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Contraceptive Security
Ready Lessons

Overview

Many countries face the challenge of meeting people’s needs for contraceptives and condoms on a sustainable basis. Demand is rising, but financing is not keeping pace. Local and national capacities key to ensuring availability of supplies are also often inadequate to the task. Countries need to develop and implement strategies that will establish and maintain secure supplies of contraceptives and condoms. Contraceptive Security: Ready Lessons suggests some practical steps USAID Missions and their partners can take to promote and support country-led programs for contraceptive security.

Contraceptive Security Defined

Contraceptive security exists when people are able to choose, obtain and use high quality contraceptives and condoms whenever they want them for family planning and HIV/AIDS/STI prevention. This definition emphasizes three concerns:

- First and foremost, clients. Unless people can choose, obtain, and use the contraceptive methods and condoms they want, there can be no contraceptive security. Access to free or subsidized products is a special concern to meet the needs of the poor and vulnerable. Participation by the commercial sector is also key. Programs that are effective in increasing contraceptive security will attend to the entire market of current and potential users – from those who require free contraceptives and condoms to those who can and will pay for commercial products.
- Second, commodities. Contraceptive security means that users are able to make informed choices from a full range of methods and services, of high quality and affordable price. Although short-term
resupply methods – because they require frequent and reliable financing, procurement, and distribution – are of particular concern, ensuring access to other methods – such as natural family planning and long-term and permanent methods – is part of contraceptive security.

- And, third, **long-term assurance**. Contraceptive security means that the methods and services people want are reliably available. This requires long-term commitments from governments, the private sector, households, and donors. Contraceptive security does not necessarily mean self-reliance. Donor support – whether for contraceptive and condom donations, technical assistance, or capacity building – has been and will remain for the foreseeable future a vital part of securing contraceptive and condom supplies in many countries.

Many elements are involved in securing supplies of contraceptives and condoms so people are able to reliably choose, obtain, and use them (see figure below). Within the context of the broader environment – determined by socioeconomic conditions, political and religious concerns, competing health priorities, health sector reforms, etc. – commitment and coordination by government, donors and other stakeholders at all levels help ensure supportive policies, resource mobilization, and effective allocation of resources. Human and systems capacity affects the entire system and must exist for a range of functions, including forecasting and procurement, logistics, service delivery, advocacy, and data-driven decision making.
Governments, the private sector (employers, insurers, and other third parties), households, and donors are all key participants in contraceptive financing (capital), which along with forecasting and procurement ensures programs have the necessary supplies. Client utilization – the bottom line for contraceptive security – can then result from client demand and successful efforts in fulfilling that demand with distribution and service provision through a range of public and private sector channels to respond to the needs of different clients.

**Ready Lessons**

Country partners, technical agencies, and donors are working to increase contraceptive security. USAID’s cooperating agencies are providing technical assistance in key areas. Advocacy, contraceptive logistics, policy development, market segmentation, and health sector reform are some. *Ready Lessons* draws from their experiences to provide USAID Missions and their partners with a better understanding of the challenges faced in trying to achieve contraceptive security and some suggested approaches on how to overcome them. Each brief describes a “ready lesson” for use by Missions, with practical “how to” information, country examples, and annotated lists of further reading.

*Ready Lessons* is a continuing series. As USAID and partners develop new tools and approaches, apply them in the field, and advance country programs, the USAID Contraceptive Security Team will identify and disseminate new lessons. We invite Missions and partners to participate in this learning process by sharing your experiences with us.
Further Reading


The USAID Contraceptive Security Team works to advance and support planning and implementation for contraceptive security in countries by:

- developing and supporting the use of appropriate strategies and tools for contraceptive security,

- improving decision making for contraceptive security through increased availability and analysis of data, and

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Contraceptive Security
Ready Lessons

Raising Awareness and Commitment

U.S. Agency for International Development
Contraceptive Security

Lesson 1

Build multistakeholder commitment to contraceptive security by raising awareness and support.

What Can a Mission Do?
✓ Conduct an analysis to identify contraceptive security stakeholders.
✓ Hold a workshop to raise awareness and launch planning and implementation.
✓ Establish and support a coordinating committee.

Key Concept - Contraceptive Security is a Commitment by Many

Lack of financing for supplies is often blamed for contraceptive shortages. However, the challenges to achieving contraceptive security come from many fronts. In most countries, the problem is not only one of financing, but also of disruptions and vulnerabilities in the many systems needed to ensure that contraceptives and condoms are available to people.

The very definition of contraceptive security – the words “choose”, “obtain”, and “use” – reflects its multidisciplinary nature. For customers to be able to choose, many sectors must be engaged, including those who

• provide information, education, and communication,
• influence behavior change,
• promote informed choice,
• reduce provider bias,
• strive to give customers meaningful choices at the places they frequent,
• develop supportive socio-cultural norms, and
• advocate for policies which enable such choices.

For customers to be able to obtain the products of their choice there must be a reliable operation of public and private sector supply chains delivering the “six rights”: the right product, in the right place, at the right time, in the right quantity, in the right condition, for the right price. The right price may be different for different clients. And, finally, the word use signals that contraceptive security is actually a customer-focused not a product-focused concept. It only exists when a person has the information to correctly use the products she or he has chosen, to their maximum effect and benefit.

Starting a Contraceptive Security Program

USAID Missions are critical to establishing a coordinated and collaborative approach to contraceptive security. Missions can begin by:

• **Identifying key stakeholders and organizations that have a role to play in contraceptive security initiatives.** Stakeholders often include the Ministries of Health and Finance, donors, multilateral organizations, NGOs, social marketing organizations, public and private sector providers, employers, supply chain managers, policy champions, advocacy groups, the media, and commercial manufacturers and distributors.

• **Identifying the relevant members of the Ministries of Health and Finance to convene an initial contraceptive security workshop.** This workshop can launch or revitalize interest to increase and maintain contraceptive and condom availability. It and other early consultations start a process for stakeholders to contribute to the contraceptive security dialogue. The workshop can:
  - provide a conceptual overview of contraceptive security;
  - describe in a preliminary way the current status of contraceptive security in the country;
  - identify mutual interests and common goals;
  - begin a process of consensus building around strategic priorities;
  - identify needs for further data collection and analysis;
❖ design initial terms of reference and dates for future meetings and events; and

❖ establish an activity timeline for completion of intermediate tasks and objectives.

Creating Multistakeholder Commitment to Contraceptive Security in Ghana

Donors – primarily USAID, UNFPA, and DFID – have been responsible for almost all of the contraceptives in Ghana. While their contributions have been relatively stable, Ghana’s needs are growing. The country, like others, is facing a projected annual funding gap of several million dollars before 2010.

In 2002, the Ministry of Health and partners decided to develop a strategy to avert future contraceptive shortages. They recognized from the start that the public sector, particularly donor contributions, could not by itself ensure Ghana’s contraceptive security. As a first step, the Ministry, with USAID support, convened a workshop that brought together stakeholders, including several Ministries, donors, NGOs, and technical agencies. Ghana’s Deputy Minister delivered the keynote address, underscoring the government’s commitment to improve family planning programs by making progress on contraceptive security. The workshop received good media coverage, with broadcasts on the national evening news and articles in leading national newspapers. Technical presentations:

• summarized Ghana’s contraceptive financing situation,
• explored the MOH’s five-year Programme of Work and Poverty Reduction Strategy, and
• detailed current efforts to improve contraceptive logistics.

Discussions were formed around the five strategic pillars of the health sector’s Programme of Work – financing, quality, efficiency, partnerships, and access. Participants agreed on program and policy priorities in each of these areas to achieve contraceptive security.

In addition to raising awareness about contraceptive security in Ghana and building consensus on priority issues among a
wide range of stakeholders, the workshop created the Interagency Coordination Committee for Contraceptive Security (ICC/CS). The Family Planning Coordinator in the MOH Reproductive and Child Health Unit (RCHU) was elected to lead the ICC/CS in the full development of a national strategy, monitor the progress of other stakeholders, and coordinate with other relevant partners involved in the process. Membership in the ICC/CS includes the RCHU, Public Health Division, Supplies Directorate, private manufacturers and distributors, and other partners. In 2003 the ICC/CS formed a smaller technical working group among its members to complete the development of a national contraceptive security strategy. The responsibilities of this group will be to carry forward the issues identified in the workshop, promote collaboration and communication on them, and integrate the strategy into the MOH’s Programme of Work.

Establishing Leadership and Coordination

From these initial discussions, a committee – variously referred to as a contraceptive security working group, coordinating committee, or task force - can be established to lead the development, implementation, and monitoring of a national contraceptive security strategy. This committee draws together stakeholders to define a common vision; agree upon goals and objectives; delineate roles, responsibilities, and use of resources; and identify areas of collaboration for making progress in contraceptive security. The committee should include representatives of the main constituency groups for contraceptive security. It can be led and convened by the national government, with support from other members.

The committee also provides and receives feedback from a larger group of stakeholders on a regular basis, monitors and evaluates progress towards contraceptive security, and commissions studies to inform the process. These might include a market segmentation study, contraceptive forecasts and financing projections, a national health subaccount for reproductive health, or, if needed, a more detailed assessment of the status of contraceptive security in a country (see Lesson 2).
Keep the Process Moving

Holding workshops and establishing a coordinating committee are important steps, but only the start of a long-term process, lasting at least five to ten years, perhaps longer. Missions can help maintain momentum by ensuring stakeholders meet regularly and the process moves ahead in a purposeful way, with concrete workplans and milestones. They can support a secretariat for the coordinating committee, and help build a sound information base for planning and decision making (e.g., technical assistance for contraceptive forecasts and other analyses).

Revitalizing Efforts to Increase Contraceptive Security in Bangladesh

Dramatic increases in contraceptive use and social acceptance of family planning in Bangladesh have made the country a success story. They have also, though, created a large and still growing “mortgage” of supply needs. Without the continued widespread availability of contraceptives and an expansion in access to clinical methods, the gains in family planning in Bangladesh over the past several decades will be lost.

To refocus attention on contraceptive security in Bangladesh, USAID and partners adopted a multistakeholder, multidisciplinary approach to guide a year-long process of assessment and coalition building. The conceptual framework used in Bangladesh to illustrate the important relationships inherent in contraceptive security became a successful prototype in the subsequent development of the SPARHCS approach (see Lesson 2). Key steps were:

- The Ministry of Health and Family Welfare (MOHFW) first convened small groups of key stakeholders to raise awareness and begin to identify priorities.
- Long-range commodity and financing forecasts were prepared.
- And, based on the stakeholder discussions and forecasts, a white paper was drafted on the status and prospects for contraceptive security in Bangladesh.
After several months of groundwork, a major symposium (a national launch for contraceptive security activities) was held in June 2002. Three key priorities were agreed upon for the development and implementation of a contraceptive security strategic plan:

(1) Improve segmentation of the family planning market-place to mobilize more household financing and make more effective use of public subsidies.
(2) Ensure continued functioning of the national supply chain and improve its efficiency.
(3) Support access to a range of quality services, with a focus on increasing access to long-term and permanent methods.

Following the symposium, policymakers and program managers met to construct strategies for addressing these priorities. Specific activities now underway include a market segmentation strategy, as well as a communications strategy to promote the private sector’s role in contraceptive security. Stakeholders have proposed that a Contraceptive Security Task Force be established by the MOHFW to oversee progress.
Further Reading


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Contraceptive Security

Lesson 2

Ready Lessons

Assess challenges and opportunities for contraceptive security by making a joint diagnosis of the problems and strengths that exist in the system.

What Can a Mission Do?

✓ Generate support for a contraceptive security assessment.

✓ Help stakeholders to plan and implement it using SPARHCS.

✓ Disseminate the results and promote collaborative use of them for planning.

✓ Support a regular cycle of assessments for monitoring and evaluation.

Key Concept - Know Your Situation

In 2001, USAID and UNFPA launched an initiative to engage country partners, technical agencies, and other donors to create an analytical framework and diagnostic guide to assess and plan for reproductive health commodity security at the country level. Through a series of conferences and smaller working groups, SPARHCS (pronounced “sparks”) – the Strategic Pathway to Reproductive Health Commodity Security – was developed. SPARHCS is based on a conceptual framework that identifies critical areas of attention for reproductive health commodity security.\(^1\) As applied to contraceptives and condoms, the framework addresses:

- **contextual** issues which challenge or provide opportunities for ensuring full supply of contraceptives and condoms,

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\(^1\)SPARHCS was developed for application to contraceptives, condoms, and other essential reproductive health commodities. Its use so far has been primarily for contraceptives and condoms.
• coordination of key stakeholders,
• capacity of human resources and health systems,
• commitment of governments, donors, and other key stakeholders,
• client access to and choice of contraceptives,
• capital or finance required for purchasing contraceptives and condoms, and
• contraceptive and condom availability.

SPARHCS supports countries in developing a strategic commitment and funded action plan for ensuring an adequate supply and range of quality contraceptives and other reproductive health commodities. It helps countries to:

• assess the status of their contraceptive security, and
• develop, implement, and monitor a commodity security strategy for selected products.

The diagnostic guide helps stakeholders to assess the present situation, understand expectations for the future, and take into account significant trends from the past. The timeframes used for gathering and analyzing information will vary. For example, commodity and financing requirements are typically projected three years out. Forecasts for longer periods will be less reliable, but longer timeframes may be good for contemplating systemic changes in health systems.

SPARHCS provides a “first-cut” diagnosis of a country’s contraceptive security in a way that catalyzes multisectoral thinking about how to improve it. It does not offer the tools for more in-depth analyses of specific components such as a logistics assessment or market segmentation analysis. Those tools, though, are available elsewhere and SPARHCS can help identify where more detailed analyses are needed.

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Developing a Multisectoral Strategy for Contraceptives and Condoms in Nigeria

In 2002, Nigeria’s Federal Ministry of Health (FMOH) convened a national meeting of reproductive health stakeholders to discuss the country’s logistics system and proposed work to strengthen it. A presentation of the SPARHCS framework prompted a broader discussion of related contraceptive security issues. As a result, key Nigerian decision makers agreed to conduct the first SPARHCS field test. The assessment would serve as the basis for a comprehensive contraceptive security strategy designed to address not only logistics but broader issues as well.
The assessment was a collaboration involving a national SPARHCS Committee, a SPARHCS Team, and international consultants. The Committee comprised 19 key stakeholders and decision makers working in reproductive health and included representatives of the FMOH, NGOs, donors, and other development partners. The SPARHCS Team consisted of 25 in-country experts representing a range of disciplines.

The assessment reviewed relevant documents and studies, and interviewed key informants, the FMOH, NGOs, donors, commercial and other private providers, and international development organizations. Key issues were identified and further assessments were prioritized to address knowledge gaps in specific commodity security related areas. For example, the team believed that an operational policy analysis would be useful to identify those policies that created the largest barriers to contraceptive security. Analyses of method mix, unmet need, and the funding requirements needed to meet Nigeria’s population goals were also recommended. The assessment ended with a planning day to present its results to the SPARHCS Committee for approval. A ten-member core working group was appointed to coordinate and monitor next steps.

In October 2003, the core group led a four-day Contraceptive Security Strategic Planning Workshop, convened by the FMOH. A broad range of stakeholders reviewed a draft contraceptive security strategy prepared by the core group and made final changes. The FMOH formally approved the strategy and the parliamentarian representing the National Legislative Committee on Population promised legislative support.

Members of the core group have become strong champions and advocates for contraceptive security as a result of this process and their ownership of it. Next steps will include disseminating the strategy country wide, presenting it to the National Legislative Committee on Population, and holding a donor’s conference to identify additional funding for the strategy.

\*\*See Lesson 4 for more on the need for contraceptive security champions.\*\*
Although there is no single way to “do” SPARHCS, there are steps that a country can take to prepare for an assessment and adapt SPARHCS to their needs. A national committee or other multistakeholder group (see Lesson 1) can identify the need for the assessment, and be able to plan, convene, and help facilitate it. The group can:

- Develop a scope of work that details the assessment’s purpose. The SPARHCS framework and guide can be used to:
  - conduct a baseline assessment exercise or diagnosis,
  - guide a longer process of inquiry and strategic planning,
  - launch or revitalize interest in efforts to increase and maintain contraceptive availability,
  - build consensus around new priorities, or
  - monitor, evaluate, and adjust ongoing activities.

- Identify the technical areas and sectors that will be addressed. While none of the components in SPARHCS should be excluded, the group may decide that some require less detailed consideration and others should be expanded.

- Outline how the assessment will be conducted. It may include desk reviews, key informant interviews, small group work, field visits to supply chain points and service delivery sites, and stakeholder workshops to present and discuss the findings.

- Define the logistical and technical support needed. The assessment could, to the extent possible, be conducted by local counterparts, along with staff from cooperating agency country offices, Mission and UNFPA staff, and local and outside consultants.

The time and level of effort required for a SPARHCS assessment will vary according to its purpose and scope. It may require as little as a few days, or extend over one to two weeks. Some data gathering and analysis – like contraceptive forecasts and demographic projections – may be done in advance for later review and discussion by stakeholders.

SPARHCS has been applied in countries that are more or less experienced in making progress towards contraceptive security. It has been used in countries at different stages of health sector reform, for example in integrating or decentralizing health systems. Jordan, Nigeria, Madagascar, Indonesia, Bangladesh, and Peru are some examples.
Using SPARHCS to Support Contraceptive Security in a Decentralizing Indonesia

Among the major challenges facing Indonesia’s family planning program is decentralization of BKKBN, the government’s coordinating agency for family planning activities. Local governments, numbering more than 420 districts and municipalities, will now have responsibility to manage and implement a family planning program that has been highly centralized for more than 30 years.

To build the capacity needed to address contraceptive security issues in this new environment, BKKBN and partners – comprising a central Contraceptive Security Team (CST) – have adapted and streamlined the SPARHCS framework and diagnostic guide for use by district stakeholders. The CST has developed a process where:

- District stakeholders are first introduced to the concept of contraceptive security, awareness is raised of the need to address contraceptive security at the district level, and the adapted diagnostic guide is reviewed.

- Two-person teams, composed of people from the public and private sectors, use the questions in the guide to collect data over two weeks. Each team focuses on one of five components: service delivery, policy, financing, logistics, supply.

- After data collection, a “District Contraceptive Security Assessment Workshop” is held to review the findings, compare the current situation in each component with a desired status, and create two priority lists according to how serious a component is in preventing a district from achieving contraceptive security and how able a district is to address a component on its own.

As the process is piloted in Central and East Java, it is apparent that the SPARHCS framework offers an excellent starting point for raising district-level awareness of contraceptive security and its components. The diagnostic guide can be adapted
and made feasible at local levels where there are few resources, enabling stakeholders to gain a realistic picture of their contraceptive security situation, challenges, and priorities. SPARHCS can thus support shifting responsibility and ownership for contraceptive security in a decentralized environment early in the process. The central level (BKKBN) can play the role of technical adviser for using SPARHCS and other contraceptive security tools. Districts can also support each other through district-to-district technical assistance and capacity building.
Further Reading


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Taking a Whole Market Approach
Contraceptive Security

Lesson 3

Ready Lessons

Develop and implement a multipartner strategy that leverages the assets of the public and private sectors.

What Can a Mission Do?

✓ Conduct a market segmentation analysis and willingness/ability-to-pay-studies.

✓ Use the results for collaborative planning and ongoing dialogue between sectors.

✓ Support targeting public sector subsidies.

✓ Develop private sector strategies tailored to different partners.

✓ Keep abreast of trends in market segments and demand.

Key Concept - A Whole Market Approach to Contraceptive Security

A coordinated approach that responds to the multiplicity of family planning needs in a country will ensure that the entire market of clients – from those who require free supplies to those who can and will pay for commercial products – is covered. This will avoid overlapping efforts, inefficient use of resources, and goals that are neither agreed upon nor clearly defined.
Identifying Market Segments

Planning and implementing a coordinated, whole market approach first requires a sound empirical baseline of information. A market segmentation study can identify both who is being served in the family planning marketplace and who is underserved. What are the characteristics of public and private sector clients? Of underserved groups? Who has unmet need for family planning and/or the desire for more effective methods? Other studies can help ascertain the ability and willingness to pay for contraceptives and condoms in different groups. All of this information can answer such fundamental questions as:

- Who truly requires subsidized products and at what level of subsidy?
- Who is better served by the private (non-profit and commercial) sector?
- What strategies will viably segment the family planning market in a way that matches different providers to the groups that fit best with the comparative advantage and objectives of each provider?

Using Subsidies More Effectively

One concern of a whole market strategy is how to effectively target subsidies. Subsidized supplies should go to clients with limited or no means to pay for them or who have no access to other alternatives. By directing these resources to those with greatest need, targeting can help:

- lessen competition between free, partially subsidized, and commercial products,
- manage (though not necessarily eliminate) dependency on donor subsidies, and,
- increase access to contraceptives and condoms for underserved clients.

Before targeting can be introduced, there must be the will to go down this sometimes politically risky path, particularly where access to free contraceptives is seen as an entitlement. A growing number of countries are realizing the need to more effectively use government and donor resources, and lessons have been learned in advocating for this critical first step (see Sine, 2003 and Lesson 4).
Market Segmentation and Targeting Strategies Contribute to Contraceptive Security in Turkey

In the early 1990s, donors and the Government of Turkey agreed to phase out donated contraceptives by 2000. This required the Turkish government to mobilize resources for contraceptives since no public sector funding for contraceptives was available. Although the private sector provided family planning services and sold contraceptives, there was little collaboration between the private and public sectors to achieve national reproductive health goals. A large number of users who were willing and able to pay for contraceptives benefited from free supplies at public sector facilities. Shifting these clients to the private sector or charging user fees would help the public sector target its scarce resources to those who could not afford to pay for contraceptives.

The Ministry of Health (MOH), USAID, and partners began by generating support for a market segmentation analysis and convincing the Turkish government that contraceptive self-reliance was a national priority. The analysis identified current and potential market niches for the private sector under different scenarios of public sector targeting. A workshop on public-private partnerships helped integrate the private sector into policy dialogue about the contraceptive financing challenge and encouraged pharmaceutical companies to view the public sector’s supply needs as a new market. A feasibility study demonstrated that many public sector users were both able and willing to pay for contraceptives.

In response, the government budgeted resources to procure contraceptives, and piloted a “donation policy” in seven provinces, whereby clients were asked to contribute a share of the costs of their supplies at public sector facilities. The revenue generated would help lessen the shortfall between MOH resources allocated for contraceptive purchases and the total needed. Under the policy, clients received free contraceptives by self-declaring their inability to pay. The donation strategy was expanded to 18 provinces, representing about two-thirds of the population. More than 60 percent of the clients made full or partial donations.
Although the government has since withdrawn the donation policy, some provinces continue it in order to purchase contraceptives should the MOH be unable to provide them with sufficient commodities. The policy served as a stopgap measure after the withdrawal of USAID contraceptive support, and helped to build provincial support for finding solutions to Turkey’s contraceptive supply needs. It also helped the MOH to successfully advocate with the Ministry of Finance to increase contraceptive financing. Their budget for contraceptives was substantially increased in 2002 to meet the shortfall created by the withdrawal of the donation policy.

Expanding the Private Sector’s Role

Targeting is part of a broader set of changes that also work to increase participation by the private sector. Important considerations include ensuring that clients who are not eligible for subsidized services in the public sector have affordable, quality alternatives. Also, there may be substantial demand for certain family planning services and products that the private sector is well suited to provide. The potential partners are many – social marketing organizations, NGOs, provider networks, hospitals and clinics, employers, insurers, commercial manufacturers and distributors.

Enabling the private sector to provide contraceptives and condoms, then, is a matter of:

- creating attractive alternatives for clients who do not need public sector supplies,
- increasing household financing for contraceptives and condoms,
- responding to client demand, and
- increasing the choices available to people.

Missions can examine the overall climate in a country for the private sector, and identify the challenges and opportunities for expanding its role in contraceptive and condom provision. A market segmentation study and other studies will identify the current and potential size of market segments that the private sector could serve.

Direct consultations with the private sector are also necessary. What do the different potential partners see as the opportunities for them to help a
country meet peoples’ contraceptive and condom needs? How can USAID help pursue those opportunities? What do they see as the risks and constraints, and how can USAID work to lessen them? Some more specific concerns might be:

- Is the widespread availability of free or subsidized products interfering with expansion of commercial markets?
- Are there methods that the private sector could provide to meet clients’ needs were it not for misinformation (e.g., about side effects) limiting the market?
- Are there government policies, regulations, and procedures that affect pricing, advertising, imports, and drug registration and that hinder private sector services or access to markets by international suppliers?
- Are there concerns outside the health sector, for example, about rule of law, corruption, and bureaucratic effectiveness?

There is not a “one size fits all” approach to expanding private sector provision of contraceptives and condoms. The private sector is diverse and Missions can use a wide range of tools to tailor to different partners. For example:

- Provide technical assistance to identify market opportunities.
- Advocate for policy and regulatory change to open markets and enable greater private sector participation.
- Increase access to capital and supplies.
- Conduct communication campaigns to expand awareness of contraceptive options and to dispel myths.
- Build capacity for institutional and financial sustainability.
- Train private sector providers in family planning service delivery, counseling, etc.

Increasing contraceptive security through the private sector is a long-term venture. Economic trends and crises, political changes, and other forces outside the health sector will test the sustainability of the private sector’s provision of contraceptives and condoms. Building resilience into the system – a major part of which is creating a large, stable client base – is key.
A Public-Private Partnership for Expanding Method Choice in Egypt

A 1997 market segmentation study identified a demand among breastfeeding postpartum women in Egypt for a contraceptive method other than the IUD for spacing right after delivery. The IUD was then the only method available that offered the rapid return to fertility desired by spacers, but many found it undesirable.

Egypt’s Private Sector Project (PSP) within the National Population Program saw an opportunity to leverage public and commercial sector assets to achieve the goals of both sectors and make available to Egyptian women the Progestin-only pill as an alternative to the IUD. The PSP and manufacturers formed a demand-driven partnership to accelerate introduction of the pill in the commercial market. The PSP developed and aired a series of advertising campaigns to raise awareness of the product. Manufacturers funded the complementary support to providers, with medical detailing to affiliated pharmacies, promotional materials, continuing medical education, and public relations support.

Annual sales of Progestin-only pills grew from 63,000 in 1997 to 1.1 million in 2001; or from 2% to 21% of the hormonal contraceptive market in Egypt. The partnership now involves sharing market information and joint planning for other contraceptives, including combined oral contraceptives.

The commercial sector responded to a clear family planning need, giving Egyptian consumers a greater choice of methods, and finding a sustainable market. In the absence of promotional support from USAID projects, demand for Progestin-only pills remains strong. The commercial sector continues to provide non-subsidized and affordable contraceptives, an advanced distribution and sales capacity, and an extensive network of outlets.
Further Reading


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Advocating for Sustained Commitment
Contraceptive Security
Lesson 4
Ready Lessons
Maintain commitment through ongoing advocacy for contraceptive security.

What Can a Mission Do?
✓ Identify and support policy “champions” in the public and private sectors.
✓ Provide training and other skills building for advocacy and media reporting on contraceptive security.
✓ Disseminate contraceptive security information.
✓ Encourage participation by the media and advocacy groups in contraceptive security planning and implementation.

Key Concept - Keep the Pressure On

Early gains for contraceptive security can be easily lost. In the face of competing health priorities, scarce resources, and shifting political winds, pressure can be kept on governments, donors, and others to not only remain committed to contraceptive security, but also to act in tangible, purposeful ways. Civil society organizations, the media, and “champions” within the private and public sectors can:

• help keep contraceptive security on the agendas of governments, the private sector, and donors,

• act as important sources of information for decision making, and
• act as “watchdogs” to ensure real progress is made, especially for the poor and vulnerable.

Access to contraceptives and condoms should be part of the broader health equity agenda, where the state (versus government) has a vital role not subject to political change. **National level advocacy** is important where governments are assuming greater responsibility for allocating health sector resources under sector wide approaches (SWAps). **Advocacy at the subnational level** becomes especially important when health sector reforms are decentralizing financing and delivery of health services.

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**Media Attention on Contraceptive Security Leads to Policy Change in Mexico**

Until 2001, “buy Mexico” regulations for the use of public funds made it difficult for the public sector to purchase contraceptives from foreign suppliers. This, along with high local production costs, meant that state governments in Mexico were paying nearly twice as much for contraceptives as would be the case if they bought on the international market. Also, NGOs like MEXFAM and FEMAP, while not subject to “buy Mexico” rules, were also paying high prices due to their low volumes and lack of access to international suppliers.

The situation was highlighted by a Mexican official at “Meeting the Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention,” held in Istanbul in May 2001. Delegations to the meeting included journalists to galvanize media attention on reproductive health commodity security in developing countries.

A Mexican journalist who attended the meeting sent news bulletins from Istanbul about Mexico’s plight and the concern it raised for the country’s ability to finance its contraceptive needs. The story was carried by print and broadcast media in Mexico, raising awareness of the problem and of the cost savings that were possible through international procurement. In July 2001, federal health authorities declared contraceptive supplies a “national security” item, in the same category as vaccines and essential drugs, thereby releasing them from “buy Mexico” rules. States now have the option of buying from international suppliers using UNFPA as a procurement
agent. They can also participate in coordinated bulk purchases (along with NGOs), paying less than if each purchased directly.

Giving Contraceptive Security a High Profile

There are many ways for Missions to ensure contraceptive security is not left out of broader health advocacy efforts and civil society participation in health sector dialogues. Appropriate roles include raising awareness among the media and advocacy groups about contraceptive security as a national priority (framing the issue), helping them to cover it with credible information (developing content), and helping other stakeholders like government and NGO spokespeople to communicate with the media and advocacy groups (media relations). Missions can:

- Encourage the participation of journalists and civil society organizations in workshops, conferences, and other national and international events that address contraceptive security.

- Identify “champions” in key institutions in the public and private sectors (e.g., Ministries of Health and Finance, parliamentary committees, employer associations), and support them with information on contraceptive security trends and needs.

- Support journalism programs to include skills building for coverage of reproductive health and contraceptive security issues – what to write, how to write it, information sources, and target audiences.

- Convene forums and create networks that link the media and NGOs with family planning and contraceptive supply chain managers, service deliverers, and manufacturers and distributors.

- Provide data and information on contraceptive security to the media, NGOs, and other health advocates on a regular basis through fact sheets, roundtables and seminars, press conferences, and one-on-one briefings with columnists and editors. Direct them to credible information sources such as the websites for UNFPA (www.unfpa.org), The Supply Initiative (www.rhsupplies.org), and Population Action International (www.populationaction.org).

- Include contraceptive security messages in national seminars and reports for Demographic and Health (DHS) and Reproductive Health (RHS) Surveys. With little additional effort and using a tool
now being developed by USAID and CDC, analyses can be added that draw attention to the supply and financing implications of trends in contraceptive use.

- Draw attention to future financing needs for contraceptives and condoms under different donor funding scenarios. These analyses have been persuasive at global and national levels in garnering attention from governments and donors, mobilizing new resources from both, and catalyzing efforts at better coordination, assessment, and planning for contraceptive security.

- Involve the media and civil society organizations in coordinating committees for contraceptive security (see Lesson 1) and ensure they are active participants from an early stage in the development of contraceptive security plans.

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**Strengthening Local Commitment to Contraceptive Security in the Philippines**

Efforts to increase contraceptive security in the Philippines face a convergence of challenges: declining support for family planning commodities from international donors, organized opposition to modern family planning, a predominately public sector program where users view contraceptives as an entitlement, a newly decentralized political environment, and decentralization of health service delivery.

There is, though, opportunity for local governments to assume greater autonomy for contraceptive financing and procurement. This fiscal and budgetary autonomy was vested in them by the Local Government Code of 1992 that sought to enable local governments to effectively respond to the basic needs and services of their constituents.

Local commitment to family planning already exists at some levels. To support and expand this commitment, a coordinated advocacy approach was implemented in the Province of Pangasinan. Sustained dialogues were first held with various civil society groups, key local government officials, and service providers. Evidence from community studies was used to identify benefits of family planning and to craft a unified advocacy plan for local chief executives to allocate budget resources for contraceptive procurement. Advocates for Better
Life in Pangasinan (ABLE) was launched in April 2003 as a multisectoral network that serves to advocate for access to and availability of family planning products and services as a basic need that local chief executives have to serve.

ABLE has expanded to ten municipalities, with affiliates trained in advocacy plan development. A series of budget analysis and planning workshops for municipal health and population officers, supplemented by ABLE-led grassroots advocacy events started in July 2003.

This two-track advocacy approach, i.e., internal advocates within local governments with gatekeeping roles in policy development complemented by civil society advocates among community-based groups, has helped expand and strengthen commitment to contraceptive supply. The result is a ground-breaking approach to financing not only of contraceptives, but of health services in general. Pangasinan Province now has nine municipalities joining the Provincial Government in allocating funds to procure contraceptives in 2004, from zero financing of contraceptives in the past. In addition, this is the first formalized joint response between the Provincial and municipal governments to maximize resources aimed at improving health services.
Further Reading


Missions can also subscribe to *The Communicator*, a monthly USAID newsletter about communications and public relations work in population, health, and nutrition. To subscribe by email, send a blank message to Communicator@phnip.com with the word “subscribe” in the subject line.
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Contraceptive Security
Ready Lessons

Using Data for Decision Making

U.S. Agency for International Development
Contraceptive Security

Lesson 5

Ready Lessons

Foster information-based decision making as a motivator for action at program, country, and global levels.

What Can a Mission Do?

✓ Help stakeholders identify contraceptive security data and information needs.

✓ Conduct research, surveys, and analyses to meet these needs.

✓ Test new analytical tools to translate data into useful information.

✓ Ensure contraceptive logistics is supported by a strong LMIS.

✓ Monitor and evaluate contraceptive security interventions to identify best practices.

✓ Ensure that key decision makers receive pertinent contraceptive security information.

Key Concept - What Do the Data Say?

The timely collection, analysis, and use of reliable data are crucial for planning, monitoring, and evaluating progress towards contraceptive security. This requires data collection activities, from population-based data gathered through surveys, to program data from governments and donors, to health systems data. Data collection alone is not sufficient. The ultimate
purpose of data collection is their use in evidence-based design, management, and policy making for contraceptive security. Analytical tools translate data into useful information, while dissemination activities ensure the right information reaches the right users at the right time. All of these processes, from data collection to analysis, dissemination and use, occur at program, country, and global levels.

**Using Data for Sound Decision Making in Rwanda**

Until very recently, health officials in Rwanda forecasted their nationwide needs for condoms based on demographic survey results, service capacity, and estimated levels of demand. Using this information, a procurement of several million condoms was initiated.

After a recent national stock status survey, however, current data on quantities actually dispensed to users became available. The data showed that actual consumption was significantly below “hoped for” consumption and that current stocks of condoms already in the country were more than sufficient to meet demand for at least the next few years.

Once decision makers understood the data — and the implications of adding millions of condoms to existing stocks — the procurement was modified to cancel some shipments and postpone others. This action prevented considerable overstocks at the national level and the probability that large quantities of condoms would expire before they could be distributed and used.

**Information for Logistics Management**

Every contraceptive delivery program — whether in the public or private sector — must collect and use data to manage its supply chain if it wants to guarantee customers a reliable supply of essential products. To make progress towards contraceptive security, a program must have and use relevant information to:

- **forecast** what it needs, and when it needs it,
• **finance** product requirements,

• **procure** contraceptives in a timely and efficient manner, and

• **deliver** products to customers on a reliable basis, through effective and efficient supply chains.

Contraceptive security only exists when the resources and skills to do these things are assured for the medium-term (3-5 years) and long-term (6-10 years). Budget cycles, procurement lead times, and the length of in-country funding pipelines routinely span three years and more, so advance planning is critical.

Performing each of these functions successfully requires that good data about consumption and stock status be collected in a logistics management information system (LMIS). LMIS data must be made available in accessible, tailored formats so that decision makers at service delivery, supply management, and financing agencies can use it.

An LMIS is a critical part of ensuring accountability for all products in the supply chain, reducing supply imbalances (stockouts and overstocks) at clinics and warehouses, and improving the efficiency and cost-effectiveness of the supply chain. Whether paper-based or automated, it must always capture certain essential data for each product: stock on hand, average rate of consumption (what is dispensed to users), and losses or adjustments. Keeping abreast of these three simple inventory control figures, together with knowing what quantities are already on order, allows stock managers to know what to do – place a routine order on schedule, cancel or postpone a shipment, request an emergency order.

Good quality LMIS data provides the best basis upon which to prepare forecasts of contraceptive needs. The USAID process for forecasting contraceptives involves preparing contraceptive procurement tables (CPTs) every year. CPTs provide a record of consumption for the current year (actual data), the past two years (historical data), and the next two years (projected data). CPTs – typically prepared by program managers or advisors – help programs place orders and schedule shipments. Other donors do not have such a standardized system, but in fact CPTs can and should be used to estimate requirements for contraceptives no matter what their source.

For over 20 years, USAID has been a world leader in supporting the development of LMIS. Even in countries where USAID does not provide commodities, Missions often support technical assistance to improve the efficiency and accountability of the supply chain, so that essential health
commodities, like contraceptives, reach their intended customers. USAID Missions and partners can:

- Assess the current state of logistics management information systems for essential commodities. Do LMISs exist? Are they robust and sustainable systems? Do they collect the right information, accurately, and report it routinely to appropriate managers and decision makers?

- Promote a culture of making data-driven decisions about supplies. Ask for information about the status of stocks and planning for future contraceptive needs through donor coordination committees, meetings with high-level counterparts at Ministries of Health and Finance, stakeholder forums, or cooperating agency joint planning sessions – wherever the topic turns to the presence or absence of needed supplies.

- Support (financially and/or with technical assistance) improvements or interventions to build an information base to foster contraceptive security, including an LMIS.

- Facilitate, conduct, or provide technical assistance for CPT exercises at least annually. As more current and more accurate data become available, projections must be updated and actions taken to speed up, postpone, cancel, or otherwise adjust orders and the schedule of planned shipments.

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**Improving Contraceptive Availability in Jordan**

Successful efforts to promote family planning in Jordan during the 1990s significantly increased demand for contraceptives. Despite sufficient funding for procurement, though, recurring product stockouts undermined the country’s ability to meet demand.

In 1996, the Jordanian Ministry of Health and USAID requested an assessment of the national contraceptive logistics system. It showed that only 65 percent of health centers were providing accurate data on the number of products being dispensed to users. Of the three most essential logistics data – quantity dispensed to users, stock on hand, and information on losses and adjustment – only the first two were being collected. Supply inconsistencies further compromised the quality of the information being collected. Using consumption data is the best way
to forecast future procurement needs, but frequent stockouts at service delivery points meant that the number of products dispensed was well below actual demand.

These data shortcomings resulted in ‘guesstimations’ of contraceptives to order and ship throughout Jordan. Every health center visited by the assessment team had a lower-than-necessary stock of at least one contraceptive method being used by its clients. Eighty-five percent were completely out of stock of at least one contraceptive product, and 15 percent suffered wasteful overstocks of other products. In some cases, health centers were experiencing stockouts while neighboring facilities had overstocks of the same products.

A key step in improving the contraceptive logistics system – and ultimately in improving contraceptive availability in Jordan – was establishing a Resident Advisor and a local counterpart (a senior logistics officer in the MOH) to provide technical leadership in a process that focused on creating a favorable policy environment for efficient logistics and building the capacity of system stakeholders. This included re-training of commodity managers at every facility in how to gather, report, and use essential logistics data.

The Ministry of Health and local partners designed a logistics system to facilitate monitoring of all the activities required for getting contraceptives from the supplier to the consumer. The system includes management information systems that provide essential logistics data and feedback reporting mechanisms. Implementation of the updated system has increased both the accuracy and quantity of data being reported. All health facilities now participate in regular reporting of logistics data. This, along with other system improvements, has reduced the number of health centers experiencing stockouts to only 10 percent, while overstocks (and related product wastage) have virtually been eliminated. This all translates into more effective use of government and donor resources, and vastly improved product availability for Jordanians.
Expanding the Decision Making Toolkit

A new range of tools is being developed to support decision making in contraceptive security. Some, like contraceptive security assessments (see Lesson 2) and market segmentation analyses (see Lesson 3), are effective in supporting advocacy, policy change, and strategic planning. Others draw from lessons learned elsewhere in family planning and health:

- A method was first developed in 2001 to measure countries according to a contraceptive security index. The index is based on national-level indicators that cover logistics, financing, the health environment, supply, and utilization (see Finkle, Hutchings, and Vail, 2001). The indicators can highlight broad areas of strength and weakness within a country, while the index can be used to compare countries or monitor overall progress across time within a country. The first round of measurements using a modified index will be published in early 2004.

- USAID is developing a method to prepare national reproductive health accounts. These measure overall system performance by tracking expenditures on reproductive health services and supplies. They can monitor performance under sector-wide approaches and poverty reduction strategies, measure changes in the role of the public and private sectors, track how expenditures change over time, and inform decentralization and service coverage improvements. The methodology will be available for widespread use in 2004.
Further Reading


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