



FPwatch

Ethiopia 2015 Outlet Survey Dissemination

Photo credits: Kaleb Belete, PSI

Background

In 2015, FPwatch, a project of Population Services International (PSI), implemented a family planning outlet survey in four regions of Ethiopia to investigate the availability, price and market share of contraceptive commodities and services. The study results were presented at a dissemination event in Addis Ababa on June 28, 2016. Findings included the public and private sector readiness and capacity to deliver modern contraceptive methods and services in the selected regions. This evidence is key to help inform national strategies and policies aimed at achieving the FP2020 commitments.

Overview

The Ethiopia 2015 Outlet Survey Dissemination Event was held on June 28th, 2016 at the Elilly International Hotel in Addis Ababa, Ethiopia. Dr. Ephrem Tekle Lemango, Director of the Maternal and Child Health Directorate for the Ethiopia Federal Ministry of Health, served as the keynote speaker for the event, highlighting Ethiopia's FP2020 commitments. Data from the 2015 FPwatch outlet survey were presented. Event participants from 22 leading government, nonprofit, academic and private institutions worked in groups to discuss the findings and develop relevant key action points in the areas of contraceptive availability, quality and choice. Groups also explored suggestions and considerations for potential future rounds of FPwatch. This document summarizes the event and its key outcomes.



Number of attendees: 35

Organizations represented: Ethiopia Federal Ministry of Health (FMoH), National Planning Commission (NPC), Family Guidance Association of Ethiopia (FGAE), Addis Ababa Bureau of Health (AABH), Amhara Regional Health Bureau (ARHB), Addis Ababa University (AAU), Teddy Drug Pharma, Caroga Pharma, Pharmaceutical Fund and Supply Agency (PSFA), the Netherlands Embassy, Alliance for Better Health (ABH), FHI 360, Pathfinder International, DKT Ethiopia, UNFPA, Marie Stopes International Ethiopia (MSI-E), John Snow International (JSI)/Last 10 Kilometers Project (L10K) & PSI.

Media coverage: Fana Broadcasting Corporate (radio) and Ethiopian Broadcasting Corporation (television).

Event Activities



Agenda

Activity	Facilitator
1. Opening speech by guest of honor	Dr. Ephrem Tekle Lemango, Ethiopian Federal Ministry of Health
2. Welcome and meeting objectives	Dr. Endale Workalemahu, PSI-Ethiopia
3. Introductions	Dr. Endale / Participants
4. FP2020 national commitments and objectives	Ato Tadele Kebede, Ethiopian Federal Ministry of Health
5. How is the outlet survey implemented: <i>FPwatch objectives, methods and sample</i>	Woldemariam Girma, PSI-Ethiopia Dr. Bryan Shaw, PSI-DC and FPwatch
6. What does the contraceptive landscape look like? <i>Availability, price, market share of contraceptives</i>	Dr. Bryan Shaw PSI-DC and FPwatch Jennifer Pope, PSI-DC and FPwatch
7. Service readiness of family planning	Dr. Bryan Shaw PSI-DC and FPwatch Jennifer Pope, PSI-DC and FPwatch
8. What does the data mean in terms of current developments in Ethiopia	Metsehate Ayenekulu, PSI-Ethiopia
9. Action point discussion	PSI-Ethiopia / FPwatch Team
10. What are the action points?	Facilitator and group moderators
11. Summary, implications and next steps	Dr. Endale Workalemahu, PSI-Ethiopia

Event Objectives

To understand the current contraceptive market landscape and to identify key recommendations to inform family planning strategies in Ethiopia.

Specific meeting objectives include:

1. To present the FPwatch survey methodological approach
2. To discuss key findings of the 2015 survey regarding availability, price, market share and service readiness of outlets in the contraceptive market.
3. To summarize what the evidence shows in the context of national policy and on-going strategies to address the family planning access.
4. To develop recommendations and suggested strategies and priority areas for funding based on the evidence provided by the outlet survey.



Action Items

Event participants were asked to discuss action items as they relate to three of the Reproductive Health Supplies Coalition's strategic pillars: *availability, quality and choice*.¹ Participants also brainstormed study improvement ideas for potential future rounds of FPwatch. The following action items were discussed based on the FPwatch results:

AVAILABILITY ACTION ITEMS

- **Expansion of current programs**
 - Fully implement the federal government's public-private partnership (PPP) initiative and ensure the PPP initiative is cascaded properly down to the regions.
 - Expand current programs to address adolescent sexual and reproductive health needs.
 - Increase IUD access, including expanding private sector capacity for IUDs, scaling the government's HEW pilot program for provision of IUDs, promoting post-partum IUD insertion services and strengthening capacity for implant/IUD removals, particularly with health posts.
 - Task-share among clinical officers for LARCs service provision.
 - Scale-up of the Auditable Pharmacy Transactions and Services (APTS) system.
- **Supply chain management**
 - Strengthen the whole supply chain system and infrastructure, particularly to identify where failure is occurring along the supply chain and why. Ensure availability in rural areas.
 - Monitor commodity dispersion and redistribute based on regional needs.
 - Distribute pre-packaged service kits for LARCs and injectables.
- **Cost**
 - Within the context of informed choice, communicate to users, providers, and the government that the cost per couple years of protection (CYP) is lower for LARCs compared to other methods in order to change behavior and increase LARC availability.
 - Enable buyers to have bargaining power and avoid a seller market based on limited supply.
 - Collaborate with the government to increase budget allocation for family planning and reduce donor-dependent funding.
 - Promote LARCs and work to decrease LARC costs to encourage LARC availability through government subsidization.
 - Monitor subsidy activities to ensure equitable implementation of subsidies.
 - Segment the market based on willingness to pay.
 - Explore and address costing of emergency contraceptives (EC).
- **Regulation**
 - Develop and implement innovative, alternative strategies for service delivery that involve outreach to remote areas to improve access, such as mobile services.
- **Sector strengthening**
 - Develop cross-sector partnerships, with particular focus on creating synergies with the private sector and strengthening private sector capacity.
 - Integrate family planning services with other reproductive health services.
- **Need to better understand:**
 - The determinants that affect demand in each region in order to encourage evidence-based commodity distribution.
 - The demand for EC, market competition among EC suppliers, and EC pricing factors.

1. Reproductive Health Supplies Coalition. (2016) "Our Pillars." Available at: <http://www.rhsupplies.org/about-us/strategy/>.



CHOICE ACTION ITEMS

- **Diversification of brands**
 - Expand the number of suppliers and brands. Offer OCs with varying formulations, such as 3rd generation OCs which could also provide additional benefits.
 - Streamline registration procedures that cause barriers to market entry and importation.
 - **Data and reporting**
 - Improve reporting of method availability failures.
 - Revise the Health Information Management System (HMIS) to capture private sector data and devise strategies to encourage reporting from private sector service delivery points.
 - **Other**
 - Encourage providers and staff to give balanced counseling, especially to create demand. This may require behavior change activities and training for providers and staff to minimize bias.
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- **Need to better understand:**
 - Reasons for non-use of certain methods in order to inform any demand creation activities.
 - Reasons for lack of some method and service offerings in certain channels.
 - If the supply meets the demand for female condoms.
 - If provider skill and/or counseling ability limits choice.

QUALITY ACTION ITEMS

- **Method use**
 - Identify reasons for method discontinuation and develop an action plan to address it.
 - Explore implications of the presence of non-quality-assured injectables in the market
- **Need to better understand:**
 - The registration process for contraceptives, particularly for injectables. Are they approved by the government? Why or why not?
 - Reasons driving method failure and medication non-adherence for injectables.





THE FUTURE OF FPWATCH ACTION ITEMS

- **Methodology considerations**
 - Employ mystery clients to provide a more objective indication of the demand side or quality of counseling and clinical services women might receive. Consider conducting exit interviews in future survey rounds.
 - Conduct a full supply chain analysis to track product origins and paths
 - Cover additional geographic regions. Highlight rural vs. urban differences in FPwatch analysis and reporting.
 - Base the sample off of a complete list of health facilities if available so that all outlets can be reached by the survey.
- **Additional data to capture in the survey tool**
 - *Stock outs:* For each product, what is the duration of stock out and reason for stock out?
 - *Provider behavior:* Why do providers stock one product over another? Why don't they stock certain products?
 - *Provider skills:* What is the provider's ability to offer counseling for FP services?
 - *Product quality:* What are expiration dates for audited products? What can we learn about quality from adverse effect referral systems?
 - *Product quantity:* What is the quantity of each brand that is in stock? Is the outlet at risk for a stock-out? How frequently does the outlet restock products? Where does the outlet procure its products?
 - *LARC services:* Why doesn't the private sector provide more long-term FP services? What is the capacity of outlets specifically to remove implants and IUDs? What is the service readiness of outlets to provide post-partum family planning services?
 - *Youth friendly services:* What is the service readiness of outlets to provide youth friendly services?



Summary



Key Takeaways

- There are opportunities to leverage the private sector, particularly for the provision of LARCs. The government's Public-Private Partnership Initiative program should be encouraged and expanded.
- Few differences between regions were observed. Those that did exist were primarily related to higher method availability and diversity in urban versus rural regions.
- There is a need for strategies and mechanisms that encourage private sector data reporting and collection.
- To ensure consistent availability of contraceptives, more information is needed on where and why failures occur along the supply chain.
 - Surveillance and monitoring data can help address these barriers and strengthen the supply chain. Incentives for government data forecasting should be identified.
 - There is a need to address barriers to market entry, such as regulation policies, to expand choice and address the apparent low product diversity.
- The high cost of emergency contraception per CYP should be explored and addressed.
- Market segmentation should be used as a strategy to assess willingness-to-pay and help determine subsidy levels and equitable implementation of subsidies as part of contraceptive security initiatives.
- Quality-assurance should be examined in the context of WHO Prequalification and government approval.
- Expanding the capacity of HEWs to provide IUD services would broaden contraceptive access. The government's IUD initiative in the public sector has implemented this task-sharing strategy in some areas. This program should be developed throughout the country and expanded to include IUD and implant removal service training for HEWs. Task-sharing for pharmacies should also be explored.
- For the future, FPwatch should consider an updated methodology and added indicators, including questions on youth-friendly services and post-partum family planning services.

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