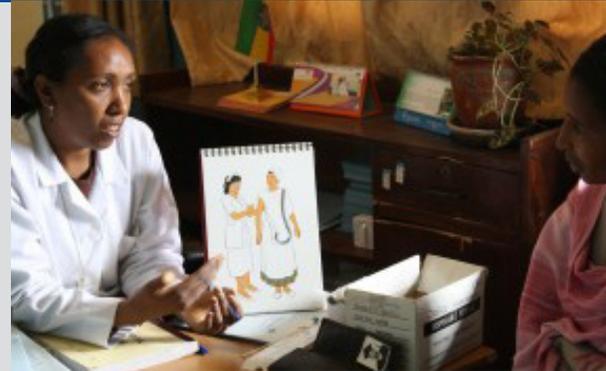




CONTRACEPTIVE SECURITY AND DECENTRALIZATION

Reproductive Health Commodity Security in a Decentralized Setting: Learning from Ethiopia



A nurse in Meshualekia Health Center, in Addis Ababa, explains how to use the injectable contraceptive, Depo-Provera /AIDSTAR-One 2010

In dozens of countries during the last decade, reproductive health commodity security (RHCS) efforts have helped strengthen in-country supply chains—improving access to reproductive health (RH) and family planning (FP) services. During this time, several countries have started to adapt RHCS approaches to lower health system—levels (regions, districts, and service delivery points) and to address issues in a decentralized setting.

Ethiopia is an excellent example of a country incorporating RHCS into a decentralized setting. By applying the appropriate strategies at regional levels, Ethiopia's RHCS advocates gained valuable insight into ensuring commodity availability in a dynamic and devolving health system. This case study highlights several successes and challenges Ethiopia faced while addressing RHCS at lower health system—levels; it also offers valuable lessons for individuals working to improve RH and FP services in their country.

By applying RHCS strategies at the regional level, Ethiopia's RHCS advocates gained valuable insight into ensuring commodity availability in a dynamic and devolving health system.

Reproductive health commodity security has been achieved when individuals have the ability to choose, obtain, and use reproductive health commodities whenever they need them.

RHCS advocates in Ethiopia work in a constantly changing environment. The country is undergoing a major, system-wide health reform process that includes decentralization; improved health care financing; and implementation of a pharmaceutical logistics master plan and health sector development plan. These activities are being implemented at the central level, in nine regional states, and in two city administrations.

Many responsibilities have been partially devolved to regional- and district-levels, including setting policy, mobilizing and managing resources, and prioritizing family planning. In addition, district levels now have a larger role—administering health care services.

The Federal Ministry of Health (FMOH) continues to prioritize RH and FP services and supplies in this changing environment. For example, as a goal for the new health system, the National RH Strategy identifies providing contraceptive methods to all households by 2015. In addition, the Pharmaceutical Fund and Supply Agency (PFSA) and the FMOH recognize that RHCS strategies can help them reach their RH and FP goals. In 2009, the Family Planning

Technical Working Group, lead by the FMOH, conducted a national RHCS assessment. As a result, government leaders prioritized initiatives to strengthen the supply chain for RH commodities.

“Arguably, the most significant policy influencing Health Sector Development Programme (HSDP) design and implementation is the policy on decentralization.”

Ethiopia Federal Ministry of Health 2005

With widely different levels of contraceptive use and unmet need, each region in Ethiopia faces different obstacles to achieving RHCS. Recognizing this and the need for coordination under the newly decentralized system, RHCS stakeholders are focusing efforts on strengthening RHCS at the regional level. In 2009, the FMOH and PFSA, with partner support, conducted regional RHCS assessments in Amhara, Tigray, Southern Nations, Nationalities, and People’s Region (SNNPR); Harari; Dire Dawa; and Oromia helped complement the national assessment with specific information about each of these region’s RHCS challenges and successes. The results generated interest in RHCS at all levels and identified ways to strengthen commitment, coordination, and financing to improve RHCS in each region.

Ensuring Adequate Contraceptive Financing

Adequate funding is central to improving RHCS and to meeting Ethiopia’s ambitious FP goals. As the government continues to decentralize, regional managers increasingly recognize the importance of ensuring

sufficient funds for contraceptives and of committing their regional funds to finance contraceptives.

Since 2006, the Amhara, Oromia, SNNPR, and Tigray regions have used regional funds for contraceptive procurement. While the impetus for regional funding and the steps taken to mobilize these funds varies from one region to another, factors influencing regional decisions to fund contraceptives include—

- *Regional commitment to FP:* Without exception, stakeholders indicated that regional-level political commitment to FP is the basis for using regional funds for contraceptives. According to one stakeholder in SNNPR, “the regional government’s high commitment makes it successful to mobilize resources for contraceptives” (see box 1).
- *Contraceptive shortages or stockouts:* Often regions allocate funding for contraceptives in response to a shortage or stockout of supplies. In Amhara, using regional funds for

SNNPR: Regional Initiative Drives Funding for Contraceptives

SNNPR is the only region in Ethiopia to formally incorporate contraceptive funding into their local budget. In this case, managers dedicated funds for contraceptives during the annual budget and planning cycle. The SNNPR Population Task Force was the key advocate for mobilizing these funds. It is helpful that the task force falls under the Bureau of Finance and Economic Development, the regional body that makes funding decisions. This bureau supported the efforts of the task force to fund contraceptives.

contraceptives was driven, in part, by a stockout of injectables. During a regional RH forum organized by Consortium of Reproductive Health Associations, the regional president promised to address this stockout by allocating regional funds. Similarly, in Oromia the Regional Health Bureau (RHB) advocated that funds be used to remedy a stockout. In this case, the region had not budgeted for contraceptives ahead of time but was still able to mobilize funding to respond to the stockout.

- ◆ *Lesson:* Regional managers have an important role to play in complementing central-level funding for commodities. Regions are taking ownership of financing by mobilizing their funds for contraceptives and filling gaps when facing shortages. RHCS champions in these regions are primarily responsible for advocating and developing the funding solutions to keep commodities flowing.
- *Understanding the regional funding gap when prioritizing limited resources:* In Ethiopia, the FMOH estimates funding needs for contraceptives based on federal and regional data. The FMOH uses these forecasts to estimate if there will be a funding gap for contraceptives in the country. Estimates of how much funding will be available, however, are not disaggregated by region; this leaves regions without a clear understanding of how much regional funding they need to help fill the funding gap. Lack of information also makes it difficult to advocate for contraceptive funding ahead of time because RHCS stakeholders are competing for limited resources that could be allocated to other pressing health issues.

- ◆ *Lesson:* There are benefits to engaging lower levels in national forecasting exercises. In doing so, all stakeholders will be informed of potential funding gaps at the national- and regional-level, thus allowing lower levels to decide priorities and allocate funds well in advance. Furthermore, having reliable data—including logistics data—is essential when advocating for and justifying the use of limited regional funds for contraceptives.
- *Clarifying funding roles:* The National Reproductive Health Strategy in Ethiopia states that federal and regional funding should be mobilized for public sector contraceptives. However, the document does not specify which level of the system is responsible for mobilizing these resources.
- ◆ *Lesson:* As countries decentralize, it is important to explicitly identify the source of contraceptive funding. If contraceptive funding is decentralized, the central level must provide resources—guidelines, monitoring systems, and indicators—to support lower levels in this new funding role. Furthermore, if lower-level funding is not sufficient, a central-level budget may be needed to fill these gaps or help supplement lower-level financing, even in a decentralized system.

Coordinating the RHCS Process

To achieve RHCS, key stakeholders must work together to create a supportive policy environment,

ensure an effective supply chain, and provide quality health services. An RHCS committee can create a platform for key stakeholders to come together and support and safeguard FP and contraceptives. At the federal level in Ethiopia, the FMOH convenes the national Family Planning Technical Working Group, which focuses on contraceptive security and other FP-related issues.

A similar approach to coordination can also be useful at the regional level. Ethiopia leads the way in regional coordination for RHCS. Amhara, Oromia, SNNPR, and Dire Dawa have created regional RHCS committees. However, creating and sustaining productive committees is not always easy, and these regions' hard work and accomplishments are worth noting.

- *Ensuring diverse membership and effective committees:* Often numerous health-related committees exist at the local-, regional-, and central-levels. In Ethiopia, stakeholders spend significant amounts of time participating in various coordinating committees—committees that often share similar functions and comprise the same stakeholders. Stakeholders also indicate that some of these meetings lack concrete outcomes. In Amhara, the Reproductive Health Task Force meets quarterly to share information, standardize approaches, discuss issues, decrease duplication of efforts, and identify financial resources to fill any commodity security gaps. Committee membership is multisectoral, including the Regional Health Bureau, Bureau of Finance and Economic Development zonal health department, nongovernmental organizations (INGOs), and social marketing organizations.

- ◆ *Lesson:* After identifying the need for regional RHCS coordination, it is important to inventory the existing regional coordination mechanisms to determine if one mechanism can be expanded to include RHCS or if a committee specific to RHCS is warranted. To strengthen the effectiveness of a commodity security committee, the agenda must be *action oriented*. Indicators should be used to measure progress. For example, in some countries, central-level RHCS committees often convene around specific technical issues they are confronting, such as reaching adolescents with FP services, bridging the gap in access to contraceptives between rural and urban populations, identifying and streamlining procurement options for contraceptives, etc.
- ◆ *Lesson:* Having an active committee with diverse membership is essential to maintain a focus on commodity security and long-term product availability issues. To ensure the participation of various partners, the coordinating group should convey how participation will be value added for these diverse partners. The committee should also ensure that its agenda responds to the needs and interests of its diverse partners.
- *Ensuring coordination between levels:* To help spearhead the contraceptive security process and improve communication between levels, a national Commodity Security Advisor position has been created in Ethiopia in the Health Promotion and Disease Prevention unit of the Federal Ministry of Health (FMOH). This advisor will be

a liaison between health–system levels and between programs and other partners involved in RH. Finally, the advisor monitors the contraceptive security situation at the national- and regional-levels.

- ◆ *Lesson:* Having someone within the MOH responsible for CS is particularly important in a decentralized setting because it strengthens the regional capacity to manage the reproductive health commodity security process. Commodity security advisors are a vital link between levels as commodity security responsibilities devolve to lower health system levels.
- ◆ *Lesson:* Because RHCS committees should be coordinated, it is important to formalize procedures for sharing information and support—financial resources, logistics data, policies, etc.—among regions and between the federal- and regional health

system–levels. This is a clear way to share key information across and between levels, and it increases opportunities for regular communication.

Final Words

Ethiopia was one of just a few countries to recognize the importance of adapting RHCS efforts to regional levels. Several regions have begun to identify their own contraceptive challenges and solutions. Also, the central level is becoming more familiar with the on-the-ground challenges of working on RHCS. The combination of regional commitment and awareness of RHCS issues, plus advocacy by central-level RH partners, has led to incremental but encouraging steps in building support and commitment to RHCS in Ethiopia, at all levels. Ethiopia's experience provides valuable lessons for other countries taking the first steps in introducing RHCS in a decentralized setting.

Sources

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To complement this brief, the USAID | DELIVER PROJECT has developed the following tools to help countries ensure RHCS in a decentralized setting:

- Central-Level Stewardship for Reproductive Health Commodity Security in a Decentralized Setting
http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/CentStewRHCS.pdf
- Lessons on Improving Reproductive Health Commodity Security in a Decentralized Setting
http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/LessImprRHCS.pdf
- Tips on Engaging Lower-Level Health Managers in the SPARHCS Process
http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TipsEngaLow.pdf

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