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Planning in the Europe and Eurasia Region
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TEN BEST PUBLIC AND PRIVATE SECTOR PRACTICES IN REPRODUCTIVE HEALTH AND FAMILY PLANNING IN THE EUROPE AND EURASIA REGION

1.0 INTRODUCTION

THE EUROPE AND EURASIA REGIONAL FAMILY PLANNING ACTIVITY

The Europe and Eurasia Regional Family Planning Activity (EERFPA) is a USAID-funded initiative designed to leverage best practices in reproductive health (RH) and family planning (FP) to accelerate program implementation, increase modern contraceptive use, and decrease abortion rates across the Europe and Eurasia (E&E) region. The EERFPA is an institutional support activity; it works for and through USAID country missions and aims to enhance and complement existing bilateral and national FP programs. To encourage synergy between public and private sector interventions the EERFPA has contracted the Private Sector Partnerships-One (PSP-One) project managed by Abt Associates, and John Snow, Inc (JSI) to disseminate best practices and provide technical assistance to missions and implementing partners in the E&E region.

ABOUT THIS BRIEF

This brief, developed through a collaborative effort by JSI and PSP-One, synthesizes best practices in

achieving reproductive health and family planning (RH/FP) goals for the E&E region, and highlights the role of the private sector in meeting these goals. It is designed for policymakers, service providers, FP organizations, and other stakeholders with an interest in developing better public/private collaboration in achieving RH/FP goals. The principles in this brief draw from the combined findings of five country analyses developed by JSI (JSI 2007), and a review by PSP-One of the private sector contribution to FP in the E&E region (Armand et al. 2007). Both reports also used findings from country assessments conducted by JSI and PSP-One between 2004 and 2008 (see bibliography for a list of assessments).

This brief also draws extensively from a 2005 seminal report (Senlet and Kantner 2005) describing achievements and lessons learned from a decade of USAID support to RH/FP programs in the E&E region. The report identified best practices that helped maximize the quality, efficiency, and effectiveness of RH/FP interventions. The criteria used to identify these best practices included effectiveness in improving RH/FP services and outcomes, potential for sustainability and replication, innovation, and ability to address local needs.



The brief starts with an overview of RH/FP trends in the E&E region, followed by a summary of recent achievements in RH/FP and the role of the private sector in the region. The main section provides a description of 10 best practices that can increase the effectiveness of RH/FP programs, taking into account the potential contribution of private sector service providers and contraceptive manufacturers.

2.0 CONTEXT OVERVIEW

RH/FP HEALTH FACTS AND TRENDS

The E&E region is a socio-economically diverse area, with an annual per capita gross domestic product (GDP) ranging from US \$1,300 in Tajikistan to US \$12,000 in Russia. Despite these variations, E&E countries are similar in terms of RH behaviors, FP usage patterns, access to contraceptive methods, and provider attitudes. Table I provides key RH/FP indicators for 11 USAID-supported countries in the E&E region.

Total fertility rates (TFRs) vary across the region, ranging from 1.2 children per woman in Ukraine to 3.8 in Tajikistan. Many E&E countries have TFRs below the replacement level of 2.1 births per woman, which is mainly attributable to very high abortion rates. Modern method use ranges from as low as 8 percent in Albania to 63 percent in Uzbekistan. Preferred methods include intrauterine devices (IUDs) and oral contraceptives, but withdrawal remains widely used.

Most modern contraceptive methods are easily available in pharmacies throughout the region, including some very low-priced brands of condoms, IUDs, and oral contraceptives. However, significant barriers exist that limit access to information, services, and commodities for certain groups. In some cases, the barrier is financial, when free or subsidized commodities are unavailable to low-income users. Other obstacles include legal restrictions in the provision of FP services, unnecessary tests and medical examinations, and a lack of reliable information about modern methods.

TABLE I. SELECTED RH/FP INDICATORS FOR SELECTED E&E COUNTRIES

COUNTRY	TFR ¹ (%)	TOTAL CPR ¹ (%)	TOTAL MODERN METHODS ¹ (%)	TOTAL ABORTION RATE PER WOMAN ²	MOST-USED CONTRACEPTIVE METHOD ³
Albania	1.9	75	8
Armenia	1.7	53	20	2.6	Withdrawal
Azerbaijan	2.0	55	15.6 ⁴	2.3 ⁴	Withdrawal
Georgia	1.6	47	27	3.1	IUD
Kazakhstan	2.2	66	53	1.4	IUD
Kyrgyzstan	2.6	60	49	1.5	IUD
Romania	1.3 ²	64	38 ⁵	0.8 ⁵	Withdrawal
Russia	1.3	67	49	2.3	IUD
Tajikistan	3.8	34	27
Ukraine	1.2	68	38	1.6	IUD
Uzbekistan	2.7	68	63	0.6	IUD

Notes: TFR=total fertility rate; CPR=contraceptive prevalence rate; IUD=intrauterine device

Sources:

¹ Population Reference Bureau (PRB) (2006)

² Centers for Disease Control and Prevention and ORC Macro (2003)

³ PRB (2003)

⁴ Measure DHS project (2007)

⁵ Romania Reproductive Health Survey 2004

ACHIEVEMENTS AND CHALLENGES IN RH/FP

Across the E&E region, the past decade has been characterized by stabilization, economic expansion, and increased government interest in health care reform. Donor-supported health reform has allowed family doctors, general practitioners, and, in some countries, midwives and nurses to provide FP services. This liberalization of service delivery has significantly increased access to services where it has been implemented, particularly in rural areas. A strong provider bias against hormonal methods continues to exist throughout the region. However, this attitude seems to be changing with the introduction of newer generations of oral contraceptives.

In most countries in the region, FP services are also part of the national basic health benefit package, which is provided free of charge. However, modern contraceptive products, such as combined and progestin-only pills, IUDs, condoms, injectables, and emergency contraceptive pills, are predominantly supplied through private pharmacies in urban areas. Those unable to access or pay for commercial products find themselves increasingly dependent on a declining supply of contraceptives donated by USAID and the United Nations Population Fund (UNFPA). Although several countries in the region have included contraceptives in their essential drug lists, only Romania and Albania budget and procure contraceptives for their FP programs.

Most countries in the region have developed and endorsed evidence-based guidelines and protocols for RH/FP service delivery, with the support of various donors. However, to date, there are few or no mechanisms for monitoring adherence to the new RH/FP service protocols or uniform evidence that service providers are fully aware of the new provisions. In addition, the existing health quality-assurance procedures follow an outdated, punitive model. Supportive supervision that involves and assists providers to improve the quality of health care services is not widely practiced. Pre-service RH/FP training approaches and content continue

to be outdated in many countries. However, health authorities in most countries have committed to improving in-service provider education in FP by incorporating the World Health Organization (WHO) recommendations and other state-of-the-art evidence into in-service curricula. In some countries, this has been done on a national level or is planned as part of a national FP strategy, while in others it has been piloted.

THE ROLE OF THE PRIVATE SECTOR

The private sector plays a critical role in the region, mainly as a major supplier of contraceptive products. Private sector interest in FP, however, varies substantially from one country to another and tends to focus on specific products, with significant impact on the method mix in the region. The most widely found method in the private sector is oral contraception, for which demand is growing, and new methods such as the contraceptive patch and hormonal vaginal ring, for which demand is also growing in spite of their relatively high costs. In contrast, because demand for injectables and implants is very low, there is only one three-month injectable product on the market (Depo-Provera) and no brand of implant.

Manufacturers typically provide a range of products at different price levels that reflect perceived willingness to pay among consumer groups as well as the cost of producing, distributing, and promoting those products. In some countries with high purchasing power and fast-growing use of modern methods (e.g., Russia, Ukraine, Kazakhstan), manufacturer presence and investment are considerable. In other countries (e.g., Georgia, Azerbaijan), the contraceptive market is too undeveloped for manufacturers to offer anything but a very limited product range.

As in other regions of the world, contraceptive manufacturers in E&E countries may offer contraceptive brands at various prices but choose to invest in the newest patented products because they are more profitable. Some companies have also declined to register certain products in the region because they are in low demand (injectables) or require high investments in

provider training (implants). Methods in high demand (e.g., such as copper-T IUDs) but no longer under patent tend to carry very low profit margins and are typically brought in on demand by local distributors and do not receive any marketing investment.

In contrast with pharmaceutical investments in contraceptives in the E&E region, the private health care industry has displayed very little interest in the FP market. The privatization of health services in the region has mostly benefitted dentistry, ophthalmology, and curative care. FP counseling and services have proven relatively unprofitable for private physicians and are typically provided on demand in the context of maternal and gynecological care.

PUBLIC/PRIVATE APPROACHES

The private sector can help decrease the burden on the public health sector, allowing it to focus its limited resources on vulnerable population groups. The public sector, however, retains a fundamental role in setting the parameters of service provision and ensuring universal access to a broad method mix. Efforts by governments and donors to increase demand for underutilized methods, address provider bias, and identify special needs groups can foster private sector response in the form of increased investment, or improved supply and quality of services.

Drawing from successful public/private initiatives in the region, the PSP-One project has identified a number of strategies to increase private sector contribution to RH/FP goals while maximizing equitable access to a range of FP methods in the region. These strategies include adopting a whole market approach, finding the optimal “public/private mix” to ensure broad method choice, strengthening the stewardship role of the public sector, and exploring public/private partnerships. JSI and PSP-One collaborated to develop the following best practices that are intended to systematically leverage the contribution of various players in the public and private sectors.

3.0 TEN BEST PRACTICES IN RH/FP IN THE E&E REGION

I. USE A “WHOLE MARKET APPROACH”

Greater programmatic results can be accomplished by encouraging the private sector to contribute to the supply of RH/FP products and services. For instance, JSI’s Romanian Family Health Initiative (2001-07) successfully increased access to affordable contraceptive products and services by mobilizing both public and private sector payers in the FP “marketplace.”

The Whole Market Approach (WMA) strives to create a balance between the private and public sectors and draw from their respective capabilities to achieve public health goals. The approach helps demonstrate how demand and supply may be segmented across different socio-economic groups, address the needs of underserved population segments, target subsidies more effectively, and grow overall demand for FP products and services. For instance, if the for-profit private sector is able and willing to serve upper- and middle-income population groups, the government should focus its resources on meeting the needs of lower-income groups.

The role of the public sector and/or donors may include monitoring contraceptive security, coordinating partnerships with pharmaceutical companies, and implementing policies that provide market opportunities for the private sector. Because some methods/products are more profitable than others, the first step in a WMA is to determine appropriate levels of effort and financial support from the public and private sectors.

2. LIBERALIZE THE PROVISION OF RH/FP SERVICES

“Liberalization” of services implies putting into place the fewest possible restrictions on when, where and by whom FP services are provided. Historically, provision of FP services in the E&E region was restricted to obstetrician-gynecologists with special training. Access to contraceptive products was also limited as a result of restrictive pharmaceutical regulations, poor logistics systems, and lack of promotion.

Several countries in the region have experienced the benefits of adopting the worldwide best practice of enabling a wide range of health professionals to provide FP counseling and services and fostering efficient public and private sector contraceptive distribution networks. In countries where national health regulations have liberalized access to FP services, counseling and service provision are readily available through a range of trained health professionals, including not only obstetricians and gynecologists, but also family doctors, general practitioners, pediatricians, and nurse/midwives. These countries have documented increased contraceptive prevalence concurrent with reduced abortion rates.

THE ROLE OF THE PRIVATE SECTOR:

As in public facilities, private health providers often are restricted in their ability to offer FP services. In many E&E countries, they are not allowed to prescribe contraceptives or insert IUDs. The Romanian Family Health Initiative Project demonstrated that allowing family doctors to provide FP services and training them in contraceptive technology can substantially increase service coverage. The provision of FP counseling and services (including IUD insertion) by private doctors, midwives, and nurses at family medicine centers, independent family group practices, and rural health posts has proven particularly effective in increasing contraceptive prevalence and reducing abortion rates in sparsely populated villages.

3. INCLUDE FP PRODUCTS, SERVICES, AND COUNSELING IN BASIC HEALTH BENEFITS PACKAGES

A basic health benefit package ensures that essential services (such as antenatal care, FP, immunization, and cancer screening) are available to all women and young children at the primary health care level. Evidence suggests that provision of these basic services is essential to maintain the overall health of the population. There is also ample evidence of the public health benefits of including FP in the basic package. A key step is to include contraceptives in each country's essential drug list. In addition, services need to be provided at no charge or through a third-party reimbursement mechanism, so ability-to-pay does not impede utilization. If free or subsidized services are carefully targeted, they need not dampen the private sector market for services or contraceptives.

THE ROLE OF THE PRIVATE SECTOR:

Insurance schemes are among the most effective ways to encourage private sector participation in RH/FP programs because they allow low- and middle-income users to use products and services outside the public sector that they may not otherwise be able to afford. Basic health benefits packages typically allow users to seek services in the private sector without having to pay out-of-pocket (Romania), or to obtain discounted drugs in private pharmacies (Kyrgyzstan). It is important, however, to complement insurance programs with efforts to increase the demand for products and services through consumer and provider education. In the absence of such programs, demand for FP products and services included in the basic health benefits package may remain too low to make any difference in prevalence.

4. ESTABLISH EVIDENCE-BASED QUALITY ASSURANCE POLICIES, REGULATIONS, STANDARDS, AND SUPPORTIVE SUPERVISION APPROACHES FOR SERVICE PROVIDERS

“Liberalization” for RH/FP does not imply total deregulation, and in fact, having modern WHO-approved policies, regulations, and standards is essential to maintain quality. The E&E region is gradually moving from outdated medical practices towards evidence-based medical practice, including institutionalizing quality RH/FP through policies, regulations, and standards guidelines as well as through supportive supervision approaches that mentor professionals and ensure continuous quality improvement. These guidelines apply to both public and private sector providers and to all facilities providing services or supplies.

Some hallmarks of best practice in this area include:

- ▶ A competency-based national licensing system in place for all health providers
- ▶ Minimum standards of equipment, medical commodities, and infection prevention in health care facilities providing FP services
- ▶ Quality-driven facility accreditation and health personnel certification processes
- ▶ Evidence-based, regularly updated national guidelines and protocols for FP counseling and service provision
- ▶ Effective quality assurance and supportive supervision systems to respond to the needs of providers, especially at the primary health care level
- ▶ National health regulations requiring FP counseling and services to be offered systematically to all postpartum and post-abortion women.

The greatest challenge in ensuring quality in both the public and private sector centers is on strengthening the often weak regulatory bodies and institutions in order to guarantee compliance and enforcement.

THE ROLE OF THE PRIVATE SECTOR:

Enforcing appropriate use of evidence-based approaches in the private sector only through regulation is not realistic in most countries. The approach to the private sector should be primarily educational and collaborative. For example, the national undergraduate medical curriculum can be updated to reflect best RH/FP practices thereby reaching all potential providers whether they end up working in the public or private sector; medical associations can serve as an effective channel of communication with the private provider community; training programs implemented in the public sector can be made available to private providers; and pharmaceutical companies can be enlisted to help fund contraceptive technology seminars where evidence-based practices are presented.

5. ENSURE A BROAD RANGE OF ACCESSIBLE, AFFORDABLE, AND ACCEPTABLE FP METHODS IN BOTH RURAL AND URBAN AREAS

Although it is not necessary for every facility to provide all types of RH and contraceptive services, clients in a particular country should have access to as broad a range of FP methods as possible.



A young Russian woman purchasing pregnancy test kit

Photo by: Lena Koyada, PSP-One Project

Few countries in the region have achieved an optimal method mix, although many countries are making good progress increasing the range and acceptability of methods, particularly hormonal methods. High-quality in-service training programs in several countries are reducing provider bias, improving counseling, and increasing the range of methods being effectively offered to women.

An optimal public sector RH/FP program should include hormonal contraceptives of all types (including implants), IUDs, LAM (lactation amenorrhea method) and other modern natural methods, condoms, emergency contraception, postpartum/post-abortion contraceptives, and permanent contraception (sterilization) for both men and women. Non-clinical methods (oral contraceptives, barrier methods, emergency contraception, and natural FP) should be widely provided, whereas clients can be expected to travel a little further for IUDs and clinical care (Pap smears, cancer screening) and even further (to larger cities) for sterilization or contraceptive implants. FP services should be affordable, provided in a client-friendly environment, and presented in an unbiased manner.

THE ROLE OF THE PRIVATE SECTOR:

A substantial portion of the user population in the E&E region has the means to obtain contraceptive methods in the private sector. One cannot expect private suppliers and providers to make it a priority to ensure a balanced method mix, or guarantee the universal affordability of all contraceptive methods. The range of methods found in private and public sectors can be complementary. For example, products not typically offered in commercial pharmacies (usually because of low consumer demand) can be provided in public clinics, even if few users request them. On the other hand, newer, more expensive methods (such as the contraceptive patch and the vaginal ring) are often easily found in pharmacies because they are promoted by pharmaceutical companies and are in high demand. Affordability is often a major problem for these new methods because they are not typically offered in public

sector clinics. In this case, insurance schemes (through private insurance or inclusion in benefits packages) may be the only way to increase their affordability to lower-income users.

6. ADDRESS THE NEEDS OF VULNERABLE POPULATION GROUPS VIA ADEQUATE SERVICE DELIVERY AND PRODUCT PROVISION MECHANISMS

The strength of any country's RH/FP program can be measured in a large part by the adequacy of service delivery mechanisms to cater to special needs and vulnerable subgroups. Much needs to be done in this area in the E&E region, and it is important for programs to share their experiences. Two important strategies include: 1) utilizing the targeted populations themselves to deliver messages in a culturally sensitive way, and 2) making provisions for easy-to-access and free or subsidized contraceptives, since almost all of these populations also suffer economic as well as social hardship.

As reliance on abortion as a method for fertility control decreases, there will be an increasing demand for contraceptives. The public sector will not be able to provide free contraceptives to all potential clients; therefore, it is increasingly important for governments to develop strategies for targeting free and subsidized contraceptives to most vulnerable groups (i.e., the poor, who are less likely to be educated and have household wealth.) Because the private sector tends to focus on urban areas and high-income populations, subsidized and public sector programs should target lower-income groups, hard-to-reach populations, and rural areas.

Political will and commitment to FP services and products are needed to ensure the availability of free/subsidized contraceptives at the clinical level for low-income and other vulnerable population groups. Also, a contraceptive logistics management information system is needed that is appropriate to the health system structure, simple enough to be used at the provider, district, and

national levels, and sophisticated enough to manage procurement from different sources. In addition, accurately forecasting contraceptive needs is vital when scarce public health resources are to be used efficiently and contribute to achieving contraceptive security.

THE ROLE OF THE PRIVATE SECTOR:

Vulnerable populations are not typically priority target consumers for the private sector. Private providers in particular tend to focus on high-income clients in urban areas. It is possible, however, as demonstrated by the Romanian Family Health Initiative Project, to leverage the presence of private family doctors in rural areas to increase access to FP services. Pharmaceutical product supply is often much higher than expected in rural and low-income areas thanks to efficient commercial distribution networks. The most significant barrier to expanding private sector product and service provision for vulnerable populations is often the lack of demand for FP products and services, especially at commercial prices. Thus adequate supply requires efforts to increase overall demand for contraception, which “pulls” products in the distribution network while motivating providers to offer related services. The ministry of health can play a strategic role in fostering demand among rural and vulnerable population groups while the private sector responds by providing services and products to meet the growing demand. A social marketing unit at the ministry of health could bring these two components together and manage collaboration between private providers and the government on demand generation and supply provision.



Photo by: Nazgul Abazbekova

Health providers in Karakol, Kyrgyzstan

7. INCLUDE RH/FP TRAINING IN PRE-SERVICE AND CONTINUING MEDICAL EDUCATION CURRICULA FOR BOTH PUBLIC AND PRIVATE PROVIDERS

A well-recognized best practice is to include theoretical and clinical RH/FP training in the pre-service curricula of all medical universities and technical schools for nurses and midwives. Pre-service training is, in the long run, one of the most important interventions in RH/FP because it will ensure a continuous supply of trained and motivated providers. Training, however, must be evidence-based and include practical skills, such as counseling, IUD insertion, etc. Continuous medical education for doctors and regularly updated in-service FP training for midwives and nurses should be available as part of the certification of health professionals.

In most countries in the E&E region, ongoing health care reforms include plans or actions for changes in the medical education system and training curricula. Commitment to improving service provider education in FP is evident in many countries, which have begun to incorporate WHO recommendations and other state-of-the-art evidence into pre- and in-service medical training curricula on a national level.

THE ROLE OF THE PRIVATE SECTOR:

The public sector, through its relationship with recognized institutions such as WHO, can play an important role in ensuring that private providers receive accurate information and training on FP standards and practices. There is a tendency in the E&E region to rely on pharmaceutical companies to fund continuing education and update doctors on innovations and research in RH/FP. Although the information provided by pharmaceutical companies is not necessarily inaccurate, it invariably reflects a bias toward newly introduced and generally expensive brands. Consequently, some doctors no longer prescribe older methods (e.g., injectables, IUDs) in favor of newer, heavily promoted methods (e.g., third-generation oral contraceptives, mostly hormonal IUD, and the patch). In order to balance the industry's tendency to favor specific methods or brands, the public sector should provide unbiased contraceptive technology information to all providers, both public and private.

8. PROMOTE A CULTURE OF FP COUNSELING AND CLIENT EDUCATION AMONG PROVIDERS

The best practice in client education involves up-to-date information, in a usable format and with respect for the intelligence of the client. Developing a “culture” of FP counseling and client education involves providers, government, and the private sector. Adequate back-up materials and job aides need to be developed. This is an area where the public and private sectors can work together. There is strong evidence that well-informed clients are more likely to use their FP methods effectively and consistently.

Good progress is being made in many countries in the region in promoting a culture of client-oriented counseling and education, notwithstanding strong Soviet-style customs of not being responsive to a client's interests. Training programs with good modules on counseling have helped. In addition, more informed consumers,

who have choices in the providers they consult, are gravitating to more compassionate and helpful providers. Governments, the private sector, and donors can promote this practice by publicizing a patient's rights approach.

THE ROLE OF THE PRIVATE SECTOR:

FP counseling takes place in the private sector but various assessments have determined that it is frequently biased. Private providers have a natural incentive to treat their patients well because they have to compete with free public sector services. Indeed, private clinics typically emphasize a client-friendly approach to medical care. However, private physicians are unable to provide quality FP counseling unless they have access to evidence-based, unbiased information, and regular contraceptive technology updates. Efforts to improve provider counseling skills for FP should systematically include private physicians and nurses because company-sponsored conferences and workshops tend to focus on scientific innovations rather than client counseling.

9. ACTIVELY PROMOTE HEALTH BENEFITS OF FP TO POPULATION THROUGH A VARIETY OF STRATEGIES

Social mobilization/marketing is a proven best practice that complements counseling and individual client education and can help move societal norms toward acceptance of modern FP. Social mobilization/marketing involves using modern media and communication techniques (e.g., web, mobile phones, television, radio, print media, etc.) to communicate positive social messages and health information to the general public. In the E&E region, most social mobilization/marketing programs conduct generic promotion of FP rather than promoting a specific product. For example, generic social marketing programs in the region that promote modern contraception result in increased use of both commercially available and subsidized contraceptives.

As advertising in general becomes more sophisticated in the region, opportunities for effective social mobilization/marketing and promotion of FP to the public increases. There are several examples in the region of excellent social mobilization/marketing campaigns (such as the ACQUIRE project's communication campaign to increase demand for a range of contraceptives in Azerbaijan), as well as several examples of campaigns that were either ineffective (because of poorly targeted or poor quality messages) or outright negative.

THE ROLE OF THE PRIVATE SECTOR:

Direct promotion of FP products to users is a widespread practice in the pharmaceutical industry, despite regulatory restrictions on advertising for ethical (prescription) drugs. Pharma companies routinely develop consumer leaflets, infomercials, and web sites that promote their products. Because public sector programs tend to focus on the provider community, these marketing efforts by the private sector are often the only sources of information for many users, particularly those obtaining their methods directly from a pharmacy. However, relying on the pharmaceutical industry to inform users is not ideal because companies invest in new high-margin brands rather than a broad range of products. Generic, unbiased information can be provided to consumers through the ministry of health but also through a variety of non-profit private sector organizations such as women's groups, nongovernmental organizations, and social marketing programs.

10. ENSURE THAT FP DATA COLLECTION, ANALYSIS, AND HEALTH MANAGEMENT INFORMATION SYSTEMS EXIST FOR DECISION-MAKING

Reliable information on program trends and characteristics, good analysis, and – most important – utilization of this information to make programmatic decisions is not only essential to benchmarking program progress, but is the major determinant of maturity in RH/FP programs in the region.

Most E&E countries have many elements necessary for success, including trained academics, growing access to Internet and information technologies, and periodic RH surveys. But, routine health information systems and contraceptive logistics systems require strengthening throughout the region. Because health data were used to mislead for so many years rather than to inform health decisions, there is little “culture” of analysis or use of data for decision-making. Gradually, however, as with evidence-based medicine – gathering, analyzing, and utilizing health statistics, in both the public and private sector – is becoming accepted as both important and useful.

THE ROLE OF THE PRIVATE SECTOR:

The private sector plays a limited role in FP data collection for use in public programs because much of the research data used by private suppliers, clinics, and hospitals is proprietary. For example, pharmaceutical companies gather their own sales and market data, which they supplement with studies conducted by private research firms. Private hospitals are notoriously reluctant to share patient information, so it is difficult to obtain usage data without conducting a population-based survey. However, some pharmaceutical companies and distributors may be willing to share data if they are involved in a public/private partnership (such as a donor-supported social marketing program). Another way for the public sector to obtain information about private sector use is simply to purchase data from a specialized research firm such as IMS Health.

4.0 CONCLUSIONS

Successful FP programs need to be comprehensive because each country in the E&E region typically faces multiple obstacles in attempting to significantly increase the uptake of FP methods. The best practices described in this brief draw from proven approaches in the extensive history of RH/FP programming, as well as more recent experiences in the E&E region. They are meant to address most recognized barriers to the adoption of modern methods by women who need them. In some countries, significant progress has been made in liberalizing the provision of FP services,

while in others, FP services and commodities may already be part of the basic health benefit package, though perhaps with limited user uptake. Whether the problem is related to provider attitudes, legal restrictions, the lack of consumer education, or expensive commercial brands, these best practices can help design context-specific approaches for all countries in the E&E region. In addition, the “whole market approach,” a cross-cutting theme in this brief, helps ensure that private sector resources and capabilities are taken into account and leveraged whenever possible, thereby increasing the impact and sustainability of FP programs.

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DEDICATION

This publication is dedicated to the memory of our colleague and friend at John Snow Inc., Diane Hedgecock, whose commitment to the E&E region and passion for improving women’s health inspired the team and guided the joint E&E Regional Family Planning Activity since its inception.

About PSP-One

The PSP-One project is USAID’s flagship project, funded under Contract No. GPO-I-00-04-00007-00, to increase the private sector’s provision of high-quality reproductive health and family planning (RH/FP) and other health products and services in developing countries. PSP-One is led by Abt Associates Inc. and implemented in collaboration with eight partners:

Banyan Global
Dillon, Allman and Partners, LLC
Family Health International
Forum One Communications
IntraHealth International
O’Hanlon Health Consulting
Population Services International
Tulane University School of Public Health and Tropical Medicine

For more information about PSP-One or current publications (available for download) please contact:

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