
UNFPA/EGYPT

# Assessment of the Logistics System For Contraceptives Ministry of Health, Egypt

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| | |
|---|---|
| CAPA | Central Administration for Pharmaceutical Affairs |
| CID | Chemical Industries Development |
| CIF | Cost, Insurance and Freight |
| COC | Combined Oral Contraceptives |
| CPR | Contraceptive Prevalence Rate |
| CSSP | Contraceptive Security Strategic Plan |
| CSB | Commodity Security Branch (Technical Division/UNFPA/NY) |
| CSWG | Contraceptive Security Working Group |
| DHS | Demographic and Health Survey |
| EC | Emergency Contraception |
| EDL | Essential Drugs List |
| EPTC | Egyptian Pharmaceutical Trading Company |
| FP | Family Planning |
| GOE | Government of Egypt |
| ICPD | International Conference on Population and Development |
| IEC | Information, Education and Communication |
| IUD | Intrauterine Device |
| LE | Egyptian Pound (Livre Egyptienne) |
| LMIS | Logistics Management Information System |
| LSAT/USAID | Logistics System Assessment Tool |
| MOFP | Ministry of Family and Population |
| MOH/FPS | Ministry of Health/Family Planning Sector |
| NGO | Non-governmental Organization |
| NODCAR | National Organization for Drug Control and Regulation |
| NPC | National Population Council |
| POP | Progestogen-only pill |
| QA | Quality Assurance |
| RH | Reproductive Health |
| RHCS | Reproductive Health Commodity Security |
| SDP | Service Delivery Point |
| TA | Tanzem Al-Osraa (Family Planning) |
| USAID | United States Agency for International Development |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |

## Executive Summary

The UNFPA Egypt Country Office, as part of its support to the Government of Egypt's family planning program, supports a project in five governorates with the Ministry of Health's Family Planning Sector (MOH/FPS) Logistics Unit to strengthen the national "contraceptive security" program. Contraceptive Security (CS) is defined as existing *when there is a secured supply, improved access and a choice of quality contraceptives at the right time and in the right place for individuals who want to space or prevent pregnancy*.

The Total Fertility Rate (TFR) in Egypt is understood to be around 3.0. The nation's stated population goal is to achieve replacement fertility, i.e., TFR 2.1, by 2017. To reach this goal with the current mix of family planning methods, the national program must increase the current Contraceptive Prevalence Rate (CPR) of 60 per cent to around 74 per cent. While Egypt's population and family planning program has achieved considerable progress since the 1970's, reaching the official target in seven years will require significant changes in policy and program.

Egypt no longer relies on donor support for contraceptive procurement and supply. The MOH operates the majority of the family planning clinics in the country and shoulders the full responsibility of contraceptive security in the public sector, including procurement and logistics - two program areas vital to the achievement of Egypt's population goal. This report is based on a brief assessment of the UNFPA/MOH/FPS project addressing this work as well as some other critical components of a "comprehensive strategic and integrated program" that cover demand and support functions as well as supply.

The main findings and recommendations of the report focus on forecasting, financing and budgeting, procurement, brand selection and pricing, distribution, storage and the Logistics Management Information System (LMIS). The assessment was designed to diagnose areas that need improvement, monitor the system's performance and raise stakeholders' collective awareness about the system's needs and, finally, gather logistics knowledge and use results from the analysis for future work planning.

To implement the assessment the team conducted a desk review, interviewed key informants at different levels and sectors of the system and sought feedback from the main stakeholders at a national de-briefing in Cairo on 24 October 2010.

**Forecasting** is carried out by the MOH Logistics Unit, which accesses and uses issued-to-client data from MOH service delivery points (SDPs) and all National Population Council (NPC) sources, including private pharmacies (pills) and teaching hospitals. To complement this data, some 84 people are being trained (through December 2010) in use of the Spectrum software to permit

comparison of it with demographic targets and projections. The Logistics Unit uses the forecasts it prepares to request funding from the Ministry of Finance to finance contraceptive procurement which is carried out by the MOH's Procurement Unit. Two factors may adversely affect the process of procuring and supplying in a timely way adequate quantities of contraceptives to the Governorates and lower level Service Delivery Points (SDP): a) there is no budget line item dedicated to "modern contraceptives" in the country's health budget and b) contraceptives are not fully funded at the beginning of the budget cycle/fiscal year.

In keeping with WHO and UNFPA standards, the team recommends the creation of a dedicated budget line for contraceptives. It recommends the establishment of a functional national Contraceptive Security Working Group (CSWG) to advocate for a fully-funded budget line and other strategies to strengthen CS and that the Logistics Unit work to this end.

**Procurement** involves the collaboration of a number of agencies: the MOH Logistics Unit, the MOH Procurement Unit, the MOH/FPS Technical Committee, the Pharmaceutical Affairs Technical Committees, the Ministry of Finance, the Ministry of Industry's Standards Department, the National Organization for Drug Control and Research (NODCAR) and others. The team found that the Logistics Unit, which prepares the guidelines and specifications and develops the schedule for timing incoming shipments to meet forecasted needs, lacks a long-term "procurement plan". Additionally, Egypt's specifications for male latex condoms do not adhere to the WHO/UNFPA guidelines for independent pre-shipment QA sampling and testing. And, not all contraceptives are yet listed in the National Essential Drug List (EDL). Consequently, and because they are purchased via private companies, contraceptives are not tax exempt. The team's recommendations focus on addressing these points.

**Brand Selection and Pricing** is vital to the provision of good quality, affordable commodities that meet couples' needs at different times in the reproductive cycle. The public sector is an important player where 60 per cent of current users (DHS, 2008) obtain their methods, mainly IUD and injectables. Insofar as vasectomy is forbidden and tubal ligation prohibited except in cases where the life of the woman is in danger, the team recommends aggressive expansion of access to long-term methods such as the IUD, injectables and implants. To reduce the high "unintended pregnancy" rate, the team recommends accelerating efforts to improve counseling and properly introduce emergency contraception. Other recommendations include periodic regular reviews of pricing, consideration by CID (Chemical Industries Development) and other Egyptian pharmaceutical companies of applying for WHO/UNFPA pre-qualification, translating the Levonor consumer instructions into Arabic and clarifying the medical indications for tubal ligation and abortion to assure that couples have access to medical treatment that is both legal and appropriate.

**Distribution and Storage** of contraceptives and related supplies in the public sector is mainly carried out by the Egyptian Pharmaceutical Trading Company (EPTC) and the MOH Medical Supplies Warehouse in cooperation with Branch, Governorate and District warehouses and SDP stores. It appears to work pretty well as the team observed no stock outs. However, the team observed at all levels stock-on-hand amounts at or below minimum and suspects that the absence of stock outs may be related to the uncertainty of funding which could serve as a brake on family planning promotion and enrollment. Physical conditions in the central, Governorate, district and SDP warehouses and stores were observed to be good overall—clean, well-lit and ventilated. Aside from missing or incomplete bin cards in some places, record keeping was also good. The team's recommendations focus on consolidation of contraceptives and related supplies at the EPTC, adherence to storage minimums, new bin cards with training, warehouse renovation and support activities and outsourcing.

**LMIS:** The EPTC logistics system meets standards for record keeping and reporting; however, there is no provision on any of the above forms for recording lost, damaged expired or destroyed commodities, and there is no mechanism on any of the above forms to document complaints about commodity quality from either the service provider or the client side.

While at this time there are separate systems for consumption and storage/distribution data in the public sector, there are monthly meetings at the Logistics Unit to reconcile the summary reports from EPTC and the TA8. The TA form was reviewed in 2009 but the recommended changes have not been implemented. The results of the annual inventory in June are not compared with the pipeline data from the LMIS. Data for decision making is available in the system: it is critically needed for forecasting but also for more effective advocacy and better management. The current LMIS is not optimally utilized in this regard.

The team recommended, at the next opportunity, both changes to the TA form and how it is used. It is important that the trained statisticians assist program managers at central and Governorate levels to use the LMIS data itself and combined as appropriate with Spectrum demographic projection analyses, to monitor and improve program management and performance as well as to reinforce advocacy. Annex 2 is examples of data analysis using consumption (issued-to-client) data from TA6 and TA8 forms.

### Observations from Stakeholders and Key Informants

The report focuses on Egypt's family planning logistics management system; however, according to many interviewees other program areas within the national effort such as policy

strengthening and demand creation should also be reinforced. The following family planning program areas were mentioned that require better coordinated strategic attention and strengthening:

- Collaboration and coordination of MOH and MOFP/NPC plans and activities;
- Coordination of plans and activities of all relevant partners in a Contraceptive (or Reproductive Health Commodity) Security Working Group (see attached for proposed scope of work);
- Policy strengthening regarding reproductive rights ;
- Demand creation amongst reproductive age couples including outreach and other modern communication methods; and,
- Quality of care including client counseling, especially in poor areas of Upper and Lower Egypt and slums.

Other observations are in the report. Achieving Egypt's goal of replacement fertility by 2017 will only be possible with changes in policy and program. It will be difficult, but must be attempted.

## Introduction and Background

The Programme of Action of the 1994 Cairo International Conference on Population and Development [ICPD] called upon all countries to take steps to provide universal access to a full range of safe and reliable family planning methods and related reproductive health services. The ultimate goal is to help couples and individuals achieve their reproductive goals and to allow them to exercise their human right to have children as and when they choose. It is acknowledged that meeting the reproductive health needs of the population is also critical to achieving the Millennium Development Goals. Egypt is a signatory of ICPD Programme of Action.

Overall, Egypt's demography in the past 30 years has followed a classic transition from higher to lower fertility and mortality rates. The total fertility rate fell from 5.6 in 1976 to 3.0 in 2008 (DHS) and the contraceptive prevalence rate increased from 18.9% to 60%. Data suggest this trend was largely accomplished by making services more available to women and men via an increased number of service delivery outlets. For example, the number of family planning (FP) clinics in the public and NGO sectors rose from 3,862 in 1981 to 6,005 in mid-2005 – an increase of more than 50%. The Ministry of Health (MOH) FP clinics constitute the majority of all FP clinics in Egypt.

To achieve the official national goal of reaching replacement fertility levels in 2017, it will be necessary to strengthen efforts in many fields. Among them is contraceptive security. *Contraceptive Security exists when there is a secured supply, improved access and a choice of quality contraceptives for individuals who want to space or prevent pregnancy at the right time and in the right place.* Egypt's national goal of reaching replacement fertility levels is a challenge, considering the present population growth and plateaued fertility rates in past years. However, Egypt's family planning program has achieved considerable progress and enjoys political support.

From 1980 through 2005, Egypt relied upon donors to fund and support the FP program including contraceptives. However, with diminished donor funding in 2006, Egypt consolidated its efforts and is maintaining the program independently. One of the first steps was the development of CS Strategic Plan 2006-2010 (CSSP). It was developed in consultation among all stakeholders but remains mostly not implemented.

As the UNFPA Egypt Country Office in collaboration with the Ministry of Health/Family Planning Sector (MOH/FPS) supports a project to *strengthen the contraceptive commodity security system* in 5 Governorates and in keeping with the UNFPA Country Program and mandate, an assessment was planned. The following report summarizes the findings and recommendations of the assessment which took place 10-25 October 2010.

**Purpose**

The purpose of the assessment is to diagnose the current public sector contraceptive logistics system and its ability to ensure the availability of adequate cost-effective amounts and types of contraceptives, and the continuous availability of strategic stocks of contraceptives at all levels, the adequacy of the storage systems to store contraceptives at all levels and the strength and reliability of the logistics management and information system (LMIS) across all levels. The overall purpose is to:

- diagnose areas that need improvement;
- monitor the system's performance;
- raise stakeholders collective awareness about the system's needs; and,
- gather logistics knowledge and use results from the analysis for future planning.

In addition to the above, the team made an effort to address other critical components of a "comprehensive strategic and integrated program" that cover supply, demand and support activities.

It is expected that the assessment results will be used in future planning by the FP sector/MOH and will also help UNFPA effectively support project interventions.

**Scope and issues addressed**

In close cooperation with the CS project team specifically, and the Family Planning Sector/MOH in general, the assessment covered the following areas:

- Forecasting
- Financing and Budgeting
- Procurement
- Brand Selection and Pricing
- Distribution
- Storage
- LMIS

**Methodology**

The exercise, which involved close participation by the MOH/FPS staff, entailed a combination of desk reviews, interviews and document analysis and field visits.

The methodology took into account the following;

- Project document and work plans for a description of the intended results, the baseline for the results and the indicators used;

- Information from the UNFPA country office gathered through monitoring and reporting;
- Desk review of existing documents and materials such as CSSP for Egypt, Logistics System assessment tool (LSAT), and project progress reports and others;
- Interviews with the project team at the central level, as well as visits to three selected governorates to meet SDP personnel; and,
- Feedback from key informants at the final debriefing

**Field Visits**

Visits outside of Cairo were made to health facilities, warehouses/stores, service delivery points and pharmacies at central and Governorate levels in Beni Suef, Ismailia and El-Minya.

**Stakeholder Meetings**

Stakeholder and participant meetings were held throughout the assessment and a debriefing was held at the end. Interviews were employed to inform the team on the various program/elements of the Contraceptive Security issue pertinent for the assessment. The post-assessment dialogue was used to share and validate preliminary findings and recommendations to a group consisting mainly of the informants involved/interviewed by the team during the assessment.

**Key deliverable/s**

Based upon the analysis of information obtained, the team prepared a draft report that addressed all responsibilities outlined above. The draft report was shared for feedback with MOH and other stakeholders in a debriefing meeting at the end of the mission. The final report incorporates relevant stakeholder feedback.

# I. Findings and Recommendations

## A. Forecasting

**Findings:**

Forecasting is done by the MOH FPS Logistics Unit by analyzing data collected by TA 6-8 forms, including consumption, distribution and stock on hand at all levels. It also uses data from the NPC, which is a component of the Ministry of Family and Population (MOFP). Resulting forecasts are compared with previous procurements. Beginning in 2011, it is planned to use Spectrum demographic projections for comparison.

The MOH Logistics Unit in collaboration with the NPC has access to contraceptive consumption data from all public sources, including oral pills sold to private pharmacies, but not including the remainder of the private sector. The inability to capture private sector sales data, except for social marketing, is a normal state of affairs in all consumer markets. Nevertheless, the MOH/NGO Unit, in collaboration with UNFPA/MOH CS Project, has an initiative with several partners including the Ob-Gyn Society to coordinate with private physicians to capture some of this information.

Since the beginning of the MOH/UNFPA Contraceptive Security project, more than 80 people at National and Governorate levels have been trained in Spectrum. Training for the role of Spectrum as a demographic projection model for comparison with consumption and service statistics data in the forecasting process is underway, on target and on time. It began in 2009 in 19 Governorates and should be completed by December 2010.

The forecasting process for contraceptives is linked with budgeting and finance. When the forecasting exercise is complete, the MOH Logistics Unit forwards the request to MOH Financial Department, to incorporate this with other department requests. The MOH Financial Department initiates dialogues with the Ministry of Finance (MOF), where the request is reviewed in terms of funds available in the national budget and allocations are made accordingly. The request is then returned to the MOH and in turn, to the FPS Logistics Unit. The MOH/FPS Logistics Unit revises the quantities of contraceptives as per the allocated budget and forwards the request to the Procurement and Contracting Department. The budgeted allocation for contraceptives is usually not sufficient to fund the full annual forecasted request. Contraceptives are procured according to budget limits rather than according to actual forecasted need. This arrangement, wherein the actual FP Sector requirements for contraceptives are not met, affects the entire system, from the initial procurement to stock levels at the warehouses and SDPs.

Budget related issues will arise in connection with other segments of this report. For example, in 2009-2010, based on its forecasting exercise described above, MOH submitted its request to the MOF for LE 57 million for contraceptives. The MOF budget committee allocated LE 37 million which MOH used for procurement, knowing it was not enough to fulfill the entire annual forecasted amount for contraceptives. Later in the year, anticipating a shortfall of essential commodities, MOH requested the unmet allocation and the MOF allocated the remaining LE 20 million for contraceptives. The effect of this piecemeal financing of contraceptives is discussed below.

**Recommendations:**

Develop specific guidelines to optimally use Spectrum to strengthen advocacy by comparing demographic projections with forecasts made with TA 6-8 consumption data. Insure that latest

demographic data is available for inclusion. This will further institutionalize the multiple benefits of Spectrum use at both National and Governorate levels, just as the Project envisioned.

Strengthen forecasting for managers at the Governorate level to reinforce their participation in the dialogue of contraceptive security and to facilitate advocacy for population/family planning issues in each Governorate.

Results from the UNFPA/MOH initiative for obtaining information from private physicians should be reviewed and assessed for future planning.

## B. Financing & Budgeting

**Findings:**

There is no budget line item dedicated only to "modern contraceptives" in the health budget of Egypt. The current budget line item in which contraceptives and other items are included is entitled 'Raw Materials'. Highlights from the 2010-11 health budget are as follows:

- 13 billion LE: total health budget;
- 150 million LE: allocation to FPS for FP activities. Does not include health districts' running costs;
- 79.4 million LE: FPS "raw materials" budget line item, of which;
- 56 million LE: allocation for contraceptives from the "raw materials" budget line, whereas the total requested for contraceptives was 107 million LE.

Contraceptives are not fully funded at the beginning of the budget cycle/fiscal year. As a result, this leads to a partial procurement of the required contraceptives. Although additional requests for commodity funding are made and usually met later in the fiscal year, these monies are often received too late to expend them before the fiscal year ends. For example, if a request is made for 50, only 30 may be provided. Then, in the 3rd quarter when there are insufficient quantities of available contraceptives on order, an additional allocation for 20 is provided but too late to address the situation and to fully eliminate the possibility of stock outs. The fact that the initial budget approval amount is less than the initial request for contraceptives may affect the entire system. To avoid stock outs, service providers may not be as proactive as they could be were they assured that full requirements will always be met.

Publically-funded contraceptive sales at SDPs, pharmacies, NGOs and elsewhere (i.e., teaching hospitals) generate revenue, as shown in Table 1. Revenues from contraceptive sales go into the Ministry of Finance general account, with the exception of 3%, which is returned to Ministry of Health Family Planning Sector for incentives, of which 10% stays at the central level and 90% goes to

the Governorates. Therefore, the Government subsidizes portions of each method available in public sector programs.

**Table 1: Government of Egypt Buying and Selling Prices (LE) for Public Sector Contraceptives**

| Method | Buying Price | Selling Price |
|---|---|---|
| IUD Tcu380A | 3 | 2 |
| Injectable (Depo) 3 month | 7 | 1 |
| Male condom | 0.20 | 0.10 |
| POP-Levonor | 2.9 | Na |
| COC-Microcept* | 1.17 | 0.65 |
| Implant-Implanon** | 186 | 5 |

*Microcept from CID Pharmaceuticals is sold to private pharmacies at 0.56

** Implanon from Organon is sold to Teaching Hospitals at 10

WHO and UNFPA standards recommend a dedicated budget line item for modern contraceptives. Many countries in recent years have established dedicated budget lines for RH commodities including contraceptives. In addition, UNFPA recommends multi-sectoral coordination mechanisms (i.e., RHCS or CS Working Groups) and inclusion of contraceptives on national essential drug or medicines lists.

**Recommendations:**

A dedicated budget line for "modern contraceptives" should be established in the national budget for health and fully funded at the beginning of each fiscal year.

A functional National Contraceptive Security Working Group should be established to advocate for strategies to strengthen contraceptive security in Egypt, including creation of a dedicated budget line. A sample scope of work is attached (Annex 1.).

The MOH/FPS Logistics Unit, in collaboration with other partners, needs to design an advocacy strategy to reach decision makers in the budget approval and modification process. Decision makers in the Ministry of Health, Finance, Planning and all relevant Ministries could then be approached with this advocacy campaign for a dedicated budget line item for modern contraceptives.

## C. Procurement

**Findings:**

The MOH Logistics Unit is responsible for preparing technical guidelines and specifications for all contraceptive procurement. The Logistics Unit obtains specifications for contraceptives from the Ministry of Industry, Standards Department. UNFPA was approached to provide model specifications for modern contraceptives for review and comparison.

The Logistics Unit specifies the schedule of incoming shipments of contraceptives included with their specifications. The apparent lack of a long term "procurement plan" makes this more complicated. In principle, a procurement plan that is annually reviewed and revised is a multi-year consensus document that takes into consideration consumption data, forecasting and projections as well as stock on hand and pipeline analysis for all essential commodities.

The MOH FP Sector Technical Committee, which is composed only of Ob-Gyn physicians, does not include a pharmacist.

The MOH Procurement Unit presents an organization that properly covers the main responsibilities of implementing the specifications prepared and submitted by the Logistics Unit.

Registration is required by the Pharmaceutical Affairs Registration Department for new hormonal products and medical devices such as OCs, IUDs and implants. Non-sterile products such as condoms are reviewed by the Pharmaceutical Affairs Release Department.

With regard to the responsibility for Quality Assurance, the Ministry of Industry Standards Department sets standards for contents and packaging and the National Organization for Drug Control and Research (NODCAR) performs physical, microbiological, chemical and sterility testing against the standards set by the Ministry of Industry Standards Department.

The GOE has no requirements for independent quality assurance testing for male condoms either at the time of procurement, receipt or while in the distribution pipeline. It is not known whether QA testing is performed on hormonal contraceptives in the pipeline.

Egypt's 2006 National Essential Drug List and Guidelines include only two contraceptive types: two formulae for Combined Oral Contraceptive (COC); and, one for 3-month injectable. There are plans to review the EDL, including the addition of other contraceptives in its next version.

Referring to tax exemption, in most countries imported contraceptives on the EDL for the public sector are not taxed. In Egypt, public sector contraceptives are procured through private sector companies and taxed accordingly, even ones on the EDL.

**Recommendations:**

Insofar as the Logistics Unit is responsible for preparing technical specifications for pharmaceutical products, it is advisable to include a pharmacist on the FPS Technical Committee, which approves inclusion of new methods into the public sector FP program. Ideally, the pharmacist on the Technical Committee should be appointed from the Central Administration for Pharmaceutical Affairs (CAPA). Policy and operational links between the MOH/FPS Technical Committee and MOH/CAPA Technical Committee are desirable.

Skills within the Logistics Unit for developing a multi-year procurement plan and its application may be enhanced via collaboration with WHO and UNFPA.

The Logistics and Procurement Units can utilize the scientific expertise of WHO through the collaboration of the WHO office in Egypt and through available training courses in procurement and procurement planning, arranged by UNFPA/Cairo.

All male latex condoms procured by GOE should be in accordance with WHO/UNFPA male latex condom specification, prequalification and guidelines for procurement, 2010 version, which calls for pre-shipment independent sampling and testing on a lot-by-lot basis.

All contraceptives should be included on the National Essential Drug List & Guidelines and no contraceptives in public or private sectors should be taxed.

## 3. Brand Selection and Pricing

**Findings:**

In the public sector, there is one brand each of COC (Microcept), POP (Levonor), IUD (CopperT380A), injectable (3 monthly Depo), implant (Implanon) and male condom (Sure). In the private sector, there are many available brands.

In the public sector, the limited number of available brands per method is not necessarily a disadvantage although a wider number of methods available would be desirable to enhance women's choices – especially long term methods.

Emergency contraception is very much needed, especially to address unintended pregnancy. A recent study by the Population Reference Bureau cites recent statistics that conclude: "If women in Egypt could successfully avoid the births that result from an unintended pregnancy, the country's total fertility rate (average lifetime births per woman) would decline from 3.0 children per woman to 2.4."

The only COC (Microcept) in the public sector is manufactured by CID Pharmaceutical. High quality local production appears to exist in Egypt (as per the test results of the ILAC-accredited test laboratory, NODCAR).

The MOH/FPS Logistics Unit Technical Committee is responsible for setting prices for contraceptives. The last price change occurred for condoms three years ago. Large pricing disparities between contraceptives of the same type, as shown in Table 2, tend to distort the market and confuse the consumer.

**Table 2. What Women Pay for Contraceptives in Egypt**

| Method & Brand | Public Sector | Private Sector |
|---|---|---|
| **IUD** | | |
| TCu380A – Pregna | 2 | |
| U-Kare TCu375 Pregna DKT | | 15 |
| TCu380 (de-registered) DKT | | 6.50 |
| TCu380A w/Safe Load DKT | | 10 |
| **Male condom** | | |
| Sure | .10 | |
| Fiesta & Sutra (DKT) | | .34 |
| **Injectable** | | |
| Depo-Provera 3month | 1 | |
| Depo-Provera 3month (DKT) | | 8.50 |
| **POP – Progestogen Only Pill** | | |

| Method & Brand | Public Sector | Private Sector |
|---|---|---|
| Levonor | 1 | |
| Exluton (DKT) | | 7.75 |
| Exluton | | 10. |
| Microlut | | 10. |
| **COC – Combined Pill** | | |
| Microcept (mfg. in Egypt) | .65 | .65 |
| Triosept (mfg. In Egypt) | | 2.25 |
| Cilest | | 15 |
| Gynera (17LE for 3 cycles) | | 5.67 |
| Marvelon | | 15 |
| Yasmin | | 39 |
| **Implant –** Implanon | 5 | |

Levonor's package insert is made available only in English.

UNFPA buys large volumes of high quality contraceptives at competitive market prices and only procures contraceptives from manufacturers that are pre-qualified by WHO/UNFPA. Pre-qualification involves a stringent process of documentation verification, factory inspection and quality control checks. As demonstrated in Table 3, some of the UNFPA procured contraceptives are priced less than those procured by the Government. By mandate, UNFPA is not eligible to participate in the international bidding process. However, some countries have arranged to use the competitive advantage of UNFPA's pricing, especially for contraceptives, to procure them with their own funding through a special Memorandum of Understanding (third party agreement) between the Government and UNFPA.

**Table 3. Cost Comparisons (in LE) of Purchase Price for Contraceptives: GOE & UNFPA**

| Method | GOE | UNFPA* |
|---|---|---|
| IUD Tcu380A | 3 | 2.42 |
| Injectable (Depo) 3 month | 7 | 5.3 |
| Male condom | 0.20 | 0.173 |

| Method | GOE | UNFPA* |
|---|---|---|
| POP-Levonor | 2.9 | n/a |
| POP-Exluton | n/a | 2.99 |
| POP – Microlut35 | n/a | 3.17 |
| COC- Microcept | 1.17 | n/a |
| COC – Microgynon30 | n/a | 2.3 |
| COC-Marvelon | n/a | 4.84 |
| Implanon | 186 | 145.15 |

1LE = 0.173647 USD as of 22 Oct. 2010

*UNFPA price CIF to port

The only social marketing program in Egypt is operated by DKT. Around the world, social marketing programs have been partnering with governments since the mid 1970's to maximize the commercial access people have to high quality contraceptives at affordable subsidized prices. While DKT is registered in Egypt as a private company, it is an international not-for-profit organization, wherein revenues generated by the sale its products and services are entirely reinvested in the national program activities. The fact of DKTs non-profit status is not widely known in Egypt.

**Recommendations:**

The Government's pricing system for contraceptives in Egypt is beyond the purview of this consultancy. However, the Team recognized the need for periodic, regular reviews of contraceptive pricing in keeping with market forces, especially for the lower economic quintile.

The local contraceptive manufacturer(s) may find it advantageous in expanding their international marketing efforts by approaching WHO or UNFPA to seek assistance for the rigorous process of prequalification.

An Arabic package insert for Levonor or Arabic translation of the current insert should be included in the next procurement cycle for Levonor.

The process of registering and providing emergency contraception (EC) products and services should be accelerated. An acceptability study for EC should be re-started and completed.

## E. Distribution & Storage

**Findings:**

In the public sector, contraceptives and supplies for family planning programmes are stored between two warehouses and two distribution mechanisms: EPTC in Shoubra and the Government Medical Supplies Warehouse at Abbasia. The Government Medical Supplies Warehouse stores POP (Levonor) and implant (Implanon) and sundry medical supplies related to family planning services. Because the Government warehouse has no transport system, Governorate health staff must pick up supplies directly from them at this central warehouse. All other contraceptives are stored by EPTC, which has a transportation system to 22 "branches" at Governorate level. EPTC warehouses at Governorate/branch level are used as transferring points for contraceptives to the Governorate warehouse facility. District level health staff must pick up their supplies at the Governorate level.

A pilot exercise to assess the cost effectiveness of outsourcing the supply chain management for all Ministry of Health supplies and medicines is planned. The outcome of this exercise may profoundly affect the current system for contraceptive distribution.

Except for Implanon, the Consulting Team observed no stock outs. However, most contraceptives were stored at, or less than, guidelines for minimum stock on hand. As noted above under Financing and Budgeting, there are concerns that budgetary constraints and the avoidance of stock outs may be inter-related. A possible explanation for the absences of stock out reporting is the lack of confidence at the SDP level that re-supply will be timely or complete enough to meet all demands. If stock out reporting is perceived as a negative event and there is no certainty for supplies to meet actual demands, this could adversely affect new client enrollment into the system. On the other hand, if service providers always feel assured that a 3 months' supply of commodities are on hand, new client enrollment may be regarded differently. Uncertainty for funding of contraceptives underlies this scenario.

The warehouse assessment completed by Takamol in 2007 covered the physical infrastructure regarding adequate space and acceptable quality. It covered a sample of 6 Governorates and 15 districts. It does not include personnel and training, records and reports, equipment, and inventory supplies.

The Consulting Team examined storage facilities and warehouses at all levels throughout the system in Ismailia, Beni Suef and El Minya. In most facilities, the physical conditions were overall good – clean, well lit, and ventilated. Record keeping, aside from the bin cards, was also good. In some facilities, bin cards were ad hoc and incomplete.

At the central level, the EPTC warehouse had less than 2 months stock on hand of Depo which does not match the stock on hand minimum of 6 months. Even though distances between

SDPs, districts and Governorate warehouses are long, at no point did the Team encounter complaints about the difficulties of commodity distribution and transportation.

**Recommendations:**

For convenient and efficient access by Governorates, all contraceptives and related supplies should be stored together at EPTC.

EPTC Governorate/Branch storage minimum should be maintained to the minimum guidelines, which is 2-3 months. This may not be applicable for those EPTC points serving more than one Governorate.

In accordance with good storage practices, a standard bin card should be printed, distributed and used. Guidelines and training for use should accompany this.

According to available resources, the Ministry of Health could begin the process of warehouse renovation as per the conclusions and recommendations of the 2006 report by Takamol. When these renovations are considered, the Ministry of Health should expand their scope to all aspects of warehouse management.

The pilot study for outsourcing the supply chain management of health commodities in Cairo should be followed up by MOH/FPS.

## F. Logistics Management Information System (LMIS)

**Findings:**

By definition, a good LMIS at central and sub-national levels should contain current data on stock levels, distribution, users per method and commodity expiry dates. The LMIS would be used for data for decision making in relation to monitoring the supply chain, forecasting, synchronizing supply with demand and measuring performance.

In the public sector in Egypt, there are separate systems for consumption (TA 6-8 forms) and storage/distribution data (from EPTC). An important interface between the consumption and distribution data occurs monthly at the MOH/FP Logistics Unit, where managers review summary reports from both EPTC and TA8, and then determine future EPTC distribution and Medical Supplies Warehouse pick-up quantities.

The MOH FP Sector forms TA 6 through 8 contain starting stock balance, consumption (issued to clients), delivery quantities, and ending stock balance for each method. The TA8 reporting rate from SDPs is over 90 per cent. EPTC has its own electronic system for recording and reporting the distribution of commodities from their central warehouse to the 22 "branches". The EPTC system meets standards for logistics system record keeping and reporting.

There is no provision on any of the above forms for recording lost, damaged expired or destroyed commodities, nor is there a mechanism to document complaints about commodity quality from either the service providers or the clients.

There is adequate data for decision making available from the above mentioned forms. It is needed for forecasting but also for more effective advocacy and better management. The current LMIS is not optimally utilized in this regard.

In 2009, the TA form was reviewed and recommendations for minor changes were made. Required actual changes, however, did not occur because they required new forms, new software and training all users.

An annual physical inventory is completed each June. Its results are not compared with the pipeline data from LMIS.

**Recommendations:**

At the next change of the TA form, data for lost, damaged, destroyed and expired commodities should be incorporated.

A mechanism for recording and reporting of commodity quality complaints from clients and service providers should also be considered during the next revision of the TA forms.

The annual physical inventory of commodities should be reconciled with the LMIS.

Data for decision making: the system's trained statisticians could assist managers at central and governorate levels in making visual presentations using LMIS data to monitor program management and improve performance.

# II. Observations from Stakeholders and Key Informants

This report focuses on Egypt's family planning logistics management system; however, according to many interviewees, other program areas within the national effort such as policy strengthening and demand creation should also be reinforced. For example, while there is strong high-level support for family planning in Egypt, it has been observed that implementation of the family planning program is separated between various partners and that coordination of their work in related areas such as demand creation needs strengthening. In addition, some aspects of the national family planning program are not fully funded.

To achieve the TFR goal of 2.1 in 2017 *with the current utilization rates of each method*, the CPR would have to reach 74%. It is possible, however, to achieve this goal in 2017 with a lower CPR with changed utilization rates that include more women accepting the existing longer term methods, IUD and implants. Emergency contraception is not available in the public sector. Post-abortion and post-natal contraception is not widely practiced. Interpretation of laws governing tubal ligation and abortion varies amongst medical practitioners, which sometimes causes confusion when occasions calling for these procedures arise. Medical indications and qualifications for tubal ligation and abortion should be well defined, clearly articulated and easily understood.

USAID has announced its forthcoming (2011-2015) MCH/FP project with comprehensive support to all districts in five governorates of Upper Egypt. UNFPA funded projects will address central level capacity building in at least two of these Governorates. Plans to collaborate and coordinate are needed.

Some other family planning program areas mentioned by interviewees that require coordinated strategic attention and strengthening include the following:

- Collaboration and coordination of MOH and MOFP/NPC plans and activities
- Coordination of plans and activities of all relevant partners in a Contraceptive (or Reproductive Health Commodity) Security Working Group (see attached for proposed scope of work)
- Policy strengthening regarding reproductive rights
- Demand creation amongst reproductive age couples including outreach and other modern communication methods
- Quality of care including client counseling, especially in poor areas of Upper and Lower Egypt and slums
- Expansion of method mix and choice in public and private sectors, especially long-term methods and emergency contraception
- Human resource development including training (medical, non-medical service providers in public and private sectors)

- Management capacity strengthening including supervision and monitoring and evaluation at all levels
- Research areas and issues, included in Annex 3.

Without changes in policy and program the achievement of Egypt's goal of replacement fertility by 2017 will be impossible; with the changes, it will be difficult but they must be attempted.

# ANNEX 1 Prototypes:

## A) National Working Group or Coordination Committee on Contraceptive Security or Reproductive Health Security; and,

## B) National Contraceptive Security or RHCS Focal Point/Advisor

### A) National Working Group/Coordination Committee on CS or RHCS

The objective of the national working group is to provide a framework for policy dialogue, coordination, advocacy, resource mobilization as well as monitoring the implementation of the RHCS or contraceptive security action plan.

**Composition**

Led /Chaired by the MOH/Govt., the national working group brings together all RHCS stakeholders: government policy makers and planners (Interministerial), donor agencies, private commercial sector including importers, non-governmental organizations, public & private sector RH service providers, and consumer representatives. The NWG is chaired by the MOH/government. UNFPA could serve as the secretariat for a period of 2 years after which this should be phased in/taken over by the MOH.

**Terms of Reference**

Ensure coordinated implementation of the National Contraceptive security/RHCS action plan in particular:

Develop a strategic action plan for achieving RHCS.

Ensure that all stakeholders are given an opportunity to contribute according to their respective field of expertise.

Diversify sources of funding for RHCS activities (national budget, donor support, grants from private sector including banking institutions, grants from foundations, consumer's contribution, etc.)

Advocate for creation of an enabling environment for all stakeholders participation including the private sector.

Ensure timely and regular estimation of adequate quantities and varieties of quality RH commodities

Reinforce facilities for testing and monitoring the quality of RH commodities

Ensure the availability and accessibility of RH commodities at all appropriate levels of service delivery.

Recommend efficient and effective ways for distribution & dispensing of RH commodities to reach all those in need.

Regularly review the Essential Drug List and approve the inclusion of new RH commodities, including contraceptives.

Identify and enforce appropriate collaboration mechanisms between all stakeholders

Ensure RH logistics data collection, analysis and dissemination and timely utilisation.

Carry out both qualitative and quantitative evaluation studies of the status of RHCS.

A co-ordination mechanism on RHCS could be separate or included in a broader coordination mechanism with provision for someone to facilitate the interaction of stakeholders and oversee joint planning and decision making on RHCS issues. Hence, the coordinating body will serve to bring partners together to work on RHCS issues.

A functioning coordination mechanism satisfies all of the following conditions:

- a membership with representation from at least the following a) interministerial government representation, b) NGOs, c) Private and Commercial Sector (including social marketing organisations), d) technical and donor agencies, and e) academic institutions;
- with the leadership of a government agency;
- terms of reference specifying activities to be carried out in coordinating RHCS issues;
- regular meetings at least 3 times a year; and
- minutes of meetings available.

**B) National Contraceptive Security or RHCS Focal Point/Advisor**

The Contraceptive Security or RHCS Focal Point/Adviser is responsible for providing 'state of the art' technical and managerial support to national authorities including the national working group in the course of implementing approved plans/activities.

**Main responsibilities:**

Identify and coordinate the use of technical resources for implementation of RHCS national strategic plan approved by the national working group

Collect/analyse data and disseminate information on progress of RHCS

Regularly update the WG on emerging issues in RHCS including operation/action research findings

Monitor RHCS management functions; distribution, stock taking and inventory

Validate national requirements of RH commodities and assist in the preparation requisitions for submission to procurement

Maintain a clearing-house for national, regional and international resources on RHCS including publications on research findings

Produce a yearly bulletin on RHCS progress & perspectives

Organise and ensure secretariat assistance including producing reports of the National Working Group on RHCS activities

Identify and liaise with national technical resources/institutions for training and other forms of capacity building on RHCS

Maintain a database on stakeholders support to RHCS

Monitor RHCS strategic plan activities and organise evaluation studies.

# ANNEX 2. SAMPLE OF DATA ANALYSIS USING TA6 & TA8 FORMS

Table 1 **Total Contraceptives Issued to Clients from NPC and MOH/SDP TA DATA: 2006 through 2009**

| | 2006 | | 2007 | | 2008 | | 2009 | |
|---|---|---|---|---|---|---|---|---|
| **Method** | **NPC** | **SDP** | **NPC** | **SDP** | **NPC** | **SDP** | **NPC** | **SDP** |
| **Condom** | 283,253 | 3,373,619 | 237,720 | 3,589,408 | 186,922 | 3,840,593 | 175,784 | 3,889,633 |
| **Injectable** | 441,447 | 3,229,870 | 560,080 | 3,316,327 | 615,020 | 3,554,865 | 649,654 | 3,606,947 |
| **IUD** | 144,660 | 1,296,333 | 128,609 | 1,282,980 | 103,256 | 1,266,005 | 97,246 | 1,215,784 |
| **Implant** | 1,150 | 22,536 | 2,269 | 28,739 | 3,133 | 41,400 | 3,541 | 50,634 |
| **Pill** | 9,952,843 | 2,641,787 | 10,779,337 | 2,487,727 | 13,172,534 | 2,961,168 | 12,090,913 | 3,421,488 |

| **Method** | **Percent Change Between Years 2006 & 2009** | |
|---|---|---|
| | **NPC** | **SDP** |
| **Condom** | -38% | 15% |
| **Injectable** | 47% | 12% |
| **IUD** | -33% | -6% |
| **Implant** | 208% | 125% |
| **Pill** | 21% | 30% |

**Note:**

1. Per cent change per method between the two years of 2006 and 2009 is not weighted , resulting in absolute per cent change for each method without consideration of per cent of total coverage of each method (i.e., implants are less than 2% of the method mix but have increased 125% at SDPs and 208% at NPC data points).

2. NPC data includes cycles of pills issued to private pharmacies.

**Conclusions:**

Longer term methods: **IUD issuance has decreased by 1/3rd at NPC data sites since 2006 and by 6% at MOH SDPs.** At SDPs, IUDs were

**Table 2. YEAR 2009**

75% of the method mix in 2009. As the goal is to reach a TFR of 2.1 by 2017, longer term methods must play a major role. The decrease of IUD use is of concern in that regard, and indicates further immediate study and follow-up.

| By Method Comparison of Net Government Costs, Percent of Total Cost and Percent of Method Mix | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Method** | **Net Cost Per 1 CYP** | **NPC Net Costs** | **NPC % of Total NetCost** | **NPC - Method Mix** | **SDP Net Costs** | **SDP % of Total Net Cost** | **SDP - Method Mix** |
| **Condom** | 10.00 | 17,578 | 0% | 0% | 388,963 | 1% | 1% |
| **Injectable** | 24.00 | 3,897,924 | 22% | 11% | 21,641,682 | 60% | 17% |
| **IUD** | 0.31 | 97,246 | 4% | 22% | 1,215,784 | 3% | 75% |
| **Implant** | 90.50 | 640,921 | 4% | 1% | 9,164,754 | 25% | 2% |
| **Pill** | 13.65 | 12,695,459 | 73% | 66% | 3,592,562 | 10% | 5% |
| **Total** | | 17,349,128 | | | 36,003,746 | | |

***CYP conversion factors: 100 pieces male condoms per year ; 4 vials injectables per year; 3.2 years per IUD; 2 years per implant; 13 cycles pills per year.**

**Costs:** Net cost is the difference between the buying and selling price. The sales price to clients is cost recovery revenues. There is high variance of CYP costs per method, most significantly between the two longer tem methods IUD (0.31 LE per CYP) and implant (90.50LE per CYP). The results of this price variance are played out , for example, at MOH/SDPs, where IUDs are 75% of the method mix and 3% of total net costs in 2009, whereas implants are 2% of the method mix and 25% of total net costs.

## ANNEX 3 Research Areas and Issues

**New and expanded methods**

Acceptability of female condom

Pilot introduction of emergency contraception

Male and female sterilization policies and practices in Egypt and other countries in the region

**Operational research on women's choices/perceptions/decisions/unmet needs**

Why some women still don't use modern methods?

Why women still want 2.9 children?

Why women discontinue a method?

**RTIs and STIs**

Incidence, especially as related to IUD insertion

**Total Market Approach**

Market segmentation study including pricing

Market research and demand creation for hard-to-reach groups of women

**Counseling and Training**

Side effects of contraceptives – would good counseling make a difference?

IEC for women – what works? What does not work?

Assess impact of previous training involving religious leaders

**Service Providers and SDPs**

Physician's knowledge of modern contraception – myths & perceptions

Medical barriers (e.g., to IUD insertion only during menses)

Follow up on all implants regarding tracing women and record keeping

# ANNEX 4 Documents Reviewed

1. Contraceptive Security Strategic Plan (CSSP) for Egypt, 2006-2010
2. National Essential Drug List and Guidelines, Egypt, 2006
3. MOH/UNFPA Contraceptive Security Project Work Plan, 2009 and 2010
4. MOH/UNFPA Contraceptive Security Project Progress Reports
5. RHCS Assessment Situation Analysis Tool (RHCSAT)
6. Strategic Pathway to RHCS (SPARHCS), A Tool for Assessment, Planning and Implementation, 2004
7. The SPARHCS Process Guide, A Planning Resource to Improve RHCS, 2008
8. Logistics System Assessment Tool (LSAT)
9. Contraceptive Inventory and Information System (CIIS) Summary Report, EPTC Information System Department, Egypt, September 2008
10. Contraceptive Inventory and Information System (CIIS) Summary Report, EPTC Information System Department, Egypt, October 2008
11. Global Program to Enhance RHCS, UNFPA, 2009
12. Procurement of Contraceptives by Ministry of Health and Population: Findings and Recommendations of the Technical Assessment Team, 2004
13. Pocket Guide to Managing Contraceptive Supplies, Department of Health and Human Services, Centers for Disease Control and Prevention(CDC), Atlanta, USA, 2000.
14. Contraceptive Procurement: A Checklist of Essential Actions, Guidelines for Logistics Managers, UNFPA
15. Program Review and Strategy Development Report, Egypt. UNFPA, 1994
16. Emergency Contraceptives Pills in Egypt: A Challenging Experience, DKT, Egypt
17. "Unintended Pregnancies in the Middle East and North Africa," Farzaneh Roudi-Fahimi and Ahmed Abdul Monem, *Population Reference Bureau*, July 2010.
18. Essential Medicines for Reproductive Health: Guiding Principles for their Inclusion on National Medicines Lists, WHO, UNFPA, PATH, March 2006.

## ANNEX 5 Stakeholders and Key Informants

**Ministry of Health, Ministry of Finance, Ministry of Family & Population**

Dr. Naser El Said, First Undersecretary for Primary Health Care, and Family Planning Affairs
Dr. Maha Mourad, Assistant Minister of State for Family and Population, NPC, Egypt
Dr. Saher El Sonbaty, Head of the Family Planning Sector
Dr. Omayma Zakaria, Executive Director of Contraceptive Security Project, MOH
Dr. Magda Hussein, Head of Contraceptive Department, MOH
Dr. Seham El Sherif, Head of LMIS Unit, FP, MOH
Eng. Ibrahim Zaki, LMIS Consultant, CS Project, MOH
Dr. Nahla El Demendash, M&E Manager, FP Sector, MOH
Mrs. Hala Farouk, Administrative Officer, CS Project, MOH
Prof. Maha Hemimda, Deputy Director, FP Services in Private Sector and NGOs, MOH.
Mr. Gamal Abd Elfatah, Manager of Purchasing and Contract Department, MOH
Mrs. Salwa Abd Elfatah, Manager of Health Finance, Ministry of Finance
Mr. Amr Mohamed, Accounts and Finance, Ministry of Finance
Mr. Khaled Gaber, MIS Official, EPTC
Mrs. Sohir Abd Elfatah, Distribution Official, EPTC
Mr. Tamer Ibrahim, Purchasing and Contracts, MOH
Mr. Hannan Abd Elhafiz, Purchasing and Contract, MOH
Mr. Rafaat Estamalek, Accountant, Finance Department, MOH
Dr. Atef M. El Shitany, Executive Director of SSDURH Project, MOH
Mrs. Mona Farag, Statistics Manager, NPC

**Non-Governmental Organization (NGO), Professional Associations and Private Sector**

Dr.Ashraf Foud, Executive Director, DKT, Egypt
Dr.Sofia Hanna, Senior Product Manager, DKT, Egypt
AC Bushnell, Director of International Programs, DKT, Washington DC

Salah Kalliny Yassa, Tender Manager, Schering-Plough (part of MSD), Egypt

Prof. Ezzeldin Osman Hassan, Executive Director, National Egyptian Fertility Care Foundation (EFCF)

Dr. Fatma El-Zanaty, President and CEO, El-Zanaty and Associates

Dr. Nahla Abdel Tawab, Director, Regional RH Program, The Population Council, Cairo, Egypt

**UNFPA Egypt**

Dr. Ziad Rifai – Representative, UNFPA Egypt Country Office

Dr. Magdy Khaled, Assistant Representative, UNFPA Egypt CO

Mrs. Dawlat Shaarawy, UNFPA, Egypt CO

Morten Sorensen, Deputy Chief, UNFPA/PSB-Copenhagen

**USAID**

Dr. George Sanad, Program Management Specialist

Dr. Gamal El Khatib, Takamool Project, Executive Director, Integrated RH Services, USAID

**Field Visits**

**Ismailia Governorate**

Dr. Amal Milad, Family Planning Director

Dr. Asmaa Abdel Hafiz, Family Planning Medical Supervisor

Phar. Mona Shalaby Mancy, Governorate warehouse

Mrs. Nabil Sultan

Dr. Reham el Said Shehata, District warehouse

Dr. Amal el Sharbine, Medical centre, Medical supervisor

Mr. Laila Gad El Rab, Medical Center, FP nurse

**Beni Suef Governorate**

Dr Hisham Zekri, Family Planning Director

Dr. Taha Mohamed Werbi, District FP Director

Mrs. Nancy Nagy Fahim, Pharmacist

Mr. Yousef Abdel Aziz, EPTC warehouse
Dr. Medhat Imam, Medical Supervisor
Mrs. Eatemaad Fawzi Abdel Halim, Nurse

**El Minya Governorate**

Dr. Adel Abouzeid, Undersecretary
Dr. Atef George, FP Director
Dr. Swanson Abdel Latif, district medical center
Pharm. Mervat Fahim, warehouse
Mr. Nabil Halim, warehouse
Dr. Adel Ahmed Moaz, FP director, Samaloot District
Phar. Irin Hana, Samaloot district warehouse
Dr. Riry Maher Habib, FP Physician. Hahia health unit
Mrs. Naglaa Zagalol, nurse at Hahia heath unit
Dr. Evon Monir, Western Medical Center, Hahia district
Mr. Asmaa Qwab, Nurse at Western Medical Center , Hahia district
Private Pharmacy (Phar. Emeel)
EPTC warehouse

## ANNEX 6 Schedule 10-26 October 2010

| Date | Activity | Main Contacts |
|---|---|---|
| 10 October | Welcome and orientation of the Team by UNFPA and MOH/FPS | Dr Magdy Khaled, Ass't. Rep. UNFPA; Ms Dawlat Farouk Shaarawy, National Program Associate, UNFPA; Dr El Sonbaty, Head, FPS; Dr Omayma Zakeria, CS Project Director; Dr Magda Hussein, Contraceptives; Mr Ibrahim Zaki, LMIS Consutant; Dr Maha Hamida, NGOs |
| 11 October | Discussions of Procurement, Budgeting, Warehousing and Inventory process and information systems. Meetings with private sector representatives | Dr Gamal Abdel Fatah, Head Procurement; Mrs Salwa Abdel Fatah, MOF; Mrs Sohir Abdel, EPTC; Mr Khaled Gaber, EPTC. Dr Salah Kalliny Yassa, MSD; Dr Medhat George, CID; Ms Sofia Hanna, DKT |
| 12 October | Central EPTC warehouse; USAID/TAKAMOL; UNFPA-funded Quality of Care project; Service Statistics, NPC | EPTC managers; Dr Gamal El-Khatib, Team Leader; Dr Atev El-Shitany, Project Director; Mrs Mona Farag, Manager |
| 13 October | Field Visits: Beni Suef and Ismailia | Beni Suef: Dr Hesham Zekry, FP Director; Ismailia: Dr. Amal Milad, FP Director |
| 14 October | Egyptian Fertility Care Foundation | Dr Ezzeldin Osman, Executive Director |
| 17 October | USAID; MOH, First Undersecretary, Family Planning; MOH, Head FPS; Group meeting with FPS | Dr George Sanad, PM Specialist; Dr Nasr El-Sayad; Dr Sahar El-Sonbati; FPS Team |
| 18 October | Central Administration for Pharmaceutical Affairs; El-Zanaty and Associates (DHS); Population Council | Dr Mirette Shenouda, Registration of Medical Devices; Dr Marian Adly Kassed, Registration of Medicines; Dr Fatma El-Zanaty, President; Dr Nahla Abdel Tawab, Director. Regional RH |

| | | |
|---|---|---|
| | | Program |
| 19 October | Field Visit: El Minya;<br>NODCAR;<br>DKT | El Minya: Dr. Adel Abouzeid, Undersecretary<br>NODCAR: Dr Osama Abd El-Sattar, Chairman; DKT: Ms. Sofia Hanna |
| 20 October | MOH Procurement | Dr Gamal Abdel Fatah |
| 21 October | National Population Council | Dr Maha Mourad, Assistant Minister of State, MOFP |
| 24 October | Stakeholder Debriefing at Dar El Markabat | Representatives from Egypt's Family Planning Program |
| 25 October | UNFPA internal meeting to review the draft report | Dr Ziad Rifai, UNFPA Representative; Dr Magdy Khaled, Ass't. Representative; Ms Dawlat Farouk Shaarawy, National Program Associate |
| 26 October | Team departure | |

## ANNEX 7 Recommended Next Steps for 2011

1. A national Contraceptive Security (CS) Working Group should be jointly established by the MOH and MOFP and should include stakeholders from all four sectors: public, private, NGO and social marketing. The MOH and MOFP, in consultation with the CSWG, should draft a five-year strategic plan with the aim of expanding access to long-term contraceptive methods and reaching underserved people in Upper Egypt and urban slums. Draft TORs for a CSWG are included in this report. Following the development of the strategic plan, the National CSWG should meet at least twice per year to monitor its progress and revise major actions, where relevant.

2. MOH/FPS should confirm that all modern contraceptives are included on the Essential Drugs List currently undergoing revision.

3. The MOH/FPS Logistics Unit, in collaboration with other partners, should design an advocacy strategy to reach decision makers in the budget approval and modification process with the goal of a budget line dedicated only for modern contraceptives. Because the request for contraceptives is not fully funded at the beginning of the budget cycle/fiscal year, their initial procurement is a partial one. Although additional requests for commodity funding are made and met later in the fiscal year, these monies can be received too late to expend them before the fiscal year ends. This may affect the entire system in unintended ways including the ability of service providers to be as proactive as they could be.

4. Insofar as the Logistics Unit is responsible for preparing technical specifications for pharmaceutical products, a pharmacist should be invited to join the FPS Technical Committee, which approves inclusion of new methods into the public sector FP program. Ideally, the pharmacist on the Technical Committee should be appointed from the Central Administration for Pharmaceutical Affairs, which would strengthen the policy and operational links between these two Technical Committees.

5. MOH/FPS should explore training opportunities in procurement, procurement planning and management with WHO and UNFPA.

6. WHO and UNFPA have developed a prequalification program for companies manufacturing contraceptives. While there are many manufacturers of high quality contraceptives without having this prequalification, the advantage of seeking and receiving it is to broaden product sales and international marketability. Egyptian companies

manufacturing contraceptives should seek assistance from WHO and UNFPA if they wish to learn more about this prequalification program.

7. MOH and MOH/FPS trained statisticians could assist managers at central and governorate levels in making visual presentations using existing LMIS data to monitor program management and improve performance. Further, statisticians at MOH/FPS should develop specific guidelines and training to optimally use Spectrum for strengthening advocacy.

8. There exist operation research opportunities that would strengthen family planning service programs in Egypt. MOH/FPS should seek funding to study the introduction of emergency contraception; the incidence of RTIs/STIs, especially as related to possible effects on the safety of IUD insertion; IEC for women, especially communicating with hard-to-reach women: what IEC approaches work and what do not work?