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Health Sector Reforms and Their Effects on Contraceptive Security: A Malawi Case Study

International Conference on
Family Planning, Uganda

November 2009



OBJECTIVES OF THIS PRESENTATION

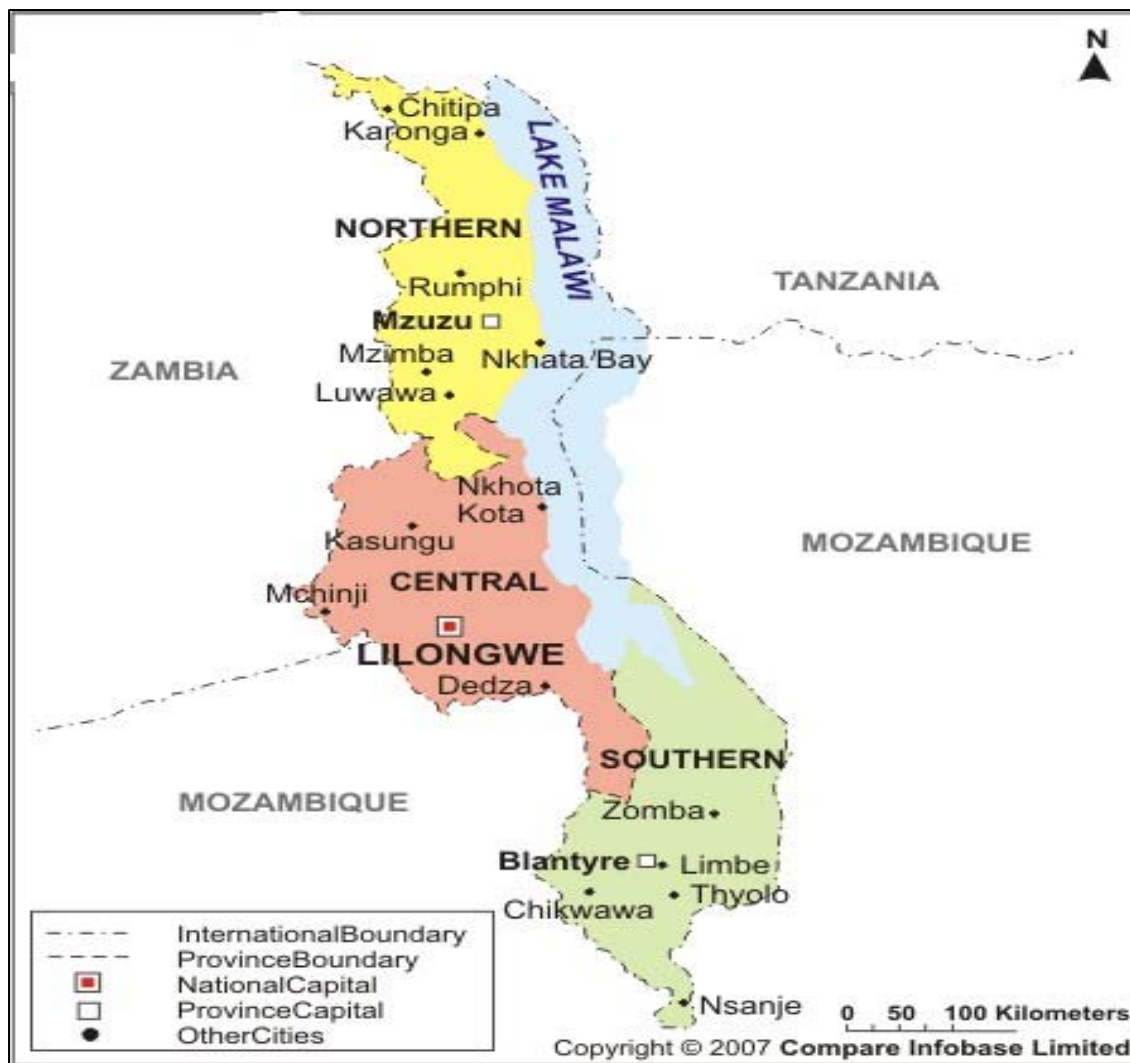
- Consider some of the unintended consequences of health sector reforms on contraceptive availability in Malawi
- Recommend how countries undergoing these reforms can work to ensure contraceptive availability is uninterrupted



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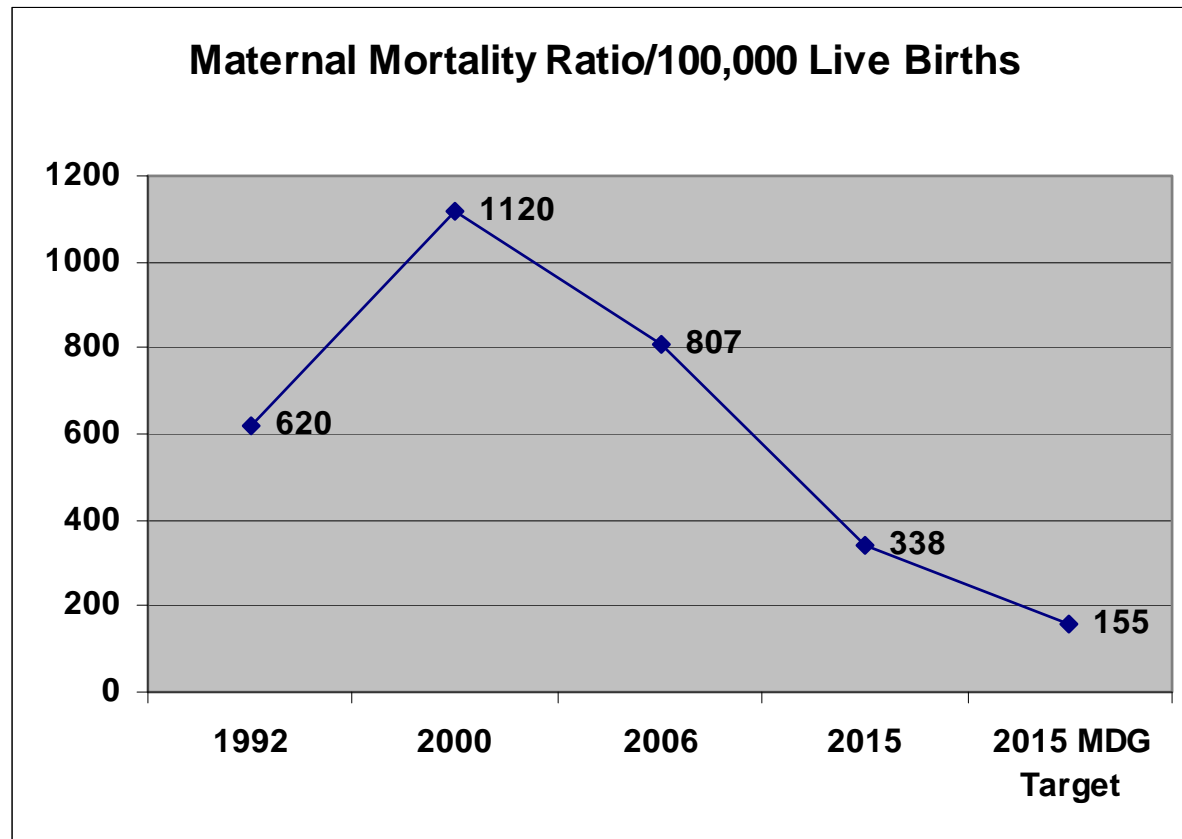
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BACKGROUND: MALAWI



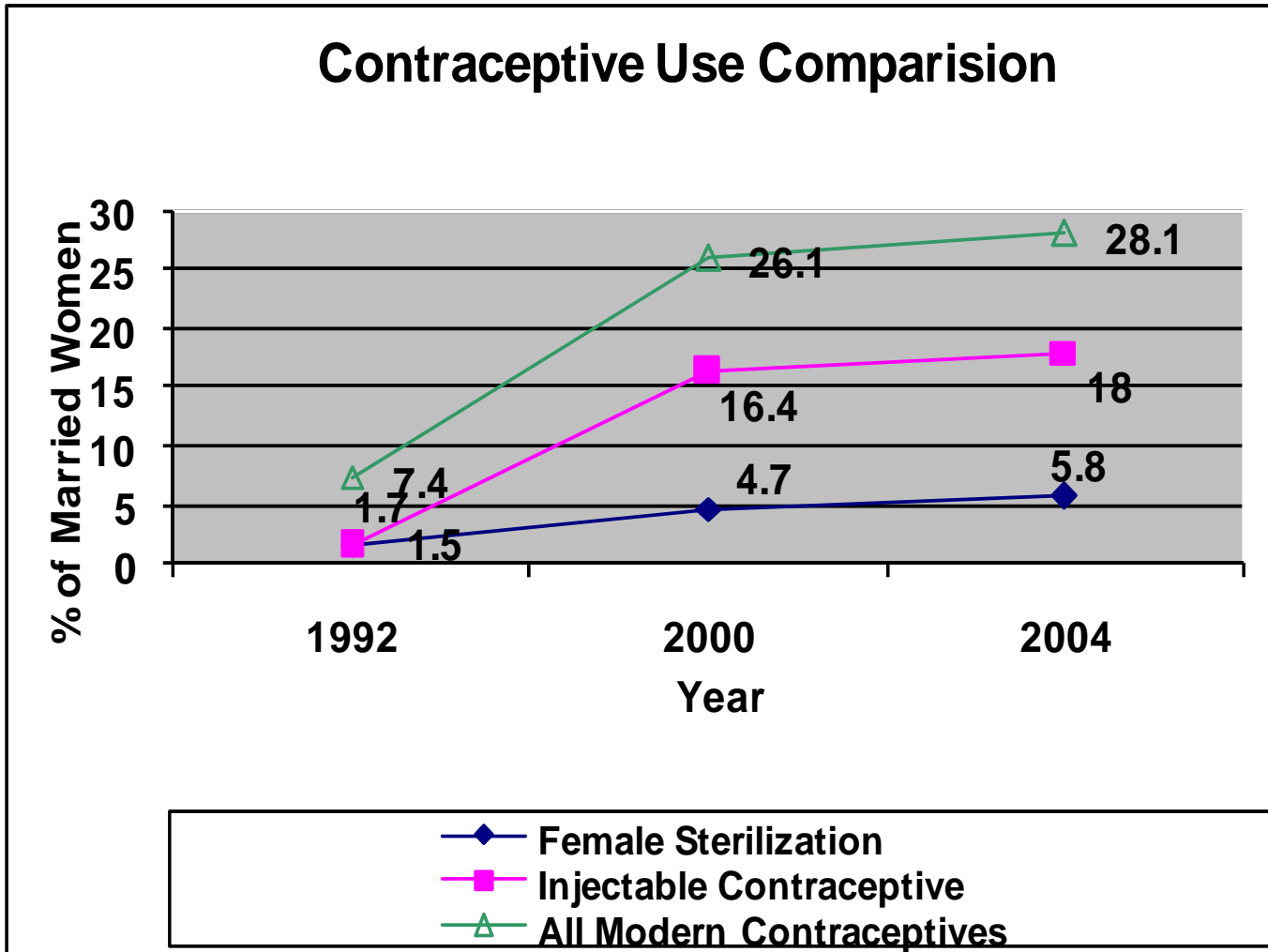


MATERNAL MORTALITY IN MALAWI





CONTRACEPTIVE USE IN MALAWI



Injectable = most popular contraceptive



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CONTRACEPTIVE SECURITY (CS)

Contraceptive security—will exist when every person is able to choose, obtain, and use quality contraceptives and condoms for family planning and for the prevention of HIV and AIDS and other STIs.





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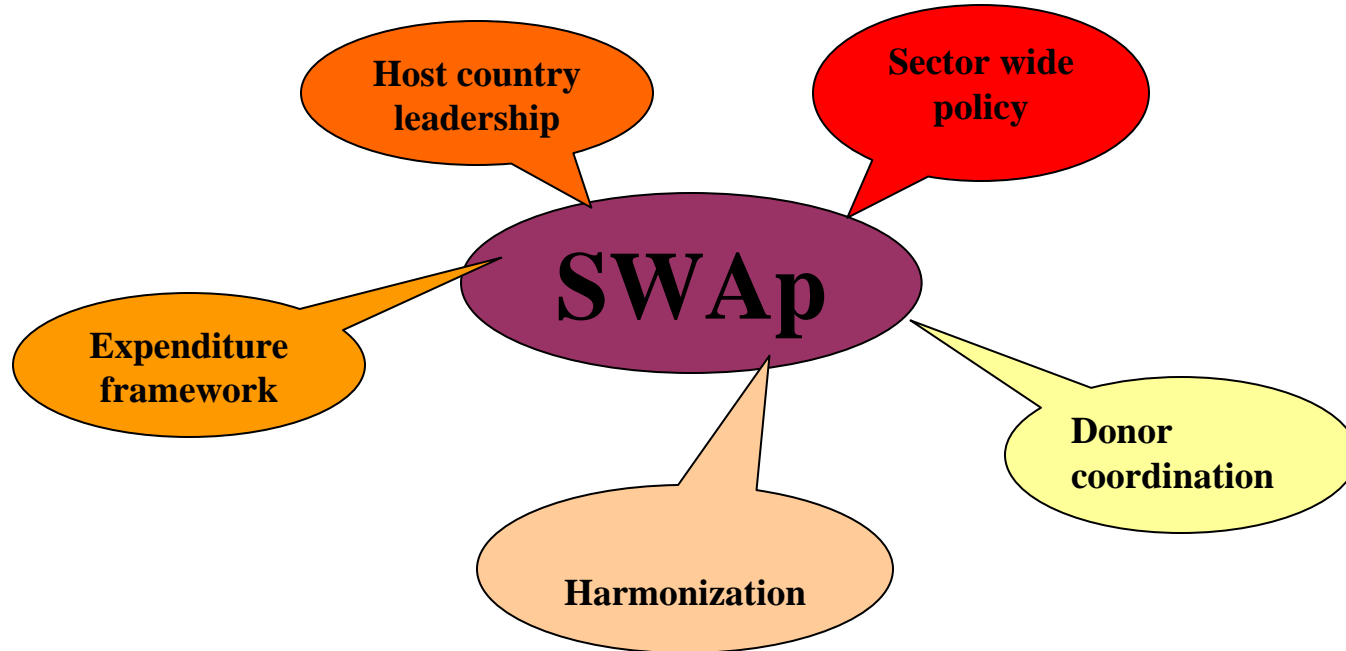
HEALTH SECTOR REFORMS

Sector wide approach (SWAp)

- All stakeholders collaborate to support a single government-led sector plan and expenditure program
- All adopt common technical approaches
- All work to harmonize reporting, accounting, and procurement systems
- Donors commit to support the sector plan
- Financing entities may use *basket (pooled) funding* to place funds into a single account for specified objectives



SECTOR WIDE APPROACH (SWAp) ELEMENTS





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SECTOR WIDE APPROACH (SWAp) (con't)

- Advantages:
 - coordinates donor contributions, increases efficiency and transparency
 - promotes national ownership, strengthens health systems
- Challenges for family planning (FP):
 - must compete against other health priorities for limited resources
 - policymakers often prioritize curative over preventive health products procurement and services
- Malawi began using a SWAp for its health sector in late 2004



INTEGRATION AND DECENTRALIZATION

- Integration of the RH & Contraceptive Supply Chain System into the main Malawi Health Commodities Logistics Management System
- Decentralization—health \$ allocated to each of 27 districts
 - Advantages:
 - District likely more efficient in tailoring services to needs of local (often rural) population
 - Challenges for family planning (FP):
 - Tight district drug budgets → Prioritization of cheaper & curative drugs
 - Initially lack of oversight and monitoring at district level
 - 2007–2008—first fiscal year that districts needed to directly purchase injectable contraceptives from central medical store.



SITUATION IN MALAWI

- Procurement challenges—delays due to prolonged processes & lack of adequate SWAp funds
 - USAID a discrete donor had flexibility to support emergency DMPA Procurement
- District confusion over prices—whether donated or procured using SWAp funds
 - Product price plus 12.5% fee for SWAp procured products, just 5% of price for donated products
 - On average each district requires about 5,000 vials of injectable contraceptives per month currently
 - Translates to 15% of the devolved drug budget if SWAp procured or 0.7% if procured with Discrete Donor funds



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SITUATION IN MALAWI (con't)

- Districts haven't prioritized contraceptive orders
- Health facility contraceptive injectable stockouts ~20% compared with anti-malarial ACT stock out <10%
 - Contraceptive Injectable stockout rate was <5% before health sector reforms
- Central level procurement decisions affected
 - CMS apparently unwilling to procure contraceptives since districts not ordering
- Private sector sources minimal



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LESSONS LEARNED AND RECOMMENDATIONS

Lessons Learned	Recommendations
Competing demands → challenges for mobilizing leaders to fund FP (in environment of SWAp's and decentralization)	-Include FP specific indicators in annual report that monitors performance of the SWAp - Advocate for separate FP budget line
District-level decisionmakers may initially lack awareness of issues affecting contraceptive security	Train districts and consider providing some central level oversight



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LESSONS LEARNED AND RECOMMENDATIONS (con't)

Lessons Learned	Recommendations
Careful planning needed to transfer management capacities for financing and procurement planning of contraceptives to the government and decentralized units	Countries should be prepared for emergency procurements or increased stocks during transition to SWAp and decentralized mechanisms
	Provide capacity building and strengthen local procurement systems to increase government ownership of contraceptive security
Private sector partners may be sidelined in a SWAp	Provide a voice for private sector partners in coordinating & implementing bodies



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Thank you!