

# Position paper

## Reproductive health supplies security

This paper sets out the Marie Stopes International (MSI) Global Partnership's response to the looming crisis in relation to the sustained provision of reproductive health supplies in developing countries. It also examines the factors affecting the sustained delivery of supplies, the proposed solutions, and the impact that this issue has had on the MSI Partnership.

The MSI Global Partnership develops and runs a variety of information and service delivery programmes responding to a range of reproductive health challenges.

### The global picture

Over the last few years, the problem of securing adequate supplies has grown and is likely to escalate further.

### Increased demand

A combination of increased awareness, more accessible services, improved choice and targeted advocacy initiatives have helped to ensure that contraception is not only easier to obtain but also more widely used. More women have become aware that there is an alternative to successive unplanned and unwanted pregnancies<sup>\*1</sup>, while couples everywhere are choosing to space and limit the number of children they have. In addition, young people are more knowledgeable about their bodies and better able to seek the contraception they need. Demand has also been fuelled by changes in gender dynamics with girls now spending longer in school and more women seeking employment than ever before.



*Clients gathering outside one of Marie Stopes Clinic Society's mini centres in the slums of Dhaka, Bangladesh.*

Women who are able to plan and space their families not only stand a better chance of survival<sup>\*\*2</sup>, but are also in a stronger position to empower themselves economically, a key criteria in tackling poverty. Barrier methods of contraception also remain one of the most effective ways of reducing the spread of sexually transmitted infections, in particular HIV/AIDS.

Parallel to this steady increase in the acceptance and use of contraception has been a rise in the overall number of women of reproductive age. According to the projections by the United Nations Population Fund (UNFPA) the number of women in their childbearing years is expected to increase by more than a fifth to 1.6 billion by 2015. In addition, the largest ever generation of adolescents is on the cusp of sexual maturity and with the average age of first sexual contact in decline, the potential need for contraceptives will increase even further in the future.

### The importance of guaranteeing supplies

Clearly, the most important goal of securing supplies is guaranteeing that women and men can make good reproductive health choices. It is a sad irony that after decades of building clients' trust and facilitating choice, providers may not be able to sustain adequate levels of supplies. The potential long-term impact of this is enormous.

\* Note: contraceptive use has increased more than ten-fold in developing countries in the last 35 years.

\*\* Note: by preventing high-risk pregnancies, family planning could prevent at least one-quarter of maternal deaths. Girls under 18, women over 35, those who have four or more children and those who already have health problems are at greatest risk.

Without securing access to supplies, hard won improvements in maternal and infant mortality rates could be lost. The UNFPA estimate that a shortfall of US\$1million for contraceptive supplies could result in 360,000 unwanted pregnancies, 150,000 abortions, more than 800 maternal deaths and 11,000 infant deaths<sup>3</sup>.

The impact that a shortage could have on the spread of HIV/AIDS is also of major concern. Barrier methods of contraception combined with information and behavioural change strategies are instrumental in preventing transmission. In studying the “condom gap”, Shelton and Johnston stress that prevention must be the first priority and that relative to the enormity of the HIV/AIDS pandemic, providing condoms is one of the cheapest and most cost-effective ways to achieve this<sup>4</sup>.

In addition to supplying condoms, providing voluntary counselling and confidential testing could have a significant impact on reducing transmission, but these services are also under threat due to reductions in funding.

### Key issues affecting the security of reproductive health supplies

The issues affecting the sustained flow of supplies are varied and complex, but essentially fall into three broad categories:

- dwindling donor support for projects and programmes
- the limited capacity of service providers
- poor co-ordination of activities and funding.

#### **Dwindling donor support**

The overall picture of funding for reproductive health programming is one of irregular and declining support. Despite the initial commitment of donors and developing countries, funding targets agreed at the 1994 International Conference on Population and Development (ICPD) in Cairo are still some way from being met and they appear increasingly unlikely ever to be<sup>\*5</sup>. In addition, since Cairo, developing countries' budgets have seriously declined while an unfavourable policy environment in some donor countries means that commitment to reproductive health has waned.

The problem of declining donor funding is exacerbated by the fact that most assistance is provided by only a handful of donors and when their policies or priorities change, the impact is even more dramatic.

An obvious example of policy change is that which has occurred within the United States Agency for International Development (USAID). Traditionally one of the most generous supporters of population and reproductive health programmes, the funding provided by USAID started to decline in 1999, and the re-introduction of the Mexico City Policy by the Bush Administration in January 2001 dealt a further blow to the already beleaguered reproductive health sector.

The crisis in funding has, however, encouraged providers to look at alternative models of service delivery. One of the most promising is charging clients affordable fees for services. Evidence suggests that most clients, even those in poorer communities, are willing and able to make a contribution towards the cost of their care. MSI's experience is that well-designed and efficiently run programmes with modest overheads can recover a significant proportion of their costs by charging modest fees. Programmes that can help sustain themselves are not only better able to survive fluctuations in donor funding but are also able to build up resources which can then be used to procure supplies privately if needed.

\* Note: the ICPD estimated the cost of providing basic reproductive health care in developing countries at \$17 billion in 2000 and nearly \$22 billion in 2015 (in constant 1993 dollars). At the Conference, all nations agreed that donor countries would provide one-third of these funds, and developing countries the remaining two-thirds. However, the international community lags far behind the ICPD funding goals. In 1996, developing countries contributed 70% of their 2000 target; donor assistance represented at most 35% of their required contribution.

Other alternative models include developing community-funding initiatives such as not-for-profit, mutual insurance schemes; contraceptive social marketing initiatives; revolving drug funds and company subsidised schemes where employers contribute to the cost of treatment for workers.



*Marie Stopes International Uganda's successful 'Life Guard' brand condom being distributed throughout the country through its contraceptive social marketing programme.*

### **Service providers capacity**

Building providers' capacity through technical assistance and training can help to encourage more efficient management and financial practices. It also helps providers to better anticipate demand and encourages appropriate systems, procedures and protocols to guarantee supplies to be set up. The long-term aim of capacity building should be to promote a greater degree of self-reliance and organisational sustainability.

Building providers' capacity ideally goes beyond the basic principles of good stock-management and financial practices. Facilitating opportunities for providers to share information, lessons learnt and the results of new models of service delivery can also all help to secure the supply of contraceptives. In addition, helping providers to maximise donor funding opportunities in-country can help facilitate the flow of funding for supplies and reproductive health programmes, and strengthen programmes further.

Building the capacity of non-government service providers can, however, only go so far. With the best will in the world and systems to match, a provider will fail if there is no commitment from governments and if internal bureaucracy stifles the manufacture, import and supply of contraceptives. To help achieve this commitment, providers need assistance in developing and implementing proactive advocacy campaigns. The need for this is becoming more and more pressing as donors are increasingly funding sector-wide programming or SWAp<sup>\*6</sup>. Targeted grassroots advocacy by stakeholders can help ensure that governments in developing countries who are the recipients of 'basket' funding for development projects prioritise reproductive health needs.

\* Note: SWAp - the defining characteristics of a SWAp are that all significant public funding for the sector supports a single sector policy and expenditure programme, under government leadership, adopting common approaches across the sector, and progressing towards relying on government procedures to disburse and account for all public expenditure, however funded.

## Co-ordination of activities and funding

In an environment of dwindling resources it is ever more important for donors to co-ordinate their activities. Strategic planning and greater communication could prevent a duplication of activities and help ensure that projects complement each other. In addition, ad hoc donor policies and competition between service providers for some markets can skew the distribution of projects leading to an oversupply of contraceptives in one area and a dearth in another.

Umbrella bodies do convene meetings where donors can co-ordinate their activities and, independent pressure groups such as the International Initiative on Reproductive Health Supplies\* are working hard to raise awareness about the issue and galvanise global activities. However, there is scope to do more, including the need for donor governments to urgently co-ordinate their activities. However, given their differing political commitment to reproductive health, such co-ordination is likely to be a challenge.

## Marie Stopes International's approach to reproductive health supplies

The Marie Stopes International (MSI) Global Partnership provides reproductive health services and information in 38 countries. In 2001, the Partnership provided these services to 3.3 million women and men and distributed 105 million condoms.

Irregular and erratic supplies have had a profound impact on MSI Partners particularly those in Angola and Uganda. Not only do they prevent the timely delivery of chosen services to clients but operationally the consequences go even further. Shortages and difficulties in obtaining supplies absorb a disproportionate amount of team members' time, and negatively impact on the long-term viability of some reproductive health centres, which can eventually effect entire programmes. In terms of contraceptive social marketing, the inability to consistently obtain chosen brands can erode clients' confidence and impact on the success of the project.



*Marie Stopes Nicaragua: working in the community to raise awareness about reproductive health issues.*

The MSI Partnership has, however, weathered the problem of declining funding and poor logistical management better than some other providers. This may be attributed in part to the models it uses to deliver services and how it develops its organisational capacity.

\* Note: the International Initiative on Reproductive Health Supplies was previously known as the Interim Working Group on Reproductive Health Commodity Security (IWG). This Initiative aims to provide the leadership and mobilisation necessary to ensure the implementation of the Istanbul Action Plan and will advance global progress towards reproductive health supply security. The group currently consists of Deutsche Stiftung Weltbevölkerung (DSW); the International Council on Management of Population Programmes (ICOMP); IPPF Africa Region; John Snow, Inc. (JSI); Partners in Population and Development; Population Action International (PAI); Profamilia, Colombia; Program for Appropriate Technology in Health (PATH) and the Wallace Global Fund (WGF).

## Service models

MSI helps its Partner programmes become sustainable over the long-term. All programmes use a social enterprise model of service delivery that utilises modern methods of business to provide efficient and cost-effective services whilst at the same time achieving a social dividend. All Partners also charge clients affordable user fees\* to help cost recovery.

Working in tandem with the principle of cost recovery is project cross-subsidisation. For example, where a centre, usually in an urban setting, is able to generate a surplus, this is used to subsidise the activities of a less profitable centre that may be in a rural location or one that serves a lower-income community.

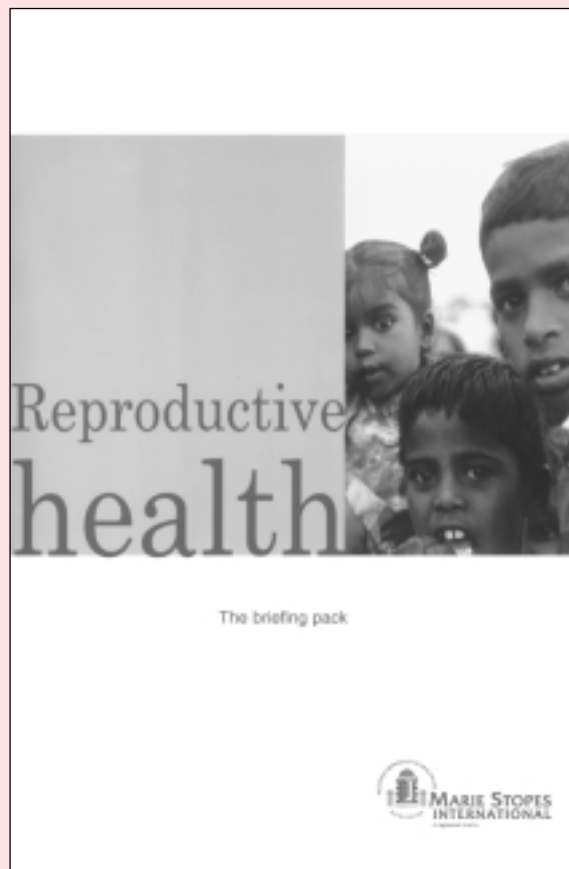
MSI is also testing other models of project funding including employer-subsidised projects, for example in Bangladesh and Honduras, and revolving drug funds, for example in Sri Lanka, whereby the money raised by charging clients a nominal fee for contraceptives is then ploughed back into buying more supplies.

## Capacity building and technical assistance

MSI aims to ensure that Partners have the capacity and systems to manage sustained supplies and services. Integral to this is the technical assistance and capacity building provided by MSI's London Support Office and the guidelines of best practice on ordering supplies and stock rotation as outlined in MSI's *Partnership manual*\*\* . The individual needs of each Partner are also regularly assessed and specific technical assistance and capacity building is provided where required.



*Hilary Benn, MP – former Parliamentary Under-Secretary of State for International Development, Dr Tim Black, CBE; and Viscount Craigavon at the launch of Reproductive health - the briefing pack.*



*Reproductive health - the briefing pack*

\* Note: user fees are carefully set and reviewed in consultation with communities, local government and other stakeholders to ensure that they are appropriate and affordable. For the poorest of the poor, MSI Partners operate a subsidised treatment fund that will cover the cost of care of those unable to pay. This ensures that no one is denied treatment because of an inability to pay.

\*\* Note: The MSI *Partnership manual* represents the best practice and expected standards for quality service provision in the MSI Partnership.

## **International advocacy**

MSI aims to build commitment to securing reproductive health supplies by working with international agencies and donors; parliamentarians such as the European Parliament's Working Group on Population, Sustainable Development and Reproductive Health and the UK's All-Party Parliamentary Group on Population, Development and Reproductive Health; European Union member states; and other non-government organisations such as EuroNGOs amongst others.

It is doing this through:

- producing briefings and publications to raise awareness
- providing fora for the dissemination of information
- advocating for increased funding and commitment from governments for reproductive health services and supplies
- helping to secure a favourable policy environment for the implementation of the ICPD Programme of Action
- building the technical capacity of MSI Partners to undertake their own advocacy activities in-country.

## **Case studies from the Marie Stopes International Global Partnership**

### **An overview**

As a key agency in the delivery of reproductive health services around the world, the issue of reproductive health supplies security is of great importance to the MSI Global Partnership. All MSI Partners have been consulted about this issue and as part of this process, a reproductive health supplies security workshop took place at the MSI Global Workshop in February 2002. This was then followed up with a detailed questionnaire. MSI is now in the process of developing an organisation-wide strategy that reflects Partners' experience. Below is a summary of that experience.

The majority of MSI Partners across the world have encountered problems in securing supplies. Although almost all methods have been unavailable at some point, by far the most commonly identified methods in short supply have been injectables and intrauterine devices. Marie Stopes International Vietnam also identified a problem in obtaining high quality sutures and needles used in surgical contraceptive methods.

MSI's policy of charging nominal user fees has also sometimes been questioned, particularly if supplies are received free of charge. MSI and its Partners have had to defend this policy and explain the long-term aim of using these fees to help create self-sustaining projects.

In some countries, such as Zimbabwe, state bodies maintain a monopoly on the supply of contraceptives and when these bodies experience 'stock outs' this negatively impacts on the supply of contraceptives to the MSI programme involved.

Just under 50% of the MSI Partners who responded to the questionnaire said that restrictive policies or legislation in their countries hinder the importation or procurement of supplies. Difficulties experienced included excessive bureaucracy, especially in clearing customs and in some instances corruption of officials was cited but this was not identified as a large-scale problem.

The majority of MSI Partners said that they had benefited from MSI guidelines on the ordering and rotation of stock, which are now being further developed following additional consultation. Partners have also suggested a number of other possible initiatives to help the Partnership as a whole. These include:

- the central procurement of contraceptives

- intra-Partner swapping mechanisms which would allow those with sufficient supplies to send some to those who are experiencing difficulties in obtaining them
- increased communication of experiences and lessons-learnt.

Almost 80% of MSI Partners, including those in Ethiopia and Bangladesh, said that they have already undertaken some advocacy initiatives to promote the provision of reproductive health services in their countries. These initiatives included media awareness raising activities and seminars and meetings with stakeholders and decision-makers. From the results of the questionnaire it is also evident that there is a need to increase Partners' expertise and resources if they are to undertake further advocacy initiatives on this issue. Some, such as Population Services Zimbabwe, and Marie Stopes International Yemen have already incorporated the issue into their general advocacy portfolio.

### **Zimbabwe**

Population Services Zimbabwe (PSZ), the MSI Partner in Zimbabwe, has a network of six centres. In 2001 it provided a total of 146,834 reproductive health services through 145,371 client visits.

All contraceptives used in Zimbabwe are donated and received through the Zimbabwe National Family Planning Council (ZNFPC). This state body controls the importation of all public sector contraceptive supplies into the country and their distribution to other public sector providers. If ZNFPC experiences any supply problems, this in turn negatively impacts on all public sector reproductive health programmes in the country. In addition, ZNFPC sells contraceptives to PSZ at the same price as it sells them to the public, thereby making it difficult for PSZ to charge a slightly higher price to help offset the cost of delivering services.

Although PSZ pays for almost all supplies it distributes (with the exception of condoms), its policy of charging clients for services has been questioned by the Zimbabwean authorities and the organisation has had to prove its status as a not-for-profit organisation and defend its cost recovery strategy.

The problem of sustaining adequate reproductive health supplies in Zimbabwe is likely to deteriorate. Severe shortages and strict controls on foreign exchange have negatively impacted on the importation of reproductive supplies. The single entry point for contraceptives also means that donors cannot by-pass the ZNFPC and supply providers directly. In addition, strained relations with the international community means that a number of key donors are re-evaluating their strategy in Zimbabwe and this will affect the long term supply of contraceptives.

### **Myanmar**

Marie Stopes International Myanmar (MSIM) operates a network of four centres and in 2001 provided a total of 41,472 reproductive health services through 38,606 client visits.

MSIM receives no reproductive supplies from the government. Most of its supplies (between 60 and 80%) are purchased from local markets or from commercial companies. Unfortunately, supplies obtained from these sources are often expensive or of poor quality, sometime so much so that they are unusable. At times MSIM has had to check the



*A Marie Stopes International Myanmar community distribution worker on a home visit in Yangon.*

quality and expiry date of every single package by hand, wasting a considerable amount of team members' time. The problem of purchasing supplies privately is also exacerbated by fluctuations in the local currency. MSIM supplements its supplies from the UNFPA and Population Services International.

MSIM has not identified any specific restrictive policies or legislation to hinder the importation of reproductive health supplies, however, all registered drugs must be cleared through customs, which can be a complex and time consuming process.

### Future steps for the Marie Stopes International Global Partnership

Whilst the MSI Global Partnership has been working hard to raise awareness of this issue, there is still much to be done.

Given this, MSI aims to:

- significantly increase advocacy activities at both a grass-roots level and in the international policy arena
- further build the technical and managerial capacity of all MSI Partners
- investigate alternative procurement policies and procedures
- facilitate more opportunities for MSI Partners to discuss and share lessons learnt.

### Further information

For further information about the issues raised in this paper, please contact: External Relations, Marie Stopes International, 153-157 Cleveland Street, London. W1T 6QW. UK.

### References

1. Population Action International. Trends in reproductive health worldwide.  
[http://www.populationaction.org/resources/publications/worldofdifference/rr2\\_trends.htm](http://www.populationaction.org/resources/publications/worldofdifference/rr2_trends.htm)
2. Population Action International. How family planning protects the health of women and children.  
[http://www.populationaction.org/resources/factsheets/factsheet\\_2.htm](http://www.populationaction.org/resources/factsheets/factsheet_2.htm)
3. UNFPA. Reproductive health commodity security: a global call for action. <http://www.unfpa.org>
4. Shelton and Johnston. In: The condom gap in Africa: evidence from donor agencies and key informants.  
[www.bmj.com/cgi/collections/AIDS](http://www.bmj.com/cgi/collections/AIDS)
5. Population Action International. Paying their fair share? Donor countries and international population assistance.  
[http://www.populationaction.org/resources/publications/fair\\_share/dac98/dac\\_summary.htm](http://www.populationaction.org/resources/publications/fair_share/dac98/dac_summary.htm)
6. Foster, M and Mackintosh-Walker, S. Sector-wide programmes and poverty reduction. The Overseas Development Institute. 2001.

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