

# National Expansion of the Informed Push Model to increase access to Contraceptives and other Essential Health Commodities in Senegal

**November 16, 2016**

**GHSC Summit**

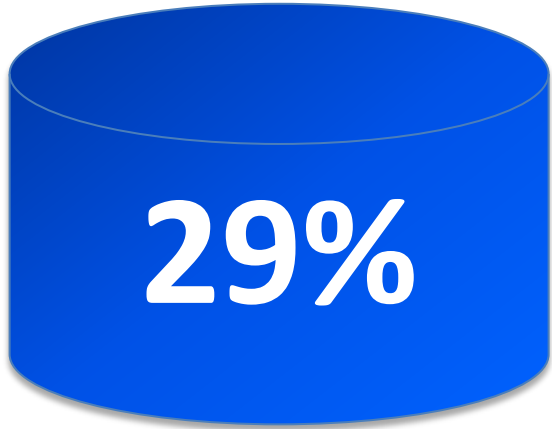
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Director IPM Project, Intrahealth

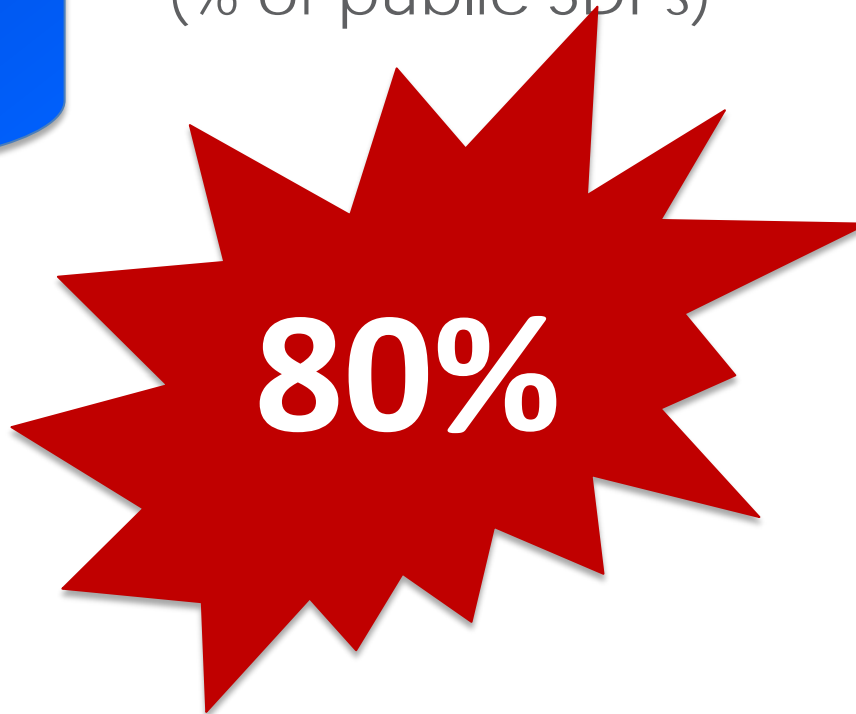


# Senegal 2012: Unsatisfactory Situation

**Unmet need**  
(married women)



**Stockouts**  
(% of public SDPs)



**mCPR\***



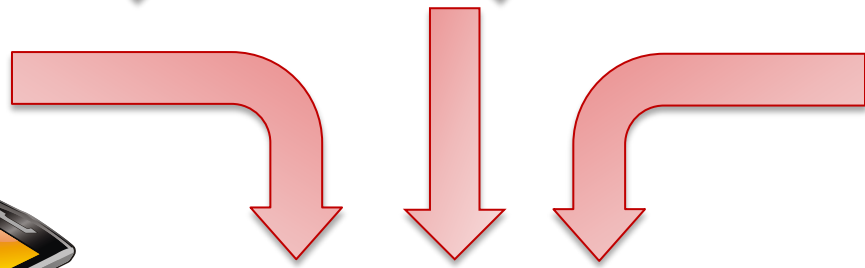
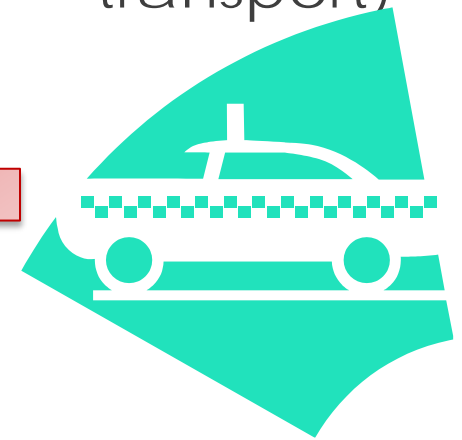
\*Modern method contraceptive prevalence rate

# Causes: Drawbacks due to Pull System

**Difficult payment**  
(pay first, sell later)

**Transport difficulties**  
(no vehicles: use of public transport)

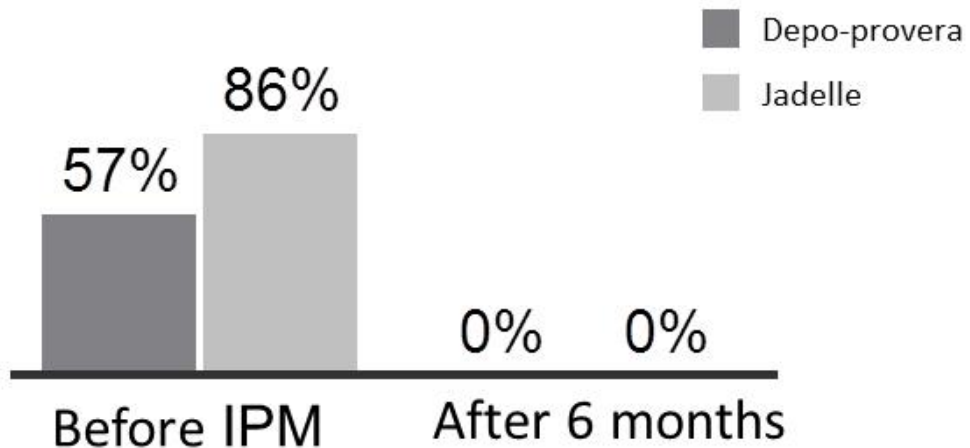
**Poor forecasting**  
(nurses are not logisticians)



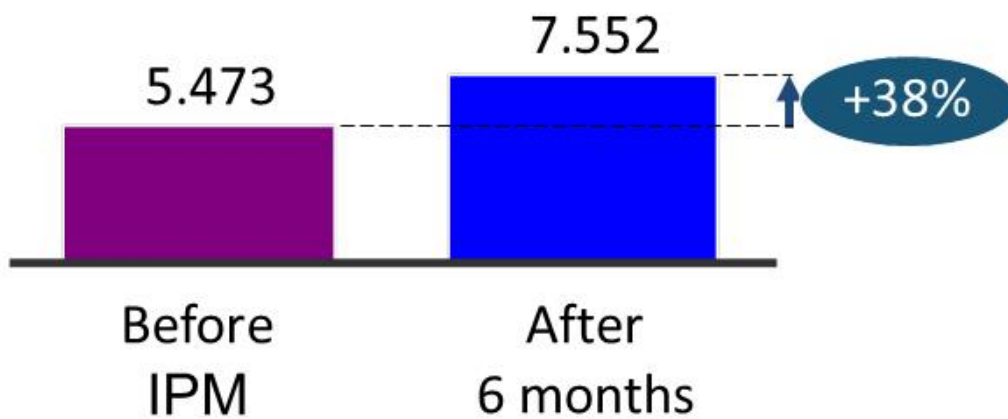
No accurate data on consumptions to run supply system

# IPM Pilot in 2 Districts in 2012

## Stockouts



## Consumption<sup>1</sup>



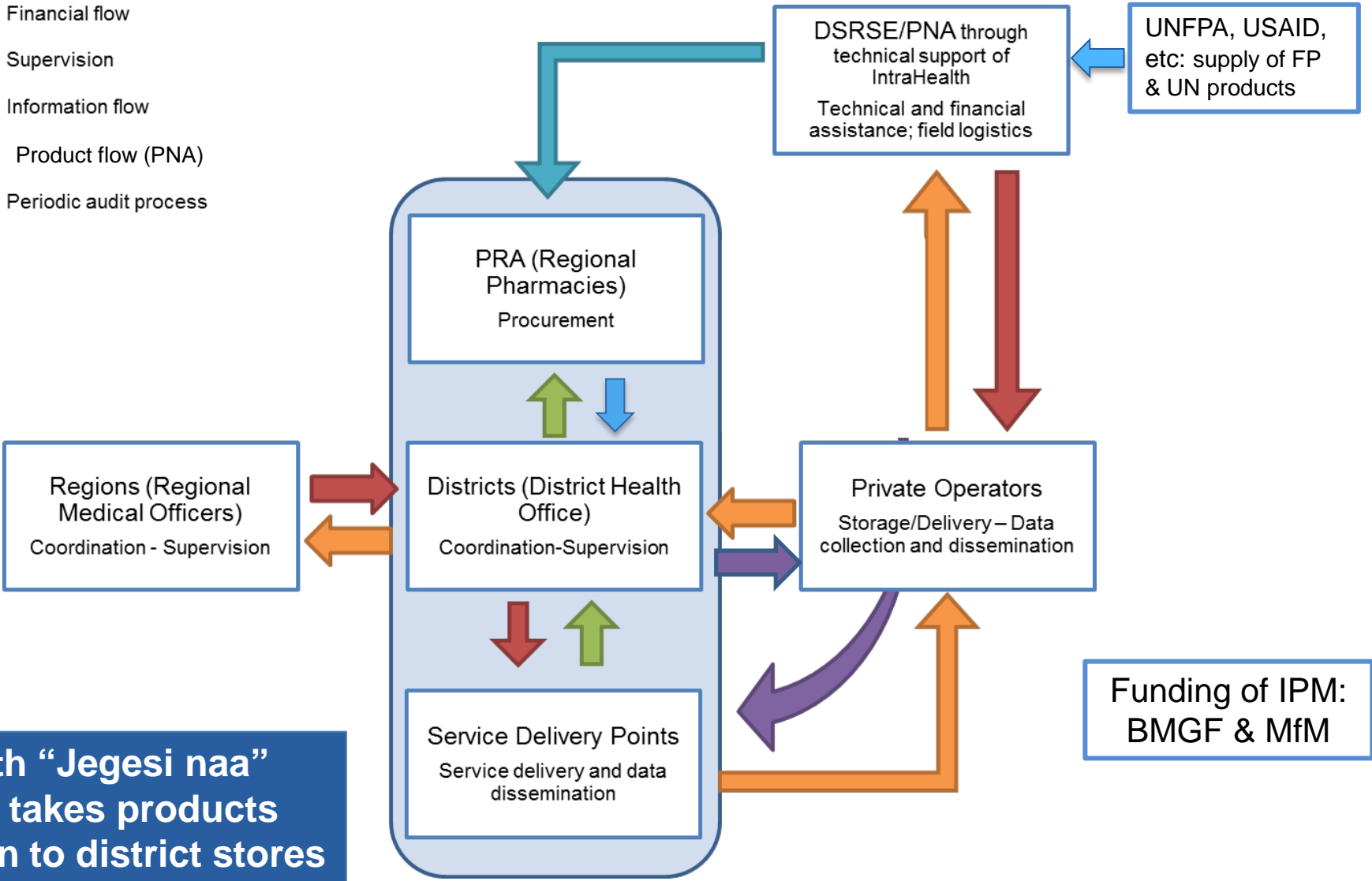
***Based on these results, the MoH Family Planning Security Committee decided to scale up the IPM Approach to the entire country on 02 Nov. 2012***

<sup>1</sup> Sum of quantities of IUD, Jadelle, Depo-Provera, & pills consumed

# How does the IPM Approach Work?

## With Jegesi naa\*

- Product flow
- Financial flow
- Supervision
- Information flow
- Product flow (PNA)
- Periodic audit process



**\* With “Jegesi naa”  
PNA takes products  
down to district stores**

# The IPM Implementation System

## Central Level

**IPM**

- Linking with national objectives
- Relationships with MOHSA & TFPs
- Coordination with PNA
- Project Management

## Inter-regional Level

**5 Zonal  
Pharmacists**

- Regional level planning & M&E
- Relationships with RHMTs & PRAs
- Supervision of regional teams

## Regional Level

**11 Regional Assistant  
Logisticians (+ 4 Aides)**

- Follow up of regional activities
- Relationships with DHMTs
- Supervision of private 3PLs

## District Level

**5 private 3PLs & 1 PRA  
76 RH District Coordinators**

- Monthly deliveries
- Data capture & reporting
- Cost recovery

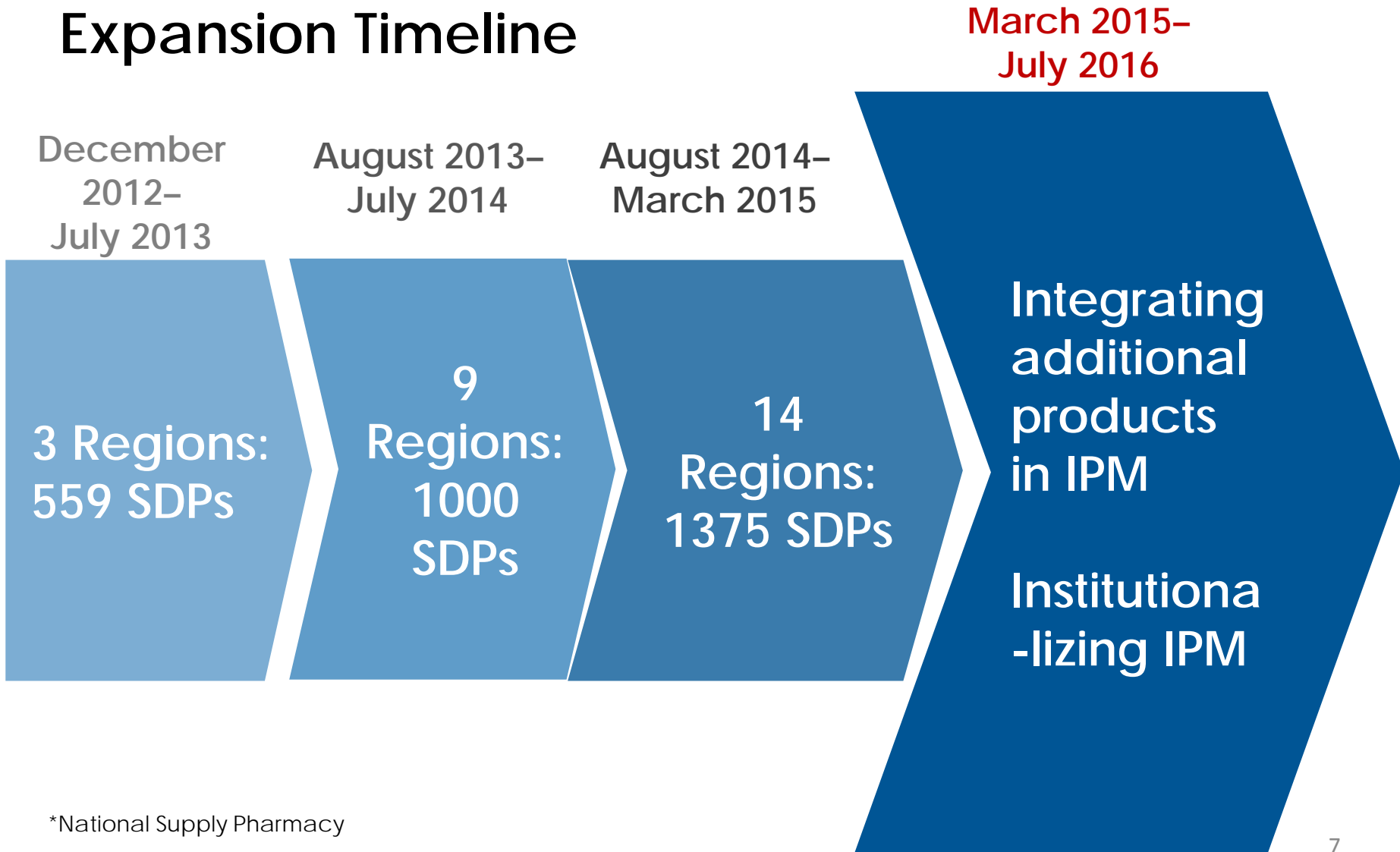
## SDP Level

**Store Managers & Service Providers in 1375  
Health Posts**

- Stock management
- Service to clients
- Filling manag. tools

# IPM Expansion

## Expansion Timeline



\*National Supply Pharmacy

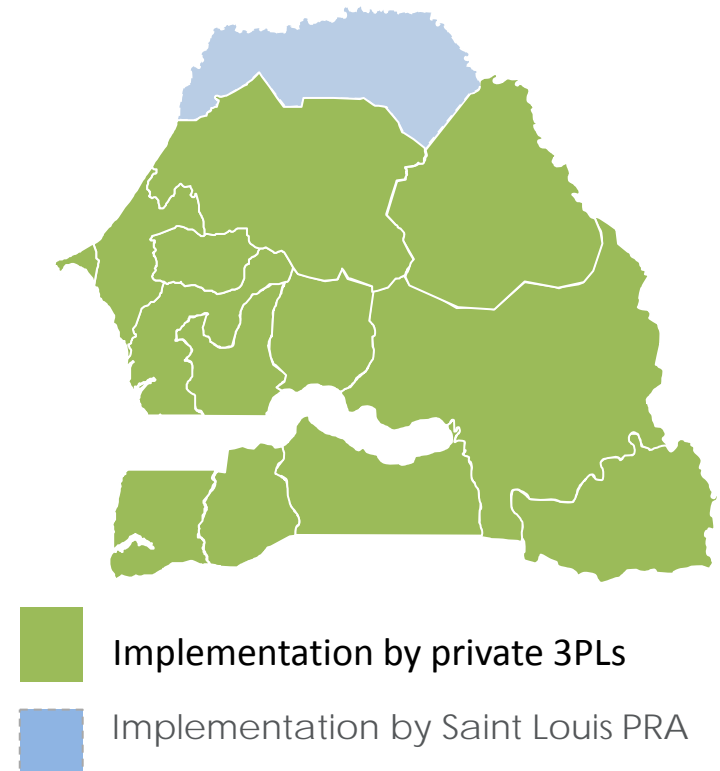
# IPM Expansion : Results (1)

- 14 regions, 76 districts & 1375 public SDPs enrolled in 2 years
- 25 “private outlets” (for private service providers) & 22 hospitals enrolled
- Respect of product handling norms
- Respect of prices of the 2010 circular letter from MOHSA
- Continuous cost recovery in districts
- Increase in consumptions of FP products



Contribution to the increase of **National mCPR** :

**16% in 2013 & 20% in 2014**





# Family Planning: Results to Date

## National Expansion



**All 14**

Regions in Senegal reached<sup>1</sup>



**1,400**

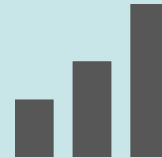
Health care facilities covered<sup>1</sup>

## Key Results



**<2%**

Health facilities experiencing contraceptive stockouts<sup>1</sup>



**↑8%**

**points**

Increase in Modern Contraceptive Prevalence Rate<sup>2</sup>



**42%**

Increase in contraceptive consumption over 17 months of national scale up



**36%**

IPM-3PL 36% more cost-effective than insourced model for contraceptives<sup>3\*</sup>

## Support to IPM – Togo:

TA from IPM-Senegal staff to Togo

Study tour in Senegal from IPM – Togo.

1. IntraHealth International. *Expanding the Informed Push Model: Progress reports (Internal)*. Chapel Hill (NC): IntraHealth International/.

2. Agence Nationale de la Statistique et de la Démographie (ANSD). (2015). *Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2014*. Calverton (MD):ICF International.

3. Dal Bianco R. *IPM cost-effectiveness of private vs public sector distribution*. Presented at: *International Conference on Family Planning; 2016 Jan 27; Nusa Dua, Bali*.

4. Internal analysis with McKinsey & Co.

\*When accounting for additional essential medicines, beyond contraceptives, costs are comparable between insourced and outsourced models

# FATICK EXPERIENCE: in favor of full availability

PNA  
↔ Logistics, supervision, essential medicines and products

District ↔ Private 3PL operators

Jegesi Naa



Technical and Financial Partners

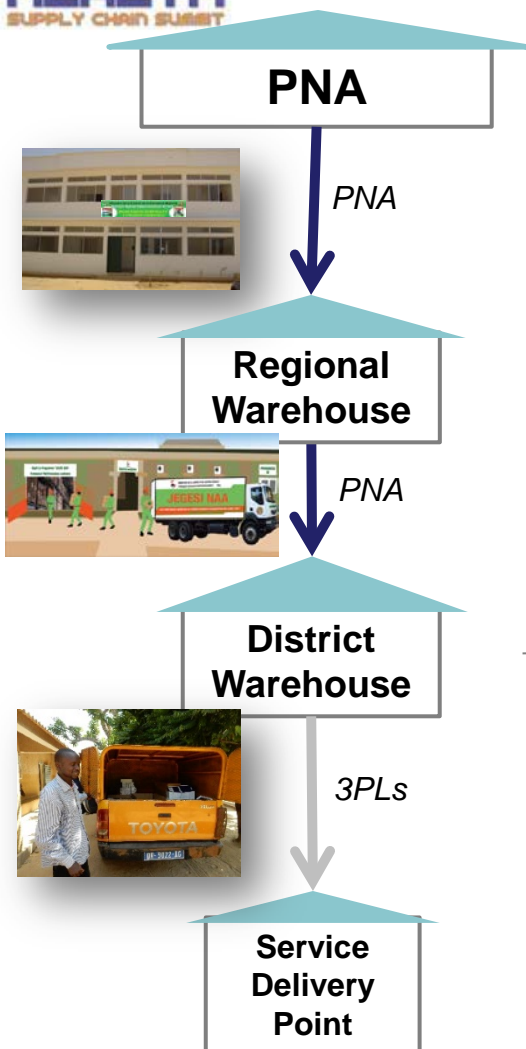
Municipalities

Populations ↔ Public-Private Partnership



GLOBAL  
HEALTH  
SUPPLY CHAIN SUMMIT

# Collaboration: Yeksi Naa (“I have arrived”)



PNA & IntraHealth with support from MoH, the Bill & Melinda Gates Foundation, MSD for Mothers & other partners (USAID, UNFPA, etc.) are implementing nationwide:

## Jegesi Naa (i.e. “I get closer”)

- ✓ Delivery by PNA of ~350 products (incl. FP, UN commodities & public health programs)
- ✓ Vendor Managed Inventory with cost recovery
- ✓ Sharing management costs by PNA & District

## Informed Push Model with 3PLs (IPM-3PL)

- ✓ **Commodity flow:** “Smart”, monthly delivery of contraceptives by third-party logistics providers directly to health facilities
- ✓ **Data flow:** Consumption data is collected on-site via tablet and transmitted in real-time to authorities
- ✓ **Financial flow:** Commodities are paid for by facilities after consumption

# CHALLENGES



Ensuring sustainable  
funding



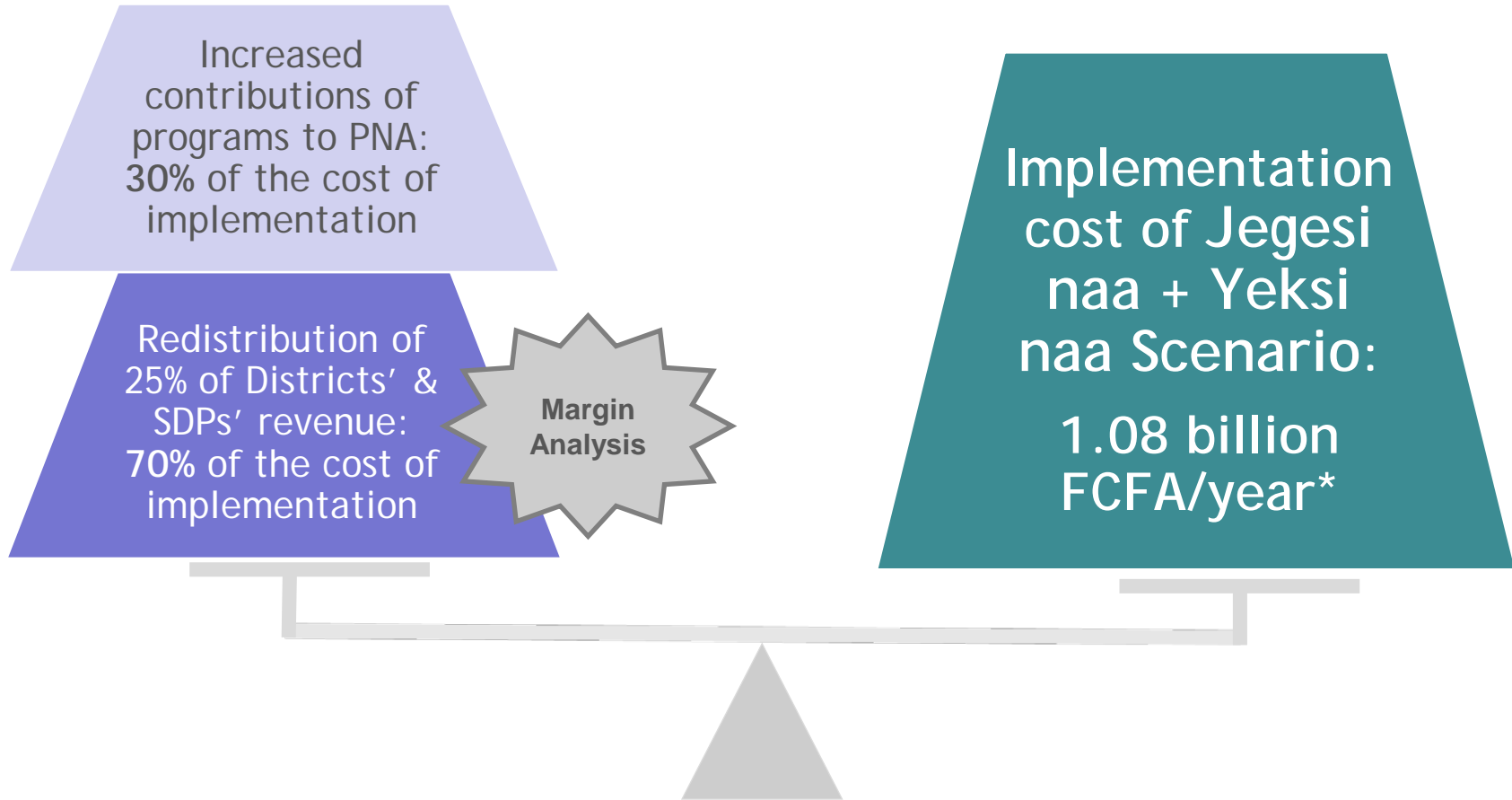
Ensuring ownership by  
health system actors



Establishing an  
integrated distribution



# Implementation Cost and Sustainable Funding Perspectives



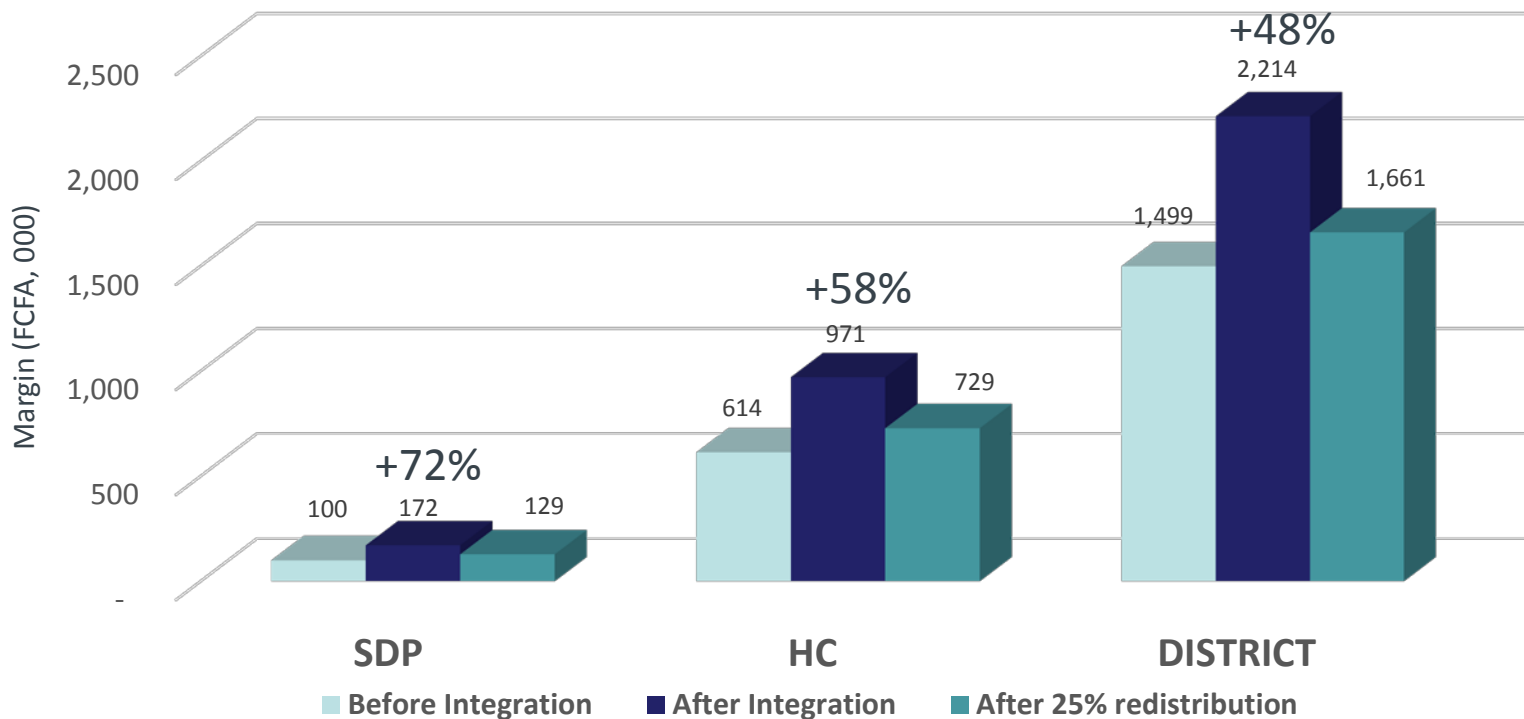
\* Approx. 2 million USD / Year



# Margin Analysis to Determine IPM-3PL Sustainability

Each facility has incremental margin even after covering 100% of its (historical) operating expenses & allocating 25% of its total margin toward IPM-3PL sustainability

**Expected monthly IPM-3PL impact on total margin\***



\* Actual margin available after redistribution should be higher due to lower transportation costs incurred by Districts and SDPs following full-scale integration

# Conclusion

**Effectiveness  
demonstrated on  
the field**

**Support of MoHSA  
& its departments  
& programs**

**Only success is  
permitted !**

**Support of Health  
Committees (SDPs  
& Districts)**

**Sustainable  
funding feasible**



THANKS FOR YOUR ATTENTION