Control and Prevention (CDC)	Surveys; analysis of present need
Family Health International (FHI)	Field stock evaluations; analysis of effects of pricing structure on the acceptance and sustainability of family planning programs
International Projects Assistance Services (IPAS)	Plan to write papers on marketing and issues related to the sustainable supply of commodities
John Snow, Inc. (JSI)	Publishing and disseminating instructional materials on family planning logistics management; addresses logistics-related issues, including forecasting; conducts or advises on population surveys that provide information on past and current use of contraception
Macro International, Inc.	Surveys
Zimbabwe National Family Planning Council (ZNFPC)	Monitor availability and acceptability surveys; conduct introductory trials and pilot models for youth

Dear Colleague,

As part of our new initiative on reproductive health commodity security, Population Action International is reaching out to key colleague organizations involved in international reproductive health service delivery, research, and advocacy. Our goal is to distill a working definition of what the field considers to be core reproductive health commodities. We are also interested in compiling a comprehensive list of research and other projects related to the commodity issue, and in documenting reports of commodity shortages in the field. We hope that you will take a few minutes to complete this short survey, and email or fax it back to PAI. We are committed to sharing the findings from this survey with all who participate, and will be sending the results back to you in relatively short order. Please also feel free to send any other comments and suggestions you might have related to this issue. Thanks in advance for your cooperation.

Name	Title	Date
Organization	E-mail	

1. How does your organization/project define reproductive health commodities? _____

2. Does your organization deliver RH services in developing countries? Yes No [if no, proceed to #3]

Do you purchase commodities? Yes No Which ones? _____

Have you witnessed any shortages of reproductive health commodities in the field? Yes No

Where, for how long, and which commodities? _____

Do you anticipate future shortages of these supplies? Yes No

3. Is your organization/project currently engaged in research or other activities related to reproductive health commodity supply? Please describe. _____

If these activities are funded by an outside donor, please indicate the donors name and the funding level.

4. Please check any items listed below that your organization/project would consider an essential RH commodity.

- | | | |
|---|--|---|
| <input type="checkbox"/> Contraceptives
Combined pills, Progesterone-only pills (mini-pills), IUDs, Norplant, Depo-Provera, Condoms (male), Condoms (female), Diaphragms, Sterilization (tubal ligation clips), Spermicides/vaginal foaming tablets | <input type="checkbox"/> Safe delivery kits
<input type="checkbox"/> Maternal vaccines (e.g., tetanus)
<input type="checkbox"/> Child vaccines
<input type="checkbox"/> Vitamin A
<input type="checkbox"/> Iron supplements
<input type="checkbox"/> Other vitamins
<input type="checkbox"/> STD diagnosis/lab materials
<input type="checkbox"/> STD treatment drugs
<input type="checkbox"/> Anti-retroviral drugs for vertical transmission of HIV
<input type="checkbox"/> TB drugs
<input type="checkbox"/> Complicated delivery materials
drugs to prevent/treat hemorrhage, blood, antibiotics, IV solution, Other (specify): _____ | <input type="checkbox"/> Anti-malarials
<input type="checkbox"/> Manual vacuum aspiration (MVA) equipment
<input type="checkbox"/> Drugs for post-abortion complications
<input type="checkbox"/> RH supplies for refugees
<input type="checkbox"/> Oral rehydration fluid
<input type="checkbox"/> Lab materials for prenatal exams and diagnosis
<input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Microbicides
<input type="checkbox"/> Condoms for HIV/STD prevention
<input type="checkbox"/> Emergency contraception
<input type="checkbox"/> IEC materials (brochures, client information, etc.)
<input type="checkbox"/> Safe delivery materials (not in kit form) | | |

5. If you have other comments or suggestions related to this topic please summarize them in the space below.

Note: Please forward this survey to other organizations or colleagues who may be interested in participating. Thank you for your interest.

Please send your response by e-mail or fax to rhsurvey@popact.org or fax: 202-728-4177.

Please direct questions to Shyami de Silva or Carolyn Vogel at 202-557-3400.

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.

