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STATE OF THE PRACTICE BRIEF

Guaranteeing Universal Access to Family Planning

Government exhibits commitment for ensuring services for all; new challenges include increasing efficiency in supply chain management and reducing gaps in access to services in the years to come.

DELIVER, 2005

Training session to carry out a logistics indicators review as part of a Contraceptive Security Assessment, Santiago Health Region, Dominican Republic, February 2005

Contraceptive security has been achieved when individuals have the ability to choose, obtain, and use quality contraceptives whenever they need them.

The Dominican Republic, the second-largest nation in the Caribbean region, occupies the eastern two-thirds of the island of Hispaniola and is classified as a lower-middle-income country,[1] with a gross national income per capita of U.S.$6,863.[2] It has a population of approximately 8.8 million and an annual growth rate of 1.3 percent.[3] According to 2003 estimates, 11 percent of Dominicans live below the international poverty line of U.S.$2 per day.[4] In addition, one of the fastest growing segments of the population is women of reproductive age (15–49 years), who number 2.2 million.[5] Currently, approximately 67 percent of the population lives in urban areas;[6] the capital city alone has more than 25 percent of the total population.[7] Additionally, the national literacy rate is 87 percent, with no difference between males and females.[8]

As a result of increased attention to maternal and child health care, the total fertility rate per woman in union dropped slightly from 3.7 children in 1986 to 3 children in 2002. Furthermore, the contraceptive prevalence rate (any method) increased dramatically from 56 percent in 1991 to 70 percent in 2002; modern methods increased from 52 percent in 1991 to 66 percent in 2002. Additionally, unmet need decreased slightly from about 13 percent in 1996 to 11 percent in 2002. Owing to increased use of contraceptives and knowledge about family planning (FP), birth spacing increased from an average interval of 29 months in 1996 to 34 months in 2002; however, the least substantial increase was observed among young women (15–19 years old). The gains illustrated above indicate the increasing importance that men and women of the Dominican Republic have given to planning and ensuring the health of their families.

Despite these gains, disparities exist in access to services among certain populations, with high unmet need among women ages 15–19 years (29 percent); women residing in Region IV[9]—a poor region in

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the arid southwest, near Haiti (17 percent); and women with no formal education (13 percent).[10]

The main public FP providers in the Dominican Republic are the Secretariat of Health and Public Assistance (SOH), the Dominican Social Security Institute, and the armed forces. The main nongovernmental organizations (NGOs) providing FP services are the Dominican International Planned Parenthood Federation affiliate PROFAMILIA and the Dominican Family Planning Association (ADOPLAFAM). The private sector has many suppliers, including private clinics, pharmacies, and traditional outlets such as supermarkets. According to the 2002 Demographic and Health Survey, the public sector serves 43 percent of women FP users of reproductive age, while the private sector (NGOs and commercial providers) serves 53 percent of these users.

PROFAMILIA HELPS BROADEN METHOD CHOICE FOR CONTRACEPTIVE USERS

Participation of the private sector in providing FP services is a crucial aspect of achieving contraceptive security in the Dominican Republic, especially through implementation of social marketing strategies. NGOs play a key role in increasing access to affordable contraceptives to all segments of the population, especially to those with the ability and willingness to pay for services.

For example, PROFAMILIA has strengthened its capacity to efficiently manage its supply chain[11] and contraceptive procurement process. PROFAMILIA's contraceptive supply chain is operated by regional distributors who are trained to provide appropriate FP counseling to clients. The institution also has two clinics through which it provides clinical services. To effectively monitor its program, PROFAMILIA has instituted an efficient computerized information system to track updated essential logistics data. Furthermore, PROFAMILIA imports contraceptives and sells them at social marketing prices to intermediaries who cover approximately 2,000 private pharmacies. The NGO budgets its own resources and procures a wide range of contraceptives (approximately 20 brands) through international tenders with commercial suppliers, such as Schering, Wyeth, Organon, and Injeflex, thus developing substantial capacity in contraceptive procurement in both local and international markets.

As a result of increased capacity and improvements in logistics management, PROFAMILIA is able to help cover the expanding FP needs of the Dominican population. In addition, PROFAMILIA's social marketing strategy has provided women with increased access to a wide selection of affordable contraceptives, complementing services provided by the public sector. In other words, the NGO sector has helped provide a range of FP methods to those with the ability to pay for these services, which allows the public sector to focus on the needs of the poor or more vulnerable segments of the population.

DECADES OF POLITICAL LEADERSHIP HELP PAVE THE WAY FOR ATTAINING CONTRACEPTIVE SECURITY

A crucial component of contraceptive security is political commitment and leadership that enables a favorable policy environment for FP. The Government of the Dominican Republic serves as a model of such commitment, dating back to the late 1960s, when the Population and National Family Council (CONAPOFA) was founded. This entity is responsible for creating and housing social, demographic, and health statistics to guide the formulation of sound public policies related to population and development.

From 1968 through 1997, CONAPOFA was responsible for managing the public sector's Reproductive Health and Family Planning (RH/FP) Program. However, in 1997, the government decided to transfer this responsibility to the SOH through its Department of Maternal, Child, and Adolescent Health. This transition limited provision of FP services and negatively affected logistics system performance, because the department was overburdened by other health priorities and thus did not give the FP program sufficient attention.

In 2004, the government returned this responsibility to CONAPOFA, which today manages the RH/FP Program and the contraceptive logistics system

through SOH health facilities. Since 2004, FP has been given special priority attention, measures have been taken to significantly improve the logistics management information system, and efforts have been made to improve forecasting and procurement capacity to help prepare for eventual phaseout of donor support. By elevating RH/FP programs to priority status, government officials were able to mitigate further erosion in the availability of services and ensure support for these programs in the years to come.

GENERAL HEALTH LAW MAKES FP A PRIORITY

In 2001, Congress enacted the "General Health Law" (42-2001), which had not been revised since the early 1950s. The Government of the Dominican Republic resoundingly demonstrated its political will to support FP services and contraceptive security by including a specific article in the law on RH and FP, thus recognizing the fundamental importance of RH in ensuring maternal and child health.

Before its passage, the law was widely vetted among civil society representatives and health institutions to build public consensus on health priorities. The enactment of the law is significant in that it recognizes RH and FP services as human rights, and requires public facilities to provide these services to whoever needs or wants them (see box below).

Chapter V, Priority Groups, Article 30,(f) "Guarantees the right of every man and woman to obtain information and services about sexual health and education, prevention and treatment of sexually transmitted diseases, optional fertility regulation, including access to safe, effective, affordable and acceptable contraceptives, to responsibly make free and informed decisions." ***General Health Law, Dominican Republic***

NATIONAL HEALTH INSURANCE LAW HELPS SOLIDIFY PUBLIC-SECTOR ROLE IN FP SERVICE PROVISION

In 2001, the government implemented a series of health-sector reforms, including Law 87-01, which created the Dominican Social Security System. This law calls for the creation of the National Health Insurance Institute—a decentralized and autonomous public organization responsible for managing a basic insurance plan for public-sector employees and for private-sector employees who voluntarily enroll in the program. The institute also manages a subsidized program that covers health services for the poor. The institute's essential medicines list includes a range of contraceptive methods: pills, injectables, intrauterine devices, and condoms. This law provides a powerful legal framework under which the public sector can continue to expand access to FP services. By coordinating service provision among various public- and private-sector institutions, the government can work toward covering more segments of the population and guaranteeing FP services for all who want them.

GOVERNMENT PREPARES FOR PHASEOUT BY SETTING ASIDE FUNDING FOR CONTRACEPTIVES

Part of the overall contraceptive security process is the development and implementation of strategies to increase the capacity and self-sufficiency of public and private FP providers. For several decades, the main contraceptive donors in the Dominican Republic were the United Nations Population Fund (UNFPA) and the U.S. Agency for International Development (USAID). However, donations have been largely phased out; currently, the government receives few free contraceptives. The SOH procured a small quantity of contraceptives for the first time in 2002, while still receiving most contraceptives from donors. In 2004, when CONAPOFA regained management responsibility for the logistics system and the FP program, it began systematically procuring contraceptives in anticipation of eventual donor phaseout. Today, CONAPOFA purchases 85 percent of public-sector contraceptive needs with national budget funds. (UNFPA still donates supplies to a few regions in the country.) However, no specific budget line item has been approved; this is the next step the Contraceptive Security Committee plans to pursue. By allotting funds explicitly for contraceptive procurement, the government could

work toward fully funding all public-sector contraceptive needs and avoiding gaps in services after donated commodities are no longer available.

CHALLENGES AND NEXT STEPS

Despite a relatively high contraceptive prevalence rate, the Dominican Republic is faced with a number of decisions regarding how best to meet the challenge of providing universal and equitable access to FP services and contraceptives and reducing the unmet need for FP among poor and hard-to-reach populations. Some of the challenges include creating a specific budget line item in the national budget for contraceptive procurement and distribution; conducting an in-depth market segmentation analysis to help decision makers in the various sectors coordinate services to meet the needs of all segments of the population; strengthening and unifying the public-sector contraceptive logistics management information system; and unifying efforts among all public-sector providers to better target the most vulnerable populations, which have a high unmet need for FP. By meeting these challenges, the health sector can significantly improve the health of Dominican mothers and families in years to come.

ENDNOTES

1. World Bank. 2006. "Beyond Economic Growth." http://www.worldbank.org/depweb/beyond/global.
2. World Bank. 2006. "World Development Indicators." http://devdata.worldbank.org/wdi2006/contents/index2.htm.
3. USAID. June 2006. *Country Health Statistical Report*. http://dolphn.aimglobalhealth.org.
4. See note 2.
5. Miller, et al. 2002. *Strategic Assessment of Reproductive Health in Dominican Republic*. New York: Population Council, for the U.S. Agency for International Development.
6. See note 3.
7. Center of Social Studies and Demography (CESDEM). *República Dominicana: Encuesta Demográfica y de Salud, 2002 (ENDESA 2002).* Calverton: ORC Macro/MEASURE DHS+.
8. See note 2.
9. Provinces Bahoruco, Barahona, Independencia, and Pedernales.
10. Measure DHS. Demographic and Health Survey. 1986, 1991, and 2002. Domincan Republic. Calverton, Md.: ORC Macro/MEASURE DHS+.
11. The entire chain of storage facilities and transportation links through which supplies move from manufacturer to consumer: port facilities, central warehouse, regional warehouses, district warehouses, all service delivery points, and transport vehicles.

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DELIVER
John Snow, Inc.
1616 North Ft. Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
www.deliver.jsi.com