

Achieving Injectable Contraceptive Task-Sharing Policy Change in Rwanda

The family planning goals Rwanda has set forth put demands on its health system such as health worker workload. Advocacy efforts aimed at addressing this issue resulted in a policy change to allow for the administration of injectable contraceptives in pharmacies. This brief describes what brought about the change.

The Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project supported the Association of Pharmacists and Pharmacy Owners of Rwanda (*Association des Pharmaciens et Propriétaires d'Officine du Rwanda* [APPOR]) to advocate for policy change to allow private pharmacists to administer intramuscular injectable contraceptives. SHOPS Plus and APPOR developed an advocacy plan and engaged with key stakeholders to understand their interests and concerns related to the policy change. Stakeholder input informed and refined the advocacy plans.

Advocacy efforts resulted in a policy change to allow for the administration of injectable contraceptives in pharmacies. SHOPS Plus shares the following recommendations for future task-sharing advocacy efforts:

- Build the capacity of a credible champion to strengthen its voice.
- Align key messages to the national development agenda.
- Identify enabling factors that can facilitate policy change.
- Understand stakeholders and speak with a unified language.
- Understand and address broader health system issues that can affect policy change for task sharing.

Background

Rwanda has made significant gains in family planning use and has ambitious plans to sustain the gains. Married women currently using any modern method of contraception increased from 10.3 percent in 2005 to 47.5 percent in 2015 (DHS 2015). The country has set a goal to raise the modern contraceptive prevalence rate (mCPR) to 60 percent by 2024 (RoR 2018a) and is well on its way to achieving the goal. Rwanda has identified six strategic objectives that are driving its family planning and adolescent sexual and reproductive health efforts. These objectives are increased demand for services, improved availability and accessibility of services through efficient integration of services at all service delivery levels, improved availability of youth-friendly family planning and adolescent sexual and reproductive health services, use of innovation to increase services uptake, strengthened governance systems, and strengthened inclusive and intersectoral policy.

Fifty-two percent of all modern method users use injectable contraceptives. As is common across methods in Rwanda, most injectable users (97%) access their injectable contraceptives from the public sector. This dependency on public sector sources translates to a heavy workload in the sector, with close to two million family planning visits for injectable administration in 2020 (SHOPS Plus Project 2020a). In Rwanda, the injectable public sector workload is split with approximately 50 percent of injectable users accessing the method through public hospitals and health centers with the other 50 percent accessing the method through other public channels such as community health workers. Users of intramuscular injectables may prefer the convenience of an alternative source, such as the private sector, for resupply.

Rwanda's mCPR among married women at 47.5 percent places the country at the upper end of the second stage of the S-Curve (Box 1). At this point of the S-Curve, family planning program priorities should focus on ensuring contraceptive availability, quality services, and continued demand generation (Track20 2017).

Box 1. S-Curve in family planning

Historical data show that mCPR grows in an S-shaped pattern. This is characterized by slow growth and little annual change when mCPR is low (Stage 1), an opportunity for rapid growth in the middle during the transition from low to high mCPR (Stage 2), and slowing growth as mCPR reaches its maximum (Stage 3). While all countries will go through this general pattern, the duration and speed of growth seen in each stage will vary.

Source: www.track20.org

The World Health Organization (WHO) recognizes that inadequate numbers of health workers can impede access to family planning services. Task sharing is a globally supported practice that can help alleviate health worker shortages. WHO defines task sharing as expansion of the levels of health providers who can appropriately deliver health services. WHO task-sharing guidance states that pharmacists (and pharmacy workers under certain conditions) can administer intramuscular injectable contraceptives (WHO 2017). Despite this guidance, many countries prohibit the administration of intramuscular injectable contraceptives by pharmacists.

Box 2. Key terms

Task sharing refers to an expansion of the levels of health providers who can appropriately deliver health services. The term is used to emphasize the common performance of the entire clinical task, or key components of it, among teams of different cadres of health workers. Tasks are not taken away from one cadre and given to another, but rather additional cadres are given the capacity to take on identified tasks.

Task shifting refers to a process of delegation or rational distribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with less training and fewer qualifications to make more efficient use of the available human resources for health.

Source: WHO (2017)

Task sharing is not new to Rwanda. Since 2010, Ministry of Health (MOH)- and donor-supported community health workers have been providing intramuscular injectable contraceptives to women in their communities. In HIV programming, the MOH expanded HIV testing to private pharmacies to improve access to these services in 2018. This move expanded HIV testing services from health facility-based testing only to the pharmacies, targeting clients' convenience preferences.

Pharmacies offer an important and underused channel by which women might access family planning services. While the public sector is the

dominant source of family planning methods, private pharmacies play a role in the provision of short-term methods. Forty-one percent of all modern contraceptive users in Rwanda who obtained their family planning from the private sector, obtained it from a pharmacy (SHOPS Plus Project 2020b). Pharmacists in the country are trusted providers in the community and are often the first point of contact for many health needs. Rwanda has 575 retail pharmacies and 133 wholesale pharmacies with the majority located in urban areas and the capital city of Kigali (Danny Mutembe, President, APPOR, discussion with the author, Feb. 2021).

With ambitious family planning goals, experience with task sharing of health services, workforce pressure in the public sector, and an underutilized private sector, key stakeholders in Rwanda were keen to reach more women with quality service delivery options in the private sector.

Until recently, government policies only permitted injection administration in medical settings and prohibited pharmacies in Rwanda from administering injectables, including subcutaneous and intramuscular injectable contraceptives.¹ Since 2019, the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project has supported the Association of Pharmacists and Pharmacy Owners of Rwanda (*Association des Pharmaciens et Propriétaires d'Officine du Rwanda* [APPOR]) to advocate for policy change to allow private pharmacists to administer intramuscular injectable contraceptives. Advocacy efforts resulted in the minister of health approving the policy change in February 2020. This brief documents the advocacy experience in Rwanda and offers insights on how other countries can advocate for similar policy change.

¹ The restriction began with an interpretation of article 31 of the Art of Healing Law that resulted in prohibition.

Approach

Through a coordinated series of activities, including an advocacy plan development workshop, stakeholder meetings, and a rapid assessment of social marketing and commercial supplies of injectables, SHOPS Plus and APPOR worked closely with government policy makers, regulators, donors, clinicians, and pharmacy staff to affect policy change.

Identifying an advocacy champion

Professional associations can be a strong voice for the private sector as they bring together members with similar qualifications to pursue a common purpose (Callahan et al. 2018). APPOR was established in November 2010 as the “voice” of retail pharmacy owners, and to promote ethical pharmaceutical practices among all pharmacists and owners of private retail pharmacies in Rwanda. It is an accredited continuous professional development provider of the Pharmacy Council, with more than 300 members across Rwanda, with the largest concentration in Kigali City.

APPOR is an engaged partner in the health system with a history of participation in health sector planning and providing private sector perspectives


to build a robust health system in Rwanda. APPOR’s involvement was critical in the rollout of HIV self-test kits in pharmacies to expand HIV testing services. Pharmacists in Rwanda serve multiple clients including those who require long-term management of chronic conditions such as hypertension and diabetes. These long-term relationships with their clients and interest in taking a greater role in supporting good patient outcomes were motivating factors for APPOR to advocate to the MOH for expanding their scope as a service delivery provider.

Preparing APPOR

SHOPS Plus supported APPOR using a participatory design process to develop a user-centered advocacy plan (Figure 1). SHOPS Plus and APPOR began by holding an advocacy plan development workshop for association members. The purpose of this workshop was to help members understand the requested policy change, confirm interest in expanding their scope of practice to include administration of injectable contraceptives, and secure their support. Using the SHOPS Plus *Expanding Access to Injectable Contraceptives through Pharmacies* toolkit, APPOR developed an advocacy plan that was responsive to Rwanda’s needs and opportunities, prioritized shared objectives, and outlined specific actions to meet them.

Figure 1. Advocacy plan development





SHOPS Plus and APPOR recognized that aligned incentives are key for successful advocacy. The advocacy plan identified relevant MOH priorities that pharmacy provision of injectable family planning services would help achieve. One priority from the 2018–2024 Family Planning and Adolescent Sexual Reproductive Health Strategic Plan (RoR 2018a) was to ensure that all women, children, and adolescents in Rwanda have universal access to quality integrated reproductive, maternal, neonatal, child, and adolescent health services in an equitable, efficient, and sustainable manner. Expanding provision of injectable contraceptives through community pharmacies helps to achieve this.

APPOR members also reflected on their experience and lessons learned from working closely with the Rwanda Biomedical Center (RBC) in the expansion of HIV self-testing. A key lesson from this was that the initiative presented benefits to key stakeholders: their clients, the public sector, and private partners. The benefit for RBC was an increase in HIV testing rates in the private sector, and the benefit for APPOR members and their clients was increased client satisfaction at receiving more comprehensive HIV services at the pharmacy. In the injectable contraceptives administration advocacy effort, the shared benefit for RBC was expanded access to family planning services and for APPOR members increased client satisfaction with comprehensive services at the pharmacy.

Engaging stakeholders

APPOR clarified its internal advocacy priorities, developed a strategy, and began external-facing

activities. The advocacy plan identified stakeholders who were important in influencing policy change regarding pharmacist administration of injectable contraceptives. APPOR conducted a stakeholder mapping exercise in which they considered each stakeholder, the stakeholder's role, key messages, and finally, the desired outcome of APPOR's advocacy efforts.

In addition, APPOR talked to stakeholders to understand their interests and concerns in relation to the policy change on injectables. The stakeholder groups included government policy makers, regulators (see table), donors, clinicians, and pharmacy staff. Regulators offered considerations on how administration of injectable contraceptives would be supervised and on guarding against scope creep so that pharmacists would not go beyond the administration of injectable contraceptives to provide other injectable medication. Policy makers and other clinicians wanted to ensure client safety would be maintained. Donors offered implementation considerations such as the importance of reporting and commodity access.

The stakeholder meetings helped SHOPS Plus and APPOR refine their advocacy efforts to address concerns on pharmacy service readiness, patient safety, and reporting. APPOR then worked with SHOPS Plus partner American College of Nurse Midwives to develop a technical reference guide to address clinical concerns and stakeholder considerations.

Table. Regulators of family planning provision and pharmacy practice and premises

Stakeholder	Role
Ministry of Health	Define scopes of practice for medical professionals
Rwanda Biomedical Center	Service delivery department of the MOH, lead on family planning activities
National Pharmacy Council	Regulator of the pharmacy professional and practice
Rwanda Food and Drug Authority	Regulator of the pharmacy premises

Addressing supply chain challenges

Parallel to the policy advocacy efforts, SHOPS Plus examined sources of injectable contraceptive commodities for pharmacies, and whether the suppliers could respond to a potential increased demand following policy change. The project considered linking private pharmacies to the public sector supply chain for injectable contraceptives and concluded that it would not be sustainable. Rwanda currently receives family planning commodities from donors and allows private health facilities to access these supplies. However, as the private sector’s demand for injectables increases and Rwanda transitions to financing all its family planning commodities needs, the country may not be able to continue allowing the private sector to access commodities from the public sector’s supply chain.

To identify alternative sourcing solutions, SHOPS Plus conducted a rapid assessment of social marketing and commercial sector supplies of injectable

contraceptives in Rwanda. The assessment revealed the following:

- There is a gap in the market. Current private sector supply is less than demand with little to no stock of injectable contraceptives including socially marketed brands in pharmacies. There is a reliance on donated commodities and importers were unaware of any commercial injectable contraceptive brands being distributed.
- There is a market in the gap. The potential market is sufficiently large and likely to bear the price of a non-subsidized product. Pharmacies stock and sell other health products, such as oral contraceptive pills, pregnancy test kits, and HIV self-test kits, at commercial price points, indicating there is a segment of the population that purchases products at non-subsidized prices.
- Many private health facilities reported accessing intramuscular injectable contraceptives from the public sector supply chain but noted challenges in obtaining the commodity regularly.

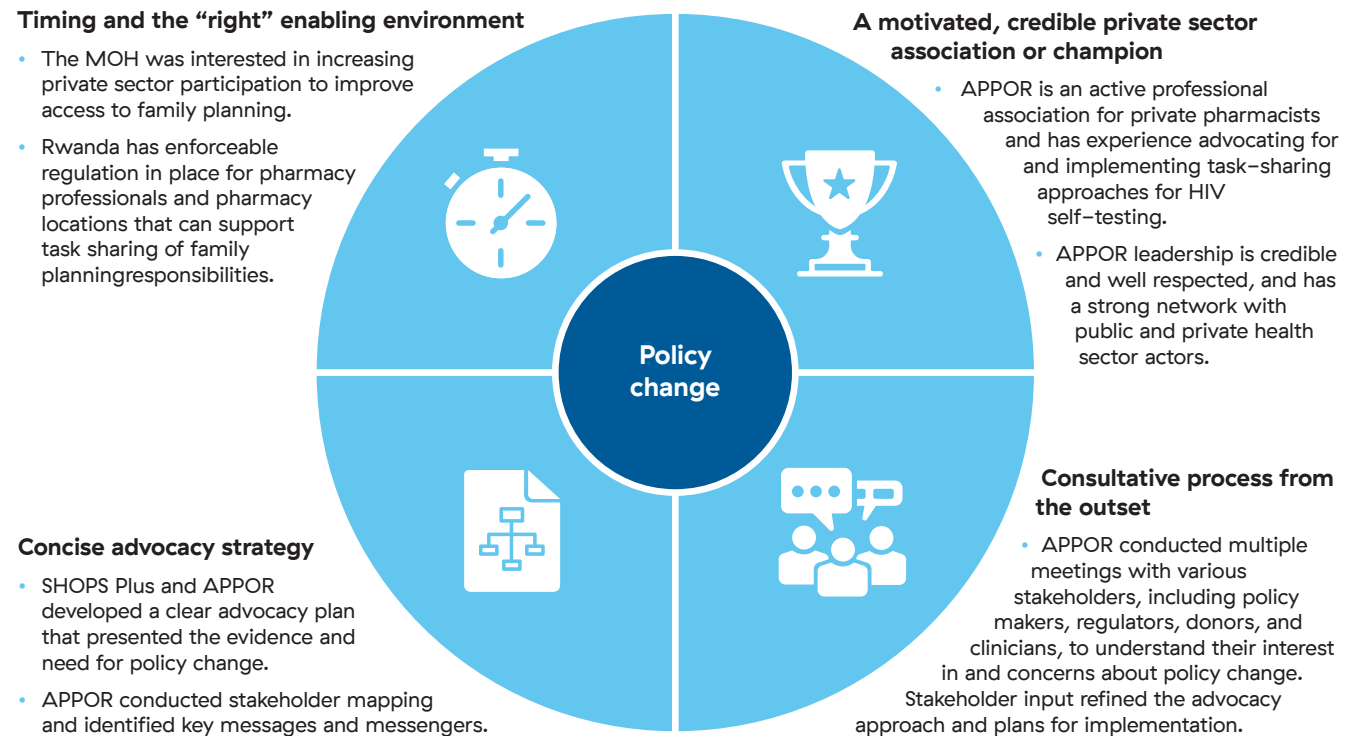
To address the market gap and help translate the policy change into practice, SHOPS Plus and APPOR developed a business case targeting importers and distributors with market data to develop their interests in supplying a commercially viable product for Rwanda. SHOPS Plus hosted a commercial partnerships linkages meeting that brought together international suppliers and pharmaceutical distributors in Rwanda. Three international suppliers and 13 pharmaceutical distributors in Rwanda participated with an interest to form partnerships that would result in commercial importation and distribution of contraceptives in Rwanda. Partnership discussions and engagements are currently ongoing directly between importers and distributors. It is

anticipated that at least one commercial contraceptive will be introduced in Rwanda by June 2021.

Achieving the task-sharing policy change

APPOR submitted a letter to the minister of health in November 2019 requesting a policy change to allow pharmacists to administer injectable contraceptives. In February 2020, the minister of health approved this request. Achieving policy change can be a time-intensive process. Several factors were crucial in achieving the policy change so swiftly in Rwanda (Figure 2).

Figure 2. Factors facilitating policy change in Rwanda





Moving beyond policy to implementation

While on paper pharmacists are now allowed to administer injectable contraceptives, putting this important change into practice is far from done. A key step is to prepare a plan to ensure successful operationalization of the policy. In Rwanda, this will be completed by a taskforce within the Family Planning Technical Working Group,² which will be led by the RBC. The following are key areas that need to be addressed when implementing the policy change not only in Rwanda, but also in other contexts, seeking to expand the scope of practice for private pharmacists:

1. **Guidelines.** Stakeholders should develop guidelines or adapt them from existing international and national materials to support the expanded scope of practice for pharmacists.
2. **Training.** Pharmacists will need training to provide counseling, administer the injectable, manage side effects, and provide referrals.
3. **Behavior change.** After knowledge transfer through training of pharmacists has happened, pharmacists will need targeted behavior change activities to move them from dispensing to active counseling and administration of injectables.
4. **Regulation and monitoring.** Regulatory authorities should plan for supportive supervision and ongoing monitoring to ensure quality and support to pharmacists. This can be included in existing regulatory processes and structures.
5. **Demand creation.** Stakeholders should plan client-targeted demand creation activities to generate informed demand for the services at their local pharmacies.
6. **Supply chain.** Stakeholders need to ensure pharmacists have access to a steady and adequate supply of commodities. This may require facilitating relationships with importers and distributors.
7. **Health financing.** Stakeholders need to address financial barriers to the service and to position it within universal health coverage efforts in the country and consider the inclusion of family planning (including injectables) in the benefit package of health insurance schemes.

² The Family Planning Technical Working Group consists of the RBC, donors, and implementing partners in family planning.

Recommendations

The following recommendations support global advocacy efforts to task share family planning provision and expand access to family planning services.



Build the capacity of a credible champion to strengthen its

voice. Countries often make commitments to include the private sector, but do not know how to do it. Identifying a champion that is credible to stakeholders is necessary to lead advocacy efforts.

Historically, investment has been made in creating associations to organize private health professionals. Associations are an example of a credible champion that can work on advocacy. Attention should be focused on building the capacity of the selected champion to advocate effectively so the champion is seen as a viable stakeholder that needs to be at the discussion table.



Align key messages to the national development agenda.

In Rwanda, family planning was important not only to national health sector strategies, but also to the overall development agenda. Rwanda had made commitments requiring new ways to meet its goals, which included plans to expand into the private sector. APPOR was able to articulate how it could support the overall development agenda, which proved to be more effective than making arguments for its role in improving health outcomes alone.



Identify enabling factors that can facilitate policy change.

Rwanda's prior experience with task sharing of injectable contraceptives with community health workers and with HIV self-testing through pharmacies provided a foundation of experience and evidence that made having discussions about pharmacists administering injectable contraceptives easier.



Understand the stakeholders and speak a unified language.

In many contexts, oversight of family planning service provision and oversight of pharmacies sit with two different entities. Each may have strong feelings of ownership of their respective areas, which may present challenges in advocating for policy change.

Start by preparing messages that will resonate with the respective stakeholder. Understand their specific concerns and incentives and address those in the plan. Later bring them together around a unified language for task sharing. In Rwanda, the RBC leads implementation and provides guidance on coordinating with different stakeholders.



Understand and address broader health system issues that can affect policy change for task sharing.

Task sharing is not just about skills. Future efforts should ask the question, “what else in the health system needs to be in place to achieve the desired outcome?” There are many considerations within the health system

that need to be addressed to facilitate safe and effective task sharing. In Rwanda, this means addressing access and supply. One consideration is reducing financial barriers to access the injectable contraceptives service through inclusion of family planning services in health care financing programs like insurance. Although Rwanda has a favorable environment in this regard, as private and public sector health insurance packages reimburse the cost of family planning products and services, the inclusion of injectable contraceptives specifically still needs to be done. Another important consideration that can affect stable supply is product registration. Product registration includes regulations governing how the product can be promoted, and who can provide it. Registration of pharmaceutical products is often regulated by an agency such as the Rwanda Food and Drugs Authority. It is important the regulatory body governing product registration is part of the policy advocacy, and that registration of the product is amended and in consonance with the task-sharing policy that is approved by the MOH. Failure to do so may put the organization holding marketing authorization of the product, as well as other organizations supporting implementation of the policy change, at risk of non-compliance with regulations governing the sales, promotion, and provision of the product.

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Contact Us

info@shopsplusproject.org

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development. The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan.



Abt Associates Inc.
6130 Executive Boulevard
Rockville, MD 20852 USA
Tel: +1.301.347.5000

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