KENYA'S ROADMAP FOR PROVISION OF CONTRACEPTIVE IMPLANTS IN THE PRIVATE SECTOR

This roadmap was co-created by key stakeholders across Kenya's family planning (FP) value chain. The process involved an in-depth literature review, key informant interviews, and a country workshop. This roadmap offers a strategic vision and accompanying goals, priorities and interventions to motivate and expand provision of Contraceptive Implants (CI) in the private sector as a part of the method mix in support of FP2030 goals. While this roadmap offers a set of strategic priorities and goals based on prioritized constraints, all market functions need to be considered to expand access to contraceptive implants as a part of a mixed health system. It is neither exhaustive nor static, but a starting point for stakeholders to coalesce around a shared agenda.

2023 VISION OF SUCCESS
7 years

The private sector sustainably expands its coverage of affordable contraceptive implants as part of the method mix to address consumer needs in support of FP2030 goals.

MARKET GOALS
5 years

Product(s) branded for the private sector are demanded through a clear supply chain.

Providers make a motivating profit from the provision of contraceptive implants which consumers can afford.

TMA Strategy is operationalized and informs revisions to Kenya's new FP Policy and UHC agenda to better address the private sector.

Competent and diversified private sector workforce are motivated to report into the KHIS.

STRATEGIC PRIORITIES
3 years

Develop a viable private sector supply chain with branded product(s): Stop provision of free commodity to the private sector; develop a business case for manufactures to (re)enter the private sector market; and consider registration of a rebranded product.

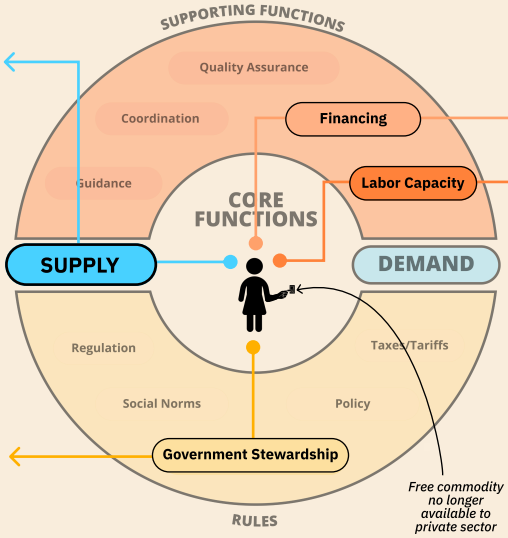
Offset the anticipated cost increase once public commodities are withdrawn: Form an expert group to explore mechanisms to offset the cost of an expensive commodity to consumers (i.e., inclusion in health insurance schemes) and purchasers (e.g., loan guarantee, guaranteed buyer, and/or pooled procurement).

Strengthen Kenya's TMA FP execution: Launch the Country Roadmap in collaboration with the TMA Task Force; operationalize the TMA strategy for CI in Nakuru County; and use data from implementation experience to advocate for private sector inclusion in FP policies.

Build capacity and motivation of a diverse private sector workforce: Improve pre-service training curriculum for implants and integrate implants into quality assurance systems; leverage existing initiatives aimed to motivate private sector reporting into KHIS; review task sharing policy to explore feasibility of expanding provision of implants through other cadres.

CONSTRAINTS
Now

Lack of private sector supply chain: The private sector primarily relies on free implants from the public sector, financed partly by the Kenya Government and donors like USAID and UNFPA, which are accessed from KEMSA, public hospitals and the black market.



Lack of measures to offset the anticipated cost increase once public sector commodities are withdrawn: There is no incentive for private providers to purchase CI since they can access them for free, and no mechanism to finance upfront capital or pool purchasing power on the horizon once the private sector loses access to free commodities. There is limited coverage of FP in social insurance schemes, like NHIF and Linda Mama.

Need for Government Stewardship: The stagnant Total Market Approach strategy for FP underscores the lack of coordination in the private sector. There is a need for government stewardship, focusing on implementing the strategy and revising policies related to the role of the private sector in Kenya's FP and UHC agenda.

Insufficient labor capacity to counsel, insert and remove implants, and no motivation to report services: The pre-service training curriculum inadequately covers contraceptive implants; efforts to extend implant insertions through additional private providers (e.g., pharmacists) through task sharing have not been fully explored; and private providers lack motivation to report to KHIS.