

## **Contraceptive Security and the Logistic Management Information System (LMIS)**

After the fall of Ceausescu's regime, the legalization of contraceptives encouraged pharmaceutical companies to promote their products on the Romanian market. Subsequently, many contraceptives were available in drug stores at varying prices. In 2001, the government adopted policies to make it possible for the family doctors to provide family planning (FP) services and contraceptives. Despite the change, access to modern contraceptives, particularly for rural populations, remained limited.

In 2001, RFHI began to support the Ministry of Public Health in implementing a National Family Planning Program (NFPP) that aimed to increase access to family planning services and free contraceptives for disadvantaged populations, including those who lack of health insurance. The program promoted a 'three pillared' approach:

- (1) Training of primary medical care providers (especially family doctors);
- (2) Provision of information-education-communication materials to increase demand for services and products;
- (3) Provision of continuous supply of free contraceptives to be distributed to eligible groups.

### ***Strategic approach***

RFHI facilitated partnerships between governmental institutions and the private sector to ensure the availability of contraceptives in pharmacies. At the same time, the NFPP ensured the distribution of free contraceptives to eligible groups.

Ensured contraceptive availability in Romania required that the Ministry of Public Health do the following:

- ❖ Procure contraceptives for free distribution to eligible groups, especially in rural areas.
- ❖ Maintain a logistics management information system (LMIS) to forecast the contraceptive needs of the population so that the supply of contraceptives would be continuous.
- ❖ Support the private sector, including the areas of social marketing, insurance coverage for contraceptives, and advocacy for disadvantaged groups or those who do not have health insurance.

### ***Key activities***

- ❖ Coordinated donors, public health ministers and other local players to ensure the continuous supply of free contraceptives according to the needs of the population.
- ❖ Developed and promoted an appropriate LMIS to forecast contraceptive demand, financial cost, and to direct the distribution of the products at the national, county, and provider level.
- ❖ Supported the Ministry of Public Health and the Project Management Unit (PMU) in National Program No. 3 (NP3), which dealt specifically with maternal and child health and implemented the NFPP.
- ❖ Supported the Ministry of Public Health in establishing the final technical specifications and quantity of additional products necessary for the NFPP.
- ❖ Supported the Ministry of Public Health and its authorized institutions to deliver products to appropriate areas and providers.

- ❖ Trained service providers (doctors and nurses) and other NFPP staff in logistics management and in product distribution.
- ❖ Provided technical support to the Program Management Unit (PMU) to monitor and evaluate activities by collection and analysis of data reported at county level.

### ***Results***

In 2001-2002 the policies regarding contraceptive safety were approved. These policies focused on the provision of free contraceptives through general practitioners to well-defined target groups, mainly rural and economically disadvantaged populations. The inclusion of contraceptives on the list of insurance-covered pharmaceuticals, as well as compensation for family doctors providing FP services to uninsured clients, were also a part of this new legislation.

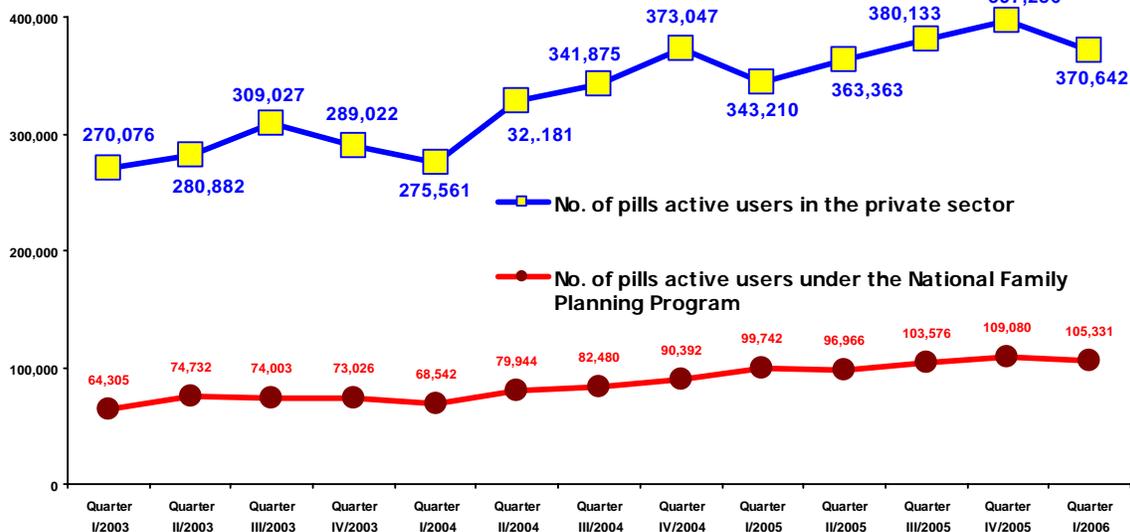
The sums allocated by the Ministry of Health from the state budget for contraceptives procurement increased from \$100,000 in 2001, to \$1,1 million in 2004 and to \$1,8 million in 2006.

Between 2001 and 2005, the LMIS for free contraceptives was developed and included a set of data and monitoring protocols for the distribution of products within counties, standardized reporting forms for different levels of the system, and general guidelines. In 2006, the set of reporting forms for providers' level was revised and simplified, and the local level took on an internet-based monitoring and reporting application (InterCON) to ensure user-friendliness and sustainability.

From 2003 to 2006, the LMIS began providing quality estimates of product needs according to the number of newly-trained doctors in addition to the regular supply for the 42 counties.

At the end of 2006, more than 3,600 family doctors distributed free contraceptives and were part of the LMIS at the national and county levels.

Users of oral contraceptives distributed by the National Family Planning Program and the private sector  
Romania, 2002-2006



Data source: MOPH, IMCH/PMU, Market research Company/Cegedim

The program ensured an efficient distribution of products over a 5-year period. In addition to this success, its efforts to reach disadvantaged groups were praised by services providers and clients.

The number of NFPP-distributed free contraceptive users rose significantly, as did the number of private sector-distributed contraceptive users. This demonstrated the significant contribution that the national program made toward increased contraception use. It also shows that free contraceptive distribution does not replace consumption in the private sector. In fact, the NFPP may have even stimulated contraceptive demand in the private sector. At the end of 2005, more than 206,000 active users of all types of contraceptive methods were registered in the NFPP. LMIS was able to adjust to changing contraceptive needs and was a critical tool in assuring the sustainability of NFPP activities.

**Recommendations**

The most notable challenges for the future for the Ministry of Public Health and its partners are related to the continuation of NFPP, consolidation and expansion of the activities that have been implemented thus far to include other providers in the family planning services system and the definition of eligible populations for free contraceptives. Other challenges also include the development of multi-annual financing plans for over-all contraceptive supplies and free contraceptive supplies for the upcoming 3-5 years.