Contraceptive Security Indicators Survey

Examining Contraceptive Security Data in the Context of the Aim for Universal Health Coverage

Background

For the last decade, the Contraceptive Security Indicators (CSI) Survey has collected, monitored and analyzed data from every region of the developing world to share collective insight about contraceptive security with global decision makers. Contraceptive security—the ability to reliably choose, obtain and use a wide range of high-quality and affordable family planning (FP) methods—is foundational for voluntary FP and reproductive health (RH) goals. The survey and its findings address many critical components driving global contraceptive security; of these, the indicators related to Universal Health Coverage (UHC) may be the most important; after all, contraceptives can only be utilized if they are accessible to those who need them.

By assisting countries in gathering and tracking data around UHC and other FP drivers, the CSI Survey supports FP2020 and the achievement of the Sustainable Development Goals while contributing new insights to the international FP/RH knowledge base. Key findings, raw data, interactive dashboards and other resources are available on the CSI Survey Landing Page.

Guiding Questions

The indicators build off the Strategic Pathway for Reproductive Health Commodity Security framework as an approach to assess, identify and prioritize RH issues around the "7 Cs": context, commitment, coordination, capital, capacity, commodities, and client demand and use. The CS Indicators were designed to complement the CS Index (collected every three years between 2003 and 2015), which is now collected and reported alongside the CS Indicators as a series of indicators called the Contextual Measures. These measures are collected from secondary sources and provide insight into a mix of higher-level indicators to help countries identify strengths and weaknesses across five components — financing, supply chain, utilization, access, and health and social environment. These indicators have guided stakeholders in determining which countries are most in need, where to focus resources, and what type of assistance is needed. When taken together, these datasets can enable high-level and granular analyses of CS constituent elements and trends over time and across countries.

For this investigation into UHC and access to contraceptives, indicators from the CSI Survey were selected and analyzed based on their ability to shed light on the following questions:

- How extensive is the product offering of FP methods across countries and over time?
- How easily can FP methods be accessed without restrictions caused by a lack of necessary health resources, fees, or regulatory or cultural barriers?

Methods

USAID has conducted data collection and analysis for the CSI Survey since 2009, initially through the USAID/DELIVER Project, before management was transitioned to the GHSC-PSM Project in 2017. Data is collected every two years across a growing number of countries (now 43 in total) in Africa, Eurasia, Latin America and the Caribbean by in-country professionals who liaise with a variety of technical experts, national committees and federal government officials to verify statistics and contextual information. The survey tool requires users to select from a dropdown list of common sources for up to two sources of data used per prompt to ensure consistency and transparency of data sources. Once the survey is completed by in-country professionals, the answers are subjected to multiple rounds of validation by monitoring and evaluation specialists within GHSC-PSM. Wherever possible, validation includes cross-referencing from respected international sources, such as the World Health Organization, the FP2020 initiative, the Reproductive Health Supplies Coalition, the Demographic and Health Surveys Program. Finally, the data is reviewed in biennial reports, aggregated into a dashboard and published within the CSI Survey Landing Page.

Findings

Family Planning Methods Offered by Public Sector

While each of the surveyed countries relies on the partnership of multiple sectors to meet its contraceptive needs, the public sector provides the most comprehensive suite of FP methods. The range of products within this sector appears to be expanding faster than others (Exhibit 1).

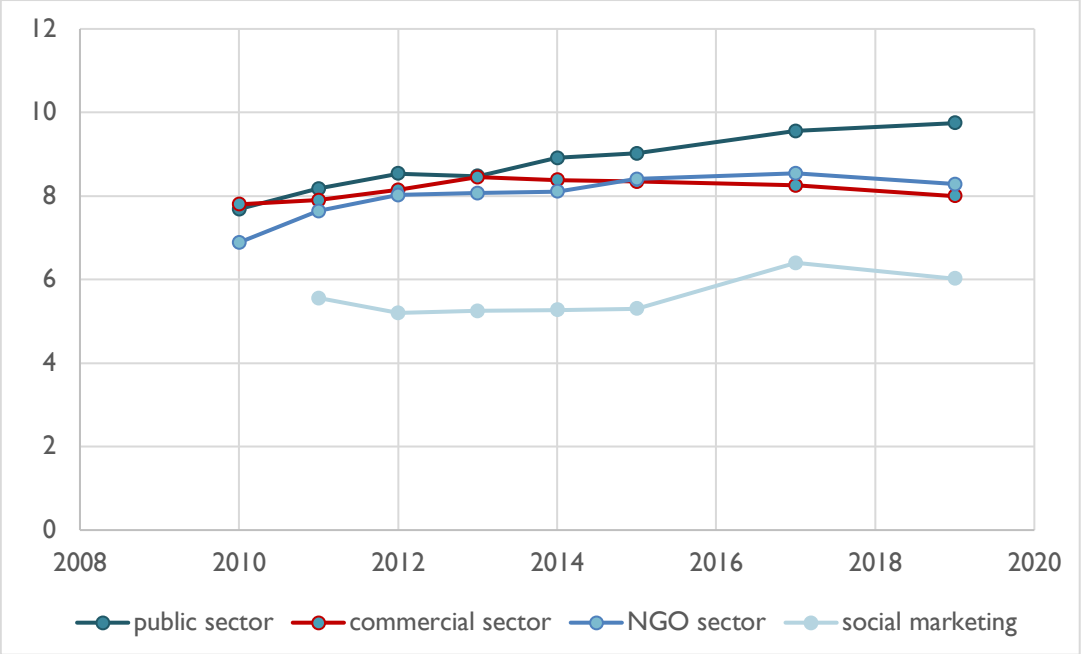


Exhibit 1. Average Number of FP Methods Offered by Sector Per Country

An increase in the number of different FP methods offered by the public sector seems to reflect a corresponding increase in the number of FP methods recommended in the National Essential Medicines List, which has nearly doubled in the last decade (Exhibit 2).

To track the change in the number of FP methods offered, the CSI Survey prompts countries to report which methods the public sector offers. The analysis counts the number of methods reported to be offered by each country, and then calculates the mean average across countries for each survey year. The percentage of countries that offer three distinct FP methods through the public sector declined; however, this may reflect a decrease in demand for these products rather than a decline in the public sector's ability to diversify FP methods. These products include emergency contraceptive pills, tubal ligation and calendar-based awareness methods. The total number of FP methods offered via the public sector grew by 11 percent from 2017 to 2019, reflecting an upward trend across developing nations (Exhibit 2).

Exhibit 2. Average number of FP methods on the National Essential Medicines List

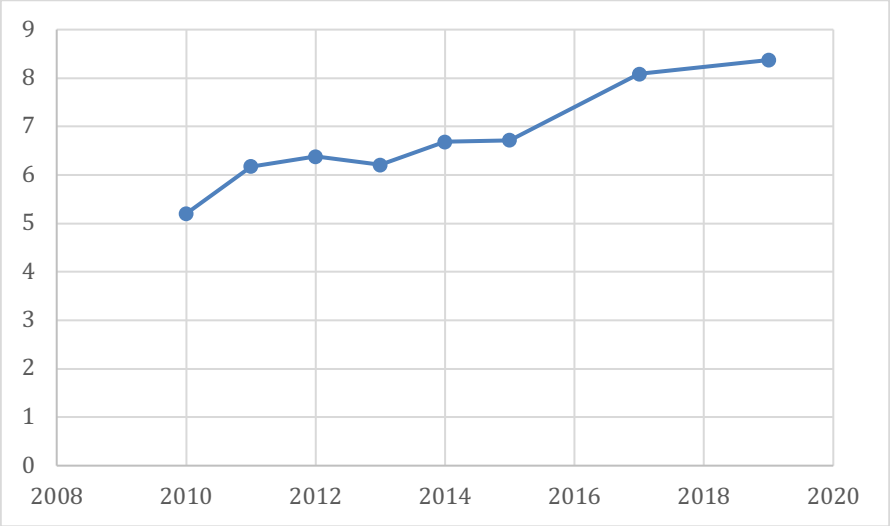


Exhibit 3. Percent Change in Public Sector Offering of FP Methods Between 2017 and 2019

Combined Oral Contraceptives	Progestin-Only Pills	Injectables	Contraceptive Implants	Intrauterine Devices	Male Condoms	Female Condoms
No growth possible[1]	3%	No growth possible	3%	3%	No growth possible	0%
n = 35[2]	n = 35	n = 35	n = 35	n = 35	n = 35	n = 34

Emergency Contraceptive Pills	Vasectomy	Tubal Ligation	Contraceptive Patches	Vaginal Contraceptive Rings	Calendar-Based Awareness Methods	Sum of Change in FP Methods
-9%	3%	-6%	0%	17%	-3%	11%
n = 35	n = 30	n = 32	n = 23	n = 23	n = 30	

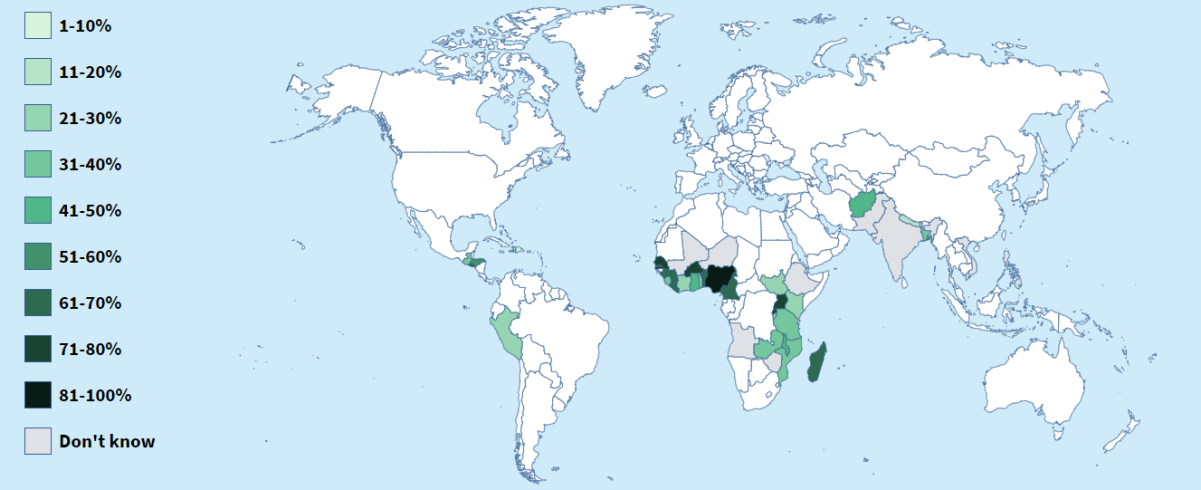
[1] *"No growth possible" refers to products for which no growth is possible because 100 percent of the countries reported that their public sector provided these FP methods in both surveyed years.

[2] The number of countries for which it was possible to compare multiple survey years differed for each commodity type because there were cases in which countries could not find data on whether their public sector offered particular a FP method. Additionally, the number of, and specific countries responding to the survey has changed from year to year. For this reason, the "n" is listed for each FP method in the chart above.

Health Provider Expertise

While the overall increase in the variety of FP methods offered is encouraging, some FP methods, such as implants and intrauterine devices (IUDs), require an accompanying continuum of care and access to a trained FP provider. These FP methods are only available through public sector FP providers trained and able to provide medical services. In 2019, CSI Survey respondents identified an approximate range of how many public sector FP providers at the national level had the necessary training (Exhibit 4). Only 14 countries (41 percent) estimated that more than half of providers had the proper training, while another 20 countries (59 percent) estimated that fewer than half of FP providers had been trained in implant and IUD insertion and removal. There is room for improvement in this critical area.

Exhibit 4. Estimated percentage range of public sector FP providers trained in implant and IUD insertion and removal, by country



Government Fees and Health Insurance Coverage

Improving the range of FP methods and services of trained professionals is a critical step toward increasing national populations' FP access. However, the suite of FP methods must be available to those who cannot pay; otherwise, financial barriers may further disadvantage underserved, marginalized or other vulnerable sub-populations by perpetuating deep-seated inequities within the national health system. Fortunately, there are no reported charges for FP services or commodities offered by the public sector in many of the surveyed nations.[3] In 2017, 29 percent of the 21 surveyed countries where fees are charged on public sector FP services or commodities reported that government health insurance covers public sector fees. In 2019, this grew to 42 percent of 24 countries. In 2017, approximately 71 percent of the countries that reported fees for FP methods, services or both also reported exemptions for those who cannot afford to pay, whereas in 2019, this number fell to 63 percent.

> "The government provides cost-free, integrated sexual and reproductive health services and commodities in all public sector health facilities."
>
> *Mozambique*
> *2019 CSI Survey Response*

Laws, Regulations and Policies that Affect Access to FP

Many of the surveyed countries reported policies crafted specifically to prevent discrimination and provide universal access to contraceptives and services. By linking reproductive rights to basic human rights, creating information campaigns, lowering costs for rural populations, and targeting FP programs toward youth, the surveyed countries demonstrated myriad efforts to increase access. According to the CSI Survey responses, one of the greatest priorities is contraceptive security for adolescent and youth populations. However, alongside unmarried women, this group is among the few that are legally barred from access to FP products. Along with facing operational, cultural, or other practices that decrease FP access, youth and unmarried women also face other legal barriers in the countries surveyed:

- In several countries, it is prohibited to sell contraceptives to youth under the age of 18.
- There are restrictions or limitations on free access or any access to contraceptives for unmarried women in several countries.
- Minors can only access contraceptives with parental consent in two countries.
- Medical eligibility requirements apply in a few countries, such as a requirement to provide medical history, or a requirement to prescribe contraceptives for a health condition.

> "In the public sector, unmarried youth must be prescribed contraceptives through a doctor or midwife for a health condition. In the private sector, however, they are able to purchase contraceptives."
>
> *Afghanistan*
> *2019 CSI Survey Response*

Conclusion

Within the countries that established access to a wide range of reproductive health products and services for all as a fundamental human right, improving UHC and removing barriers to access may be a pivotal step toward meeting key goals. Data collected from over 40 countries in the last decade demonstrates there is room for improvement in the public sector's FP services and medical expertise, income-based exemption for payment of FP costs, and removing policies that bar sub-populations from accessing critical RH services.

However, there has been consistent growth in the number of FP methods deemed essential and made available by the public sector and government coverage of all public sector FP costs. Overall, this depicts a global dedication toward improving contraceptive security, thereby allowing people around the world the opportunity to plan their families and lead healthier lives with the potential for greater opportunity.