CONTRACEPTIVE SECURITY

FACTCARD 2

Securing contraceptives for economic development

"The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and on an adequate scale."[1]

Margaret Chan, Director General, World Health Organization

Key action points

- Governments should partner with non-governmental organizations to help meet the special needs of different populations, particularly vulnerable groups, bring family planning services to new audiences, and mobilize community health workers to provide family planning services.
- Contraceptives should be used as a tracer to measure effective service delivery and to ensure that they are reaching those that need them via the health service.
- Invest in research about unmet need for contraception and disaggregate data (for example by income, urban/rural residence, age, marital status, HIV status), to ensure policy and practice reflect the needs of the community.
- Build the density and capacity of health workers, by providing incentives to join the profession, and ensure that all training curricula include family planning and how to provide contraceptive services.
- Ensure that the family planning programme is adequately funded, that it has a separate budget line in the national and (if applicable) district budget, that there are adequate resources, and that they are released on time and in the full amount.

Health systems strengthening and contraceptive security

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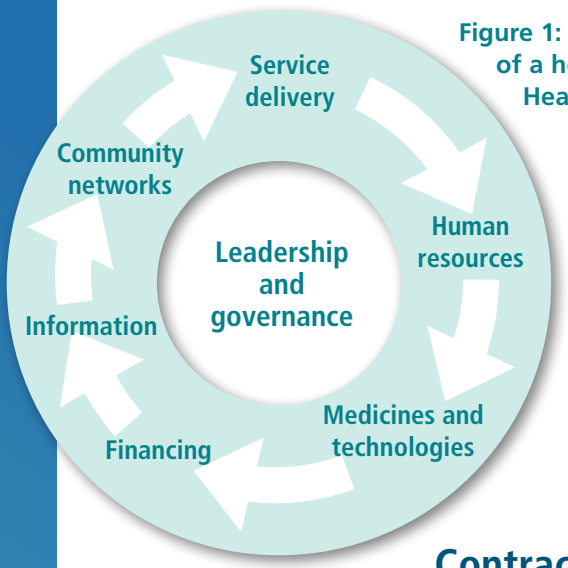

Figure 1: Building blocks of a health system (World Health Organization*)

Contraceptive security and health systems strengthening

An estimated 215 million women who want to avoid a pregnancy are not using an effective method of family planning.[2] Every year, four out of every 10 pregnancies in developing countries are unintended[3] and 35 million unwanted pregnancies end in abortion, more than half of them under unsafe conditions.[4] Worldwide, at least 94,000 women's lives could be saved if all women had access to contraception.[5]

Over the last two decades, health system functioning has emerged as a clear and critical determinant of the ability of governments to deliver high quality contraceptive services.[6] In addition, these services must be integrated within primary health care, and not operate as a vertical programme. This means that by strengthening the basic components of health systems, as illustrated in Figure 1, countries can also advance contraceptive security for the 215 million women who would like to space and limit their pregnancies but are unable to do so.[7]

Leadership and governance

The leadership and commitment of the national government is the lynchpin to contraceptive security, and it is necessary for each of the other building blocks. All governments, even those that rely heavily on donors, should be accountable to their citizens: they must dedicate internally-generated funds to contraception and create an enabling environment. Here are a few key steps:

- Develop and implement a national contraceptive security strategy that supports the forecasting, procurement and distribution of a range of contraceptive methods, and enables the commercial sector, non-governmental organizations or social marketing to provide services for all, including the poorest and most vulnerable.
- Foster a regulatory environment that is supportive of contraceptive security. For instance, medical service delivery guidelines should include the delivery of contraceptives through a variety of health facilities by a range of health workers, and the national essential medicines list should include a broad choice of contraceptives.
- Ensure there is a functional national contraceptive security committee that includes the ministry of finance, the ministry of health, donors and civil society members (private sector and non-profit organizations).
- Community-based approaches among the least empowered and the most vulnerable women should be built into the service design.

Service delivery

Service delivery includes the availability, affordability and accessibility of good quality contraceptive services, tailored strategies to reach marginalized groups, and monitoring and evaluation. Sub-Saharan Africa, in particular, has a serious shortfall of family planning services,[8] and quality of care, lack of awareness and education remain a significant factor in the uptake and continuation of contraception. Ministries of health should take action to improve service delivery:

- Invest in awareness raising, pre-secondary school education for girls and community tailored programmes for women at grassroots level.
- Raise the quality of contraceptive services.
- Integrate family planning with other health and social services.
- Partner with non-governmental organizations to help meet the special needs of different populations and bring family planning services to new audiences.[9]

Human resources

In most developing countries, the shortage of a health care labour force is a major challenge to service delivery – this poses a challenge to the effective roll-out and achievement of contraceptive security. There are often insufficient health workers, skills imbalances, poor distribution of health care workers, poor work environments and weak knowledge.[10] Ministries of health should take steps to strengthen the health care labour force:

- Implement policies and initiatives that aim to increase health worker density and improve working conditions, including both monetary and non-financial incentives.[11]
- Build public sector capacity in forecasting, procurement, supply management, distribution and storage logistics at national, district and local levels.
- Consider partnering with non-governmental providers and mobilizing voluntary and community health workers, an important part of the health care labour force in many contexts.
- Ensure that contraceptive service delivery (including counselling and provision of a wide range of contraceptives) is included in the curricula of medical and nursing colleges.

Medicines and technologies

Meeting demand for contraception is, to a large extent, dependent on the availability of products that are consistent with cultural expectations and the particular needs of individuals. In sub-Saharan Africa, South Central Asia and South East Asia, seven out of every 10 women report that the contraceptive method(s) available are not appropriate

* Figure slightly modified by IPPF to include community networks.

or acceptable, and these are key reasons for non-use.[12] Overcoming method-related reasons for unmet need could reduce unintended pregnancy by as much as 59 per cent in these regions. However, research and development of contraceptive methods has been chronically neglected and under-funded. While international agencies, major donors and the private sector are the lead actors in research and development, governments and ministries of health in low- and middle-income countries should advocate to raise the priority of this agenda.

Information and education

Lack of knowledge is a key barrier to contraceptive security. Women, men and young people lack information about the benefits of contraception, birth spacing and limiting; they lack information about where and how to access contraception; they lack knowledge and skills on using contraceptives effectively; and myths about the side-effects and actual function of contraceptives are additional barriers. Governments and health systems are reluctant, and in some cases slow, in their response to unmet needs among their population, and about the inefficiencies and bottlenecks that are holding up contraceptive security. Governments, health care providers and communities can reduce knowledge-related barriers by taking the following actions:

- Invest in research about unmet need for contraception and disaggregate data (for example by income, urban/rural residence, age, marital status, HIV status). Health system planning processes must be responsive and develop strategies to reach the most vulnerable.
- Implement behaviour change activities to build awareness of the benefits of family planning and strengthen social norms that support a woman's choice to delay, space or limit her fertility.
- Strengthen community mobilization, systems and networks – trusted local entities – in information provision.[13]
- Make sure the logistics management information system can produce complete, accurate and timely data, and that it is routinely reviewed and acted upon.[14]

The community networks

In addition to the six pillars identified by the World Health Organization in Figure 1, an additional pillar of health systems strengthening is community networks. Community networks have a unique ability to interact with the communities that the health systems serve. They can react to community needs and issues, and provide direct services to communities, often reaching remote and under-served communities who live beyond the reach of the government health system. They can mobilize the community to advocate for improved services and more supportive policy. This ensures that the community is contributing to building the health system that serves its needs.[15]

Financing

Findings from a DELIVER Project survey of 64 countries, which looked at critical factors for contraceptive security, found that financing for contraceptives is the most inadequate factor.[16] Here are some key actions that governments of low- and middle-income countries should take to improve financing for contraception:

- Work to increase public sector financing for contraceptives (especially internally-generated funds).
- Improve financing mechanisms, including risk pooling and pre-payment options, for contraceptive services to advance universal coverage for the benefit of the poor and most vulnerable.
- Establish a dedicated budget line for contraception at national and district levels and ensure that allocated funds are disbursed appropriately and efficiently.
- Include funding for contraceptive services in proposals for loans and grants from development agencies and banks.

Task shifting in Uganda: a case study

Uganda is one of 57 countries facing dire health workforce shortages.[17] There are 22,104 people for each nurse or midwife[18] and, as the population expands, the health worker deficit grows even larger.

The majority of Ugandans live in rural areas, and many of them lack access to health services. Unmet need for contraception is 43 per cent in rural areas, compared to 27 per cent in urban areas.

In March 2011, the Uganda Ministry of Health announced a key change to its national health policy to improve contraceptive security. Community health workers are now able to provide injectable contraceptives – a task formerly restricted to registered nurses – which will enable many more women to choose this method of contraception.[19]

The government is already using task shifting effectively to improve access to antiretroviral therapy and other HIV-related services.[20] Evaluations have shown that when accompanied by good management, training, and support and supervision, task shifting (or task sharing) can successfully expand access to good quality health services.

This historic change will not only help Ugandans progress towards achieving the Millennium Development Goals, but it will also provide women with a better mix of contraceptive options.[21]

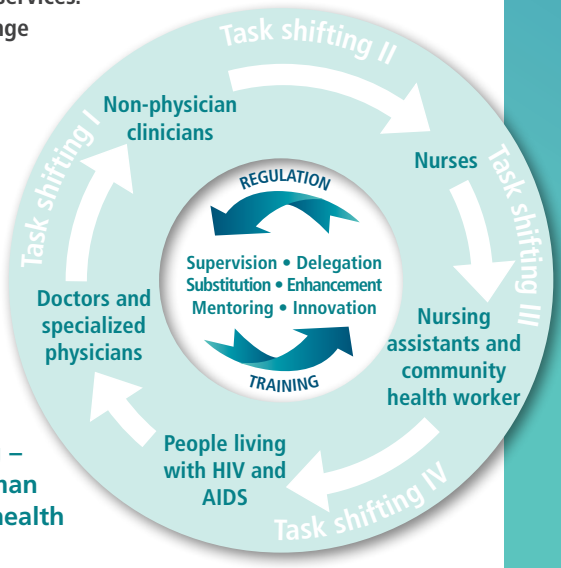

Figure 2: Task shifting – expanding the pool of human resources for health

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Glossary

Health systems strengthening efforts are defined as those that address barriers and constraints at different levels of the health system with the overall goal of improving health outcomes.[22]

Contraceptive security has been achieved when individuals can choose, obtain and use quality contraceptives whenever they need them.[23] Commodity security for a variety of reproductive health supplies is critical to achieve development goals.

Task shifting is a process of delegation whereby tasks are moved, where appropriate, to less specialized health workers. Task shifting can make more efficient use of the human resources available.[24]

Task sharing is when service providers *share* their responsibilities with lower level health workers.

"In addition to significantly reducing the unmet demand for services, community-based delivery of injectables raises consciousness about family planning, and allows Ugandan women to make decisions about their fertility that are right for themselves and their families."[25]

Dr Nathan Kenya Mugisha, Director General of Health Services, Ministry of Health

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