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Achieving Contraceptive Security: Is Jamaica Ready?

National Family Planning Board, Jamaica

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Executive Summary

As the number of women of reproductive age continues to increase, and the HIV/AIDS virus continues to be a major development challenge in the world, men and women will continue to need a reliable supply and access to contraceptive methods to make informed reproductive health decisions. The concept of contraceptive security gained currency at the 1994 International Conference on Population and Development held in Cairo, Egypt. Since then, contraceptive security remains a priority for countries receiving assistance, donor countries and agencies, as well as clients using contraceptives. However, as donor agencies and countries have been unable to keep pace with the growing demand for contraceptives around the world, donors have been working closely with countries dependent on donor assistance to purchase needed contraceptives, to develop "models of sustainability to ongoing donor support." Even though some countries now display some of the critical components to achieve contraceptive commodity security such as effective logistics information management system and in country budget for contraceptive purchases, among others, and might not need long periods of continued donor support, some still lack the capacity to maintain sustainable family planning programmes on their own and will therefore need continued donor assistance over the long term. This policy paper will examine the steps taken by the Jamaican government in its quest to achieve contraceptive security. Some of the actions taken by countries across the world to achieve contraceptive security in light of the fall-out in donor assistance will be outlined briefly. The paper will give an overview of the Jamaican experience with providing contraceptives to the population. It will also examine to a limited extent, the degree to which Jamaica has achieved contraceptive security, and will recommend ways in which the Jamaican Government can improve the country's capacity and achieve contraceptive security.

Both primary and secondary methods of data collection were utilised for the preparation of this policy paper. Data was gathered from online articles and books, journal articles, and from three questionnaires that were administered to officers integral to the forecasting and procuring of contraceptive methods at the National Family Planning Board, Jamaica.

It was found that Jamaica, and the National Family Planning Board in general had taken some important steps in the past, that have placed the country on target to achieving contraceptive security. For example a well-functioning logistics management information system is in place at the NFPB and information gathered from the LMIS is used in management decision-making, as well as for the continuous monitoring of supplies and for forecasting and ordering. The agency continues to do forecasts on an annual basis, which has ensured that the NFPB procures the right amount of contraceptives in an appropriate timeframe. The staff members, both at the agency's main office and at its warehouse are adequately trained and are knowledgeable of the standards for maintaining product quality. The NFPB has also effectively put in place procedures for ensuring that the contraceptives received by the agency meet the required standards. It has been

recommended that the Regional Health Authorities take all the necessary steps to strengthen their logistics management information system. It has also been recommended that as an important evidence that contraceptive security is viewed as a priority, policymakers should continue to make available the resources required to finance contraceptive purchases through in-country budget.

ACROYMNS

AIDS	-	Acquired immune deficiency syndrome
EDL	-	Essential drug list
GNP	-	Gross National Product
HIV	-	Human immuno-deficiency virus
ICPD	-	International Conference on Population and Development
IPPF	-	International Planned Parenthood Federation
LMIS	-	Logistics Management Information System
MoH	-	Ministry of Health
NFPB	-	National Family Planning Board
RHA	-	Regional Health Authority
STI's	-	Sexually transmitted infections
UNFPA	-	United Nations Population Fund
USAID	-	United States Agency for International Development
WHO	-	World Health Organisation

Introduction

As the number of women of reproductive age continues to increase,[1] and the HIV/AIDS virus continues to be a major development challenge in the world, men and women will continue to need a reliable supply and access to contraceptive methods to make informed reproductive health decisions. In recent times contraceptive security has become a priority for countries receiving assistance, donor countries and agencies alike, as well as clients using contraceptives. Increasing attention has been placed on achieving contraceptive security as a result of the uncertainty of global funding to finance contraceptive purchase, among other factors.

The concept of contraceptive security gained currency at the 1994 International Conference on Population and Development held in Cairo, Egypt. At that Conference, universal access to a variety of safe, affordable, and high quality contraceptive methods was recognised as a fundamental right of all citizens across the world. The ICPD established the right of all citizens to have access not only to highly effective and affordable methods, but also to have access to the information and services that will allow them to make good reproductive health decisions. This Conference propelled an increase in donor assistance to fund contraceptive purchases and reproductive health programmes on a whole in developing countries. In fact, Gribble (2010) notes that "since 1990, donors have provided more and more funding for contraceptives, increasing from an estimated US$79 million in 1990 to an estimated US$223 million (including World Bank loans and grants) by 2007." (p. 1)[2]

For many decades, many countries in the developing world have been, and continue to be dependent on donated contraceptives.[3] However, as contraceptive use becomes more prevalent across the world, the ability of donors to continue to support contraceptive purchase and donation in many countries has been questioned particularly as a result of donors' inability to keep pace with the rising demand for these commodities. It has been estimated that as much as US$408 million will be needed by 2015 to respond to the unmet need for family planning.[4] It is expected that this figure could increase as more persons have been entering reproductive age, and more efforts are intensifying to promote safer sex practices through the use of contraception.

[1] Whereas in 2005, there was an estimated 1.7 billion women of reproductive age (15-49 years), it has been estimated that the number of women in this age group will reached 1.9 billion by 2020. (Gribble: 2010; p. 2)

[2] (Gribble: 2010). "Financing Contraceptives: A New Funding Environment"

[3] (Gribble: 2010). Financing Contraceptives: A New Funding Environment"

[4] (Gribble: 2010). Financing Contraceptives: A New Funding Environment"

With insufficient funding to meet contraceptive needs in many developing countries, and inadequate logistics capacity to effectively forecast and procure needed commodities in many developing countries,[5] questions have been raised as to the sustainability or ability of family planning programmes in many countries, particularly in the developing world to fulfil the continued contraceptive needs of their citizens.

Increasing concerns have been raised too that the gains made since Cairo could be threatened if donor support halted. As the target year for the review of the Millennium Development Goals approaches, it has been recognised that if family planning programmes are to be successful, and if the targets set at the International Conference on Population and Development, as well as Millennium Development Goals 4, 5 and 6[6] are to be met, "a reliable supply of high-quality contraceptives is a critical component."[7] These concerns are logical particularly as a result of the fact that "the gap between identified resources and demand for contraceptive supplies continues to widen." (Finkle, Hutchings, & Vail: 2001; p. 2)

As a result of this, and in light of continued economic challenges in many donor countries, donors have been working closely with countries dependent on donor assistance to purchase needed contraceptives, to develop "models of sustainability to ongoing donor support." (Finkle, Hutchings, & Vail: 2001; p.3) This need to develop "models of sustainability" has been encouraged too as a result of the fact that donor-driven programmes have been criticised for encouraging and resulting in country and programme dependence and sometimes waste, and has sometimes hindered a country's ability to develop its own capacity to take ownership and responsibility of the sustainability of its own programmes. (Finkle, Hutchings, & Vail: 2001; p.3)

It has also been recognised that even though there is a need for dependent countries to develop their own capacity and ensure that their programmes are sustainable without donor assistance, this might not be possible in the near future for many developing countries, and as such, continued donor support will be necessary. The truth is, many countries still lack the capacity "to maintain viable family planning programmes at all without continued, generous, and system-wide external assistance" from donors. (Finkle, Hutchings, & Vail: 2001; p.3) However, a number of countries including Indonesia and Mexico have "transitioned from donor assistance,

[5] Population Action International: 2001; p. 1).
[6] MDG 4 is to reduce child mortality, MDG 5 is to improve maternal health and MDG 6 is to combat HIV/AIDS
[7] Finkle, Hutchings, & Vail (2001)

[and have] developed a sustainable program mix that [has] relied on the public, private, and commercial sectors." (p. 2).[8] Many of the once totally dependent countries, are now displaying some of the critical components necessary to achieve contraceptive commodity security, and might not need long periods of continued donor support. A recent study conducted among 47 countries "found that many [countries] are [already] using their own funds (either internally generated funds, programmable support from donors, or World Bank loans and credits) to cover a significant portion of the cost of contraceptives provided through public-sector programs." (Gribble: 2010; p. 2) The study also found that even amidst local ownership, available resources in these countries are still way below that needed to meet the unmet needs of citizens in these countries.[9]

This policy paper will examine the steps taken by the Jamaican government in its quest to achieve contraceptive security. The concept of contraceptive security will be accentuated, and a brief background will be presented to provide readers with information as to the origin of the concept of contraceptive security. The paper will then analyse briefly the contraceptive commodity assessment tool. It will then outline some of the actions taken by countries across the world to achieve contraceptive security in light of the fall-out in donor assistance. An overview of the Jamaican experience with providing contraceptives to the population will be discussed briefly. Thus, the agency responsible for making contraceptives available to the Jamaican population, the National Family Planning Board, will be examined. It will also examine, but to a limited extent, the degree to which Jamaica has achieved contraceptive security. The paper will then recommend ways in which the Jamaican Government can improve the country's capacity and achieve contraceptive security.

Issue

What steps have the Jamaican government taken in its quest to achieve contraceptive security?

Statement of Problem-Core Issues

The issue of contraceptive security became a major issue in Jamaica when the United States Agency for International Development outlined in 1992 its intention for a phase-out of assistance

[8] (Gribble: 2010). "Financing Contraceptives: A New Funding Environment"
[9] (Gribble: 2010). "Financing Contraceptives: A New Funding Environment"

to Jamaica as of 1998. Since then, the country has had to develop creative ways of ensuring that the country's citizens' contraceptive needs are met, and that the Family Planning Programme can be sustained in the future. The country has been able to secure donated contraceptive from organisations such as the United Nations Population Fund, and have financed contraceptives purchase through available local resources. Likewise, the NFPB usually receives the full amount requested from the Ministry of Finance and Planning for the financing of contraceptive purchases.

Achieving contraceptive security in Jamaica is crucial. The maternal mortality rate of 95 deaths per 100,000 live births in Jamaica is way above the targeted 75 percent reduction in maternal mortality ratio that is expected to be achieved between 1990 and 2015. This is evident that Jamaica might not be on track to meet MDG 5. If individuals and couples are unable to access contraceptive methods when they want, they will be at risk for unplanned pregnancies, unsafe abortions, sexually transmitted infections (STIs) as well as reproductive tract infections. The truth is most deaths related to pregnancy can be averted if women have access to family planning which could reduce the number of unplanned pregnancies and unsafe abortions that take place yearly. Even more importantly, ensuring that women and men have access to contraceptives when and where they need them is critical to achieving the Millennium Development Goals as well.

Background

Over the last two decades, extensive attention has been placed on ensuring that contraceptive commodities are universally available to men and women in the world, because failure to make these commodities available hinders men and women's ability to regulate their fertility and protect themselves from STIs and HIV. It has been recognised that when men and women readily have contraceptive methods when they need them, not only are we a step closer to achieving the Millennium Development Goals, but also a step closer in reducing poverty and fostering development.

Gribble (2010) noted that "contraceptive security has become a priority not only because of the health and economic benefits of family planning, but also because of changes in demographic trends, the demand for family planning, and the ways development assistance is administered."

(p. 2) With the number of women of reproductive age forecasted to move from 1.7 billion to 1.9 billion by 2020,[10] more persons will continue to demand contraceptive so that they can make informed reproductive decisions. As more persons continue to demand and use contraceptives, the amount of resources that need to be allocated to meet this growing demand will also increase. According to Gribble (2010) in 2005 the estimated total cost to purchase contraceptives was US$914 million. With increasing demand, this cost is estimated to increase to US $1.148 billion in 2020.[11]

Method of Assessment

Both primary and secondary methods of data collection were utilised for the preparation of this policy paper. Data was gathered from online articles and books, and from journal articles. Information on the Jamaican experience was gathered from three questionnaires that were administered to officers integral to the forecasting and procuring of contraceptive methods at the National Family Planning Board, Jamaica.

Where the Idea of Contraceptive Security Came From

Even though many family planning programmes have been around for more than half of a century, the importance of family planning was underscored at the 1994 International Conference on Population and Development held in Cairo, Egypt. In fact, the concept of contraceptive security came to the fore in the 1990s as a result of a partnership between John Snow, Inc's health logistics programme, a United States population advocacy organisation (Population Action International), a U.S. foundation (the Wallace Global Fund), and another U.S. technical agency (Program for Appropriate Technology in Health).[12] This partnership which would later result in the formation of the Interim Working Group on Reproductive Health in 2000 was born out of the need to reduce contraceptive shortage which became more profound as a result of an increasing demand for contraception. The group saw contraceptive shortage as a major problem that needed to be urgently addressed as many clinics in the developing world were reporting that they had no contraceptive supplies to meet the needs of their citizens.

[10] (Gribble: 2010; p. 2)
[11] (Gribble: 2010; p. 2)
[12] (DELIVER project: 2006; p.15)

Recognising that the shortage of contraceptive supplies could be as a result of weak logistics system in these countries, disruptions in donor-supported supplies, poor planning, among others, the group began advocating that contraceptives should be viewed in a way similar to other essential commodities such as food and water. This they believe was necessary "so that country governments, donors, and lenders would commit unequivocally to the availability of needed supplies and synchronize their financial, program planning, and delivery systems to secure it." (Deliver Project: 2006; 15)[13]

Following up on the above partnerships, the 1999 five year review of the ICPD continued to accentuate how important working to achieve contraceptive security was. During the five year review of the ICPD, it was further emphasised that unless the issue of contraceptive shortage, and in effect contraceptive security was addressed comprehensively, achieving universal access to contraceptives would not become a reality. Since the partnership involving John Snow, Inc. was formed, a number of other partnerships, initiatives and groups[14] were developed and launched, and numerous meetings[15] were held in an effort to assist countries in paying closer attention to achieving contraceptive security.[16] These meetings were aimed at providing assistance in building countries' local capacities in logistics management and other key areas that are important to achieving contraceptive security. These partnerships and meetings functioned to expand awareness to the issue of contraceptive security and its importance in meeting many development goals.

The concept of contraceptive security would continue to get further attention as awareness increased to the fact that achieving many of the Millennium Development Goals were to a great extent dependent on the continuous availability of a reliable supply of effective contraceptive commodities.[17] Based on this fact, many donor countries and agencies particularly the United Nations Population Fund and the United States Agency for International Development became

[13] For further information on where the concept of contraceptive security came from see: "Contraceptive Security Practical Experience in Improving Global, Regional, National, and Local Product Availability."
[14] For example after the Interim Working Group on Reproductive Health Commodity Security (IWG) was developed in 2000, a meeting was held in Istanbul which resulted in the formation of the Reproductive Health Supply Initiative (SI) in 2003. As a result of these initiatives, in 2004 a Reproductive Health Supplies Coalition was formed to bring together the expertise of key stakeholders in an effort to ensure that continued attention is placed on securing contraceptives supply and achieving contraceptive security.
[15] The Istanbul meeting was held in May 2001 and an Istanbul Declaration was adopted as well. See "Contraceptive Security Practical Experience in Improving Global, Regional, National, and Local Product Availability" for further details.
[16] The importance of achieving contraceptive security was further strengthened with the use of the slogan "No Product? No Program!"
[17] In fact the 2008 MDG Progress Report outlined that achieving many of the targeted goals would be jeopardised if greater attention was not placed on meeting the unmet needs of citizens.

more committed to provide financial support to assist developing countries to achieve contraceptive security.

Now that an understanding as to where the idea of contraceptive security came from has been highlighted, a few of the main definitions of contraceptive security will be outlined.

What is Contraceptive Security?

Numerous definitions have been put forward to define contraceptive security; however, below are few of the definitions that capture the meaning in a holistic way. Population Action International in a paper prepared for the Interim Working Group on Reproductive Health Commodity Security noted that "contraceptive commodity security is not simply about financing the purchase of supplies. Supplies security cannot be achieved without effective logistics management on every level, from forecasting future needs to preventing stock-outs at clinics." (p. 3) Gribble (2010) emphasises that "contraceptive security exists when people are able to choose, obtain, and use high-quality contraceptives and condoms for family planning whenever they want or need them." (p. 1) Shawkey & Hart (2003) note that "contraceptive security exists when programmes: accurately estimate their requirements…either have or coordinate the resources needed to meet them for the medium-term future (5-10 years); and effectively move those supplies to end users."[18] (p. 156) Even though these three definitions are useful, the definition that is most comprehensive is that of Finkle, Hutchings & Vail (2001).

Finkle, Hutchings & Vail (2001) defined contraceptive security or contraceptive commodity security as "the local capacity to forecast, finance, procure, and deliver good-quality and reliable contraceptives to all men and women who need them." (p. 1) Contraceptive security therefore is defined as a "programme's ability to meet all its contraceptive requirements self-reliantly-that is, providing high-quality products to all men and women who need them." (Finkle, Hutchings, & Vail: 2001; p. 3) Thus:

> A family planning program that possesses contraceptive commodity security is one that has the independent capacity to estimate its current and future contraceptive requirements, consistently secure funding necessary to meet its contraceptive requirements, procure the required contraceptives, and deliver the contraceptives to the individuals seeking services. (Finkle, Hutchings, & Vail: 2001; p. 3)

[18] (Shawkey & Hart. 2003).

Finkle, Hutchings, & Vail (2001) point is strengthened by Gribble (2010) who noted that "contraceptive commodity security assumes the existence of certain core institutional capacities…[and] whether commodities are imported or manufactured domestically, a sustainable program has the autonomous capacity to routinely forecast, procure, regulate, and deliver commodities on an ongoing and long-term basis." (Gribble: 2010; p. 5) Therefore, where a programme or a country has experienced or attained contraceptive security, such a country is able to forecast, procure, and purchase the necessary and appropriate quantity of contraceptive commodities and make them available to all persons who need them, particularly those in the population who are unable to purchase them in the private and commercial sectors.

Understanding Contraceptive Security- Components That are Necessary to Achieve Contraceptive Security

When considering contraceptive security, it is important to understand that there is no one approach to improving or achieving contraceptive security.[19] In fact, a country can be experiencing different levels of contraceptive security based on the different indicators as seen in Finkle, Hutchings, & Vail (2001) contraceptive security assessment tool which will be discussed below. Despite the level of contraceptive security in a country though:

> Ensuring access to essential reproductive health supplies is a complex process. Sustainable access to contraceptives and condoms requires overcoming constraints at the local, national and global levels. Performing these functions successfully requires good data about how much of each commodity has been used (consumption) and how much is left at each level of the supply chain (stock status). (UNFPA: 2010; p. 23).

Finkle, Hutchings, & Vail (2001) contraceptive security assessment tool comprises of 12 indicators organised into three classes (programmatic capacity, policy and economic environment, and needs). This tool is useful in assessing a country's performance, level of contraceptive security and preparedness for sustainability without the need for donor assistance.[20] It is important to note that a country might not be able to achieve a high score on all the indicators in the tool. Nonetheless, the tool can assist countries in paying closer attention to strengthening those areas that they might be weak in as they seek to achieve self-reliance in the provision of contraceptives for their citizens.

[19] (DELIVER project: 2006; p.1)

[20] Gribble (2010) has used a Contraceptive Security Index that includes 17 indicators. This Index tracks a country's advances in different aspects of contraceptive security. For further information on the Index, see Gribble (2010; p.4).

When considering a country's level of contraceptive security, one of the most important considerations to be taken into account is a country's forecasting abilities both over the short-term and the long-term. IPPF (2008) noted that "accurate forecasting is critically important, affecting budget planning-specifically the allocation of funds for contraceptives-and all subsequent steps in the supply chain, from procurement through to transportation, storage and distribution."[21] (p. 26).

Contraceptive Security Tool-
12 Indicators That are Necessary to Examine When Considering Whether a Country has Achieved Contraceptive Security

- **Programmatic capacity**
  1. Forecasting,
  2. Procurement,
  3. Warehousing and delivery,
  4. Logistics Management Information System
- **Policy and Economic environment**
  5. In-country budget for programme,
  6. Evidence of top-level commitment to family planning,
  7. Evidence of top-level commitment to contraceptive supply,
  8. Per capita Gross National Product (GNP),
  9. Commercial Sector capacity
- **Needs**
  10. Safety-net burden,
  11. The level of unmet need for services and supplies,
  12. The availability and accessibility of family planning methods within a

Equally as important is a well-functioning logistic system. Having a mechanism in place that allows a country to "effectively manages and tracks contraceptives in the supply chain and assures accountability for products within the system"- an effective and independent Logistics Management Information System is important to achieving contraceptive security. Finkle, Hutchings, & Vail (2001) noted that "to enable a logistics system to have the right quantities of the right products at the time and place where clients need them, it is necessary that a program be able to estimate the use and losses that will occur for each method and brand of contraceptives required." (p. 5) Hence, an effective LMIS system is important because "it provides managers with the information they need to react or, more important, the information they need to anticipate customers' requirements." ("Logistics Management Information System", p. 49) As such, if an effective logistics system is not in place, forecasting is made more difficult as a result of an absence of reliable data.

Similarly, a country's procurement ability and capacity is important to achieving contraceptive security. Finkle, Hutchings, & Vail (2001) note that, "this indicator assesses a program's

[21] (IPPF: 2008)

capacity to warehouse and deliver contraceptives independent of external assistance." (p. 6) Therefore, a country that seeks to achieve contraceptive security has to be able to effectively and independently procure the necessary commodities in the right quantity and at the right time so that clients can access them whenever they need them.

Therefore, having an effective forecasting mechanism, a well-functioning logistics management information system, and an effective monitoring and evaluation mechanism in place will also ensure that the contraceptive methods that are demanded by the citizenry is procured at the best prices, quality and time as may be necessary, and will also ensure that the required adjustments can be made in cases where supplies become low.

Finkle, Hutchings, & Vail (2001) went on to note that "the proportion of the total family planning budget financed by in-country sources provides a measure of a country's independence from donors to financially sustain family planning activities." (p. 6) Hence, if the majority of a country's contraceptive purchases is financed by in-country resources, then such a country's family planning programme is more sustainable over the long term than a country that is more dependent on donor assistance and thus is less self-reliant.

To achieve contraceptive security it is necessary that top-level commitment to family planning is evident. According to Sciortino (2010), "political and economic environments shape the way contraceptive services and commodities are provided, as well as their degree of access and affordability to the users." (p. 11) Therefore, where strong political support and commitment to family planning efforts exists, governments will be more likely to have "the public sector… shoulder the increased burden of family planning costs…or… [have] other in-country sectors do so." (p. 6) Closely associated with political support is the creation of a facilitating policy environment. Finkle, Hutchings, & Vail (2001) note that, "the presence of import laws and legal regulations that facilitate the importation of contraceptive supplies that are not produced locally" is another important component to take into consideration when assessing a country's level of contraceptive security. Equally as important is the creation of a facilitating environment for the importation of contraceptive supplies, and the absence of cumbersome import regulations that lengthens the time to procure needed contraceptive supplies. This is crucial so as to ensure that contraceptive supplies are more easily and speedily sourced when clients need them.

Likewise, it is important that a country's per capita Gross National Product and its safety-net burden are examined when considering whether a country has achieved contraceptive security. In cases where the majority of a country's population is made up of persons below the poverty line, the burden on the public sector to supply subsidised or no cost (free) contraceptives is greater. This is necessary so as to ensure that all persons can access needed supplies regardless of their ability to pay. Thus, the greater the ability of citizens to purchase their own contraceptives, the more likely it is for a country to achieve and sustain contraceptive security. (USAID, 2010, p. 7) In other words, assessing a country's per capita Gross National Product indicates among other things, the purchasing power of the population of a country. Hence, the higher the per capita GNP, the more likely it is for more persons to pay and source the contraceptive commodities that they need in the private and commercial sectors.

Finkle, Hutchings, & Vail (2001) pointed out that "the share of the commercial sector in the contraceptive market indicates its present and likely future role for supplying products to consumers who can afford to pay competitively priced services and commodities." (p. 6) Employing a total market approach will ensure that "all segments of the market are being reached and the role of different public, private, and Nongovernmental organization (NGO) providers is understood." (Deliver Project: 2006; p. 2) Thus, where a country's per capita GNP is high, the government can have the private and commercial sectors shouldering the burden of supplying contraceptives for the more affluent persons in the population. This is important as it will allow the government to use the limited financial resources a country has to make contraceptives available at subsidised or at no cost to those who are in need, but are unable to pay for contraceptives.

It is therefore important to understand that a country seeking to achieve contraceptive security must have in place, among other things, a strong forecasting, warehousing and delivery system, and LMIS and procurement system so that the right amount of commodities can be procured and made available to clients when they need them without the occurrence of stock-outs. Equally important is to create an enabling policy environment that supports the purchase and provision of contraceptives for the population's use, evidence of national government's commitment to achieving contraceptive security, as well as adequate financing to secure contraceptives purchases. Likewise, adequate human resources will also be necessary. The next section will

outline some of the actions taken by countries around the world to achieve contraceptive security.

Actions Taken by Countries in an Effort to Achieve Contraceptive Security

Gribble (2010) points out that, "to ensure sufficient funding for contraceptives, family planning advocates have developed several successful strategies." (p. 3) These strategies include among other things, the creation of budget line items for contraceptives, the inclusion of contraceptives on essential drug lists and designating them as "essential commodities," and incorporating family planning into national social insurance programmes and basic health benefit packages, among others.[22]

Creating budget line items for contraceptives, according to Gribble (2010), has become common in recent years in an effort to ensure that funding for family planning is included in national budgets. Using budget line items for the procurement of contraceptives is one of the commonly used indicators today to determine how committed a government is to financing contraceptives purchase. In Peru, and other countries for example Togo, Madagascar, Uganda, Jordan and others, protected budget line for contraceptives have been created which shows the governments' commitment to achieving contraceptive security.[23] However, creating budget line item is only a step in the process, and does not guarantee funding for contraceptives purchase. In fact, even in cases where budget line items have been created, challenges have been experienced in getting full government funding for budget line item. Based on this fact, Gribble (2010) notes that, just as important is to ensure that advocacy remains strong so that "the line is adequately funded each year" and that the necessary resources are mobilised when needed.

Another strategy many countries have been employing in light of the fall-out in donor funding and assistance is to include contraceptives on their countries' essential drug list (EDL).[24] By including contraceptives on a country's essential drug list "means that they [(commodities)] can be purchased with public funds." (p. 3) This strategy has so far been employed in Costa Rica and by some of the countries in Eastern Europe. In many of the Eastern European countries, for

[22] (Gribble: 2010; p. 3)
[23] (Gribble: 2010; p.1) For further details, see also "Policy Environment: Understanding the Context for Contraceptive Security"
[24] According to the World Health Organisation "essential medicines are those that satisfy the priority health care needs of the population."

example Romania, "family planning [have been included] in a broad range of social insurance and public health programs." (Gribble: 2010; p. 3) In fact, a change in policy in Romania facilitated greater access to family planning as more persons could access these commodities free of charge as part of basic health benefits. (Gribble: 2010; p. 3) In Swaziland, oral hormonal and injectable hormonal contraceptives as well as the male and female condoms were included on the country's Essential Drugs List so that more persons could access them.[25] In Jordan, the government named contraceptive as a public good.

Other countries have utilised the use of a whole market approach in their quest to achieve contraceptive security.[26] Even though many countries ideally would like to make contraceptives free of cost to users, because of financial constraints, and the unsustainability of this initiative, the whole market approach[27] was introduced. This approach facilitates the inclusion of all the critical stakeholders in the public and private sectors (including social marketing groups, Non-government organisations, commercial organisations, and others) to become involved in the process of providing contraceptives to those in need of the commodities in the society that they were best suited to serve. The whole market approach has proved to be important and beneficial as it lessens the burden on the public sector. This approach however, according to Gribble (2010) "requires coordination among the sectors, well-developed communication strategies, and monitoring market trends."

Since it "shifts the responsibility for addressing family planning needs to a larger set of provider organizations, the financial responsibility to finance and meet the reproductive health needs of men and women, does not rest entirely on the public sector"[28] and therefore allow those most in need to be reached.[29] Turkey is among the countries that have employed this strategy with some success. In the 1990s an agreement between the Government of Turkey and donors resulted in a plan phase-out of donated contraceptives by 2000. In light of this, and as a result of a lack of adequate resources in the public sector to meet the needs of all clients, the Government of Turkey approached the private sector to provide contraceptives for those who could afford to pay

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[25] See "The Essential Medicine List of Swaziland" for further details.

[26] For further information on whole market approach see "Engaging Service Delivery Providers in Contraceptive Security."

[27] This approach according to Gribble (2010) "engages all sectors as much as possible, with each sector filling a rational, complimentary role," (p. 4) and where each stakeholder serves an appropriate audience or clientele.

[28] (p. 4)

[29] In Romania, for example, Gribble (2010) notes that where the whole market approach has been employed both the public, private and non-governmental sectors are involved in the process of supplying contraceptives, so that government subsidies are used to supply contraceptives to women in poor and rural areas, while the private sectors supply commodities to those women in the more affluent urban areas that can afford to purchase the commodities. (p. 4)

for these commodities. The utilisation of the whole market approach would later prove beneficial as it assisted in preparing Turkey for the withdrawal of USAID contraceptive support.[30]

These are only a few of the strategies that have been utilised by other countries as they continue their quest to find creative ways of financing contraceptive purchases and achieving contraceptive security. In the next section, a brief overview of the National Family Planning Board will be outlined and the actions taken by the Directorate at the agency to prepare the NFPB and Jamaica by extension for achieving contraceptive security will be examined.

National Family Planning Board- the Agency Responsible for Making Contraceptives Available to the Jamaican Public Sector

The National Family Planning Board, established in 1970 is the agency of government that has the:

> Power to prepare, carry out and promote the carrying out of family and population planning programmes in Jamaica and to act as the principal agency of Government for the allocation of financial assistance or grants to other bodies or persons engaged in the field of family and population planning in Jamaica.[31]

It is the agency of government responsible to a great extent, for ensuring the availability of an adequate contraceptives mix which comprises of both short-acting and long-acting methods. This is necessary for assisting the population in making informed reproductive decisions, as well as increase contraceptive use among the population.[32] In the past, the NFPB was responsible for procuring and supplying contraceptives directly to the more than 300 Ministry of Health clinics in Jamaica. However, after the Regional Health Authorities were established, this responsibility has since been removed from the NFPB. Today, the agency is only responsible for procuring and supplying methods directly to the RHAs as requested by those agencies.

Even though the NFPB has the main responsibility for providing the necessary contraceptives that the Jamaican citizenry needs, like many other developing countries, Jamaica has received both financial and technical assistance in this regard from external donor agencies. The United States Agency for International Development (USAID) for example has supported the National Family Planning Programme in Jamaica for many years. Likewise, the National Family Planning

[30] For further details, see "Taking a Whole Market Approach" retrieved from: http://www.k4health.org/sites/default/files/Ready%20Lessons%20I_sect%203_eng.pdf
[31] *The National Family Planning Act.*
[32] *Family Planning Logistics Manual.*

Programme has been strengthened as a result of the assistance provided by that agency over the many years.

However, in 1992 the USAID launched a Family Planning Initiatives Project[33] in an effort to increase the family planning programme's effectiveness and sustainability over the next seven years. The Project was also launched to prepare the Programme and the country for the pending phase-out of USAID's assistance by 1998. One of the main aims of the Project was to "shift some of the public sector service recipients into the private sector; and [to] promot[e] family planning and population programs in Jamaica." (p. 9) It also aimed at "ensur[ing] that the transition [from donor support was] smooth and that the [family planning] program [could] continue to be effective…" (p. 4)[34]

Up to 1995, the NFPB was unable to conduct forecasting and procurement procedures independently and was without a logistics manager at the agency.[35] The NFPB also lacked the kind of technological advances that was critical in forecasting and procurement of contraceptives. To overcome some of the challenges faced by the NFPB, the USAID in its Midterm Evaluation Report[36] recommended that the person to fill the position of logistics manager should participate in the John Snow Inc./Family Planning Logistics Management course in Washington DC, as well as any other training course as may be recommended by John Snow and/or Centres for Disease Control.[37]

Actions Taken by the NFPB's Directorate to Prepare the Agency and Jamaica for Contraceptive Security

To overcome some of the challenges faced by the NFPB, and Jamaica on a whole in its quest to achieve contraceptive security, the NFPB made a number of changes which assisted in preparing Jamaica for achieving contraceptive security. One of the first actions the agency took in 1993 was to have the Service Statistics Software installed. In that same year, a Management

[33] This Project, which was a bilateral agreement between USAID/Kingston and the Government of Jamaica (1992-1998) was launched before a major case of fraud was discovered at the NFPB amounting to approximately US$50,000 which later resulted in the decertification of the NFPB from receiving advances or directly disbursing funds from the USAID, a practice which was the norm for previous projects. This Project was expected to be the last in a series of bilateral agreement between the United States of America and the GoJ.

[34] Murray (1992).

[35] In an effort to develop the NFPB's capacity to effectively forecast and manage the process of procuring commodities and the logistics system, the USAID provided assistance to the NFPB to develop a Family Planning Logistics Manual which should assist the persons responsible for logistics management to understand the different stages involved "for effecting an proficient logistics management system."

[36] The Midterm Evaluation was done in September 1995

[37] P. 37

Information System[38] training workshop was held. Immediately after, the implementation of the Direct Distribution or Top-Up Contraceptive Logistics System at the NFPB (which was later implemented island-wide) was a major boost which prepared Jamaica for achieving contraceptive security.[39] This Top-Up system proved effective for gathering logistics data across the island, and would facilitate the delivery of adequate quantity of supplies to each clinic as was needed thus preventing stock-out as well.[40] As the system allowed NFPB's staff to keep track of the expiration dates of commodities in clinics in the field, it was effective in preventing wastage of the contraceptive commodities. This was done by moving commodities that would expire soon from clinics with low client usage to those clinics at which usage rate for the commodity was higher.[41]

The implementation of the Contraceptive Tracking System at the NFPB's warehouse, and the availability of staff that possessed the necessary skills to operate the system effectively was another major boost. Five staff members at the NFPB went on training programmes and a Jamaican Condom Regulation and Procurement Study Tour from November 16-22, 1997. Shortly after, a Logistics Manager was employed at the Board to oversee the logistics management system, among other things. The development of two manuals, a procurement manual and a family planning logistics manual would later provide guidance to the staff of the Board who had responsibility for procuring contraceptive commodities and logistics management on how to do international tendering, as well as manage the many stages in the logistics management system.

Another step taken at the NFPB which prepared Jamaica for achieving contraceptive security was the installation of the FamPlan and DemProj software which are part of the Spectrum Policy Modeling System. The DemProj program is used to create the population projections based on

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[38] The Logistics Management Information System is important as it maintains warehouse data which includes the amount of contraceptives dispensed to clients, as well as the amount that has been received. It also tracks the amount of each contraceptive that is available in the warehouse, their batch number as well as their expiration date.

[39] Commodities were distributed from the NFPB using either a Top-Up system or on a Requisition basis as was the case for Depo-Provera, or any other request for methods from other organisations, in addition to the clinics. The Top-up contraceptive system was implemented with a pilot test in three parishes in 1992, Kingston and St. Andrew, Clarendon and St. Ann. By the beginning of 1994, two additional parishes were added and the remaining eight parishes were added by the end of the same year. This Top-Up system ensured that clinics were adequately stocked with the necessary contraceptives at all times. It entails the logistics staff at the NFPB making quarterly visits to these clinics where they assess the clinics' current stock level and estimate the average contraceptive use per month. At all times the stock would be "adjusted to the maximum level which is safety stock (2 months use) plus re-supply interval (3 months use), or 5 months' supply based on usage rate." See page 13 of the *Family Planning Logistics Manual* for further details.

[40] For further information on the how the top-up system works, see "Logistics Management Information System: Tracking the Flow of Products to Customer"

[41] However, the responsibility for topping-up clinics by the NFPB was later changed after the Regional Health Authorities decided to order and request the commodities needed by the clinics when such a need arises.

the current population, and fertility, migration and mortality rates for a region or country.[42] This programme supports the other components of the Spectrum System.[43] The Famplan programme on the other hand "projects family planning requirements in order for consumers and/or nations to reach their goals of contraceptive practice or desired fertility."[44] The Famplan programme is useful in projecting the future implications of achieving a certain number of acceptors of different contraceptive methods, and the costs and benefits of family planning, as well as the "improvements in per capita coverage of social services that might be expected as a result of reduced population growth." (Stover & Heaton: 1999; p. 5-6) Even though the programmes are not presently being utilised by the NFPB as result of the unavailability of staff members at the agency who have been trained in the use of the software, the staff member at the NFPB who has responsibility for forecasting still prepares forecasts manually.

Despite the shortfalls that were identified with the National Family Planning Programme in the early 1990s, the Government of Jamaica continued to give a stable amount of financial resources to the Ministry of Health to fund[45] the family planning programme and the procurement and purchase of contraceptives. Since then, the Government of Jamaica has provided an annual subvention to the agency to assist in its activities. This action is evidence of the Government's strong political commitment to the family planning programme. Equally as important, is the fact that "the purchase of contraceptives became a line item in the MOH budget, and funding has been provided regularly to the NFPB in the amount requested." (p. 21)

The Government of Jamaica has also created an enabling environment for the National Family Planning Board to continue to procure the necessary amounts of contraceptive commodities required to meet the contraceptive needs of clients in the public sector. The National Family Planning Act exempts the NFPB from paying import duties and stamp duty "in respect of goods which the Collector-General is satisfied are imported to Jamaica for the use of the Board."[46] The fact that the NFPB enjoys tax exemption when it procures contraceptive commodities continues to prove that the government is dedicated to creating an enabling policy environment for the

[42] Stover, John & Sharon Kirmeyer. 1999. *DemProj Version 4 A Computer Program for Making Population Projections.*
[43] The Spectrum Policy Modelling System is a Windows-based system of integrated policy models comprised of five components: DemProj, FamPlan, Benefit-Cost, AIDS Impact Model (AIM) and the Socioeconomic Impacts of High Fertility and Population Growth (RAPID). For further details see *FamPlan Version 4*
[44] Stover, John & Laura Heaton. 1999. *FamPlan Version 4 A Computer Program for Projecting Family Planning Requirements*
[45] At that time, the cost of family planning only represented a small proportion of the overall health budget (possibly one percent or less) and a very small proportion of the overall Government of Jamaica budget.
[46] See page 6 of *The National Family Planning Act* for further details.

procurement of contraceptives. Likewise, the removal of user fees on contraceptives in the public sector has made it easier for clients to access contraceptive methods regardless of their socio-economic background and their ability to pay for these methods, thereby resulting in an increase in accessibility by clients.

Extent to Which Jamaica has Achieved Contraceptive Security-Strengths and Weaknesses

In this section the extent to which Jamaica (through the activities of the NFPB) has achieved contraceptive security will be examined, however to a limited extent. In order to determine whether Jamaica has achieved contraceptive security based on the capacity of the NFPB, the Contraceptive Security Tool will be used to assess the country's achievements as it relates to the 12 listed indicators included in the Tool. Even though the agency, and Jamaica will be assessed using the Tool, a score will not be given. In determining the NFPB's capacity, the responses from three questionnaires completed by officers at the agency will be used.

After discussions with staff members of the NFPB that are integral to forecasting and procuring contraceptives in the agency, it was found that the National Family Planning Board prepares forecasts on an annual basis. Also included in the annual forecasts are the cost and budget for goods as well as warehousing and transport costs. However, as a result of the fact that the lead time for procuring contraceptives is six months, it was stated that the NFPB does not do short-term procurement plans. It was also stated that procurement requirements take into account inventory levels.

It is important to note that the NFPB procures the right amount of contraceptives in an appropriate timeframe. It was indicated by the officer responsible for procuring contraceptives that the NFPB knows and complies with procedures and timeframes for ordering commodities from suppliers and donors. As it relates to warehousing and delivery, the NFPB has adequate storage capacity to store contraceptive commodities. Similarly, there is an adequate transportation system in place at the NFPB to move supplies when required. The warehouse staff members at the agency conduct a physical inventory of contraceptives at the end of each financial year, and also conduct checks on a quarterly basis. This allows them to effectively track

and document system losses. A mechanism is also in place at the agency which allows clients as well as service providers to make reports/complaints to the NFPB when the need arises.

In the past, a documented distribution schedule was in place. However, presently the NFPB only procures commodities which are collected from the agency by the Regional Health Authorities or other clients, including Non-governmental organisation based on their needs. In other words, each RHA is responsible for ordering their required contraceptive supplies from the NFPB. As such a physical inventory of contraceptives cannot be done by the NFPB at the clinic level without the approval of the RHA. The agency can only verify whether adequate stock is in place at the national level. This makes it difficult for the NFPB to verify whether each level is adequately stocked. This is as a result of the fact that the RHAs are statutory authorities with similar power as the NFPB. Admirably, so far there has not been a stock-out at the NFPB. Another issue is the fact that the NFPB does not have any control over the private and commercial sector. However, as there are representatives in the private sector that visit pharmacies on a regular basis to keep track of available stocks, there has not been any reported stock out in the private and commercial sector either.

Equally as important is the fact that warehouse staff members are adequately trained and are knowledgeable of the standards for maintaining product quality. As mentioned before, five staff members at the NFPB went on training programmes and a Jamaican Condom Regulation and Procurement Study Tour from November 16-22, 1997. In addition, in 2007, the Executive Director of the NFPB attended the Reproductive Health Commodity Security (RHCS) Capacity Building Workshop for the English and Dutch Speaking Caribbean in Antigua and Barbuda from October 22 to 24, 2007. Two years later (2009), the Statistical Analyst and the Warehouse Manager at the NFPB went on a study course in St. Vincent and the Grenadines as part of the United Nations Population Fund introduction of the Channel Commodity Management Software.

The NFPB has effectively put in place procedures for ensuring that the contraceptives received by the agency meet the required standards. This is mainly done in part by ensuring that the necessary specifications are met. Likewise, visual inspection of contraceptives takes place on arrival of the shipment in the country and on a continual basis. It has been a practice at the NFPB that contraceptives that have short expiration dates are issued first, or those that are procured or

received first are distributed first (FIFO-first in, first out) especially to RHAs that have clinics with higher usage rate for contraceptives so that the commodity can be used prior to the expiry date. Likewise, in cases where clinics have stocks which are not likely to be used by clients of those clinics before their expiration dates, these contraceptives are moved to other clinics with higher usage rate for these contraceptives. Equally as important, products are destroyed by the agency once they are found to be unfit or if their expiry dates have passed.

It is clear based on discussions with the staff member responsible for LMIS that the basic elements of a Logistics Management Information System are in place at the agency. Information on beginning inventory balance, supplies received, supplies issued, ending inventory balance, and system losses are all recorded at the NFPB in the form of stock cards. Information gathered from the LMIS is used in management decision-making, as well as for the continuous monitoring of supplies and for forecasting and ordering. However, because LMIS information is only kept at the central level, summary data is not periodically provided to regional or sub-regional distribution facilities.

It was reported that the entire family planning budget was available from in-country resources for both the 2012/2013 and 2011/2012 financial years based on information received from finance officer at the NFPB.[47] The NFPB also receives on most occasions, the amount of funding from the Ministry of Finance as requested for contraceptive purchases. Also, the NFPB has extra budgetary funds which are to be used to support the contraceptive budget. Notwithstanding, the NFPB also uses other resources to fund the purchase of contraceptives. Since the 1994 International Conference on Population and Development, the Board has not operated within a policy related to population growth rate. Likewise, family planning activities are supported for demographic reasons and family planning services are promoted, and are offered by the NFPB as well. Even though the NFPB supplies contraceptives to the public sector, policies are in place that allows the private and commercial sector to provide family planning methods and services in the absence of government-sponsored activity. In fact, a number of contraceptive users now source many of their methods in the private and commercial sectors. However, the Government of Jamaica's recent decision to tax contraceptive methods in the private sector is a cause for

[47] For example in the 2011/2012 fiscal year the Government of Jamaica funded J$73M of the J$103M total family planning budget, while the $30M shortfall was funded from the NFPB's resources.

concern especially as it relates to contraceptive security. This is particularly the case as more persons might be forced to obtain their methods in the public sector which could put a strain on the already limited resources that exists in that sector.

For example whereas male and female sterilisation procedures, intrauterine devices, and injection are sourced mainly in public sector health facilities in Jamaica, condoms and pills are mainly sourced from private pharmacies. All the contraceptive methods and procedures listed above are readily available and accessible to the reproductive population at no cost in public sector facilities. Equally as important, laws and regulations have been put in place that facilitate the importation of the required contraceptive commodities by the agency. For example, as the NFPB is a government agency, it is exempted from paying general consumption tax on all items whether purchased locally or imported including contraceptives.

Based on the above, and to revisit Finkle, Hutchings & Vail (2001) definition of contraceptive security or contraceptive commodity security as "the local capacity to forecast, finance, procure, and deliver good-quality and reliable contraceptives to all men and women who need them" it can be argued that the NFPB's capacity to forecast, procure and effectively ensure that an adequate supply of contraceptives is always available for clients' use has been strengthened over the last two decades. However, as the RHAs are responsible for ordering their required contraceptive supplies, there is no way to effectively verify whether the service level is effectively stocked at all time. This is important to ensure that men and women can get the commodities they need, when and where they need them so they can make informed reproductive decisions. This is one of the challenges that will need to be addressed and overcome if Jamaica is to achieve contraceptive security.

Conclusion

As have been argued in this paper, numerous definitions have been put forward to conceptualise contraceptive security. However, the definition that was most comprehensive is that of Finkle, Hutchings & Vail (2001) which defined contraceptive commodity security as "the local capacity to forecast, finance, procure, and deliver good-quality and reliable contraceptives to all men and women who need them." (p. 1) It has been argued that the concept of contraceptive security

came to the fore in the 1990s as a result of a partnership between a number of groups that believed that contraceptive security should be made a priority based on its importance to development. It has been discussed that it was not until the 1994 International Conference on Population and Development held in Cairo, Egypt that the concept gained currency. Since then, increasing attention has been placed on achieving contraceptive security. This has been partly as a result of the uncertainty of donor funding to finance contraceptive purchases, in light of the growing number of persons who are now using these commodities and the continued increase in the reproductive age population.

As a result of these factors, it was discussed that donor countries have been working closely with many developing countries to develop models of sustainability so that countries can take ownership of their own family planning programmes. It has been argued that many countries will continue to need donor assistance over the long term. However, as many countries already have in place components that are important to achieving contraceptive security, their needs for continued assistance might not be as grave as those that are totally dependent on donor support and assistance. It was found that some countries have created budget line item for contraceptive commodities, while others have placed a wide variety of contraceptive commodities on essential drug lists, or have incorporated family planning into national social insurance programmes and basic health benefit packages. Other countries have seen the importance and benefits of including all the critical stakeholders in the public, private and commercial sectors as well as NGOs, using a whole market approach.

In Jamaica, contraceptives have become a line item in the Ministry of Health budget, while all the methods available in the public sector are offered at no cost to the users. Likewise, a well-functioning whole-market approach has been incorporated in Jamaica. This has somewhat reduced the burden on the public sector as those in the population who are able to afford and source their methods in the private and commercial sectors can do so, while those who are unable to pay can source the methods they need in the public sector. Recognising the importance of an effective logistics management information system to achieving contraceptive security, a successful LMIS has been functional at the National Family Planning Board for many years. This has allowed the agency to procure the necessary commodities that the reproductive health population need so as to make informed reproductive health decisions, as well as prevent stock-

outs at public health facilities. These activities have assisted in putting Jamaica in a better position for achieving contraceptive security.

In concluding, it is imperative that governments and policymakers understand that "there is no single way to achieve contraceptive security because each country and program have their own contextual issues that advance in different ways." (Gribble: 2010; p. 3) Nonetheless, even as countries' experiences differ, and each country is unique in its own rights, countries can share experiences and lessons learned so that successes garnered can be duplicated and replicated where possible, and mistakes made in the past will be carefully not repeated.

Recommendation-Achieving Contraceptive Security

A 2006 paper prepared by Deliver Project for the United States Agency for International Development outlined 10 areas that need to be addressed if contraceptive security is to be attained and maintained in a country.[48] These 10 areas are outlined in the text box to the right. Based on these 10 important areas it is being recommended that:

> **10 Areas that need to be present in a country if Contraceptive Security is to be Achieved**
>
> 1. **Commitment of key stakeholders** to contraceptive security
> 2. Establishment of a **favourable policy environment** that will facilitate the provision of contraceptives in both the public and private sectors
> 3. **Strong coordination among all stakeholders**
> 4. Use of a **whole or total market approach** is important to reach different segments of the market and avoid duplication and address gaps
> 5. **Diversified funding mechanisms** need to be adopted and coordinated among various stakeholders-donor, NGOs, public and private sectors
> 6. **Effective forecasting mechanism** needs to be in place that will accurately forecast commodities use and needs
> 7. **Well- functioning logistics management information system** need to be in place so that men and women can get the methods they need when and where they need them
> 8. **Equal access to service delivery by all clients** regardless of their location or their ability to pay for the contraceptive methods
> 9. **Effective monitoring and evaluation mechanism** be put in place
> 10. **A focus on clients** and an understanding of the reasons for unmet need
>
> Source: *Contraceptive Security Practical Experience in Improving Global, Regional, National, and Local Product Availability*

1. The Regional Health Authorities take all the necessary steps to strengthen their logistics management information system.
2. Even though the NFPB currently conducts forecasting manually, as the agency has already installed the FamPlan and DemProj programmes at the organisation, it is recommended that every effort be made to bring the software into use as this move will provide more accurate forecasting information and will be beneficial in forecasting future contraceptive needs, among other things.
3. Despite the fact that the government is operating in a tight fiscal space, based on the important role that family planning has to play in overall development, stronger commitment is needed from high ranking policy makers so that contraceptive security can be continuously seen as public health policy priority. An important evidence to

[48] Deliver Project. 2006. "Contraceptive Security Practical Experience in Improving Global, Regional, National and Local Product Availability." Retrieved from:

prove that contraceptive security is viewed as a priority is to ensure that the majority of the cost for contraceptive purchases can be supported through in-country budget.

4. In preparing this paper, it was recognised that the MoH's essential drug list was not available as it was being updated. Continuous checks with the Ministry did not reveal whether any of the contraceptive methods are now listed on the VEN list. In the event that contraceptives are not on the current VEN list, since the list was reported as being updated, it is recommended that at least two contraceptive methods namely the male condom, and the pill or injectables should be placed on the country's essential drugs list so that resources needed to purchase these items will always be secured as a priority.
5. The decision taken by the Government of Jamaica to tax contraceptives is of major concern. This could have a possible negative repercussion as it relates to affordability and accessibility of the methods and might possibly result in an increase in uptake in the public sector, putting the sector under further resource strains. Given the important role that contraceptives play in preventing unplanned pregnancies and the spread of STIs, every effort should be made by the government to reconsider plans to tax these important commodities.
6. Consideration is given to ensure that those who are integrally involved in the procurement and logistics management processes remain fully equipped with the skills and training required to effectively conduct procurement and logistics management activities at the NFPB.

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Appendix

PROGRAMMATIC CAPACITY QUESTIONNAIRE-CONTRACEPTIVE SECURITY

1. Forecasting.

- Has the NFPB prepared, updated and validated periodic forecasting of consumption?

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- Are forecasts of consumption properly prepared for each program, method, and brand on both a short-term-(e.g., annual) and longer-term (e.g., three years) basis?

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- Are forecasts prepared in accordance with programme needs of local budgeting and procurement cycles?

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- Are forecasts prepared and updated using the most recent and appropriate data?

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- Are forecasts validated by comparing forecasts consumption with reported consumption for past years?

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- Do forecasts incorporate the cost and budgets for goods as well as warehousing and transport costs?

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2. Procurement.

- Does the NFPB uses contraceptive consumption forecasts to determine short–term procurement plans?

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- Does the procurement requirements take into account inventory levels, coordination of suppliers/donors, shipment and handling schedules, and anticipated changes in programme activity?

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- Has the NFPB been actively monitoring/managing coordination among suppliers/donors?

- Has the NFPB been procuring the right amount of contraceptives in an appropriate timeframe?

- Does the NFPB knows and complies with procedures and timeframes for ordering commodities from suppliers and donors, including trade, regulatory, and current restrictions?

3. Warehousing and delivery.

- Would you say that the storage capacity and conditions at the NFPB warehouse are adequate?

- Has at least one physical inventory of contraceptives been conducted per year at each level in the local supply chain?

- Are the staffs at the NFPB knowledgeable of the standards for maintaining product quality? Are these standards met?

- Does the NFPB have in place any procedures for ensuring that the products received meet standards?

- Does visual inspection of goods takes place?

- Can products be sampled and tested for quality?

- Does the NFPB destroy unfit and expired products?

- Does the NFPB have in place a mechanism for capturing client complaints regarding product quality?

- Does the NFPB issue stock according to first expiry/first out (FEFO) inventory control procedures?

- Does the Board have an appropriate distribution system and schedule for stocking each level?

- What type of distribution system (e.g., min/max, topping up) is being used at the NFPB?

- Does the system have a documented distribution schedule?

- Each level is stocked adequately?

- Has the NFPB experienced minimal stock outs during the previous year?

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- Is a system in place at the NFPB for tracking and documenting system losses?

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- Is an adequate transportation system in place for moving supplies?

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4. Logistics Management Information System (LMIS)

- Would you say that the basic elements of LMIS exist at the NFPB?

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- Does the LMIS contain beginning inventory balance, supplies received, supplies issued, ending inventory balance, and system losses?

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- Does the LMIS also contain a contraceptives component that keeps appropriate records throughout the system for contraceptives, and is documented in writing?

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- Are LMIS information used in management decision-making?

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- Are LMIS data used for continuous monitoring of the supply situation as well as for periodic forecasting and ordering?

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- Are LMIS information fed back into all levels in the distribution system?

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- Are summary data periodically provided to regional and sub-regional distribution facilities?

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POLICY AND ECONOMIC ENVIRONMENT

5. In-country budget for programme

- What percentage of the total family planning/population budget is available from in-country sources?

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6. Evidence and top-level commitment to family planning

- Are policies in place to reduce the population growth rate, to support family planning activities for other than demographic reasons, to allow private and/or commercial family planning activities in the absence of government-sponsored activity, or to discourage family planning services? If yes please outline and explain.

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7. Evidence of top-level commitment to contraceptive supply.

- To what extent do import laws and legal regulations facilitate the importation of contraceptive supplies that are not manufactured locally, or the extent to which contraceptives are manufactured within the country?

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9. Commercial sector capacity

- What percentage of all contraceptive would you say is provided by the commercial sector?

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NEEDS

10. Safety-net burden

- What percent of the population live below the (national) poverty line?

11. Level of unmet need for services and supplies

- What percent of married women of reproductive age have an unmet need for limiting or spacing of births?

12. Availability and accessibility of family planning methods and abortion.

- What percentage of the population has ready and easy access to male and female sterilization, pills and injectables, condoms and spermicides, IUDs and abortion and menstrual regulation?

- Would you say that recipients spend no more than an average of two hours per month obtaining contraceptive supplies and services?

- Would you agree that the cost of contraceptives supplies is not burdensome?