



**IMPACT
FOR HEALTH**

Pakistan Contraceptive Implants Market Analysis Report

November 2023

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Acronym List

| | | | |
|---------------|---|---------------|--|
| AJK | Azad Jammu and Kashmi | MMR | Maternal mortality ratio |
| BCC | Behavior Change Communications | MRP | Maximum retail price |
| BMI | Body mass index | MSS | Marie Stopes Society |
| CPR | Contraceptive prevalence rate | MWRA | Married women of reproductive age |
| CYP | Couple-years of protection | NGO | Non-governmental organizations |
| DKT | DKT Pakistan | NHSRC | Ministry of National Health Services, Regulations and Coordination |
| DoH | Department of Health | NRA | National Regulatory Authority |
| DRAP | Drug Regulatory Authority of Pakistan | OOP | Out-of-pocket |
| EFPC | Expanding Family Planning Choices | PAFP | Pakistan Academy of Family Physicians |
| FATA | Federally administered tribal areas | PDHS | Pakistan Demographic and Health Survey |
| FCDO | Foreign, Commonwealth & Development Office (UK) | PKR | Pakistan Rupee |
| FHM | Frontier Health Markets | PM | Permanent method |
| FP | Family planning | PPHI | People's Primary Healthcare Initiative |
| GB | Gilgit-Baltistan | PSE | Private sector engagement |
| GSM | Greenstar Social Marketing | PWD | Population Welfare Department |
| IAP | Implant Access Program | R-FPAP | Rahnuma - Family Planning Association of Pakistan |
| IEC | Information, education and communication | RHSC | Reproductive health service center |
| IU(C)D | Intrauterine (contraceptive) device | SAM | Short-acting method |
| KII | Key informant interview | SDG | Sustainable Development Goals |
| KP(K) | Khyber Pakhtunkhwa | SMO | Social movement organization |
| LAPM | Long-acting and permanent method | SOGP | Society of Obstetricians & Gynaecologists of Pakistan |
| LARC | Long-acting reversible contraceptive | TBA | Traditional Birth Attendant |
| LHV | Lady health visitor | UNFPA | United Nations Population Fund |
| LHW | Lady health worker | USAID | United States Agency for International Development |
| LMIC | Lower-middle income country | USD | United States dollar |
| mCPR | Modern contraceptive prevalence rate | VG | Volume guarantees |
| | | WHO | World Health Organization |

Executive Summary



Executive Summary



Unlocking the potential of a viable private sector contraceptive implant market to meet women's unmet need for family planning (FP) - and contribute to achieving Pakistan's FP2030 target - requires a financial and regulatory to get commodities in country. With a consistent supply, other market functions – demand, coordination, training, quality assurance – can begin to operate.

Context

Pakistan's **fast-growing population** [1], **economic instability** and **gender inequality** [2] contribute to women's **constrained decision-making over their own fertility**. While the intention of the **healthcare system devolution** - with federal and provincial authorities responsible for the regulation and provision of health services, including FP services – was to make health care more responsive to local needs, the reality is that there are **wide provincial variations** in service delivery and a **complexity** of federal and provincial stakeholders, which hinders procurement of FP commodities at federal and provincial levels. The **private sector in health** (comprised mostly of NGOs as well as the commercial sector) in Pakistan is a well-used resource with **approximately half of married women who use modern contraceptives obtaining their method from the private sector** [3]. However, those modern methods are typically condoms or female sterilization (once desired family size is achieved). **Implants are almost non-existent** in the private sector.

Health Problem

Pakistan's **contraceptive prevalence rate (CPR) has hovered around 30% for most of the last decade** [3]. Pakistan is **unlikely to achieve its FP2030 CPR target of 60%** unless it expands its method mix by **increasing long-acting reversible contraceptive (LARC) use**, including contraceptive implants. A contraceptive implant market is viable in Pakistan, however that viability is directly tied to a robust and steady supply of commodity. If that supply is in place, our preliminary analysis indicates that the contraceptive implant market could grow to nearly 100,000 contraceptive implant users in the private sector annually, a 6-fold increase from current users.

Consumer Behavior

While women in Pakistan are generally hesitant to adopt LARCs, **implants may be the exception as they are seen as less invasive**. To tap into this potential demand, promotion efforts should target women as well as their key influencers, such as their husbands and mothers-in-law, building on existing FP user archetypes and user journeys to better understand the needs, wants and desires of consumers.

Market Performance and Structure

Only 1% of FP users in Pakistan currently **use implants**; with **86%** of them obtaining their implant from the **public sector** and the remaining **14%** obtaining them primarily from the **private NGO services** [3]– the **commercial market is non-existent**. **Jadelle dominates** the contraceptive implant market.

High cost of implant commodities to the provider – driven by high production costs and import duties as well as sales tax – is a **major barrier impacting both supply and demand**. There are no coordinated global, federal or provincial financing mechanisms to make contraceptive implants more affordable to the provider and the end user. As a result, there is no current viable commercial business case for providers to offer this commodity which women presumably would use, given women's interest in the product, if it's made affordable and available.

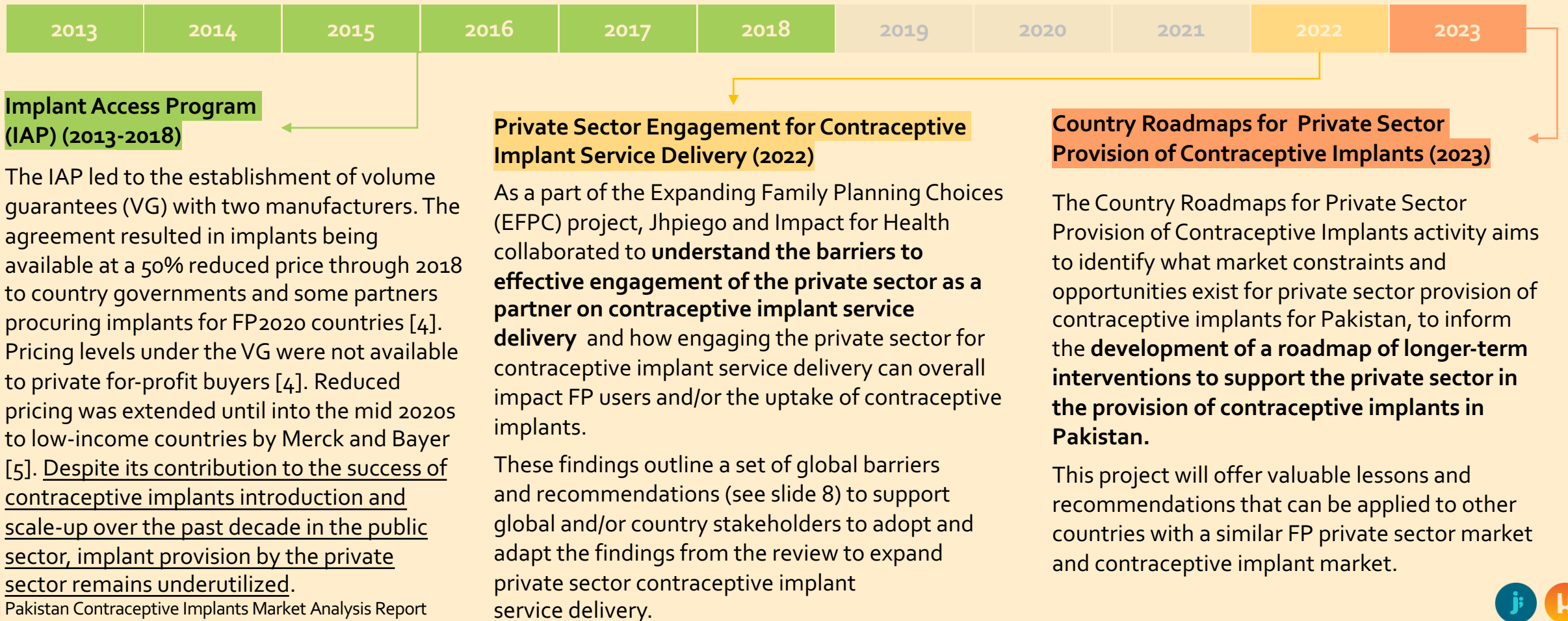
"Availability is the key issue. Without addressing supply, other market functions cannot operate" - NGO

Background





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



Global Review Findings



The previous project outlined a set of global barriers and recommendations to expand private sector contraceptive implant service delivery through addressing: sustainably financed supply, demand for service delivery, government stewardship capacity, provider sector capacity, and quality of care.

Barriers

Figure 1 provides an overview of the key private sector engagement (PSE) barriers for contraceptive implant service delivery in reference to the Health Market System Framework (developed by [The Springfield Centre](#) (2015)).

Recommendations

In response to these barriers, a set of recommendations were developed, informed by key informant interviews and a co-creation session with experts on implants and PSE.

The recommendations include:

- Build a sustainable financed implant supply
- Build demand for private sector service delivery
- Build government stewardship capacity
- Build private sector engagement capacity
- Build private sector quality of care capacity

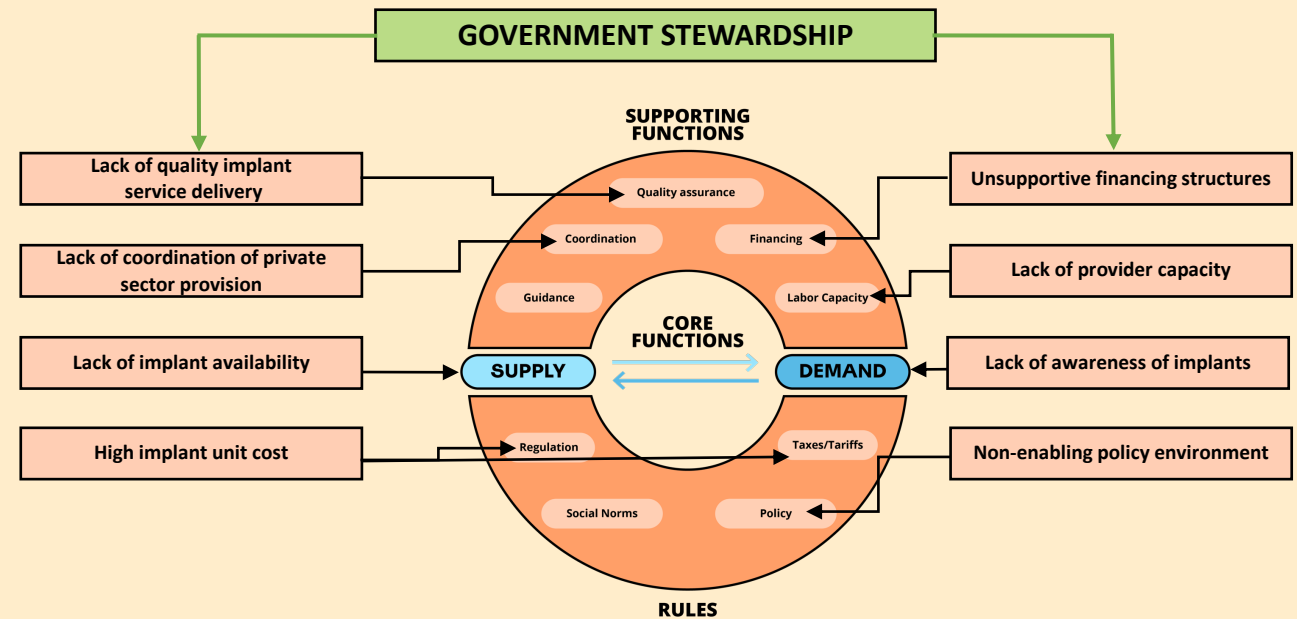


Figure 1: Overview of key PSE barriers for contraceptive implant service delivery

To learn more, check out the suite of strategic and shareable products summarizing the findings of this project [here](#)



Project Aims



This project aims to answer three key questions about the vision of success, key market constraints, and key measures to improve the private sector contraceptive implant market in Pakistan.



How can the growth of implants in the private sector **support broader goals/aims/strategies** in Pakistan?



What current **market constraints** exist for the provision and scale-up of implants in the private sector in Pakistan?



What **key measures** can government, donors, implementing partners, manufacturers, distributors, private providers, and other stakeholders across the value chain take to support the private sector to overcome current market constraints in the provision of implants in Pakistan?



A literature review and key informant interviews conducted June-Aug 2023 informed this report. Findings will be further validated through an in-country workshop to support the development of the roadmap.

Rapid literature review

- Developed search criteria (see box 1).
- A total of **64 articles**, both peer reviewed and grey literature, were reviewed and prioritized for analysis.

Search Criteria:

Scope: 2012-2022 (10-year period);

Country/Province: Pakistan

Search terms: Long-acting reversible contraceptives (LARC), Contraceptive implant, Private sector, Challenge and/or opportunity, Best practice and/or lessons learned, Service delivery, Provider or provision, Coverage/reach, Feasibility, Health impact, Sustainability, Cost, Market, Product and/or Method introduction, Jadelle and/or Levoplant and/or Implanon and/or Nexplanon and/or Implanon NXT.

Sources: PubMed and Google Scholar were used to review and extract peer-reviewed articles. Organizational websites were used to review and extract grey literature alongside survey data such as PDHS data and Pakistan Bureau of Statistics data.

Box 1: Search Criteria

Key informant interviews (KIIs)

- A total of **12 KIIs** were conducted with stakeholders, representing different market functions (core, supporting and rules). Tailored interview guides (for each market function) were developed to frame the questions.
- All KIIs were recorded and transcribed for data analysis.

Data analysis

- Findings were collated and analyzed to inform the development of this **Market Analysis Report** deck, which outlines the current private market for contraceptive implants in Pakistan.
- The findings in this report will be further refined with insights gathered from the in-country workshop.

Conceptual Framing



Both the *Pakistan Contraceptive Implants Market Analysis Report (2023)* and the *Global PSE for Contraceptive Implant Delivery Report (2022)* organize findings around the same conceptual framework: the Health Market System Framework.

The *Global PSE for Contraceptive Implant Delivery Report (2022)* framed its findings using the Health Market System Framework, developed by the Springfield Centre (2015). This framework provides a means to understand the interrelated nature of issues impacting a health market which in turn highlights the need to adopt a holistic approach to address barriers in a health market system.

The *Pakistan Contraceptive Implants Market Analysis Report* situates the Health Market System for contraceptive implants in Pakistan within the broader **health system context and health problem**. The report then describes the market from the 'inside out' starting with the user (**consumer behavior**), followed by an analysis of core market trends (**market performance**), and finally an articulation of all market functions (**market structure**).

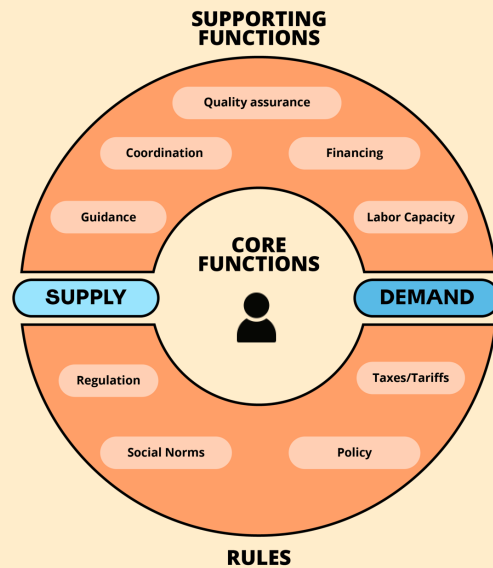


Figure 2: Health Market System Framework

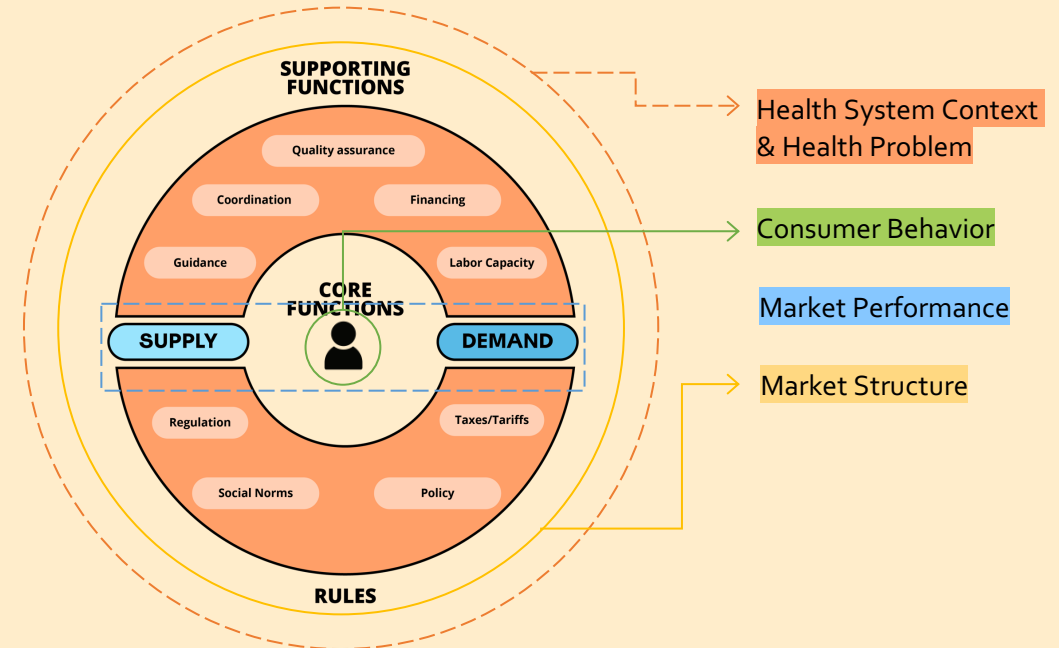
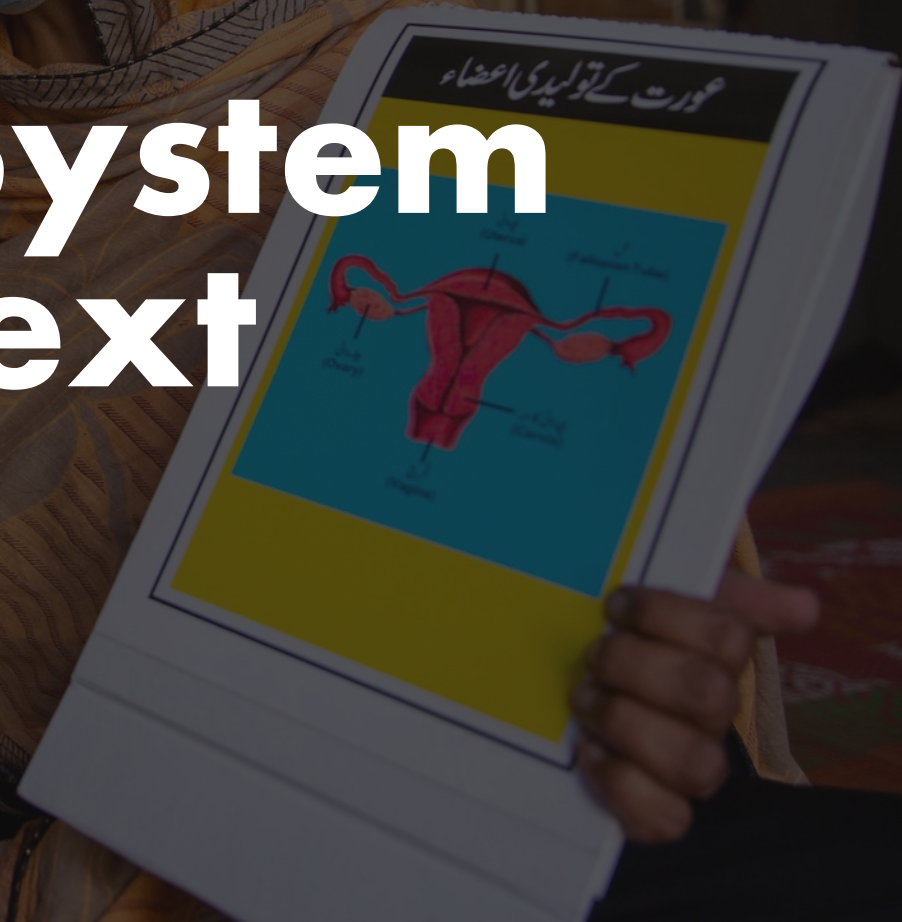


Figure 3: Market Landscape Report Framework



Health System Context



Section Purpose

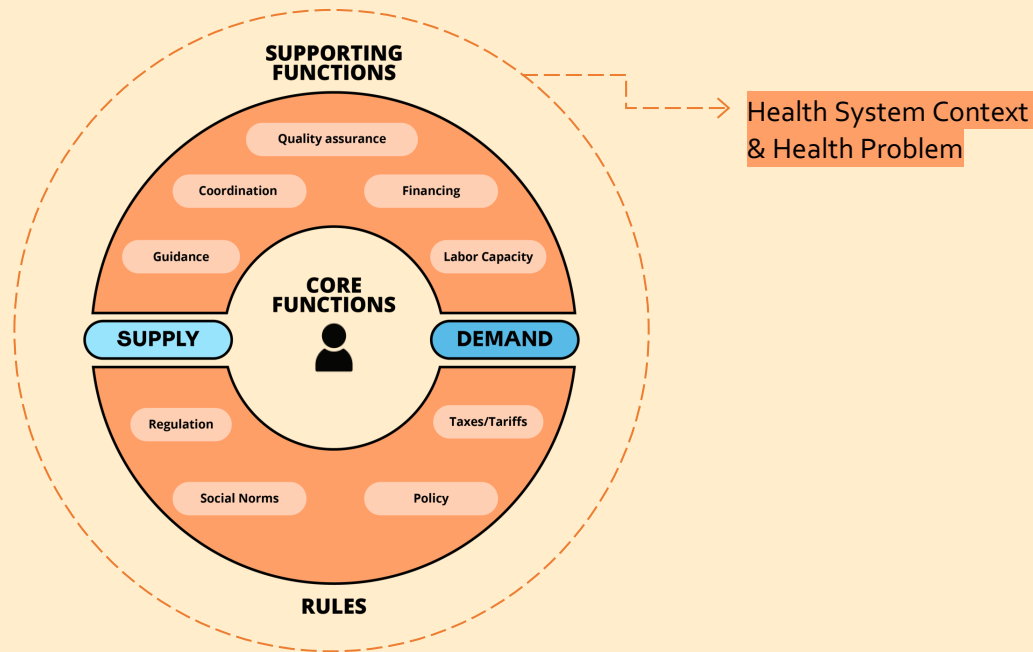


Figure 4: Health Market System Framework - highlighting where the Health System Context intersects with the Framework

This section analyses the health system context for Pakistan in which the contraceptive implant market operates. Specifically, it answers:

- What is the **cultural context** that shapes and informs all interactions with the health system in Pakistan in relation to Family Planning?
- What is the **structure of Pakistan's health system** including the **private sector**?
- What is the current status of the **contraceptive implant market** in Pakistan?
- What is the **task sharing** context vis-à-vis implants in Pakistan?
- How might **FP financing trends** impact the contraceptive implant market?

This section draws primarily on the desk review.



The context in Pakistan is characterized by a rapidly growing population, severe economic pressures foreshadowing a possible humanitarian crisis, and marked gender inequality. This context frames both the urgent need for increased uptake of LARC in Pakistan and how women are constrained in exercising their reproductive rights, which directly impacts women's fertility choices and the health of women and their children. Fears of hormonal contraception side effects and IUCDs are widespread and impact LARC uptake.

Wider instability

- The 2023 census [1] indicates that Pakistan's rapid population growth is exerting significant pressure on the country and, unless addressed, may lead Pakistan towards economic collapse, which in turn may precipitate a humanitarian crisis.
- In this context of wider instability, the role that FP can play in managing population growth should not be underestimated.

Gender inequality

- The impact of **gender inequality is evident throughout Pakistan's society**. According to the Global Gender Gap Report 2022, Pakistan ranks 145/156 for economic participation and opportunity, 135/156 for educational attainment, 143/156 for health and survival, and 95/156 for political empowerment [2].
- This inequality is reflected in Pakistan having one of the **highest desired sex ratios at birth** with families producing children until they have achieved the desired number of sons [3,4].
- **Disempowerment of women and patriarchal gender norms may limit the use of modern contraceptives**, particularly given the emphasis on fertility and how it is tied to a woman's status [5].

Concerns about hormonal contraception and IUCDs

- Use of hormonal contraceptives such as **pills and injectables** is **low** in Pakistan, due to fear of **side effects**, and discontinuation of these methods is high [6]. Such concerns may impact uptake of contraceptive implants.
- **Use of intrauterine contraceptive devices (IUCDs) is low** in Pakistan, due to reservations about the provider's capability, side effects following insertion of the device [7, 8] and the nature of insertions [KII]. Such concerns may mean women who are interested in LARC may be open to implants as a less invasive method.

Impact of malnutrition on women

- Malnutrition of women, **both undernutrition and overnutrition, negatively impacts pregnancy and birth outcomes**. Overall, only 39% of Pakistani women have a normal body mass index (BMI) with 5% of ever-married women shorter than 145 cm (i.e., stunted), 9% underweight, 30% overweight, and 22% obese [6].
- Multiple, **inadequately spaced births** and poor nutrition can have significant negative health consequences for women and their children.

Devolved Health System Structure & Impact



While devolution of health care to provincial level aims to make that provision more responsive, the complexity of coordinating federal and provincial stakeholders has resulted in challenges in regulation and procurement.

Healthcare system structure

- Pakistan has a **mixed** (public and private), **three-tier healthcare system** (Figure 5) [13] with primary, secondary and tertiary care provided accordingly.

National vs Provincial health responsibilities

- While the **Ministry of National Health Services, Regulations and Coordination (NHSRC)** and the **Drug Regulatory Authority of Pakistan (DRAP)** set national policies, strategies, and planning for provincial and local level implementation [13] and regulate the trade and commerce of health products [15], respectively, since 2010, responsibility for all aspects of service delivery, including procurement, has been **devolved to four provincial governments** (Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan [13]).
- At the provincial level, responsibility for FP service provision is **shared** between the **Department of Health (DoH)** and **Population Welfare Departments (PWD)** [16]; however, how these responsibilities are exercised **varies by province**. In Punjab, the PWD supports with the “provision of family welfare services including FP” and the “procurement and distribution of contraceptives” [17]; and in Balochistan, PWD facilities provide all modern FP services and commodities, including awareness raising and counseling services [18].

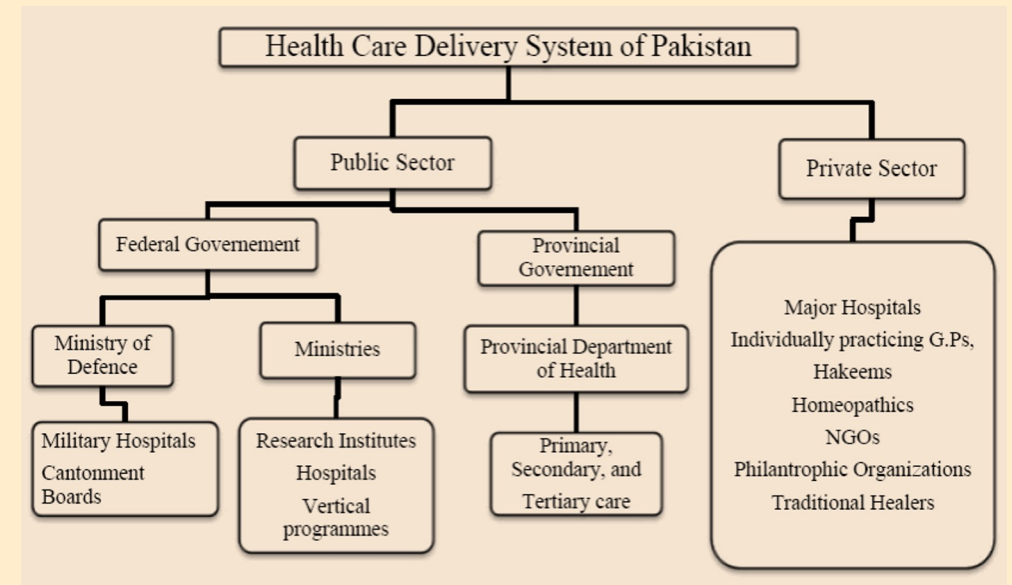


Figure 5: Healthcare Delivery System of Pakistan [13]

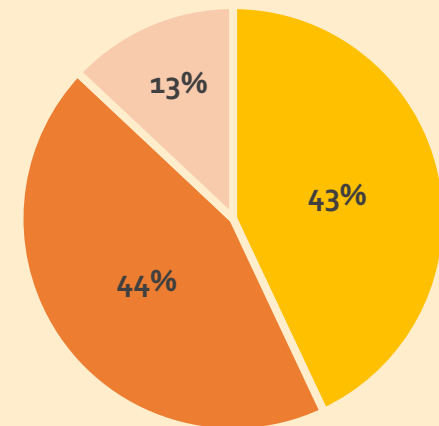
Challenges

- While devolution aims to make healthcare provision more responsive to need, it has been a complex and challenging process. Devolution took place quickly, which meant that provinces were confronted with additional responsibilities (including procurement of commodities) without sufficient plans or coordinating mechanisms to support them [14].



The private health sector in Pakistan – comprised primarily of NGOs and limited commercial entities - is an essential and well-used resource for meeting health needs, including FP needs, with almost half of married women who use modern contraceptives obtaining their method from the private sector. While implants can be accessed through NGOs, they are yet to gain any meaningful traction in commercial health facilities.

- This report uses the global definition of the **private sector**, which acknowledges that the sector is made up of a variety of actors that are **not government owned or controlled**, including for profit and not for profit, formal and informal, domestic and international [19].
- According to the Pakistan Demographic and Health Survey (PDHS) 2017-18, **43% of women use the private sector for modern contraceptives**, with the private sector consisting of private/NGO hospitals/clinics, pharmacies/medical stores, private doctors, dispensers/compounders (Figure 6) [3].
- This report **aims to highlight the commercial private sector as the priority sector for growth**. Despite nearly half of women obtaining their modern method from the private sector, KIIs consistently stated that **contraceptive implants are not available in the commercial private sector** and therefore women accessing their FP method in the private sector are unable to access implants.
- This report analyzes provision of contraceptive implants in all channels (public and private including private hospitals, faith-based organizations, NGOs, etc.) compared to provision of other FP products in all channels, to understand the unique constraints contraceptive implants face and how the full private sector market can be leveraged to increase access to this method.



- **Public sector**
- **Private medical sector (NGO and commercial)**
- **Other sources (shop, friends/relatives, hakim, traditional birth attendant (TBA))**

Figure 6: Proportion of women using public and private sector sources for contraceptives (PDHS 2017-2018)

"When we say private sector, we need to make ourselves understand what sector we are talking about. We sometimes say NGO and social marketing organizations as the private sector since they are not public sector. And the [commercial] for-profit private sector that hasn't been that involved in family planning" - Donor

Contraceptive Implant Market



The contraceptive implant market in Pakistan is in an inchoate state. Implants make up less than 1% of the method mix, only 14% of those women (i.e., 0.14% of women using modern contraceptives) access them in the private sector, and almost all of those are from NGO supported facilities. The commercial private sector for implants is basically at ground zero.

Method Mix – PDHS - 2017-18

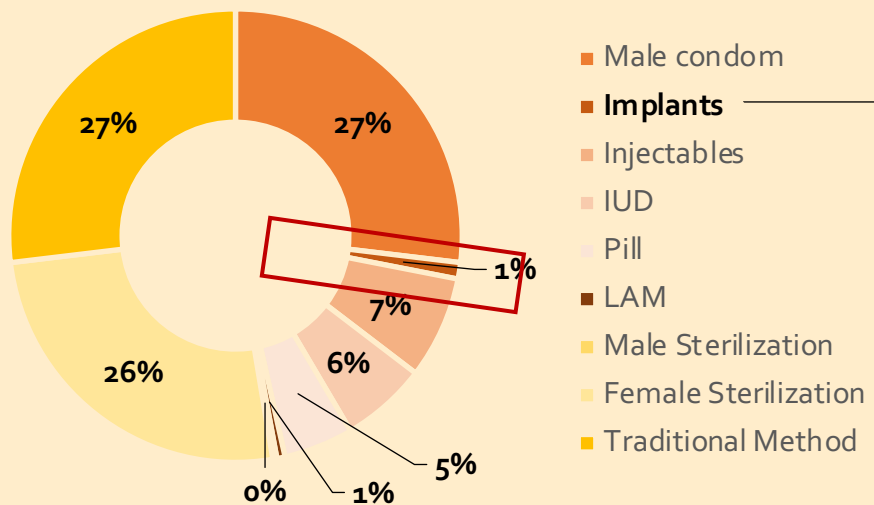


Figure 7: Pakistan Demographic and Health Survey data on method mix (2017-2018)



Figure 8: Source of supply of modern methods users by method, (PDHS 2017-2018)

The contraceptive implant market in Pakistan is at ground zero

- Implants contribute to 1% of the modern method mix (see Figure 7) [3].
- Of the 1% who use implants, the private sector only accounts for 14% (0.14%) of implant source (Figure 8) [3], i.e., 0.14% of women using modern contraceptives access implants from the private sector.
- As shown in figure 7, the majority of women accessing implants do so from the public sector.

Key private sector implant delivery points in Pakistan

- Not-for-profit organizations and NGOs (Rahnuma-Family Planning Assoc. of Pakistan, Marie Stopes Society (MSS), Greenstar Social Marketing (GSM), DKT Pakistan, Aman Foundation) dominate implant provision in the private sector with networks of private hospitals, clinics, centers and outlets across Pakistan [6].
- KII consistently told us that access to implants in the commercial private sector is almost non-existent.

"Not a lot of efforts have been put in. They haven't been trained much. There is a huge gap in the commercial private sector, but also there's a huge potential and opportunity" - NGO





Updating existing guidelines to permit task sharing will increase access to contraceptive implants in the private sector through appropriately trained cadres. Training should also include removal.

WHO Normative Guidance

- **Associate Clinicians and Doctors, Nurses and Midwives, Auxiliary Nurses and Auxiliary Nurse Midwives** (under monitoring and evaluation), Doctors of complementary systems of medicine under specific circumstances can insert and remove implants [20].
- Guidelines **do not recommend** that implants be provided by **pharmacists and pharmacy workers** [20].
- Removal of implants can require higher and other skills than insertion, and **any health worker trained to independently insert implants should also be trained in removal** [20].

*"We need task sharing – mid-level providers [need] to be trained on insertion and removal of Jadelle. Government is mainly supportive of this training. Only in Punjab are we struggling with policy environment."
- NGO*

"Advocacy for policy changes, like allowing mid-level providers to offer implants, is essential. Sindh has allowed mid-level providers to insert implants, but they're not eligible to remove implants, but don't have doctors everywhere to remove them." - NGO

Pakistan-specific Guidance

- **Only qualified doctors are allowed to insert and remove implants**; however some mid-level providers can insert, though this varies significantly based on the province (KII analysis).
- While **no Pakistan specific guidance on task sharing exists** [21], the **WHO normative guidance** recommends that **implants "be provided by Lay Health Workers in the context of rigorous research and with Lay Health Workers with higher appropriate levels of training"** [20].
- The WHO normative guidance gives an examples of Lay Health Workers as **community health workers and female community health volunteers, among others**. While determination of this guidance should be at country level [20]., its **framing allows consideration of Lady Health Workers (LHW)** inserting implants in the Pakistan context.
- While it is acknowledged that LHW are a public sector cadre, their inclusion would signal a significant policy shift and may **open the door for other lower level cadres** who work in the private sector to be authorized to be trained to insert and remove implants.

Comparative cost and CYP generated by FP method



Although the unit cost of implants is higher than other contraceptive methods, when the cost is accounted for per CYP, implants can be more cost-effective than condoms, pills and injectables. This should be considered within the context of informed choice approach and can also be useful to policy makers when thinking about managing population growth within a context of limited resources.

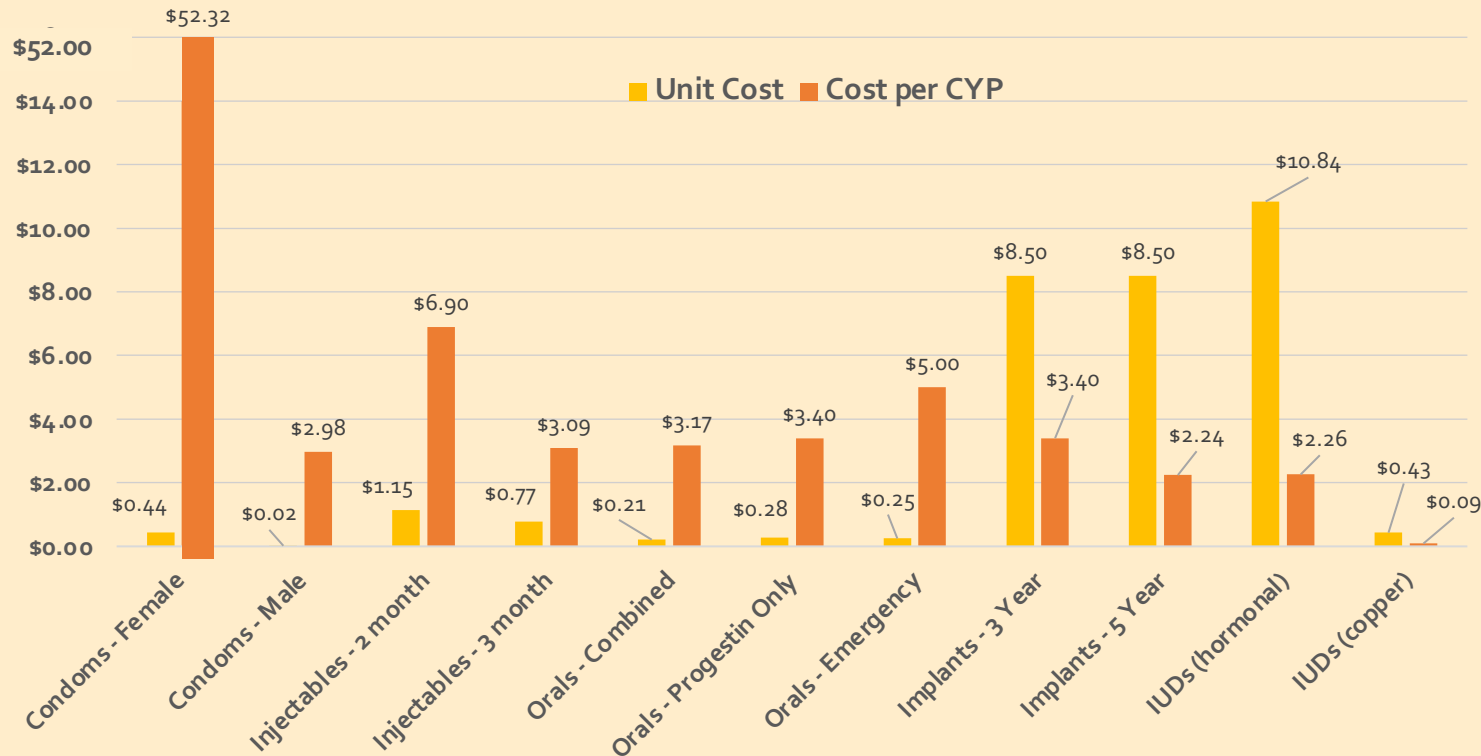


Figure 9. Cost per contraceptive unit and cost per CYP by method in 2021 [22, 23]

- While all FP methods offer a woman the ability to manage her fertility, each method varies in terms of unit cost and cost per CYP (Figure 9) [22, 23].
- Analysis of these variables enables policy makers to appreciate the cost-benefit (in terms of unit cost compared to cost per CYP generated) of providing different methods in a context of informed choice.
- The initial upfront cost of implants is high in comparison to other short-term methods, yet it is similar to other LARCs such as hormonal IUDs (Figure 10) [22].
- Male condoms are one of the most commonly used FP methods in Pakistan. While they are cheapest per unit cost, when relied upon, the cost per CYP is similar to many others forms of contraception, including LARCs.
- It is important to consider that the cost per CYP to the user could be higher based on additional costs including importation, distribution and the cost of insertion and removal of implants.
- The price of implants is further explored in the subsequent sections of this deck.





Investing in FP, including the private sector, could support Pakistan to harness its demographic transition and associated dividend.

Pakistan's population is young and growing fast

- It's currently the **5th most populous country** with a current population (2023) of 240,485,658, which is a 1.98% increase from 2022 [24].
- **37%** of the population is **aged 0-14** and therefore has generally **not started reproduction** [25].

Investing in FP is critical for Pakistan to achieve the demographic dividend

- Pakistan could save **US\$152 million, with Punjab seeing the largest savings of US\$109 million** if all unmet need for modern contraception was met, and all pregnant women and their newborns received the recommended care [26].
- A total **investment of ~US \$112 million in contraceptive commodities** from 2019-2025 can result in a **total net savings of approximately US \$573 million** by 2025 for the Provincial Government of Punjab [27].
- For every additional dollar spent on expanding modern contraceptive use, the country would save more than **US\$2.50** on maternal and newborn care [26].

Almost half of Pakistan women already access FP through the private sector, so this will be important in any approach to increase FP uptake

- **43%** of women **already access FP through the private sector** [3] so leveraging this existing behavior will be important if all unmet need is to be satisfied and the benefits of demographic dividend reaped.

"If you're not going to do anything about the contraceptive prevalence rate, we are worsening the economic situation in Pakistan." - Private provider

FP Commodity Financing Trends



Pakistan's absence from UNFPA Supplies Partnership results in it spending more on FP commodities than comparable LMICs. Both federal and provincial governments contribute to commodity procurement; however, as FP expenditure varies by province and federal/provincial coordination challenges exist, procurement and therefore access varies across the country.

Table 1: Sources (potential & actual) of finance for FP

| UN (Potential) | Federal Govt | Provincial Govt | Donors | Out-of-Pocket |
|--|--|--|--|---|
| <p>Unlike other lower-middle income countries, Pakistan has historically <u>not</u> participated in the UNFPA Supplies Partnership, which provides access to free/heavily subsidized FP commodities. As a result, Pakistan has spent more on FP commodities than comparable countries [28]. However, their relationship with UNFPA is changing, with most recently joining Phase 3 (2023-2030) of the UNFPA Supplies Partnership [63] and UNFPA's 10th country programme, which focuses on expanding access to quality SRH services, specifically through integrated services in the national UHC package [64].</p> | <p>From 2015-2019, the Government of Pakistan allocated USD87 million, ensuring commodity availability across all stakeholders, including for social marketing (private sector) [29].</p> <p>From 2019-2020, a total of PKR 26.4 billion (USD 87 million equivalent) was spent on FP, with 70% contributed by the Government. Of this, 9% was spent on program activities with the remaining spent on human resources and operations [30].</p> | <p>Both federal and provincial governments contribute to stock procurement.</p> <p>FP financing varies across provinces with best performance (on % of fund spent out of planned) in Punjab, followed by Sindh. Spending was adequate for Sindh and Punjab compared to estimated demand.</p> <p>Balochistan spent less than a quarter of their allocated funds; however, spending was more than adequate when compared to demand.</p> <p>Khyber Pakhtunkhwa (KPK) spent less than 50% of its planned contraceptive funding in the past five years, resulting in poor stock availability in KPK.</p> <p>No allocations were made for federal regions [31].</p> | <p>USAID DELIVER project</p> <ul style="list-style-type: none"> From 2009-2016, USAID DELIVER procured \$108 million of USAID-funded contraceptives [29]. <p>FCDO Delivering Accelerated Family Planning in Pakistan</p> <ul style="list-style-type: none"> £89m from 2017-2025 for: Behavior Change Communications (BCC) to remove barriers to FP utilization, social marketing of branded contraceptives through retail outlets, social franchise private clinics into a branded FP network to provide quality FP services, strengthen the quality of public service provision through integrating services, training health workers and improving data. As of Nov 2022, 76% time elapsed and 9.6% of budget spent [32]. | <p>In 2020, Pakistan Out-of-pocket (OOP) expenditures was 55.44% (as a % of current health expenditure) [33], compared to a South Asia regional average of 49%, indicating that Pakistanis contribute significantly to healthcare expenditure.</p> <p>In the absence of OOP expenditure for FP, OOP health expenditure data is used as a proxy.</p> <p>Further, 42% of couples from the low wealth tertile use the private sector, while 29% of couples from the high wealth tertile use free public sector, including LHWs [34] highlighting inefficient use of subsidies.</p> |





Resource allocation and spending are major challenges for FP commodity security in Pakistan. While efforts under IAP resulted in implants being more affordable for public sector procurement, there was no focused effort to understand and/or address private providers' needs around a viable business case for implant provision. With no financing mechanisms targeting the private sector, implants remain an expensive FP commodity with no easily identifiable business case for private purchasers.

Challenges of current resource allocation and spending

- A recent analysis of Contraceptive Commodities in Pakistan [31] identified a number of key challenges, related to resource allocation including:
 - *Delayed releases of funds*
 - *Less than optimal spending rates*
 - *Diversion of funds to COVID-19*

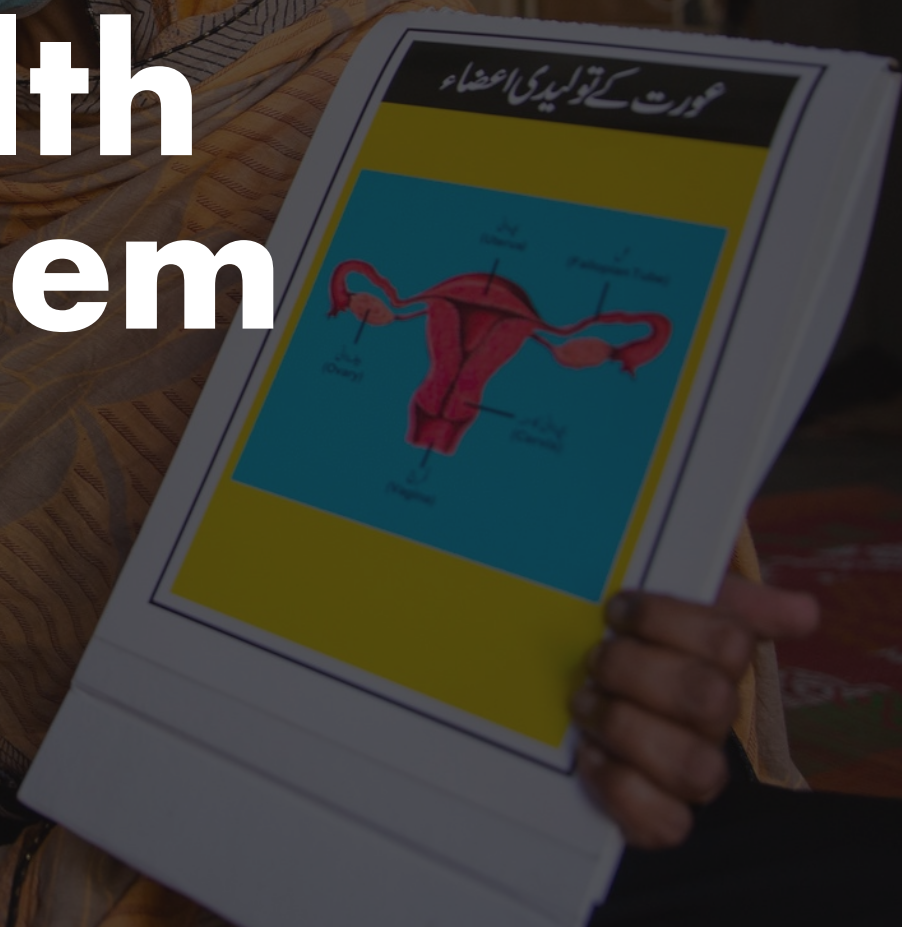
Historic funding of Contraceptive Implants

- With a focus on increasing access in the public sector, the IAP was a partnership between public and private organizations that aimed to increase access to contraceptive implants for women in 69 FP2020 focus countries, including Pakistan. The partnership began with 2 volume guarantee agreements that reduced the price of implants by approximately 50% and was complemented by efforts to address supply chain, service delivery, and knowledge and awareness barriers [4].
- **Although IAP did not focus on increasing access in the private sector, it reduced cost of commodity procurement for the public sector . Subsequent uptake by women in the public sector demonstrated wider acceptance of the method.**

Lack of private sector business case

- While **public procurement** continues at a unit cost of **\$8.50/implant**, this price is **not available to private sector** actors.
- Even if this price was available to the private sector, it would still represent a **significant investment**, for a private provider, especially given limited demand (KII).
- In addition, there is **little/no demand for implants in the private sector**, which **reduces any motivation to invest** in the commodity.
- Further, **private providers may lack skills** to insert and remove implants.
- These factors all contribute to a **lack of private sector business case for implants**.

Health Problem



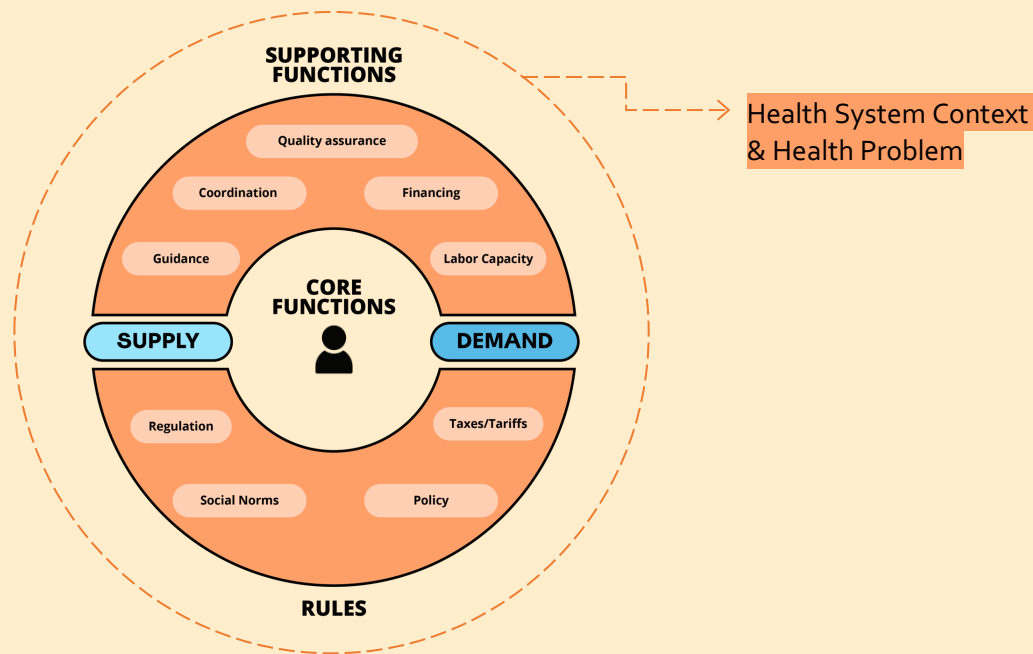


Figure 10: Health Market System Framework - highlighting where the Health Problem intersects with the Framework

This section analyses the health problem that the contraceptive implant market is meant to address, specifically:

- What is the **health need (and scale of the health need)** that the contraceptive implant market is meant to address?
- Who are the **priority segments and key consumer audiences** for the contraceptive implant market?
- What is the **potential size of the contraceptive implant market**?

This section draws primarily on the desk review.

Health need: trends in maternal mortality



While MMR in Pakistan is declining, the rate of decline is insufficient to achieve the Sustainable Development Goals' (SDG) maternal morbidity target. Expanding access to modern FP, including contraceptive implants, is critical to achieving the SDG.

- Pakistan has committed to **reducing the maternal mortality ratio (MMR) to less than 70 per 100,000 live births** by 2030 [35].
- MMR in Pakistan has **declined over the years**, from 276 deaths per 100,000 live births (PDHS 2006-2007), to **186 deaths per 100,000 live births** (excluding Azad Jammu and Kashmir (AJK) and Gilgit-Baltistan (GB)), reported in the 2019 Maternal Mortality Survey [36].
- Despite this decline, there are **wide regional variations in MMR** and level of care received (e.g., births delivered in a health facility and assistance from a skilled provider for complications) also varies by geographic area (rural vs. urban), household wealth and education level [36].
- It is widely recognized that **FP contributes to reducing maternal mortality** (see Figure 11) [37] by reducing the number of births and, therefore, the number of times a woman is exposed to the risk of mortality.

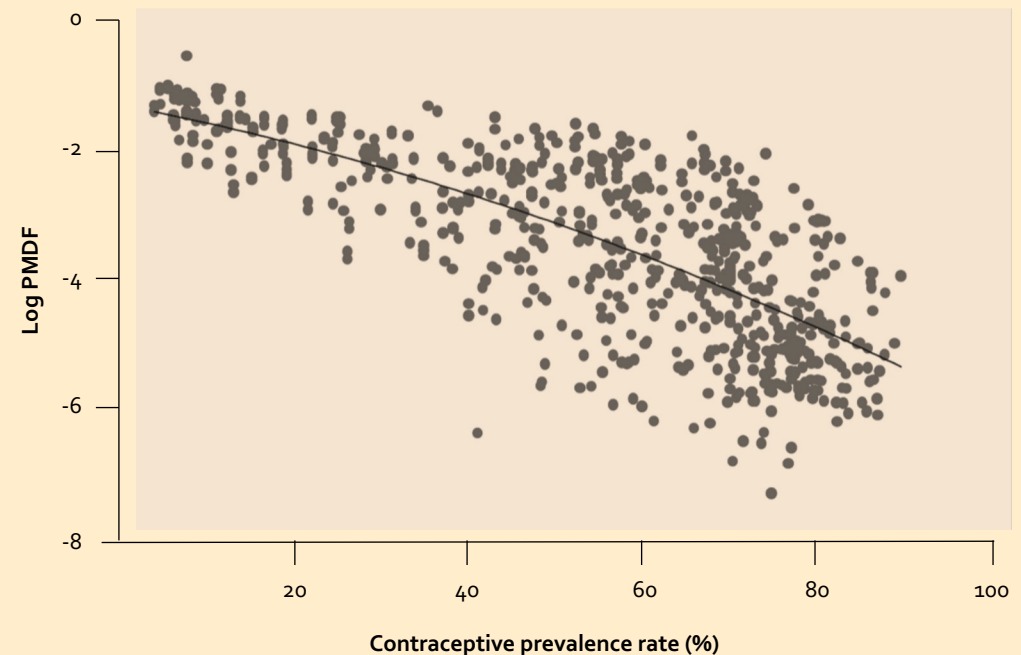


Figure 11: Maternal deaths averted by contraceptive use: an analysis of 172 countries (The Lancet)

Health need: trends in CPR



Without renewed focus and leveraging of all available modern contraceptive methods, including contraceptive implants, Pakistan will not achieve the FP2030 target of 60% CPR.

- At the 2012 London Summit on Family Planning, the Pakistan government made **ambitious commitments to increase access to contraception in support of reproductive health and rights** [38].
- These commitments were updated with **FP2030 CPR target set at 60% of all currently married women** using contraception (modern and traditional).
- In spite of this, **CPR in Pakistan has stagnated** with minimal progress since 2006-07 (see figure 12) [3].

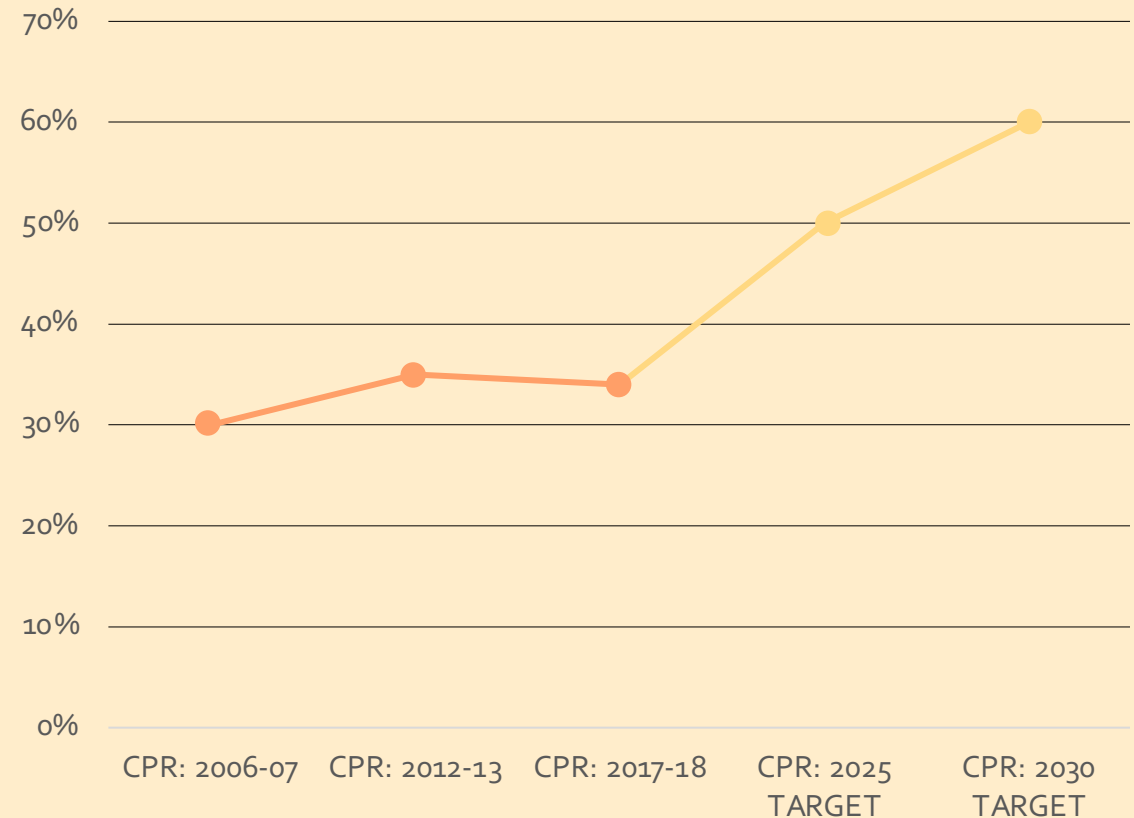


Figure 12: Trends in contraceptive use (modern and tradition) among currently married women (PDHS 2017-18)

Health need: trends in method mix



Pakistan's method mix has stagnated. To achieve ambitious CPR targets and meet the diverse reproductive health needs of the population, Pakistan needs to diversify options to include LARCs, including implants.

- Pakistan's **method mix has not changed much** over the last two decades [38, 39], which may signal limitations on informed choice [3, 40].
- **Traditional methods, condoms and female sterilization** combined account for **over 75%** of the method mix (see Figure 13) [3, 40].
- To achieve ambitious CPR targets and meet the diverse health needs of the population, **Pakistan needs to diversify options to include LARCs** – such as an IUCD, injectable and implants - which also have a low cost per couple-years of protection (CYP) [3, 40].
- Research shows that contraceptive use may be increased by a few ways, including **extending the availability of current methods** [41]. By extending implant availability in the private sector, Pakistan can improve its ability to meet the individual needs of women and couples [41].

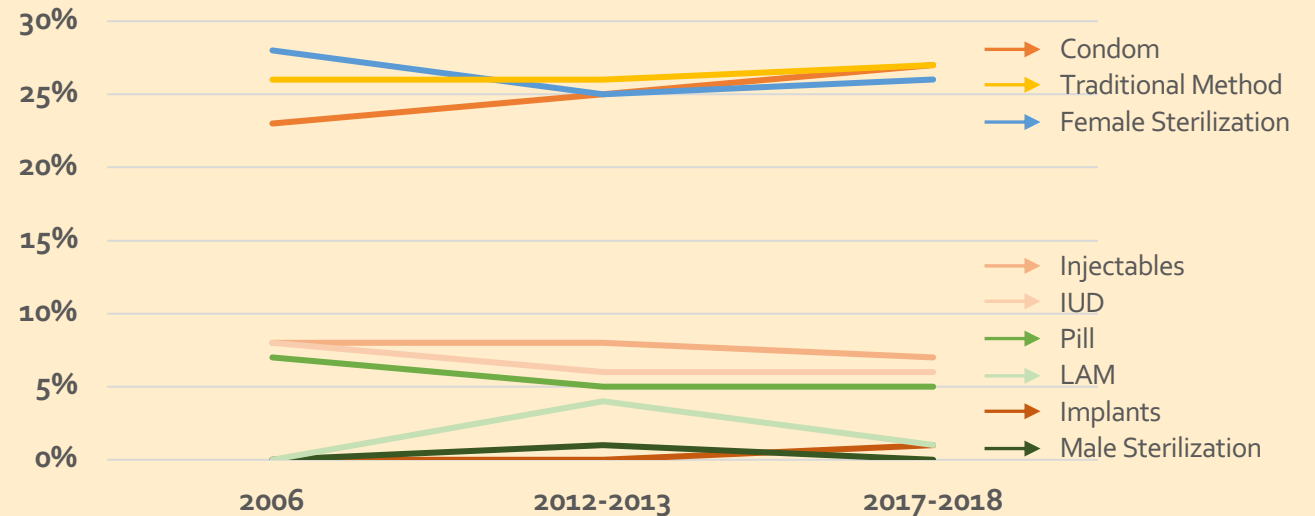


Figure 13: Trends in method mix from 2006 to 2018

Scale of health need: use/need analysis



There is high unmet need for FP in Pakistan. Implants are the method used by only 1% of FP users, 86% of whom access them in the public sector. Increasing access to implants in both public and private sectors can address high unmet need.

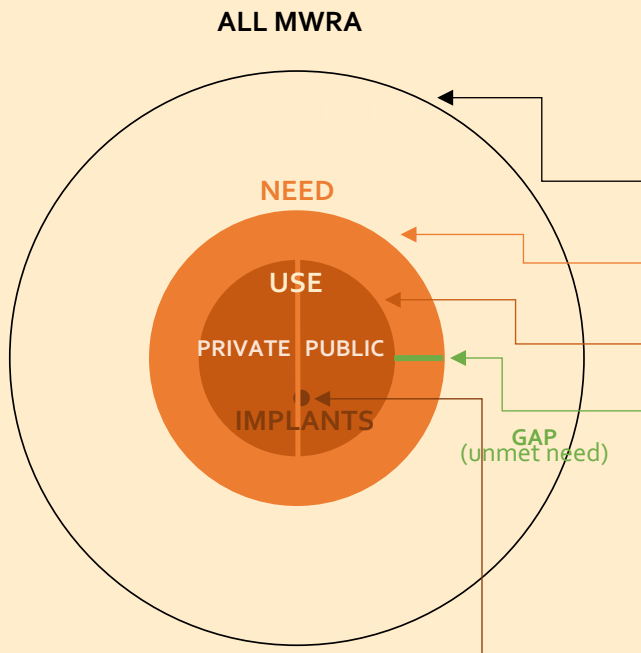


Figure 14: Use/need analysis for contraception

Table 2: Use/need calculations

Note: The percentages in this table are obtained from the 2017 PDHS [3] while the denominators are based on the 2017 Pakistan Census [42].

| INDICATOR | Married Women of Reproductive Age (15-49 years) | | DEFINITION | |
|-----------------------|---|-------------|------------|---|
| | % | Denominator | | # women |
| ALL MWRA | 100% | 33,711,582 | 33,711,582 | These calculations are based on the total population of all married women of reproductive age in 2017 (Pakistan Population Census 2017) totaling 33,711,582 [42]. |
| NEED | 51.5% | 33,711,582 | 17,361,465 | The sum of the unmet need for family planning and current use (CPR) [3]. |
| USE | 34.2 | 33,711,582 | 11,529,361 | Proportion of women who are currently using a contraceptive method (any method) [3]. |
| UNMET NEED | 17.3% | 33,711,582 | 5,832,104 | Proportion of women are who are not pregnant [...] and want to delay their next pregnancy or do not want any more children; and are not using a contraceptive method [3]. |
| PUBLIC USERS | 43.5% | 11,529,361 | 5,015,272 | The proportion of contraceptive users who seek FP services from the public sector [3]. |
| PRIVATE USERS | 42.5% | 11,529,361 | 4,899,978 | The proportion of contraceptive users who seek FP services from the private medical sector [3]. |
| IMPLANT USERS | 1% | 11,529,361 | 115,294 | Proportion of contraceptive users who use implants [3]. |
| PUBLIC IMPLANT USERS | 85.8% | 115,294 | 98,922 | Proportion of implant users who seek implants from the public sector [3]. |
| PRIVATE IMPLANT USERS | 14.2% | 115,294 | 16,372 | The proportion of implant users who seek implants from the private sector [1]. |



Who is most at need: key FP population segments



In comparison to all women, poor women, rural women, and young women have lower mCPR and higher unmet need, i.e., they are most in need for FP. However, given the challenges poor and rural women face accessing the private sector, young women are likely the priority audience for the private sector implant market to reach new FP users. Other key audiences for the private sector contraceptive implant market may include wealthy women accessing free public sector services and FP discontinuers.

Table 3: Key FP segments in need

| Segment | mCPR | Unmet Need | Priority audience for private sector implants? |
|-------------|---|--|---|
| All women | 25% [3] | 17.3% [3] | |
| Poor | 17.1% [3] | 23% [3] | <p>Unlikely. Most of the poorest contraceptive users go to the public sector [10]. Increasing access to implants in the public sector is likely the best way to reach this segment.</p> <p>In contrast, 29% of couples from the high wealth tertile use free public sector commodities for FP. Tapping wealthier women to switch from the public to the private sector for FP <i>could</i> be a priority audience for implants (this is highlighted as a priority audience for implants in the next slide).</p> |
| Rural women | 22.8% [3] | 19% [3] | <p>Unlikely. While nearly half of rural users rely on private sector sources, it's mostly through pharmacies and medical stores [10] who can only sell the commodity (<i>if</i> they can afford to purchase it, which is unlikely), but cannot insert or remove implants.</p> |
| Young women | 5.9% [3] (15-19 years) 13.4% [3] (20-24 years) | 17.9% [3] (15-19 years) 18.6% [3] (20-24 years) | <p>Yes. Currently, condoms are the dominant method for young women [10] and expanding access to a range of contraceptive methods, including LARCs, to this age group is critical. Contraceptive implants offer a discreet and non-invasive LARC option which is particularly valued by young women.</p> |

Discontinuation:

- According to the PDHS 2017-18 report, discontinuation rate of FP users (across all FP methods and due to any reason) was **30.2%** [3].
- Across all methods, the most prevalent reason for discontinuation was “wanted to become pregnant”, followed by “health concerns/side effects” [3].
- Therefore, discontinuers might be a key FP population segment, especially those who had concerns about a previous method choice and/or did not receive sufficient counseling.



Potential Consumer Audiences for the Private Sector Implant Market



Under the assumption that adequate supply of implants becomes available, we propose three theoretical consumer audiences for the private sector implant market: (1) contraceptive method new users (i.e., young women interested in LARCs); (2) wealthy women currently accessing FP from the public sector; and (3) women who discontinued their method within the private sector but are open to new methods.

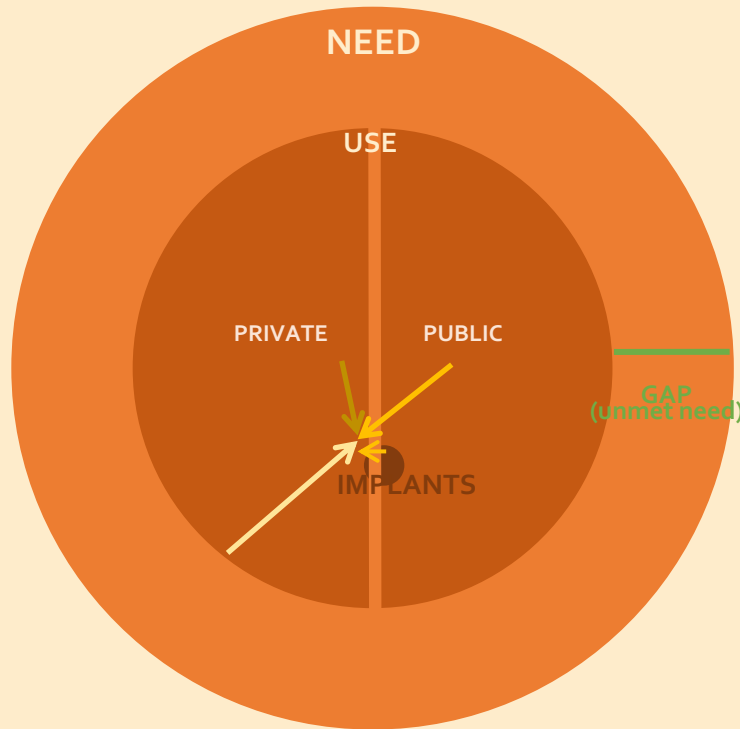


Figure 15: Key consumer audiences to grow the contraceptive implant market in the private sector

Table 4: Consumer audiences for private sector implant market

These potential consumer audiences were developed based on our analysis of the contraceptive implant market and will be vetted/reviced in the country workshops

| Potential Consumer Audience | Rationale |
|---|---|
| Private sector contraceptive method new users (young women) | Women who want a form of contraception, are open to LARCs, but haven't been able to access implants (or any form of contraception). This is the priority consumer audience from a <i>health need perspective</i> (i.e., to fill the use/need gap), but it is likely the smallest audience in terms of numbers (see next slide). |
| Public sector switchers into private sector (wealthy women) | Women who <i>were</i> using methods in the public sector and now will use in the private since they can get their preferred method (implant). This could have an impact on the overall cost-efficiency of the market if wealthier women are now accessing implants in the private sector, thereby freeing up funds for public subsidy. This is likely the largest audience (see next slide). |
| Method switchers (discontinuers) | Women switching from another method to an implant, from public or private sectors. These users could have an impact on CYP if users are switching from a SAM. While discontinuation rate is high in Pakistan (30% of episodes of contraceptive use in the 5 years before the survey were discontinued within 12 months), only 5% of episodes of contraceptive use were discontinued because the woman switched to another method [3]. |



Potential Private Sector Implant Market Size

Health Problem



A contraceptive implant market is viable in Pakistan, however that viability is directly tied to a robust and steady supply of commodity. If that supply is in place, our preliminary analysis indicates that the contraceptive implant market could quickly grow to nearly 100,000 contraceptive implant users in the private sector annually, a 6-fold increase from current users, in support of FP2030 goals. It should be noted that a robust supply is also the foundation for the public sector implant market.

Table 5: Sizing of market segments for private sector implant

| Scenarios | Implant consumer audience | Assumptions for calculation (NB: detailed calculations can be made available upon request) | Calculation (NB: detailed calculations can be made available upon request) | Annual Market Growth Estimation (assuming a 2.55% population growth per year) [1] | | | | | |
|--|---|--|---|---|---------------|----------------|----------------|----------------|----------------|
| | | | | Y1 | Y2 | Y3 | Y4 | Y5 | Y6 |
| 1. No investment | Current users | No increase in CPR. | 16,372 (current women accessing contraceptive implants in the private sector) | 16,372 | 16,789 | 17,218 | 17,657 | 18,107 | 18,569 |
| 2. Some investment in private sector engagement for contraceptive implants | Current users | Current users of contraceptive implants in the private sector | 16,372 (current women accessing contraceptive implants in the private sector) | 16,372 | 16,789 | 17,218 | 17,657 | 18,107 | 18,569 |
| | Private sector contraceptive method new users (young women) | CPR for WRA increases 7.5% each year (CPR growth required from 2024 to reach 2030 target), 5% of new users use implants, 20% of new implant users access it in the private sector | 11,529,361 (current contraception users) * 0.075 (new users) * .05 (implant users) * .2 (access in private sector) | 86,477 | 88,094 | 90,636 | 93,207 | 95,807 | 98,437 |
| | Public sector switchers into private sector (wealthy women) | 1% of women who were using a method in the public sector switch to accessing implants in the private sector to obtain their preferred method (implant), alongside other possible advantages (e.g., convenience, discretion, or quality of care). | 5,015,272 (current public contraception users) * 0.01 (women who switch to private sector for implants) | 50,152 | 51,431 | 52,742 | 54,087 | 55,467 | 56,881 |
| | Method switchers (discontinuers) | 30% of women discontinue their method in the private sector; 15% switch to another method; 10% choose implants | 4,899,978 (current private contraception users) - 16,372 (current implant users) * 0.3 (discontinue method) * 0.15 (switch from another method to implants) * 0.1 | 22,049 | 22,611 | 23,188 | 23,779 | 24,385 | 25,007 |
| | TOTAL | | | 97,220 | 99,699 | 102,241 | 104,849 | 107,522 | 110,264 |



Consumer Behavior



Section Purpose

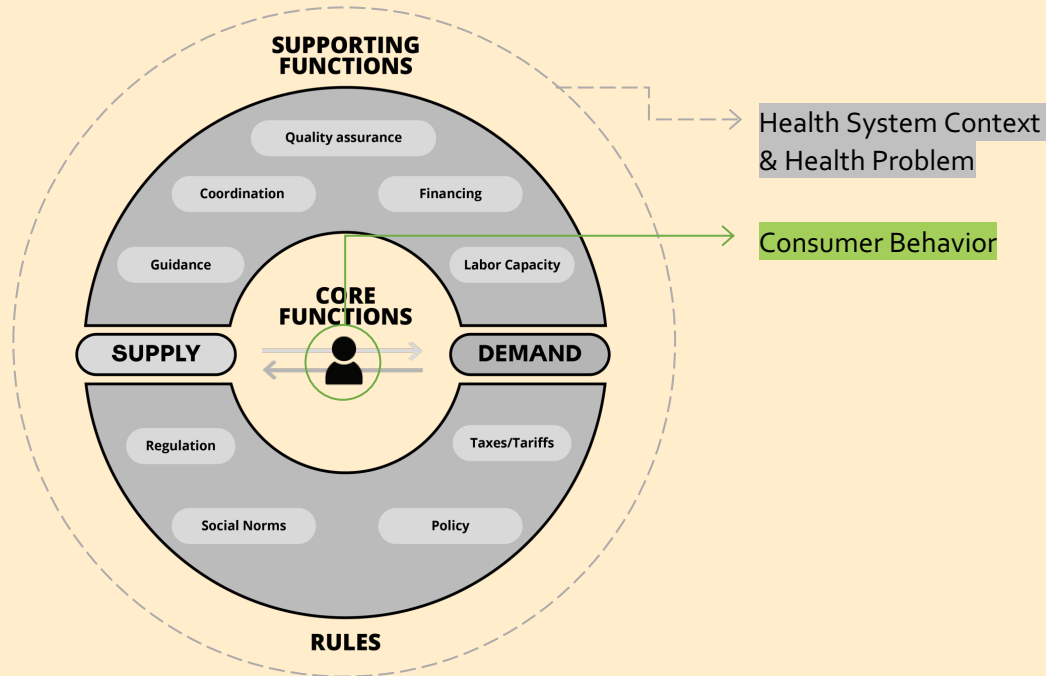


Figure 16: Health Market System Framework - highlighting where Consumer Behavior intersects with the Framework

This section aims to understand the current (or potential) *implant consumer* so that a healthy market is designed around her needs and preferences. As there are so few implant consumers in Pakistan, little is documented or known about them. As a result, this section draws on data available on FP consumers to infer:

- What might be **consumer preferences for implants** based on what we know about FP consumers?
- Who might be **implant user archetypes** based on existing FP user archetypes, to better understand her needs, wishes, opportunities, and barriers?

This section draws primarily on existing FP landscape data, including consumer profiling in Pakistan.



While women in Pakistan are generally hesitant to adopt LARCs due to beliefs they can negatively impact fertility, implants may be the exception as they are seen as less intrusive. To tap into this potential demand, promotion efforts should target women as well as their key influencers, such as their husbands and mothers-in-law.

Women's FP Preferences in Pakistan

Methods

- Method mix is dominated by **condoms and tubal ligation** [43].
- A recent qualitative study found that preferences for contraceptive modality emerged as follows: condoms (65.5%), followed by withdrawal (28.5%), and pills (24.9%). Contraceptive preferences were found to be related to levels of awareness of contraceptive methods [44].

LARCs vs. Short term methods

- **SAMs are more commonly preferred** methods and barriers to LARCs include issues of access, affordability, insufficient promotion and misconceptions about their effects [45].

Factors influencing choice

- Client perceptions of the **quality of care** delivered are important determinants of intentions to use contraceptive methods in Pakistan [46].
- Women's preferences are strongly influenced by cultural norms and beliefs, such as beliefs that **family planning decisions are made by the husband** and the influence of **mother-in-law's opinions on the use of family planning** [46].
- **Myths and fears** that FP can **harm a woman's womb** lowered the use of LARCs such as the **IUD** and **female sterilization** [46].

What could this mean for implants?

Awareness and promotion

- Implants could be a favorable form of LARC for women in Pakistan, although there is a need to focus on improving awareness of implants (50%) compared to other methods: condoms (92%), pills (85%), IUD (64%) [44].

Influences on women's preferences

- Addressing personal motivation and family support, including the role of husband and mother-in-law, in the decision to use implants [45].

Quality Services

- Ensuring trusted providers for information on implants and quality facilities for implant insertion services [45].

"Implants are popular with women and there is demand for implants in the private sector. Women in Pakistan have a myth that if they introduce something into their uterus it might cause long-term damage, so they are willing to try the implant instead of IUDs." - Medical provider

Implant Consumer Archetype



While there are no implant consumer archetypes in Pakistan, we can draw on existing FP archetypes in Pakistan to better understand the needs, wants and desires of consumers. This slide offers an adapted archetype for one of the priority audiences for the implant market (i.e., the young married woman). Other archetypes should be developed for the other two audiences for the contraceptive implant market: i.e., wealthy women currently accessing FP from the public sector; and women who discontinued their method.

An archetype of a Young Married FP user (adapted from Ipas, 2023)

What could this mean for implant users

Laila The Young Married Woman

Age: 23



"I have a very difficult time in caring for the children but my husband did not allow me to use any method. He said we have only two children; if something wrong happens by using these methods, you will be responsible."

Life stage: Has a 2-year old and a 6-month old baby. Wants more children later when more financially stable.

Willingness to change behavior: Preference for FP that is **convenient, affordable** and **accessible**. Is open to LARCs, only if they have fewer side effects and if her husband doesn't disapprove.

Size of segment: women aged 20-24 are **4.5%** of the total population (2017 Census).

Convenience: As a LARC, implants do not require frequent visits to health facilities by the user. This is an important consideration for a young woman caring for two children.

Affordability: Young women may be willing to seek implants and other FP-subsidized services at trusted private Family Physicians and NGOs that offer programs and initiatives in safe environments for young women.

Accessibility: There is an opportunity for reliable access to implants where young mothers seek care for their children (e.g., with family physicians), and in addition, access through pharmacies and LHW closer to home. This will better meet the family planning needs of young married women, especially those in remote settings where travel to health facilities is challenging.

Awareness: The promotion of implants is an opportunity to share quality information, regarding minimal side effects and risks, to the user, husband and mother-in-law.

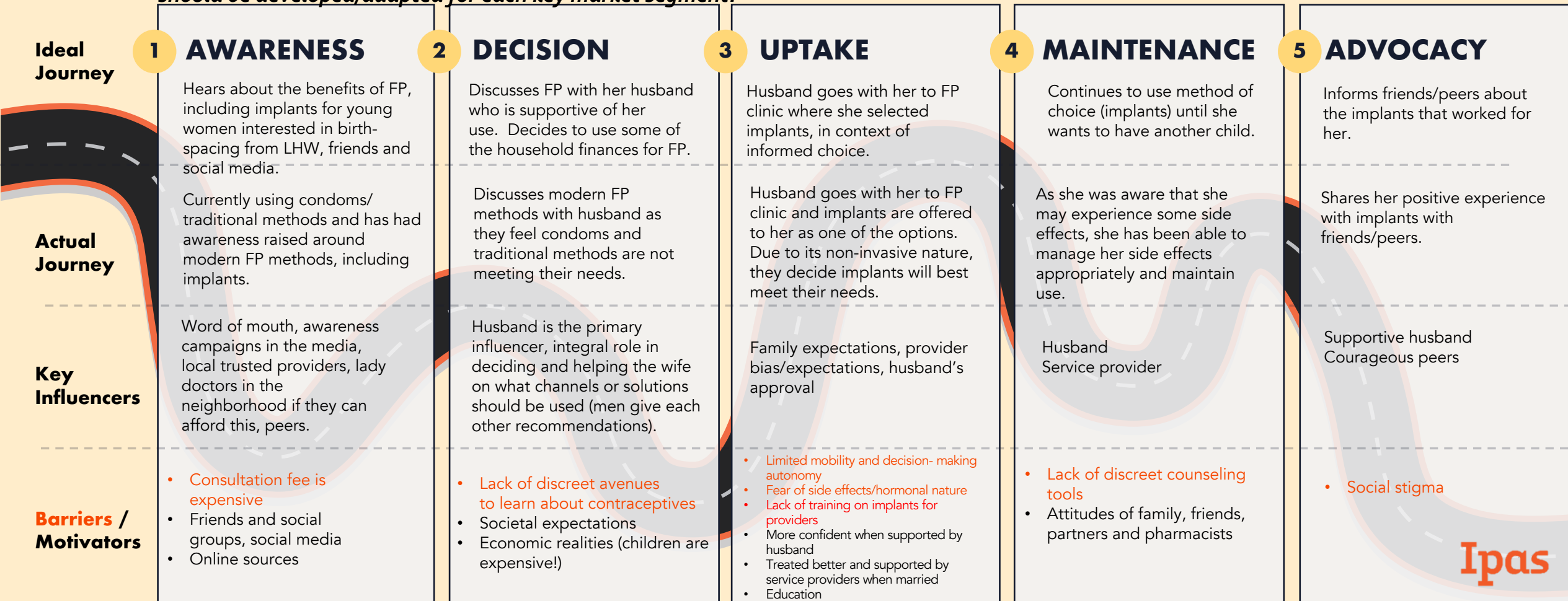
Male Engagement: In addition to improving awareness, there is a need to actively engage men in behavior change to become advocates for methods such as implants.

Side-effects: Fear of side effects could affect the uptake of implants, there is a need to ensure thorough counseling and to reassure women there is access to removal of implants should side effects be undesirable.

Future Consumer Journey: Laila, the young married woman



Once the commodity supply is stabilized, using consumer journey mapping can help ensure demand generation efforts speak to the consumer experience. We provide a hypothetical consumer journey for Laila, the young married woman, to highlight the different stages of the journey towards consistent use. The below is adapted from an Ipsas consumer journey in 2023. Additional consumer journeys should be developed/adapted for each key market segment.



Market Performance



Section Purpose

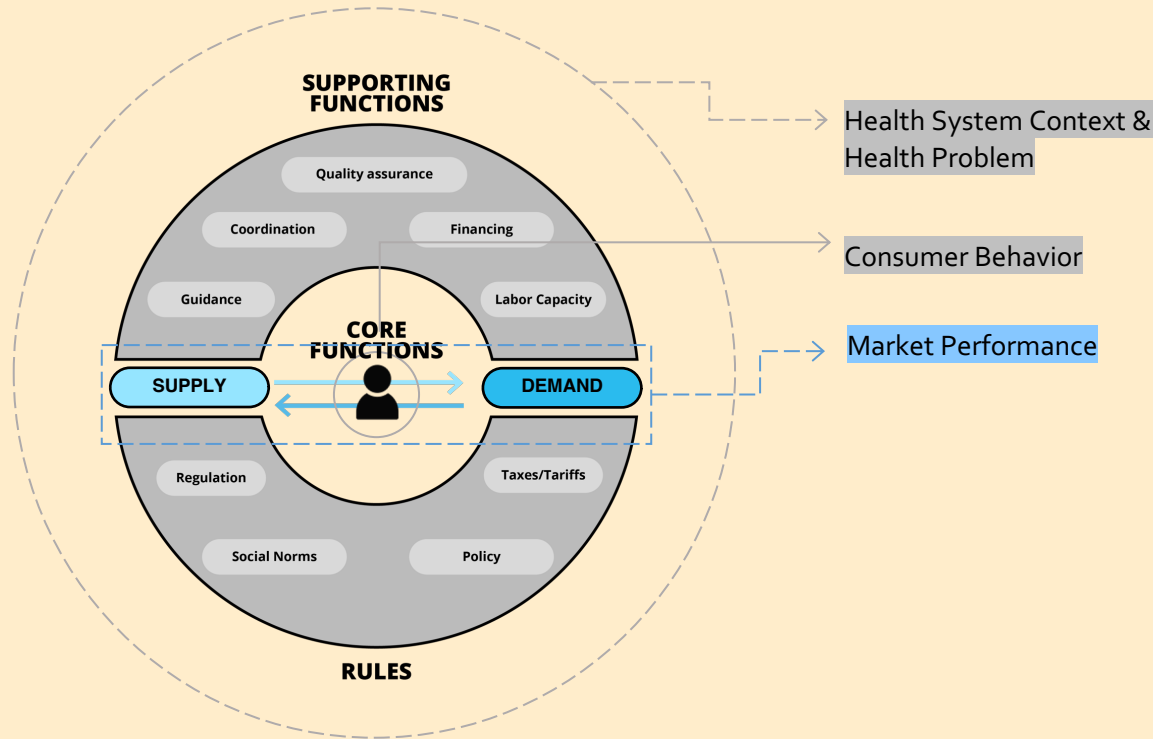


Figure 17: Health Market System Framework - highlighting where Market Performance intersects with the Framework

This section describes the performance of the core functions (supply and demand) of the implant market in two ways:

- **Market Depth:** examines trends in the size of the market by looking at the total volumes and (where possible) value of FP products vs. implants by channel (public and private).
- **Market Breadth:** examines the variety of implant products and services available in the public and private sector and the distribution outlets which make those products and services available, by exploring trends in the 4Ps of the market (product, place, price, promotion).

This section draws primarily on the KIIs as well as the desk review.

Market Depth: Volume Trends



There is no substantive volume of implants in the private or public sector currently in Pakistan. This is a fundamental challenge to the market and its growth.

Table 6: Trends in FP and implant volumes by sector

| Channel | FP volume trends | Implant volume trends |
|---|--|--|
| Public (all): Government hospital; rural health center; family health clinic/ reproductive health service centers (RHSCs); family welfare center; mother-child health center; basic health unit; LHW | <ul style="list-style-type: none"> • 44% of users obtained their preferred modern method through the public sector (mainly government hospitals), a slight decline from 46% reported in 2012-13 [3]. • Female sterilization and condoms dominate the method mix in the public sector, whilst IUDs, injectables, pills and implants are also available to varying degrees [3]. | <ul style="list-style-type: none"> • From 2017 to 2019, 900 units to 242,600 units were procured for the public-sector in Pakistan. However, a decrease in procurement was noted in 2020, at 95,200 units presumably due to COVID-19. The latest data shows 246,400 units in 2021 [22]. • Data from UNFPA Pakistan note consistent stockouts of Implanon and Jadelle across four provinces from 2016 to 2020 [47], consistent with insights from KIIs. • Majority (86%) of users reported obtaining implants from the public sector, with government hospitals accounting for more than half (57%) of the service delivery, however only 1% of contraceptive users use implants, therefore total volumes of implants are low [3]. • Implant insertions across PWD and DoH decreased from 2019-20 to 2020-21 [6], likely attributed to COVID-19. |
| Private medical sector: Private/NGO hospital/clinic; pharmacy/medical store/ private doctor/ dispenser/compounder | <ul style="list-style-type: none"> • Comparable to the public sector, 43% of users obtained their preferred modern method through the private sector [3]. • 3 predominant modern methods from the private sector are condoms, pills and female sterilization [3]. • Condoms and pills were sourced largely by pharmacies, whereas female sterilization was done by private/NGO hospital/clinics. The latter point demonstrating the private sector's ability to deliver LAPM. | <ul style="list-style-type: none"> • 14% of users reported obtained implants from the private sector. Of this, majority were sourced from private/NGO hospital/clinics [3]. • NGOs play a significant role in the provision of FP methods, including implants. Data from four NGOs cite an increase in Jadelle insertions from 2019-20 to 2020-21 in Sindh (15.2%); Balochistan (30.4%); AJK (131.4%); GB (41.4) but a decrease in Punjab (-50.2%) and Islamabad (-55.6%) [6]. • Data on implant provision from the commercial sector is lacking. |
| Other: Shop; friend/relative; Hakim; Dai, TBA | <ul style="list-style-type: none"> • 13% of users obtained their FP method through this source, with male condoms and pills as the predominant method [3]. | <ul style="list-style-type: none"> • 0% of users reported using private (other) sources for implants. |



Market Breadth: Product



Jadelle (Bayer) is the dominant implant product for both the public and private sector. Yet even Jadelle remains negligibly available given so few commodities are in country. Other brands have also failed to gain traction.

"Recently the Government of Sindh procured around 200,000 Jadelle from Bayer at a special discounted price. Being a low volume commodity, there has been no competition as such. Availability and price has been the only factor limiting the use in the private sector." [KII quote]

Table 7: Trends in implant product by sector

| Product | Duration of product | Manufacturer | Status | Public sector trends | Private sector trends | Key insights |
|--|---------------------|-----------------------------------|--|---|--|---|
| Jadelle | 5 years | Bayer | In market | <ul style="list-style-type: none"> Most prevalent brand for PWDs facilities [6]. | <ul style="list-style-type: none"> Most prevalent brand in the private (NGO and commercial) sector compared to other brands [6]. But it is still negligibly available given the overall implant share in the private sector is so small (0.14% of women using modern contraceptives access implants from the private sector). | <ul style="list-style-type: none"> Jadelle dominates the public and private (NGO) sector. But even its supply is extremely limited |
| Implanon NXT (Implanon) | 3 years | Merck / MS | In the market (very limited scale in private sector) | <ul style="list-style-type: none"> Most prevalent brand for insertions by DoH facilities [6]. Provincial trends: procured by Sindh due to the perceived lower technical competency (single rod) requirements compared to Jadelle (two rod) [KII analysis]; however Punjab has had no Implanon NXT as the one authorized vendor is unable to satisfy their order request. They requested UNFPA assistance to resolve this issue but there has been no movement. Implanon was transitioned out of the market in 2018, however, recent NGO data reports Implanon stock on hand in the public sector [48]. | <ul style="list-style-type: none"> Implanon NXT is available in the NGO sector, but it is even less common than Jadelle [6]. | <ul style="list-style-type: none"> Implanon NXT has been challenging to introduce due to a lack of a business case. Merck has not seen the potential in the Pakistan private sector market because it's too small to sustain competition with multiple suppliers. |
| Levoplant (previously Femplant/ Sino-implant II) | 3 year | Shangai Dahua Pharmaceutical, Ltd | Femplant/Sino was registered in 2010 but discontinued in Pakistan, and recently rebranded to Levoplant | <ul style="list-style-type: none"> There is no currently no Levoplant in the public sector. | <ul style="list-style-type: none"> DKT Pakistan announced launching Levoplant, as Dahua implant shortly in Pakistan [50]. | <ul style="list-style-type: none"> Levoplant could be a new product for the Pakistan implant market. The registration for Levoplant with DRAP is underway with hopes to enter the market in 2024. Within the NGO sector, DKT plans to distribute Levoplant through its own clinics. For the commercial sector, it plans to target OBGYNs to influence their prescribing patterns and private pharmacies to stock the product. |

Market Breadth: Place



Implants are primarily distributed in the public sector. Within the private sector, NGOs have an emerging presence but there is near zero availability of implants in the commercial sector. Pharmacies and medical stores could be sources for purchasing implants, although they do not currently offer implant insertion.

“There are some implants available in the public sector but currently the private market is totally dry of implants.” [KII quote]

Table 8: Trends in FP and implant place/channel by sector

| Channel | FP Trends/Issues | Implant Trends/Issues |
|--|--|---|
| Public (all) | <ul style="list-style-type: none"> 44% of contraceptive users access their contraceptive method from the public sector [3]. Female sterilization and condoms dominate the method mix in the public sector, whilst IUDs, injectables, pills and implants are also available to varying degrees [3]. | <ul style="list-style-type: none"> Public sector delivery points account for 86% of implant delivery [3]. Implant availability in the public sector mostly within the Sindh province, with support from the People’s Primary Health Initiative (PPHI) [KII analysis]. |
| Private: Private providers (All) | <ul style="list-style-type: none"> 43% of contraceptive users access their contraceptive method from the public sector [3]. The top three methods sourced from the private sector are female sterilization, condoms, pills and injectables [3]. | <ul style="list-style-type: none"> Only qualified doctors are allowed to sell or dispense implants in both the public and private sectors [34], however mid-level providers can insert and remove implants in the province of Sindh [KII analysis]. The private sector accounts for 14.2 % of implants in the market [3]. |
| Private: Private providers (NGOs) | <ul style="list-style-type: none"> NGOs use franchises and recently some NGOs have developed commercial pharmacies, alongside their clinics to sell contraceptives [KII analysis]. | <ul style="list-style-type: none"> 11.4% of implants are sold in Private/NGO hospital/clinic [3]. |
| Private: Private providers (Commercial) | <ul style="list-style-type: none"> In urban areas, women have more choices and can access contraceptives through private clinics and gynecologists [KII analysis]. | <ul style="list-style-type: none"> Minimal implants are available in the commercial sector [KII analysis]. 2.8% of implant sales are carried out by private doctors [3]. |
| Private: Pharmacies, medical Stores, and shops | <ul style="list-style-type: none"> Among private sector condom users, 47% obtain contraception from pharmacies and medical stores in Pakistan [3]. Condoms and pills are the most frequently sold FP methods [3]. | <ul style="list-style-type: none"> Private sector pharmacies/medical stores and drug shops account for 0% of implant purchases [3]. Despite no formal referral mechanisms, pharmacies informally refer clients for LARCs to PWDs and PPHI facilities [34]. |





Implants are an expensive commodity, with no supply or demand side financing options currently targeting private providers. Health insurance coverage in Pakistan is very low (5-10%) and FP including CI is not covered by national health insurance. This situation feeds into a negative feedback loop where women do not seek implant services in the private sector and private providers lack motivation to invest in the commodity and offer the service. A further challenge to implant pricing is that historically implants' MRP is set too low, which results in the MRP being lower than costs of implants due to the weakening rupee, making this unprofitable for the private sector.

Table 9: Trends in FP and implant price by sector

| Channel | FP Price Trends/Issues | Implant Price Trends/Issues |
|---|--|---|
| Public (all) | <ul style="list-style-type: none"> All contraceptives and related services are provided free of cost at all public service delivery points [51], central public sector procurement of FP in bulk allows for competitive pricing [KII analysis]. Public sector FP products are tax-exempt [KII analysis]. | <ul style="list-style-type: none"> Implants are provided free of charge to users (including no service charges) by Punjab's Population Welfare Departments, which impacts the willingness of providers to stock and consumers to pay for this commodity [52]. The public sector purchasing wholesale price of Jadelle is \$8.50 per piece from Bayer [49]. |
| Private: Private providers (all) | <ul style="list-style-type: none"> Family planning is not covered by insurance in Pakistan, further exacerbating the affordability issue and reducing consumer numbers for the private sector [KII analysis]. | <ul style="list-style-type: none"> The maximum retail price (MRP) is set (in PKR) by DRAP when products, such as implants, are registered. Whilst the MRP is adjusted for fluctuation in exchange rates (USD to PKR), the adjustment is often not sufficient and the cost (in PKR) to procure from manufacturers (if sold in USD) can be higher than the set MRP pre-set by DRAP. The pricing dynamics associated with the procurement of implants are impacted by the contractual currency between the manufacturer and procurer, either in PKR or USD [KII analysis]. While not unique to the private sector, it is highly relevant. In addition, there is a lack of clarity amongst private providers as to the MRP of implants [KII analysis]. |
| Private: Private providers (NGOs) | <ul style="list-style-type: none"> NGOs have previously worked with the government, distributors and wholesalers to get access to competitively priced FP, but this is not guaranteed [KII analysis]. | <ul style="list-style-type: none"> NGOs are struggling to pay for the cost of the implant and to be able to provide it to consumers for free or at subsidized prices [KII analysis]. "Availability (lack of) and inflation are very challenging. We used to get it (the implant) for 1050 PKR per piece, now we are getting it at a cost of 7500 PKR per piece" [KII quote, NGO]. |
| Private: Private providers (Commercial) | <ul style="list-style-type: none"> Private sector purchasing of contraceptives is affected by low economies of scale and may be subject to additional taxation [KII analysis]. | <ul style="list-style-type: none"> "Due to the devaluation of the PKR, the price manufacturers now offer implants at higher than the MRP, as they sell products in USD and the MRP is set in PKR, so the private sector has not been purchasing it as it is not a viable business case" [KII quote]. "Providers do not comply with MRP, I've seen 15,000 PKR being charged for implants at some private hospitals" [KII quote]. |
| Private: Pharmacies, medical stores & shops | <ul style="list-style-type: none"> Pharmacies and medical shops mostly procure low cost items such as condoms and contraceptive pills [KII analysis]. | <ul style="list-style-type: none"> Pharmacists are hesitant to stock IUDs and implants, given the low demand due to cost [34]. |

"The massive devaluation of the Pakistani rupee has affected implant purchases in the private sector. Higher prices offered by manufacturers and regulatory approval hurdles have deterred private sector involvement." [KII quote]





In the context of very low commodity availability, there have been no systematic demand generation efforts to drive implant uptake. However, anecdotal evidence (from KIIs) indicates that when women are aware of implants, they are interested in the method. This suggests that once supply has been secured, there is a need for concerted demand generation/ awareness raising efforts.

Table 10: Trends in FP and implant promotion efforts by sector

| Channel | FP Promotion Trends/Issues | Implant Promotion Trends/Issues |
|--|---|---|
| Public (all) | <ul style="list-style-type: none"> LHWs and TBAs are an integral part of the promotion function for contraception as they are well-connected in the community [KII analysis]. The government, in several provinces, has collaborated with men and religious leaders as part of its social mobilization efforts and established health centers specifically for adolescents to promote FP uptake [53]. | <ul style="list-style-type: none"> There is a perception of limited demand for implants which influences the supply of contraceptives for distributors and wholesalers [34]. This is perceived to be due to: (1) lack of awareness in the public (2); fear of harmful effects of contraceptive use and; (3) lack of awareness of different brands of contraceptives available [34]. "When implants have been available, women are interested, suggesting demand may not be a significant issue" [KII quote]. |
| Private: Private providers (NGOs) | <ul style="list-style-type: none"> There is a need for advocacy to promote contraceptive methods, transcending individual brands and focusing on the category of contraceptives [KII analysis]. Many NGOs are focused on FP promotion, including through holding camps, information, education and communication (IEC) and using community mobilisers to promote FP [KII analysis]. | <ul style="list-style-type: none"> There is limited NGO funding for demand creation for implants [KII analysis]. "The NGO sector as such has no funds for demand creation nor any revolving funds for commodities security" [KII quote]. |
| Private: Private providers (Commercial) | <ul style="list-style-type: none"> "Consumers often rely on service providers' recommendations for contraception due to a lack of clear method preference, indicating a knowledge gap in contraceptive options" [KII quote]. | <ul style="list-style-type: none"> "Implants are not a promoted item in Pakistan. Manufacturers usually work on demand creation but they are not interested in expanding demand due to profit margin issues" [KII quote]. The role of private sector counseling by health workers is key to driving the promotion of implant [KII Analysis]. |
| Private: Pharmacies, medical stores, and shops | <ul style="list-style-type: none"> Pharmacies have an opportunity to promote and provide services to those less likely to visit clinics for family planning needs, including condoms, pills and injections [54]. | <ul style="list-style-type: none"> If implants were accessible at pharmacies, clients would act as advocates in the community, spreading positive experiences and knowledge [KII analysis]. |



Market Structure



Section Purpose

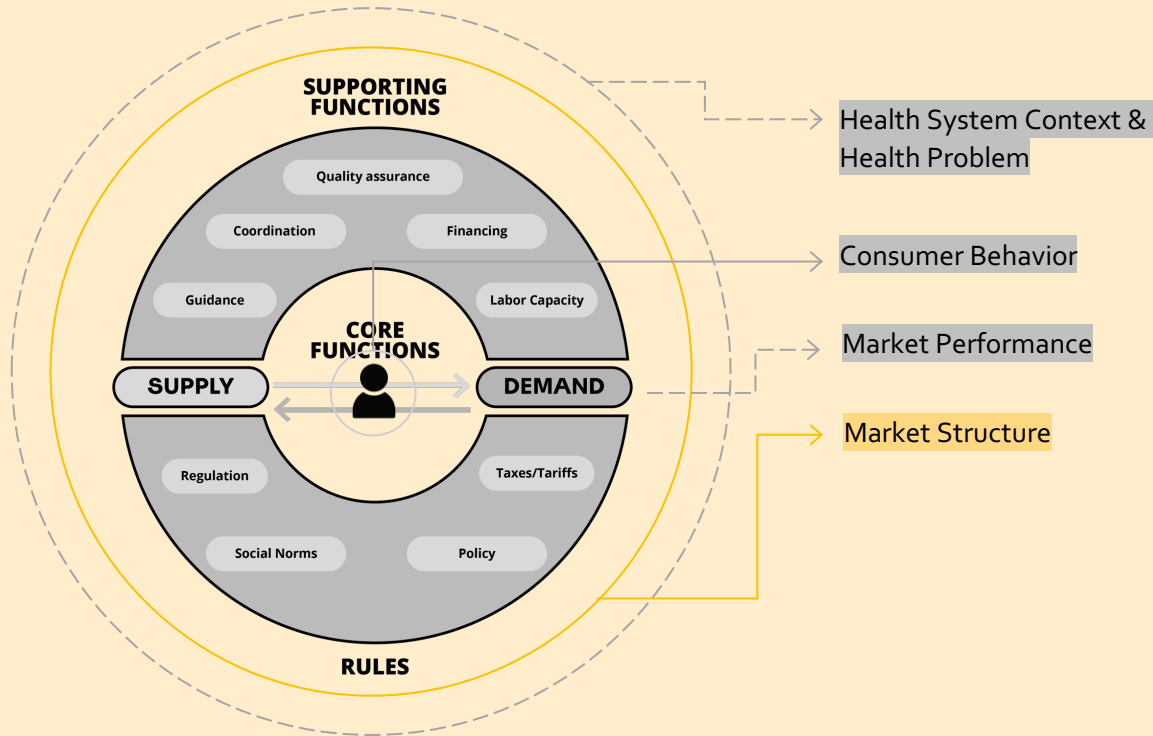


Figure 18: Health Market System Framework - highlighting where the Market Structure intersects with the Framework

This section clearly describes all market functions (core, supporting, and rules) in order to understand the challenges to the effective functioning of the market. Since the private sector implant market in Pakistan is so nascent, this section primarily describes the FP market structure in order to explore how contraceptive implants can best be introduced and scaled in Pakistan’s mature private sector for health.

Specifically this section answers:

- What is the **value chain** for the contraceptive implant market?
- Who are the **key actors in the FP market**, what role are they playing, and what are their capacities and incentives to play their role effectively?

This section primarily draws on data from the KIIs and existing FP landscapes in Pakistan.

Value Chain for Contraceptive Implants

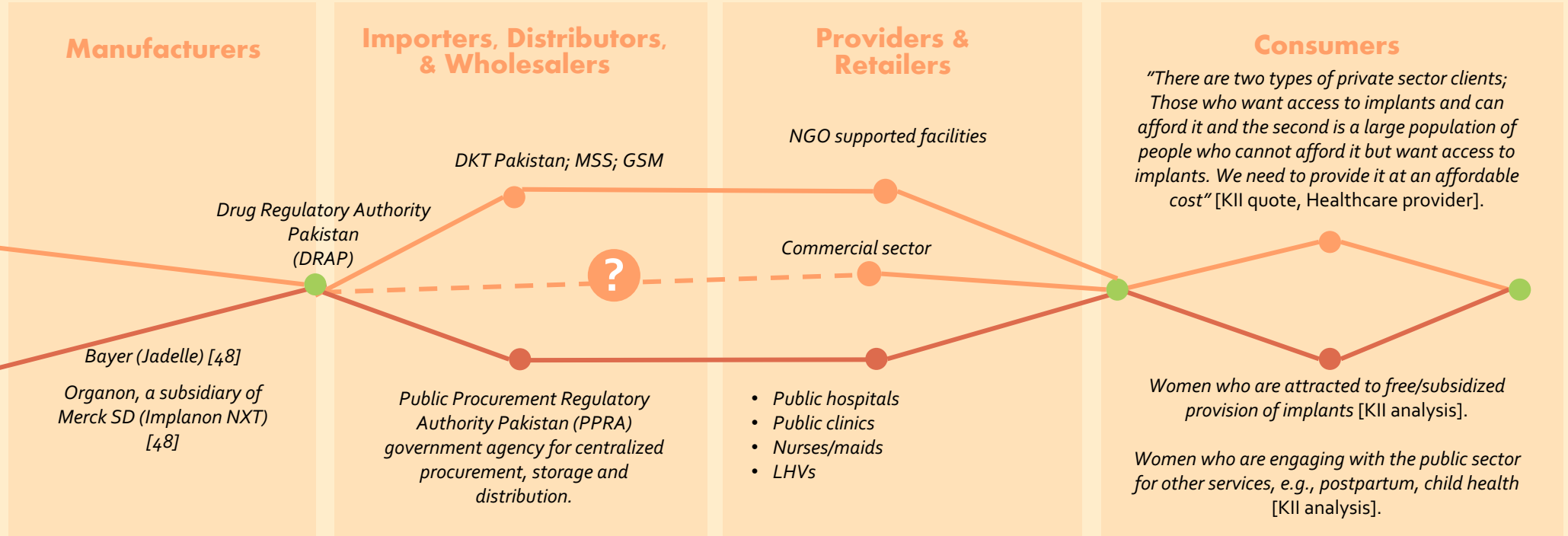


All implants must be imported due to the lack of local manufacturing. Once in the country, the handling of FP commodities is through different value chains in the private vs. public sector. The private sector is subject to taxation on FP commodities, thus making it a costly product to import, which disincentivizes commercial actors and ultimately increases the cost of the product to the consumer.

Key Players

Private sector value chain

Public sector value chain



Emerging Findings

New rules under the Ministry of National Health Services, Regulations and Coordination have placed implants under the purview of the Drug Regulatory Authority Pakistan. Licensing requirements and the risk of price controls deter manufacturers and importers from investing in increased supply [34].

The commercial sector is taxed on importing FP commodities whilst the public sector (and some NGOs) are exempt from taxation, thus making it more costly for commercial importers and further disincentivizing such actors [KII analysis].

Distributors and wholesalers note wanting government permission to supply public sector products to private sector distribution networks [34].

Providers note limited knowledge about methods and managing side effects due to lack of training [34].

Women prefer to go to female providers for services [34].

Support from the public sector is needed, such as training to address knowledge about hormonal methods and managing side effects [10].

Married women are more likely to go to the private sector for SAMs and more likely to go to the public sector for LARCs and PMs [6].

The cost of implants in the private sector (commercial sector) is increasing and therefore not accessible to many [KII analysis].



Core Function Description



The supply of and demand for implants is stuck in a negative cycle where high procurement cost and low MRP makes consistent supply challenging and lack of consistent supply negatively impacts demand. The lack of supply also means that there are fewer users who can act as 'word of mouth' advocates for implants.

Table 11: Value Chain Actors impacting Core functions (Supply and Demand)

| Value chain actor | Key players | Role | Supply and demand issues | Implications for implant market |
|--|--|--|--|---|
| Manufacturers | Bayer [6] Organon (a subsidiary of Merck SD) [6] | <ul style="list-style-type: none"> Supplies: Jadelle Supplies: Implanon NXT | <ul style="list-style-type: none"> Jadelle has been the dominant implant product, though it represents a small proportion of the contraceptive market [6]. There are low incentives for players to enter the market, assumed due to low profit margins [KII analysis]. | <ul style="list-style-type: none"> There are very few market competitors for implants [KII analysis]. There is no local manufacturing of implants [KII analysis]. |
| Importers, Distributors, and Wholesalers | DKT Pakistan MSS GSM | <ul style="list-style-type: none"> DKT, MSS & GSM procure products for the NGO sector [KII analysis]. There is no clear private commercial value chain at the distribution level for implants [KII analysis]. | <ul style="list-style-type: none"> Every pharmaceutical product sold in the private market must pass through DRAP for registration. DRAP also sets the MRP during this process. Every product is also subject to taxation by the Pakistan government, which can affect the supply chain [KII analysis]. DKT is soon to introduce Levoplant in Pakistan [50]. | <ul style="list-style-type: none"> The impact of supply and demand issues results in an inconsistent supply chain and implants are costly to procure due to taxation (GST 18%) [KII analysis]. There is the potential for a new implant to the market [50]. |
| Providers & Retailers | Aman Foundation, Marie Stopes Society, Jhpiego, DKT, Rahnuma Family Planning Association of Pakistan, Population Council, Population Services International, John Snow Inc [6] Private hospital/clinics/pharmacies, e.g., Aga Khan Health Service, Academy of Family Physicians. | <ul style="list-style-type: none"> Generate demand through promotion and facilitate access to family planning commodities across Pakistan. Many have franchised clinics which provide contraception at subsidized costs. Coverage includes rural and underserved areas. | <ul style="list-style-type: none"> Providers have limited funding available for demand creation for implants [KII analysis]. Implant supply is variable which impacts the demand [KII analysis]. Implants are costly to procure, so even if the demand is there, it is challenging to provide at an accessible cost to the consumer [KII analysis]. | <ul style="list-style-type: none"> Implants play a nascent role in the family planning space in Pakistan [3]. There are few incentives for providers to promote contraceptives [KII analysis]. |
| Consumers | "Women who try implants like them and there is demand for them" [KII quote, healthcare provider]. | <ul style="list-style-type: none"> Consumer demand drives the market. Demand is needed to incentivize the private sector. | <ul style="list-style-type: none"> "Consumers are often aware that there are stockouts of contraceptive products, so they will ask for a product that they know is available" [KII quote, healthcare provider]. | <ul style="list-style-type: none"> As implants are scarcely available to the consumer, access is poor and the consumer is therefore less likely to advocate for their use [KII analysis]. |



Supporting Function Description



With poor supply, it is unsurprising that there is a lack of coordination, poor quality assurance and no specific funding/subsidies for the product. Addressing the financing challenges may be key to stabilizing supply and enabling strengthened coordination and improved quality assurance.

Table 12: Key Players for supporting functions, their roles and capacities

| Supporting Functions | Key players | Role | Issues, capacities and incentives | Implications for implant market |
|----------------------|---|--|--|--|
| Coordination | <ul style="list-style-type: none"> Pakistan Pharmacist Association [55] Society of Obstetricians & Gynecologists [56] FP2030 Federal & Provincial Country working groups [KII analysis] | <ul style="list-style-type: none"> The national professional body of pharmacists is committed to promoting the highest ethical standards of pharmacy [55]. The Society of Obstetricians & Gynecologists aims to promote excellence in the practice of obstetrics and gynecology and to improve the health and rights of women and newborns of Pakistan [56]. FP2030 working group allows for coordination between central and provincial government [KII analysis]. | <ul style="list-style-type: none"> There is a need for associations to develop national guidance around implants [KII analysis]. "Currently, healthcare professionals in training are not taught the skills of implant insertion, there is a lack of guidelines" [KII quote]. "As a result of healthcare devolution, disparities persist in the coordination of family planning commodities among provinces" [KII quote]. | <ul style="list-style-type: none"> "The lack of supply of implants makes it challenging for health providers to advocate for the use of the products when its availability is not guaranteed to its clients" [KII analysis]. Due to the lack of implants in the market, there is no drive to create guidelines/training on the implant [KII analysis]. Need for national and provincial guidelines for implants [KII analysis]. |
| Quality Assurance | <ul style="list-style-type: none"> NGOs & SMOs: DKT Pakistan, GSM, MSS Pakistan, R-FPAP Manufacturers: Bayer / Obs Drug Regulatory Authority Pakistan (DRAP) and National Regulatory Authority (NRA) | <ul style="list-style-type: none"> NGOs and social marketing organizations provide quality assurance mechanisms and social marketing to promote FP products [34]. Manufacturers are responsible for post-market surveillance and pharmacovigilance of products [KII analysis]. DRAP & NRA ensure the quality of pharmaceuticals entering Pakistan. | <ul style="list-style-type: none"> Reduced donor funding may impact the operations and sustainability of franchised clinics [KII analysis]. Market surveillance should ensure monitoring for side effects or complications of FP [KII analysis]. | <ul style="list-style-type: none"> Social franchises could attract implant users by offering quality services [KII analysis]. There is some stigma linked to using social franchises associated with FP [KII analysis]. |
| Financing | <ul style="list-style-type: none"> Out-of-pocket (OOP) expenditure for health was 55.44% (as a % of current health expenditure, highlighting insufficient subsidies for FP [33]. Donors play a key role in supporting the private sector, e.g., USAID-funded Frontier Health Markets (FHM) Engage [KII analysis]. | <ul style="list-style-type: none"> OOP - Private sector clients are paying a fee to purchase the commodity and the service [33]. Donors – "FHM Engage, focuses on a comprehensive approach that will foster public-private dialogues in Sindh, for FP" [KII analysis]. | <ul style="list-style-type: none"> There is a lack of insurance models that cover FP, which results in consumers paying OOP for FP [KII analysis]. Donors are investing in PSE but there is reduced donor support for FP in Pakistan [KII analysis]. | <ul style="list-style-type: none"> As implants are more costly than other SAMs, the consumer may not be able to afford to purchase OOP [KII analysis]. There is a need to ensure financing to enable the growth of the private implant market [KII analysis]. |
| Labor Capacity | <ul style="list-style-type: none"> Healthcare Commissions [57] Pakistan Academy of Family Physicians (PAFP) [58] Society of Obstetricians & Gynaecologists of Pakistan (SOGP) [59] Provincial DOHs | <ul style="list-style-type: none"> Provincial Healthcare Commissions set the standards for quality medical practice in provinces [57]. PAFP represents the body of family physicians, providing opportunities for continuing medical education training and research [58]. SOGP aims to provide evidence-based continuous education to obstetricians and gynecologists to improve women's health [59]. Provincial Ministries of Health oversee the delivery and management of health sector activities, including the Lady Health Worker Program [60]. | <ul style="list-style-type: none"> Lack of commodity limits the training opportunities for private and public providers to provide implants. Only qualified doctors are allowed to insert and remove implants. This limits access to implant provision by other providers and overall access to consumers. | <ul style="list-style-type: none"> Consumers can only access implant services by a qualified doctor. Capacity and motivation of doctors will be varied, given task sharing guidelines and lack of commodity availability. Ensuring training for mid-level providers in line with task sharing and sufficient commodity can support a market for implants. |



Rules Function Description



Import duties and General Sales tax are significant barriers to the private sector importing contraceptive implants; whereas NGOs are typically tax exempted. This creates an uneven playing field for the private sector.

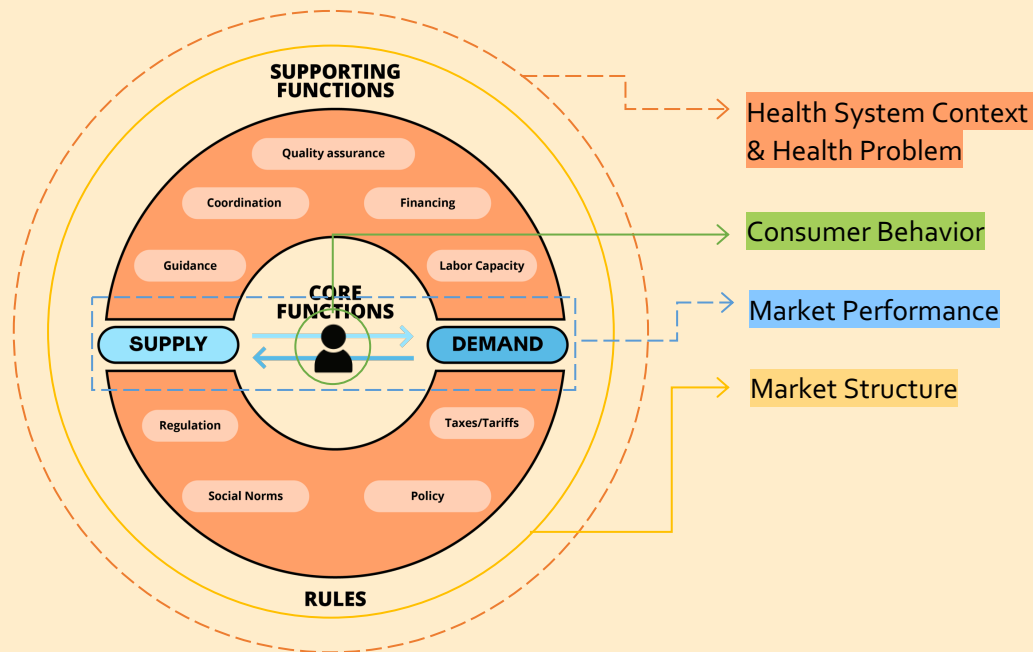
Table 13: Key players for rules function their roles and capacities

| Rules Market Function | Key players | Role | Capacities and incentives | Implications for implant market |
|-----------------------|--|---|---|--|
| Policy | <ul style="list-style-type: none"> Federal & Provincial Governments Punjab Provincial Department of Health Population Welfare Departments | <ul style="list-style-type: none"> Health policies are set by the federal government through the DoH and PWD, noting that as health is devolved, provincial governments are responsible for healthcare service delivery and policy implementation within their jurisdiction [6]. | <ul style="list-style-type: none"> The devolution of health care has resulted in variations between federal and provincial-level policies, leading to disparities in healthcare capacity [KII analysis]. | <ul style="list-style-type: none"> "There are no specific policies that negatively impact the implant market, but the beliefs of those creating policies could affect the growth of the implant market" [KII quote]. |
| Regulation | <ul style="list-style-type: none"> DRAP Punjab Healthcare Commission Punjab Procurement Regulatory Authority | <ul style="list-style-type: none"> DRAP ensures that every drug, medical device or cosmetic, alternative medicine and health product must have a certain standard of quality and is safe and effective for use [15]. The Punjab Healthcare Commission is a regulatory body that develops standards for all types of healthcare establishments [61]. The Punjab Procurement Regulatory Authority prescribes regulations and procedures for public procurements. | <ul style="list-style-type: none"> The Ministry of NHSRC has recently categorized condoms and implants under the purview of the DRAP, a new change for these products in Pakistan. As a result, manufacturers and importers have to obtain licenses for supplying contraceptives and potentially experience price controls [34] [KII analysis]. There is a lack of regulation in the private healthcare sector. | <ul style="list-style-type: none"> Entrance of new implant products to the market can be slow due to DRAP process and licensing. KIIs discussed challenges in the market with the proposed maximum retail price: "Manufacturers have been offering a price higher than the maximum retail price approved by the DRAP, so the private sector has not been purchasing it as it is not a viable business case" [KII quote]. |
| Taxes/Tariffs | <ul style="list-style-type: none"> Federal Bureau of Revenue Pakistan | <ul style="list-style-type: none"> The Bureau of Revenue promotes compliance with tax and related laws [62]. | <ul style="list-style-type: none"> 17% Goods and Services Tax is charged on FP products in the private (commercial sector), which makes it expensive to purchase. Exempting contraceptives from general tax can ensure product prices remain low and affordable [34]. | <ul style="list-style-type: none"> "If there is higher taxation on the importation of implants, it may be that the government will consider exemptions on these products, contraceptive markets are aligned with their population goals" [KII quote]. |

Key Market Constraints



Section Purpose



Based on a robust understanding of the health problem, indications about consumer behavior, and analysis of market trends, this section aims to articulate *why the contraceptive implants market is constrained*. We do this in two ways:

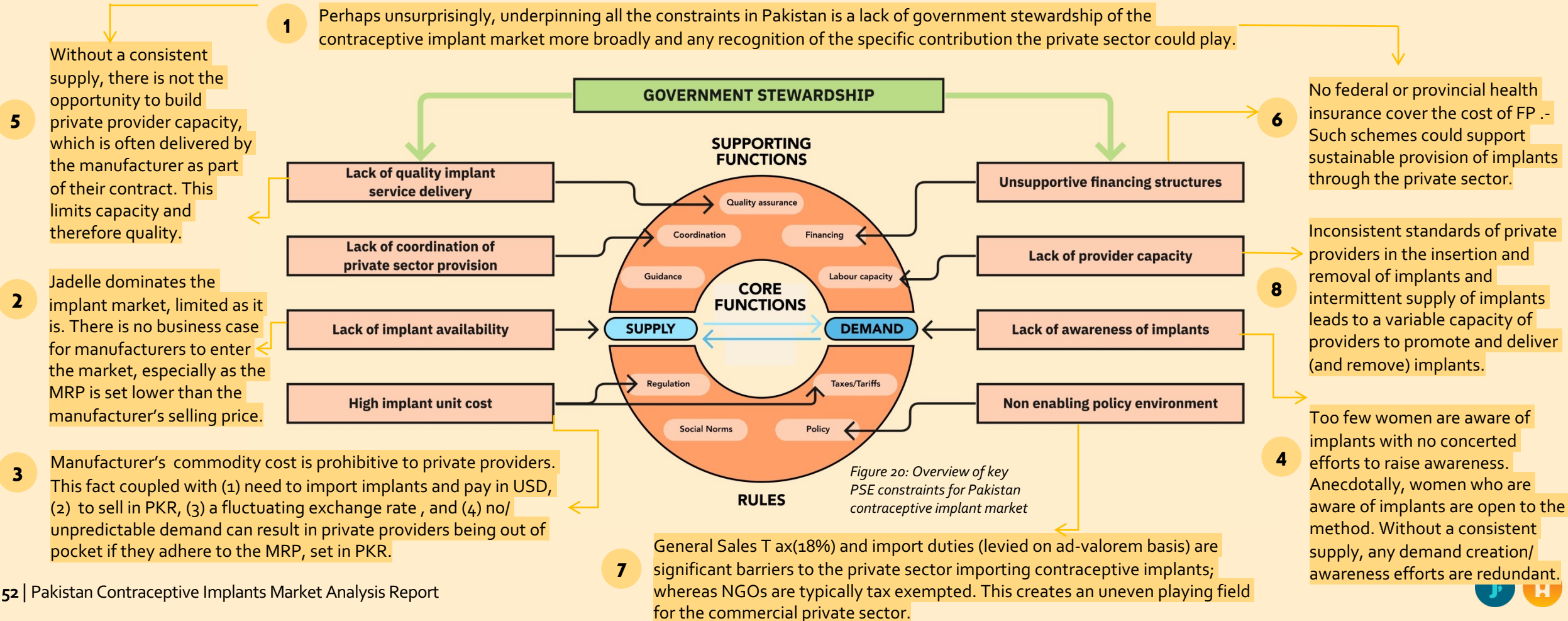
- **Health Market System:** We map Pakistan’s key constraints against the broader, global constraints identified in the 2022 review
- **Production to Use Spectrum:** We highlight the same key constraints within the Production to Use Spectrum to visualize with greater clarity where, specifically, in the market the constraint occurs.

Figure 19: Market Landscape Report Framework

Pakistan's Private Sector Implant Market Constraints



We've identified eight key constraints to Pakistan's Private Sector Implant Market vis-à-vis: (1) government stewardship; (2) lack of implant availability; (3) high implant unit cost; (4) lack of awareness of implants; (5) lack of quality implant service delivery; (6) unsupportive financing structures; (7) non-enabling policy environment; and (8) lack of provider capacity.



Production to Use Spectrum



These eight key constraints fall at different levels within the 'Production to Use Spectrum', providing more insight into where, exactly, the market is constrained and therefore who might need to be engaged to address these constraints.

Table 14: Key constraints mapped against the Production to Use Spectrum

| Market Function | | Manufacturers | Importers, Distributors, and Wholesalers | Providers | Consumers |
|-----------------|-------------------------------------|--|---|--|-----------|
| CORE | Product | | 2. Lack of implant availability: Jadelle dominates the implant market, limited as it is. There is no business case for manufacturers to enter the market, especially as the MRP is set lower than the manufacturer's selling price. | | |
| | Price | 3. High implant unit cost. Manufacturer's commodity cost is prohibitive to private providers. This fact coupled with (1) need to import implants and pay in USD, (2) to sell in PKR, (3) a fluctuating exchange rate, and (4) no/ unpredictable demand can result in private providers being out of pocket if they adhere to the MRP, set in PKR. | | | |
| | Place | | | | |
| | Promotion | | | 4. Lack of awareness of implants. Too few women are aware of implants with no concerted efforts to raise awareness. Anecdotally, women who are aware of implants are open to the method. Without a consistent supply, any demand creation/ awareness efforts are redundant. | |
| SUPPORTING | Coordination | 1. Lack of government stewardship. Underpinning all the constraints in Pakistan is a lack of government stewardship of the contraceptive implant market more broadly and any recognition of the specific contribution the private sector could play. | | | |
| | Quality Assurance | 5. Lack of quality implant service delivery: Without a consistent supply, there is not the opportunity to build private provider capacity, which is often delivered by the manufacturer as part of their contract. This limits capacity and therefore quality. | | 8. Lack of provider capacity: Inconsistent standards of private providers in the insertion and removal of implants and intermittent supply of implants leads to a variable capacity of providers to promote and deliver (and remove) implants. | |
| | Financing | 6. Unsupportive financing structures: There are no federal or provincial financing structures – such as health insurance schemes covering FP costs – designed to support sustainable provision of implants through the private sector. | | | |
| RULES | Policy, regulation, taxes & tariffs | | 7. Non-enabling policy environment: General Sales Tax (18%) and import duties (levied on ad-valorem basis) are significant barriers to the private sector importing contraceptive implants; whereas NGOs are typically tax exempted. This creates an uneven playing field for the commercial private sector. | | |

Prioritized Constraints

Next Steps



These four constraints were prioritized by participants in the Pakistan workshop based on the potential for impact, feasibility, and stakeholder availability & motivation to address the constraint. Please read the Pakistan Country Roadmap to understand how Pakistan's value chain actors aim to tackle these four constraints over the next 5-7 years, in support of FP2030 goals.

To access the roadmap, check out our [landing page!](#)

RULES

1 Unfavorable policy and regulatory environment adversely impacts the cost of implants

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).

SUPPORTING FUNCTIONS

2 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.

CORE

3 Latent demand for contraceptive implants 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 counseled on this method they are open to it.

SUPPORTING FUNCTIONS

4 Erratic supply leads to 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 LHVs have been trained, the Punjab Nursing Council still needs to approve provision by this cadre a process which delays implementation of task sharing.

1ST PRIORITIES
(to secure commodity)

2ND PRIORITIES:
(once commodities secured)



Annex



BACKGROUND

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

The previous project outlined a set of **global barriers and recommendations to expand private sector contraceptive implant service delivery** through addressing: sustainable financed supply, demand for service delivery, government stewardship capacity, provider sector capacity, and quality of care.

This project aims to answer three key questions about the **vision of success, key market constraints, and key measures** to overcome the constraints for the private sector contraceptive implant market in Pakistan.

A **literature review and key informant interviews** conducted June-Aug 2023 informed this report. Findings will be further validated through an in-country workshop to support the development of the roadmap.

Both the **Pakistan Contraceptive Implants Market Analysis Report (2023)** and the **Global PSE for Contraceptive Implant Delivery Report (2022)** organize findings around the same conceptual framework: **the Health Market System Framework**.

HEALTH SYSTEM CONTEXT

The context in **Pakistan is characterized by a rapidly growing population, severe economic pressures foreshadowing a possible humanitarian crisis, and marked gender inequality**. This context frames both the urgent need for increased uptake of LARC in Pakistan and how women are constrained in exercising their reproductive rights, which directly impacts women's fertility choices and the health of women and their children. Fears of hormonal contraception side effects and IUCDs are widespread and impact LARC uptake.

While devolution of health care to provincial level aims to make that provision more responsive, **the complexity of coordinating federal and provincial stakeholders has resulted in challenges in regulation and procurement**.

The private health sector in Pakistan – comprised of both NGOs and commercial entities - is an essential and well-used resource for meeting health needs, including FP needs, with almost half of married women who use modern contraceptives obtaining their method from the private sector. **While implants can be accessed through NGOs, they are yet to gain any meaningful traction in commercial health facilities**.

The contraceptive implant market in Pakistan is in an inchoate state. **Implants make up less than 1% of the method mix, only 14% of those women (i.e., 0.14% of women using modern contraceptives) access those in the private sector**, and almost all of those are from NGO supported facilities. The commercial private sector for implants is basically at ground zero.

Updating existing guidelines to permit task sharing will increase access to contraceptive implants in the private sector through appropriately trained cadres. Training should also include removal.

Although the unit cost of implants is higher than other contraceptive methods, when the cost is accounted for per CYP, implants can be more cost-effective than condoms, pills and injectables. This should be considered within the context of informed choice approach and can also be useful to policy makers when thinking about managing population growth within a context of limited resources.

Investing in FP, including the private sector, could support Pakistan to harness its demographic transition and associated dividend.

Pakistan's absence from UNFPA Supplies Partnership results in it spending more on FP commodities than comparable LMICs. Both federal and provincial governments contribute to commodity procurement; however, as FP expenditure varies by province and federal/provincial coordination challenges exist, procurement and therefore access varies across the country.

Resource allocation and spending are major challenges for FP commodity security in Pakistan. While efforts under IAP resulted in implants being more affordable for public sector procurement, there was no focused effort to understand and/or address private providers' needs around a viable business case for implant provision. With no financing mechanisms targeting the private sector, implants remain an expensive FP commodity with no easily identifiable business case for private purchasers.

HEALTH PROBLEM

While MMR in Pakistan is declining, the rate of decline is insufficient to achieve the SDG maternal morbidity target. Expanding access to modern FP, including contraceptive implants, is critical to achieving the SDG.

Without renewed focus and leveraging of all available modern contraceptive methods, including contraceptive implants, Pakistan will not achieve the FP2030 target of 60% CPR.

Pakistan's method mix has stagnated. To achieve ambitious CPR targets and meet the diverse reproductive health needs of the population, Pakistan needs to move toward long-acting reversible contraceptives (LARCs), including implants.

There is high unmet need for FP in Pakistan. Implants are the method used by only 1% of FP users, 86% of whom access them in the public sector. Increasing access to implants in both public and private sectors can address high unmet need.

In comparison to all women, poor women, rural women, and young women have lower mCPR and higher unmet need, i.e., they are most in need for FP. However, given the challenges poor and rural women face accessing the private sector, young women are likely the priority audience for the private sector implant market to reach new FP users. Other key audiences for the private sector contraceptive implant market may include wealthy women accessing free public sector services and FP discontinuers.

Under the assumption that adequate supply becomes available, we propose three theoretical consumer audiences for the private sector implant market: (1) contraceptive method new users (i.e., young women interested in LARCs); (2) wealthy women currently accessing FP from the public sector; and (3) women who discontinued their method within the private sector but are open to new methods.

A contraceptive implant market is viable in Pakistan, however that viability is directly tied to a robust and steady supply of commodity. If that supply is in place, our preliminary analysis of the market potential is over 100,000 contraceptive implant users in the private sector annually, a near 10-fold increase from current users, in support of FP2030 goals. It should be noted that a robust supply is also the foundation for the public sector implant market.

CONSUMER BEHAVIOR

While women in Pakistan are generally hesitant to adopt LARCs due to beliefs they can negatively impact fertility, implants may be the exception as they are seen as less intrusive. To tap into this potential demand, promotion efforts should target women as well as their key influencers such as their husbands and mothers-in-law.

While there are no implant consumer archetypes in Pakistan, we can draw on existing FP archetypes in Pakistan to better understand the needs, wants and desires of consumers. The adapted archetype highlights one of the priority audiences for the implant market (i.e., the young married woman). Other archetypes should be developed for the other two audiences for the contraceptive implant market: i.e., wealthy women currently accessing FP from the public sector; and women who discontinued their method.

Once the commodity supply is stabilized, using consumer journey mapping can help ensure demand generation efforts speak to the consumer experience. We provide a hypothetical consumer journey for Laila, the married young woman, to highlight the different stages of the journey towards consistent use, adapted from an Ipas consumer journey in 2023. Additional consumer journeys should be developed/adapted for each key market segment.

MARKET PERFORMANCE

There is no substantive volume of implants in the private or public sector currently in Pakistan. This is a fundamental challenge to the market and its growth.

Jadelle (Bayer) is the dominant implant product for both the public and private sector. Yet even Jadelle remains negligibly available given so few commodities are in country. Other brands have also failed to gain traction.

Implants are primarily distributed in the public sector. Within the private sector, NGOs have an emerging presence but there is near zero availability of implants in the commercial sector. Pharmacies and medical stores could be sources for purchasing contraceptives, although they do not currently offer implant insertion.

Key insights

Implants are an expensive commodity, with no supply or demand side financing options currently targeting private providers. Health insurance coverage in Pakistan is very low (5-10%) and FP including CI is not covered by national health insurance. This situation feeds into a negative feedback loop where women do not seek implant services in the private sector and private providers lack motivation to invest in the commodity and offer the service. A further challenge to implant pricing is that historically implants' MRP is set too low, which results in the MRP being lower than costs of implants due to the weakening rupee, making this unprofitable for the private sector.

In the context of very low commodity availability, there have been no systematic demand generation efforts to drive implant uptake. However, anecdotal evidence (from KIIs) indicates that when women are aware of implants, they are interested in the method. This suggests that once supply has been secured, there is a need for concerted demand generation/ awareness raising efforts.

MARKET STRUCTURE

All implants must be imported due to the lack of local manufacturing. Once in the country, the handling of FP commodities is through different value chains in the private vs. public sector. The private sector is subject to taxation on FP commodities, thus making it a costly product to import, which disincentivizes commercial actors and ultimately increases the cost of the product to the consumer.

The supply of and demand for implants is stuck in a negative cycle where high procurement cost and low MRP makes consistent supply challenging and lack of consistent supply negatively impacts demand. The lack of supply also means that there are fewer users who can act as 'word of mouth' advocates for implants.

With poor supply, it is unsurprising that there is a lack of coordination, poor quality assurance and no specific funding/subsidies for the product. Addressing the financing challenges may be key to stabilizing supply and enabling strengthened coordination and improved quality assurance.

Import duties and General Sales tax are significant barriers to the private sector importing contraceptive implants; whereas NGOs are typically tax exempted. This creates an uneven playing field for the private sector.

KEY MARKET CONSTRAINTS

We've identified eight key constraints to Pakistan's Private Sector Implant Market vis-à-vis: (1) government stewardship; (2) lack of implant availability; (3) high implant unit cost; (4) lack of awareness of implants; (5) lack of quality implant service delivery; (6) unsupportive financing structures; (7) non-enabling policy environment; and (8) lack of provider capacity.

These eight key constraints fall at different levels within the 'Production to Use Spectrum', providing more insight into where, exactly, the market is constrained and therefore who might need to be engaged to address these constraints.

These five constraints were prioritized by participants in the Pakistan workshop based on the potential for impact, availability & motivation of stakeholders and feasibility. Please read the Pakistan Country Roadmap to understand how Pakistan's value chain actors aim to tackle these four constraints over the next 5-7 years, in support of FP2030 goals.



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