



Memorandum

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Division of Reproductive Health (DRH), Center for Health Promotion and
Education (CHPE)**

Subject **Foreign Trip Report (AID/RSSA): Panama, May 2-3, 1983; Preparation of
Contraceptive Procurement Tables**

To **William H. Foege, M.D.
Director, Centers for Disease Control
Through: Dennis D. Tolsma, Acting Director, CHPE DOT**

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACT
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I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of AID/S&T/POP/FPSD, and the USAID Mission/Panama, Mark W. Oberle, M.D., M.P.H., traveled to Panama on May 2-3, 1983 to prepare contraceptive procurement tables. Travel was performed in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID/W and CDC/CHPE/DRH, and was performed in conjunction with temporary duty in Peru, Costa Rica, and El Salvador.

II. PRINCIPAL CONTACT

A. John Coury, Population Officer, USAID/Panama

III. CONTRACEPTIVE PROCUREMENT TABLES

Following the scheduling of my trip, the Panamanian Government proclaimed the day after Labor Day as a day of mourning upon the death of the ex-president de la Guardia. As a result, all government offices were closed when I arrived. Fortunately, the MOH had delivered information to USAID on contraceptive distribution from the central warehouse to provincial MOH warehouses and Social Security facilities outside Panama City, (for a detailed description of contraceptive logistics system in Panama see the analysis by Graves and Monteith in the CDC/RSSA trip report dated May 15, 1980). Unfortunately, this information did not distinguish between types of orals. However, the warehouse inventory and MOH contraceptive request did distinguish between regular and low dose formulations, so I was able to complete preliminary contraceptive procurement tables, pending receipt of more complete distribution information from USAID/Panama.

For the purpose of this analysis, I assumed that orals distributed in 1982 reflected real demand, and that half of orals users would require a low dose formulation. I also assumed a 3 percent growth rate (sufficient to accommodate population increase). For condoms, I also assumed that distribution reflected real use, and that growth in demand would be 3 percent. For Copper T's, I

assumed that real demand was twice the actual distribution for the following reasons: (1) documented stockouts in some regions, (2) a possible increasing popularity of this new product among clinicians, (3) the MOH's policy of discouraging sterilizations among younger women, thus increasing demand for IUD's, and (4) the common practice of replacing Copper T's every three years.

An important discrepancy exists between the MOH distribution data on which these estimates are based, and estimates from the 1979 contraceptive prevalence survey (CPS). When projected onto the 1982 population, CPS data suggest that the MOH (and CSS) should be supplying approximately 34,000 oral contraceptive users. Even if we use the lower limit of the confidence interval from the 1979 CPS, around 28,000 should be receiving supplies from the MOH and Social Security facilities. However, the MOH only distributed 153,600 cycles i.e., 12,000 couple years of protection. There are several possible explanations for this difference: (1) a change in contraceptive use, method mix, and/or source of contraception in the intervening years, (2) adequate or excessive stocks at peripheral clinics and warehouses resulting in limited demand for shipments from the central warehouse, (3) low stock levels at peripheral clinics and warehouses with a failure to request additional commodities from the central warehouse, or (4) erroneous distribution information from the central warehouse. To evaluate this discrepancy, USAID/Panama plans to do the following: (1) verify and obtain additional information from the MOH warehouse, (2) analyze the MOH distributor's trip reports including inventories recorded at each visit to a MOH provincial warehouse or peripheral Social Security clinic, and (3) hire a Panamanian consultant to perform a logistics overview of the MOH.

IV. PANAMA YOUNG ADULT SURVEY

The MOH is now considering a young adult survey for late 1983. Because of the holiday and day of mourning, I could not meet with MOH officials to discuss the survey objectives and questionnaire design. However, CDC consultants are available to assist the MOH in these tasks when USAID/Panama and the MOH determine that assistance is required.



Mark W. Oberle, M.D., M.P.H.

COUNTRY Panama (MOH only)

Program Analysis of Oral Contraceptive and Condom Supplies
(in thousands)

| | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 |
|---|-------------|------------|------------|------------|------------|------------|------------|
| A. Annual Stock Requirements | | | | | | | |
| 1. Women of Reproductive Age - WRA (See Annex A) | 436 | 449 | 466 | 479 | 494 | 509 | 524 |
| 2. Desired annual country contraceptive availability/use level as a percent of WRA | | | | | | | |
| | % | % | % | % | % | % | % |
| a. Orals | *12.1 (2.8) | 12.4 (2.8) | 12.6 (2.7) | 13.1 (2.7) | 13.5 (2.7) | 14.0 (2.8) | 14.5 (2.8) |
| b. Condoms | 6.7 (1.5) | 7.0 (1.6) | 7.3 (1.6) | 7.5 (1.6) | 7.8 (1.6) | 8.0 (1.6) | 8.2 (1.6) |
| 3. Annual country stock requirement to satisfy desired contraceptive availability/use level | | | | | | | |
| a. Orals - line A2a x line A1 x 13 monthly cycles | | | | | | | |
| b. Condoms - line A2b x line A1 x 100 pieces | | | | | | | |
| B. Annual New Supply From Non-AID Bilateral Sources | | | | | | | |
| 1. Private Commercial Sector | | | | | | | |
| a. Orals | | | | | | | |
| b. Condoms | | | | | | | |
| 2. Other Donors | | | | | | | |
| a. Orals | | | | | | | |
| b. Condoms | | | | | | | |
| 3. Host Country Government Procurement | | | | | | | |
| a. Orals | | | | | | | |
| b. Condoms | | | | | | | |
| 4. Total New Supply | | | | | | | |
| a. Orals (B1a + B2a + B3a) | | | | | | | |
| b. Condoms (B1b + B2b + B3b) | | | | | | | |

*CPS suggests 28,000 women are obtaining orals from MOH (projecting 1979 pattern on 1983 pop.)

COUNTRY: Pan (MOH)Logistics Analysis of Orals and Condoms

| A. <u>Inventory Analysis - Noriday (thousand M/C)</u> | CALENDAR YEAR | | | | |
|---|--------------------------------|---------------------------|-------------|-------------|-------------|
| | <u>1983</u> | <u>1984</u> | <u>1985</u> | <u>1986</u> | <u>1987</u> |
| 1. Beginning-of-Year Stock 4/5 | | | | | |
| a. AID Bilateral Supply | <u>36</u> | | | | |
| b. Other Sources of Supply | | <u>102</u> | <u>74</u> | <u>88</u> | <u>91</u> |
| 2. Add: New Supply | | | | | |
| a. AID Bilateral Supply Requirement* | + <u>126</u> | + <u>54*</u> | + <u>99</u> | + <u>91</u> | + <u>94</u> |
| b. Other Sources of Supply (See B4a of Table 1) | + _____ | + _____ | + _____ | + _____ | + _____ |
| 3. Less: Contraceptive Availability/Use Level (See A3a of Table 1) | - <u>60</u> (3/4 of Year) | - <u>82</u> | - <u>85</u> | - <u>88</u> | - <u>91</u> |
| 4. End-of-Year Stock | <u>102</u> | <u>74</u> | <u>88</u> | <u>91</u> | <u>94</u> |
| B. <u>Inventory Analysis - Norminest (thousand pieces)</u> | CALENDAR YEAR | | | | |
| | <u>1983</u> | <u>1984</u> | <u>1985</u> | <u>1986</u> | <u>1987</u> |
| 1. Beginning-of-Year Stock 4/5 | | | | | |
| a. AID Bilateral Supply | <u>19.8</u> | | | | |
| b. Other Sources of Supply | | <u>55</u> | <u>85</u> | <u>88</u> | <u>91</u> |
| 2. Add: New Supply | | | | | |
| a. AID Bilateral Supply Requirement* | + <u>96*</u> | + <u>58</u> <u>54*</u> | + <u>88</u> | + <u>91</u> | + <u>94</u> |
| b. Other Sources of Supply (See B4b of Table 1) | + _____ | + _____ | + _____ | + _____ | + _____ |
| 3. Less: Contraceptive Availability/Use Level (See A3b of Table 1) | - <u>60.8</u> (3/4 of Year) | - <u>82</u> | - <u>85</u> | - <u>88</u> | - <u>91</u> |
| 4. End-of-Year Stock | <u>55</u> | <u>85</u> | <u>88</u> | <u>91</u> | <u>94</u> |

* See Annex B for AID bilateral shipments for 1983

* PIO/C already issued.

+ Additional required late in calendar year

COUNTRY: Pan MOHLogistics Analysis of Orals and Condoms

| A. <u>Inventory Analysis - Copper T's (thousand M/C)</u> | CALENDAR YEAR | | | | |
|---|---------------|-------------|-------------|-------------|-------------|
| | <u>1983</u> | <u>1984</u> | <u>1985</u> | <u>1986</u> | <u>1987</u> |
| 1. Stock (4/5) | 8.4 | | | | |
| a. AID Bilateral Supply | | 10.0 | 12.4 | 7.2 | 7.4 |
| b. Other Sources of Supply | | | | | |
| 2. Add: New Supply | | | | | |
| a. AID Bilateral Supply Requirement* | + 6.0* | + 9* | + 1.8 | + 7.4 | + 7.6 |
| b. Other Sources of Supply (See B4a of Table 1) | + _____ | + _____ | + _____ | + _____ | + _____ |
| | (3/4 of year) | | | | |
| 3. Less: Contraceptive Availability/Use Level (See A3a of Table 1) | - 4.4 | - 6.6 | - 7.0 | - 7.2 | - 7.4 |
| 4. End-of-Year Stock | <u>10.0</u> | <u>12.4</u> | <u>7.2</u> | <u>7.4</u> | <u>7.6</u> |
| <hr/> | | | | | |
| B. <u>Inventory Analysis - CONDOMS (thousand pieces)</u> | CALENDAR YEAR | | | | |
| | <u>1983</u> | <u>1984</u> | <u>1985</u> | <u>1986</u> | <u>1987</u> |
| 1. Stock (4/5) | | | | | |
| a. AID Bilateral Supply | 174 | 731 | 753 | 776 | 799 |
| b. Other Sources of Supply | | | | | |
| 2. Add: New Supply | | | | | |
| a. AID Bilateral Supply Requirement* | + 1089 | + 753 | + 776 | + 799 | + 823 |
| b. Other Sources of Supply (See B4b of Table 1) | + _____ | + _____ | + _____ | + _____ | + _____ |
| | (3/4 of year) | | | | |
| 3. Less: Contraceptive Availability/Use Level (See A3b of Table 1) | - 532 | - 731 | - 753 | - 776 | - 799 |
| 4. End-of-Year Stock | <u>731</u> | <u>753</u> | <u>776</u> | <u>799</u> | <u>823</u> |

* See Annex B for AID bilateral shipments for 1983.

NOTE: Bilateral requirements listed after 1984 because of possible extension of bilateral agreements.

*PIO/C has been issued.