SPARHCS

Strategic Pathway to Reproductive Health Commodity Security

A Tool for Assessment, Planning, and Implementation

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SPARHCS

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2004

Foreword

The success of family planning programs, continued growth in the number of women of reproductive age, and the growing response to curb the HIV/AIDS pandemic are increasing demand for contraceptives, including condoms, worldwide. Countries are faced with the challenge of ensuring that this demand can be sustainably met. Financing is not keeping pace, while the problem is also often one of disruptions and vulnerabilities in the systems that need to work well, and work together, to ensure that supplies are **available** to people.

SPARHCS - The Strategic Pathway to Reproductive Health Commodity Security is a tool to help countries develop and implement strategies to secure essential supplies for family planning and reproductive health programs. SPARHCS is meant to bring together a wide range of stakeholders to initiate at the country level concerted efforts toward the goal of reproductive health commodity security. It is not a roadmap, or a fixed process. SPARHCS can be customized to a country's specific needs and resources. It can be used for contraceptives alone, for contraceptives and condoms for HIV/STI prevention, or for a still broader set of reproductive health supplies.

SPARHCS responds to the call from donors and countries for a common approach and framework to achieve reproductive health commodity security. USAID is part of this global effort and is pleased to have provided major support for the development of SPARHCS. I thank the many collaborating agencies for their contributions. SPARHCS is an important step in ensuring people can choose, obtain, and use the contraceptives and other essential reproductive health supplies they want. USAID looks forward to continued progress in this important endeavor.

Margaret Neuse
Director
Office of Population and Reproductive Health
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In 1994, 179 countries committed themselves to the Programme of Action of the International Conference on Population and Development (ICPD). They called for universal access to reproductive health care by 2015. In 1999, the ICPD+5 revealed that although much progress had been achieved much remained to be done. The Millennium Development Goals (MDGs) call for drastically reducing maternal and child mortality, reversing the spread of HIV/AIDS, and markedly improving the health of the poor, all by 2015. However, neither the ICPD goals nor the MDGs will be reached without accelerated progress towards reproductive health commodity security, when individuals can choose, obtain, and use the reproductive health supplies they want.

Since the mid-1960s, use of contraception in developing countries has grown dramatically from approximately 10 per cent to almost 60 per cent. The number of contraceptive users is projected to increase further by more than 40 per cent to 2015 as a consequence of both population growth and an increase in demand for contraception. Meeting these supply requirements will require not only increased financing, but also improvements in logistics and service delivery systems already stretched to their limits. The urgent need to meet this challenge is particularly acute as the United Nations Population Fund (UNFPA) estimates that every $1 million shortfall in contraceptive supply assistance can lead to 360,000 unintended pregnancies, or 800 maternal deaths, or 11,000 infant deaths.

SPARHCS - The Strategic Pathway to Reproductive Health Commodity Security will help donors, countries, and other stakeholders develop in-country capacity to increase their reproductive health commodity security in a country driven and sustainable manner. UNFPA would like to express special appreciation to the many organizations and individuals that participated in the development of SPARHCS. Their contributions will no doubt help advance our collective efforts to achieve a comprehensive, long-term, and strategic approach to securing reproductive health commodities for all.

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List of Acronyms

AIDS – Acquired Immunodeficiency Syndrome
BKKBN – Badan Koordinasi Keluarga Berencana Nasional (Indonesian Population and Family Information Network)
CPT – Contraceptive Procurement Table
CST – Contraceptive Security Team
DFID – Department for International Development
DHS – Demographic and Health Survey
DKT – DKT International
EDL – Essential Drugs List
EML – Essential Medicines List
FMOH – Federal Ministry of Health (Nigeria)
FP – Family Planning
GoG – Government of Ghana
HIV – Human Immunodeficiency Virus
IPPF – International Planned Parenthood Federation
IUD – Intrauterine Device
KfW – Kreditanstalt für Wiederaufbau (German Bank for Reconstruction)
LMIS – Logistics Management Information System
MOH – Ministry of Health
MIS – Management Information System
NGO – Non-Governmental Organization
OB/GYN – Obstetrician/Gynecologist
PRSP – Poverty Reduction Strategy Paper
PSI – Population Services International
RHCS – Reproductive Health Commodity Security
RH – Reproductive Health
SPARHCS – Strategic Pathway to Reproductive Health Commodity Security
STI – Sexually Transmitted Infection
SWAp – Sector Wide Approach
TFR – Total Fertility Rate
UNFPA – United Nations Population Fund
USAID – U.S. Agency for International Development
WHO – World Health Organization

1

SPARHCS and the Goal of Reproductive Health Commodity Security

Many countries face the challenge of meeting people's rising demand for contraceptives, including condoms[1], and other essential reproductive health supplies. Attention was first drawn to the challenge by projections of shortfalls in the financing required to pay for these supplies. The problem, though, is often not only one of financing, but also of disruptions and vulnerabilities in the many systems that need to work well, work together, and have the resiliency to adapt to changes to ensure that reproductive health supplies are available to people.

SPARHCS (pronounced "sparks") – **Strategic Pathway to Reproductive Health Commodity Security** – is an approach to help countries address these concerns and develop and implement strategies for reproductive health commodity security (RHCS).[2] During the 2001 conference *Meeting the Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention*, held in Istanbul, donors and countries called for a common approach and framework to operationalize RHCS. In response, under the leadership of the U.S. Agency for International Development (USAID) and United Nations Population Fund (UNFPA), a wide range of collaborating agencies provided technical inputs, participated in workshops, and assisted with field tests to develop SPARHCS.

Reproductive health commodity security (RHCS) exists when people are able to choose, obtain, and use the reproductive health supplies they want.

RHCS is not only a problem of increasing financing for supplies, but also of improving the systems needed to make them available to people.

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[1] Condoms are singled out here for their dual role in family planning and HIV/STI prevention, but are henceforth included under "contraceptives."

[2] Because contraceptives and condoms are the *sine qua non* of family planning, are among the essential supplies for HIV/STI prevention, and have long been of special interest to the donor community, some agencies use "contraceptive security" (a term first coined by the Family Planning Logistics Management Project/John Snow, Inc. in 1998) to describe their work with reproductive health supplies. Others use "reproductive health commodity security." Regardless, all are dedicated to securing an adequate supply and appropriate range of RH supplies for developing countries.

RHCS is a long-term goal, requiring a multi-sectoral approach and continuous commitment.

The goal of RHCS and its translation into operational terms through SPARHCS focuses on supplies and is informed by decades of experience in supply chain management. From this basis, SPARHCS takes a strategic, long-term perspective to help a broad range of stakeholders understand their dependence on product availability and their role in ensuring it. SPARHCS embeds and links the traditional focus on "logistics" within a larger picture of what is needed to ensure supplies are available to clients: policies, financing, service delivery, advocacy, etc. It approaches reproductive health commodity security as a goal to strive for, requiring ongoing commitment and continuous progress. It defines RHCS from the client's perspective. Unless individuals can choose, obtain, and use the RH supplies they want, there can be no reproductive health commodity security.[3]

SPARHCS takes a multidisciplinary, multistakeholder perspective to demonstrate the complex set of relationships inherent in reproductive health commodity security. It is built of three parts:

SPARHCS provides a framework and diagnostic guide to support assessment, planning, and implementation for RHCS.

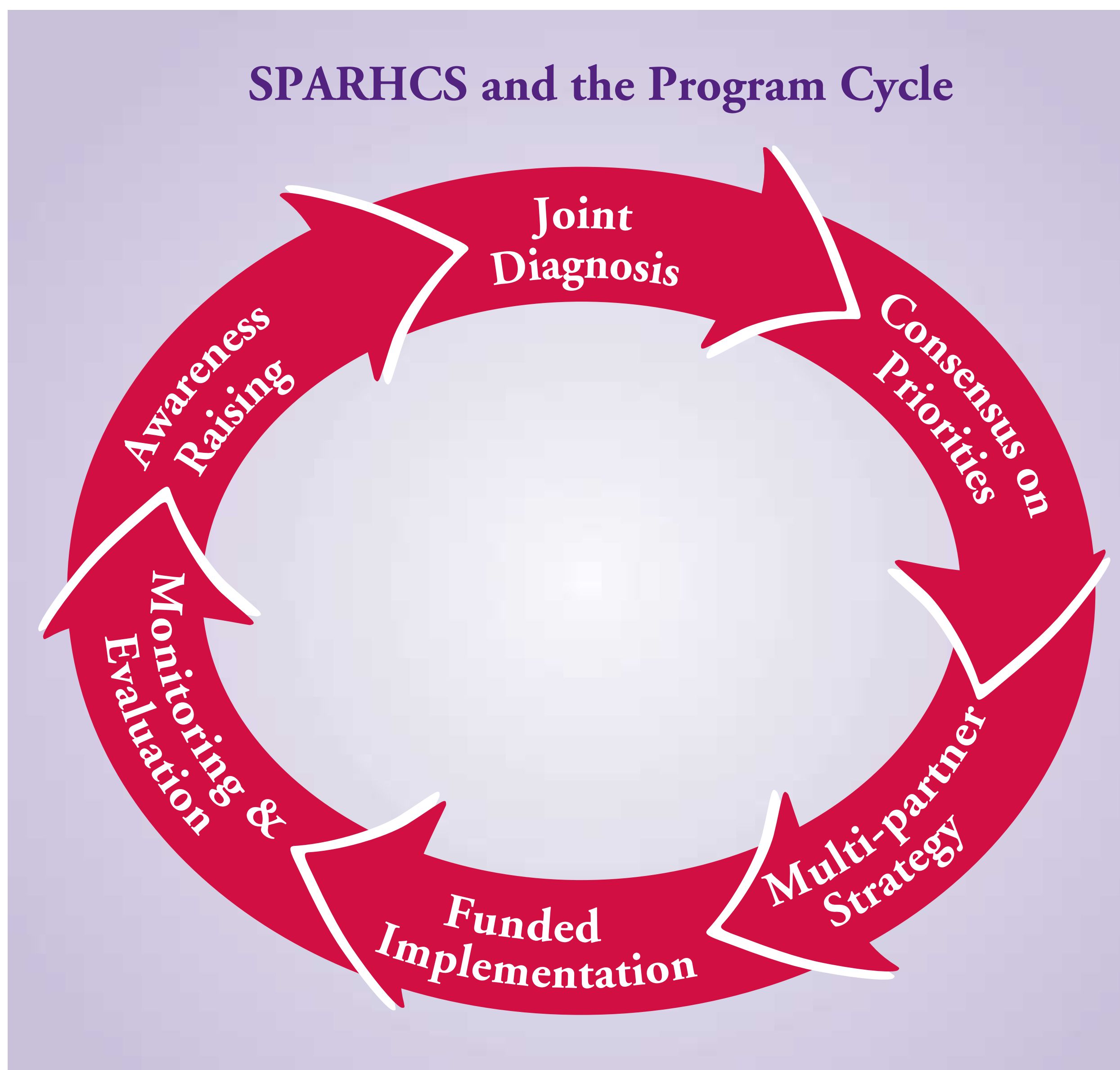
- A **goal statement**. Reproductive health commodity security exists when people are able to reliably choose, obtain, and use the contraceptives, condoms, and other essential reproductive health supplies they want.
- A **conceptual framework**. The framework identifies key elements that are involved in securing client access to reproductive health supplies and related services and that should be considered during country-level assessment, planning, and implementation for RHCS.
- And, a **diagnostic guide**. The guide follows from the goal statement and framework, and supports stakeholders to assess their present RHCS situation, define future expectations, and take into account trends from the past.

SPARHCS is meant to initiate concerted action toward the goal of people being able to choose, obtain, and use the reproductive health supplies they want. It is not a roadmap, nor a fixed process, but rather a guide that brings together the various factors that play a role in RHCS. As a "convener," SPARHCS can bring together a wide range of stakeholders to:

- establish and maintain multisectoral commitment to RHCS by raising awareness of and support for it as a public health objective;
- conduct a multisectoral, joint diagnosis of a country's RHCS status;
- identify factors that limit or enhance the prospects for RHCS;
- process those findings to reach consensus on priorities for improving RHCS;
- develop a comprehensive, multipartner strategy and action plan for RHCS that is evidence-based, fundable and feasible; and
- facilitate strategy implementation and guide ongoing monitoring and evaluation of results.

While the SPARHCS approach may appear linear, it is a continuous cycle (see figure, following page), akin to the typical program cycle (planning – implementation – monitoring and evaluation). Entry into the cycle can occur at a variety of points, from awareness raising to evaluation, depending on the country situation. At any of these stages, the application of SPARHCS is designed to develop a new or strengthen an existing reproductive health commodity security strategy and funded implementation plan.

[3] Henceforth, "reproductive health supplies" or "RH supplies" are used to refer to contraceptives and other essential reproductive health supplies. Other essential supplies can include, for example, supplies for maternal and neonatal health care and for prevention and treatment of reproductive tract infections (UNFPA and WHO, 2003).



As country examples[4] demonstrate, the SPARHCS approach is flexible and the level of effort it requires is variable, permitting countries to customize the approach to their own needs and resources. SPARHCS can be used for contraceptives alone, for contraceptives and condoms for HIV/STI prevention, or for a still broader set of reproductive health supplies.[5] It can be used at national or subnational levels; in countries more or less experienced in working on reproductive health commodity security; in countries not yet ready to phase out donor support or in countries planning for self-reliance; and in countries at different stages of health sector reform.

SPARHCS can be adapted to a wide range of country contexts and stakeholder interests.

[4] See **Section 4. SPARHCS Applied: Country Examples.**

[5] So far, SPARHCS has been applied mostly to contraceptives and condoms for HIV/STI prevention.

Notes

2

A Framework for Reproductive Health Commodity Security

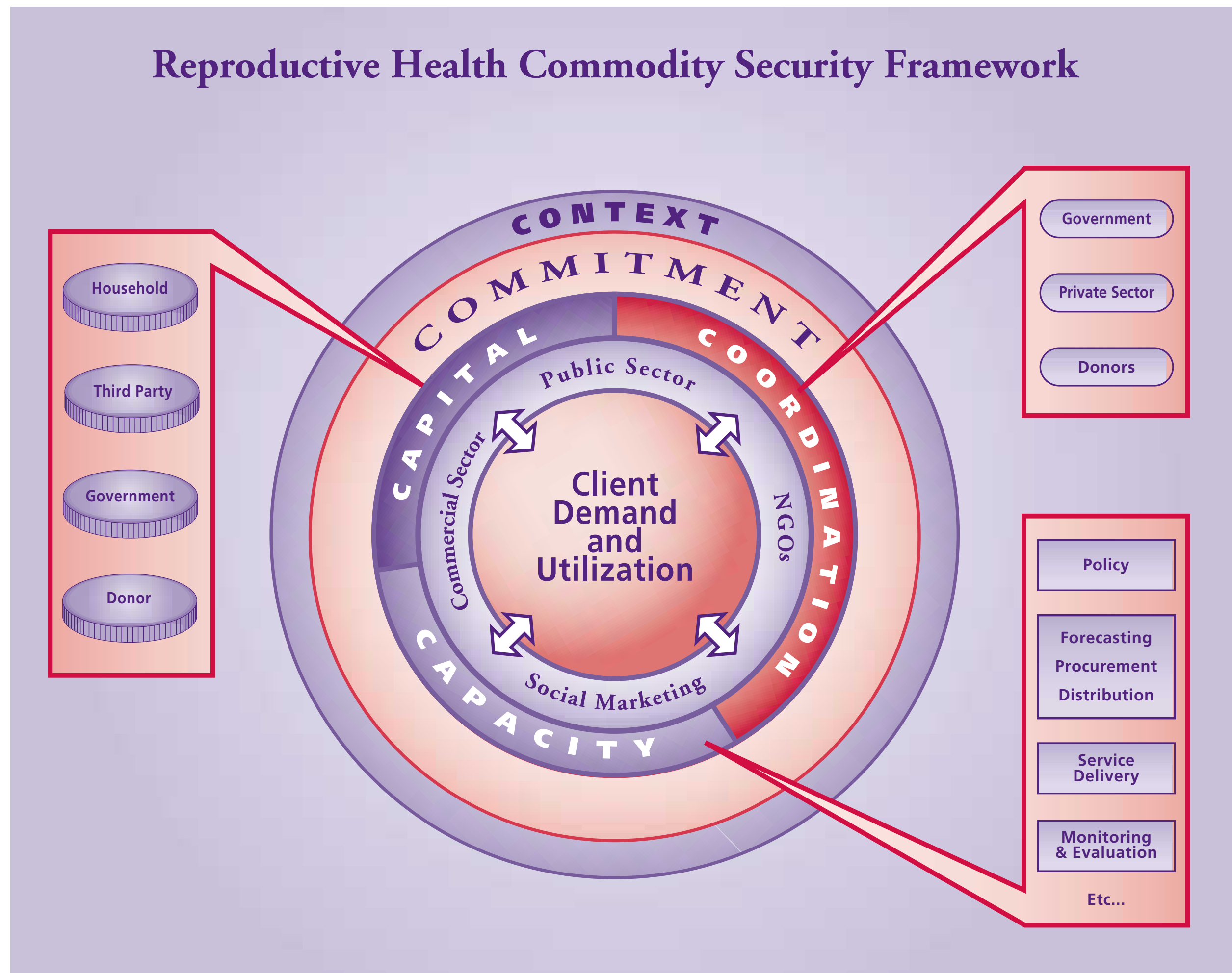
The SPARHCS framework – at the center of which is the client – highlights the many elements that are involved in securing reproductive health supplies and provides the conceptual basis on which to build a RHCS strategy. Let us begin with the outermost circle in the figure on the following page and move towards the client. In every country, there is a **context** that affects the prospects for RHCS – on the one hand, national policies and regulations that bear on family planning/reproductive health and particularly on the availability of RH supplies, and on the other, broader factors like social and economic conditions, political and religious concerns, and competing priorities. Within this context, **commitment**, evidenced in part by supportive policies, government leadership, and focused advocacy, is a fundamental underpinning for RHCS. It is the basis from which stakeholders will invest the necessary **capital** (financing), **coordinate** for RHCS, and develop the necessary **capacities** – the third circle in the figure.

The prospects for RHCS are affected by country contexts, within which RHCS requires commitment, capital, coordination, and capacities.

The boxes in the figure elaborate on each of these three components. Coordination involves government, the private sector, and donors to ensure more effective allocation of resources. Households, third parties (e.g., employers and insurers), governments, and donors are all sources of capital. And, capacities must exist for a range of functions – policy; forecasting, procurement, and distribution; service delivery; and monitoring and evaluation, to name a few.

Moving closer to the client in the figure, capital, coordination, and capacities form the basis for the public sector, NGOs, social marketing, and commercial sector to efficiently supply the needs of the whole market of client demand, from those who need subsidized products to those who are able to pay for commercial products. **Clients** (women and men) – at the center of the figure – are the ultimate beneficiaries of RHCS as product users and, as shown by the double headed arrows, the drivers of the system through their demand.

Clients are the ultimate beneficiaries of RHCS.



Each component of the SPARHCS framework is discussed in further detail below, starting with the center – clients – and ending with the contextual concerns that affect RHCS.

A. Client Utilization and Demand

How do clients vary in their met and unmet need for RH supplies?

In any country there is a multiplicity of reproductive health needs – for different products and services, at different prices, and from different sources. Met and unmet need vary by many client characteristics – income or standard of living, age, sex, parity, rural versus urban, religion, cultural expectations regarding sexuality and childbearing, state or province, source of method, etc. These variations must be understood in order to understand how progress can be made toward greater commodity security. The SPARHCS diagnostic guide poses such questions as: How is current use characterized? Who are current users of RH supplies? How is unmet need characterized? It also asks whether clients who want to use RH products have physical and economic access to them, what gender norms influence women's and men's abilities to use contraceptives and other RH commodities, and about contraceptive discontinuation rates among different groups.

Reproductive health commodity security exists for people when their demand is met. For individuals whose "needs" have turned into "demand" for services and products, and are currently satisfied clients, access must be maintained. For those *not* using services and products now but who want or intend to use them, access must be provided. Meeting client demand is critical in helping clients improve their reproductive health, and it is important from a financing perspective as well. As utilization grows and increasing demand is met, the requirements for funding and the options for funding, especially from individuals, also grow.

SPARHCS looks at how activities to increase use are affecting the demand-supply relationship. What is being done to enable people to access services according to their intentions and needs? SPARHCS also asks stakeholders to consider whether securing sufficient contraceptive supplies to satisfy low demand in low prevalence settings fully realizes their vision for RHCS.

How well is the whole market of demand for RH supplies covered by providers in the public and private sectors?

Reproductive health supplies are delivered to clients through a variety of **service channels**: the public sector, NGOs, social marketing programs, and the commercial sector. Rationalizing the market among these channels can increase access and the efficient use of resources to meet the full range of client demand. The SPARHCS framework and diagnostic guide look across the public/private spectrum, and ask: What roles do the different providers play? How do they relate to each other and coordinate to respond to the range of family planning and other reproductive health needs in a country? How well and how efficiently do providers collectively cover the whole market and its segments in terms of clients' socio-economic status, their gender-or age-related barriers, client location, the methods they want, and where they obtain them? Are some segments of the population left unserved?

B. Commitment

What is the commitment to RHCS in the public and private sectors?

Ensuring that the different service channels have the capital, capacities, and are coordinated to respond effectively to clients' needs begins with commitment and leadership, particularly from governments, program planners, and key leaders. There needs to be a clearly articulated policy commitment to making and keeping contraceptives and other essential supplies available to people as a public health priority. Political and government leaders must demonstrate this commitment through budget increases, policy improvements, leadership of coordination, and RHCS strategies that are implemented. RHCS also depends upon influential

people at all levels in the public and private sectors acting as RHCS "champions" – well-respected, dedicated individuals who advocate for commodity security and work to achieve high-level political commitment and adequate funding for ensuring a full supply of RH commodities. The SPARHCS diagnostic guide poses such questions as: What is the nature of the government commitment to RHCS? Who provides leadership? Where can "champions" for RHCS be found, or developed, in the public and private sectors? Are civil society organizations, particularly women's advocacy groups, and the media mobilized and do they have the capacity to advocate for commitment to RHCS?

What are the impacts on RHCS of health sector reforms and new development assistance instruments?

Further, is there commitment to RH commodities in the face of changes in development assistance and health sector reforms? Is there explicit attention to RH commodities in national strategies and assistance mechanisms for health and development, such as PRSPs and SWAps? To what extent are health sector reforms – like decentralization, privatization, and integration – either threats or opportunities for reproductive health commodity security? Are RH commodities being "orphaned" under these changes?

C. Capital

Current financing levels for reproductive health supplies are, in many cases, inadequate, unsustainable, or both. The SPARHCS framework and diagnostic guide consider financing from all sources. Households may purchase subsidized products, participate in the commercial marketplace, or pay other fees, such as user fees, insurance premiums, or co-payments. Governments may subsidize supplies and services with internally-generated revenues, donor grant funds, or loan credits. Donors may provide direct financing to support family planning programs or donate products. SPARHCS explores the importance of "capital" by raising such questions as: What are current arrangements for financing reproductive health supplies from these sources? What are the prospects for increasing (or in some cases lessening the need for) each? How are public funds used, and are there cost recovery mechanisms in place for supplies and services? What are the most reliable sources for commodity financing during the next five to ten years? And, what role do or could third parties, like employers and public or private insurers, and other alternative financing schemes, like community-based financing, play in financing commodities?

What are the prospects for financing of RH supplies by households, governments, donors, and third parties?

D. Capacity

Capacity in a number of critical functions directly affects clients' ability to choose, obtain, and use reproductive health supplies. **Service providers** can limit or promote RHCS. SPARHCS asks such questions as: Are providers' skills and service facilities adequate to satisfy clients' needs? Are providers well trained in clinical skills and counseling related to method choice? Are providers trained to identify and address gender-related barriers to contraceptive use and decision making? Do they have adequate equipment and supplies to offer good quality family planning and reproductive health services? Are providers trained in counseling for informed choice, taking into account barriers, like gender norms, to access and utilization of contraceptives and other products? How does provider capacity address barriers to access to and utilization of contraceptives and other products? Do providers show preference for or promote one method over another?

Service providers cannot do their jobs without the reliable operation of public and private sector **supply chains** delivering the "six rights": the right product, to the right place, at the right time, in the right quantity, in the right condition, for the right price. Critically, the right price may be different for different clients. Needed products must be on hand when clients come for them; having products at the central or regional warehouse does no good if there is a stockout at the service delivery point at the time of a client's visit. How effective, reliable, and efficient are logistics systems in ensuring product availability to clients who access different service delivery programs?

How developed are the human and systems capacities for RHCS, in service delivery, logistics management, forecasting and procurement, monitoring and evaluation, etc.?

In order to ensure that service providers and logistics systems have adequate quantities of supplies, timely and coordinated **forecasting** and **procurement** must take place, using financing from a variety of sources. Are programs able to forecast their product requirements for the near-, medium-, and long-term? Do they continuously update their projections with more current data? Increasingly, government and NGO programs are tasked with procuring products themselves. What is their capacity to conduct efficient and transparent procurements that result in the timely acquisition of the best quality products at the lowest possible price? Are they able to reliably comply with international competitive bidding procedures? Are programs able to select the appropriate products, prepare sound product specifications, conduct negotiations for financing and purchase agreements, and establish quality assurance throughout manufacturing and upon receipt?

The areas listed previously are not the only capacities needed for RHCS. Capacity for advocacy for RHCS is considered under the "Commitment" component of the SPARHCS framework. Capacities for the collection, analysis, and use of data are crucial for planning, monitoring, and evaluating progress towards RHCS. Governments need the capacity to determine areas of unmet need, to determine where they need to intervene and where they do not, and how to program their resources effectively. "Data for decision making" capacities are needed both for program design and management, and for policy analysis. SPARHCS asks whether programs collect appropriate data and information for decision making for RHCS, whether there is a management culture of evidence-based decision making, and how information is used for policy-level analysis and decision making.

E. Coordination

Reproductive health commodity security is based upon collaboration and joint action planning. Coordination is required at multiple levels and among different stakeholders – among donors internationally, and within a country among donors, between donors and government, within government, among programs, among technical agencies, and across sectors. Effective coordination helps avoid duplication of efforts and promotes information sharing across and between programs. SPARHCS asks such questions as: Does government play a central coordinating role? Are there mechanisms to ensure coordination happens? What are the specific outcomes expected from coordination (e.g., coordinated financing of different programs' needs, a more rational and sustainable segmentation of the contraceptive market)? SPARHCS also asks about the development and implementation of a coordinated RHCS strategy.

How do government agencies, donors, and the private sector collaborate and act jointly for RHCS?

F. Context

The contextual concerns that affect the prospects for RHCS can be approached at two levels. First, what national policies and regulations bear on the ability of public and private sector programs to secure and deliver RH supplies? Are there, for example, unnecessary

policy barriers regarding who can provide RH supplies and services? Are there unnecessary barriers on who is eligible for services, some of which may be the result of cultural norms and gender stereotypes (e.g., age, parity, marital status)? What policies affect particularly the private sector's ability to provide RH supplies? What service delivery policies and guidelines assure the capacity of providers to provide RH supplies?

Second, there are the broader factors: How does the level of socioeconomic development in a country affect resources available for reproductive health supplies? What percent of the population is rural versus urban (a factor affecting private markets)? What are levels of educational attainment for women (one of the best predictors of contraceptive use)? What is the burden of HIV prevalence (a higher burden can mean more competition for financial resources as well as contributing to higher levels of poverty and poorer health status)? And, what are other priorities that family planning/reproductive health must compete with for resources?

What is the context for RHCS of national policies and regulations, social and economic factors, and other health priorities?

Notes