



TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACTORS

Landscape and bottleneck analysis of policy, regulations, financing, manufacturing, procurement, distribution, and use of life-saving new and lesser-used family planning and maternal health commodities

BACKGROUND

Globally, a woman dies every 2 minutes from pregnancy or childbirth-related complications. Although Africa recorded a 33% reduction in the maternal mortality ratio between 2000 and 2020, this is far short of what is needed to achieve Sustainable Development Goals. The East and Southern Africa (ESA) Region has recorded a 40% decline in the maternal mortality ratio (MMR) between 2000 and 2020, and the MMR for the region is estimated to be 360 per 100,000 live births, far from the 70 per 100,000 required to achieve the SDG 3.1 target by 2030. It is not surprising that complications related to pregnancy and childbirth are a leading cause of death among adolescent girls between 15 and 19 years old¹.

Postpartum Hemorrhage (PPH) is a significant cause of maternal mortality and morbidity in the region contributing to nearly half of these deaths. Therefore, ensuring the availability and use of quality-assured PPH drugs is crucial for improving maternal health outcomes. One of the key challenges is the underutilization of quality-assured newer medicines and devices for the prevention and treatment of post-partum haemorrhage at primary healthcare levels which results in a missed opportunity to address the high number of maternal deaths. An example of these medicines is tranexamic acid and heat-stable carbetocin where they are not routinely utilized in countries in the region to address PPH hemorrhage².

¹ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division

² A roadmap to combat postpartum haemorrhage between 2023 and 2030



If fully deployed in the ESA Region, these products could improve the prevention and treatment of obstetrics emergencies and significantly reduce maternal mortality. However, the new PPH medicines are not routinely integrated into Reproductive Health Commodity Security (RHCS) initiatives, and the full extent of their utilization and demand in the region needs to be better understood.

Early and unintended pregnancies continue to be a major cause of concern in the ESA region. The risk of PPH is higher in these pregnancies. One of the ways to address early and unintended pregnancies is to support high-impact practices to reduce the unmet need for contraception/family planning which stands at 20%. One in five women of reproductive age (4.9 million) struggle to access modern family planning methods. The need is greatest among rural, uneducated, poor and marginalized girls and women. For young women in East and Southern Africa, the situation is particularly pressing, with 28 per cent experiencing unmet need for family planning, compared to 23 per cent for all women in the region.

In an effort to address the high unmet need for family planning, countries continue to expand family planning options for women and couples by adding new methods as well as focusing on underused methods. Underused methods are not widely available. In many countries, underused methods are not included in their reproductive health programs. High-quality, effective new and lesser-used family planning methods can expand choice in reproductive health and family planning programs, add value to the method mix, and respond to the unmet needs and reduce early and unintended pregnancies.

Uptake of new and underused maternal health and family planning commodities is shaped by various factors shaping their policy, regulatory, financing, manufacturing, distribution and use environments. New and lesser-used WHO-recommended reproductive and maternal health products,



including Levonorgestrel-releasing intrauterine systems (LNG-IUS), Subcutaneous Depot medroxyprogesterone acetate (DMPA-SC), tranexamic acid, heat-stable carbetocin, misoprostol, combi pack of misoprostol plus mifepristone, have the potential to address gaps in post-partum haemorrhage care and meeting unmet need of family planning.

Addressing early and unintended pregnancies and PPH to reduce maternal mortality is a priority of nearly all ESA countries, Regional Economic Communities (RECs) and the African Union. Countries, RECs and AU are supporting many initiatives to strengthen health systems, including policies (inclusion of PPH products in the essential medicine list/EML and treatment guidelines), regulation (registration of PPH products and quality assurance), financing of EML, supply chain management, and health worker upskilling (inclusion of PPH in pre-service and in-service trainings, mentorship, and supportive supervision) to ensure availability and effective use of quality assured lifesaving PPH commodities.

PURPOSE AND OBJECTIVE

Purpose

The purpose of this study is to generate a detailed assessment of the current status of new and lesser-used family planning and maternal health life-saving commodities in the East and Southern Africa (ESA) region, and to identify strategies and priority interventions at different levels for enhancing health systems to ensure the availability and use of these commodities. The goal is to improve the health and well-being of women and girls by reducing unmet needs for family planning and decreasing maternal mortality and morbidity.

Specific objective:



- 1) Assess the current policy and regulatory frameworks, financial, manufacturing, procurement, distribution and use environment and their influence on the new and lesser-used family planning and life-saving maternal health commodities³ in 23 ESA countries.
- 2) Identify and document country (23 ESA countries), regional (East African Community - EAC, and Southern African Development Community - SADC), and continental level (African Union Commission - AUC) good and promising practices on the new and lesser-used family planning and life-saving maternal health commodities.
- 3) Recommend ways to improve policy, regulatory, financial, manufacturing, procurement, distribution and use environment for the new and lesser-used family planning and life-saving maternal health commodities in the ESA region.
- 4) Identify stakeholders and partners at the global, regional and national levels and identify areas of collaboration and working together.

KEY RESULT

- **Inception Report:** Outline the methodology, work plan, data collection tools, and timelines (10 September 2024).
- **Literature Review Report:** Summarize findings from the literature review (18 September 2024).
- **Submission of a list of key stakeholders to be interviewed** (20 September 2024).
- **Interviews with key stakeholders** (20 September to 5 October 2024)
- **Regional draft report** (7 October 2024).
- Validation workshop virtually (Between 20-30 October 2024).
- **Executive Summary and PPT Presentation** (5 November 2024).
- Dissemination of the report to key stakeholders (Between 20-30 October 2024).
- **Final Report with an executive summary and PowerPoint presentation:** Incorporation of reviewers' feedback (25 November 2024).
- **Draft manuscript for journal publication:** exact topics/areas to be discussed (30 November 2024).

³ List the six commodities: Levonorgestrel-releasing intrauterine systems (LNG-IUS), Subcutaneous Depot medroxyprogesterone acetate (DMPA-SC), tranexamic acid, heat-stable carbetocin, misoprostol, combi pack of misoprostol-mifepristone



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DESCRIPTION OF ASSIGNMENT

Activity	Deliverable	Timeline	Schedule of payment
Map the current evidence and provide an overview of the scope of work and expected timeline and findings	Inception report	10 September 2024	
Review and summarize findings from the literature review	Literature Review Report	18 September 2024	20% (at delivery of the report)
Regional Report - Detail findings from the policy and regulatory analysis, sustainable financing strategies for the commodities and recommendations for improving supply chain systems and enhancing service delivery practices	Draft Report, executive summary and presentation	7 October 2024	30% (at the delivery of the draft report)
3-5 countries focused report for policy and regulatory analysis, sustainable financing strategies for the commodities and recommendations for improving supply chain systems and enhancing service delivery practices	Draft report	20 October 2024	
Executive Summary and PPT Presentation	Executive Summary and PPT Presentation	5 November 2024	
Final report	Final report (including Executive Summary and PPT)	25 November 2024	30% (at delivery of the final report)
Draft manuscript	Draft manuscript for journal publication	15 November 2025	20% (at delivery of the Draft manuscript)

METHODOLOGY

The consultancy will address the following areas:

- **Literature Review:** Conduct a comprehensive review of existing literature and best practices related to policy, regulatory, financial, manufacturing, procurement, distribution and use of family planning and maternal health life-saving new and lesser-used commodities in the ESA region.
- **Policy Analysis:** Review existing policies and frameworks (global, regional and national) related to regulation, financing, manufacturing, procurement, distribution and use of family planning and maternal health life-saving new and lesser-used commodities. Examples include but are not limited to: the Global PPH Roadmap and UNFPA Family Planning Strategy among others.
- **Stakeholders Analysis:** Research and develop a list of different stakeholders and partners that are working on new and lesser-used family planning and life-saving maternal health commodities as an annexe to the main report.
- **Stakeholder Consultation:** Identify and interview key stakeholders, including government agencies, manufacturers, healthcare providers, end users, UN Agencies, Regional Economic Communities (RECs) and international organizations on existing practices on manufacturing, procurement, distribution and use of family planning and maternal health life-saving new and lesser used commodities. UNFPA ESARO will facilitate and organize these interviews and the exact number of these interviews will be decided with the selected consultancy firm.
- **Regulatory Assessment:** Assess current regulatory practices and identify areas for improvement with respect to manufacturing, procurement, distribution and use of family planning and maternal health life-saving new and lesser-used commodities.
- **Financing Review:** Analyze current financing mechanisms on family planning and maternal health life-saving new and lesser-used commodities procurement and distribution.
- **Supply Chain Analysis:** Evaluate the existing end-to-end supply chain for family planning and maternal health life-saving new and underused commodities and identify gaps and areas for improvement.
- **Service Delivery Assessment:** Review the current service delivery practices including any literature on user preference, the attitude and the capacity of health providers to provide these drugs such as part of the curriculum and the job description in selected countries and regional and global guidance and propose recommendations for enhancing effectiveness and efficiency.

REPORTING

The selected consultant will be required to provide weekly updates via email to monitor adherence to tight production schedules. Virtual meetings will be held when necessary.

LOCATION AND DURATION

The work can be done remotely and does not require field missions and face-to-face meetings. The work is expected to be finalized in five months for a total of 45 working days.

COMPANY REQUIREMENT

The consultancy firm should have professionals with:

- Experience in developing similar reports particularly related to sexual and reproductive health and rights (SRHR) commodities and other relevant SRHR areas.
- Experience in conducting landscape analysis on similar areas.
- Proven experience in research around areas of maternal health in particular areas related to emergency obstetrics care and postpartum haemorrhage and in areas related to family planning commodities and services.
- Past experience as a team leader in a related assignment(s) and production of a quality study report.
- Proven work experience in areas related to health policy, regulation, financing, manufacturing, procurement, distribution, provision and use of RH/FP commodities
- Excellent report writing, communication and computer skills.
- Experience in conducting secondary research, evidence generation and analysis.
- Previous experience in working with UNFPA or other UN Agencies on similar projects.

The consultancy firm will be required to submit CVs of the main core team members as part of their proposal

PROJECT MANAGEMENT

UNFPA ESARO iSRHR Unit along with the ESARO Publication and Research committee will provide advice on content, format, relevance and dissemination of the study and will be responsible for monitoring the progress of the services, address challenges and bottlenecks; and ensure the quality of the service in line with the HQ guidance.

Evaluation Criteria

Proposals will be evaluated against the following criteria:

#	Criteria		Points	%
1	Proposed Workplan & Approach		30	30%
1.1	Technical proposal detailing the methodology of the report development, timelines and milestones		30	
2	Technical Expertise		70	70%
2.1	Relevant expertise of the team working on similar previous projects related to health and sexual and reproductive health and rights including policy and regulatory analysis, supply chain and health financing		30	
2.2	Experience in conducting secondary research, evidence generation and analysis and developing policy and technical reports related to sexual and reproductive health and rights		20	
2.3	Previous experience in working with UNFPA or other UN Agencies in a similar area of work		20	
	Total (Minimum Threshold = 70%)		100	100%