The AWARE-RH Project's Pursuit of Contraceptive Security in West Africa: Regional Action for National Results

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SUMMARY

Availability of reproductive health commodities continues to be a major constraint in meeting the demands for family planning across Africa. Slow donor coordination, and inadequate forecasting and planning systems can threaten grassroots efforts that encourage families to actively engage in family planning.

Launched in 2003, the USAID-funded AWARE-RH Program (Action for West Africa Region - Reproductive Health) is a regional program containing a unique initiative that a) engages West African countries in the building of mechanisms for national level commodity security planning; b) creates sustainable training in RH commodity security planning at the regional level; and c) fixes policy at the regional level for coordination and information sharing among countries experiencing similar issues in RH commodity planning.

Results for this project component show that this approach to commodity security planning a) reduces stockouts at the national level; b) increases budget allocation for contraceptive programs; c) creates a consensus among donors to support commodity procurement; and d) professionalizes the field of reproductive health commodity supply in the region.

The project's experience yields important lessons and recommendations for the future. Among these are a) partnership and stakeholder consensus are critical to the success of a commodity security plan; b) establishing regional hubs for training ensures sustainability of commodity security expertise; and c) government support of regional strategy is essential to the development of a common approach to a regional dialogue on commodity security.

Introduction

Launched in July 2003, the USAID-funded Action for West Africa Region - Reproductive Health (AWARE-RH) Program is a five-year regional program through July 2008 that is strengthening the capacity of institutions in 21 countries to address priority health issues in the region. The project is managed by Engenderhealth, with technical inputs through Management Sciences for Health (MSH), the Academy for Educational Development (AED), and Abt Assocs. Using regional consultative

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processes, AWARE's international and local partners have identified and adapted best practices for the region and are disseminating and leveraging successful approaches. Bundled into 'packages' that draw from complementary technical areas such as health sector reform, quality improvement in service delivery, and commodity security, these best practices are being replicated across the region to achieve large-scale improvements in the quality and reach of family planning, maternal and neonatal care, and malaria. The best practices are integrated into the technical programs of several regional health organizations identified by the project. These organizations are assisted with institutional capacity building activities to become Technical Leadership Institutions (TLIs) offering quality technical assistance and regional perspective to national health programs throughout the region.

This paper focuses on the contraceptive commodity security component of the project, designed to assist countries to manage the supply of contraceptives to support family planning and maternal mortality goals of the project (please see Annex 1 for list of commodities covered by the project). The contraceptive security program engages several West African countries in sharing commodity planning and procurement information, advocating for improved reproductive health supply policies and participating in commodity logistics training. The program, now in its fourth year, has implanted efficient and effective commodity security systems in six countries, established an agreed-upon protocol for commodity security at the regional level, and created two centers of commodity security instruction in the region to sustain high quality services into the future.

For many years, West Africa has been home to countries that have some of the highest fertility rates and lowest contraceptive prevalence rates (CPR). West Africa's 16 countries have an average total fertility rate (TFR) of 5.7 births per woman (Population Reference Bureau Data Sheet, 2007, www.prb.org) is well above other regions of the world, except Middle Africa. These same countries have a very low all-method CPR: 13 percent of married women 15-49 years of age were using any contraceptive method (PRB Data Sheet, 2007). Only 8% were using a modern method. This is the second lowest regional rate in the world—only Middle Africa is lower with a 6% modern method CPR (PRB Data sheet 2007).

While culture and economics are factors, part of the explanation can be traced to the unavailability of contraceptive commodities when and where they are needed. The result of this supply problem is that 24% ((Population Reference Bureau Data Sheet, 2007, www.prb.org) of all contraceptive needs in West Africa go unmet from year to year, maintaining, and, in some cases, increasing the fertility rate in countries to the detriment of the health of women and children. Please find below some of the major factors affecting the supply of contraceptives at the national and regional levels:

Donor support: For many countries in the region, donor support still provides the bulk of contraceptives used in the public sector. The Mercer Report (Contraceptive Availability Study: Methodology and Key Findings, Mercer Management Consulting, 2005) informs us that financial support in the sub-region for contraceptives has been erratic. For

example, donor support for contraceptives in West Africa decreased sharply from $17 million in 2001, and then fell to under $11 million in 2002.

Lack of Coordination: The lack of coordination mechanisms between partners in the sub-region and the multiplicity of uncoordinated activities at the country level often leads to unnecessary gaps and redundancies in the supply of RH commodities. Regional and national efforts are hamstrung by lack of engagement of stakeholders, including ministries other than health (finance, planning, education, etc.), private sector retailers and manufacturers, physician and nursing associations, and civil society organizations (religious institutions, non-governmental organizations, and community-based agricultural and micro-finance institutions).

Policy, Tariff, Tax and Duty Barriers: Many national and operational policy barriers to RHCS remain in place. The lack of national financing for RH commodities (e.g., budget line item) and uneven, inconsistent and excessive taxes, tariffs and duties act as substantial disincentives to the flow of RH commodities into most countries in the region.

Public Information Barriers: Additional cross-cutting challenges include advertising restrictions, restrictive operational policies for service provision, and a lack of quality information, education, and awareness raising.

System Weaknesses: Although most countries in the sub-region have public sector logistics systems in place, the effectiveness of these systems varies. Assessments have revealed weaknesses in human resources, procurement capacity, data management, warehousing, and transportation. These weaknesses in the logistics systems lead to expired products, supply imbalances (over-stock) and stockouts at service delivery points. While there is some variation between countries, stockouts remain a common occurrence, depriving clients of needed supplies.

With hundreds of millions of dollars spent annually worldwide to buy supplies of contraceptives and other reproductive health commodities, it is legitimate to pose the question of how this translates into real health outcomes for the users of the system. A logistics system designed to ensure that replenishment of supplies imposes minimum costs while providing reliable flows should make contraceptives available at the lowest possible levels, so that access to reproductive health products is general and easy. During the 1990s, reproductive health program managers increasingly recognized that sound logistics procedures, directed by well-informed logistics managers, were contributing to higher use of products, and the consequent increases in contraceptive prevalence. Increased contraceptive prevalence rates result directly in reduced fertility rates and improved birth spacing. Lower fertility and longer spacing between births can reduce child mortality and improve health of both mothers and children. (Reference: USAID Healthy Timing and Spacing of Pregnancy (HTSP) sources). A reliable supply of contraceptives is fundamental to this chain of cause and effect.

STRATEGY, APPROACH AND IMPLEMENTATION

The project's activities follow three strategic streams: a) National Commodity Security Planning; b) Regional Commodity Security Policy; and, c) Institutionalization of Commodity Security Teaching Curricula in the region. The regional policy element provides an enabling environment for national RH commodity security planning, and the institutionalization of RH commodity security training ensures that there will be a cadre of professionals in the future to sustain reliable commodity security.

National Level RH Commodity Security

The focus of the regional initiative is to reinforce the national capacity of each country to accurately estimate and plan to meet its commodity requirements.

The national-level intervention is based upon Strategic Pathway to Reproductive Health Commodity Security (SPARHCS), a joint product of more than forty organizations led by USAID and UNFPA. SPARHCS is a multidisciplinary, multi-stakeholder framework and diagnostic guide designed to initiate concerted action toward the goal of people being able to choose, obtain, and use the RH supplies they want. It takes a target group of stakeholders involved in setting national level commodity security through the following steps:

1. Assessment by technical experts: this is a situational analysis of the current state of commodity security in the country at the inception of the SPARHCS model.

2. Projection and prioritization of needs: this is a group exercise whereby the stakeholders are assisted in forecasting needs for reproductive health commodities, and in prioritizing these needs to fit them into the framework of a limited budget.

3. Multipartner strategy development: commodity security is often not just a health ministry concern. The roll-out of an effective plan depends on support from a number of quarters. The SPARHCS process puts all organizations intervening in the supply of contraceptives to beneficiaries into relationship with one another through a coordinated strategy that stakes out responsibilities for each one. The result of this stage is an agreed-upon action plan with stakeholder buy-in.

4. Implementation of action plans: the partners implement the action plan, and monitor the results throughout the planning period. The results of this monitoring flow back into planning for the next period, mediated through a subsequent iteration of the SPARHCS process.

The stakeholders commit throughout the process to working with the national government and the donor community to mobilize international and national resources to fund the commodity security plans that come out of the national planning process.

Regional Commodity Security Policy

Working on multiple levels, from regional to national, and, in some cases, sub-national, provides advantages that may not be accessible to programs that are strictly national. The concept of "pooled procurement" has the obvious advantage of reducing vendor prices, and making the RH commodity dollar stretch further. Binding countries into a coordination framework creates avenues for solving one of the most difficult problems of all: the inconsistent nature of multiple donor funding streams. Countries that understand their needs can begin to negotiate swaps and loans of commodities to cover shortages in one country with overstocks in another. Programs that are national only in nature cannot do this as effectively.

Commodity Security Training

To set commodity security planning as a core process in the region, the project has decided to embed the methods used in national level commodity security planning in training curriculums of two institutions that serve the region, CESAG and IRSP. Students of these programs are responsible for managing the commodity security planning systems in their home countries. Teachers in these courses have participated in commodity planning and the implementation of the SPARHCS in different countries. These institutions depend upon the commodity security planning activities that are going on in the region to inform and enhance the curriculums through experience of students and teachers in the course. This assures that the methodologies and the experience gathered in commodity security planning are captured and passed on to new generations of health system technicians.

A unique contribution of the AWARE Project was combining the SPARHCS process with regional policy development and training. The AWARE-RH project creates a framework that makes the SPARHCS process a core standardized system for all countries in the region.

RESULTS

After four years, the project has achieved results that point toward the longer term achievement of health outcomes for the region's populations.

- Ten countries now have commodity security plans: With support from AWARE-RH, six West and Central African countries have employed the SPARHCS approach to develop and implement commodity security plans. This has resulted in less interruption of supply of essential reproductive health commodities at the national level. This, in turn, is having a positive impact on the availability of products at the district and local levels in countries in the region (Burkina Faso, Togo, Cameroon, Niger, Sierra Leone, The Gambia). Four additional countries (Mali, Nigeria, Benin, Ghana) have developed commodity security plans with support from other partners. Indications show

that stockouts have been reduced at the national level over the past two years. The Project will complete an evaluation in 2008 to confirm the change in stockouts from the baseline.

- Commodity security equals greater funding for commodities: the commitment of national governments to mobilize funds from their national budgets and/or revolving funds to purchase contraceptives or to implement reproductive health commodity security strategic plans results in more consistent supplies of reproductive health commodities. Some countries have been particularly successful at securing funding and have shared best practices with other countries in the region. In some countries (such as Burkina Faso, Cameroon, Niger, Togo), the national government has mobilized a large amount of money to buy contraceptives. For example, in Burkina Faso, the contribution of the national budget for 2006 is 359,194,966 FCFA (about U.S. $800,000) to purchase contraceptives through the central medical store. In addition, the central medical store is using the funds recovered from the sale of contraceptives to replenish its stock. The social marketing program has been funded at 2 billion FCFA (about U.S. $40,000,000) for its 2007-2010 program. Togo and Cameroon have also mobilized funds from the national budget and the HIPC budgets to buy contraceptives.

- Increased professionalism - More than 100 West and Central African professionals are now trained in management of commodity security. Through several iterations of courses now established at IRSP (Institut Regional de Santé Publique) and CESAG (Centre Africain d'Etudes Supérieures en Gestion), a generation of commodity security professionals is being trained in needs assessment, forecasting, and computerized logistics and inventory management of reproductive health commodities. In previous years, RH commodity security was not thought of as a professional pursuit in national Ministries of Health. It is now established in the region as a legitimate and important sector of health expertise.

- Two regional health training institutions, CESAG (African Center for Higher Management Studies) and IRSP (Regional Institute for Public Health), are now employing the SPARHCS approach in their workshops to teach logistics management for drugs and contraceptives. This sets the stage for a truly sustainable regional framework for standardizing and professionalizing commodity security throughout the region. This provides an important channel for the exchange of experience in commodity security from country to country.

- Six countries have leveraged their strategic plans as advocacy tools to secure funding from various sources – As an example, Burkina Faso was able to secure $250,000 from UNFPA, and an additional $800,000 from the national government's budget to implement the strategic plan for commodity security – an increase of 200% in the country's contraceptive security budget. This additional funding has resulted in the purchase of 523,000 condoms, 117,000

doses of Depo-Provera, 403,000 cycles of LoFemenal. This is roughly equal to 60,018 Couple Years of Protection (CYP).

- Regional level Coordination – the results of the adoption of the Regional Reproductive Health Commodity Security (RHCS) strategy are beginning to take shape – CIB (Coordinated Informed Buying) is being implemented in the region. The CIB manager is hired and West African countries are sharing information on RH drugs procurement. KfW (Kreditanstalt für Wiederaufbau) has committed to provide 5 million Euros (approx. $ 6 million) to support the implementation of the plan. WAHO is working with UNFPA, USAID and other partners to implement activities such as introducing commodity security components of RH into schools and educational institutions.

Lessons Learned from Implementation

Implementation of the strategy has yielded important lessons in four areas: a) Partnership; b) Stakeholder Inclusion; c) Government commitment through national health budget; and d) the importance of enabling policy and permanent training capacity.

1. Partnership: A Key to Success

The expanse covered by the regional project (21 countries) naturally dictates that it maximize its limited resources through the creation of partnerships with organizations already working in the sector. The project has found that the inherent scale and potential influence of regional institutions is often underestimated. The West Africa Health Organization (WAHO), as the primary regional health authority for the Economic Community of West African States (ECOWAS), has the mandate for leadership in coordinating a regional RHCS strategy in the 16 member states of the economic union and in advocating for material support for a regional strategy directly with donors and member countries. WAHO, for example, was instrumental in negotiating the Regional Strategy for Reproductive Health Commodity Security with the Council of Ministers of ECOWAS to make regional coordination a reality. This advantage can be further leveraged with Ministries of Health (at the policy level) and WAHO liaison officers (at the operational level) to coordinate regional and country interventions. WAHO has been instrumental in providing poitical support for the project's Reproductive Health Commodity Security (RHCS) activities at the regional level.

There are other regional actors who, along with WAHO, have roles under a sub-regional strategy and serve as advocates, brokers and catalysts for the strategy.

The World Health Organization's Regional Office for Africa (WHO-AFRO) has also played a technical role in both developing and implementing the regional strategy. The coordinating role it plays through its programs in Family and Reproductive Health and the direct technical support it provides to member states have served to strengthen the technical capacity of states to implement the regional strategy for commodity security. The project has coordinated its country replication activities in Niger and Burkina Faso with those of WHO to provide support in best practices that complement each other.

AWARE's ability to leverage support from UNFPA has contributed to the success of reproductive health commodity security strategic plans. AWARE & UNFPA have worked together effectively to support countries to develop and implement their strategic plans. Coordination and information among partners and stakeholders is essential to leveraging funds to finance the implementation of plans. AWARE-RH has worked to leverage funds from other donors in several countries (such as Burkina, The Gambia, Niger). In Burkina Faso, after the adoption of the commodity security plan, UNFPA provided 128 million FCFA (about U.S. $250,000) to support the implementation of the plan for 2006. UNFPA has also provided the UNFPA Global Program for Reproductive Health Commodity Security to support the implementation of their plan.

The *Association Africaine des Centrales d'Achats des Médicaments Essentiels/African Association of Essential Medicine Purchasing Authorities* (ACAME) was established to promote the concept of Central Medical Stores (CMS) and the exchange of information on essential medicines among a group of primarily Francophone countries. In the past, the Association has conducted joint-bulk purchase of medicines for member countries. While the capacity and the feasibility of continuing this remains in question, the regional structure it represents provides an important framework for the West African Health Organization (WAHO) and World Health Organization – Africa Regional Office (WHO-AFRO) to bolster their functions as technical resources for regional procurement issues.

Coordination and information sharing among partners and stakeholders helps leverage funds to finance the implementation of plans. Through dissemination of information about the progress of different country-level commodity security initiatives, AWARE effectively linked stakeholders with strong commodity security plans to donors willing to fund the plans. This was perhaps the most important role played by the project in ensuring the success of the plans. Often, the lack of linkages impedes information from circulating to a variety of organizations or people who could have an impact on the process. The AWARE project effectively played this catalytic role, to match needs with resources in many cases in the region.

2. Stakeholder Inclusion: The Key to Growth

Essential to the success of the project, the initial exposure of the strategy to a wide group of stakeholders in the region allowed a shaping of the strataegy by the stakeholders themselves. This created familiarity with the ideas, and a sense of shared ownership. In early 2004, AWARE-RH kicked off the reproductive health commodity security element of the project by organizing a regional workshop on Commodity Security Plan Development to guide countries in drafting their National RHCS plan. This workshop brought together RH program managers and central pharmacy store managers from seven countries (Senegal, Cameroon, Togo, Benin, Burkina Faso, Mali, and Guinea). It also included representatives from the UNFPA regional office, USAID/West Africa Regional Office and USAID Bilateral Mission. This workshop introduced the idea of commodity security planning as a theme, and introduced the SPARHCS model, from the experience of more than 40 organizations led by USAID and UNFPA, as the model for consensus building on commodity security planning in individual countries.

In each country AWARE brought in a wide range of stakeholders other than the government to discuss concerns with commodity planning. The project facilitated a stakeholder's meeting to review the findings of the situation analysis and to come to a consensus on national priorities to address in the commodity security plan. Stakeholders were not just members of the Ministry of Health, but represented a wide variety of people and organizations working in family planning and reproductive health. These stakeholders included private sector representatives, representatives of NGOs and local organizations working to promote family planning, as well as religious groups and leaders. Facilitated by the project, priority setting became a platform for dialogue on the importance of reproductive health to different constituency groups represented. Priorities ranged from channels of distribution to the choice of contraceptive methods. They included the communications elements of distribution to the legal framework surrounding procurement of commodities. The system weaknesses were discussed in this context, and consensus was achieved on a limited number of actionable interventions to improve the system.

3. Government Commitment: A Key to Ownership

In Niger, the process started with an advocacy campaign to bring the health ministry authorities and other partners to the table to discuss the importance of planning for security in commodity supplies. This led to a situational analysis carried out by the ministry and the project in collaboration with national and international partners to set the baseline for commodity security in the country, and assess areas where planning and systems were weak, and where they were relatively strong. This assessment uncovered several policies in existence that already favored commodity security but were not being applied. It also revealed that there was an unused line in the national budget for the purchase of contraceptive commodities. It identified a poorly trained staff in the public health facilities, and the existence of unmet demand for reproductive health products.

Countries need both technical and financial assistance to develop/implement their RHCS plans. Without the technical systems in place, and people trained to operate them, donors will not have confidence in the systems, and will not channel funding. By the same token, governments that do not have concrete and specific plans will be less likely to include funds in their annual budgets to support commodity purchase. The planning mechanism has worked in tandem with the leveraging of funds to work to the benefit of both the system's organization and its feasibility.

4. Enabling Policy and Permanent Training Capacity: The Key to Sustainability

The national processes built confidence on the regional level, and gave the project, working with WAHO and DELIVER, an important entry point into the ECOWAS Council of Ministers to draft a model coordination strategy for ratification by all countries in the ECOWAS community. Another major support to this effort was the close collaboration with the West Africa Health Organization, an ECOWAS-mandated

regional health office, based in Burkina Faso. Through well-timed interventions by WAHO, the project was able to work with the policy development component of the project to draft the strategy to present to the ECOWAS Council of Ministers. In July of 2005, the strategy was ratified by the Council, creating a common framework in the region for talking about and dealing with RH commodity security.

The framework became the justification for a region-wide effort to create a system of training reproductive health commodity management. The national planning processes emphasized the need for greater professionalism in the subsector of commodity security planning in the region. While the decision makers at the table were adept at setting priorities, they did not have the information necessary on unmet need and available stocks to make effective decisions. The training of professionals in needs forecasting and commodity security planning prepares a cadre of qualified professionals to carry out commodity security plans that emerged from the planning process. The process supplies quality information to decision makers involved in reproductive health commodity policy at the national level.

The training institutions – CESAG in Dakar, and IRSP in Cotonou – were chosen through the institutional capacity development component's regional institution inventory at the beginning of the project. These organizations are of long-standing reputation in public health education throughout the region. The project worked with them and with Rational Pharmaceutical Management Plus (RPM+) to create a "training of trainers" workshop to orient public health trainers who would be teaching the courses, and a curriculum that they would eventually use with health professionals. RPM+ also added the Quantimed software that the trainees would use in forecasting of reproductive health needs. These trainings occurred in 2006. The project is supporting these institutions to be able to provide TA to countries. CESAG and IRSP, in collaboration with the project, have already visited Niger, The Gambia, Togo, Cameroon etc. to provide technical assistance in strengthening their logistic system.

Long-term sustainability of plans is ensured by strong political commitment to improve family planning services. Where national health programs do not have a solid commitment to family planning, the installation of a coordinated system of commodity security planning will have little long-term effect. The initial assessment done through the SPARHCS process should be able to detect government and political interest, and the relative ease or difficulty of scheduling the first stakeholder meetings should be an indicator of longer term interest.

CONCLUSION

At the national level, a ministry of health that articulates its need for resources has a better chance of securing resources, either through the national budget, as has happened with Burkina Faso and Togo, or through other donors, as is the case in Burkina Faso and Niger. The process of cyclical commodity needs assessment and planning provides a platform for prioritizing and strategizing a country's family planning program, as well as

operationalizing the plan to meet those priorities. This should result in concrete impact on the ground, in terms of availability of reproductive health products accessible to those who need them.

The Commodity Security component of the AWARE project has added value to the national health programs of the West Africa region by increasing their ability to meet the reproductive health needs of their populations. At the regional level, this initiative has been complemented by the accord around a shared strategic framework for commodity security. To ensure the sustainability and professionalization of RH commodity security in the region, the project has help develop training components at two regional training centers.

RECOMMENDATIONS

The future for commodity security in West and Central Africa depends on a number of factors. The recommendations below begin to form the basis for action beyond the AWARE-RH project, to ensure that RH commodity security continues on an upward path of development in quality and coverage:

Political Support: Institutionalize contraceptive commodity security plans that have steady support from their governments, through budgetary allocations in national health budgets, to sustain the maintenance and development of their commodity security capability.

National-level Financial Commitment: Establish a goal that national programs already started have plans that are principally, if not overwhelmingly, supported by donor funds. Those countries that have contributed to commodity security in their national health budgets have done so in a token way that hardly displaces the donor contribution. While it is recognized that donor support will be necessary for the coming years, the goal should still be that countries support the costs of commodity security themselves. This should be the focus of any future project.

Staff Retention: Improve staff retention and capacity development within the ranks of professionals involved with the logistics management information system (LMIS). This is urgently needed and is especially true of nurses and midwives at the lower level of the logistics chain.

Sub-national RH Commodity Security: Extend training done by the AWARE project to lower levels, so that commodity availability continues to become more reliable closer to the user. The current project has, necessarily, focused on the regional and national levels of commodity management.

From Regional Coordination to Regional Collaboration: Address the issues of pooled procurement of RH commodities so that the regional level RHCS agreement covers information sharing between countries. Subsequent activities should address the issue of

how the strategy can ultimately arrive at the goal of regionally coordinated pooled procurement.

Integration of Non-RH Commodities: Integrate other important non-RH products into the planning process for RH commodities. Commodity security planning is a process that is wide enough to encompass a variety of essential inputs to a country's public health system. Efforts should be made also to integrate Sexual and Reproductive Health into the HIV/AIDS Component of Country Coordinated Proposals to be submitted to the GFATM, and diversify sources of funding for RH commodities as recommended in the joint partner guidelines in Round 7.