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

NOVEMBER, 2023

Contents

Acronyms

CEWG	Country Engagement Working Group
CI	Contraceptive Implant
CPR	Contraceptive Prevalence Rate
DRAP	Drug Regulatory Authority of Pakistan
EFPC	Expanding Family Planning Choices
EML	Essential Medicine List
FBR	Federal Board of Revenue
FP	Family Planning
FPAP	Family Planning Association of Pakistan
HCD-BCC	Human Centered Design and Behavior Change Communication
IAP	Implant Access Program
IHI	Impact for Health
IU(C)D	Intrauterine (Contraceptive) Device
KII	Key Informant Interview
LAM	Lactational Amenorrhoea
LARC	Long-Acting Reversible Contraceptive
LHV	Lady Health Visitors
LMIC	Lower Middle-Income Country
MRP	Maximum Retail Price
NGO	Non-Governmental Organization
PDHS	Pakistan Demographic and Health Survey
PKR	Pakistan Rupee
PNC	Punjab Nursing Council
PPP	Public Private Partnership
PWD	Population Welfare Department
SLA	Service Level Agreements
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendant
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USD	United States Dollar
USAID	United States Agency for International Development
VG	Volume Guarantee

Acknowledgements

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

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

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

2023 VISION OF SUCCESS
7 years

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

MARKET GOALS

3-5 years

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

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

5-7 years

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

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

STRATEGIC PRIORITIES

1-3 years

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

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

3-5 years

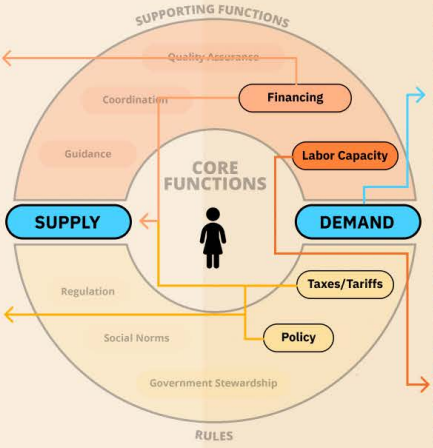
Increase consumer demand for CI once commodity is available: Map key players using the Provincial Task Force and Country Engagement Working Group; develop coordinated demand generation strategy for CI leveraging existing community platforms and digital platforms/social media; and implement strategy where commodity will become available starting with Levoplant in 2024.

Increase provider capacity to counsel, insert and remove implants once commodity is available: Develop a coordinated training strategy tailored to the needs of private providers (one-rod and two-rod); and create a conducive environment that supports task sharing to mid-level providers, including male family physicians and LHVs.

CONSTRAINTS
Now

Providers and consumers cannot afford an expensive commodity: Even if commodity are available, CI are an expensive commodity that represent a significant investment for a private provider and a high cost to the consumer. There are limited mechanisms in place to support private providers to procure CI at an affordable price, and no mechanism to support the consumer to afford it.

Unfavorable policy and regulatory environment adversely impacts the availability of implants: The Maximum Retail Price (MRP) set by The Drug Regulatory authority of Pakistan (DRAP) does not account for Pakistani rupee (PKR) to International currency fluctuations, which resulted in an unviable MRP for CI. This is further exacerbated by imported commodities attracting customs duties, sales tax and in some cases advance income tax, set by the Federal Board of Revenue (FBR). It is unclear whether Punjab's EML accounts for multiple CI brands (i.e., including Levoplant).



Latent demand for contraceptive implants (CI) exists, but too few women are aware: No concerted demand generation efforts for CI have taken place since historically there has been no supply to meet demand. However, in the few instances where women are counselled on this method they are open to it.

Limited provider training and skill attrition, compounded by unrealized task sharing potential: Limited trainings have occurred given limited supply, and providers who are trained face skill attrition as they cannot practice with fluctuating supply. When trainings do occur, the mode (multi-day in-person training) is not attractive to private providers. While some Lady Health Visitors (LHVs) have been trained, the Punjab Nursing Council still needs to approve provision by this cadre, a process which delays implementation of task sharing.

Background

Rationale

Despite the success of contraceptive implant (CI) introduction in the public sector, implant provision by the private sector remains underutilized. The Implant Access Program (IAP) (2013-2018) established a volume guarantee (VG) agreement with manufacturers, through which the cost of implants to country governments and some partners procuring implants for Family Planning 2020 (FP2020) countries was reduced by 50%[1]. This made significant contributions toward the scale-up of implants in the public sector over the past decade, but it did not support private sector provision. In 2022, as part of the Expanding Family Planning Choices (EFPC) project, Jhpiego and Impact for Health (IHI) collaborated to understand the barriers to effective engagement of the private sector as a partner in CI service delivery. These findings outlined a set of global barriers and recommendations to support global and/or country stakeholders in expanding private-sector CI service delivery. **Punjab's Roadmap for Private Sector Provision of Contraceptive Implants** builds on this global review and identifies specific market constraints and opportunities for the private sector provision of CI in Punjab (See Figure 1).

Methodology

In June-August 2023, IHI and Jhpiego conducted a comprehensive literature review (62 articles, both peer-reviewed and grey literature) and 12 key informant interviews (KII) with key actors from across Pakistan's CI value chain who play critical roles in different market functions. This resulted in a private sector implant Market Analysis Report available here. In September 2023, Jhpiego and IHI hosted a Country Workshop in Lahore, Pakistan with 12 key stakeholders from across the value chain to validate the findings in the draft Market Analysis Report and co-create recommendations for how to improve uptake of CI as part of a comprehensive contraceptive method mix. The discussions and outputs from that workshop inform this Roadmap.

Purpose

This Roadmap documents a pathway for private sector provision of CI in Punjab in support of FP2030 goals by answering the following questions:

- **Where are we now?** Summarizes the current state of CI in the private sector and key market constraints to expanding sustainable provision;
- **Where do we want to go?** Articulates the 2030 vision of success (in support of FP2030 goals) and five-year market goals to achieve that vision;
- **How do we want to get there?** Outlines the three-year strategic priorities and longer-term interventions to drive progress to achieve the goals and vision.

Given the devolved health system structure in Pakistan, this Roadmap focuses on the province of Punjab as a starting point. Punjab was selected as it is recognized as a "first mover" in family planning in Pakistan and accounts for half of Pakistan's population.

Figure 1 - Timeline illustrating projects focused on scaling up contraceptive implants.

[1]Braun, R. & Grever, A. (2020). Scaling Up Access to Implants: A Summative Evaluation of the Implants Access Program, Glob Health Sci Pract, 8(2): 205-219.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326518/pdf/GH-GHSP200015.pdf

1

WHERE ARE WE NOW?

This section summarizes the key findings from the Market Analysis Report and outlines the four Key Market Constraints prioritized during the September 2023 workshop based on their potential impact, stakeholder availability and motivation, as well as feasibility. Workshop participants prioritized two constraints that need to be addressed first to secure commodity (i.e., unfavorable policy environment for implant procurement and provider/consumer affordability of an expensive commodity) only after which two additional constraints should be addressed (i.e., insufficient demand and insufficient labor capacity). These four constraints are not exhaustive of all Punjab's CI market constraints but are considered critical entry points to tackle the market. The Roadmap presents constraints and associated information sequentially for ease of presentation, while aiming to lay out the intersections between the constraints and interventions. Finally, this report weaves in the "Who Does, Who Pays" sustainability analysis in the current state of the market (where are we now?) and future state of the market (where do we want to go?), to ensure the final strategic priorities and interventions will lead to sustainable behavior change across Punjab's value chain actors (how do we get there?).

Pakistan's CI Market Landscape Summary

Unlocking the potential of a viable private sector CI market to meet women's unmet need for FP - and contribute to achieving Pakistan's FP2030 target - **requires financial and regulatory keys** to get commodities in country. Historically, Pakistan has not participated in the United Nations Population Fund (UNFPA) Supplies Partnership, which results in higher domestic spending on FP commodities compared to other lower middle-income countries (LMICs). Without consistent supply, other market functions – demand, coordination, training, quality assurance – cannot operate.

Pakistan's fast-growing population[2], economic instability and gender inequality[3] contribute to women's constrained decision-making over their fertility. While the intention of the **healthcare system devolution** was to make healthcare more responsive to local needs, the reality is **wide provincial variations in service delivery and a complexity of federal and provincial stakeholders that hinders procurement of FP commodities.** In Pakistan, the private sector for health is primarily comprised of non-governmental organizations (NGOs) with a much smaller representation from commercial entities. Almost half of married women who use modern contraceptives obtain their method from the private sector (see Figure 2).

Pakistan's contraceptive **prevalence rate (CPR) has hovered around 30% for most of a decade** (see Figure 3)[4], with traditional methods, condoms and female sterilization cumulatively accounting for over 75% of the method mix. 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 CI. Yet currently only **1% of FP users in Pakistan use CI;** with 86% of them obtaining their implant from the public sector and the remaining **14% obtaining them primarily from the private NGO sector**[5] (see Figure 4). Of note, there are **no coordinated global, federal or provincial financing mechanisms to make CI more affordable to private providers and end users.**

Use of hormonal contraception is low in Pakistan due to fear of side effects[6]. The use of

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

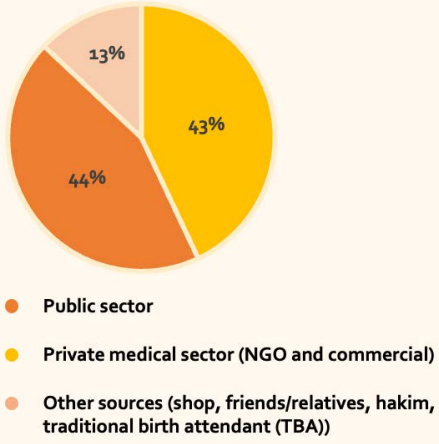


Figure 2 - Proportion of women using public and private sector sources for contraceptives (PDHS 2017-2018)

intrauterine contraceptive devices (IUCDs) is particularly low due to reservations about the nature of insertions[7,8]. Anecdotal evidence indicates that women who are open to hormonal contraception **may be open to implants as a less invasive method.** 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.

Historically, the CI market (extremely limited as it is) has been dominated by Jadelle (two-rod, 5-year implant). However, **DKT is planning to import significant volumes of Levoplant** (two-rod, 3-year implant) in 2024 which would be sold to three markets: public sector, private sector (NGO + large hospitals), and small private sector providers. Consequently, **now is the time to coordinate efforts to support availability and affordability of CI** (Levoplant, Jadelle and potentially Implanon NXT), increase consumer awareness and demand and build provider capacity to accelerate progress towards achieving Pakistan's FP2030 goals and CPR target.

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

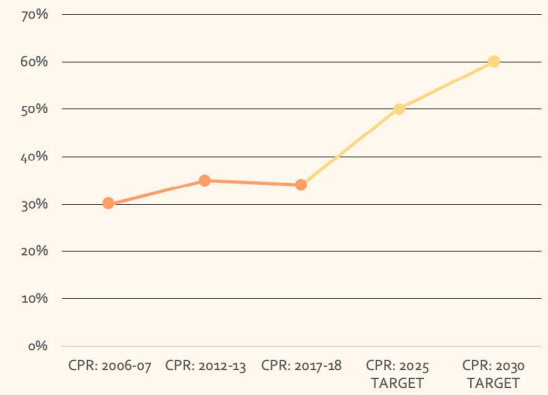


Figure 3 - Trends in contraceptive use (modern and tradition) among currently married women (PDHS 2017-18)

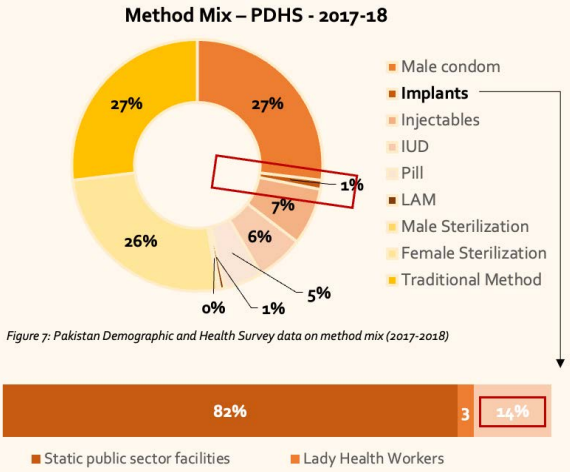


Figure 7: Pakistan Demographic and Health Survey data on method mix (2017-2018)

Figure 4 - Method mix (2017-2018) and implant source

[2]*Pakistan Bureau of Statistics. (2023). Population Census Report*
[3]*World Economic Forum. (2022, July). Global Gender Gap Report 2022. https://www3.weforum.org/docs/WEF_GGGR_2022.pdf*
[4]*National Institute of Population Studies (NIPS) [Pakistan] and ICF. (2019). Pakistan Demographic and Health Survey 2017-18. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF. https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf*
[5]*Ibid.*
[6]*Pakistan Bureau of Statistics Ministry of Planning, Development & Special Initiatives. Annual Contraceptive Performance Report 2020-21. https://www.pbs.gov.pk/sites/default/files/social_statistics/contraceptive_performance_reports/ACP_Report_2020-21.pdf*
[7]*MacQuarrie, K. & Aziz, A. (2022). Women's decision-making and contraceptive use in Pakistan: an analysis of Demographic and Health Survey data. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8820788/pdf/ZRHM_29_2020953.pdf*
[8]*Javed, R. & Mughal, M. (2019) Have a Son, Gain a Voice: Son Preference and Female Participation in Household Decision Making, The Journal of Development Studies, 55:12, 2526-2548. https://www.tandfonline.com/doi/abs/10.1080/00220388.2018.1516871?journalCode=fjds20*

RULES: Unfavorable policy environment for CI procurement in a mixed health market

CONSTRAINTS
Now *1st priority*

Currently, CI procurement is constrained by the complexity of government (federal and provincial) procurement processes. Specifically, the Drug Regulatory Authority of Pakistan's (DRAP) policies and procedures specify that DRAP sets the Maximum Retail Price (MRP) during the product registration process[9]. The MRP establishes the maximum price that a product can be purchased at, which has direct implications for public and private sector procurements. The MRP is set in Pakistani Rupees, hence does not take into account procuring commodities internationally in United States dollars (USD). In the context of the ongoing devaluation of the Pakistani Rupee, this has resulted in Jadelle's MRP being set lower than the manufacturer's selling price. As such, a purchaser of Jadelle cannot currently recoup their initial investment, let alone generate a profit. To address this issue, in November 2022, DKT registered Levoplant at an MRP much higher than the expected selling price, but it is not yet in the market.

This situation is further exacerbated by Import and Goods & Services taxes applied by the Federal Board of Revenue (FBR) to imported commodities, including CI. In addition, the State Bank of Pakistan regulates access to USD, so as to guard national reserves. This means purchasers procuring internationally, including provincial governments, have limited access to USD and require federal government support. To facilitate such procurements, the federal government must open a Letter of Credit to purchasers prior to an order being placed. However, with healthcare procurement devolved to provincial governments, the process of procurement is complex with little cohesion between provincial and federal governments, resulting in delays to Letters of Credit being opened. Finally, while Punjab's Essential Medicine List (EML) includes single-rod etonogestrel (Implanon NXT) and two-rod levonorgestrel, it does not explicitly account for Levoplant (two-rod levonorgestrel 3-year) vs Jadelle (two-rod levonorgestrel 5-year) which makes procurement of Levoplant challenging.

WHO DOES?

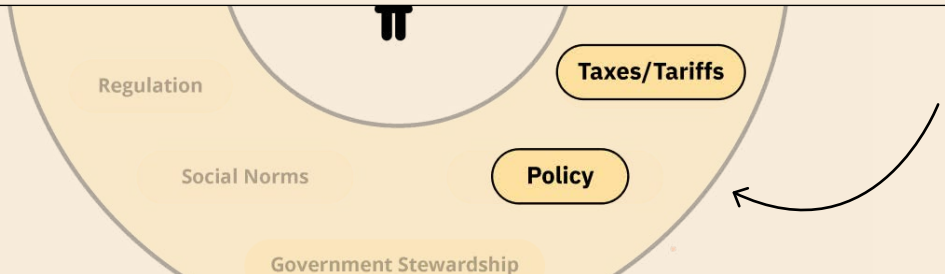
Incentives, motivations & capacities

DRAP sets MRP
The FBR applies tax duties to all imported commodities (public and private). Custom duty varies from 5% to 25%. In addition, there are added extra sales tax and advance income tax which adds to the cost of an already expensive commodity.

WHO PAYS?

Incentives, motivations & capacities

Manufacturers are required to pay relevant registration fees – either the Drug Manufacturing License fee or the Drug Sale License fee. Purchasers are required to pay applied taxes, such as import duties and Goods and Sales taxes, during procurement. Their ability to pay is variable given economic instability.

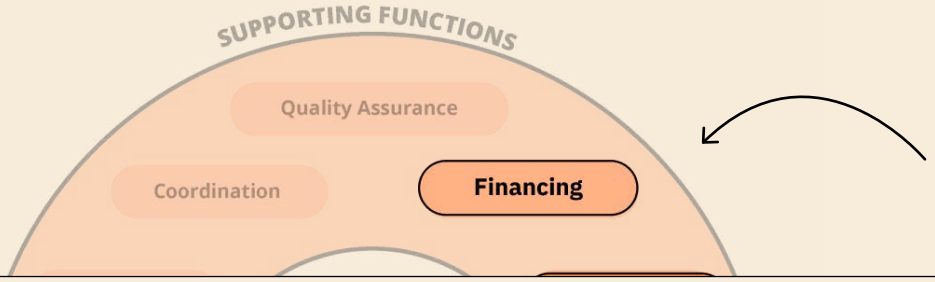


[9]*Drug Regulatory Authority of Pakistan. (2023, January 19). What We Do. https://www.dra.gov.pk/about-us/drap-at-glance/what-we-do/*

SUPPORTING: Providers and consumers cannot afford an expensive commodity

CONSTRAINTS
Now *1st priority*

CIs are an expensive commodity. While public sector purchasers of Jadelle and Implanon NXT should be able to access the commodity at the US$8.50/unit price point due to renewal of the IAP volume guarantee pricing , their ability to do so is constrained by challenges with the MRP and other procurement issues, such as access to USD (described above under RULES). Of note, the unit cost of $8.50 was set through IAP agreements for governments, and it is uncertain at what price point the commercial sector would be offered these commodities. The NGO sector obtains its (limited) commodities from donors, but even that has been held up due to challenges with the MRP. DKT plans to introduce Levoplant to the Pakistan market by independently subsidizing the cost so it's affordable to purchasers. While Levoplant's ex-factory price is established at $6.70 USD/unit, stakeholders estimate that the cost to bring the commodity into Pakistan is $12/unit, accounting for taxes and distribution costs. Given the current economic climate in Pakistan, any of these CI brands (Jadelle, Implanon NXT, or Levoplant) represents a significant investment for private purchasers, especially compared to other FP methods and in the context of limited demand. Apart from DKT's plans to subsidize Levoplant, there are no financial mechanisms in place to support private sector actors, including NGOs and the commercial sector, to procure CI commodities. In addition, there is little or no demand for implants in the private sector and many private providers lack the skills required to insert and remove implants, factors which negatively impact private providers' motivation to invest in the commodity.



WHO DOES?

Incentives, motivations & capacities

The Government of Punjab can procure Jadelle and Implanon NXT at a reduced unit cost, although their ability to do so is challenged by the complexity of the international procurement process, competing priorities within an overall low budget envelop, and a low MRP. Donors provide small quantities of donated implants to the NGO sector. Without a viable business case and a product registered with a viable MRP, commercial providers do not procure.

WHO PAYS?

Incentives, motivations & capacities

The Government of Punjab pays for commodities through their provincial health budget. Even if the MRP issues at product registration were resolved, private purchasers cannot afford the full commodity cost without financial subsidies.

CORE: Latent demand for CI exists, but too few women are aware

CONSTRAINTS *Now* *2nd priority*

No concerted demand generation efforts for CI have taken place as there has historically been insufficient/no supply to meet demand. With such limited supplies of CI in country, very few women are aware of CI as an FP method. Providers are not motivated to discuss implants as part of an informed choice approach, knowing that they cannot provide it [KII analysis]. As a result, women express much lower levels of awareness of implants (50%) compared to other methods: condoms (92%), pills (85%), IUD (64%)[10]. However, in the few instances where women are counseled on CI, they are open to it. Implants could represent a unique opportunity to expand uptake of LARCs in Pakistan, as implants do not require vaginal insertion, which is a significant barrier to uptake of IUDs given myths and fears around harming a woman's womb[11].

WHO DOES?

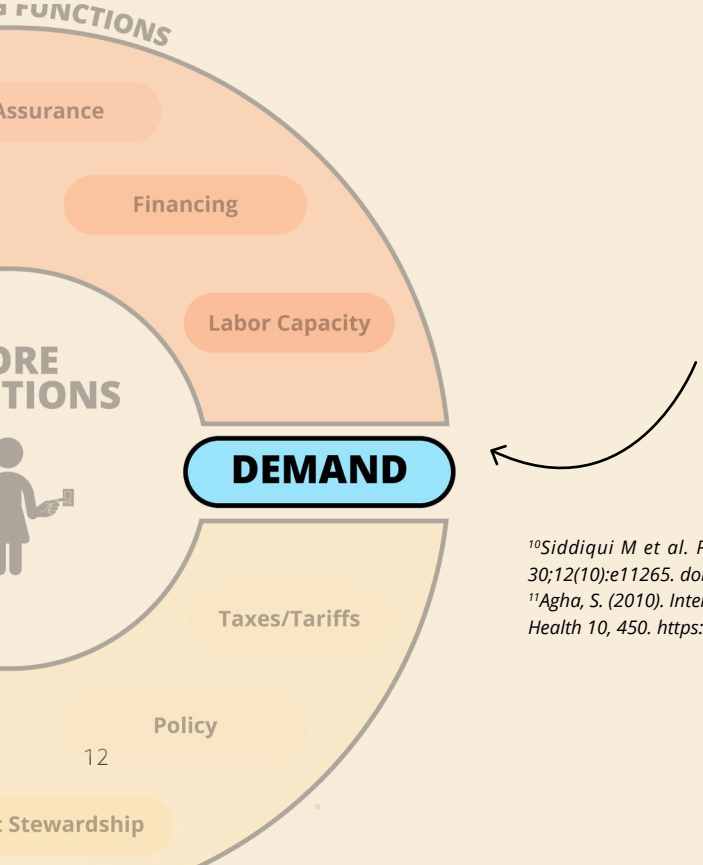
Incentives, motivations & capacities

Without access to supply, there has been little focus on demand generation/BCC for CI. Without access to supply, providers are not motivated to discuss implants as an FP method in the context of informed choice. Since so few women use CI, women cannot act as word-of-mouth advocates for the method.

WHO PAYS?

Incentives, motivations & capacities

Few investments have been made to increase demand for CI, given limited supply.



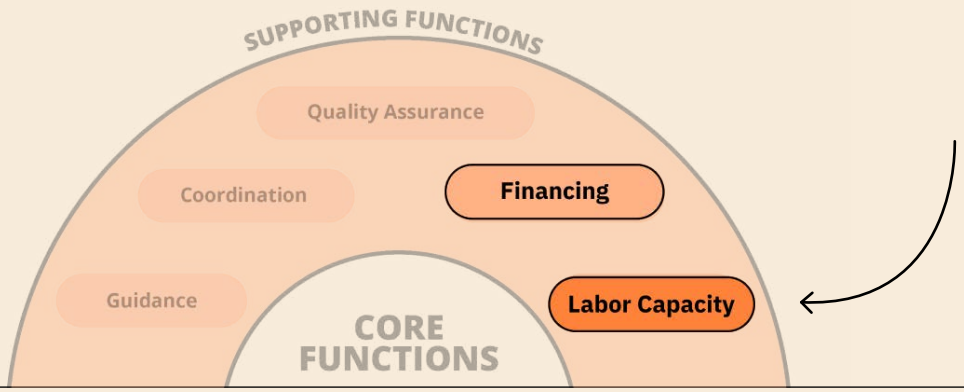
"Implants are popular with women and there is demand for implants in the private sector. Women in Pakistan have a myth that if they introduce something into their uterus, it might cause long-term damage, so they are willing to try the implant instead of IUDs."
- Medical provider

[10]Siddiqui M et al. Prevalence and Predictors of Contraception Usage in Karachi, Pakistan. Cureus. 2020 Oct 30;12(10):e11265. doi: 10.7759/cureus.11265. PMID: 33274142; PMCID: PMC7707907.
[11]Agha, S. (2010). Intentions to use contraceptives in Pakistan: implications for behaviour change campaigns. BMC Public Health 10, 450. https://doi.org/10.1186/1471-2458-10-450.

SUPPORTING: Erratic supply leads to limited provider training and skill attrition, compounded by unrealized task sharing potential

CONSTRAINTS
Now *2nd priority*

When CIs are available, they move through public and private (NGO and commercial) supply chains with trainings offered by social enterprises, NGOs (Family Planning Association of Pakistan (FPAP), and the Population Welfare Department (PWD) Punjab. The challenge is that as supply is erratic at best, **there is no consistent training** for healthcare workers and **no consistent continuous professional development training** for public or private providers. When training does occur, the mode (multi-day, in-person training) is not attractive to private providers, and public and private providers do not have the opportunity to consistently offer implants due to fluctuating supply. These factors (insufficient trainings and fluctuating supply), lead to **skill attrition** over time, which impacts both providers' confidence to provide CI and their confidence to offer it as a method. While doctors are the primary provider of CI in Pakistan, some mid-level providers have been trained, but this varies across provinces. In Punjab, Lady Health Visitors (LHVs) have been trained in CI insertion and removal; however, they are currently unable to offer this service as the Punjab Healthcare Commission requires written approval from the Punjab Nursing Council (PNC), which has not been issued to date. This limits the task sharing potential from doctors to these critical mid-level providers who operate in both public and private (NGO) sectors.



WHO DOES?

Incentives, motivations & capacities

When commodity is available, public and private providers are trained to insert and remove implants and offer implants within a framework of informed choice.

WHO PAYS?

Incentives, motivations & capacities

Government of Punjab (PWD trainings) and NGOs (NGO provider trainings). In theory, commercial providers could be invited to NGO supported trainings but would be expected to do so at a small fee.

2

WHERE DO WE WANT TO GO?

This section outlines the vision and goals for the CI market in Punjab in support of FP2030 goals. The market goals presented directly respond to the four key constraints to sustainably improve access to CI in the private sector.

2030 vision of success:

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

VISION OF SUCCESS
7 years

RULES Policy environment: Enabling policy environment supports availability of multiple brands of CI in the market

MARKET GOALS
3-5 years

Multiple brands of CI (i.e., Levoplant, Jadelle and/or Implanon NXT) are registered at an MRP higher than the anticipated selling/purchase price, to allow for price fluctuation. The FBR exempts FP commodities, including CI, from applicable taxes thereby reducing the cost to private and public actors. Federal and provincial governments coordinate on procurement and the efficient issuance of Letters of Credit for purchasers. In addition, the Punjab EML accounts for two-rod levonorgestrel 3-year (i.e., Levoplant) thereby making procurement easier for all three brands (i.e., Levoplant, Jadelle and/or Implanon NXT).

WHO DOES?

Incentives, motivations & capacities

Interested parties are motivated by FP2030 goals to support manufacturers to register/re-register products at realistic MRP.

FBR is motivated by FP2030 goals to exempt FP commodities, including CI, from applicable import duties.

Federal and provincial government build coordinated and cohesive approach to lead mixed healthcare system, including facilitating international procurement of products through efficient opening of Letters of Credit, as needed.

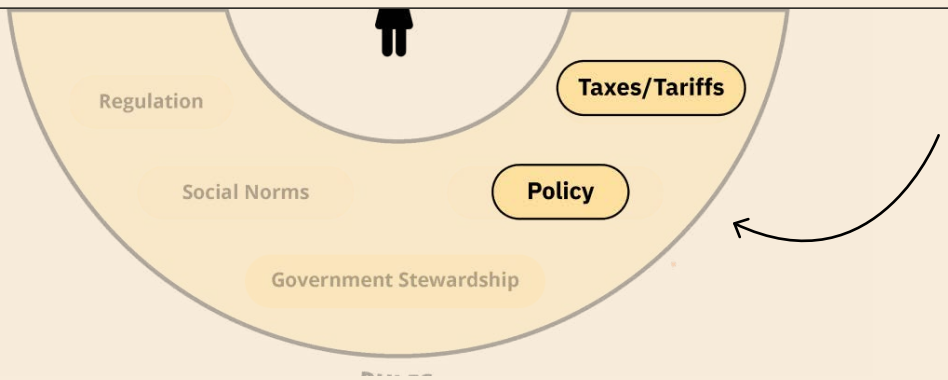
WHO PAYS?

Incentives, motivations & capacities

Multiple manufacturers pay for CI products to be registered in Pakistan, motivated by a (potentially subsidized) market for the product.

CI products are not taxed upon import.

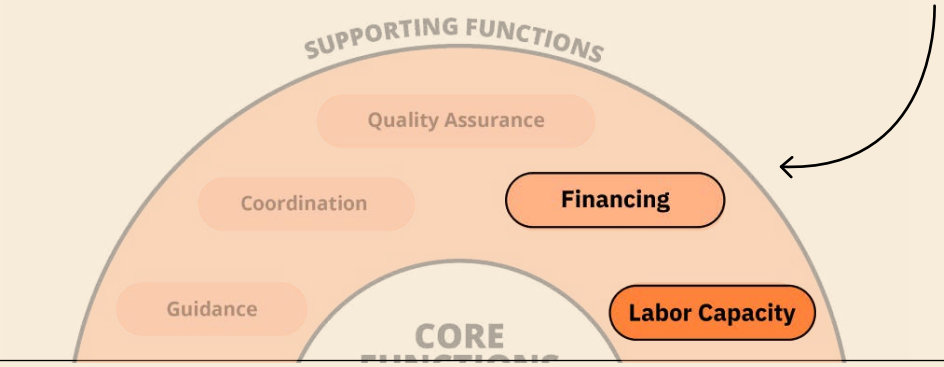
The federal government acts as guarantor for Letters of Credit.



SUPPORTING Financing: Private providers and clients are motivated and able to purchase/ pay for CI at an affordable price point

MARKET GOALS *3-5 years*

Private providers are motivated to purchase at least one brand of CI based on a viable business case, which may include subsidy for the commodity in the next 3-5 years. Public Private Partnerships (PPPs) - such as Service Level Agreements (SLA) - are leveraged to support affordability of commodity and access to training in return for private providers reporting data to Punjab's health information system. Consumer affordability of CI is demonstrated through a series of pilots, such as vouchers and conditional cash transfers, which have been proven effective to increase equitable uptake of FP methods, including IUCDs in Pakistan. As demand for CI grows, and willingness to pay for the product and service increases, subsidy can reduce with an eventual pathway toward private purchasers paying ex-factory prices. However, the role of subsidy may play a bigger role in Pakistan's FP private sector which is dominated by NGOs.



WHO DOES?

Incentives, motivations & capacities

Government (public procurement),
NGOs and commercial sector
(private procurement)
Manufacturers (sell commodities
to purchasers)
Private providers (consistent data reporting)

WHO PAYS?

Incentives, motivations & capacities

Government (public commodity)
DKT (internal subsidy for Levoplant)
Donors (e.g., World Bank, Department
of International Development, Foreign,
Commonwealth & Development Office consider
subsidy for Jadelle and/or Implanon NXT)
Private providers (paying for CI to
be available in their clinics)

CORE Demand: As CI availability increases, women demand CI within an informed choice framework

MARKET GOALS
5-7 years

Women and their key influencers are aware of the availability of CI in private sector outlets, understand their benefits, and are willing to try CI within a context of informed choice. While many women in Pakistan are unaware of CI, those that are aware are open to using them. This suggests that if issues of availability (constraint 1) and affordability (constraint 2) are addressed, then concerted efforts to raise women's awareness of CI within a framework of informed choice will drive uptake. As with any diffusion of innovation, once early adopters have gained positive experience of implants, these women will also drive awareness through word-of-mouth and personal testimony.

WHO DOES?

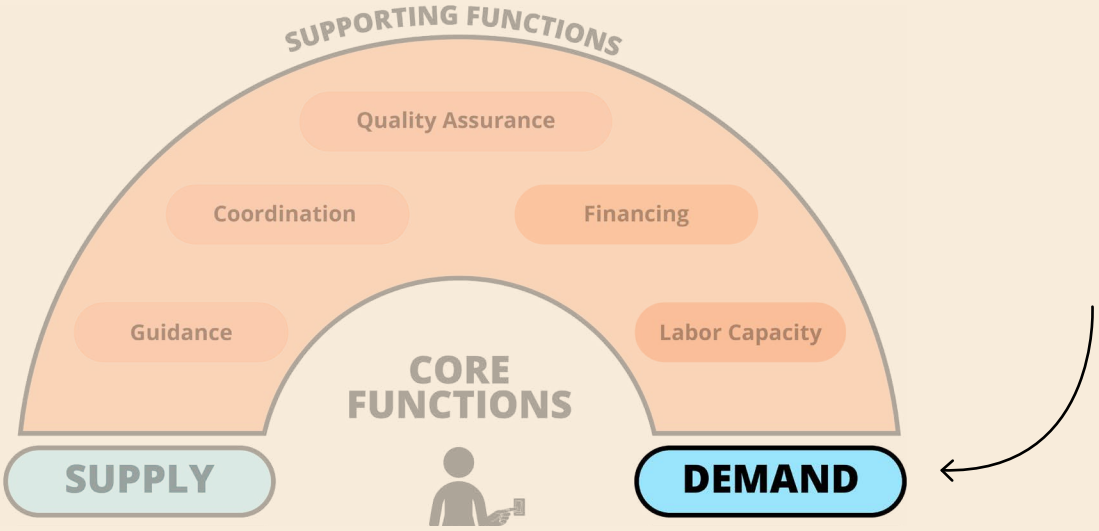
Incentives, motivations & capacities

Key promotion stakeholders (e.g., NGOs, government, and commercial) develop user-centered messages to inform women of the benefits of implants and address myths and misconceptions within a framework of informed choice. Roll out of these messages is integrated into ongoing promotion efforts, appropriately aligned to implant supply.

WHO PAYS?

Incentives, motivations & capacities

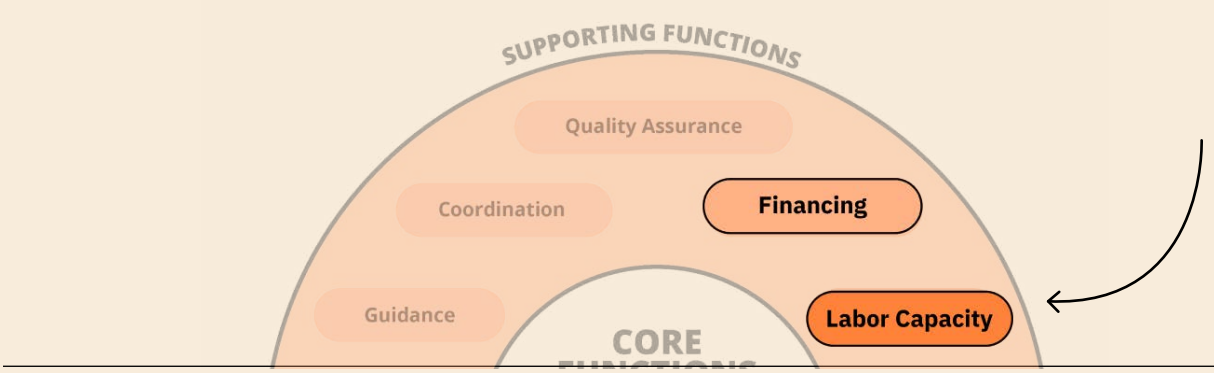
Government of Punjab, NGOs, commercial sector and donors apply proven expertise in BCC to create demand for implants and contribute to achieving FP2030 goals.



SUPPORTING Labor Capacity: As CI availability increases, a range of private healthcare providers, including male family physicians and LHVs, are trained to provide CI within an informed choice framework

MARKET GOALS
5-7 years

As manufactures are motivated to enter the market and purchasers are supported to procure commodity, provider trainings for CI will increase, as will the opportunity for providers to practice their skills with new clients. Trainings will support providers to gain correct skills and knowledge to counsel, insert and remove implants within a framework of informed choice (potentially one-rod and two-rod, if Implanon NXT re-enters the market). Competency-based and blended learning models are offered, tailored to the needs of private providers. A range of healthcare providers including male family physicians and LHVs are approved to provide CI as a part of the method mix.



WHO DOES?

Incentives, motivations & capacities

Key training stakeholders (e.g., NGOs, government, and commercial) integrate implants as a part of their FP training efforts.

WHO PAYS?

Incentives, motivations & capacities

Manufacturers (such as DKT) cover the cost of provider training, with potential contributions from the commercial sector and or government/ government partners (such as NGOs).

3

HOW DO WE GET THERE?

This section outlines the strategic priorities for the next three and five years, aimed at advancing towards the five-to-seven-year market goals and realizing the vision for CI in the private sector in Pakistan. This section outlines what might need to be done to incentivize, motivate, and describe capacities of key actors in Pakistan's CI market to move from the currently constrained state to the ideal future state. The first set of priorities aims to secure commodity, noting this may be fast tracked with introduction of Levoplant in 2024. The second set of priorities (once commodity is secured) seeks to increase consumer demand for the new supply and improve private sector labor capacity to offer implants as a part of the method mix. It should be noted that this section is not exhaustive, but it is meant as a starting point to increase the sustainable delivery of CI in the private sector.

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

STRATEGIC PRIORITIES
1-3 years

Leverage the Country Engagement Working Group (CEWG) to create a Punjab CI task team of vested partners

WHAT: Leverage the Country Engagement Working Group (CEWG) to form a CI task team to coordinate advocacy and action around regulatory changes. The task team could develop a business case to support manufacturers to (re-)register their products at a viable MRP, and for the government to make the economic case for tax/duty waivers for FP, including CI.
WHO: CEWG Punjab CI task team, including PWD Punjab, implementing partners, and manufacturers.

Support registration of multiple CI brands at viable MRP

WHAT: Drawing from DKT's experience of registering Levoplant, support Bayer and/or MSD/Organon & Co to renew/re-register Jadelle and/or Implanon NXT respectively at a higher MRP to mitigate previously discussed challenges (see RULES above). Through expanded access to multiple CI brands, Punjab will support access to a wider method mix within a framework of informed choice.

WHO: CEWG Punjab CI task team.

Seek waiver for custom duties, additional sales tax and advance income tax (as applicable) on all FP commodities from the Finance Ministry

WHAT: Using a business case developed by the task team, and working with other interested parties (e.g., DKT Pakistan), CEWG leads advocacy efforts to seek waiver for all FP commodities. Critical to this effort will be advocacy to Punjab provincial authorities to appreciate the longer-term cost-benefit analysis in widening access to FP commodities.
WHO: CEWG Punjab CI task team.

Reinforce advocacy efforts to ensure all CI brands (single-rod etonogestrel, two-rod levonorgestrel (3 and 5 years)) are covered in Punjab's EML

WHAT: While Punjab's EML includes single-rod etonogestrel and two-rod levonorgestrel, it is does not explicitly account for two-rod levonorgestrel 3-year (Levoplant) vs. two-rod levonorgestrel 5-year (Jadelle). To ensure multiple brands of products are available in Punjab, the task team could support DKT's ongoing advocacy efforts to add the 3-year implant to Punjab's EML.

WHO: CEWG Punjab CI task team.

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

STRATEGIC PRIORITIES
1-3 years

Explore supply-side subsidy mechanisms for Jadelle and/or Implanon NXT so they are available for purchase at a competitive price point with Levoplant

WHAT: DKT plans to subsidize Levoplant so the cost to the consumer is affordable. Similar subsidy could be explored for Jadelle and Implanon NXT if Bayer and MSD/Organon & Co want to enter the private market. The task team (described above) could undertake a detailed landscape analysis of possible temporary subsidy options drawing from other LMICs' experiences, and advocate for inclusion of these subsidies into existing investments such as the Human Capital Investment Project (World Bank funded project). Subsidized commodities could be an entry point for SLA private sector reporting and quality standards as a requirement of accessing such commodities. At the same time, consideration should be given to how public sector commodity procurement vehicles (such as UNFPA's New & Less Used Fund) can build awareness and demand for CI in Punjab with knock-on effects for the private sector. As women's awareness of CI increases, it is likely that women will start requesting this service from private providers and this growing demand will be important in helping private providers appreciate the growing market for CI.

WHO: CEWG Punjab CI task team and development partners such as World Bank, UNFPA, and ThinkWell.

Explore mechanisms to improve affordability of multiple CI brands (Levoplant, Jadelle, and Implanon) to consumers

WHAT: The working group could undertake a detailed analysis of demand-side financing options, such as:

- **Vouchers and conditional cash transfers:** Explore whether vouchers could be used to increase access to CI, especially amongst poorer populations. Pakistan voucher-based family planning programs have already shown an increase in modern FP methods among poor populations[12].
- **Inclusion of FP in social and private insurance schemes:** Only 5-10% of Pakistan's population is covered by health insurance, and (almost) none of the health insurances cover FP nor CI. For example, Sehat Sahulat Program, a social health insurance initiative launched by the Government of Pakistan in 2019 provides free healthcare services to underprivileged populations but does not cover FP. Noting this is a long-term effort, the task team can join existing advocacy efforts to support expansion of existing health insurance to cover population and FP services.

WHO: CEWG Punjab CI task team and development partners such as World Bank, UNFPA, and ThinkWell.

[12]*Azmat, S.K., Ali, M. & Rahman, M.M. Assessing the sustainability of two independent voucher-based family planning programs in Pakistan: a 24-months post-intervention evaluation. Contracept Reprod Med 8, 43 (2023). https://doi.org/10.1186/s40834-023-00244-w*

CORE Demand: As commodity becomes available, increase consumer demand for CI

STRATEGIC PRIORITIES
3-5 years

Map key players using the Provincial task team and Country Engagement Working Group

WHAT: There is a wealth of existing actors in Punjab who are creating demand for FP products and could be leveraged to create demand for CI once the product is reliably available. The CEWG Punjab CI task team can map these actors and identify their role to increase demand for CI.

WHO: Provincial task team and CEWG membership.

Develop coordinated demand generation strategy for new CI commodity, leveraging existing community platforms and digital platforms/social media

WHAT: Develop a coordinated demand generation strategy through key actors, clarifying:

- **Target audience:** Preliminary insights from the Market Analysis Report indicate three potential consumer audiences for CI: young (and likely urban/peri-urban) women interested in LARCs; wealthy women currently accessing FP from the public sector; and women who have discontinued their method within the private sector but are open to new methods. Demand generation efforts should be directed at women as well as their key influencers, such as husbands and mothers-in-law.
- **Message development:** Messages should directly address myths and misconceptions about FP which are pervasive in Pakistan, and should highlight the non-invasive (i.e., non-vaginal) insertion nature in comparison to other methods with limited uptake, notably IUCD.
- **Channel and media selection:** Analysis of preferred channels and media preference should be undertaken to identify preferred ways to reach women and their key influencers. Given widespread cellphone usage and access and use of social media, such channels and media could be critical in reaching target audiences.

The working group could leverage existing FP landscape analyses, consumer archetypes, and consumer journeys and commission light touch consumer research specific to CI to develop the demand generation strategy.

WHO: Human Centered Design and Behavior Change Communication (HCD-BCC) expertise drawn from the CEWG Punjab CI task team.

Implement demand generation strategy where commodity will become available starting with Levoplant in 2024

WHAT: The Punjab CI task team can coordinate its efforts to build demand for CI in areas where commodity will first become available, starting with Levoplant in 2024. Consideration should be made to specific geographic locations (likely urban and peri-urban) at the District, Tehsil and Union council levels where women are most likely to take up CI.

WHO: HCD-BCC expertise drawn from the CEWG Punjab CI task team.

SUPPORTING Labor Capacity: As commodity becomes available, increase private provider capacity to counsel, insert and remove implants

STRATEGIC PRIORITIES
3-5 years

Develop a coordinated training strategy across partners, tailored to the needs of private providers

WHAT: Leverage the CEWG Punjab CI task team to coordinate training efforts across actors, e.g., FPAP (who train public and private NGO providers), manufacturers (such as DKT who plans to organize training in support of the introduction of Levoplant next year) and other development partners (e.g., funded through United States Agency for International Development (USAID)). To meet the training needs of private providers, consideration should be given to: developing a comprehensive competency-based CI training that addresses insertion and removal of all types of CI (one-rod and two-rod) and uses a blended learning approach (online and brief in-person practicum.) Training should also cover appropriate referral mechanisms.

WHO: CEWG Punjab CI task team manufacturers, and provider associations.

Create a conducive environment that supports task sharing to mid-level providers, including male family physicians and LHVs

WHAT: Currently only qualified doctors, including male family physicians, and some mid-level providers are authorized to insert and remove CI, although this varies significantly based on the province. In Punjab, some LHV have been trained for CI insertion; however, the Punjab Healthcare Commission is awaiting written approval from the PNC for LHV to offer CI insertion and removal. The task group can explore this gap, and others like it, to ensure that Punjab's regulatory agencies have the documentation needed to ensure provision of CI by LHVs and other mid-level providers. This experience could help the task team pursue Punjab's first task sharing policy for CI.

WHO: Task team, PNC, Punjab Healthcare Commission.

Conclusion

As part of Jhpiego's work on Country Roadmaps for Private Sector Provision of Contraceptive Implants (2023), Pakistan was purposefully selected as an archetype for "Entrenched Barriers" markets where more complex, longer-term interventions will be required to increase the CI market size. The challenges facing this market are reflected in Pakistan's stagnant CPR of around 30% for the last decade. Without concerted efforts to drive uptake through informed choice of an expanded basket of methods, Pakistan is in danger of not achieving its FP2030 targets. With considerable volumes of Levoplant expected in the market in 2024, now is the time to coordinate efforts to support availability and affordability of CI (Levoplant, Jadelle and potentially Implanon NXT), increase consumer awareness and demand and build provider capacity. To date, the challenges facing Pakistan's implant market have resulted in a nascent CI market in the public and private sectors. This can be viewed as an opportunity to build a cohesive mixed health system market for implants from its inception, rather than attempting to retrofit a private sector component to an established public sector market, which has occurred in other contexts.

This Roadmap takes a provincial focus given Pakistan's devolved health system. Punjab was selected as it's a "first mover" in family planning and is the most populous province in Pakistan. This Roadmap is neither exhaustive nor static. It represents a starting point for stakeholders to coalesce around, with a view to increasing the sustainable delivery of CI in the private sector in Punjab. By proactively addressing identified constraints concerning an unfavorable policy environment, inadequate financing, lack of awareness and labor capacity, this Roadmap supports stakeholders to move beyond simply identifying where the market is broken: it offers achievable ways forward. Users of the Roadmap should be cognizant that as interventions to address constraints are implemented, this will shape the evolving nature of this market.

In the "How Do We Get There?" section of this Roadmap and building from learnings gained at the in-country workshop, actionable steps to achieve the four three-to-five-year Strategic Priorities are presented, including what needs to be done and which key market actors are best placed to do this. Through implementation of this Roadmap, Punjab can create a viable private sector model for CI delivery built on:

- **A favorable policy environment** that supports registration of multiple branded implant products at a viable MRP, which are included in Punjab's EML;
- **Appropriate financing options** to make private purchasing of CI financially viable;
- **Coordinated demand creation** efforts to drive awareness and uptake; and
- **Appropriate labor capacity** to deliver a quality service.

This Roadmap focuses on increasing sustainable delivery of CI in Punjab's private sector and also offers potentially valuable insights for other provinces within Pakistan and other

LMICs at different stages of market development for CI and/or other FP products. Although commonalities exist across countries, context always matters and countries should expect to learn from this work but also appreciate their own mixed health system context, so as to ensure solutions and approaches are tailored to their needs. This Roadmap, used in tandem with the "How-to Guide" (which provides guidance on how to conduct a market landscape and create a roadmap for provision of sexual and reproductive health (SRH) products in the private sector), offers valuable lessons and recommendations that can be applied to other countries with a similar FP private sector market and CI market.

NOVEMBER, 2023