

GEN: A Series of Virtual Fora highlighting USAID's Contraceptive Security Ready Lessons

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GLOBAL EXCHANGE NETWORK FOR REPRODUCTIVE HEALTH

A Series of Virtual Fora Highlighting:

“USAID’s Contraceptive Security Ready Lessons II”

July 2009, December 2009, and July 2010

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BACKGROUND

The Global Exchange Network for Reproductive Health (GEN) is a virtual network of the USAID-funded Leadership, Management and Sustainability Program, implemented by Management Sciences for Health. Its goal is to contribute to improving the capacity and effectiveness of family planning and reproductive health programs and organizations by supporting the exchange of information about the management, leadership and organizational processes necessary to improve organizational sustainability and service quality. GEN has held a variety of virtual events such as conferences and forums to promote knowledge exchange between reproductive health practitioners and advocates.

I. SERIES OBJECTIVES

The objectives of this series of fora were:

- To disseminate strategies for applying the fundamentals of programming for contraceptive security in the context of a rapidly changing health environment;
- To expose GEN members to the series of USAID Ready Lessons in Contraceptive Security;
- To strengthen new and existing relationships with other cooperating agencies who authored the Ready Lessons in Contraceptive Security; and
- To promote discussions on the Ready Lesson in Contraceptive Security themes.

II. INTRODUCTION

GEN sponsored three fora on USAID's Ready Lessons in Contraceptive Security during the period July 2009 – July 2010. In July 2009, GEN team members collaborated with staff members from the USAID|Health Policy Initiative to foster discussion of Ready Lesson II, 6: Mobilizing Financial resources. In December 2010, GEN hosted a highlight of Contraceptive Security Ready Lessons II, 7: Fostering Public-Private Collaboration for Improved Access with USAID|DELIVER PROJECT and Strengthening Health Outcomes through the Private Sector (SHOPS). Finally, in July 2010 LMS worked with the Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services (RESPOND) project of EngenderHealth to highlight USAID's Contraceptive Security Ready Lessons II, 8: Expanding Contraceptive Choice through Support for Underutilized Methods.

III. CONTRACEPTIVE SECURITY READY LESSONS II, 6: MOBILIZING FINANCIAL RESOURCES

The Global Exchange Network for Reproductive Health (GEN) collaborated with USAID|Health Policy Initiative to highlight the USAID publication **Contraceptive Security Ready Lessons II, 6: Mobilizing Financial Resources** from July 20-24, 2009. During the week-long event, 149 people from 46 countries logged into the forum a total of 258 times. Discussions focused on the current situation for FP financing, steps being taken to mobilize resources, financing in the context of decentralization, repositioning family planning, and financing and the supply chain. The event was lightly facilitated, with partners from USAID|Health Policy Initiative contributing opening and closing messages while monitoring discussions daily. A total of 40 participants contributed a total of 94 posts to the discussion. The facilitation and management teams were pleased with the level of participation and depth of the discussions on the challenges GEN members are facing as they advocate for financial resources for FP/RH. This event is the first in a series of three highlights. The next will take place in November and highlight **Contraceptive Security Ready Lessons II, 7: Fostering Public-Private Collaboration for Improved Access**.

The closing message below highlights key points of conversation during the event.

Closing message: GEN event highlighting USAID's Contraceptive Security Ready Lessons II, 6: Mobilizing Financial Resources

Thank you so much for your participation over the last few days. It has been a wonderful opportunity to learn about the progress as well as challenges in financing, resource mobilization and supply chain in contraceptive security/family planning from your countries. As we come to a close of our week together, we would like to highlight some of the issues you have raised **about Resource Mobilization and Sustainability**:

- In several countries, FP is heavily donor dependent
- In countries which are less so, innovative methods have been tried to improve financial sustainability: Julia NM Alum from **Paraguay** highlights a process which included passing a law protecting contraceptive procurements as well as a 10 year plan to move towards sustainability; Vilma CM Godinez from **Guatemala** tells us about the role of advocacy at the Parliament/Congressional level to allow for tax revenue to be transferred to a protected fund for procurement as is the case in **Paraguay**; From **Madagascar** and **Mali** we heard about Cost-recovery at the local level (but will need to know more about equity and effectiveness from these two countries) and; From Jose Espada in **Bolivia** we learn that FP is a covered service under a Universal Health Insurance plan, and for countries exploring universal health coverage, the value of including FP is an important advocacy issue
- Countries where FP is a nationally run programme – **Iran, Egypt** and **Jordan** – Family Planning is included in a package of services and there

- is a thriving private sector. There are interesting lessons to be learned about how FP was incorporated into health and development priorities (please see library). I would like to invite our colleagues from these countries to give us their perspective as well on the process and timeline and challenges faced in making FP a national commitment
- *That Sustainability is more than securing funds* but require
 - Commitment through advocacy, especially at the decentralized level to ensure that local governments included FP services in their budgets – The post from Luh Sunitri in **Indonesia** highlights the pitfalls in decentralization and the use of networks and advocacy to keep FP a priority; Diana Hadad from **Afghanistan** has raised the issue of decentralization in a complex, conflict environment – and more optimistic note from Guy Joseph Imbaza in the **DRC** about advocacy at the provincial level to reserve budget funds for contraceptive procurements
 - Information systems that produce reliable data for distribution and procurement
 - Systems managing quantification and procurement – we heard from **Burkina Faso, Mali, Madagascar** on the role of central quantification committees; Shahzad Ahmad from **Pakistan** describes a model logistics system which is being run by the government, and it would be interesting to whether it performs well to prevent stockouts, provide choice at the local level
 - Exploring new mechanisms of ensuring performance – Performance Based Incentives for FP may be particularly valuable in a decentralized environment and has shown promise in **Rwanda** and **Haiti** in improving District level commitment, budgets and performance in family planning
 - Managing the impact of Global health initiatives in HIV , Malaria and TB – by understanding the impact of FP on maternal health, HIV prevention, poverty reduction and environmental degradation, FP advocates may be better positioned to benefit from the increased investment in other health areas and to call for better integration in health systems

We hope that through this forum, you have been able to exchange in a fruitful dialogue and learn from others in your region and globally. Several of you highlighted specific issues related to decentralization, stockouts/shortages, competing health/development priorities and lack of available funding.

While this forum was able to initiate dialogue on these various topics, time limitations do not allow us to understand each situation in depth. Hence, we would like the opportunity to be able to better understand, respond and discuss in more detail your country needs. We recognize that some of you may be able to advocate to government and donors for technical assistance and funding for contraceptives, while others have declining or no external support (and limited

internal capacity) in which to tap into. Hence, please let us know how we can take this initial dialogue on resource mobilization to the next level.

- How can this forum/network/website be further enhanced to support your in-country needs?
- What type of country-country exchange would be most helpful?
- What are your specific technical assistance needs (if any), that we can take to our partners and donors already working in your country?

We are eager for your feedback. Please go to <http://globalexchange.msh.org> and fill out the program evaluation on the left hand side of the page, below “Forum.” All those who complete the Evaluation and post in the discussion will receive a certificate of participation.

IV. CONTRACEPTIVE SECURITY READY LESSONS II, 7: FOSTERING PUBLIC-PRIVATE COLLABORATION FOR IMPROVED ACCESS

The Global Exchange Network for Reproductive Health (GEN) collaborated with the USAID|DELIVER PROJECT and Strengthening Health Outcomes through the Private Sector (SHOPS) to highlight the USAID publication **Contraceptive Security Ready Lessons II, 7: Fostering Public-Private Collaboration for Improved Access** from December 9-11, 2009. During the three-day event, 137 people from 45 countries logged into the forum a total of 239 times. The Ready Lesson was downloaded 53 times (23 English, 18 French, and 12 Spanish) between the initial invitation to participate and the close of this event. Discussions focused on the role of contraceptive security committees, advances in implementing a policy framework to guarantee and regulate the provision of family planning services, challenges in guaranteeing the stewardship role of the public sector, and concerns about the quality of medicines in the commercial sector as an impetus for better regulation and public/private partnership. The event was lightly facilitated, with partners from the USAID|DELIVER PROJECT and SHOPS contributing opening and closing messages while monitoring discussions daily. A total of 18 participants contributed a total of 59 posts to the discussion. To date, 17 participants have completed the evaluation, and all stated that they found the document and discussions “Useful” or “Very Useful” to their work. This event is the second in a series of three highlights.

The closing message below highlights key points of conversation during the event.

Closing message: GEN event highlighting USAID’s Contraceptive Security Ready Lessons II, 7: Fostering Public-Private Collaboration for Improved Access

Thank you so much for your participation over the last few days. It has been a wonderful opportunity to learn about the progress you have made as well as the challenges you have experienced in applying the whole market approach. We'd like to highlight some of the key themes of the discussion of **USAID's Contraceptive Security Ready Lessons II, 7: Fostering Public-Private Collaboration for Improved Access:**

- In Bolivia and Mexico, [José Alfaro Espada](#) and [Consuelo Ramirez](#) note that, although such a regulatory framework exists and there was significant support for contraceptive security in the past, recent political processes may have lowered family planning as a priority within the public sector. If it is in fact true that the provision of family planning services has decreased in the public sector in recent years, perhaps there is a role for the private and NGO sector in providing services to those who previously received them elsewhere? In addition, leaders in the NGO or private sector can work to encourage the public sector to continue to play a stewardship role and thus ensure the entire population has access to the family planning services and products they need. In Guatemala, despite setbacks within the public sector, efforts in the civil society, NGO, and commercial sectors have helped ensure the public sector continues to play a stewardship role; put in laws in place that finance the Reproductive Health Program, including contraceptives; and protect the right of individuals to access family planning services.
- In Paraguay, [Julia Noemi Mancuello Alum](#) highlights the important role the CS Coordinating Committee has played in helping all of the different sectors of the health system coordinate provision of family planning services to the entire population. She identifies the increase in contraceptive prevalence rate as an important result of these coordination efforts. Future analysis can help determine the way in which this increase in CPR has been distributed across the different health sectors (Ministry of Health, Social Security Institute, NGOs, Pharmacies, etc) and population groups (income, age, geographic location, education level, etc). These results and lessons can help other countries use a similar model for partnering or coordinating between the public and private sector to more equitably provide family planning services to the entire population.
- Several participants, particularly from West Africa, expressed some reticence in trusting the private sector with the health needs of populations. The serious concern of the quality of medicines in the commercial sector was raised more than once as evidence that this sector includes unscrupulous elements and must be dealt with cautiously. However, the enforcement of pharmaceutical regulations is also perceived

- as the responsibility of the public sector and critical to a policy of public/private collaboration. Some participants noted that it is important to promote better collaboration with civil society, particularly communities which are rarely involved in health related decisions.
- [Mario Taguiwalo](#) from the Philippines noted that partnerships between the private and public sectors are often the best way to make progress toward contraceptive security. [Thein Htay](#) added that building trust and a shared vision are essential for building the foundation for successful implementation of the whole market approach.
 - Although there have been advances in the policy framework to guarantee and regulate the provision of family planning services in many countries in Latin America, there have also been challenges in guaranteeing the stewardship role of the public sector.
 - [José Manuel Delgado Bardales](#) provided some background on the health sector in Peru, noting that all health practices are defined by the overarching policies and strategies put in place at the national level. For example, he highlights the National Reproductive Health Strategy that regulates the provision of reproductive health services and through which the State serves, controls and provides contraceptives to health facilities and the population.
 - Community-based distribution was mentioned as plagued with procurement and warehousing problems, unmotivated volunteers, and lack of privacy. Thus it appears that the involvement of the private sector in the region (whether commercial, non profit or community based) is hampered by logistical and legal issues, and not merely philosophical differences.

We hope that through this discussion you have gained a more full understanding of the whole market approach and you learned more about how the whole market has been applied in your country and others. We would like to hear your feedback, and encourage you to complete the evaluation to share your thoughts. All those who complete the evaluation and post to the discussion will receive a forum certificate. To access the evaluation, go to <http://globalexchange.msh.org> and click on “Contraceptive Security” on the left side of the page. When you do this, a link to “Evaluation” will appear right below “Contraceptive Security”.

Thank you for your participation!
The GEN, SHOPS, and USAID|DELIVER teams

V. USAID's Contraceptive Security Ready Lessons II, 8: Expanding Contraceptive Choice through Support for Underutilized Methods

LMS collaborated with the USAID/RESPOND Project to highlight USAID's Contraceptive Security Ready Lessons II, 8: Expanding Contraceptive Choice through Support for Underutilized Methods. The event, which was lightly facilitated by partners from RESPOND, was held July 7-9 on the GEN website. Over the course of the event, 130 participants from 39 countries logged in to the discussions 225 times, and 20 participants contributed a total of 61 posts in the discussion. Of the participants who completed the forum evaluation, 100% rated the discussions and materials "Very Useful" or "Useful", and 94% responded that they had acquired skills or knowledge that they can apply in their work.

The closing message below highlights key points of conversation during the event.

Closing message: GEN event highlighting USAID's Contraceptive Security Ready Lessons II, 8: Expanding Contraceptive Choice through Support for Underutilized Methods

Thank you all for this rich exchange of experience from 12 countries from East and West Africa, Latin America, Asia. Your contributions have been shared with 115 forum participants from 37 countries. These numbers provide evidence of the high level of interest in expanding the availability and use of underutilized family planning methods to achieve contraceptive security. As a reminder, the event Evaluation is open (click on "Contraceptive Security" on the left hand side of <http://globalexchange.msh.org>, then click on the link to "Evaluation" which will appear below), and all those who post to the discussion and complete the evaluation will receive a certificate of participation!

As our colleagues from Afghanistan, Nigeria, and the Democratic Republic of Congo noted, all contraceptive methods are underutilized. However, specific methods most commonly mentioned are permanent methods, particularly vasectomy; IUDs, implants and natural methods, such as the Safe Days Method. Reasons for low use are common across regions. Some of the reasons you identified relate to limited availability due to such factors as restrictive policies, inadequate data for evidence-based forecasting and budgeting, failure to include essential equipment, instruments and supplies on procurement lists, high commodity and equipment costs, gaps in the supply chain and inadequacy of the commodity supply, staff shortages, lack of training for service providers, heavy workloads which impede proper counseling, provider bias and inefficient monitoring and supervision of service programs.

Other reasons for low use relate to limited demand. You identified many underlying factors, including lack of information; fear of specific methods based on myths and misinformation; low literacy, which makes it difficult to communicate accurate information; concern about side effects; unacceptable method characteristics; economic barriers; religious barriers, and cultural barriers including beliefs about health and practices like polygamy.

Some of you, like Thein Htay of Myanmar and Diana Hamdard of Afghanistan, have found doing a SWOT analysis useful for identifying opportunities and key challenges as a basis for designing interventions to increase method availability and use. A few of you reported having undertaken evidence-based advocacy to create a supportive environment for family planning and gain the support of policy makers. This has proven effective in Bolivia and Myanmar for achieving political commitment to family planning and improving the availability of modern methods. A number of you have targeted service providers, supporting training to increase their numbers and improve their skills. And some of you have invested in developing public education materials.

While all of these interventions are necessary, more remains to be done. And fortunately, in the currently favorable policy and funding environment for family planning, we have increased opportunities to expand the availability and use of a wider choice of methods. We can engage with new partners and with civil society to promote contraceptive security. We can also include these underutilized methods explicitly in reproductive health strategies and plans. For the most effective/clinical methods (IUDs, implants, female sterilization, and vasectomy), we need to emphasize to policymakers, donors and program leaders that more than the contraceptive commodity is required to ensure contraceptive security—*services* are required, as Celine Some of Burkina Faso notes. Although these methods have higher initial costs and imply ongoing program needs for trained providers, counselors and supervisors, they are cost-effective over time, popular when made available, and their provision can relieve other burdens on the health system.

We need to use effective planning tools to forecast the method-specific resources needed to provide underutilized methods, and to conduct cost and cost savings analyses. And we need to train and support providers, equipping them with the clinical and counseling skills, as well as the equipment, instruments and supplies they need to provide these methods. We also need to ensure equitable access to services, reaching the poor and those living in rural and remote areas. At the same time, we need to inform communities and correct method-specific myths and rumors. Essential drug and equipment lists need to include not only the full range of contraceptive methods, but also the specialized equipment and supplies required for each method. And we need to ensure that supply chains go “the last mile” to reach service delivery points.

We should remain optimistic, for when we look back at where family planning programs were ten and twenty years ago, we can see that much progress has been made in most countries, often in the face of competing health challenges and difficult resource constraints. Increasingly, we know what to do and how to do it, as your many insightful comments have shown. If the underutilized methods are included fully in contraceptive security strategies, training, tools and indicators, and the various (and many) access barriers mentioned by participants in this e-forum are addressed, we will continue to improve and broaden access to the full range of contraceptive options that women and men can rely upon to meet their reproductive intentions across their life cycles.

Thank you for your active participation!

VI. Conclusions

Overall, the events were a great success and met the established objectives. Additionally, the series of fora proved to be a low-cost method of disseminating the Ready Lesson documents and the information within. By utilizing the language skills of facilitators and minimizing translation during the event, the cost of the events were much lower than the cost of a fully translated, week-long event. Although only the opening and closing messages to participants were translated into English, Spanish, and French, participants were able to communicate within their own language threads and understand the general concepts presented in other language threads. As evidenced by the evaluations of each event, participants indicated that they had gained skills or knowledge that they will apply to their work in contraceptive security in their own countries.