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

This roadmap was co-created by key stakeholders across Punjab'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.

2nd set of priorities are dependent on the first set of priorities once commodity is secured

2023 VISION OF SUCCESS
7 years

Multiple CI brands are available and affordable in public and private sector outlets, in support of FP2030 and other provincial health goals.

MARKET GOALS

3-5 years

- Private providers and clients are motivated and able to purchase/pay for CI at an affordable price point.
- Enabling policy environment supports availability of multiple brands of CI in the market.

5-7 years

- As CI availability increases, women demand CI within an informed choice framework.
- As CI availability increases, a range of private healthcare providers, including male family physicians and LHVs, are trained to provide CI within an informed choice framework.

STRATEGIC PRIORITIES

1-3 years

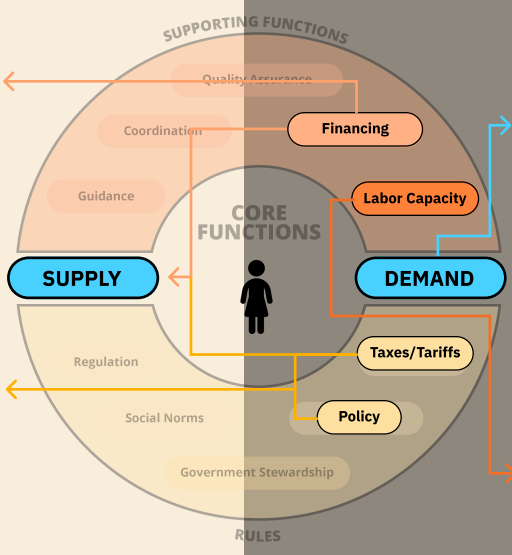
- **Increase private provider profit from offering CI and decrease cost to the consumer:** Use Punjab CI task team to explore temporary subsidy for commodities; pilot demand-side financing options such as vouchers and conditional cash transfers; and seek long-term inclusion of FP (including CI) in insurance schemes.
- **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.

3-5 years

- **Increase consumer demand for CI once commodity is available:** Map key players using the Provincial Task Force and Country Engagement Working Group; develop coordinated demand generation strategy for CI leveraging existing community platforms and digital platforms/social media; and implement strategy where commodity will become available starting with Levoplant in 2024.
- **Increase provider capacity to counsel, insert and remove implants once commodity is available:** Develop a coordinated training strategy tailored to the needs of private providers (one-rod and two-rod); and create a conducive environment that supports task sharing to mid-level providers, including male family physicians and LHVs.

CONSTRAINTS
Now

- **Providers and consumers cannot afford an expensive commodity:** 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.
- **Unfavorable policy and regulatory environment adversely impacts the availability of implants:** The Maximum Retail Price (MRP) set by The Drug Regulatory authority of Pakistan (DRAP) does not account for Pakistani rupee (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 accounts for multiple CI brands (i.e., including Levoplant).



- **Latent demand for contraceptive implants (CI) exists, but too few women are aware:** 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.
- **Limited provider training and skill attrition, compounded by unrealized task sharing potential:** 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 Lady Health Visitors (LHVs) have been trained, the Punjab Nursing Council still needs to approve provision by this cadre, a process which delays implementation of task sharing.