



Memorandum

Date July 22, 1982

From Mark W. Oberle, M.D., M.P.H., Medical Epidemiologist, Program Evaluation Branch (PEB), Family Planning Evaluation Division (FPED), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Guatemala, May 26-June 8, 1982; Review of Contraceptive Prevalence Survey Questionnaire and Assistance to Ministry of Health. Mexico, May 24-25; Preparation of Contraceptive Procurement Tables.

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden
Director, CHPE *HGO*

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I. PLACES, DATES, AND PURPOSE OF TRAVEL

Guatemala, May 26-June 8, 1982; at the request of AID/S&T/POP/FPSP, and the USAID Mission/Guatemala, Mark W. Oberle, M.D., M.P.H., traveled to Guatemala to: (1) provide technical assistance to the Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM), in the planning of the 1982 Contraceptive Prevalence Survey, and (2) review the status of the Ministry of Health contraceptive distribution system. Mexico, May 24-25, at the request of AID/S&T/POP/FPSP and the USAID Representative/Mexico, to assist in preparing 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/FPED.

II. PRINCIPAL CONTACTS

- A. Mexico: Social Security Institute (IMSS)
 1. Dr. Ramon Aznar, Directorate of Family Planning Services
 2. Dr. Roger Lara, Directorate of Family Planning Services
- B. Mexico: National Family Planning Coordinating Agency (CGPF)
 1. Dr. Jose Manuel Septien, Executive Director
 2. Dr. Pedro Perez Grovas, Coordinator
 3. Dr. Humberto Alcocer, Director Special Programs
 4. Dr. Jose Lopez Franchini, Chief of Evaluation
 5. Srta. Celia Lot Helgueras, Logistics Clerk

- C. USAID/Mexico
 - 1. Mr. Thomas Donnelly, AID Representative
 - 2. Srta. Magdalena Cantu, Assistant

- D. USAID/Guatemala
 - 1. Mr. Paul Cohn, Chief, Public Health Division
 - 2. Mr. Neil Woodruff, Health and Population Officer
 - 3. Mr. Carlos Andrino, Health and Population Assistant

- E. Asociacion Pro-Bienestar de la Familia (APROFAM)/Guatemala
 - 1. Dr. Roberto Santiso, Executive Director
 - 2. Mr. Victor Hugo Fernandez, Administrator
 - 3. Lic. Antonieta Pineda, Chief, Department of Studies and Evaluation

- F. Ministry of Health/Guatemala
 - 1. Dr. Francisco Zambrone, Director General
 - 2. Dr. Leonel Barrios, Assistant Director General
 - 3. Dr. Jorge Chang Quan, Medical Supervisor
 - 4. Lic. Rodolfo Valverde, Administrator, National Pharmacy

III. 1982 GUATEMALAN CONTRACEPTIVE PREVALENCE SURVEY (CPS)

The objectives, sampling plan, budget and timetable for the 1982 CPS were reported in an earlier trip report (see CDC/AID RSSA Trip Report: Guatemala, dated February 25, 1982). During this consultation APROFAM conducted a pretest of the CPS questionnaire. In a 3-day period, 52 women of child-bearing age were interviewed in two communities--San Jose Pinula and San Pedro Ayampuc. Average interview time was 33 minutes--a figure that will probably decrease as interviewers gain experience with the questionnaire in actual field work. Based on the pretest results, the questionnaire has been further modified and, after review at CDC, has been sent back to APROFAM for a final review, translation into five Indian languages, and printing.

APROFAM obtained the line listing from the 1981 Census that was requested during the previous consultation. The first stage sample selection based on the census has been completed and maps have been requested for the census tracts selected. Current plans call for training to begin on September 13 and field work on September 20.

IV. GUATEMALA CONTRACEPTIVE LOGISTICS

Two developments in contraceptive logistics have occurred since the previous CDC consultation. First, APROFAM's Direct Distribution Program has received an extension until the end of calendar year 1982 to continue contraceptive distribution in the 11 eastern departments. Second, the new Minister of Health appointed Lic. Rodolfo Valverde as the new administrator of the National Pharmacy. Lic. Valverde is the managing editor of the Guatemala Medical Association's journal and worked closely with the current Minister on the Association's staff. He has no experience in pharmacy but he is reported to be a hard-working and enthusiastic administrator.

Since the previous staff had left no written administrative guidelines, I directed much of my efforts toward reviewing previous recommendations and documented these recommendations in three Spanish memoranda (see Summary of Recommendations and previous reports--CDC/AID RSSA trip reports: Guatemala, dated April 20 and February 25, 1982; October 27, July 8, January 13, January 2, 1981).

During this trip I visited the medicine warehouse on two occasions. The warehouse is now much better organized physically. It is now possible to walk down the main corridor without detouring around piles of boxes. Initially, I hoped to review the files to document movement of medicines. However, government auditors were reviewing these same records and had left them in total disarray. The Pharmacy staff were still trying to reorganize them. However, I did find that IUDs were still being inventoried by 100 unit bags rather than individually. Both Lippes sizes were inventoried together. Shortly before I arrived, the warehouse ran out of Noriday. Instead of requesting more from APROFAM, the warehouse staff substituted Microgynon. This practice has been corrected.

I made one site visit to a Health Center--San Jose Pinula--located one-half hour drive west of the Capital. The previous physician there had refused to accept contraceptives from APROFAM. The new physician had been on the job less than a month and has requested contraceptive supplies from APROFAM. The physician told me he had never had procaine penicillin, erythromycin or expectorant, and his aspirin supplies had just run out. He had an oversupply of antihistamines and xylocaine. The Health Center had just received its second quarter drug shipment the day before I arrived, but had not opened the boxes.

The medicine supply situation in Guatemala's public sector is in a critical state. The drug budget (as well as other government programs) faces a possible 20 percent cut because of the recession, low coffee prices and the guerrilla war. At the same time, population growth and new health posts have increased demand for medical services.

I made two major recommendations that could increase the medicine budget's purchasing power despite fiscal restrictions. 1) Extend the contract period from 3 months to 1 year. This would allow a larger volume of a given medicine to be purchased, at a guaranteed price, with a bulk discount. The National Pharmacy's administrator talked to several drug company representatives who liked the idea, although they preferred a 6-month contract. 2) Allocate the majority of the drug budget to the top 10 priority medications. Besides allowing a further bulk discount, this proposal would channel limited resources into those pharmaceuticals clinicians want most.

The MOH has named a physician director and plans to transfer a pharmacist to the National Pharmacy. With this team of new people a thorough upgrading of the Pharmacy should be possible. The USAID Mission has invited Dr. Michael Bernhart to assist this new team in mid-summer.

V. SUMMARY OF RECOMMENDATIONS

A. Ministry of Health --Contraceptives

- 1) Contraceptives should be stored in the warehouse on pallets and separated from walls to reduce humidity exposure.
- 2) Lippes Loops of different sizes should be inventoried separately, as should Noriday and Microgynon.
- 3) When Lippes Loops are distributed to clinics, they should be packaged with a clear label indicating that they are not sterile. A sterilizing solution should be ordered through AID and distributed to health centers along with instructions on IUD preparation and insertion.
- 4) APROFAM should continue to store contraceptives for the MOH and ship them to the MOH as needed. In order to relieve the lack of storage space at the MOH warehouse, the MOH should maintain no more than a 3-month supply of contraceptives at its warehouse.
- 5) The warehouseman should notify the Administrator when Noriday stocks reach 10,000 and/or condoms stocks reach 50 gross. These minimums will allow enough time for a re-order request to reach APROFAM.
- 6) A new contraceptive request form, including Microgynon, should be printed for distribution to clinics. Because contraceptives are currently not subject to the same fiscal limitations as the medicine budget, the MOH should continue to use a separate contraceptive request form.
- 7) Microgynon should never be substituted for Noriday.
- 8) The National Pharmacy should supply contraceptives to type "A" Health Centers in the Western 11 departments. The Pharmacy does not supply medicines routinely to these facilities.
- 9) The National Pharmacy should continue to provide the Direccion General with a quarterly list of those health centers and health posts that fail to send in their contraceptive or medicine requisitions on time.
- 10) At each meeting of the Tripartite Coordinating Committee, the National Pharmacy should provide two reports:
 - a) a quarterly report on the quantity of contraceptives distributed to health centers and posts by department.
 - b) a quarterly report documenting the planned dates of medicine shipments to each department compared with the actual date realized.
- 11) The Director General feels that contraceptive distribution will improve once the new team of seven area supervisors enters the field. If clinics still fail to offer contraceptive services, a direct order from the Minister will be required.

- 12) Although the small volume of older Norinyl distributed by the MOH proved satisfactory on assay in April 1982, this does not guarantee another five years' shelf life. Accordingly, in April 1983 the National Pharmacy should request that clinics return any remaining older stocks.

B. Ministry of Health--Medicines

- 1) In order to save funds through bulk purchases, the MOH should explore the possibility of purchasing pharmaceuticals on an annual rather than a quarterly basis.
- 2) The Medicine budget should emphasize the procurement of priority medicines (see FPED/CDC, AID RSSA Foreign Trip Report: Guatemala, dated July 8, 1981).
- 3) The MOH should assign a physician and pharmacist as soon as possible to the National Pharmacy, preferably with a pharmacist as director.
- 4) The MOH should strongly consider transferring the National Pharmacy to the Direccion General to ensure effective feedback from the practicing clinicians in the field.
- 5) The Director General and the National Pharmacy should consider a system of quotas for medicines based on need. To allocate drug budgets they should develop four or five clinic categories reflecting relative size. A method, using a weighted sum of catchment area population (representing need) and past and future visit counts (representing demand) to rank the clinics and separate them into relative sizes, is documented in a previous CDC report dated January 13, 1981. Such a methodology may also be used to allocate decreases in drug shipments if a budget cut occurs.
- 6) The medicine request form should be updated annually. Even if the MOH implements a fixed clinic allotment for priority medicines, an updated form will be necessary for whatever proportion of the budget each clinic will have available for requisitioning lower priority medicines.

VI. MEXICO--CONTRACEPTIVE REQUIREMENTS

I spent 2 days assisting the AID Representative in Mexico in preparing estimates for FY 1984 condom and orals requirements. Previously, requirements had been estimated based on data from the National Family Planning Coordinating Agency. However, beginning in calendar year 1982 the Mexican Social Security Institute (IMSS) may also request both orals and condoms from FPIA. Detailed calculations and documentation were sent to AID/S&T/POP/FPSP/CM in correspondence dated June 10, 1982.

In addition, IMSS is planning to phase out the use of spermicides because of the adverse publicity surrounding the study by Jick et al.* Although IMSS was aware of that study's limitations, they were not aware of newer data including one CDC study by Cordero and Layde not yet published.** I sent copies of these studies in the hope of dissuading IMSS from terminating spermicide distribution.

*Jick H, Walker AM, Rothman KJ, et al: Vaginal spermicides and congenital disorders JAMA 1981;245:1329-1332.

**Cordero JF, Layde PM: Vaginal spermicides, chromosome abnormalities and limb reduction defects: no evidence for a teratogenic association. Family Planning Perspectives, in press.



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