



**IMPACT  
FOR  
HEALTH**

# Punjab, Pakistan's Roadmap for Private Sector Provision of Contraceptive Implants

*Summary Report*

November 2023

# Table of Contents

---

<b>1</b>	<b>Background</b>	1	<b>4</b>	<b>How will we get there?</b>	8
	→ Rationale			→ Strategic Priorities and Interventions	
	→ Methodology & Conceptual Framing				
<b>2</b>	<b>Where are we now?</b>	5	<b>5</b>	<b>Key Resources</b>	9
	→ Pakistan's Contraceptive Implant Market				
	→ Key Market Constraints				
<b>3</b>	<b>Where do we want to go?</b>	7			
	→ Vision of Success and Market Goals				

*Despite the success of contraceptive implant (CI) introduction in the public sector, implant provision by the private sector remains underutilized. This project aimed to develop a roadmap for the private sector provision of CI in Punjab, Pakistan by building on previously identified global barriers and recommendations.*



1 | Punjab, Pakistan's Roadmap for Private Sector Provision of Contraceptive Implants Summary Report

# Methodology and Conceptual Framing

From June to September 2023, Jhpiego and IHI conducted a series of activities to inform the Country Roadmap. Findings and the roadmap itself are organized around the Health Market System Framework.

## 1) Rapid Literature Review

A total of 62 reviewed and grey literature articles were reviewed and prioritized for analysis

## 2) Key Informant Interviews

A total of 12 KIIs were conducted with stakeholders, representing different market functions (core, supporting and rules)

## 3) Market Analysis Report

Market system analysis conducted for CI in Pakistan

## 4) Country Workshop

Workshop hosted in Lahore, Pakistan in September 2023 with key stakeholders to validate the findings in the Market Analysis Report and co-create a roadmap for provision of CI in the private sector

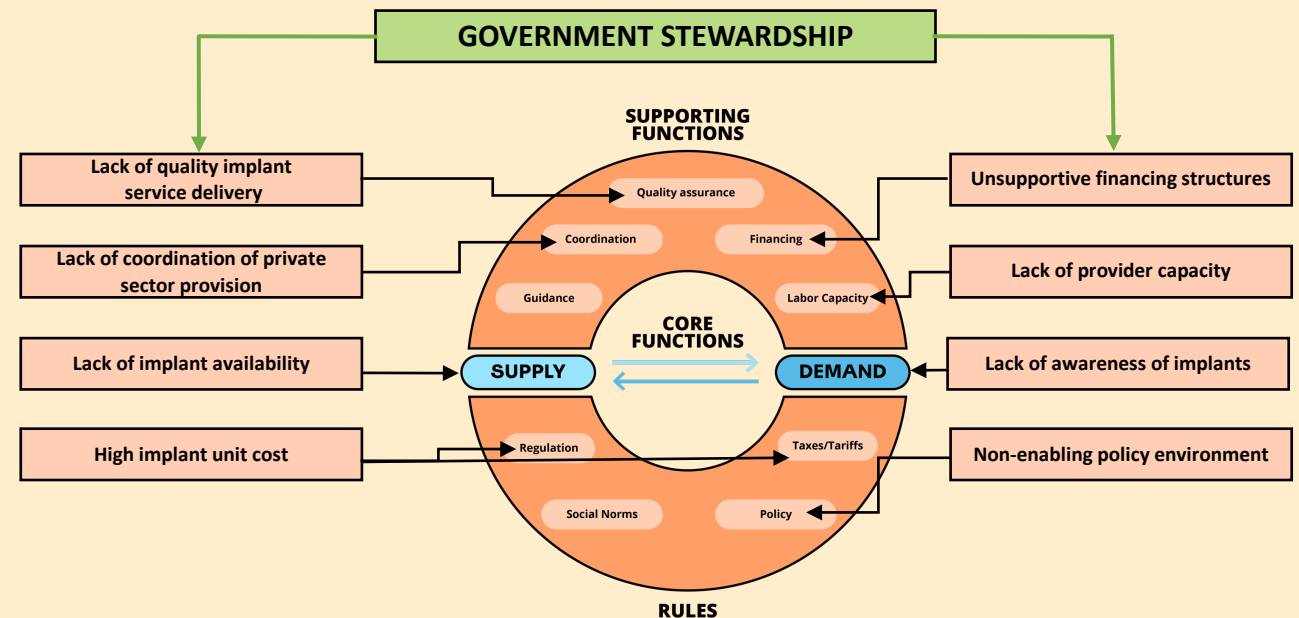


Figure 1: Overview of key PSE barriers for CI service delivery



# Pakistan's CI Market

Where are we now?

The CI market in Pakistan is in an inchoate state with extremely limited commodity. Historically, Pakistan has not participated in the UNFPA Supplies Partnership, which results in higher domestic spending on FP commodities compared to other LMICs. Without consistent supply, other market functions – demand, coordination, training, quality assurance – cannot operate. However, this picture may change with DKT's introduction of Levoplant expected in 2024.

Less than a fraction of 1 percent (0.14%) of women using contraceptives access CI in the private sector, which equates to only 16,000 users amongst Pakistan's 33+ million married women of reproductive age.

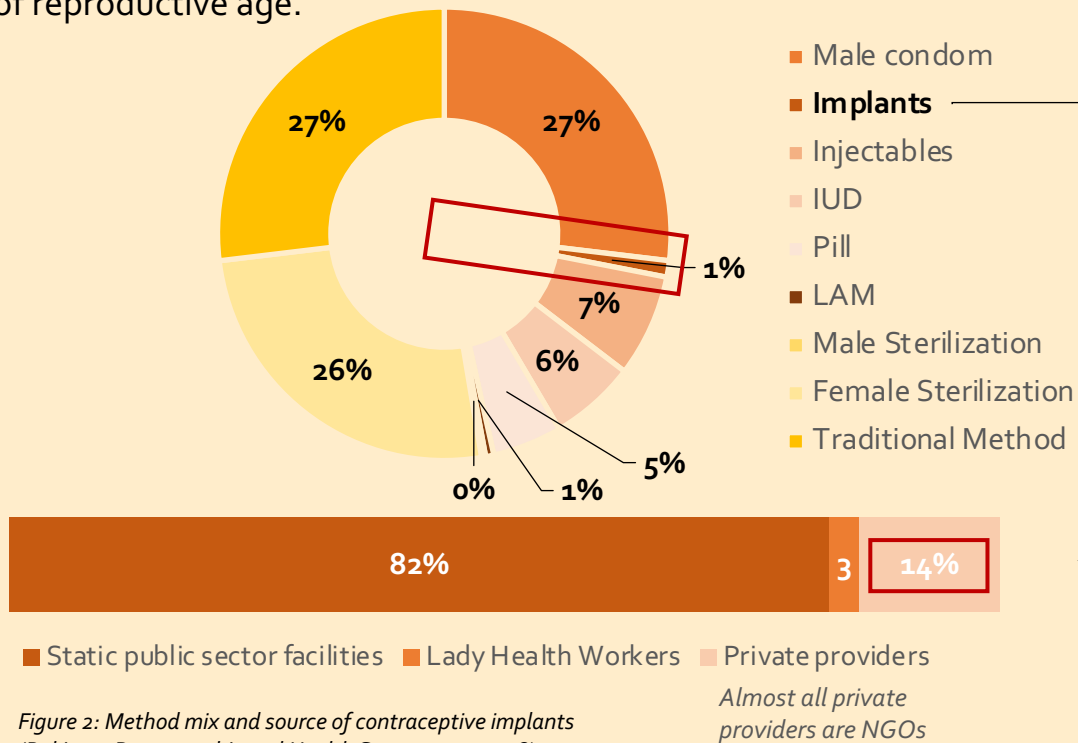


Figure 2: Method mix and source of contraceptive implants (Pakistan Demographic and Health Survey 2017-2018)

With large volumes of Levoplant expected in 2024, now is the time to coordinate efforts to support availability and affordability of CI (Levoplant, Jadelle and potentially Implanon NXT), increase consumer awareness and demand and build provider capacity to accelerate progress towards achieving Pakistan's FP2030 goals and contraceptive prevalence rate (CPR) target.

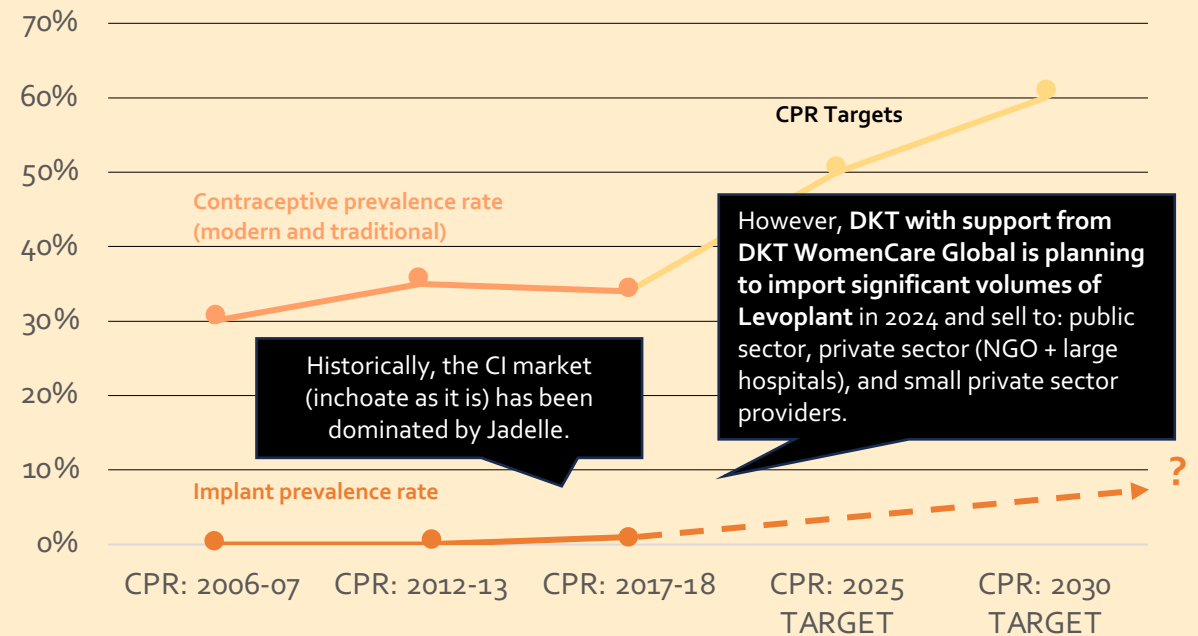


Figure 3: Trends in contraceptive use (modern and traditional), and implant prevalence rate among currently married women (PDHS 2017-18) vs targets



# Key Market Constraints

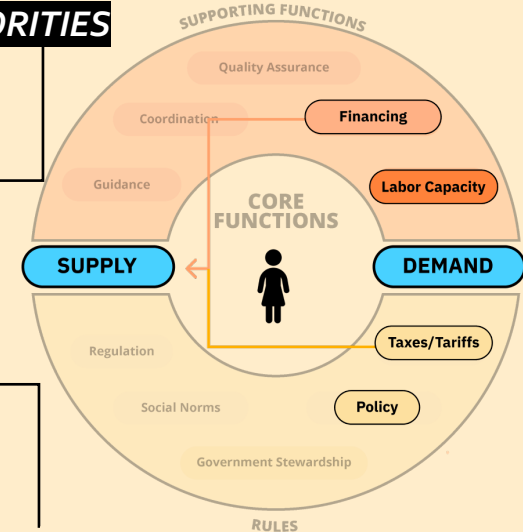
Where are we now?

*Four market constraints were prioritized by workshop participants based on potential impact, feasibility, and stakeholder availability and motivation to address the constraint. This list is not exhaustive of all Punjab's CI market constraints but it is considered a critical entry point to tackle the market.*

- |                      |   |
|----------------------|---|
| RULES                | <p><b>1 Unfavorable policy and regulatory environment adversely impacts the availability of implants</b><br/>         The Maximum Retail Price (MRP) set by The Drug Regulatory authority of Pakistan (DRAP) does not account for PKR to International currency fluctuations, which resulted in an unviable MRP for CI. This is further exacerbated by imported commodities attracting customs duties, sales tax and in some cases advance income tax, set by the Federal Board of Revenue (FBR). It is unclear whether Punjab's EML account for multiple CI brands (i.e. including Levoplant).</p> |
| SUPPORTING FUNCTIONS | <p><b>2 Providers and consumers cannot afford an expensive commodity</b><br/>         Even if commodity are available, CI are an expensive commodity that represent a significant investment for a private provider and a high cost to the consumer. There are limited mechanisms in place to support private providers to procure CI at an affordable price, and no mechanism to support the consumer to afford it.</p>  |
| CORE                 | <p><b>3 Latent demand for contraceptive implants (CI) exists, but too few women are aware</b><br/>         No concerted demand generation efforts for CI have taken place since historically there has been no supply to meet demand. However, in the few instances where women are counselled on this method they are open to it.</p>  |
| SUPPORTING FUNCTIONS | <p><b>4 Erratic supply leads to limited provider training and skill attrition, compounded by unrealized task sharing potential</b><br/>         Limited trainings have occurred given limited supply, and providers who are trained face skill attrition as they cannot practice with fluctuating supply. When trainings do occur, the mode (multi-day in person training) is not attractive to private providers. While some LHVs have been trained, the Punjab Nursing Council still needs to approve provision by this cadre a process which delays implementation of task sharing.</p>          |

**1<sup>ST</sup> PRIORITIES**

**2<sup>ND</sup> PRIORITIES**



# Vision of Success and Market Goals

Where do we want to go?

*This Vision of Success and Market Goals directly respond to the four key constraints to sustainably improve access to CI in the private sector.*

**2030 VISION OF SUCCESS: Multiple CI brands are available and affordable in public and private sector outlets, in support of FP2030 and other provincial health goals.**

## MARKET GOALS (5 years)

RULES

**1 Enabling policy environment supports availability of multiple brands of CI in the market**

Multiple implant brands are registered at a viable MRP, FP commodities are tax exempt, and clarity is established that Punjab's EML accounts for multiple implant products.

SUPPORTING FUNCTIONS

**2 Private providers and clients are motivated and able to purchase/pay for CI at an affordable price point**

Private providers are motivated to purchase at least one brand of CI based on a viable business case. Consumer affordability of CI is demonstrated through a series of pilots, such as vouchers and conditional cash transfers.

CORE

**3 As CI availability increases, women demand CI within an informed choice framework**

Women and their key influencers are aware of the availability of CI in private sector outlets, understand its benefits, and are willing to try them within a context of informed choice.

SUPPORTING FUNCTIONS

**4 As CI availability increases, a range of private healthcare providers, including male family physicians and LHV, are trained to provide CI within an informed choice framework**

Provider trainings for CI (potentially one rod and two rod, if Implanon NXT re-enters the market) are offered through competency-based and blended learning models tailored to the needs of private providers. Mid level providers, including male family physicians and LHV, are approved to provide CI as a part of the method mix.

1<sup>ST</sup> PRIORITIES

2<sup>ND</sup> PRIORITIES



# Strategic Priorities and Interventions

How will we get there?

*To achieve the 2030 Vision of Success for CI in the private sector in Punjab, Pakistan the first set of priorities is to secure commodity. These strategic priorities may be fast tracked with introduction of Levoplant in 2024. It should be noted that this section is not exhaustive nor static, but it is meant as a starting point to increase the sustainable delivery of CI in the private sector and may evolve over time.*

## 1<sup>ST</sup> PRIORITIES (to secure commodity)

### 1 POLICY ENVIRONMENT

Leverage existing platforms to create a Punjab CI task team that supports: registration of multiple CI brands at viable MRP; FP commodity tax waiver; and clarity on Punjab's EML

1. Leverage the Country Engagement Working Group (CEWG) to create a Punjab CI task team of vested partners
2. Support registration of multiple CI brands at viable MRP. DKT is in the process of registering Levoplant at a higher MRP to ensure continued importation despite economic deterioration. Bayer (Jadelle) and Organon (Implanon NXT) could follow suit
3. Seek waiver for custom duties, additional sales tax and advance income tax (as applicable) on all FP commodities from the Finance Ministry
4. Reinforce advocacy efforts to ensure all CI brands (single rod etonogestrel, two rod levonorgestrel (3 and 5 year) are covered in Punjab's EML

### 2 FINANCING

Increase private provider profit from offering CI and decrease cost to the consumer

1. Explore supply-side subsidy mechanisms for Jadelle and/or Implanon NXT so they are available for purchase at a competitive price point with Levoplant (which will be independently subsidized by DKT)
2. Explore mechanisms to improve affordability of multiple CI brands (Levoplant, Jadelle, and Implanon) to consumers such as piloting vouchers and conditional cash transfer and advocating for expansion and inclusion of FP in social and private insurance schemes



# Strategic Priorities and Interventions

How will we get there?

*The second set of priorities (once commodity is secured) seek to increase consumer demand for the new supply and improve private sector labor capacity to offer implants as a part of the method mix. Like the first set of priorities, these activities are not exhaustive nor static but are meant as a starting point to increase the sustainable delivery of CI in the private sector and may evolve over time.*

## 2<sup>ND</sup> PRIORITIES (once commodities secured)

3

### DEMAND

As commodity becomes available, increase consumer demand for CI

1. Map key players using the Provincial Task Force and Country Engagement Working Group
2. Develop coordinated demand generation strategy for CI, leveraging existing community platforms and digital platforms/social media
3. Implement demand generation strategy where commodity will become available starting with Levoplant in 2024. Prioritize geographic areas in Punjab where women are mostly likely to use CI (e.g. urban and semi-urban areas)

4

### LABOR CAPACITY

As commodity becomes available, increase private provider capacity to counsel, insert and remove implants

1. Develop a coordinated training strategy across partners, tailored to the needs of private providers addressing: competency-based CI counseling insertion and removal (potentially for one rod and two rod, if Implanon re-enters the market); blended learning options; and referrals
2. Create a conducive environment that supports task sharing to mid-level providers, including male family physicians and LHVs

# Key Resources

This suite of products are uploaded to our [landing page](#) for download and sharing!



Market Analysis Report



Country Roadmap



How-to Guide



*We've adapted the Population Services International (PSI) Keystone design framework for these products. In doing so, we commit to sharing our learnings, both on content and process, with PSI and the wider community of practice.*

© 2018 Population Services International.  
Licensed under a Creative Commons  
[BY-SA 4.0 International License](#).

**Thank you!**

