Contraceptive Security

Ready Lessons II

10

Working within an Integrated Supply Chain

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Maintain a contraceptive security approach within integrated public sector supply chains and ensure that it contributes to overall system strengthening.

What Can a Contraceptive Security Champion do?

- **Advocate for a role for contraceptive security (CS) in integrated environments.**
- **Ensure that CS approaches and strategies are compatible with, and supportive of, the overall supply chain for health commodities.**
- **Encourage CS approaches that can be extended to all commodities; for example, use software for contraceptive procurement planning and forecasting that can be used for most health commodities.**
- **Encourage reproductive health divisions in Ministries of Health to become champions and watchdogs for CS in integrated supply chains and service delivery.**
- **Ensure integrated planning and coordination between the reproductive health program staff and the commodity management staff (Central Medical Stores and Pharmaceutical Division), for example as members of CS committees.**
- **Adopt a strategy of advocating for CS as an entry point and foundation for *commodity security for essential medicines.***

Key Concept — Integrated Supply Chains Present Challenges and Opportunities for Contraceptive Security

While commodities for family planning and other donor-funded health programs were historically distributed primarily through vertical supply chains, countries are now moving to integrated systems that include most if not all of the essential medicines and other health commodities available through the public sector. This creates specific challenges — and opportunities — for contraceptive security (CS). A strong integrated supply chain can both help ensure the availability of contraceptives and, in most cases, do it in a more efficient and sustainable way than a vertical supply chain could. However, there may be a bias among stakeholders in an integrated environment against any approach that is seen as focusing on a single group of commodities. The challenge is to respond to valid concerns about a piecemeal approach to strengthening systems. This means ensuring that CS approaches are compatible with the integrated system, dovetail with overall commodity security efforts, and in fact further overall system strengthening. At the same time, one must ensure that the needs for good contraceptive supply chain management are not ignored and that functional contraceptive supply chains are not compromised by integration.

The lessons presented here are still being learned: integration is a relatively new area for CS but one which is advancing rapidly, has important consequences, and needs the attention of CS champions.

Context: New directions in public sector supply chain management

For reasons of efficiency and cost-effectiveness, and overall performance, countries are moving to integrated systems within the public sector, where multiple health needs are addressed through a single system, and in particular integrated supply chains for essential medicines. This involves a switch in management responsibility for contraceptive commodity management from vertical program staff (typically Reproductive Health or Family Health staff), to central medical stores (CMS) and pharmaceutical divisions at the central level, and pharmacy staff at lower levels. Part of the impetus for this reform is the expansion in HIV/AIDS service delivery, particularly antiretroviral therapy (ART), which has focused attention on the deficiencies in national drug supply chains. New funding sources, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria, are making significant resources available for supply chain strengthening, as part of overall system strengthening. Strengthening national CMS is one of the major ongoing supply-chain reforms. While vertical supply chains for HIV commodities may still be common, the goal is to have these managed by the CMS, as part of an integrated

system. Furthermore, efforts to scale up ART service delivery are recognized as being futile without an overall strong supply chain for all health commodities (drugs, condoms, laboratory supplies, diagnostic tests, etc.)

How is CS affected by integration of supply chains? While contraceptives are essential medicines, they differ from many other essential medicines in several ways. First, because contraceptives are preventative health items and not curative, they are often mistakenly perceived as not helping to save lives and therefore less important than other essential health commodities (but see *Ready Lesson II Overview: Contraceptive Security in a Changing Global Health Environment*). In some cases contraceptives may not be included in National Essential Medicines Lists. Where they are, they may be among the first items cut when funding is limited. Second, stakeholders in many countries, particularly at lower levels, may be ambivalent towards or even opposed to family planning for cultural and social reasons. Third, clients of family planning should have the opportunity to choose the method that suits them best from amongst a variety of options; the concept of a single first line or second line of treatment is not appropriate for family planning. Fourth, strong donor leadership for family planning may have had the unintended consequence of creating a lack of ownership in countries. While this is changing as countries continue to assume more responsibility for family planning, there are still perceptions that contraceptives are a donor concern. Because of these dangers, particular attention is needed to ensure the availability of contraceptives. Growing demand for contraceptives — due to population growth, increasing popularity of family planning, and increased need for condoms for HIV prevention — make a CS approach to ensuring contraceptive availability more critical than ever.

What can be done to persuade stakeholders that CS is not in conflict with supply chain integration?

CS may be perceived as out of line with an integrated approach to supplies logistics. However, CS approaches need not be disruptive, and should in fact support the integrated system. A CS champion can clarify this by making the following arguments:

- CS does not mean, or necessarily involve, creating "vertical" supply chains. This is a common misperception that needs to be addressed promptly.
- Integration is not an absolute or an all-or-nothing proposition, and "integrated" supply chains typically retain some vertical aspects. Integration can be considered as a continuum from totally integrated to totally vertical with each element of the supply chain varying across that continuum. For instance, storage and transportation have relatively high fixed costs. Therefore, those costs should be allocated across as many items as possible, encouraging fuller

integration. Other components, such as product selection, will remain predominantly vertical — with program staff making the key recommendations about which methods should be procured. Forecasting, which requires both program staff with intimate knowledge of program plans and activities as well as trends in the field, and overall supply chain experts with technical knowledge of forecasting techniques, will fall somewhere in the middle of the continuum. The point to be made is that even in an "integrated" environment, different types of commodities exist and require different conditions and attention: enter CS.

- CS is a holistic approach to contraceptives and family planning that involves finance, policy, service delivery, advocacy, coordination, etc., as well as supply chain management. Even with integrated supply chains, there is an important role for the CS approach in drawing attention to the particular needs, across multiple technical areas, of a specific group of commodities. What will vary according to the local context is the approach and the emphasis placed on the different aspects of CS.

Maintaining Contraceptive Security in an Integrated Environment

As discussed above, contraceptive security may receive insufficient attention and fall into jeopardy in an integrated environment. The steps listed below should be taken during the supply chain integration process to ensure that CS will be sustained:

- In supporting CS, work closely with the Ministry of Health (MOH) pharmaceutical staff responsible for drug management (e.g., CMS) as well as reproductive health program staff; both pharmaceutical and program staff should participate in CS coordinating bodies.
- Contraceptive security documents or plans should refer explicitly to national drug policies and strategies.
- Contraceptive security interventions should be compatible with national drug policies and strategies, as well as those for particular programs (e.g., HIV/AIDS and malaria).
- Tools and approaches first developed for contraceptive supply chain management should be transferred to the integrated system, and supply chain tools and procedures critical to CS should be compatible with an integrated context. For example, avoid the use of software or tools that are only suitable for a particular group of commodities.
- The particular needs and characteristics of contraceptives and other reproductive health commodities should be taken into consideration in the design of integrated systems. One particular issue is that contraceptives are normally considered full-supply items; in other

words, governments plan to provide sufficient contraceptives to cover the needs of all clients who desire them.

- Family planning commodities, equipment and supplies — including all contraceptive methods found on the national essential medicines list — should be classified as "vital" items when countries prioritize drug lists, for example through VEN analysis. (VEN analysis helps set up priorities for drug procurement by dividing medicines into vital, essential, and nonessential categories; see World Health Organization (2003) for more information.)
- Several contraceptives should be included in any list of tracer medicines. One of the issues for essential medicine commodity security is the huge number of commodities concerned. To reduce the burden of monitoring all commodities for assessing system performance, many countries only monitor a subset of "tracer drugs." Condoms should be included as an STI or HIV/AIDS tracer item and at least one or two other contraceptives should be included as family planning or reproductive health items.
- Routine collection of essential logistics data for contraceptive procurement (stock on hand at all levels, consumption, receipts, and issues, and losses and adjustments; see *Ready Lesson I #5: Using Data for Decision Making*) should continue.

Mali places responsibility for CS with the Pharmaceutical Division

Mali switched from a vertical family planning supply chain to an integrated system in the late 1990s. Poor planning created many problems and disrupted contraceptive availability. Specifically, the original vertical supply chain for contraceptives provided consumption data for procurement planning; the absence of consumption data for commodities in the integrated system impaired the accuracy of forecasts and, ultimately, product availability. Despite the difficulties, the MOH did not desire to go back to a vertical system, with its attendant duplication of services.

While the Family Health Division of the MOH was an important partner for CS, the main driver of CS was the Pharmaceutical Division. When the government sought technical assistance to support CS in country, the technical assistance providers were therefore located in the Pharmaceutical Division at the MOH. System strengthening activities were accordingly adapted for all

commodities, not just contraceptives. For example, improved logistics management information system (LMIS) forms for all essential medicines were developed and training activities benefited the management of all medicines, while emphasizing contraceptives. Mali still faces considerable challenges to overall commodity security, but recognizes the CS approach as a useful tool for strengthening the availability of all health commodities.

What About Essential Medicine Commodity Security?

In all likelihood, the increased interest being shown in the supply chain by stakeholders will lead to broader commodity security approaches to strengthen public-sector supply chains and availability of all essential medicines. Many of the key CS interventions that have been implemented successfully in many countries — strategic planning, coordination, data for decision making, and multi-sectoral and multi-partner assessments (see *Ready Lesson I #1: Raising Awareness and Commitment;, Ready Lesson I #2: Doing a Joint Assessment;* and *Ready Lesson I #5: Using Data for Decision Making*) — are good practices for all commodities. Countries can learn from CS and adapt techniques for other commodities or indeed for all essential medicines. Contraceptive security approaches are already being adapted for HIV/AIDS commodities; for example, Ghana has developed a commodity security strategy for HIV/AIDS commodities and Zambia is in the process of doing so (DELIVER 2007). When adapting contraceptive security approaches to other health commodities, some differences must be kept in mind. For one, freedom of the client to choose an appropriate method, an essential aspect of contraceptive security, is less relevant for treatment of some diseases, such as HIV/AIDS or malaria. Also, coordination for high priority infectious diseases, especially HIV/AIDS, may be more difficult due to the large number of stakeholders and donors.

What relevant lessons can be drawn from experience with contraceptive security? Most of the strategies for strengthening contraceptive security are equally applicable to other commodities; they should be good practices regardless of the structure of the health system. CS approaches can therefore provide the model for integrated health systems.

CS can be presented as a pilot for general commodity security interventions — successful CS tools and approaches can typically be adapted for overall commodity security efforts, rather than "reinventing the wheel." Examples of CS tools that can be used for other commodities

include the Strategic Pathway for Reproductive Health Commodity Security (SPARHCS) Tool, the Logistics Indicator Assessment Tool, the Logistics System Assessment Tool, and PipeLine software for commodity forecasting and procurement planning[1]. Countries that have a coordinated contraceptive security effort should extend this approach to other essential medicines and include representatives of the contraceptive security coordination committee in these efforts. When appropriate, standard contraceptive logistics procedures that have proven successful — such as using consumption data in association with morbidity data and demographic data for quantification of commodity needs — can be applied to other health commodities. Regular monitoring of stock levels, as is typically done for all contraceptives in vertical systems, can be adapted for tracer drugs in integrated systems.

Contraceptive security and essential medicine commodity security can and should be mutually beneficial. Contraceptive security provides well tested tools and approaches that can inform a successful integrated system. Integrated systems, when appropriately designed, can ensure efficient and sustainable access to contraceptives for all.

Bolivia builds on a strong contraceptive supply chain

In the mid-to-late 1990s, the Government of **Bolivia** worked to strengthen the public sector supply chain for contraceptives, creating a robust system with reliable commodity supplies and good information flows. The system contributed to better product availability by basing forecasting and ordering decisions on consumption rather than using, as was previously the case, demographic models. The success of this system led to it being used as the foundation for an integrated logistics system. Initially, the Ministry of Health added other maternal and child health commodities to the contraceptive supply chain and then in 2002, rather than creating a completely new integrated supply chain for all essential medicines available through the public sector, it was decided to add the remaining essential medicines to this system. Challenges remain, but stakeholders agree that the supply chain is not an obstacle to commodity security for essential medicines. This demonstrates how efforts on behalf of contraceptive security — in this case building a robust supply chain for contraceptives — can serve as a starting point for eventual overall system strengthening.

[1] Available at: http://portalprd1.jsi.com/portal/page/portal/DELIVERWEBSITE/HomePage/DEL_TOOLS_TAB?p_le_render_type=INTRO

Further Reading

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The USAID Commodities Security and Logistics Division works to advance contraceptive security by providing global technical leadership and support to country programs in research and analysis, strategic planning, program design and implementation, and monitoring and evaluation. For further information, please contact:

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