From advocacy to access: BANGLADESH

From choice, a world of possibilities

360 degrees advocacy:

How do you strengthen a weak contraceptive supply chain?

IDENTIFYING THE PROBLEM

In 2008, demand for contraception in Bangladesh continued to increase and, for the first time, the contraceptive prevalence rate decreased – from 58.1 per cent (2004) to 55.8 per cent (2007). Why was this happening? A weak supply chain meant that contraceptives were not consistently available. When clients leave clinics without contraception, they often don't return.

FPAB noted two critical challenges to contraceptive security: 1) weak national capacity to forecast, procure and distribute contraceptives; and 2) slow and complex national procurement processes. No government body was accountable for ensuring a functioning supply chain.

FPAB reviewed its advocacy capacity. It would need 1) stronger evidence of the scale and impact of contraceptive stock-outs; and 2) increased access to decision makers in the Ministry of Health and Family Welfare.

AGREEING OBJECTIVES

FPAB's partners agreed they would be more effective if they collaborated. They formulated common objectives, developed a common action plan and used shared messages.

Objective: To increase understanding at policy level of the human and economic impact of weak forecasting, procurement and distribution of contraceptives. Tactic: To research and document the evidence to help the newly-elected government to understand the problem.

Objective: To gain support for contraception to be prioritized in national procurement. Tactic: To get a range of contraceptive methods included on the National Essential Medicines List.

Objective: To strengthen the national contraceptive supply chain. Tactic: To gain government support to convene a functional Logistical Coordination Forum. The Forum was a lapsed government-led body responsible for managing the supply chain.

MOBILIZING PARTNERS

FPAB knew its advocacy would be more successful if it worked with partners such as EngenderHealth and UNFPA. FPAB also made government contacts and kept them informed.

FPAB recruited influential national experts from the Ministry of Health and Family Welfare and the DELIVER Project who had access to decision makers. They helped FPAB map political influence in the Ministry. This identified the main advocacy target – the Directorate General of Family Planning.

FPAB and its partners united to strengthen the weak supply chain. They agreed to advocate to the government to solve the problems with the forecasting, procurement and distribution of contraceptives.

FPAB and the national experts shared their evidence of the weak supply chain with secretaries in the Directorate General of Family Planning. This generated support for change within the Ministry of Health and Family Welfare.

FPAB mobilized partners to petition the Ministry of Health and Family Welfare (Drugs Administration) to include contraceptives on the National Essential Medicines List.

TAKING ACTION

FPAB undertook a series of targeted actions to create political and financial priority for contraceptive security. This would ensure that demand for contraception would be met in future.

The research report, *Human and Economic Impact of Contraceptive Supplies Shortages and Stock-outs*, was launched in July 2009. The launch was attended by 200 stakeholders including government, the media, donors and civil society.

The Human Development Research Centre worked with FPAB to research the human and economic impact of contraceptive supplies shortages and stock-outs in Bangladesh. It is the first research of its kind.

A respected economist presented the report. His credibility meant that its findings were quickly accepted by the Ministry of Health and Family Welfare.

The press responded positively to the report and their coverage created significant momentum for further support from key public figures.

The Minister of Health and Family Welfare spoke at the launch, publicly expressing his agreement with the report. He pledged to take action to ensure contraceptive security: this included building the capacity of staff in the Logistics and Supply Unit to forecast, procure and distribute contraceptives.

In August 2009, the Logistical Coordination Forum held its second meeting. At the meeting, the Forum was informed that the country had only four months' supply of contraceptives (excluding condoms). Given the procurement process typically takes 18 to 24 months, the Forum's members immediately recognized the severity of the problem.

GETTING RESULTS

The contraceptive supply chain is significantly strengthened: 1) condoms and oral contraceptives are prioritized for procurement; 2) the Logistical Coordination Forum is reconvened and functional; 3) staff are trained in the Logistics and Supply Unit; and 4) the government has committed funding.

The national experts used their access to decision makers at the Ministry to increase pressure to reconvene the Logistical Coordination Forum.

Civil society partners spoke with one voice at government meetings and other fora. They successfully called for the lapsed Logistical Coordination Forum to be reconvened.

FPAB's President, a member of the National Population Council, used her political access to call for the Logistical Coordination Forum to be reconvened.

In November 2008, the Ministry of Health and Family Welfare reconvened the Logistical Coordination Forum. It was tasked to ensure contraceptive security.

Senior decision makers within the Ministry joined the Logistical Coordination Forum.

In May 2009, the Logistical Coordination Forum was granted legal status by the Ministry. This was a key advocacy 'ask' of FPAB and its partners.

FPAB joined the Logistical Coordination Forum – its first civil society member.

The Ministry of Health and Family Welfare agreed to make up the funding shortfall created by decreasing donor contributions for contraceptives. This was the first time the Government of Bangladesh committed to purchase its own contraceptives.

FPAB was asked by the Directorate General of Family Planning to train staff in its Logistics and Supply Unit in forecasting, procurement and distribution of contraceptives. By October 2009, logisticians and their managers had been trained. By the end of 2009, this training will be rolled out at the sub-district (upazilla) level.

Condoms and oral contraceptives, two of the nine methods recommended by FPAB and partners, were accepted on the revised National Essential Medicines List. This means they will, for the first time, be prioritized for procurement.

For four years, FPAB and its partners demanded a review of the National Essential Medicines List by the Ministry of Health and Family Welfare's Drug Administration. FPAB called for nine new contraceptives to be added to the List, including the List's first condoms and oral contraceptives.

The National Essential Medicines List guides drugs procurement in Bangladesh. The absence of contraceptives on the List meant their purchase was not prioritized. Unless contraceptives were included, stock-outs and shortages were inevitable.

EVIDENCE BASE
The research report, *Human and Economic Impact of Contraceptive Supplies Shortages and Stock-outs*, was key. It gave advocates and government the evidence base they needed to prove the extent of the problem. It demonstrated why action needed to be taken and offered recommendations.

CHAMPIONS
With the support of the national experts, FPAB used silent champions such as the secretaries in the Ministry of Health and Family Welfare to help and ensure its 'ask' was heard by the relevant decision makers. FPAB then used public-facing champions with political influence and access, such as its President and the author of the research report, *Human and Economic Impact of Contraceptive Supplies Shortages and Stock-outs*, to create momentum on the issue and a desire to solve the problems.

POLICY RESULT
Persuading a government to make or change policy, such as reconvening the Logistical Coordination Forum, is a positive step towards contraceptive security. The next step is to turn such policy decisions into actions to solve the problems that cause contraceptive insecurity.

FUNDING RESULT
Contraceptive security becomes a political priority when political and policy decisions promote contraceptive security. These political and policy decisions must be backed by additional funding to realize contraceptive security.

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals. IPPF, 4 Newhams Row, London SE1 3UZ, United Kingdom • Tel: +44 20 7939 8200 • Fax: +44 20 7939 8300 • Email: info@ippf.org • www.ippf.org • UK Registered Charity No. 229476
Published in November 2009 by the International Planned Parenthood Federation • Printed on chlorine-free paper sourced from well-managed, sustainable forests. • We would like to thank Gias Uddin and Dr Jahir Uddin Ahmed, FPAB; Pradeep Patro, IPPF South Asia Regional Office; and Sarah Shaw and Matthew Lindley, IPPF. • Edited and designed by www.portfoliopublishing.com

From choice, a world of possibilities

From advocacy to access: BANGLADESH

360 degrees advocacy:

Strengthening a weak contraceptive supply chain in Bangladesh

Maternal deaths
380
per 100,000 live births
PRB (2000)

Total fertility rate
2.7
DHS (2007)

Contraceptive use, all methods
55.8%
among married women, ages 15–49
DHS (2007)

Contraceptive use, modern methods
47.5%
among married women, ages 15–49
DHS (2007)

Unmet need for family planning
17%
among married women, ages 15–49
DHS (2007)

Source of supply of modern contraceptive methods
public sector 50.2%
DHS (2007)

Most used contraceptive
Pill (28.5%)
among married women, ages 15–49
DHS (2007)

Contraceptive supplies

For the first time, the contraceptive prevalence rate in Bangladesh decreased, from 58.1 per cent (2004) to 55.8 per cent (2007), attributed in part to a dysfunctional supply chain. Where did it all go wrong? Historically, Bangladesh has had a very successful family planning programme. From 1975 to 2007, the total fertility rate decreased from 6.3 to 2.7 children per woman, while unmet need for family planning increased from 11 per cent in 2004 to 17 per cent in 2007. Demand for family planning services is still high, yet unmet need is increasing.

Policy and funding environment

The government has prioritized population and family planning in many policy documents. However, several key policies lack measurable indicators that would help ensure commitment to and prioritization of contraceptive supplies. For example, while the draft National Health Policy (2008) identifies the need to increase contraceptive prevalence, there are no indicators for total fertility rate, contraceptive prevalence rate or contraceptive stock-outs.

The Population Policy (2004) highlights the importance of "strengthening … the contraceptive security system so that supplies are available wherever and whenever they are needed." However, there are no specific measurable indicators in the policy related to contraceptive prevalence rate, unmet need or contraceptive availability.

Identifying the problems

Under the National Contraceptive Security Strategy (2002), the contraceptive supply chain is managed by the Logistics and Supplies Unit of the Directorate General of Family Planning. It serves approximately 30,000 service delivery points (both public sector and non-governmental) with resupply methods (pills, condoms, injectables and IUDs). When there is a method stock-out, public sector providers typically encourage clients to switch to other methods. This loss of a right to choose a suitable method of contraception can expose women to unnecessary health and social risks.

The procurement process for contraceptives is slow – it has 19 steps and typically takes 18 to 24 months. There is no forecasting mechanism to project commodity requirements for a growing population with diversified needs and requiring a mix of contraceptive methods. Monitoring at field level is relatively weak.

The Logistics and Supplies Unit has a logistics management information system, in place since 2007, to manage the supply chain. If used properly and routinely, this could provide advance notice of impending shortfalls in sufficient time to take action. Due to staff turnover and a lack of training, the system is under-used. According to key stakeholders, there have been stock-outs or shortages of three major methods in the past 20 months. Had capacity been higher, or a mechanism to identify and address challenges been in existence, these stock-outs could have been avoided.

The Logistical Coordination Forum – the only government and donor group committed to raising and addressing these challenges – ceased to operate in 2005 due to lack of government commitment.

In addition, there were no contraceptives on the National Essential Medicines List before 2008. This meant that contraceptives were not prioritized when it came to the procurement and distribution of essential medicines.

In response to this, FPAB mobilized civil society to advocate for increased political and financial priority for reproductive health supplies – to improve access to contraception.

Main results

The Family Planning Association of Bangladesh took action to reduce the gap between availability of and demand for contraceptive supplies. It achieved five significant changes to political commitment for family planning:

- the addition of two contraceptive methods to the National Essential Medicines List
- permission from the Ministry of Health and Family Welfare to reconvene the Logistical Coordination Forum
- granting of legal status to the Logistical Coordination Forum, protecting it from future closure
- providing training to staff and managers working in the Logistics and Supply Unit of the Directorate General of Family Planning, soon to be extended to include 43 upazilla staff on store management, procurement and the logistical management system
- the Ministry of Health and Family Welfare pledged to use national budget funds to fill a gap on donor funding for contraceptives

201 million women worldwide have an unmet need for contraception. Meeting this need could prevent 23 million unplanned births, 22 million induced abortions and 142,000 pregnancy-related deaths (including 53,000 from unsafe abortions).[1] These could be prevented if shortfalls in funding for contraceptive supplies met the demand.

However, donors have significantly reduced procurement assistance. The United Nations Population Fund (UNFPA) has estimated that this gap could increase to US$737 million by 2015, leaving millions of men and women unable to access basic reproductive health supplies.

The growth of coordinated aid mechanisms – such as the sector wide approaches, direct budget support and the World Bank-promoted poverty reduction strategies – puts control of development aid in the hands of national governments and reduces the influence of the donor. Increased emphasis on country ownership offers opportunities for civil society organizations to help shape the policy and funding environment in which they operate. It also has risks: sexual and reproductive health is at risk of becoming marginalized by unsupportive governments.

The response of IPPF Member Associations to these challenges is to mobilize national multi-stakeholder networks to raise political and financial status for sexual and reproductive health, and to mobilize civil society to shout with one voice for increased funding and policy for reproductive health supplies. IPPF has rolled out this advocacy programme in six countries: Bangladesh, Ghana, Mexico, Nicaragua, Tanzania and Uganda.

UNFPA has identified four indicators for contraceptive security. Our Member Associations are using these indicators to lead advocacy for change in their countries by:

- getting reproductive health supplies on to national essential medicines lists
- setting up or joining an existing reproductive health supply coordination committee
- ensuring there is a government budget line for reproductive health supplies, and that it is used
- integrating reproductive health supplies into financing mechanisms

By creating six national advocacy campaigns, our objective was to raise the profile of reproductive health supplies on national political agendas, and to ensure that governments in these countries enacted supportive budget and policy decisions to improve contraceptive security. Our overall aim is to ensure that women, men and young people everywhere can take control of their sexual and reproductive health and rights.

1 Guttmacher Institute (2004) *Adding it up*.

Planned Parenthood Association of Ghana (PPAG)

- **The government added eight contraceptives to the National Essential Medicines List. These contraceptives will now be stocked in public health facilities.**
- **PPAG is providing technical support, including briefing papers to the Minister of Health for the forthcoming review of the National Health Insurance Act.**
- **PPAG's advocacy strategy for increasing access for reproductive health supplies was adopted by the Inter-Agency Committee on Contraceptive Security in Ghana.**

Reproductive Health Uganda (RHU)

- **RHU mobilized influential support from the Network of African Women Ministers and Parliamentarians and other important stakeholders, such as the Ministry of Health and UNFPA.**
- **In the 2009/10 fiscal year, the government increased its budget line for contraceptives by 7 per cent.**
- **National Medical Stores now receive family planning funds annually, rather than quarterly, from the Ministry of Finance.**

Fundación Mexicana para la Planeación Familiar, A.C. (MEXFAM)

- **The Inter Institutional Health Group adopted new indicators to monitor progress towards increasing access to contraception for young people.**
- **MEXFAM nurtured relationships with key civil society partners and raised the profile of family planning with these agencies.**
- **The National Population Commission now regards MEXFAM as a technical advisor.**

Asociación Pro-Bienestar de la Familia Nicaragüense (PROFAMILIA)

- **The Ministry of Health renewed its interest in the National Contraceptive Security Committee which is supportive of a new strategic plan.**
- **Government pledged to retain current levels of investment in contraception – despite a 38 per cent cut in the 2010 revenue budget.**
- **A media forum inspired radio journalists to form a network and broadcast PROFAMILIA's messages.**

Chama Cha Uzazi na Malezi Bora Tanzania (UMATI)

- **UMATI worked with the media to campaign for government funding for family planning.**
- **A government promise was secured to increase the 2009/10 budget from US$2.65 million to US$7.26 million. The government has allocated US$1.9 million.**
- **District leaders in four districts pledged to increase family planning funding in local budgets.**