

Achieving Contraceptive Security in El Salvador

El Salvador has already reached several important milestones in its efforts to achieve contraceptive security—the guarantee that all people who wish to use contraceptives can choose, obtain, and use them at all times. With support from the United States Agency for International Development (USAID), the Salvadoran Ministry of Health (MOH) has recently worked to expand people's access to contraceptives, particularly through community-based distribution. It has also helped to improve product management in health facilities by training service providers and by implementing a contraceptive logistics management information system. El Salvador's next challenge on the pathway to contraceptive security is to become financially self-sufficient in procuring reproductive health commodities. USAID is progressively phasing out its contraceptive donations to the country, and is providing technical assistance to guarantee that the MOH will be able to accurately forecast contraceptive demand and manage its own budget for meeting that demand.

Meeting the public's demand for contraceptives

It takes just one walk around the perimeter of the Rosales Hospital in San Salvador to understand the Salvadoran public's influence in shaping national health policy. The walls of the hospital are covered with politically charged graffiti like, *Health and clean water are basic rights*, and *Health is not a business*.

Contraception is a critical part of the public health picture. Though political and religious trends tended to limit family planning efforts through the late 1990s, today's contraceptive prevalence rate (i.e., the number of married couples or couples in union using a family planning method) in El Salvador is an enviable 67 percent. This figure is largely dominated by female sterilization; injectables are slightly favored over oral contraceptives among non-permanent methods. "We are not only binding ourselves to an agreement with USAID to procure contraceptives independently, but also to a social contract with the people of this country to meet their demand for reproductive health supplies," explains former Minister of Health and pediatrician, Dr. Herberth Betancourt.

Reducing dependence on donated supplies to attain contraceptive security

Reflecting on the process for phasing out USAID contraceptive donations, Jorge Hernández Isussi advises, "Any long road trip requires an occasional detour and careful maneuvering to avoid accidents." Hernández Isussi was Executive Director of the Salvadoran Demographic Association, an International Planned Parenthood Foundation affiliate that has also been receiving donated contraceptives from USAID. His assessment provides an accurate summary of the way strategic thinking has evolved since 1998,



"Health is not a business," according to graffiti on the wall of the Rosales Hospital in San Salvador. But, the impending discontinuation of USAID contraceptive donations in El Salvador means that the government will have to autonomously fulfill the typically commercial tasks of forecasting, financing, procuring, and delivering reproductive health supplies throughout the country.

when it was first agreed that weaning El Salvador from dependence on donated commodities was a necessary step for guaranteeing contraceptive security in the country.

The primary objective of the phase-out has remained consistent from the outset. USAID sees its most valuable role as a provider of technical assistance and support toward contraceptive security, instead of directly purchasing and donating commodities. Still, the support that is needed for a successful phase-out has evolved during the past five years. Early on, USAID felt that progressively phasing down financial support (and progressively increasing the MOH's stake in procurement) would give the Ministry the on-the-job training it needed to manage its own contraceptive program.



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Maintaining accurate reporting has been challenging in El Salvador. Distribution records and up-to-date counts of available stock are essential to guaranteeing that health facilities always have the number of commodities needed to meet user demand, but never store so many products that they expire on the shelves.

It was soon evident that, to achieve contraceptive security, USAID would need to help in El Salvador build the capacity to forecast, finance, and procure products. This has proven to be a continuing process. PRIME II, the project providing logistics support in El Salvador, reports that its advisors currently spend an average of four days each week in the field training and monitoring logistics staff in the public health system. Though staff are diligent in reporting the number and type of contraceptives distributed to clients, the MOH is working to improve the quality of their reporting figures. In fact, DELIVER consultants visiting the MOH in June 2003 discovered that under-reporting had created the need for a whopping U.S.\$300,000 emergency order of all methods—particularly Depo-Provera®—to avoid stockouts in a large number of facilities.

Recently, USAID again added a new element to its vision of contraceptive security in El Salvador—political will. Clearly, the phase-out can't succeed without securing the commitment of the Government of El Salvador—particularly the MOH—and other key stakeholders in the Salvadoran family planning community. Despite budget constraints that are affecting the availability of certain essential drugs in the country, the Ministry has taken several resolute steps away from simply being a service provider agency and toward being the guardian of family planning in El Salvador. These initiatives include—

- Establishing, in 1999, the new position of Manager of Women's Health within the Ministry.
- Developing an MOH community health distribution program for contraceptives and family planning counseling.

- Implementing a contraceptive logistics and information system, including a Contraceptive Logistics Manual, training of personnel, and monitoring and supervising the implementation of the system.
- Introducing two management indicators to evaluate the public health sector with regards to contraceptive security: (1) couple-years of protection provided and (2) the percentage of health facilities that maintain a stock of at least four family planning methods between the established minimum and maximum levels.
- Signing an agreement in February 2004 for the MOH to procure contraceptives from the United Nations Population Fund (UNFPA).
- Allocating enough in-country funding to cover 100 percent of El Salvador's contraceptive requirements (assuming reasonable price levels, such as in the UNFPA agreement).

Creating a system that can weather change

While there is strong support in El Salvador for the idea that independent procurement is an important aspect of contraceptive security, opinions on the timing of the phase-out are still mixed, and largely depend on whether the MOH will be able to purchase contraceptives at reasonable prices. A procurement agreement was signed between the MOH and UNFPA in February 2004. But, when a new president was elected four months later, the Minister of Health and key Ministry personnel were replaced. It is unclear whether the new administration will implement the agreement and other contraceptive security initiatives.



Roughly 47% of El Salvadoran contraceptive users receive free or subsidized family planning commodities from the government. They obtain supplies at public hospitals, clinics, and smaller health centers. Health promoters also visit homes to deliver needed contraceptives.



The Pro-Familia network of moderate fee health facilities and pharmacies is run by the Salvadoran Demographic Association, an affiliate of the International Planned Parenthood Foundation. The association also has a strong community-based distribution program for family planning services.

Former Minister of Health, Dr. Herberth Betancourt sees changes in the government as a reminder of how durable family planning policy must be and how important the MOH's recent initiatives have been. "We need to create a system that we can 'sell' to those who will succeed us in the Ministry so that today's investments are protected and benefits are sustained," he commented in mid-2003, before the election.

El Salvador's three key stakeholders in family planning

Apart from the private sector, which accounts for one-fifth of family planning services in the country, three sources provide contraceptives in El Salvador: the MOH, the Salvadoran Social Security Institute, and the Salvadoran Demographic Association. The MOH covers 47 percent of the country's contraceptive needs, roughly the percentage of Salvadorans living below the poverty line. The Salvadoran Social Security Institute and the Salvadoran Demographic Association are respectively responsible for 17 percent and 16 percent of reproductive health commodity distribution. Each agency is approaching the phase-out differently.

1. The Ministry of Health

El Salvador is geographically small enough to permit the shipment of commodities to all service delivery points in the country within one day of being ordered. It is, however, the most densely populated nation on the American continent, and has a complex public health system. The system is divided into three networks. Within each network are 28 regions or SIBASIs (Sistema Básico de Salud Integral), which, in turn, are divided into sub-regions. For example, the Cojutepeque SIBASI serves 14 municipalities through one hospital, three clinics, 11 health centers (unidades de salud), and scores of local health promoters who make home visits to provide counseling

and to hand-deliver contraceptives. Each SIBASI manages their portion of the national contraceptive procurement budget, and is responsible for managing their stock and reporting product usage to the MOH.

Nora Quesada, DELIVER's country team leader for Latin America and the Caribbean, began working with the MOH in mid-2001 to develop a budget that would cover the SIBASI's needs after the USAID phase-out. "I was surprised at the time to find that the Ministry of Health didn't have a standard budget allocation method," she says. Before helping to define a specific procurement strategy for contraceptives, Quesada had to piece together a set of general budgeting requirements by meeting with various Ministry units: finance, procurement, and essential drugs. Specifically, she needed to know what steps were taken to procure medical commodities: How long does it take? Who do you contact? How is funding approved from the national health budget for this purpose? As a direct result of this work, the MOH's contraceptive budget was completed two years ahead of schedule, which is one of many strategic successes Dr. Betancourt attributes to, "Letting technical processes guide political decisions."

2. The Salvadoran Social Security Institute

The Salvadoran Social Security Institute, through its 74 health facilities and 192 on-site clinics in private companies, provides medical care to insured workers in El Salvador. Their share of the Salvadoran family planning market grew by two percent between 2001 and 2002, and may well increase again if a proposed law is passed requiring people who employ maids and other household employees to contribute to the social security system.

In what could be seen as a successful precursor to the MOH phase-out, USAID discontinued its contraceptive procurement assistance to the Salvadoran Social Security Institute in May 1998. The agency responded by reengineering itself to meet the rigors of budgetary independence, and has continued to consistently fulfill the family planning needs of its clients. The MOH's phase-out preparations appears to have had little effect on the Social Security Institute. It is important to note that high product costs limit the Social Security Institute's ability to assume a significantly larger portion of the reproductive health services market. If the current phase-out were to affect market segmentation or if the MOH needed assistance, it is unlikely that the Social Security Institute could assume a larger client load.

3. The Salvadoran Demographic Association

The Salvadoran Demographic Association (SDA), an affiliate of the International Planned Parenthood Federation, provides limited-cost family planning services to a large number of lower-middle class Salvadorans. With contraceptive support from USAID, SDA's network of health outlets (one hospital, nine clinics, three pharmacies, and eight laboratories) and its community-based distribution program (CBD) have operated under the name Pro-Familia for more than 35 years.

SDA and USAID/El Salvador established a phase-out plan for the procurement of contraceptives that required SDA to purchase 15 percent of its needs in 2003, 85 percent in 2004, and 100 percent in 2005. Because existing stock was sufficient, it was not necessary for SDA to purchase products in 2003, and they only required 200 units of Norplant® in 2004. Still, the future procurement of the oral contraceptives, Lo-Femenal® and Duofem®, at low prices poses a great challenge for SDA, whose major coverage of family planning services is through its CBD program. SDA requires assistance in identifying reliable and affordable sources of supply to avoid an increase in price that could force clients-particularly in rural areas- to seek free contraceptives from the public sector.

Contraceptive security in the balance

Clearly, if El Salvador is to maintain contraceptive security without procurement assistance, the country's MOH needs long-term access to reasonably priced contraceptives. To meet current demand through UNFPA for family planning products in public health facilities would cost U.S.\$1.7 million in the coming year.

Using local sources would cost six times as much or U.S.\$6.3 million, which is well beyond the Ministry's budget. But the Salvadoran National Assembly has still not ratified the purchase agreement that was signed in February 2004 between the MOH and UNFPA. Instead, the Ministry's legal department is debating the applicability of a long-standing law that government procurement must be carried out in-country providers, whenever possible.

El Salvador provides a cautionary tale in terms of understanding contraceptive security. The country's successful phase-out

preparations have shown that a significant amount of work needs to go into (1) developing a consensus for change, (2) establishing a political and physical infrastructure that supports product availability, and (3) improving stakeholder skills. Yet, pricing in today's private sector market for reproductive health supplies can still create severe limitations. In the end, El Salvador's efforts to diminish its dependence on donated contraceptives will best be achieved by depending on UNFPA as a single source for procurement in the immediate term. Some would argue that this is not contraceptive security. But, who has a better proposal?

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