Today, increasing numbers of women and men are making decisions about their family size and spacing and are using family planning to help achieve their intentions. Efforts to achieve contraceptive security focus on ensuring that all women and men have access to modern, effective contraception. Improving contraceptive security entails addressing a number of complex and interrelated issues, and many countries continue to make significant advances toward it.

Successful efforts for contraceptive security have generally been built on the involvement of stakeholders from different sectors. A country’s ministry of health has a central role because it is responsible for improving the nation’s health. It uses available information and data to understand the situation and lead a multisectoral effort that addresses priority issues related to contraceptive security. Successful efforts rely on the active participation of other actors—government ministries, NGOs and civil society groups, the commercial sector and private providers, donors, and international assistance organizations. Together, based on their expertise and commitment to family planning, these groups can harness the political support needed to develop and implement changes that ensure ongoing access to high-quality contraceptives for all women and men who choose to use them.

The following recommendations offer guidance to stakeholders on how to address the key aspects of contraceptive security included in this set of briefs. Each set of recommendations is coupled with a short, relevant experience of a contraceptive security success.

### Planning for Contraceptive Security With SPARHCS

Improvements to contraceptive security begin with the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS), a flexible framework for assessing family planning programs. To begin planning for contraceptive security with SPARHCS, stakeholders need to:

- Understand current efforts to address family planning needs by gathering and studying available data from surveys and service statistics; this information will help involve other stakeholders in strengthening family planning program efforts.
- Collaborate with the ministry of health in creating and sustaining a contraceptive security committee and advocate for the active participation of the private sector and actors outside the health sector, especially representatives from ministries of planning and finance.
- Engage donors and a broad set of stakeholders in undertaking a SPARHCS assessment so that they understand the process and support the findings.
- Take ownership of the SPARHCS process and create a vision of a vital, accessible family planning program that serves women’s and men’s needs.
- Develop a contraceptive security action plan that includes feasible, realistic solutions and estimate the cost of implementing the action plan.

### SPARHCS CONTRIBUTES TO REPOSITIONING FAMILY PLANNING IN MADAGASCAR

A 2003 SPARHCS assessment in Madagascar created a foundation not only for contraceptive security, but for a repositioning of family planning in general. The SPARHCS framework was modified to address five components: demography, environment and policy, demand, service delivery, and finance. The results of the assessment contributed to increased political commitment for financial and human resources for family planning, strong participation and coordination among donors and partners, and more effective programming of resources toward technically sound programs. The assessment also led to a series of changes and events that effectively linked contraceptive security and repositioning family planning, including:
• A change in name from the ministry of health to the ministry of health and family planning.
• Use of data through contraceptive stock surveys, market segmentation analysis, and a willingness-to-pay study to strengthen political commitment to contraceptive security.
• A national workshop that included the participation of the president and five key government ministries.
• A new national family planning strategy.
• Better collaboration between donors and the ministry of health and family planning to respond to unmet need for family planning and to raise awareness about the benefits of family planning.

Financing Contraceptives
To ensure adequate funding for family planning, stakeholders need to:
• Advocate to include family planning in development and poverty reduction strategies as a way of ensuring that contraceptive security remains on the national agenda.
• Advocate with government officials to include budget line items for contraceptive commodities. In countries that already have a budget line item, work to ensure that adequate funds are allocated and expended on contraceptives. Advocate for laws that protect funds for needed contraceptive supplies and program support.
• Include a wide range of contraceptives in essential drug lists so that public funds can better support the reproductive health needs of women and men.
• Incorporate family planning into social insurance programs and basic health care programs so it is effectively promoted and integrated into health services that reach people most in need.
• Involve other stakeholders—especially from the NGO, social marketing, and commercial sectors—in implementing a whole market approach that focuses each sector’s program on specific audiences.
• Support the implementation of national health accounts and reproductive health subaccounts as a strategy for making evidence-based policy decisions and to ensure that the findings are used to support contraceptive security efforts.

REACHING THE POOR THROUGH OUTPUT-BASED APPROACH IN KENYA
To reach poor women in Kenya with affordable, high-quality reproductive health services, a voucher program was introduced in three districts and two Nairobi slums in 2005. Women could purchase a family planning voucher at a subsidized price and receive access to implants, IUDs, and sterilization (male or female) at accredited facilities. Reimbursement rates to the facility are based on the specific method that the woman chooses.

Between June 2006 and December 2007, almost 8,000 women purchased family planning vouchers. Of the four long-acting methods offered, implants were the most popular choice. In addition to ensuring access to family planning services among the poor, the voucher financing scheme also improved quality of services due to competition among providers, and empowered clients to make choices.

Procuring Contraceptives
To help governments obtain high-quality contraceptives at the lowest available price, stakeholders need to:
• Build human resource capacity so that contraceptive procurement is efficient and streamlined.
• Advocate for the reduction or elimination of taxes on imported contraceptives to obtain lower commodity prices and to stimulate greater involvement of the private sector in family planning service provision.
• Explore alternative procurement agents, such as UNFPA, that may be able to purchase contraceptives in greater volume and at lower prices.
• Explore the possibility of developing or participating in group contracting mechanisms or other forms of pooled procurement to obtain the lowest prices possible for contraceptives.
• Participate in efforts to share information about contraceptive pricing as a strategy for learning about lower contraceptive prices.

PROCUREMENT OPTIONS IN PERU
In recent years, the government of Peru has purchased all of the contraceptives provided by the public health system, which includes the ministry of health, the social security institute, the armed forces, and the police force. Two innovative procurement options that have helped the government obtain lower commodity prices are the reference price agreement and the reverse auction.

Under the reference price agreement, the government and providers reach an agreement to establish prices for specified products on the basis of a predetermined quantity. The different government agencies that provide family planning can then purchase those commodities at the pre-negotiated price and obtain a lower price because of the volume purchased.

In a reverse auction, the government announces specifications and quantities needed for a specific product. Prequalified suppliers respond with competing bids, and the public sector can purchase from the supplier with the best price.
The reverse auction stimulates greater competition among suppliers and simplifies local procurement; it also encourages transparency in the use of public funds.  

Ensuring High-Quality Supply Chains
To ensure well-operating supply chains and high-quality family planning programs, stakeholders should:

- Support necessary investments in a strong logistics management information system to monitor contraceptive availability at all levels and help minimize stockouts and overstocks at facilities.
- Advocate for policymakers to invest in the public health supply chain—including an adequate number of trained managers and personnel and the required equipment, infrastructure, and systems.
- Explore a range of distribution networks, including integrated and commercial-sector options, to ensure that contraceptives are in warehouses and facilities when needed.
- Incorporate condoms and one or two other contraceptives into a list of “tracer drugs,” as a way to monitor supply chain performance.
- Keep the supply chain customer-focused. A customer culture helps stakeholders focus on ways to improve the supply chain to ensure that the customer has a reliable supply of contraceptives and other health products.
- Understand the role of the supply chain in improving family planning and broader health outcomes. When facilities and providers have the range of commodities that clients want to use, programs help women avoid unplanned pregnancies and other adverse consequences.

LOGISTICS SYSTEMS THAT WORK IN ZIMBABWE
Learning from the commercial sector, Zimbabwe’s “delivery team topping up” system has ensured that condoms and contraceptives are available at health facilities. Under the system, delivery trucks carry a set amount of health products, including contraceptives and condoms, usually determined by recent trends. Delivery truck drivers or delivery staff team members are responsible for calculating how much of a product has been used and for resupplying—or “topping off”—the facilities with the products they need during the next time period. This system is based on reliable drivers and vehicles and sufficient operating funds to keep the system working. Facilities involved in this distribution system are resupplied every two months and are “topped off” with a four-month supply of each of commodity. Prior to introducing the system in 2004, as many as 20 percent of health facilities experienced condom stockouts, but after the system was introduced, only 2 percent of facilities reported stockouts. The system reaches 99 percent of service delivery points—1,200 facilities—and has achieved more than a 95 percent availability of condoms and contraceptives.  

An Enabling Policy Environment for Contraceptive Security
To foster an enabling policy environment for contraceptive security, stakeholders need to:

- Advocate for visible demonstrations by policymakers of commitment to family planning and contraceptive security through statements by national leaders and by including family planning in development strategy documents.
- Foster a supportive environment for greater involvement of the commercial and private sectors in addressing contraceptive security.
- Build the capacity of decisionmakers and civil society in decentralized settings so that contraceptive security remains a priority in subnational levels.
- Use timely data and information—market segmentation analysis, national health accounts, and reproductive health subaccounts—as the basis for awareness-raising by civil society and evidence-based decisionmaking by policymakers.
- Become familiar with the different advocacy rationale to support family planning and contraceptive security, especially the economic and health benefits.

GLOBAL FUND SUPPORT FOR FAMILY PLANNING IN RWANDA
After reviewing hundreds of proposed ideas, Rwanda’s Country Coordinating Mechanism (CCM)—the civil society body that works with the Global Fund to Fight AIDS, Tuberculosis, and Malaria—proposed using part of its funding to purchase contraceptives. Based on support from both political leaders and the public, the CCM recognized that “access to family planning services, particularly condoms, can prevent vertical transmission of HIV from mother to child by enabling women/couples to choose whether and when to have children and to assess the HIV risk of having children in the future.”

Rwanda’s successful application to the Global Fund is the first time that funding has been approved to purchase contraceptives other than condoms. Because contraceptives purchased with Global Fund resources are available to all women, not only those with HIV, this effort on the part of civil society represents an important step in helping Rwanda achieve contraceptive security.  

Steps to Contraceptive Security
These priority action steps are based on the successful efforts of countries around the world in advancing contraceptive security. Each country has its own cultural context that will influence...
how its next steps are implemented. Through sharing experiences and lessons learned, policy audiences can develop and refine policy and programmatic efforts that contribute to ensuring that people are able to choose, obtain, and use high-quality contraceptives and condoms when they want them.

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