Sexual & Reproductive Health Commodities: Measuring Prices, Availability & Affordability

Findings and recommendations – Uganda (2017)

Overview

Good sexual and reproductive health (SRH) is a state of complete physical, mental and social well-being in all matters relating to reproduction for both men and women, including adolescents. Maintaining good SRH means people need access to accurate information and to safe, effective, affordable and acceptable contraception methods of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections and, when necessary, receive timely and affordable treatment. And when they decide to have children, women must have access to services that ensure they have a fit pregnancy, safe delivery and healthy baby. Every individual has the right to make their own choices about their SRH and family planning.

Poor reproductive health constitutes a significant portion of the disease burden in developing countries, yet essential reproductive health commodities often are not available to the majority of the population in low and middle-income countries. In Uganda, the lack of access to and use of reproductive health commodities threatens the well-being of individuals, families, and communities due to a number of challenges.

The Ugandan Government has acknowledged that insufficient supplies and commodities is one of the key challenges facing effective delivery and utilization of effective maternal health services. The Government of Uganda renewed its commitment to Reproductive Health Commodities at the London Family Planning Summit held on July 11, 2017. These commitments included;

- To reduce the unmet need for family planning to 10 percent and increase the modern contraceptive prevalence rate among all women to 50 percent by2020and;
- Allocating $US 5 million annually for procurement and distribution of reproductive health/family planning supplies and commodities to the last mile.

Methodology

The objective of the SRHC methodology is to generate reliable information on the price, availability, and affordability of a basket of important SRHC that appear on the WHO essential medicines list, which should be available in the public, private and mission sectors. It also assesses health provider perspectives on access to SRHC beyond the medicines supply chain. The ultimate goal of the methodology is to inform policy that will improve access to affordable SRHC for all.[1]

The report provides data relating to the following questions:

- What price do people pay for SRHC?
- Do the prices and availability of the same medicines vary across the public, private and mission sectors?
- How affordable are SRHC?
- What do health providers see as the main barriers to accessing medicines?
- Stock-outs?

In July 2017, the survey was conducted in 'health center III' and above facilities belonging to public, private and mission sectors in both urban and rural areas. The selection of regions was random to provide a representative picture of the country, and the regions selected were: Central, Eastern, Western (comprising South-Western and Mid-western), and Northern (including West Nile). In each region, the main public health center was

[1]The Health Action International (HAI) methodology *SRHC: Measuring Prices, Availability and Affordability* is adapted from the HAI/WHO standard methodology to assess the price, availability, and affordability of medicines.

selected to be surveyed. Subsequently, health centers that were within three hours' travel from the main health center were selected. A total of 124 facilities were surveyed using this approach, which were evenly distributed across the public, private and mission sectors, and across urban and rural areas.

Key findings

In general, SRHC availability was inconsistent. Birth control pills were available in only 47% of facilities. Also, contraceptives were generally more commonly available in the public sector than in other sectors: injectable contraceptive (medroxy progesterone acetate), the most commonly used contraceptive in Uganda[3], was available in 86% of public sector facilities, but only available in 57% private and 25% of mission sector facilities. Male condoms were also only regularly available in the public sector (90%), and were available in less than 55% of the other sectors. The suboptimal availability of contraceptives makes it difficult to access the commodities, which likely contributes to the about 30% of women in Uganda who were experiencing unmet needs for family planning in 2015.

Similarly, some antenatal and post-natal commodities such as oxytocin and misoprostol, had relatively high availability in the public sector (90% and 88%, respectively), but were evidently less available in the other sectors. Magnesium sulphate and dexamethasone, crucial in managing pre-term labor and in preventing complications due to post-partum hemorrhaging and pre-eclampsia, were available in less than 44% of facilities. The irregular availability of these commodities can lead to serious morbidity and mortality, which likely contributes to the 336 maternal deaths per 100,000 live births in Uganda[5].

Availability of commodities to treat sexually transmitted infections (STIs) ranged from 45% to 95%. Moreover, important devices and procedures such as ultrasound scans, incubators, monitors, ventilators and antiseptic were available at less than 50% of facilities. This significantly influences the health outcomes of mothers and babies, as it affects the quality of treatment offered to the clients.

Stock-outs were quite common in the public sector (12%), and lasted on average almost 20 days per month. Moreover, in the public sector specific SRHC were stocked-out at up to 36% of all facilities. Since availability of SRHC is already low, stock-outs can have a more considerable impact on access to SRHC than presented with these numbers. Not surprisingly, frequent stock-outs were mentioned to be a major challenge by 33% of the respondents, going up to 70% of respondents in the public sector.

In the private and mission sectors, some SRHCs cost a lowest-paid government worker more than one day of wages (the threshold for affordability measurement). Nevertheless, patient costs were still mentioned to be a major challenge in access to SRHC by respondents in the private (71%) and mission (68%) sectors. This is not surprising, as Uganda's lowest-paid government worker earns the equivalence of USD 1.74 a day, while in 2016 27% of the population lived below the poverty line of USD 1.25 a day[8].

Not only were stock-outs and costs to patients thought to be key challenges affecting access to SRHC, other challenges were lack of staff training on SRH, the fact that requested commodities are not supplied, and logistical issues for supply.

Recommendations

To improve availability, prices and affordability of SRHC, the following recommendations were made:

- **Fund and make Sexual Reproductive Health commodities affordable**
  - The Ugandan government should Increase its budget allocation for the purchase of sexual reproductive health commodities. Specifically, the Ministry of Finance, Planning and Economic Development (MoFPED) must avert future stock-outs through increased budget allocations for sexual reproductive health commodities to Increase affordability and availability of reproductive health commodities to all persons in the reproductive age group. Measures to avoid delayed financial disbursements that contribute to stock-outs of all commodities must also be considered.

- **Improve the supply chain**
  - The Ministry of Health (MoH) should ensure the availability of instruments and medicines for new born care. It was noted that most health facilities lacked zinc syrup, calcium gluconate, and magnesium sulphate among others which are essential for the health of new born babies.

- **Move to a 'pull system' of SRHC stock ordering**
  - The Ministry of Health needs to ensure that there are improvements in the supply chain including accurate ordering and delivery of SRHC and a move to a 'pull system', rather than a 'push system', of SRHC stock ordering should be considered.,

- **Costs of SRHCs in private sector**
  - The Ministry of Health (MoH) should devise means of improving affordability of medicines and health commodities in the private sector. Increased affordability may increase demand and also improve availability in the private sector.

- **Provide client education and outreach**
  - The MoH should strengthen its community health worker strategy especially given their role in providing community education which might have a considerable impact on health-seeking behavior of clients. Improving SRH knowledge in the community will tackle many of the reasons given as to why 81% of clients are reluctant to access SRH services. For instance, comprehensive education on SRH will reduce stigmatization in the community and will improve the general knowledge about SRH, which will in turn reduce the (ungrounded) fear of side effects. Client education should not be focused on just women, but men should also be involved because the permission and acceptance of the male head of household influences whether a woman will demand the services or not.

Suggested Advocacy Targets

Technical Working Groups	Parliamentary groups	Opportune moments for Advocacy	Policies and strategies specifically for SRH in Uganda
FP/RHCS working Group at the Ministry of Health	MPs from Uganda Women's Parliamentary Forum (UWOPA)	International Women's Day	Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity (2007-2015)
MNCH Technical Working Group	Network for Women Ministers and Parliamentarians- Uganda Chapter (NAWMP)	National Safe Motherhood Day	National Drug Policy (2001) and Reproductive Health Commodities Security Strategic Plan 2009 – 2014
Family Planning Technical Working Group	Committee on HIV/AIDS and Related Matters	National, District, and Local Budgeting and Planning Processes	The National Policy Guidelines and Service Standards for reproductive health services, May 2001
Health Policy Advisory Committee	Uganda Parliamentary Forum on Food Security, Population and Development	National Joint Annual Health Sector Review	Health Sector Strategic Plan & investment plan 2015
Health Service Commission	Parliament Committee on Social Service	World AIDS Day	REPRODUCTIVE HEALTH COMMODITY SECURITY STRATE/GIC PLAN 2009/10 - 2013/14
Minister of Health, Hon. Dr. Jane Ruth Aceng	Network of African Women Ministers and Members of Parliament – Uganda Chapter	Presentation on Commitment by Parliament to the Issues of Maternal Health	Essential Medicines and Health Supplies List 2016
	Uganda Parliamentary Forum on the MDGs		The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006
	Uganda Women's Parliamentary Association		Reproductive Health Act
	Parliamentary Forum for Children		NATIONAL PHARMACEUTICAL SECTOR STRATEGIC PLAN III 2015 – 2020
	Committee on Health		The National Policy Guidelines and Service Standards for Reproductive Health Services Reproductive Health Division Community Health Department Ministry of Health
	Standing Committee on Budget		
	Standing Committee on HIV/AIDS		
	Office of the Speaker		
	Parliament Sessional Committee on Health		

References

- Facility Assessment for reproductive health commodities and services- 2014 https://uganda.unfpa.org/sites/default/files/resource-pdf/FINALREPORTGPRHCSFacilityAssessment2.01.2015.pdf
- HEALTH SECTOR STRATEGIC & INVESTMENT PLAN https://www.unicef.org/uganda/HSSIP_Final.pdf
- Reproductive health supplies coalition https://www.rhsupplies.org/
- National Policy on Public Private Partnership in Health http://ucmb.co.ug/files/UCMBdocs/Reports/ARTICLES/National%20Policy%20on%20Public%20Private%20Partnerships%20in%20Health%20-%20%20Final%20version.pdf
- Reproductive Health Commodity Security in post-conflict situations, a case of northern Uganda. http://fpconference.org/2009/media/DIR_169701/15f1ae857ca97193ffff8366ffffd524.pdf
- Commitments –
    - http://www.health.go.ug/content/uganda-renews-commitment-increase-access-family-planning-services
- The Government of Uganda has steadily increased its budget allocation to the health sector. However, it continues to allocate on average 8.4% of its budget to health care for the last 5 years, which is less than the 15% they agreed when signing on to the Abuja Declaration.
- https://www.rhsupplies.org/uploads/tx_rhscpublications/Uganda_Stockouts_Brief_by_IBIS.pdf
- https://www.rhsupplies.org/news-events/news/article/in-uganda-an-empty-shelf-is-everyones-problem-1557/
- http://health.go.ug/content/uganda-holds-2nd-national-family-planning-conference