REPUBLIKA E SHQIPËRISË
MINISTRIA E SHËNDETËSISË

ALBANIAN NATIONAL CONTRACEPTIVE SECURITY STRATEGY

2017 – 2021

UNFPA

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LIST OF ABBREVIATIONS AND ACRONYMS

ACPD	Albanian Center for Population and Development
ADHS 2008 – 2009	Albania Demographic and Health Survey 2008 – 2009
ANCSS 2003	Albania National Contraceptive Security Strategy 2003 – 2010
ANCSS 2012	Albania National Contraceptive Security Strategy 2012 – 2016
ANCSS 2017	Albania National Contraceptive Security Strategy 2017 – 2021
ARHS 2002	Albania Reproductive Health Survey 2002
ARHSD 2009	Albania Reproductive Health Strategic Document 2009 – 2015
ARHSD 2017	Albania Reproductive Health Strategic Document 2017 – 2021
CLMIS	Contraceptive Logistics Management and Information System
CME	Continuing Medical Education
COC	Combined oral contraceptive pills
CYP	Couple-Years of Protection
ECP	Emergency contraceptive pills
FP	Family planning
GoA	Government of Albania
IEC/BCC	Information, Education, Communication/ Behavior Change Communication
IPH	Institute of Public Health
LMIS	Logistics Management and Information System
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NESMARK	The Social Marketing Organization
POP	Progestin only pills
PHC	Primary Health Care
RH	Reproductive Health
RHC	Reproductive Health Committee
SDP	Service Delivery Point
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
USAID	United Stated Agency for International Development
WHO	World Health Organization

BACKGROUND

Albania has made significant progress in the area of family planning in the last 15 years. The Ministry of Health (MoH) of Albania has taken a lead in strengthening contraceptive security (CS) to ensure a lifetime supply of contraceptives for all Albanians who need them. MoH has been committed to making the necessary policy and budget adjustment to achieve contraceptive security and key donors (USAID and UNFPA) have been committed to supporting contraceptive security. There has been an increase in the provision of family planning (FP) services with resources dedicated to improving the family planning skills of health care professionals and continuous supply of contraceptives.

In 2003, a National Contraceptive Security Strategy (ANCSS 2003) was developed for the period 2003-2010 to assure an adequate supply and choice of quality contraceptives for every Albanian who needs them, in accordance with the International Conference on Population and Development goal of universal access. As a very crucial and important element of this strategy was that the Government of Albania (GoA) begins budgeting for the procurement of public sector contraceptives, instead of relying on donor-supplied contraceptives. The long-term goal of the ANCSS 2003 was achieving contraceptive independence by 2010. By 2010, Albania has been completely self-reliant and independent of outside donor support for contraceptives by providing 100% financial coverage for the public sector.

A National Logistics Management Information System was established with support of USAID and UNFPA. This system collects service statistics - first visits, revisits, counseling visits, total visits, Couple Years of Protection (CYP) generated – as well as contraceptive logistics data to ensure the timely and optimal re-supply of contraceptives. Thus, MoH is able to estimate total national contraceptive requirements and to ensure the contraceptive security.

In 2011, a National Contraceptive Security Strategy (ANCSS 2012) was developed for the period 2012-2016. The Strategy was aligned with the 2009 Reproductive Health Strategic Document (ARHSD 2009) approved by the Government for the period 2009-2015, which provided a framework for contraceptive security, by stating a strategic goal of increasing by 2015 the prevalence of using modern contraceptive methods by 30% more than the 2008 level. The ANCSS 2012 had two phases: a first phase in which contraceptives would be provided free-of-charge for all the population in need, and a second phase in which contraceptives procured with public funds should target primarily the most vulnerable groups of the population. This would allow public resources to be directed to the people who need them most, turning unmet need into contraceptive use while permitting better use of limited resources and improving equitable access to family planning services and contraceptives.

Currently, a new Reproductive Health Strategic Document is under development covering the period 2017-2021. The Strategy outlines a priority for family planning and provides a framework also for contraceptive security, by stating a strategic goal of increasing by 2021 the prevalence of using modern contraceptive methods by 20% more than the 2016 level. The strategic document envisages provision of contraceptives and free family planning services for every citizen who needs them, throughout the territory.

The strategy also outlines the efforts to implement the concept of "Total Market Approach", by taking into account the roles of the public sector, commercial sector and non-governmental organizations in ensuring the continuous supply of the population with contraceptives. This approach is based on the presumption that not all individuals who need family planning are able or

willing to pay the full market price for contraceptives, and promotes the provision of free or subsidized contraceptives to those who cannot afford the market price.

In this way, the entire population who has a demand for contraception, including marginalized or under-served population, has access to a wide range of contraceptives quality and at affordable prices. This approach is in line with the current Government policy of ensuring universal health coverage and the transition of the financing of the health system towards general taxation.

Since the existing National Contraceptive Security Strategy will end this year, the process of developing a new National Contraceptive Security Strategy for the period 2017 – 2021 (ANCSS 2017) was initiated.

SITUATION ANALYSIS

Use of contraception

The latest Demographic and Health Survey was conducted in 2008 – 2009 (ADHS 2008-2009), showing that Albania's current use of family planning was 69% for all methods with withdrawal accounting for 58%, while the modern contraceptive prevalence rate was only 11%.

The ADHS 2008-2009 showed a modern contraceptive methods use of 7.9% among all women 15-49 years and 10.6% among married women 15-49 years. Use of modern contraceptive methods according to the ADHS 2008-2009 (11.4% for married women 15-44 years) increased compared to the previous Albania Reproductive Health Survey 2002 (ARHS 2002) (8.0% for married women 15-44 years). The use of oral contraceptives in married women 15-44 years increased from 1.0% in 2002 to 1.8% in 2008 and the use of condoms from 2.1% to 4.4% in the same period. Still, 38.1% of all Albanian women 15-44 used traditional methods in 2008, compared to 44.8% in 2002.

	Any method	Any modern method	Female sterilization	Pill	IUD	Injectable	Male condom	LAM	Other modern	Any traditional	Rhythm	Withdrawal	Not currently using	Total
All women 15-49 years	48.8	7.9	2.1	1.2	0.6	0.4	3.3	0.3	0.0	40.1	0.5	39.5	52.0	100
Married women 15-49 years	69.3	10.6	3.0	1.6	0.9	0.7	4.0	0.4	0.1	58.7	0.8	57.9	30.7	100
Sexually active unmarried women 15-49 years	71.3	28.6	0.0	4.8	0.0	0.0	23.9	0.0	0.0	43.7	0.5	43.2	27.7	100

Table 1. Percent distribution of women by contraceptive method currently used (ADHS 2008-2009).

ADHS 2008-2009 also provided information on the distribution by wealth quintiles of contraceptive sources, and showed that the public sector serves predominantly women in the lowest wealth quintile (76%) and the second wealth quintile (70%), who cannot afford to pay private sector prices. However, it is notable that 66% and 52% of women, respectively, in the middle and fourth wealth quintiles get their modern methods from the public sector. This signifies that it a better targeting of the free-of-charge public sector contraceptive would be needed. It is only in the highest wealth quintile that the majority of women receive their methods from the private medical sector (71%).

Unmet need for contraception

ADHS 2008-2009 showed that, overall, 8.2% of all women aged 15-49 years in Albania had an unmet need for family planning: 0.1% for spacing births and 8.1% for limiting births.

	Unmet need for FP			Met need for FP			Total demand for FP			% demand satisfied
	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total	
Total	2.6	6.3	8.8	11.3	36.7	48.0	13.8	43.0	56.8	84.4
15-19	1.5	0.0	1.5	6.6	0.1	6.7	8.1	0.1	8.2	81.6
20-24	6.4	1.1	7.5	24.0	2.4	26.4	30.4	3.4	33.9	77.9
25-29	6.6	6.9	13.4	28.8	20.2	49.0	35.4	27.0	62.4	78.5
30-34	3.6	8.5	12.2	20.0	44.7	64.7	23.6	53.2	76.8	84.2
35-39	1.5	9.7	11.2	7.3	63.2	70.4	8.7	72.9	81.6	86.3
40-44	0.3	11.4	11.7	2.0	70.0	72.0	2.3	81.3	83.7	86.0
45-49	0.1	8.1	8.2	0.0	59.4	59.4	0.1	67.5	67.6	87.9

Table 2. Percentage of women age 15-49 with unmet and met need for family planning, total demand for family planning and the percentage of the demand for contraception that is satisfied (ADHS 2008-2009).

The unmet need for family planning was highest among young women aged 25-29, and tended to decrease with age. However, while unmet need for spacing declined with age, unmet need for limiting generally increased with age up to age 44, after which it declined. A higher proportion of women in rural areas than in urban areas had an unmet need for family planning (10.4% compared with 6.9%). Looking at regional variation, the highest percentage of unmet need was among women in the Coastal and Mountain regions (around 10% each) and the lowest percentage was among women in Urban Tirana (7%). Unmet need for family planning was higher among women with no education or primary education than among women with secondary or higher education. Finally, unmet need tended to decrease as wealth quintile increases.

The absence of a recent population based survey makes it impossible to quantify the current contraceptive prevalence rates or unmet need.

Sources of modern contraceptive methods

Sources of modern contraceptive methods in the ADHS 2008-2009 included the public sector, the private medical sector and other sources (namely shop, friend/relative and husband/partner). Public (government) facilities provided contraceptive methods to the majority (53%) of users of modern methods, while 40% of users were supplied through private medical sources, and 7% through other sources (e.g., shops). This classification did not include explicitly the social marketing sector and does not allow the quantification of the size of the social marketing sector.

ADHS 2008-2009 data showed that the most common public source of contraceptive methods in Albania were government hospitals or maternities, which supplied 37% of all users of modern methods; the most common private source of contraceptive methods are pharmacies, which supplied 39% of users of modern methods. Government primary health care services supplied 16% of users with their methods, while private hospitals and clinics supplied just 1%.

Currently, contraceptives are available in Albania from three sources: at no cost from the government; at subsidized prices from social marketing programs; and at market prices from the commercial for profit sector. MoH data shows that free of charge contraceptives are available in 426

public sector family planning clinics throughout all of Albania's 36 Districts. This marks a slight decrease compared to the situation of 2011, when FP services were offered in 431 woman consultancy rooms, maternity hospitals, and health centers at commune level.

Data provided by the Contraceptive Logistics Management and Information System (CLMIS) showed that the number of contraceptive consultations in the public sector has also decreased since 2011, as well as the number of users and the CYPs.

	2010	2011	2012	2013	2014	2015
First visits	16.419	14.098	13.885	14.124	1.268	10.314
Return visits	39.364	39.059	38.856	37.682	33.408	26.141

Table 3. Number of contraceptive consultations in the public sector (Source: MoH/IPH CLMIS, 2016).

	2010	2011	2012	2013	2014	2015
Condom	3.666	3.629	3.686	3.423	3.512	3.300
Injectable	3.720	3.658	3.732	3.533	2.666	737
IUD	6.178	5.730	5.229	5.523	4.036	3.539
COC	4.184	3.768	3.728	3.820	3.408	3.253
POP	686	630	669	682	667	651

Table 4. Number of users in the public sector (Source: MoH/IPH CLMIS, 2016).

CYP	18.433	17.414	17.044	16.981	14.288	11.480

Table 5. Number of CYPs covered by the public sector (Source: MoH/IPH CLMIS, 2016).

Method mix

According to the ADHS 2008-2009, government sources supply most users of female sterilization (100%), the IUD (85%), and injectables (94%), but smaller proportions of pill users (39%) and male condom users (16%). The large majority of pill and condom users get their methods from private sources, primarily pharmacies: condoms (69%), and pills (57%).

For 2014, the Contraceptive Logistics Management and Information System (CLMIS) of the Institute of Public Health reported that in the mix of the four main modern methods, the IUD was used in 34%, followed by the pill (25%) and injectables and condoms were used more rarely (each with 20%).

Implementation of the Albanian National Contraceptive Security Strategy 2012 – 2016

Achievement of the targets for contraceptive prevalence and unmet need

ANCSS 2012 was aligned with the Reproductive Health Strategic Document approved by the Government for the period 2009-2015 (ARHSD 2009), which set a strategic goal of increasing by 2015 the prevalence of using modern contraceptive methods by 30% more than the 2008 level. ANCSS 2012 recommended that, in order to be able to assess the degree of achievement of some key indicators for the strategy, such as CPR or unmet need for modern contraception, a Demographic and Health Survey should be conducted at the end of the period covered by the strategy. In the absence of a population based survey, the progress towards achieving the goal of the previous Reproductive Health Strategic Document or the key indicators of the previous National Contraceptive Security

Strategy cannot be assessed. Although the Logistic Management Information System provides accurate and good quality data regarding distribution of products in the public system, a realistic estimation of population trends in modern contraceptive prevalence rates cannot be done. There are, however, plans for a new Demographic and Health Survey to be carried out in 2017 and preparations are ongoing.

Consumption of contraceptives

UNFPA continued to provide support to the Government for procurement of contraceptives at low prices through AccessRH. The following consumption figures are based on data provided by the MoH, Nesmark, Bayer and HRA Pharma. Condom figures from the commercial private sector (including shops and supermarkets) were not available for the last years.

	2012	2013	2014	2015	2016 (estimated)
Condoms (pieces)	**1.673.180**	**1.186.428**	**1.387.782**	**1.274.449**	**1.432.000**
Public	442.340	410.772	421.398	395.943	432.000
Social marketing	1.230.840	775.656	966.384	878.506	1.000.000
Commercial					
Injectables (vials)	**14.641**	**14.132**	**10.664**	**2.939**	**16.000**
Public	14.641	14.132	10.664	2.939	16.000
Social marketing	0	0	0	0	0
Commercial					
IUDs (pieces)	**1.637**	**1.578**	**1.153**	**1.011**	**1.500**
Public	1.637	1.578	1.153	1.011	1.500
Social marketing	0	0	0	0	0
Commercial					
OCs (cycles)	**141.539**	**182.666**	**167.252**	**179.760**	**115.000**
Public	65.973	67.524	61.124	58.530	60.000
Social marketing	32.266	5.332	0	0	0
Commercial	43.300	109.810	106.128	121.230	55.000
COCs (cycles)	**72.317**	**111.000**	**105.296**	**115.437**	**50.000**
Public	56.527	57.301	51.118	48.767	50.000
Social marketing	15.790	0	0	0	0
Commercial		53.699	54.178	66.670	
POPs (cycles)	**9.446**	**10.223**	**10.006**	**9.763**	**10.000**
Public	9.446	10.223	10.006	9.763	10.000
Social marketing	0	0	0	0	0
Commercial					
ECPs	**59.776**	**61.443**	**51.950**	**54.560**	**55.000**
Public	0	0	0	0	0
Social marketing	16.476	5.332	0	0	0
Commercial	43.300	56.111	51.950	54.560	55.000

Table 6. Contraceptive consumption 2012-2015.

Low figures for injectables in 2015 are due to a stock out that occurred in 2014 disrupting the continuation of injectable contraceptives. As a result, a decision was made to move from DMPA to NET-EN.

Funding for public sector contraceptive procurement

The Albanian Government has fully funded the contraceptive procurement for the public sector since 2010. The MoH funds the contraceptives procurement, customs, transport, storage and the family planning consultation is covered by the insurance service in a per-capita system.

Under the 2003 National Contraceptive Security Strategy, GoA increasingly assumed the cost of procuring public sector contraceptives in a step by step fashion, while the donors' share correspondingly decreased.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
MoH	13,500	13,375	5,400	64,942	21,931	66,772	40,855	64,910	45,820	47,962	68,156
	43%	26%	9%	91%	56%	100%	100%	100%	100%	100%	100%
UNFPA	17,845	37,595	57,766	6,650	17,206	0	0	0	0	0	0
	57%	74%	91%	9%	44%	0%	0%	0%	0%	0%	0%
Total (US$)	31,345	50,970	63,166	71,592	39,137	66,772	40,855	64,910	45,820	47,962	68,156
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 7. Evolution of funding for contraceptives from MoH and UNFPA 2005 – 2015

MoH gradually increased funding from US$ 13,500 in 2005 to US$ 68,156 in 2011, while UNFPA funding decreased from US$ 17,845 in 2005 to 0 in 2010 and later years. These estimates include the customs agent and storage costs that are covered by the Government.

Figure 1 shows graphically these evolutions in the contraceptive supplies funding.

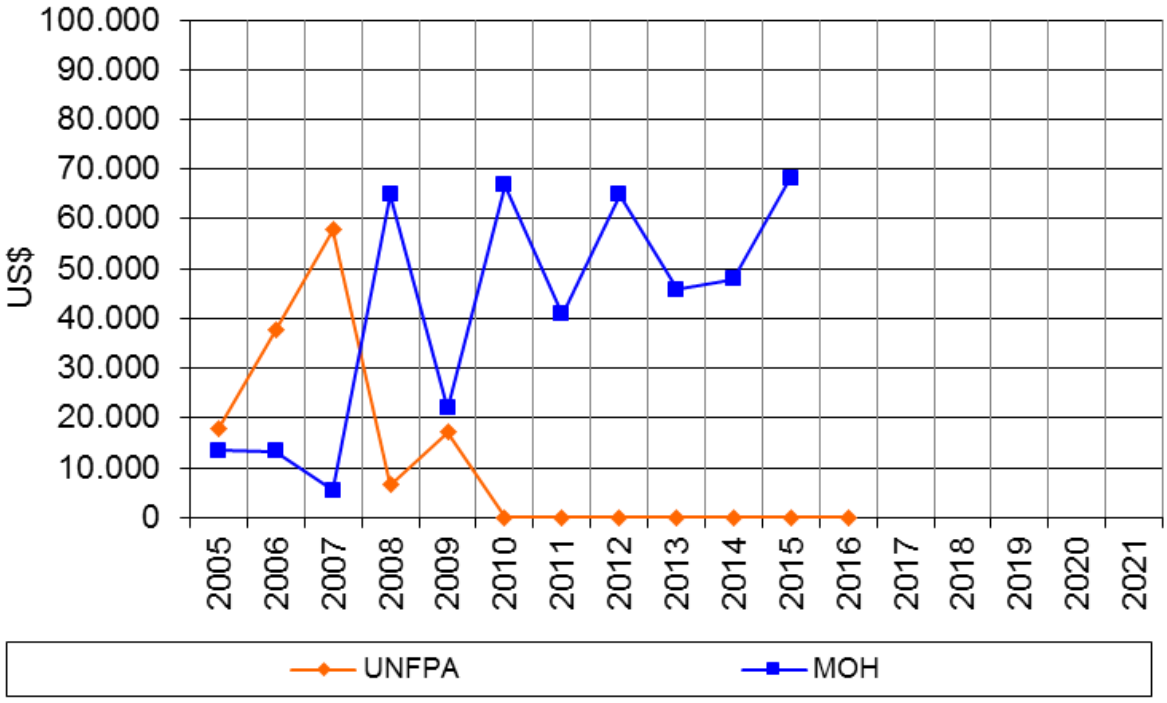

Figure 1. Evolution of funding for contraceptives from MoH and UNFPA 2005 – 2015.

As planned by the ANCSS 2012, a Market Segmentation Research and an analysis of who is most vulnerable and underserved for family planning was performed by a team of national experts and an international consultant with UNFPA support during the first phase of the strategy, in 2013. The research was conducted with the purpose of supporting the decision of the Government of Albania to provide free of charge contraceptives to vulnerable groups of population, and more specifically for assessing the existing contraceptive market situation and formulating recommendations for defining vulnerability in relation to access to family planning services and commodities. A set of recommendations regarding the vulnerable groups to be considered by the MoH was formulated by the Institute of Public Health. Based on internationally accepted recommendations and findings of the Market Segmentation Research, a matrix to calculate a Vulnerability Index was suggested. It includes three characteristics: poor, marginalized/socially excluded and underserved and uses definition criteria like poverty, culture, religion, gender, education, employment, migrant status, residence, age, marital status, prior service use and health insurance status.

In line with the Strategy's approach of market segmentation aimed to support free of charge contraception for vulnerable communities, UNFPA initiated in 2013 an exploration of the possible recommendations towards market segmentation, by reviewing the existing opportunities. Under the framework of the social inclusion policy, a number of studies have attempted to profile the vulnerability of different categories of population. A key conclusion was that the categorization of vulnerable groups of population for the scope of benefiting free of charge contraception commodities transcends the concept of the usual indexes of vulnerability measurement, and has to be closely connected with a process of vulnerability criteria being tested/documented (similar to that of economic aid assistance). Special categories of vulnerable population have to be provided with contraception commodities that best fit their health needs (condoms for IDUs, sex workers, MSMs, prison population; emergency contraception for victims of violence; the whole spectrum of contraception for families in economic aid scheme, young people). Also, it is important to note that vulnerable population is not a discussion solely of definition and identification, but as well of how to reach them beyond the primary health care and maternity centers. Social marketing approaches, program based, and other distribution channels beyond the health sector (i.e. prisons) should be considered.

So far, no definition of vulnerable people for the scope of benefiting free of charge contraceptives was approved by the Government (Ministry of Health and Ministry of Social Welfare and Youth). The current Government Program 2013-2017 for health aims at providing universal health care coverage for all Albanians residents, enhancing the role of public health and prevention programs and health promotion. In this context, MoH Order No. 510/2014 regulated that contraceptives distributed through the public sector will be provided free-of-charge to all populations who needs them.

The Government is currently moving towards health system financing through general taxation, and the Albania Reproductive Health Strategic Document 2017 – 2021 stipulates a continuation of the procurement of contraceptives in the public system for all the population.

Coordination issues

A Contraceptive Security Commission was established in 2003, including representatives from the Ministry of Health (MoH), donors, social marketing, manufacturers, civil society, and technical agencies. The Commission was not active for long, and its responsibilities were absorbed by a new Reproductive Health Committee (RHC) established in 2006 by an order of the Minister of Health. The rationale was to expand the scope of work of the commission to include all issues related to the

broader concept of the reproductive health, rather than just focus on contraceptive security and family planning. The terms of reference and membership of this Committee have been reviewed several times. The RHC performs as a counseling body to the MoH and has specific terms of reference, which include: follow up on the RH situation in Albania; analysis of the indicators of RH diseases, maternal and child health, family planning indicators, including contraceptive security and LMIS system; review and monitoring of the present legislation in the field of reproductive health; preparation and approval of policies and strategies on reproductive health in the health system; preparation and approval of standards, norms and protocols for the accreditation of health care reproductive health services; review and approval of RH, maternal and child health projects and programmes at national level; review and approval of the implementing partners of the RH programmers.

The membership of the RHC includes representatives from the key departments in the MoH, Institute of Public Health, Faculty of Medicine, representatives from the obstetric-gynecological hospitals, Centre for Health Standards Accreditation, Centre for the Continuous Education in the Health Sector, Institute of Health Care Insurance, representatives from the Ministry of Youth, Ministry of Labor and Ministry of Education, as well as representatives from WHO, UNICEF, USAID and UNFPA. The Chair of the RHC is the Deputy Minister of Health. The coordination/secretariat is done by the MoH\Health Care Directorate, supported by UNFPA. This high profile and extended membership gives the RHC an important role in the development of policies, strategies, and programmes in SRH, including CS, but it also makes it more difficult to meet and reach decisions for a specific area like contraceptive security. During the period covered by the Strategy, the RHC met only once, in December 2014, and the agenda did not include contraceptive security issues.

Several recent organizational changes in the MoH and districts have impacted on the coordination of the RH area. The Reproductive Health Sector in the MoH was restructured as a Sector for Health Prevention and Early Diagnosis within in the new Directorate of Health Care. The Public Health Directorates in the district level were reorganized and the position of RH specialist was reshaped. The Public Health specialist responsible for mother and child health at the district level has now more responsibilities in addition to reproductive health and contraceptive logistics (CLMIS management). Also, at local levels, CLMIS functioning is affected by frequent movement of managers and staff at district and service provision level. A full time person trained to cover contraceptive logistics and other aspects of family planning at district level would be desirable.

Also, the capacity of the IPH to coordinate the CLMIS is perceived as insufficient, due to multiple tasks, staffing and financial issues. Limited funds for field trips and additional priorities lead to a low level of monitoring and supervision. The institutional system of decision based on CLMIS data in the IPH could be improved, and logistics reports should be sent by IPH to the MoH on a regular basis.

Multi-sectoral approach to contraceptive security

The majority of potential donors in the field of family planning have phased out from Albania. In addition, social marketing is facing out a lot of challenges due to financial instability and the private commercial sector is less interested to invest in family planning programs. Under these circumstances, the Ministry of Health, with the support of UNFPA, has begun efforts to adopt the concept of "Total Market Approach" for contraceptive security. A TMA Action Plan was developed in 2013 by a national team of experts with UNFPA support, and provided recommendations, drawn from current situation in family planning in Albania as well as from stakeholder's perceptions, for constructing a system in which the public, private, and social marketing sectors all work together to

deliver health choices for all population segments. This plan may form the basis of a public-private partnership and will require commitment and coordinated planning across sectors and strategic choices of all market actors – including manufacturers, distributors, buyers, regulators, and donors – to produce, distribute and deliver contraceptive supplies.

The Albanian contraceptive market size seems to be a small one, absorbing small amounts of contraceptives per year, so there are only a few pharmaceutical companies active in Albania. Private drug companies seem not to be interested yet in the market, and cite policy and operational barriers that limit the expansion of modern contraception. The MoH is currently preparing a change in the existing legislation to waive the VAT for condoms.

One of the objectives of the Albania Reproductive Health Strategic Document 2017 – 2021 is to strengthen the public-private partnerships in the supply and delivery of family planning commodities and services. However, in the absence of a population based survey, the relative weight of the different sectors and the transition between sectors cannot be assessed.

Role of the non-profit sectors (Social Marketing and NGOs)

The private not-for-profit sector is represented by social marketing and NGOs. The only social marketing institution operating in Albania is NESMARK. Several contraceptives were included earlier in its program: pills, emergency contraceptives, injectables and condoms. Currently only condoms are included, and the other products could not be sustained in the absence of subsidies coming from donors or the government. NESMARK has a very good distribution system, covering most of the country. Social marketing activities create funds which being returned to the program extend the life of the program, but cannot sustain consistent IEC/BCC campaigns. The future of social marketing seems uncertain, and the level, coverage and type of contraceptives provided by the social marketing program will definitely not be the same in the future. As one key role of the social marketing should be to balance the market and keep the private prices at acceptable levels, it is not clear how many of the clients previously served by the social marketing sector will switch to the public or commercial sectors if the social marketing will wind up. It may be possible that the downscaling of the social marketing sector leads to an unmet need in the short and medium term, and the MoH will have to be prepared to intervene.

The Albanian Center for Population and Development (ACPD) is the major NGO providing family planning and reproductive health services and distributing contraceptives. Its clinics work based on a public/private partnership, and offer a large variety of good quality services and contraceptive products. The majority of their clients are 25 to 35 years of age, employed women with medium income. They also serve young persons in their youth friendly services supported by UNFPA.

Improvement of the Contraceptive Logistics Management Information System

Another objective of the National Contraceptive Security Strategy 2012 – 2016 was to improve the national Contraceptive Logistics Management Information System on contraceptives by attempting to include information from the private sector (pharmacies and other selling points for condoms), social marketing and NGO sectors. This objective was not implemented, and lack of availability of data from the private commercial sector limits the possibility to make informed strategic decisions on contraceptive security.

Annual forecasting exercises for commodity requirements for both budgeting and procurement purposes were planned to be conducted with the participation of all stakeholders involved, including private sector, but failed to materialize.

As planned by the previous strategy, new training and refresh training of field health personnel to use the LMIS recording and reporting was organized by the Institute for Public Health with financial support from UNFPA. There was, however, no training of the IPH staff dealing with contraceptive logistics in the Department of Epidemiology and Chronic Diseases, Health Indicators and Health Systems of the Institute for Public Health.

Mid-term review of the Strategy

A mid-term review of the Strategy was conducted in 2014 to analyze the progress of the implementation and identify possible adjustments that are needed. Several important conclusions were drawn:

- The Reproductive Health Committee has not met in the first two years of the strategy, and the Contraceptive Security Committee has not met since 2012. The recommendation made by the 2013 Market Segmentation Research to restructure the Committee at a technical level was not implemented.
- There are significant flaws in the CLMIS, related to lack of supervision, training of doctors, electronic reporting, etc. Data on the distribution of contraceptives in the private system is unknown, and this information is not collected in the CLMIS.
- Social Marketing is an important sector for family planning in Albania, but it is non-subsidized and non-facilitated fiscally. In the same time, there is evidence that condoms without quality certificates are traded informally.

The mid-term review formulated a set of recommendations, including the following:

- Institutionalize, revitalize and strengthen the Reproductive Health Committee. The Committee held a meeting in 2014, but no contraceptive security issues were placed on the agenda.
- Set up a Contraceptive Security Committee as a mechanism/structure at technical level for the coordination of the provision of contraceptives (as recommended by the Market Segmentation Research 2013). This mid-term review recommendation was not implemented.
- Define the vulnerability criteria as well as related issues to be addressed with the request for family planning services and low prevalence of contraceptive use through coordination at inter-ministerial and inter-sectoral levels. Define the vulnerable groups using the the vulnerability criteria.
- Improve the functioning of the LMIS and better forecast for the needs of the public sector. No changes ware operated in the forecasting system, and forecasts are prepared by the LMIS National Coordinator alone. A stock out occurred in 2014, disrupting the continuation of injectable contraceptives.
- Perform regular monitoring of the distribution of contraceptives to the end-users in family planning centres. The amount of monitoring visits performed by IPH was quite low, due to staffing and financial limitations.
- Waive payment of VAT on condoms. This recommendation is curently being analyzed by the Government and changes in the legislation to this end are now prepared.

- Support social marketing programs, through advocacy efforts among different donors or even direct support with funds. MoH has not not provided direct funding, but encouraged UNFPA to support the Social Marketing sector.

PRINCIPLES

The principles of the Albanian National Contraceptive Security Strategy 2017 – 2021 are the following.

Contraceptive security

Contraceptive security involves guaranteed, reliable, long-term supply of quality contraceptives for every Albanian who wants them, in accordance with the ICPD goal of universal access to RH services. Contraceptive security is dependent on sufficient funding for procuring contraceptives, on designing and conducting effective service delivery programs, on rationalizing the role of the public and private sectors, and on the use of up-to-date methods for efficiently managing the logistics supply chain.

The MoH effectively mobilized financial resources from the government budget to cover the cost of contraceptives over the last two years, and arranged procurement of the required contraceptives in an efficient and cost effective manner through UNFPA. FP services and contraceptive availability were expanded to commune level and health centers in all 36 districts, securing the delivery and availability of contraceptives to users and potential users in the country. The MoH can now accurately estimate its contraceptives requirements through the LMIS in a way that prevents national shortages and/or stock-outs. This system was established in 2002 and gradually expanded until early 2006 to 36 districts. Forecast and the estimated needs for purchases are made by the Institute for Public Health (IPH) based on the information on consumption and number of new visits. There was no lack of contraceptives at central level/IPH, only 1-2 cases of delays in receiving the supplies. At local level, LMIS functioning is affected by frequent movement of managers at district and service provision level.

Contraceptive independence

Contraceptive independence is defined as complete self-reliance in maintaining contraceptive security, with no need for external donors to fund contraceptives or related logistics technical assistance. By 2010, Albania has been completely self-reliant and independent of outside donor support for contraceptives by providing 100% financial coverage for the public sector. The Albanian Government fully funded the contraceptive procurement for the public sector 2010 and is committed to continue doing so in the future.

Multi-sectoral approach

The multi-sectoral approach (Total Market Approach, or Comprehensive Market Access), takes into account the role of the public sector, commercial sector and non-governmental organizations in ensuring the continuous supply of the population with contraceptives. It aims to bring together the three sectors in a coordinated effort — as part of one total "market" — to target those segments of the population they are best suited to serve and to enhance financial sustainability.

On the basis of the concept lies the presumption that not all population groups are able or willing to pay the full market price for contraceptives needed. Free or subsidized contraceptives are provided

by the public sector to those who cannot afford the market price and to well-defined groups of vulnerable people, while those who can afford procure contraceptives from the private sector. This principle is contributing to the implementation of the policy of universal access to health care services and allows the entire population, including marginalized or under-served population, to have access to a wide range of contraceptives quality and at affordable prices, achieving the goal of universal access.

GOAL

The overarching goal of the Albanian National Contraceptive Security Strategy 2017 – 2021 is to ensure that all Albanian men and women can choose, obtain, and use high-quality family planning services and contraceptives, whenever they want them, for planning their families. This goal is correlated with the overall family planning goal stated by the Reproductive Health Strategic Document 2017 – 2021 (ARHSD 2017), which is to improve the health of the population, in particular women's health, to reduce the unmet need for family planning, and to increase the quality of services at all levels.

KEY INTERVENTIONS

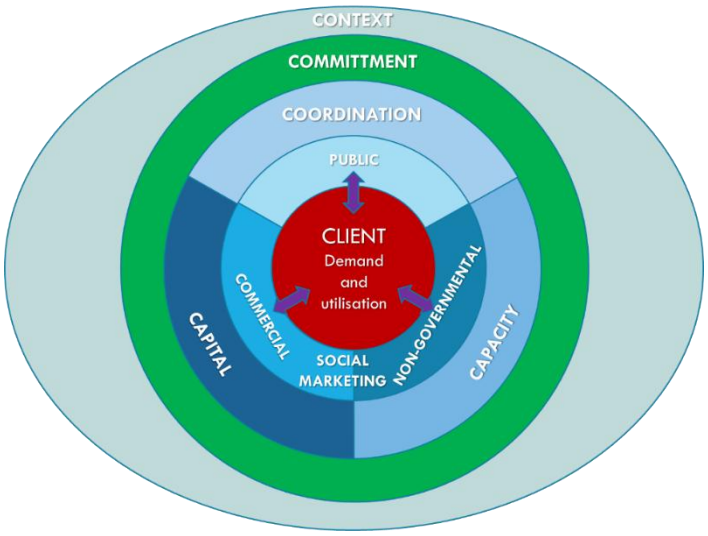

Figure 2. Framework for contraceptive security.

To reach its goal, the Albanian National Contraceptive Security Strategy 2017 – 2021 will focus on the following key areas:

Area 1: Coordination

Key interventions under this area will aim to ensure proper coordination among different stakeholders in contraceptive security, at national and regional level, and to create an environment that is supporting to contraceptive security, in which it is politically and socially feasible for partners from different sectors to engage and collaborate towards CS. Ultimately, the success of this component can be measured in the level and sustainability of support for contraceptive security and the degree of collaboration among the decision makers and different stakeholders.

Area 2: Capital (Finance)

Key interventions under this area will focus on maintaining long-term and sustainable public financing for FP supplies and services, and ensuring the availability of long-term and sustainable financial support from the public, social marketing and private sectors for contraceptives and FP services based upon actual need. . The MoH policy is to maintain full funding of the contraceptives for the public sector for the period 2017 – 2021.

Area 3: Supply chain capacities

Key interventions under this area will focus on strengthening the logistics, distribution, storage, and procurement systems ensuring that contraceptives are provided in the adequate quantities and types, and of good quality, and delivered in the right place, at the right time and cost.. This will lead to adequate and timely contraceptive supplies at all levels, good method mix, improved storage at all levels, and avoiding stock-outs.

Area 4: Service delivery capacities

Key interventions under this area will focus on ensuring that every individual who needs contraception has secure and permanent access to safe, reliable, comprehensive, and appropriate quality contraceptive services provided by the public, commercial, and NGO sectors.

Area 1: Coordination

1. Designate a focal point or structure in the MoH to strengthen the leadership of the RH sector and coordinate the interaction with all stakeholders at national level.
2. Establish a National Contraceptive Security Commission (CSC) at technical level that will provide a forum for discussions for public and private institutions and act as a consultative body ensuring participation of all major stakeholders. The CSC may: analyze the coverage with family planning services and contraceptives nationwide, including all sectors; monitor and ensure the continued availability of contraceptives at all levels of the public system; monitor and evaluate the implementation of the measures agreed to ensure the contraceptive security; raise awareness, sensitization, and support on CS issues among decision makers and strategic stakeholders.
3. Establish regional level RH Committees and include/involve all stakeholders in line with good governance and participatory decision making principles.
4. Establish a Working Group on Logistics within the IPH, under the leadership of the Technical Deputy Director, and including Department of Epidemiology and Health Systems/Health and Population Research Sector, Department of Health Promotion, Department of Finance, and Department of Health Information/IT).
5. Develop operational guidelines for the FP program, including clear delegation of responsibility for IPH.
6. Promote partnerships in developing contraceptive security policies and programs among the public, private, and NGO sectors, reduce policy and operational barriers, and create health policies which expand the use of modern contraceptive methods and optimize the breakdown of the market between the sectors.
7. Support the social marketing program and diversify the range of contraceptives provided by it.
8. Support programs and services provided by NGOs and provide access for NGOs to contraceptives procured in the public sector.

9. Develop a plan of cooperation with the private sector and mobilize the commercial sector to play a prominent role in CS by developing a true public-private partnership that includes, among other things, expansion of the commercial sector's contraceptive market share.
10. Support health promotion and communication activities related to CS harmonized in the larger framework of family planning and sexual and reproductive health.

Area 2: Capital (Finance)

1. Provide continuing, stable, timely and predictive funding every year from the MoH budget for the purchase of contraceptives needed for public FP services.
2. Cover through the MoH budget 100% of the needs for modern contraceptive methods and services and provide free-of-charge family planning services and contraceptives to the populations who needs them and cannot access other sources, while those who can afford to pay will do so.
3. Assess the financial implications of different forms of resource targeting and develop a resource targeting strategy that would ensure that optimal use of available public funds.
4. Identify mechanisms to encourage the private sector to offer at fair prices modern contraceptives that are appropriate and affordable by the different layers of population who want to have them.
5. Identify and eliminate any unjustified barriers to placing contraceptive products on the market.

Area 3: Supply chain capacities

1. Conduct annual assessments of the functioning of the national contraceptive logistics system and take corrective actions based on the findings.
2. Strengthen/improve the national Contraceptive Logistics Management Information System, and include information from the private, NGO and social marketing sectors.
3. Generate and provide regular and timely logistical reports to decision makers to facilitate decisions that will ensure the continuous availability of strategic stocks of contraceptives at all levels.
4. Hold annual exercises of forecasting of contraceptive requirements for both budgeting and procurement purposes, involving stakeholders from all sectors.
5. Improve the forecast for the needs of the public sector, taking into account the time necessary for ordering and delivery. Construct forecasts for a period longer than one year (2-3 years) and increase the quantity of contraceptives procured, in order to avoid stock outs in the health centres.
6. Train on a continuous basis the district healthcare staff involved in the logistical system.
7. Include logistics in the family planning training of doctors.
8. Strengthen mechanisms of inspection and control to eliminate counterfeit products on the market.

Area 4: Service delivery capacities

1. Expand the range of contraceptive methods offered at every public service delivery point (SDP), offering the choice for at least five different contraception methods, including emergency contraception, as well as ensuring referral if clients want other contraceptive solutions.

2. Ensure continuing training of health professionals (doctors, nurses, with focus on PHC) on quality family planning provision according to evidence-based and human-rights based guidelines, on contraceptive logistics issues and on methods to increase awareness and demand for family planning services and modern contraception among population.
3. Establish a quota of mandatory CME activities aimed at increasing the RH/FP knowledge, skills and attitudes of healthcare providers.
4. Implement the existing family planning guidelines and protocols in each medical practice.
5. Develop a system of incentives for performance in family planning service delivery, including performance indicators monitored by health insurance.
6. Revise the quality indicators included in the national system for monitoring of health care and improve the supportive supervision mechanisms in family planning services.

ESTIMATED CONTRACEPTIVE CONSUMPTION

Since the validity of any strategy is greatly influenced by the accuracy of the assumptions and predictions, all assumptions, inputs and outputs used for estimating the contraceptive consumption were analyzed and agreed in a participatory manner by the representatives of the Ministry of Health. It should be noted that the quantities of contraceptives estimated below and the derived funding reflect the political commitment of the MoH and other stakeholders, and should not be seen as a procurement plan. Annual forecasting exercises for commodity requirements for both budgeting and procurement purposes will be conducted with the participation of all stakeholders involved.

Assumptions

The following assumptions were made about the evolution of the family planning environment.

- Modern contraceptive use will increase, with changes in method mix to more expensive long-term and permanent methods, especially IUDs, which will have an impact on the funds needed by the Government to ensure contraceptive security in Albania;
- The current model of funding the public family planning services will continue: contraceptives funded by the MoH and family planning consultations funded by the Government, either through the Health Insurance Fund or general taxation;
- The public sector will cover most of the unmet need resulting from the downscaling of the social marketing sector;
- The private sector role in contraception provision will increase, especially for oral contraceptives; an increased number of brands will become available on the market, allowing better choice for women;
- Partnerships between the Government, NGOs, and international partners (UN agencies, bilateral agencies, others) in the area of family planning will continue.

The target of this strategy is to increase the consumption of modern contraceptive methods by 20% compared to the 2016 level. This goal was decided by the MoH in accordance with the goal set by the Albania Reproductive Health Strategic Document 2017 – 2021.

The following assumptions were made about the evolution of the public sector contraceptive consumption figures in 2021 compared to 2016:

- Consumption of oral contraceptives will increase by 20%

- Consumption of injectables will increase by 10%
- Consumption of IUDs will increase by 5%
- Consumption of condoms will increase by 25%
- Emergency contraceptive pills will be introduced in the mix of methods provided by the public sector, and will reach 1%.

The breakdown of oral contraceptive pills was based on a ratio of 80% COCs, 15% POPs and 5% ECPs for the public sector. This assumption was based on public sector logistics and ADHS 2008-2009 data. Public sector logistics data showed a 15% for POP. ADHS 2008-2009 data showed that 3% of all currently married women, 5% of currently married women under age 30 and 22% of sexually active unmarried women reported ever use of emergency contraception, indicating that emergency contraception is more widely used outside of marriage.

Estimated contraceptive consumption

Based on the assumptions presented earlier, information on the estimated quantities of contraceptives distributed by the public sector and by year can be found in the following table.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Condoms (pieces)	**1.673.180**	**1.186.428**	**1.387.782**	**1.274.449**	**1.432.000**	**1.453.600**	**1.476.280**	**1.500.094**	**1.525.099**	**1.551.354**
Public	442.340	410.772	421.398	395.943	432.000	453.600	476.280	500.094	525.099	551.354
Social marketing	1.230.840	775.656	966.384	878.506	1.000.000	1.000.000	1.000.000	1.000.000	1.000.000	1.000.000
Commercial										
Injectables (vials)	**14.641**	**14.132**	**10.664**	**2.939**	**16.000**	**16.320**	**16.646**	**16.979**	**17.319**	**17.665**
Public	14.641	14.132	10.664	2.939	16.000	16.320	16.646	16.979	17.319	17.665
Social marketing	0	0	0	0	0	0	0	0	0	0
Commercial										
IUDs (pieces)	**1.637**	**1.578**	**1.153**	**1.011**	**1.500**	**1.515**	**1.530**	**1.545**	**1.561**	**1.577**
Public	1.637	1.578	1.153	1.011	1.500	1.515	1.530	1.545	1.561	1.577
Social marketing	0	0	0	0	0	0	0	0	0	0
Commercial										
OCs (cycles)	**141.539**	**182.666**	**167.252**	**179.760**	**115.000**	**63.660**	**67.372**	**71.136**	**74.956**	**78.832**
Public	65.973	67.524	61.124	58.530	60.000	63.660	67.372	71.136	74.956	78.832
Social marketing	32.266	5.332	0	0	0	0	0	0	0	0
Commercial	43.300	109.810	106.128	121.230	55.000					
COCs (cycles)	**72.317**	**111.000**	**105.296**	**115.437**	**50.000**	**51.600**	**53.251**	**54.955**	**56.714**	**58.529**
Public	56.527	57.301	51.118	48.767	50.000	51.600	53.251	54.955	56.714	58.529
Social marketing	15.790	0	0	0	0	0	0	0	0	0
Commercial		53.699	54.178	66.670						
POPs (cycles)	**9.446**	**10.223**	**10.006**	**9.763**	**10.000**	**10.060**	**10.120**	**10.181**	**10.242**	**10.304**
Public	9.446	10.223	10.006	9.763	10.000	10.060	10.120	10.181	10.242	10.304
Social marketing	0	0	0	0	0	0	0	0	0	0
Commercial						0	0	0	0	0
ECPs	**59.776**	**61.443**	**51.950**	**54.560**	**55.000**	**2.000**	**4.000**	**6.000**	**8.000**	**10.000**
Public	0	0	0	0	0	2.000	4.000	6.000	8.000	10.000
Social marketing	16.476	5.332	0	0	0	0	0	0	0	0
Commercial	43.300	56.111	51.950	54.560	55.000					

Table 8. Estimated contraceptive consumption 2017 – 2021.

Estimated contraceptive costs for the public sector

To estimate the public sector commodity costs, the current costs the Ministry of Health would pay for contraceptives through UNFPA according to the 2016 AccesRH catalogue (accessed 07.06.2016) were used. A 2% annual increase was calculated. 15% were added for freight, insurance and miscellaneous costs, and 15% were added for customs clearance, storage, and overhead.

Contraceptive	Unit	Procurement price
53mm standard condom	Gross	US$ 4.950
Injectable (Norethisterone enanthate 200mg/1ml)	Vial	US$ 1.150
IUD (TCu380A)	Piece	US$ 0.317
Low dose combined oral contraceptives (Levonorgestrel 0.15mg+EthinylEstrad 0.03mg+Ferrous)	Cycle	US$ 0.270
Progestogen only oral contraceptives (Levonorgestrel 0.03mg)	Cycle	US$ 0.300
Emergency contraceptive pills (Levonorgestrel 1.5mg)	Pack of 2	US$ 0.220

Table 9. Estimated contraceptive unit prices.

Based on these unit costs, the public sector contraceptive costs (US$) for both scenarios are summarized in the following table.

	2017	2018	2019	2020	2021
Public sector contraceptive costs	**69.634**	**73.837**	**78.265**	**82.932**	**87.849**
Condom	21.052	22.546	24.147	25.861	27.698
Injectable	24.886	25.892	26.938	28.026	29.158
IUD	637	656	676	696	717
Pill	23.059	24.743	26.505	28.348	30.276
COC	18.474	19.446	20.470	21.547	22.682
POP	4.002	4.106	4.214	4.324	4.437
ECP	583	1.190	1.821	2.477	3.158

Table 10. Estimated contraceptive costs for the public sector 2017 – 2021.

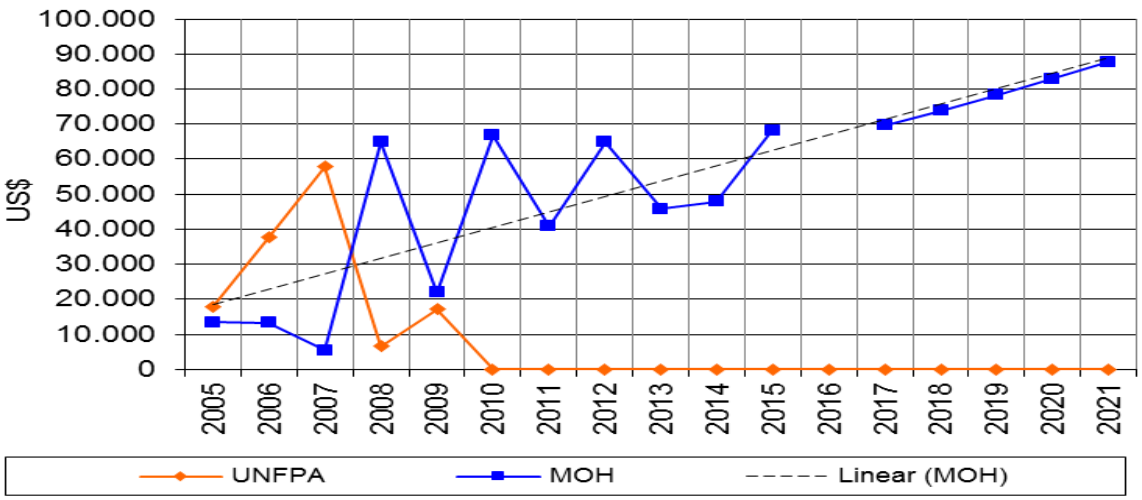

Figure 3. Estimated contraceptive costs for the public sector 2017 – 2021.

MONITORING AND EVALUATION

To follow-up on the implementation of the strategy, attainment of the targets and to react to unanticipated events that could undermine CS, regular monitoring activities, including regular field visits by the IPH, for contraceptive security will be carried out in a broader context of a better monitoring of the family planning program down to the end-user.

Key indicators used for monitoring and evaluating the Albanian National Contraceptive Security Strategy 2017 – 2021 will include the following.

Key indicators for the strategy

- Increase of the modern CPR
- Decrease of the unmet need for modern contraception
- Increase of the contraceptive acceptance rate
- Decrease of the contraceptive discontinuation rate
- Percentage of people who have a demand for contraception receiving public free-of-charge FP services and contraceptives
- Allocation of public funding for contraceptives in each year's budget according to the forecasted needs
- Regular public sector contraceptive procurements based on forecasted needs
- No contraceptive stock outs in the public sector

For each area of the strategy, specific indicators will be used for monitoring and evaluating progress.

Indicators for coordination

- Percentage of national and local level stakeholders familiar with the objectives of the strategy
- Number of meetings of the Reproductive Health Committee dealing with CS
- Number of meetings of the Contraceptive Security Commission
- Number of national or district policies or plans that promote access to high-quality FP services or information
- Rate of dissemination of CS data and reports to managers and decision makers
- Rates of use of CS data by managers and decision makers
- Number of health promotion and communication activities related to CS
- Presence of formal partnerships on CS among the public, private, and NGO sectors

Indicators for capital (finance)

- Rate of use of CS data by the MoH decision makers to secure funding for contraceptives
- Approval and operationalization of a budget line for contraceptives in each year's MoH budget
- Percentage of required funding for contraceptives allocated to the IPH by the MoH

- Interval of time between IPH funds request and allocation

Indicators for supply chain capacities

- Number of exercises of forecasting of contraceptive requirements for both budgeting and procurement purposes, involving stakeholders from all sectors
- Percentage of public sector service delivery points that did not have any stock out in an year
- Number of months during each year when stocks were between the minimum and maximum levels for each contraceptive in the IPH central warehouse
- Percentage of contraceptives wasted due to expiration and/or damage

Indicators for service delivery capacities

- Percentage of service delivery points that provide family planning services in accordance with defined quality standards and guidelines
- Percentage of contraceptives and FP services provided by the private, social marketing and NGO sectors
- Percentage of family planning providers trained on evidence-based family planning, based on clinical guidelines and protocols
- Percentage of family planning providers trained on contraceptive logistics issues
- Rate of provision of high-quality FP services as measured by clinical audits

In order to be able to assess the degree of achievement of some key indicators for the strategy, such as CPR or unmet need for modern contraception, a Demographic and Health Survey will be conducted at the end of the period covered by the strategy.