USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Family Planning and HIV Integrated Supply Chains

BRIEFER

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Effectively offering a broad range of family planning (FP) services at HIV sites requires both skilled personnel and commodities readily available when clients need them.

The target populations for both FP and HIV services significantly overlap, because women of childbearing age account for approximately 50 percent of those infected with HIV and AIDS worldwide; while 80 percent of HIV infections worldwide are transmitted through heterosexual sex.[1] For people living with HIV, ready access to contraceptives is critical for the healthy timing of pregnancies and the prevention of mother-to-child transmission (PMTCT).

The goal of integrating FP and HIV services is to offer FP services—counseling and contraceptives— alongside HIV services. This can occur at family planning service delivery points and within various HIV service delivery platforms; including HIV counseling and testing, PMTCT, and HIV care and treatment services. While the advantages of integration are known, challenges remain to ensure that contraceptives are routinely offered to clients receiving HIV services. In some cases, FP and HIV services are available in different areas of the same facility with commodities coming from different pharmacies. This can make it difficult and frustrating for clients who want to access both services during the same visit. In other instances, the FP supply chain does not serve the HIV program.

This brief offers guidance on how HIV program managers and partners can identify access points for FP commodities and understand supply chain considerations when integrating FP and HIV services.

What role does logistics play in integrating FP and HIV services?

The aim of logistics is to ensure that the right goods, in the right quantity, in the right condition, are delivered for the right cost, at the right place, and the right time. FP and HIV commodities often travel through distinct distribution systems because of program and product requirements. However, to offer comprehensive care, it is critical that FP and HIV integration occur at the client level. To accomplish this, we must ensure that contraceptives and HIV medications are available at the *same* place, at the *same* time.

[1] http://www.zero-hiv.org/wp-content/uploads/2014/04/fp-hiv-evidence-based-practices-2013.pdf

USAID supports a woman's right to use or not use family planning, regardless of her HIV status. Her decision should be free from any discrimination, stigma, coercion, duress, or deceit; and it should be informed by accurate, comprehensive information and services, including access to a variety of contraceptive methods.

In addition, receiving health services, including antiretrovirals, should never be conditioned on acceptance of a family planning method.

Integrated systems work together at one or many points in the logistics cycle—product selection, quantification, procurement, storage, distribution—leveraging resources, linking operations, and sharing experiences.

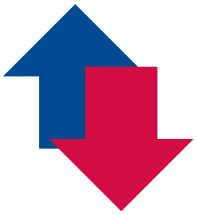
FP distribution systems are composed of the network of facilities (warehouses, hospitals, etc.) that store contraceptives as they move through a country to the service delivery point, including the transportation that moves them from one location to another. From country to country, the specific operations of these systems vary in structure, flow of information, aggregation of orders, and distribution of commodities; however, they are commonly described as either push or pull systems. The entry point for integrated sites to access contraceptives varies, depending on the type of system in place.

Understanding the basic distribution system is one step toward identifying access points for contraceptives. Listed below are other common challenges when offering FP commodities at HIV service delivery sites and solutions HIV program managers can use to address them.

Pull System

Who determines quantity to order?
Receiving facility

To access contraceptives:
Empower HIV clinic staff to collect logistics data that can be used to advocate for the commodities needed for the family planning program.



Push System

Who determines quantity to order?
Issuing facility

To access contraceptives:
Ensure the HIV site is included in the family planning logistics system that is determining needs and delivering contraceptives.

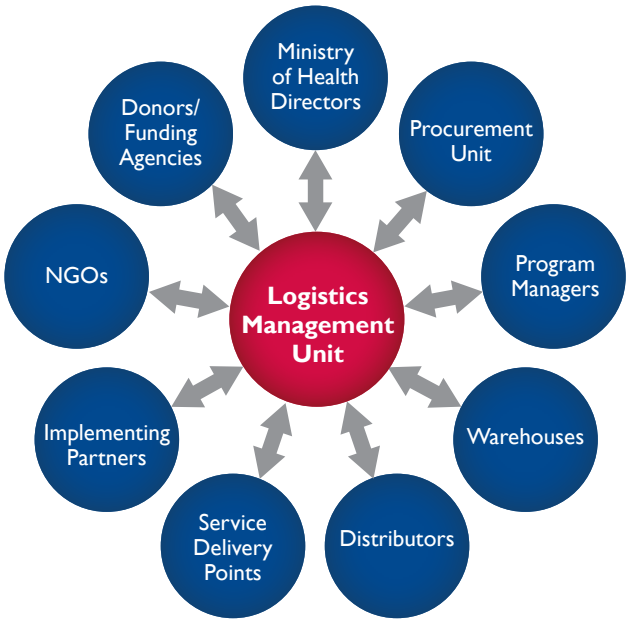
Common Challenges When Offering FP Commodities at HIV Sites

CHALLENGE: **Where HIV and FP programs are managed by different staff, and report to different donors, there is often a lack of coordination.**

SOLUTION: Determine if FP coordinating committees and/or logistics management units (LMU) are active; work with those entities to ensure participation from appropriate HIV stakeholders (e.g., program managers, partners, civil society, etc.).

While, in most countries, the MOH is ultimately responsible for managing and developing in-country health systems—including supply chains—the MOH works with a number of other in-country partners and donors worldwide. Because the President's Emergency Plan for AIDS Relief (PEPFAR) funds cannot be used to procure contraceptives[2], it is critical to engage with other programs to ensure that a wide range of contraceptives are available in U.S. Government-supported sites; including HIV service delivery sites where FP method provision is part of the service delivery package.[3] In many countries, contraceptives are procured with funding from the national government; USAID FP resources; United Nations Population Fund (UNFPA); and other sources like the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). While coordination between programs is

The LMU plays a key role in coordinating activities between different organizations and institutions that work on supply chain interventions.



[2] PEPFAR funds cannot be used to buy contraceptive commodities; however, male and female condoms can be purchased with PEPFAR funds. http://www.pepfar.gov/reports/guidance/technical/index.htm
[3] http://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/promoting-integration-family-planning-hiv-and

necessary for all contraceptives, condoms pose unique challenges because they are both a popular contraceptive, as well as a key HIV prevention commodity; they can be purchased through both HIV and FP programs.

In many countries, partners interested in ensuring the availability of contraceptives form a Reproductive Health Commodity Security Committee (RHCSC). The membership of these committees varies from country to country, but they often comprise the MOH, civil society groups, nongovernmental organizations (NGOs), and the Central Medical Store. Because the committees address a range of barriers—from restrictive policies to insufficient funding that prevents the MOH from maintaining a full supply of contraceptives—it is strongly recommended that representatives from HIV programs participate on these committees in order to ensure that HIV program needs are considered at all levels.

At the ministry level, responsibility for HIV-related work and FP services may fall under different divisions. In countries where an LMU has been created under the MOH, both HIV and FP programs can work together within the LMU to enhance supply chain operations.[4] The LMU plays a key role in coordinating activities between different organizations and institutions that work on supply chain interventions. An LMU can approve facility orders, prepare feedback reports for facilities, manage an a logistics management information system, identify gaps in supply, mobilize resources, perform monitoring and evaluation activities, etc. When national-level policies call for integrating FP and HIV services, the LMU is responsible for implementing these policies and overseeing rollout of integration to client levels. Ensuring appropriate stakeholder representation on the LMU will be critical for attaining integration goals.

INTEGRATION IN ZAMBIA

In Zambia, the logistics management unit (LMU) at the Medical Stores, Ltd. was created in 2006. Using data collection and personal follow up by phone with non-reporting facilities, the LMU saw a reduction in stockouts of indicator antiretrovirals from 50% to less than 5%. The success in managing ARV data led to the LMU having oversight of other commodity groups, including family planning.

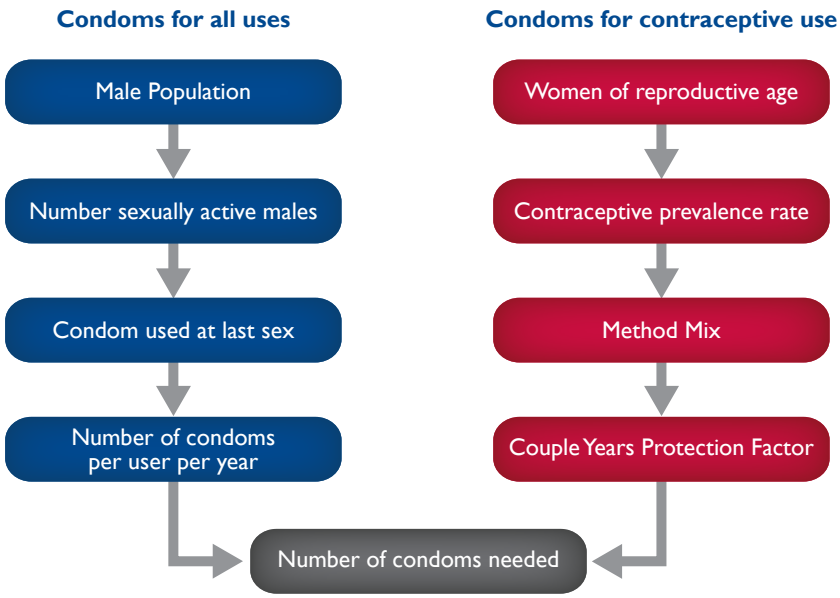
CHALLENGE: **Forecasting commodity needs for FP and HIV programs is often done separately; it does not include program needs and future plans for the other technical area.**

SOLUTION: HIV programs should participate in FP quantification exercises, identify synergies when determining commodity needs, and ensure that the FP needs for HIV sites are always considered.

Quantification is a strategic supply chain activity that uses data to better determine future demand and to determine the timing of future shipments that will ensure an uninterrupted supply of commodities. Guaranteeing a full supply of contraceptives will be critical to making sure they are available at HIV service delivery sites.

For FP commodities, quantification typically involves a workshop with stakeholders—from the MOH, program representatives, partners, etc.—to review historical data and assumptions and develop a supply plan for future deliveries. When HIV program staff have a seat at this table you can ensure that HIV program considerations are taken into account during these quantification exercises.

Forecasting assumptions will vary depending on the targeted clients.



[4] http://deliver.jsi.com/dlvr_content/resources/allpubs/logisticsbriefs/HIVLessLearn.pdf

HIV program managers can provide unique insight into the client demand for dual-method use—those clients using condoms to prevent sexually transmitted infections, including HIV, and another contraceptive to prevent pregnancy. Additionally, because male and female condoms can be used to prevent both disease transmission and pregnancy, it is recommended that the HIV and FP programs align their assumptions around use to ensure that a sufficient number of condoms are procured to address both needs. To appropriately plan for future commodity needs, it is useful to share details about the planned rollout of new initiatives, or the scale up of existing programs.

IDENTIFYING SYNERGIES IN TANZANIA

In Tanzania, while the HIV and FP quantifications were conducted separately, some of the participants in the FP quantification had previously participated in the HIV quantification. The group was able to reference the condom needs projected by the HIV program to ensure assumptions were aligned between the FP and HIV programs.

CHALLENGE: **HIV program staff are not trained on supply chain considerations for family planning commodities.**

SOLUTION: Ensure that HIV program staff have proper training to manage family planning commodities and related logistics data.

To make resupply decisions, it is important to have the following information about FP commodities:

- stock on hand: quantity of usable stock available
- consumption: quantity dispensed to patients during a specific time period
- losses/adjustments: i.e., expiries, thefts, and issued/received from other facilities at the same level.

To assess stock status and make re-supply decisions, key data should be collected from each service delivery point.

- ☑ Stock on Hand
- ☑ Consumption
- ☑ Losses/adjustments

If the HIV site is part of a larger facility and it receives FP commodities from another unit within the facility—i.e., the FP clinic, pharmacy, or main store— that unit should have already recorded this information. However, if it is a standalone HIV site, routinely collecting information on contraceptive use and demand can help program managers advocate for needed supply and can provide important information at the annual quantification exercise.

Through advanced planning, coordination with existing groups, and sharing of data, HIV program managers can ensure that contraceptive and HIV commodities arrive at the same place and at the same time. A successfully integrated program means that the client can leave the HIV service delivery point with both their HIV medication(s) and their contraceptive of choice, despite the challenges described above.

TOOLS AND RESOURCES

Logistics Handbook: http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/LogiHand.pdf
Contraceptive Security (CS) Committees: http://deliver.jsi.com/dhome/whatwedo/commsecurity/csmeasuring/csindicators
CS Committee Toolkit: http://deliver.jsi.com/dhome/whatwedo/commsecurity/cscommitteetoolkit
LMU: http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/LogiManaUnits_Guide.pdf
WHO Guidelines: http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv/en/

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