

Private Sector Engagement for Contraceptive Implant Service Delivery

Barriers, Opportunities, Recommendations & Impact Model



September 2022

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Acronyms

BMGF	Bill and Melinda Gates Foundation	NGO	Non Governmental Organization
CCPSH	Country Connector for Private Sector in Health	PPP	Public-Private-Partnerships
EFPC	Expanding Family Planning Choices	PSE	Private Sector Engagement
FP	Family Planning	QA	Quality Assurance
IAP	Implants Access Pprogram	RGHS	Reproductive and Child Health Section
KIIs	Key Informant Interviews	SLA	Service Level Agreement
LARC	Long-acting Reversible Contraception	UHC	Universal Health Coverage
MSI	Marie Stopes International	UN	United Nations
MOH	Ministry of Health	WHO	World Health Organization

Background

Through the **Expanding Family Planning Choices (EFPC) project**, Jhpiego aims to **uphold the quality of contraceptive implant service delivery and scale-up**. Jhpiego achieves this by:

- monitoring the quality of contraceptive implant scale-up;
- conducting contraceptive implant related research;
- as Secretariat to the Implants Access Program (IAP) Operations Group and the Implant Removal Task Force, Jhpiego facilitated the operation of these important mechanisms; and
- developing and documenting learning and tools to support quality scale-up of implants.

The last decade of contraceptive implant introduction and scale-up has been lauded as a huge success of product introduction and method mix expansion; however **implant provision by the private sector remains largely un-utilized**. With the public sector essentially saturated, the **private sector** provides a **unique opportunity** to expand the method mix to Family Planning (FP) users who rely on private sector channels. Data indicates that the majority of Long-acting Reversible Contraception (LARC) users (including contraceptive implant users) access their method of choice via the public sector,¹ with just 13% of implant users using the private sector in 2022.² With **even nominal changes in the percent of the market share**, the provision of implants via private sector channels could result in **over 1 million new implant users**.¹

With the EFPC project ending in 2022, along with dedicated funding mechanisms for implants, it is valuable to **explore ways** in which the **private sector could be better engaged as a partner in the continued scale-up of contraceptive implants** globally, as well as modelling the impact of identified actions in terms of **estimating additional users** reached through scaling up contraceptive implants in the private sector.

1. Weinberger, Michelle and Sean Callahan. 2017. *The Private Sector: Key to Achieving Family Planning 2020 Goals*. Brief. Bethesda, MD: Sustaining Health Outcomes through the Private Sector Project, Abt Associates. <https://shopsplusproject.org/sites/default/files/resources/The%20Private%20Sector-Key%20to%20Achieving%20Family%20Planning%202020%20Goals%20%282%29.pdf>
2. Where Women Access Contraception in 36 Low- and Middle-Income Countries and Why It Matters. Sarah E. K. Bradley and Tess Shiras. Global Health: Science and Practice June 2022, 10(3):e2100525; <https://doi.org/10.9745/GHSP-D-21-00525>



Research Framing and Objectives

Rapid research (literature review and key informant interviews) was conducted between June-July 2022 to answer the three following key questions:

- 1 → What are the barriers to effective engagement of the private sector as a partner on contraceptive implant service delivery?
- 2 → How can implementing partners, donors, governments, and other stakeholders help overcome barriers to entry for the private sector in contraceptive implant service delivery?
- 3 → How might engaging the private sector for contraceptive implant service delivery impact family planning users and/or the uptake of contraceptive implants?

Methodology

Rapid Literature Review

- Developed search criteria¹
- A total of 31 peer reviewed and grey literature documents were extracted. A total of 5 peer-reviewed articles and 7 grey literature documents were reviewed and prioritized and for analysis

Key Informant Interviews (KIIs)

- A list of Key Informants was developed to seek input from, and an interview guide was developed to frame questions consistently
- A total of 7 KIIs were conducted with donors, implementing partners and former healthcare providers
- All KIIs were recorded and transcribed for data analysis

Data Analysis

Findings were collated and analyzed to inform the development of draft recommendations to scale-up private sector contraceptive implant service provision

1. **Search Criteria:** Scope: 2012-2022 (10-year period); Region/Countries: All; 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, 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

Key Insights to Frame the Deck

- **Findings** captured through the **Rapid Literature Review** are **more granular in nature**, highlighting possible actions that could be taken to address identified barriers.
- **Key Informant Interviews** generated more **strategic observations and guidance** with a re-occurring theme that the **current contraceptive implant market is built for public sector provision with a reliance on donor funding** and does not begin to meet the needs of the private sector.
- These different data sources have lead to a **tension** between **replicating proven practices that perpetuate the structure of the existing market**, or **recommending higher order change** to create the conditions required to engage the private sector in contraceptive implant service delivery.
- For example, an identified barrier is unsupportive financing structures with one of the best practice identified to address this barrier being to increase the private sector's access to subsidised implants; however, this 'best practice' would perpetuate reliance on donor funding thereby compromising sustainability and therefore not serve the stated objective of engaging the private sector in contraceptive implant service delivery, in a sustainable manner.

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*"If You Always Do What You've Always Done,
You Always Get What You've Always Gotten."*

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Health Market System Framework:

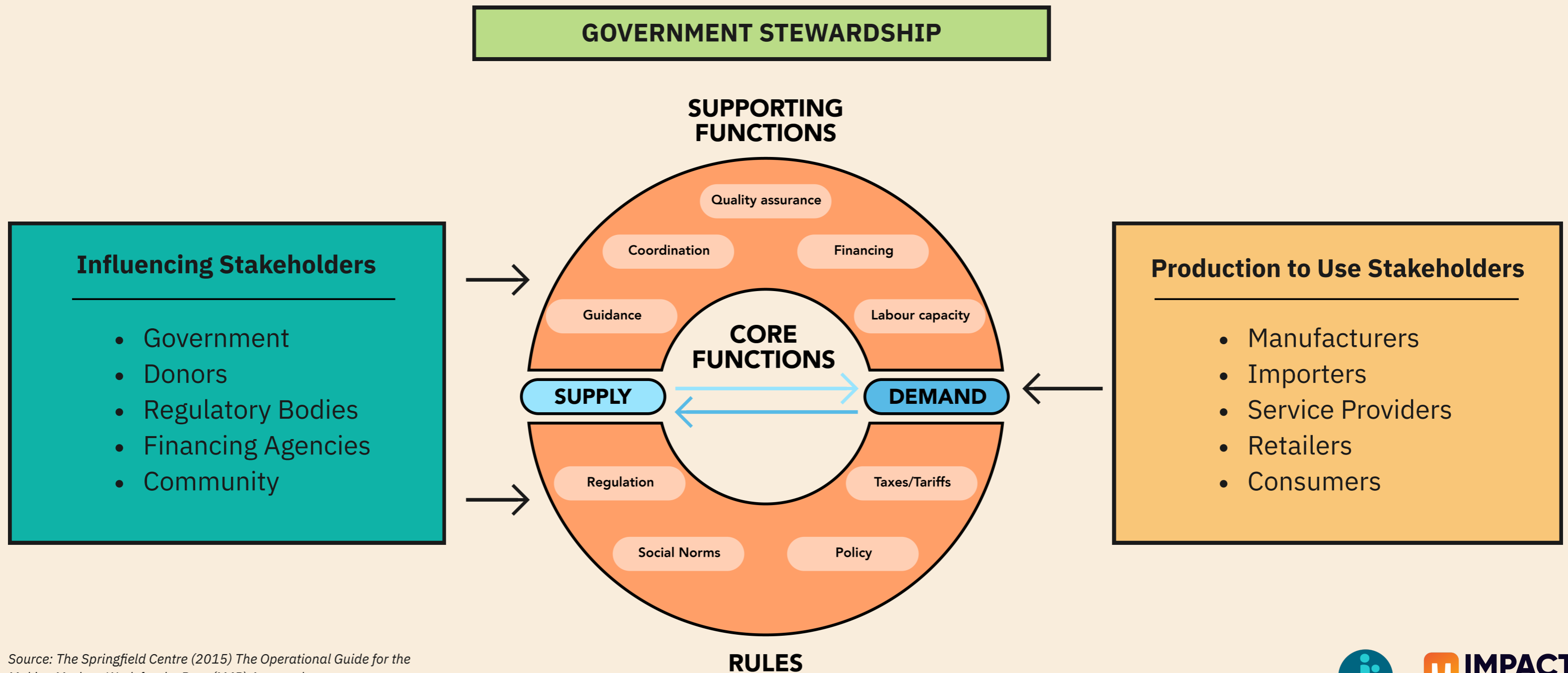
A framework to understand a health market

- To frame the findings of the analysis, we adopted the Health Market System Framework (shown on next slide), developed by The Springfield Centre (2015).
- This framework captures the range of stakeholders and market functions that impact a given health market system.
- Stakeholders include both government, other authorities as well as Production-to-use market actors - from manufacturers to the end user and all market actors in-between.
- This Framework provides a means to understand the interrelated nature of the issues impacting a health market, which in turn highlights the need to adopt a holistic approach to address barriers in health market system.



Health Market System Framework

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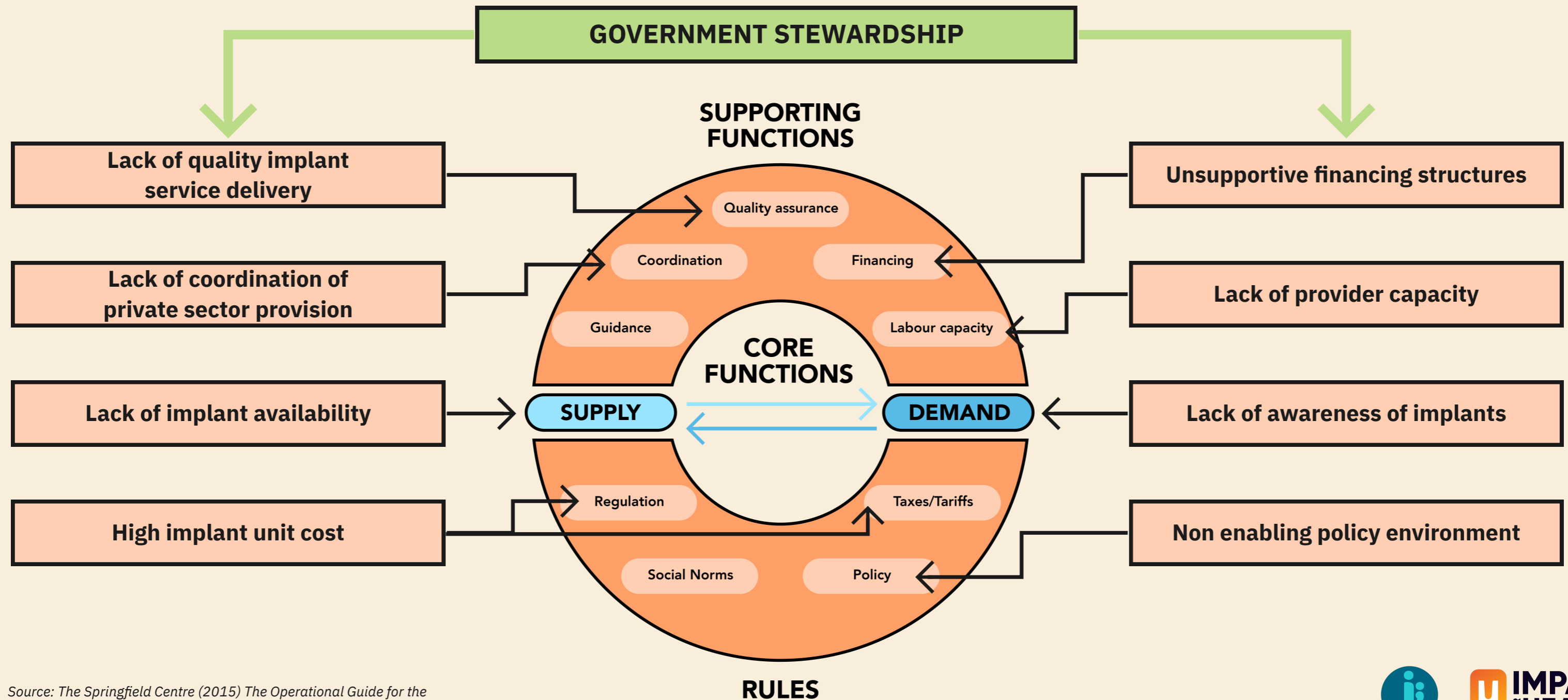
Source: The Springfield Centre (2015) *The Operational Guide for the Making Markets Work for the Poor (M4P) Approach*, 2nd edition funded by SDC & DFID



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Overview of Key PSE Barriers for Contraceptive Implant Service Delivery

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Source: The Springfield Centre (2015) The Operational Guide for the Making Markets Work for the Poor (M4P) Approach, 2nd edition funded by SDC & DFID



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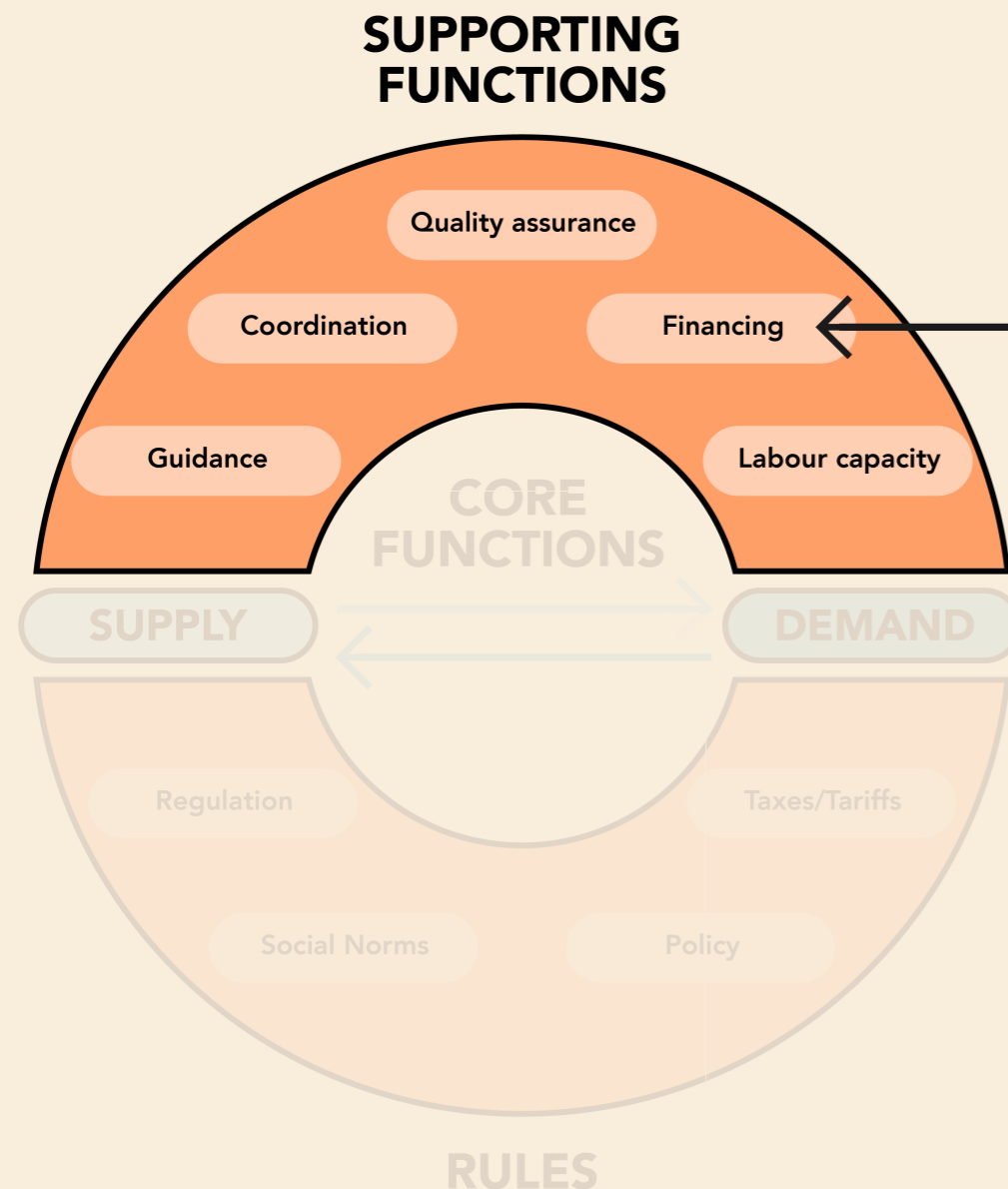
SUPPORTING FUNCTIONS

Unsupportive Financing Structures

KEY INSIGHT: Work closely with the private sector to develop a mutually beneficial financing structure that addresses price barriers and increases access to implant supply

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GOVERNMENT STEWARDSHIP



- Unsupportive financing structures such as where implants cannot be purchased at an affordable price by private providers and/or are provided for free or at a reduced price in the public sector, can disincentivize the private sector to offer implants.¹
- Donors and governments should collaborate with the private sector to identify and establish mutually beneficial opportunities to address price barriers and increase access to commodities.²

1. Finding is reflected in key informant interviews

2. Callahan, Sean and Jeanna Holtz. 2021. Public-Private Partnerships for Family Planning Commodities. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.



Expert Insight on **Unsupportive financing structures**

Exclusion in benefits package:

include contraceptives in national health insurance schemes.

"Contraceptives are not typically included in a benefits package or health insurance that private providers are contracted with, so there's not a way for the average person to go to a private provider and afford the method"

- Implementing Partner

Heavy reliance on donors and subsidization:

This does not support viable pricing structures for the private sector.

"Withdraw some of that subsidization, allow a mid-level market to develop with a reasonably priced product. You're only going to use an implant once every 3 years, a lot of people would pay \$50 for that, but in fact if you look at the number of people who would be willing to be protected for 3 years, it's not unrealistic. As long as the other option exists, which is to pay nothing in the public clinic, no one is going to pay \$50" - Implementing Partner

Limited supply with unsupportive conditions:

With limited supply, the private sector needs to access implants through the public sector. However, doing so frequently imposes conditions on the private sector, such as providing implants for free or for a non-profitable cost, that negatively impacts any private sector business case.

"If it's hard to get the commodity, that means you have to work with the public sector, and there is oversight of what you are charging. In some districts, you're not even allowed to charge at all, why would you do this? So, it's a question of incentives for the private sector that it really comes down to."

- Implementing Partner



Possible Action:

Implement Service Level Agreements (SLAs) between private providers and public suppliers, coupled with developing a long-term health financing strategy

Lead actor:

Government

Supporting actor(s):

Donors

Financing agencies

In Tanzania, under SLAs between private facilities and district level authorities, private providers accessed a reliable supply of implants for free, as well as technical support and staff from public facilities, contingent on the private providers receiving training and becoming certified.

This SLA was also dependent on providers adhering to quality of care standards, negotiated service fees, supervisory visits and routine reporting of services. It was noted, however, that access to free commodities under SLAs pressured private providers to not charge a fee, which is not sustainable. Moving forward, identifying appropriate price ceiling points for these services in the private sector, as well as moving away from donor funding and implementing a long-term national health financing strategy, such as a health insurance system that finances essential FP services, could further incentive private providers to offer implants.¹

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“Increasing or integrating family planning more comprehensively into benefits packages, scaling up the contracting of private providers with those schemes, and then increasing population coverage like that, I think is so important” - Implementing Partner

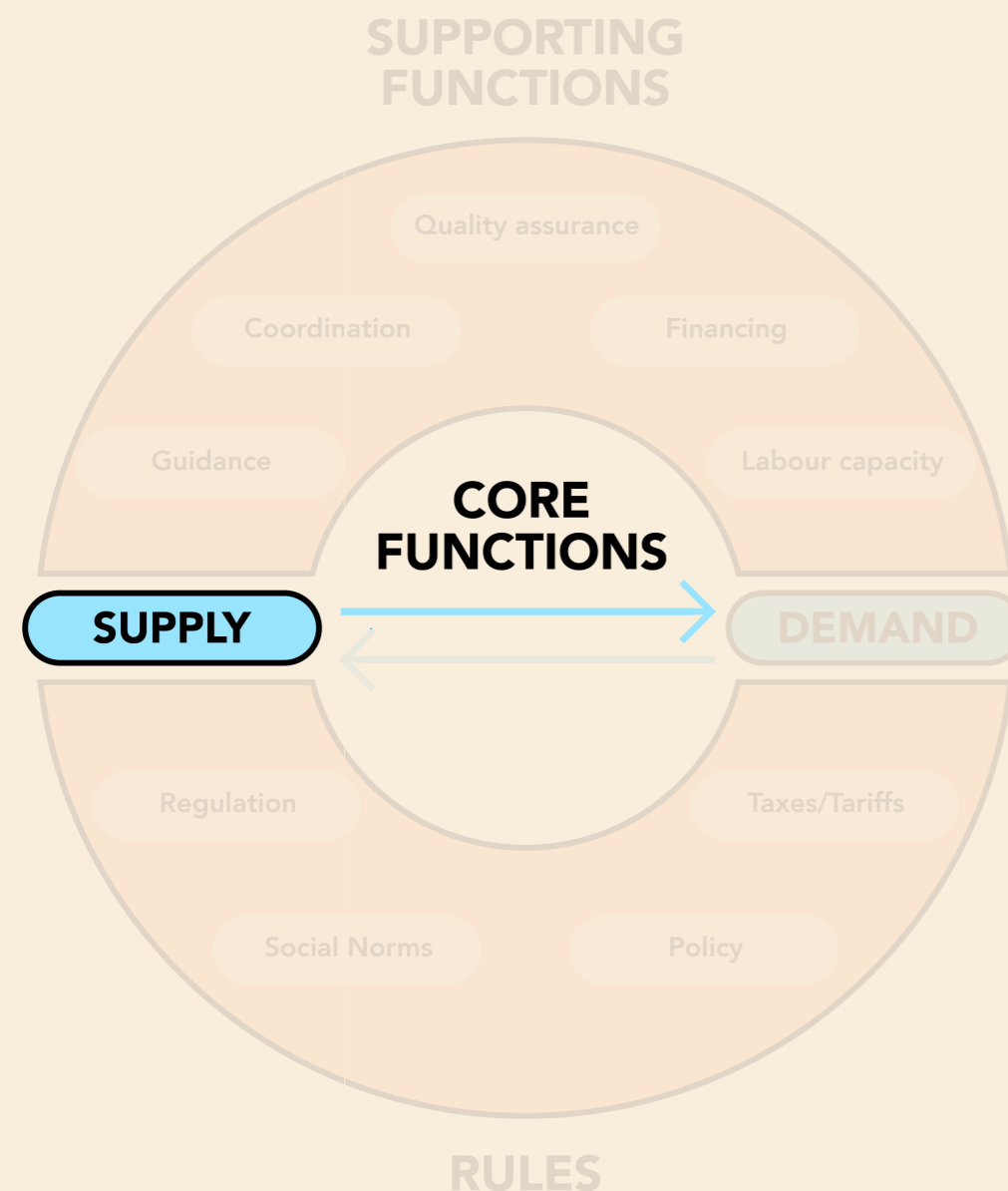
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1. Françoise Armand, April Warren, and Sia Louise Shayo. 2021. Improving Access to Implants through the Private Sector: Lessons from Tanzania. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.



KEY INSIGHT: *Implementing efforts to strengthen the supply chain for the private sector should focus on building sustainable financing structures that support private sector actors' access to implants*

GOVERNMENT STEWARDSHIP



- A robust supply chain for LARC is essential to enable women to access their preferred method, such as an implant given its long-term protective benefits and less invasive insertion. Currently such a supply chain does not exist for the private sector for most countries, outside a social franchise.
- Critical to ensuring a robust supply chain is building sustainable financing structures to support the private sector enter the implant market.
- Multiple measures can be used, individually or in parallel, to strengthen the implant supply chain including: linking private sector providers to more affordable commodities through public-private partnerships or social franchise models and proactive government stewardship of the private sector supply chain.¹

1. Duvall et al. 2014. Scaling up delivery of contraceptive implants in sub-Saharan Africa: operational experiences of Marie Stopes International, Global Health Science Practice, 2(1).
<https://pubmed.ncbi.nlm.nih.gov/25276564/>

Expert Insight on **Implant Availability**

No financial incentive: For private providers, accessing free commodity from the public sector comes with conditions, such as providing the implant for free or with a small fee, that is not profitable for the private sector. This inhibits the private sector from accessing implants when there is no business case to do so or low demand from consumers.

“No incentive, no exit strategy, no way to build a brand and invest my own money to build that brand, if that equity is going to be wiped out by the public sector and a donor with deeper pockets that can put more product in the space” - Distributor

No business case: A meaningful business case for private sector delivery has not been built.

“We looked at what might be the alternative in the private sector ... There was literally no interest in it because they'll say, ‘okay, so who's going to pay for it?’ If you have a donor, pay for it, you're back to square one. If you want it to be private, sustainable then you say, well, you're going to charge a fee and then you have to look at whether there's an appetite for private providers to pay for training and implants. The business case is not there” - Implementing Partner

Regulation of generics: There are only three manufacturers of quality assured implants. Generic implants that are being made at a lower cost, can create a market with lower costs and cost structures which are more viable for the private sector and enable the private sector to make profits more sustainably.

“If I'm trying to imagine in the future, we're trying to bring another generic implant manufacturer [into the market] because there are others in the world, they're just not quality assured. There's some in China, ... some in Indonesia, ... who are making at lower cost than what [manufacturer] makes” - Implementing Partner



Expert Insight on Implant Availability

History of free implant provision:

Long-standing efforts to improve women's access to implants have focused on free public sector provision, leaving little demand for implant services in the private sector.

“There’s a perception that implants are more of a public sector product or in the purview of public providers and they don’t see it as something they can access in the private sector” - Implementing Partner

“A lot of the donor focus was on introduction of implants with the public sector. When they did speak to the private sector, it was really focused on NGOs, and social franchising and broader commercial for-profit providers were left out of those efforts. This limited their access to the product itself. It also limited their ability to access trainings” - Implementing Partner

Exclusion of private sector stakeholders:

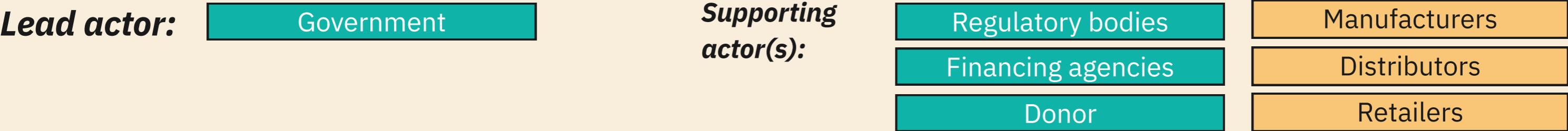
The introduction of implants by donors largely focused on the public sector, leaving commercial, for-profit providers out of those efforts. For example, private providers may be left out of national quantification exercises or experience challenges reporting implant services through national systems, leading to gaps in regional and national quantification and stock-outs in the private sector.

“The ecosystem does not support the private sector to scale-up long-term methods. Starting from manufacturer, commercial sector even all the way up to the consumers. Demand is not driven by consumer but rather Government. The Government encourages the private sector to give commodities for free or subsidized in the private sector, to reach as many women as possible [...] But that then kills the private sector because the Government says, ‘this is a public [good], implants should not be sold, we give them for free.’” - Implementing Partner



Possible Action:

Elevate government stewardship to coordinate efforts to build a high quality supply chain for the private sector



In Kenya, the private sector accounts for nearly 40% of the family planning market. In an effort to ensure the private sector has access to affordable and high quality commodities, the government led efforts to establish a Public-Private Partnership to enable private sector providers to access government-managed commodities for free or at a lower-cost. Private facilities had to be registered on the government's master facility list and submit reports through the government's management information system to pick up their orders from their country medical store. Kenya is working on strengthening domestic health care financing structures to improve the private market for LARC and transition away from donor-funded commodities.¹

“*In [redacted country], we set up [public private] partnerships where private providers access donated or publicly procured commodities to help overcome the supply chain barriers and reduce costs*”- Implementing Partner

NOTE: This was short-term strategy to support the private sector to start offering implants. A long-term strategic approach for the private supply chain for implants, including reducing cost in the private sector is required.

1. Callahan, Sean and Jeanna Holtz. 2021. Public-Private Partnerships for Family Planning Commodities. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

Possible Action:

Recruit private providers to social franchise network to leverage access to reliable and more affordable supply chain for implants and associated consumables

Lead actor:

Government

Supporting actor(s):

Regulatory bodies

Financing agencies

Donor

Manufacturers

Distributors

Retailers

Across 12 Sub-Saharan African countries, private sector providers joined *Blue Star*, Marie Stopes International's (MSI) social franchise network. These private sector providers were then able to benefit from access to a reliable and more affordable supply chain for implants and associated consumables. This led to 78% of *BlueStar* long-acting and permanent methods (LAPM) clients to chose implants as their preferred FP method.¹

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"To help family planning program scale-up and to offer services at affordable prices [...] MSI facilitates access to high-quality implants (and other commodities for other franchised services delivered) in 2 ways [...] either supply these implants at a reduced price or negotiate access to pooled commodities at the national level on behalf of franchisees."

S. Duvall et al.

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1. Duvall et al. 2014. Scaling up delivery of contraceptive implants in sub-Saharan Africa: operational experiences of Marie Stopes International, Global Health Science Practice, 2(1).
<https://pubmed.ncbi.nlm.nih.gov/25276564/>



SUPPLY

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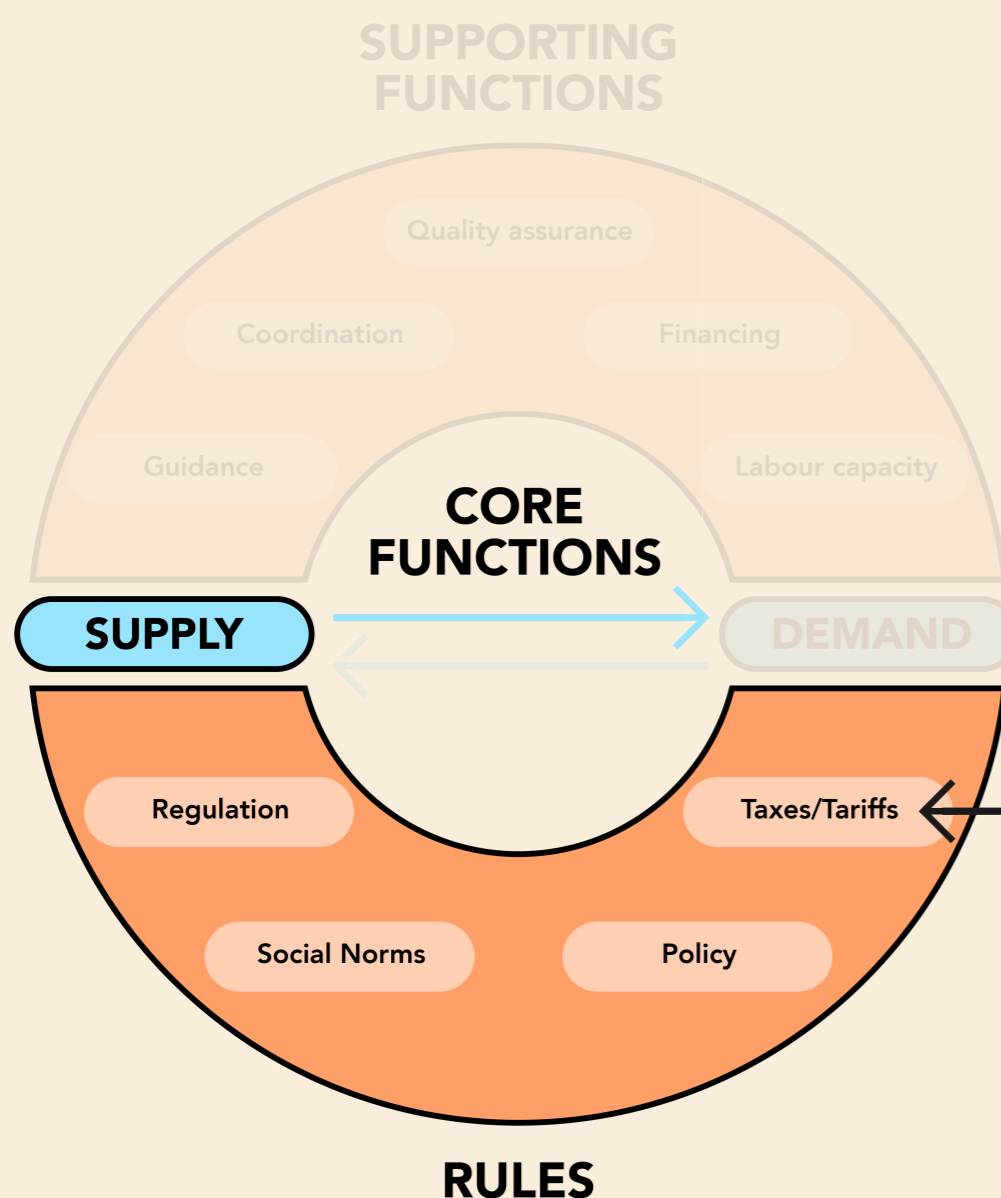
RULES

High Implant Unit Cost

KEY INSIGHT: Identifying financing models to make implants more affordable for the private sector can support building a business case for engagement

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GOVERNMENT STEWARDSHIP



- Implant commodity price is prohibitive and/or disincentivizes private sector providers to offer this service, especially in the context of free public sector provision. This results in a lack of affordable supply.^{1, 2}
- Sustainable solutions for the private health sector to access affordable implants are required in order for the private sector to fulfill its potential to deliver implants.³
- Through proactive Government stewardship, the Government can lead advocacy efforts in partnership with others to reduce unit cost.³

1. Callahan, Sean and Jeanna Holtz. 2021. Public-Private Partnerships for Family Planning Commodities. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

2. Finding is reflected in key informant interviews

3. Braun & Grever. 2020. Scaling Up Access to Implants: A Summative Evaluation of the Implants Access Program, Global Health Science Practice, 8(2). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326518/pdf/GH-GHSP200015.pdf>



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Expert Insight on Cost of Implants in Private Sector

Free commodity in the public sector:

The existing supply chain is built for public sector where implants are distributed for free. This de-incentivizes the private sector to purchase implants for delivery and undermines the private sector's ability to make a reasonable profit.

“IAP was a total game changer. But the corollary of that is that there is virtually no demand for it at any price commercially because it’s so easy to find in the public sector, why would anyone pay for it?” - Implementing Partner

Associated costs:

Costs of delivering implants, including time taken away for training and equipment is not profitable for private providers. The high unit price of implants is also associated with other fees such as transportation, clearing, customs, import taxes and duties.

“Some of it is up to us, as kind of supply chain folks to address some of it. It is up to the advocacy community to lobby with governments to, reduce the taxes on essential medicines, things like import duties” - Implementing Partner

No middle pricing:

Implants are provided for free, at a low price or are very expensive. There is no middle pricing which can be more feasible for the private sector.

“It's better to work with the manufacturer that has very low cost and cost structure, so, they're not looking to make big profits sustainably. This becomes a real market for them. They can make it for \$10, it ends up maybe at \$30 in the pharmacy, but it's still viable. It's valuable and it's still better than \$100. So, I think going to where the middle pricing might be, is feasible because right now we don't have the middle, you have either free or very low, low or very expensive.” - Implementing Partner

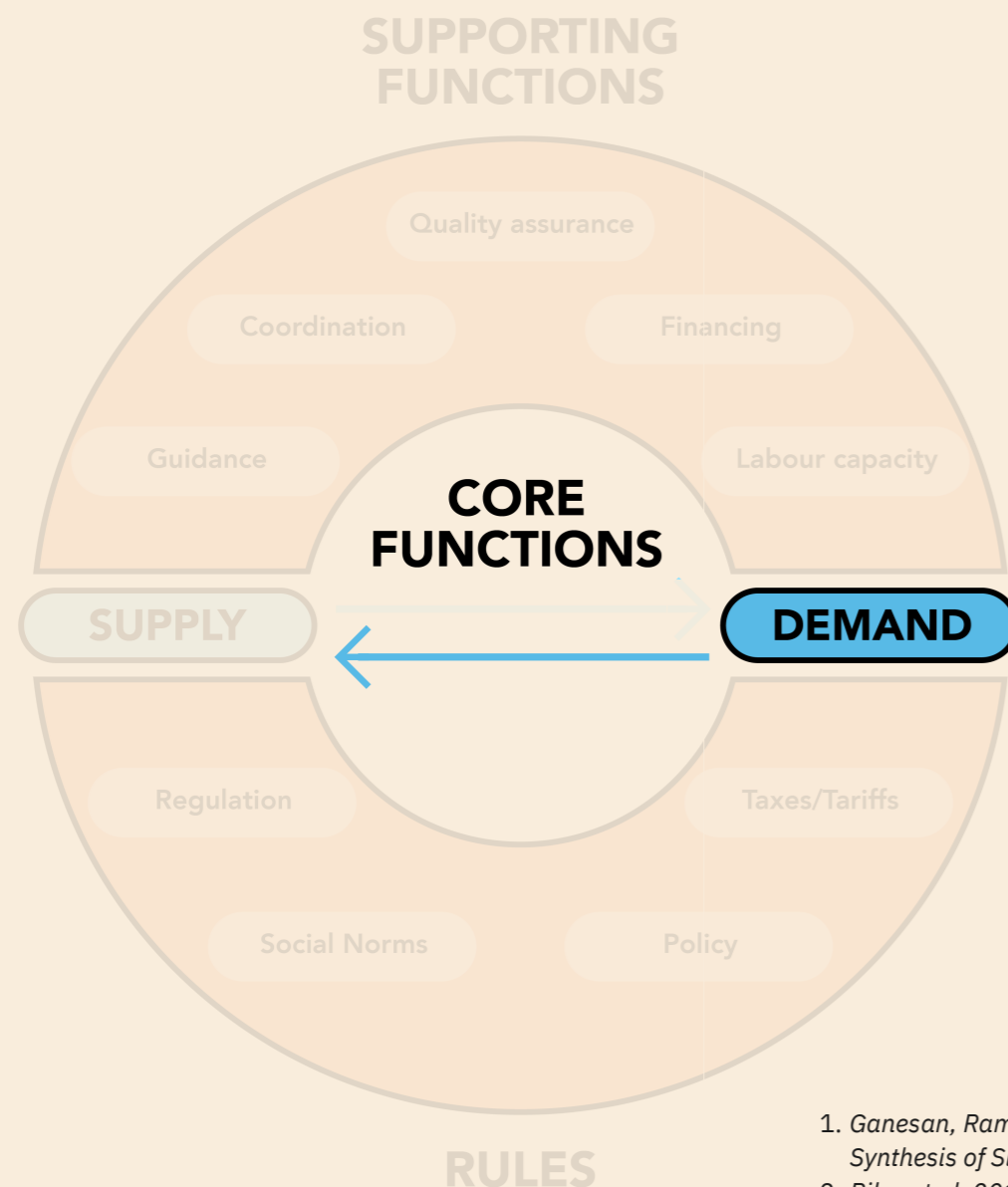
DEMAND

Lack of awareness of implants

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KEY INSIGHT: *Intentional demand creation of implants, including through private sector channels can in turn increase market demand*

GOVERNMENT STEWARDSHIP



- To address availability, supply and demand need to be addressed, ideally simultaneously.
- Demand for implant service delivery in the private sector is low, thereby severely limiting the business case for the private sector to choose to deliver this service.
- By raising awareness of the benefits of FP broadly, including LARCs, there is an opportunity to: improve knowledge on FP, address myths and misconceptions and social and cultural norms. This enables informed choice of available contraceptive options, increasing overall demand and market growth.^{1,2}

1. Ganesan, Ramakrishnan and Sean Callahan. 2021. *Factors Influencing the Private Sector's Contributions to Family Planning Market Growth: A Synthesis of Six Country Analyses*. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

2. Riley et al. 2019. *Getting to FP2020: Harnessing the private sector to increase modern contraceptive access and choice in Ethiopia, Nigeria, and DRC*, PLoS One, 3(2). <https://pubmed.ncbi.nlm.nih.gov/29444140/>



Expert Insight on Demand for implants in private sector

Counselling and informed choice: When providers are not trained in appropriate counselling, this can hinder accurate information being shared with consumers, such as how the implant works, how it's inserted and side effects, potentially exacerbating myths and misconceptions, and preventing informed choice.

"We've kind of capitalized on the role of providers in other areas to make clients aware as they come in for treatment for their sick child, to make them aware of other services. Or if they come in asking for family planning, [providers are] now able to counsel and offer a wider range of methods and they're not just pushing for a particular one that they know they can deliver" - Implementing Partner

Alignment of demand generation activities to the target population and context: When communication activities and dissemination channels are not targeted to the population by not considering their needs, the different methods for obtaining information are not contextualized to address prevailing social and cultural norms. This can lead to ineffective demand generation.

"We have branded [implant] campaigns that are really focusing on protecting your motherhood. When we think about a lot of contraceptives, it's like avoiding children. We've kind of subverted that by saying [implants] actually help you be the best mother you can be at that point in time for the child that you already have." - Implementing Partner



Expert Insight on Demand for implants in private sector

Limited marketing strategies for implants/LARCs for the private sector: Implant manufactures work with governments to make implants accessible to as many women as possible through the public sector. Marketing strategies needed to support demand for private sector provision lacks.

If you look at the commercial marketing strategies, they don't exist. You find donors saying, 'we have product, please move it. We have money for training'. But there's never really money to market apart from education. There's never money to really comb the market and get suppliers to get demand and that kind of kills the market for long-term scale-up in the private sector."
- Implementing Partner

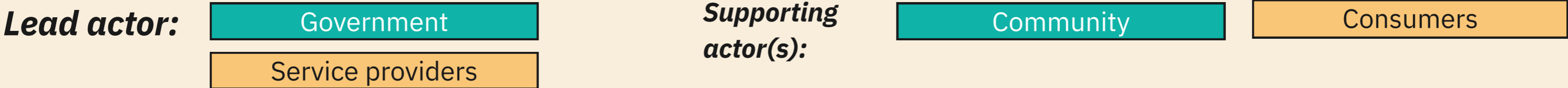
Leverage existing satisfied implant users: use existing community of satisfied users to act as a advocacy tool for method availability in private sector, as the private sector is often more convenient.

"We have over a million women who have utilized implants in the last couple of years. Those women are satisfied users, and the myths and misconceptions are being addressed daily" - Implementing Partner



Possible Action:

Implement multi-channel health communication campaigns on family planning, including implants, to support informed choice



In Cambodia, social marketing organizations leveraged existing private sector infrastructure, such as private clinics, pharmacies and drug shops, to raise awareness of LARCs including implants. These efforts, along with supportive government policies and commitment towards family planning, contributed to 50% of all women who choose LARCs opting, for implants as their preferred method.¹

In Uganda, data from Marie Stopes Uganda, show that an increase in the number of community campaigns aimed to generate demand for contraceptives, including implants, contributed to the growth of implant provision. Implementing multi-channel health communication messaging on family planning can ensure that all potential users, regardless of geographic location can access information on family planning and implants, beyond mainstream channels. Demand generation activities on the importance of family planning can include outreach by community actors, such as community health workers, print or radio advertisements and community events.²


“


“We focus very intentionally on where is this woman in her stage of life. What kind of media is she consuming? What kinds of conversations is she having? What are her hopes, her dreams or aspirations? How can this product help her actually achieve those things? And that informs our demand generation campaigns.” - Distributor

”

1. Ganesan, Ramakrishnan and Sean Callahan. 2021. Factors Influencing the Private Sector’s Contributions to Family Planning Market Growth: A Synthesis of Six Country Analyses. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

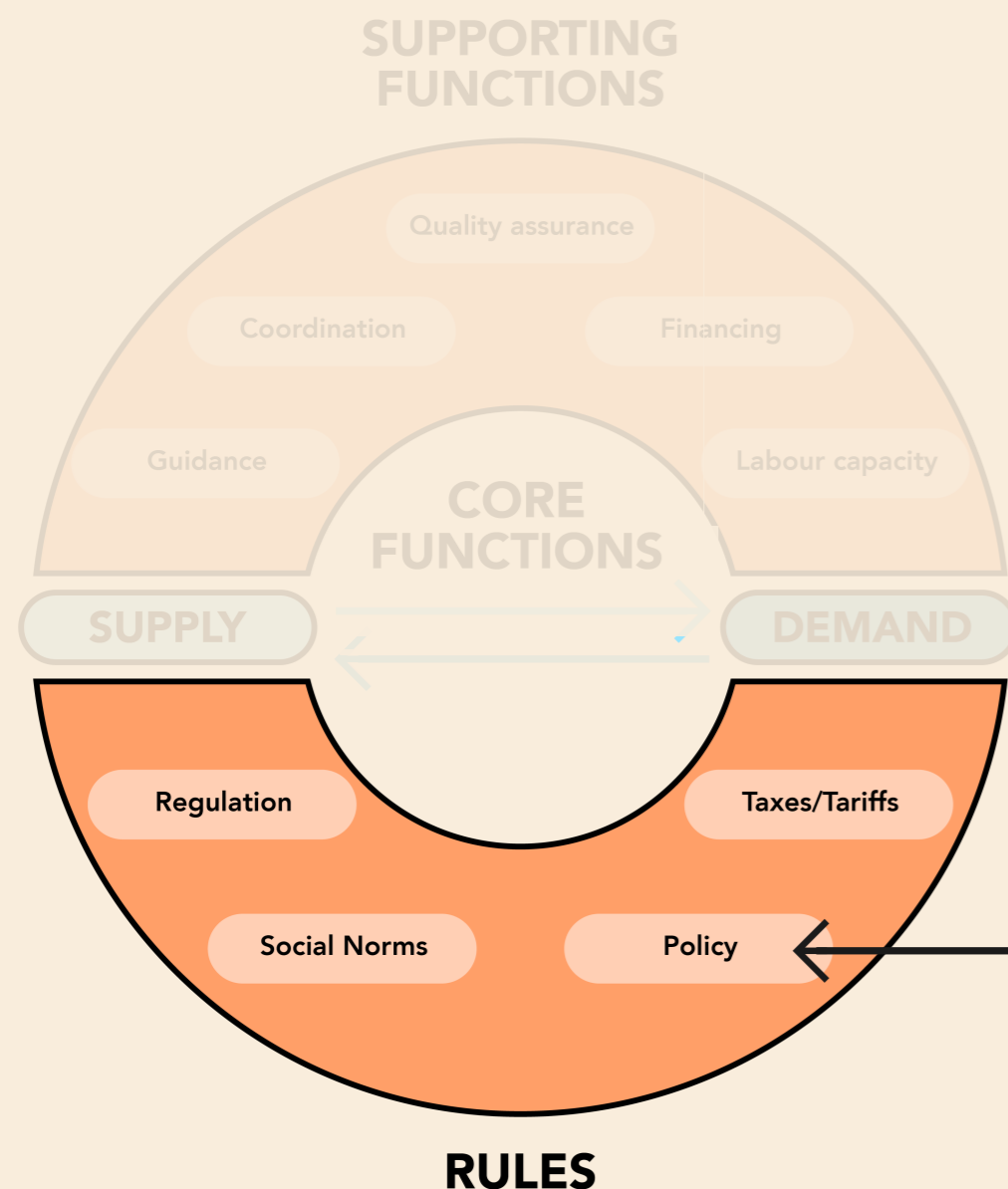
2. Duvall et al. 2014. Scaling up delivery of contraceptive implants in sub-Saharan Africa: operational experiences of Marie Stopes International, Global Health Science Practice, 2(1). <https://pubmed.ncbi.nlm.nih.gov/25276564/>





KEY INSIGHT: Governments need to implement policy changes that expand the role of the private sector to collectively achieve national commitments and goals

GOVERNMENT STEWARDSHIP



- Private sector providers need an explicitly supportive policy environment.
- Policies that include task-shifting to the private sector could support Governments to achieve FP2030 targets and, ultimately, UHC by utilising private sector capacity.
- Proactive Government stewardship of the entire health system (public and private sectors) will leverage private health sector assets in support of government achievement of national commitments and goals.¹

Thanel et al. 2018. Leveraging long acting reversible contraceptives to achieve FP2020 commitments in sub-Saharan Africa: The potential of implants. PLoS One, 13(4). <https://pubmed.ncbi.nlm.nih.gov/29630607/>



Possible Action:

Undertake a policy review to ensure wider environment is supportive of private sector provision of implants

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Lead actor:

Government

Supporting actor(s):

Service Providers

In Ethiopia, task shifting for the provision of Implanon NXT, which requires fewer training and essential equipment in comparison to other LARCs, led to Health Extension Workers more than doubling the number of outlets providing LARCs, expanding access to rural women who may have not had access otherwise.¹ While this example is specific to the public sector, it demonstrates that when a policy environment is reviewed to enable new cadres to deliver previously restricted services, it can lead to increased access. This model could be replicated in the private sector by focusing on training and ensuring essential equipment is affordable to the private sector.

In Tanzania, having amended the relevant policy, the Ministry of Health proceeded to license and provide trainings to drug shops to become accredited drug dispensing outlets in the private sector. This policy shift enabled private sector providers, i.e. drug shops, to fill gaps in both the private and public sectors.²

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“The reality is that in most of these countries, the doctors themselves don't want to carry inventory. There's no value add. The value add of a pharmacy is that they're willing to actually put their money into inventory and willing to wait a longer amount of time before their capital is turned back into cash” - Distributor

”

1. Thanel et al. 2018. Leveraging long acting reversible contraceptives to achieve FP2020 commitments in sub-Saharan Africa: The potential of implants. PLoS One, 13(4). <https://pubmed.ncbi.nlm.nih.gov/29630607/>
2. Riley et al. 2018. Getting to FP2020: Harnessing the private sector to increase modern contraceptive access and choice in Ethiopia, Nigeria, and DRC. PLoS One, 13(2). <https://pubmed.ncbi.nlm.nih.gov/29444140/>



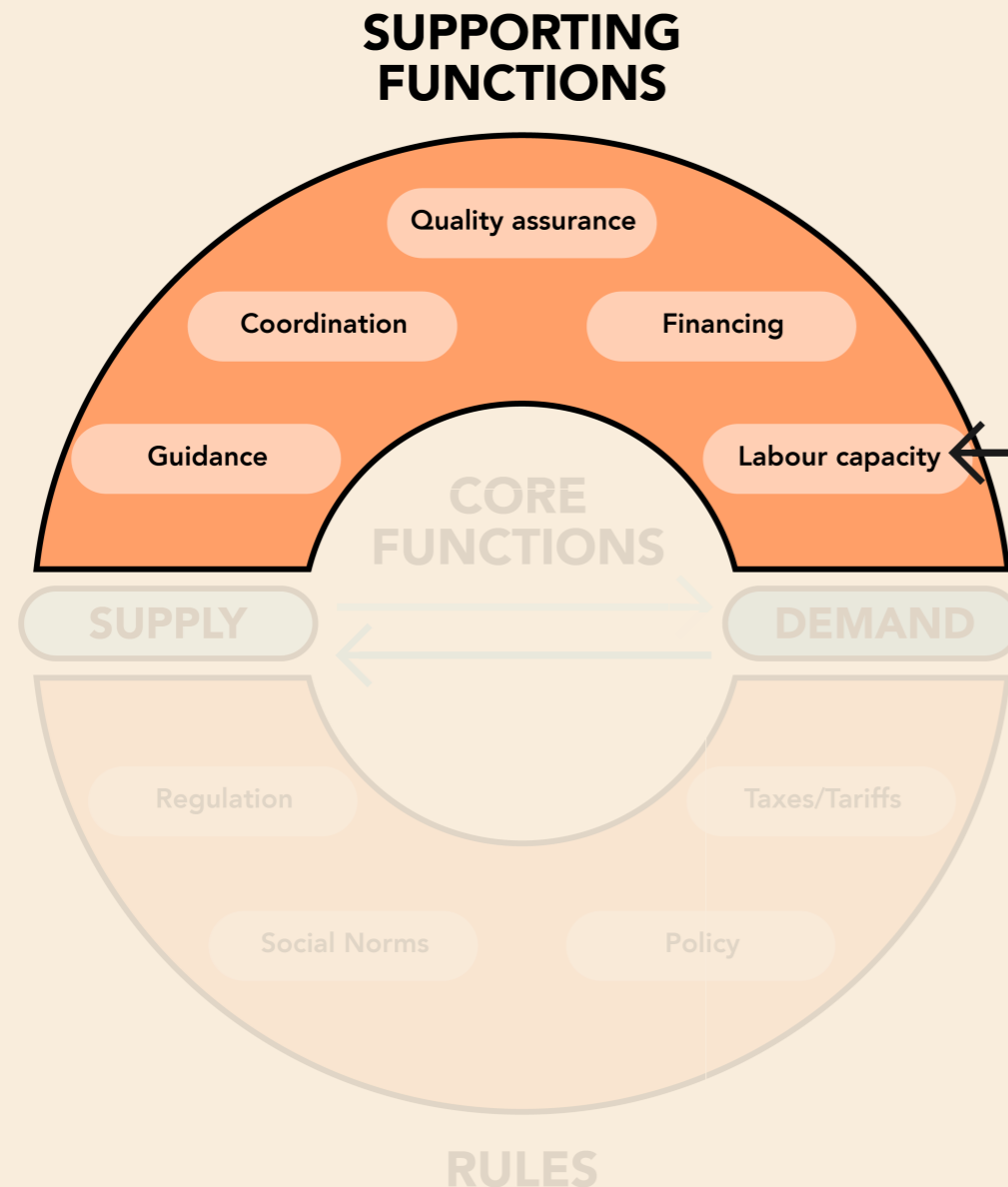
SUPPORTING FUNCTIONS

Lack of Provider Capacity

25

KEY INSIGHT: Expanding capacity building opportunities to the private sector providers will enhance its ability to deliver quality implant services

GOVERNMENT STEWARDSHIP



- Private providers have fewer opportunities and are unable to access public sector training to gain the necessary skills and knowledge for implant service delivery.¹
- This inhibits the private health sector from playing a larger role in providing family planning services and supporting the country's overall health system.

1. Françoise Armand, April Warren, and Sia Louise Shayo. 2021. *Improving Access to Implants through the Private Sector: Lessons from Tanzania*. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.



Possible Action:

Create and/or expand innovative and cost effective training approaches to include private healthcare providers, including to pharmacists and drug shop providers

26

Lead actor:

Government

Supporting actor(s):

Donors

Service Providers

In Tanzania, SHOPS Plus trained 39 private providers in family planning services, specifically in implant insertion and removals. In addition, SHOPS Plus helped facilitate supervisory visits by Reproductive and Child Health Section (RCHS) trainers from the MOH and district-level family planning coordinators six weeks post training, as required by RCHS guidelines, to assess providers' competency level and to formally certify providers. These efforts resulted in trained providers collectively inserting 1,390 implants and removing 359 implants, six-months post training.¹

“

"Something that we've learned from public sector roll out as training of trainers. We try and find what we call a key opinion leader [...] who's well connected, who's influential, ... and we will reach out to that person and kind of bring them on board as our [organization] champion and they become an implicit ambassador for the product. Then we will work with that person to organize like a training of trainers" - Implementing Partner

”

1. Françoise Armand, April Warren, and Sia Louise Shayo. 2021. Improving Access to Implants through the Private Sector: Lessons from Tanzania. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.



Expert Insight on Private Provider Capacity

Limited training opportunities for private-sector providers:

Public sector trainings prioritize public sector providers, limiting access to private-sector providers. To address this, negotiation with government to consider private providers for enrolment, as well as collaboration with private provider associations can support the institutionalization of implant education in medical education for private providers.

“I think another opportunity is where you have strong private provider associations or networks in countries. A lot of them have continuing medical education as a focus and so working with them to develop and roll out a curriculum that they can offer their members. Something that I think we've seen be successful where there is a presence of those umbrella organizations” - Implementing Partner

Training modalities are disruptive to private provider businesses:

Trainings modalities can be time consuming and not often adaptive to the functioning private provider businesses, such as small clinics.

“In private clinics, there are 4 or 5 providers and if you take 2 providers, it's really disruptive to the whole function of the clinic. The way trainings are set up don't really respond to the way of functioning of private clinics. These are national training approaches, so it is hard to come with new approaches unless you start advocating at the higher level with the MOH”

- Implementing partner/Formal healthcare provider

“Training modalities need to work for private providers and can't have them away from their business for so long”

- Implementing partner

Expert Insight on Private Provider Capacity

Funding for training:

Private clinics without a dedicated family planning unit may not see the value add of paying for and attending.

“When clinic owners look at the time spent in training, it's at least two weeks for different training approaches. The full national family planning training here is two weeks, and [private providers] think about all the needs for service provision, like time, consumables, etcetera. When compared with the cost to sell the implant, they say it's not really profitable. They work more on client retention” - Implementing Partner

Training is limited to providers with clinical skills:

Training opportunities can be extended to non-clinical providers, such as pharmacists and drug shop owners, to improve knowledge on implants and provide information and referrals to clients.

*“We work with many drug stores and here in our country there are three types of drug stores. There are wholesalers, pharmacies and in the country side, there are little drug stores. We work to improve these little drug stores to normalize providing products. So, we started to draft a list of medicines authorized to be sold in those drug stores, and we try to include long-acting methods to be sold in those drug stores”
- Implementing Partner*



Possible Action:

Create and expand innovative and cost effective training approaches to include private healthcare providers, including pharmacists and drug shop providers

Lead actor:

Government

Supporting actor(s):

Donors

Service providers

In Ethiopia, pharmacies and drug shops have been successful in short-acting method service provision, surpassing the performance of the public sector and private clinics. These outlets were also leveraged to support LARC service delivery, through training on counselling and referrals to private clinics for services. Similarly, in Tanzania, drugs shops, through training and licensing efforts, are certified as Accredited Drug Dispensing Outlets, that can also support LARC service delivery through counselling and referrals.¹

Applying lessons learned in other health areas, develop blended learning approaches that combine practical, hands-on training with virtual and asynchronous content, to reduce time away from training. For example, in India, blended learning have been successfully used to improve maternal and newborn health outcomes and to transform how capacity is built.²

“

"There's limited access to training opportunities for private providers who aren't a member of a social franchise or are not part of a donor-funded NGO. For profit providers who are operating independently have limited access to training opportunities" - Implementing Partner

”

1. Riley et al. 2019. Getting to FP2020: Harnessing the private sector to increase modern contraceptive access and choice in Ethiopia, Nigeria, and DRC, PLoS One, 3(2).

<https://pubmed.ncbi.nlm.nih.gov/29444140/>

2. Scaling and sustaining quality private maternity care in India <https://www.merckformothers.com/docs/Merck-Manyata.pdf>



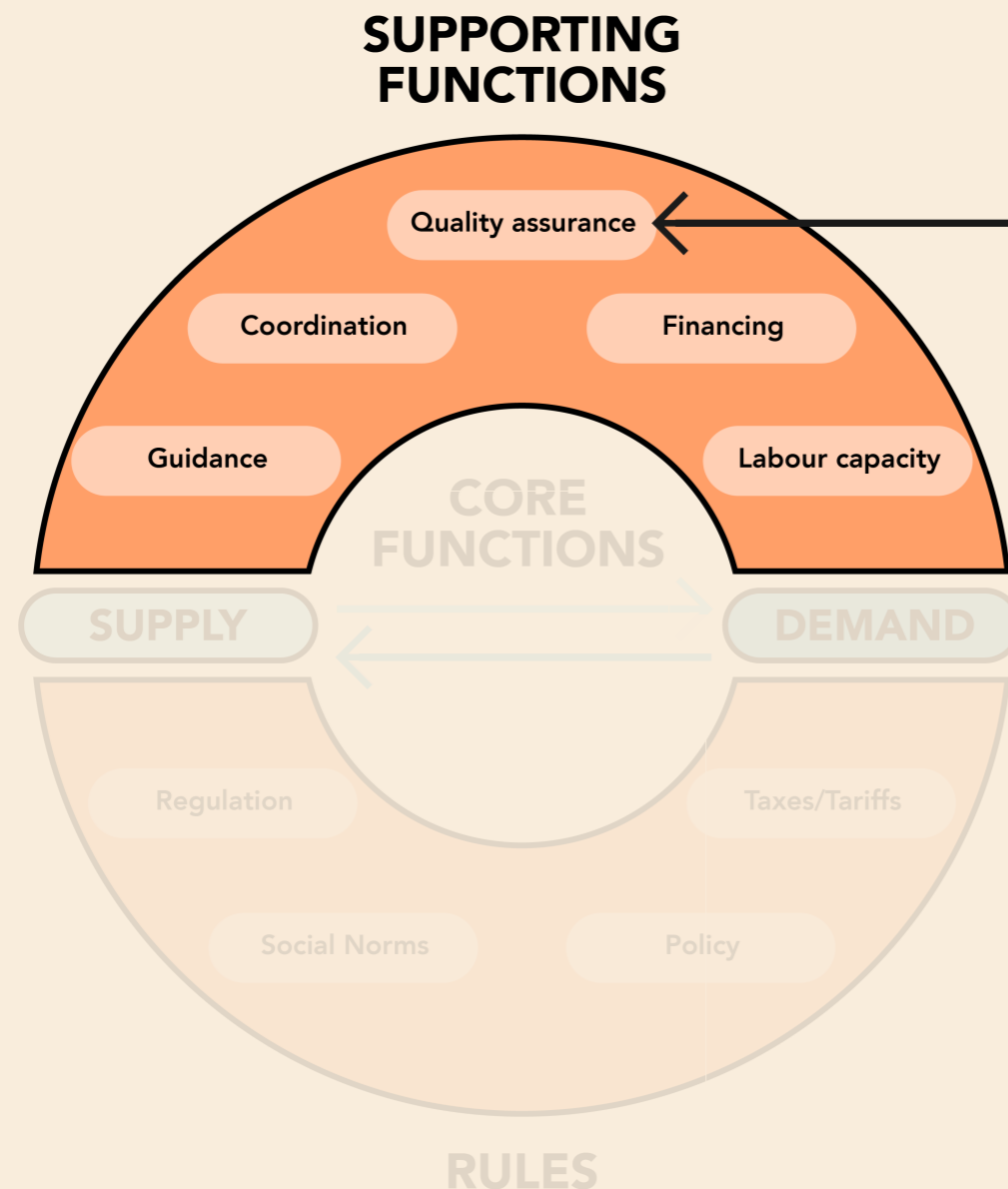
SUPPORTING FUNCTIONS

Lack of Quality Implant Service Delivery

KEY INSIGHT: Expanding access to capacity building opportunities for private sector providers can in turn improve access to quality implant service delivery and demand

30

GOVERNMENT STEWARDSHIP



- Quality implant care is contingent on a number of services (insertion, follow-up care (if needed), and removals) being provided. The private sector's current level of ability to offer all services at quality and at reasonable cost limits the sector's ability to provide overall quality implant care.
- This is compounded by limited access to necessary trainings (insertion and removals)
- Improving the quality of service provided can both ensure safe delivery of implants and address low demand by creating a positive impression of implants as a method for contraception among women.
- Developing a standard of care that reflects best practice and is tailored to the private sector can assist regulate the quality of care in the private sector.

Expert Insight on Lack of quality implant service delivery

Provider dependent: Unlike short-acting methods, implants are provider dependent. Limited training opportunities for private sector providers on insertion and removals, including counselling to support informed choice can prevent providers from being well-knowledgeable and equipped to provide good quality service.

“Short acting methods are easier to provide so quality of care and competency is not as much of a barrier” - Implementing partner/Formal healthcare provider



Possible Action:

Deliver training that incorporates robust Quality Assurance (QA) tools and methods for provider maintenance of skills, knowledge, and quality service provision, including supportive supervision

Lead actor:

Government

Service provider

Supporting actor(s):

Consumer

Across 15 Sub-Saharan African countries, MSI implemented a series of ongoing QA measures in their Blue Star social franchise network as part of their implant scale-up efforts. Measures included: all social franchise providers were trained in record keeping and commodity management; participated in interactive and updated competency-base trainings and refresher courses, received supportive supervision, mystery client visits for services, anonymous complaints and support telephone lines. These efforts resulted in MSI clients reporting high rates of satisfaction.¹

“

“Differences between LARCs and short-acting, it’s really about the quality of care and providers’ competency. As they get less clients, providers from private health clinics, tend to lose their skills, in terms of providing implant services, especially removal services and that may impact openness to provide implants. I think that barrier is different from short-acting which is so much easier to provide” - Implementing Partner/Formal healthcare provider

”

1. Duvall et al. 2014. Scaling up delivery of contraceptive implants in sub-Saharan Africa: operational experiences of Marie Stopes International, Global Health Science Practice, 2(1).
<https://pubmed.ncbi.nlm.nih.gov/25276564/>



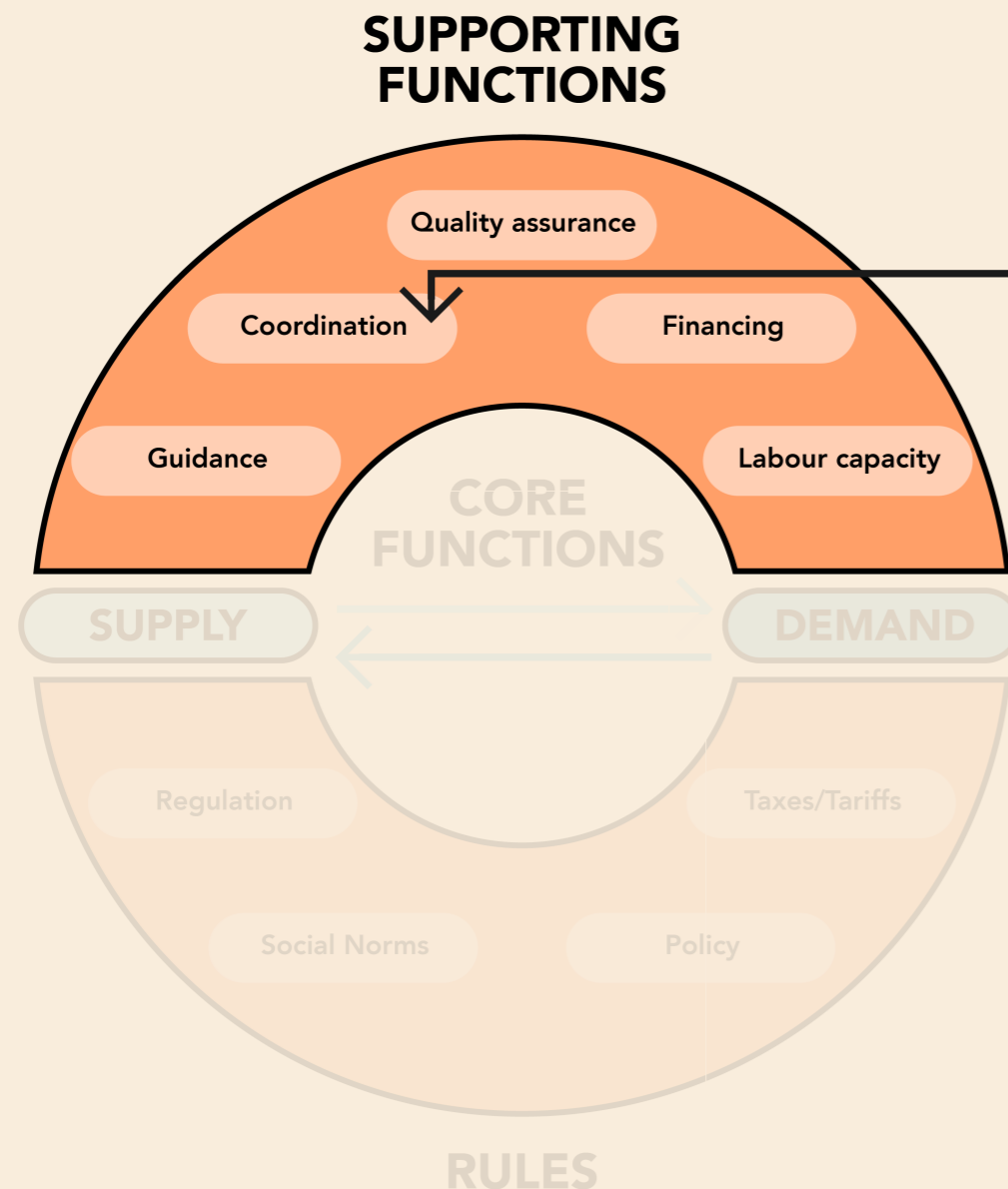
SUPPORTING FUNCTIONS

Lack of Private Sector Coordination

33

KEY INSIGHT: Improved coordination of the private and public sector through Government Stewardship is pivotal for understanding the scope and scale of private sector engagement, in building trust and in achieving of national goals

GOVERNMENT STEWARDSHIP



- Lack of government stewardship of the private health sector can prevent key barriers from being addressed.
- Without formal structures in place to allow for coordination and collaboration between the public and private health sectors, the scope and scale of the contributory role the private sector can play in the implant market will remain unknown.¹
- Effective coordination of the private sector as a unified entity can ensure common goals and targets are achieved, while supporting governments in their national health programming.¹

1. El-Khoury, Marianne, Bettina Brunner, and Sean Callahan. 2020. Accelerating Private Sector Engagement: Public-Private Engagement. 2020. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.



Expert Insight on Private Sector Coordination

A lack of awareness and understanding of the private sector: Leading to narrowed perceptions of the private sector and further mistrust. This hinders opportunities to build meaningful partnership and support entry of the private sector in the implant market to jointly support achievement of national goals and targets.

“Starting with dialogue, starting with building, just a common understanding, a common language is a successful approach to getting started on the road to building trust” - Implementing Partner

“For government stewardship, in [redacted country] we are building out commodity partnership to support COVID-19 vaccination. I think one of the one of the key successes of this effort has been getting the government to address some mistrust between the private providers and the ministry, and get them more kind of working together, in partnership. So, helping to increase the ministries awareness of those kinds of actions and understanding how they were being perceived by private providers” - Implementing Partner

"There's an element of competition between the public and private sector in some countries. We want to get to this magic sweet spot where we're not thinking about it from one perspective [...] There's this whole area of work that needs to bring together the interest of providers, whether they're public and private, government and the end user" - UN Representative



Expert Insight on Private Sector Coordination

Capacity: Governments may lack capacity to establish partnerships and work effectively with the private sector.

"One key message to try to get across is that when donors start to work with the private sector, they should be thinking about government capacity to govern the private sector to engage in all different elements of PSE, including dialogue and understanding on what's going on and coming up, and different tools and methods to work productively with the private sector" - UN Representative

"We work with the Medicine Agency in the government to update the policy on the registration of medicines and here it is in progress to update now. There are many representatives from the sector engaged in this process to update [medicine] registration. When we implement the total market approach [TMA], we work with 10 champions. We call them TMA champions and they are from many sectors, like private sectors. There are three TMA champions from private sector, and they can sensitize their peers to align with the TMA process. It's a first step, but little by little, I am sure by the end of this project, there will be many private sector actors who will be aware to be included in this TMA process"- Implementing Partner



Expert Insight on Private Sector Coordination

Lack of information on private sector: leading to a lack of understanding of the scope and scale of the private sector in supporting national health programming. When there is low availability or quality of information on the private sector, this can result in lost opportunities for collaboration and expansion of access to implants.

"I would actually study that population of for-profit providers, which is far bigger than the currently donor supported [providers] and figure out how do we actually tap into them. There is a demand for implants everywhere. There is no reason why we can't get more for-profits to provide it because you'll run into questions of training [...] I would point to research to understand that population much better [...] A lot of engagement needs to be done with manufacturers, with alternative providers." - Implementing Partner

Fragmented private sector: In some countries there is no entity representing the interests of the private sector, which can limit ability to advocate and influence policy dialogues, on issues such as supply chain challenges.

"For supply chain challenges, usually the availability of the product is donor dependent [...] As soon as there is any kind of disruption, this can be reduced or removed funds, meaning end of project, new priorities of donors; private clinics are the first to experience stockouts, which will demotivate clinic owners of course. If this happened to public clinics, it is kind of a catastrophe in the country, everyone is conscious about the impact"
- Implementing Partner/Formal Service Provider



Possible Action:

Engage private providers in the design and establishment of formal public-private partnerships to build trust and alignment in achieving common goals and ways of working

Lead actor:

Government

Supporting actor(s):

Regulatory bodies

Financing agencies

Donor

In Senegal, the Ministry of Health and Social Action established the Public-Private Partnership (PPP) unit to act as a central hub for dialogue between public and private sectors and to design and operationalize PPPs in health. SHOPS Plus, through the *Comité PPP*, a forum to formalize public-private dialogue, supported Senegal with generating information on the private sector through the design and implementation of the Private Health Sector Census. Results identified the number of private health facilities, the number of facilities that provided family planning services and training needs. Private health facilities agreed to share information which enabled integration of private sector data into routine national health information system reporting. Results of the census was shared via workshops and created opportunities between regional and district health authorities and private health facilities in the respective areas to work together.¹

“

“The mindset, relation between the private and public, or the government where most of the time, the private sector is either considered as an opportunity to provide services but don’t let them thrive on how they can provide those services, define prices, how they can source the product, how they can get the training they need. Everything comes, always packaged for the private sector, and it’s more like you buy in or you will have challenges. So, the mindset and collaboration between government or MOH” - Implementing Partner/Former healthcare provider

”

1. El-Khoury, Marianne, Bettina Brunner, and Sean Callahan. 2020. Accelerating Private Sector Engagement: Public-Private Engagement. 2020. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

Possible Action: Continued

Lead actor:

Government

**Supporting
actor(s):**

Regulatory bodies

Financing agencies

Donor

In Tanzania, SHOPS Plus worked with accredited drug dispensing outlets owners and operators to launch and manage the Nyamagana Health Support Foundation, a registered association. This was done through technical assistance on organizational and governance structure, tools and guidelines to support implementation, strategic plan and budgeting and legal registration. The association advocated on their interests, communicated needs and provided a uniform voice to interact with government through policy dialogues. Establishing a private health sector association strengthened the private sector by unifying their voice, enabling routine participation in national policy dialogues to share concerns and build trust between the public and private sectors.¹

“

"We do an individual approach with each private sector wholesaler so that they don't have to worry about sharing their data. We suggest MOU individually with each wholesaler. In this MOU, we engage ourselves to not share their data and those wholesalers sign, agreeing to give their data periodically" - Implementing Partner

”

1. El-Khoury, Marianne, Bettina Brunner, and Sean Callahan. 2020. Accelerating Private Sector Engagement: Public-Private Engagement. 2020. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.



Closing Insight: The Importance of Government Stewardship

"One key message to try to get across is that when donors start to work with the private sector, they should be thinking about government capacity to govern the private sector to engage in all different elements of PSE, including dialogue and understanding on what's going on and coming up, different tools and methods to work productively with the private sector."

"I think there is room where we can create an environment that facilitates the operation of the private sector but still meets the government's policy needs. I don't think it's a zero-sum game. I think it's something that requires both sides to ensure you end up with a balanced approach."

"Encourage governments to take the private sector seriously and how the private sector can be used to achievement goals. There is some reluctance in some countries to work with the private sector. Quite a bit of advocacy work that needs to be done on this topic."

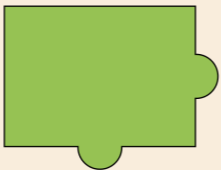
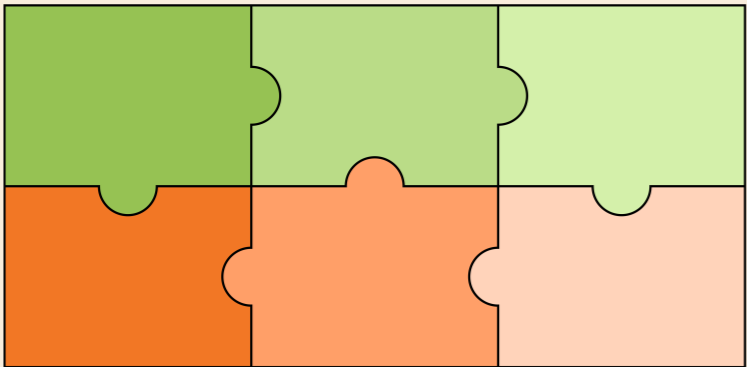
- UN Representative

Closing Insight: (cont'd)

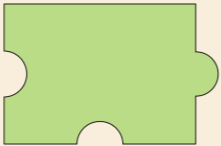
The Importance of Government Stewardship

- Across eight identified PSE barriers, Government is consistently identified as the Lead Actor
- Government is uniquely placed to advocate for, champion and lead the holistic approach required to address multiple barriers at multiple points in the Health Market System
- Government stewardship is viewed as essential by the World Health Organization who has set out a strategy for 'Engaging the private health service delivery sector through governance in mixed health systems' ¹

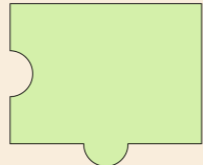
This strategy outlines six governance behaviors critical to private sector health service delivery governance:



Build understanding - collection and analysis of data to align priorities for action;



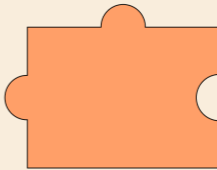
Foster relations - working together to achieve shared objectives in a new way of doing business;



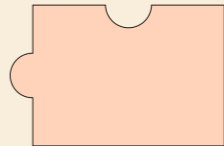
Enable stakeholders - institutional framework that empowers actors;



Align structures - organizational structures to align with policy objectives;



Nurture trust - mutual trust amongst all actors as reliable participants; and



Deliver strategy - agreed sense of direction and articulation of roles and responsibilities

This strategy serves as a guide for WHO and Member States at various levels of engagement to promote a new way of doing business with the private sector.

1. Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Additional Closing Insights that may impact the future private sector contraceptive impact market

Further considerations for market transition include:

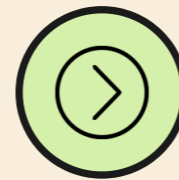
Looking Towards the Future: Transitioning away from donor funding: How will current trends in funding impact the implant market in 10-20 years? What countries have the potential to introduce or scale-up a private sector market? Which countries don't have much donor support and how is the implant market being operationalized? If demand for contraceptive implants continues, what channels are positioned to absorb that growth, and how might the private sector be engaged to respond? For example, has the public sector reached saturation meaning that additional demand can only be met through private outlets?

Facilitate a Supportive Environment to Foster Trust and Understanding Between the Private Sector and Governments to Work Together

Depending on context, explore the Regulation of Generic Products to Reduce Implant Cost: Generic products from low-cost manufacturers are commercially more sustainable.

Package Product for Private Sector Channels: In some countries, the customer needs to go to a pharmacy to buy the implant before returning to their private healthcare provider for insertion. Package all elements (information leaflet, trocar, client card, implant) together for the convenience for the woman/user.





Recommendations

With Initial Next Step



Recommendations Overview

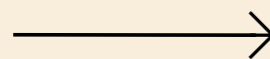
- The following recommendations were vetted and created through a Co-creation Session on August 17, 2022, which brought together a group of experts on implants and private sector engagement. The group of experts comprised representatives from donor agencies and implementing partners (*See Annex*).
- Two important caveats to these recommendations are:
 1. The identified recommendations were purposefully drafted to enable application at number of levels, i.e. globally, regionally, or nationally. It is proposed that the recommendations should be tailored to the specific context accordingly.
 2. It is noted that while these recommendations focus on private sector engagement for the contraceptive implant market, they could also be adopted to improve access to other specific Family Planning methods, or to efforts to improve access to the broader method mix.



Build Sustainably Financed Implant Supply



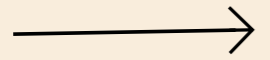
WHY?



The current implant supply chain and market is not financially structured in a sustainable way to meet the needs of the private sector, severely curtailing its ability to access affordable contraceptive implant commodities - and suppressing any business case to do so - and is reliant on donor funding, negatively impacting sustainability.



HOW?

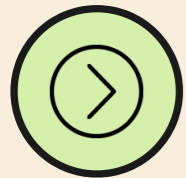


A number of approaches can be used to build a more sustainable supply chain:

- Ensure National Health Insurance schemes cover contraceptives, including implants
- Implement SLAs between private providers and regional health authorities to access training and commodities (short-term solution)
- Amend regulation to enable generic implants to enter market, creating a middle pricing tier within market;
- Amend tax/tariff policy to reduce import and other associated fees and reduce cost of branded products
- Reduce and eliminate donor subsidy to create space for viable business models and pricing structures to develop
- Consult with manufacturers to understand future business models for the private sector

Build Sustainable Implant Supply Chain (cont.)

45



NEXT STEP? →

- Undertake a Production-to-Use analysis to understand the current contraceptive implant supply chain and identify specific challenges that the private sector faces in accessing contraceptive implants.
- Use results of this analysis to inform choice of approach(es) to build sustainable supply chain.¹

1. Population Services International. 2018. Keystone Design Framework: Manual applying marketing principles to improve health outcomes.
<https://www.psi.org/keystone/>



Build Demand for Private Sector Service Delivery*

46

*Note: It is not recommended to build demand until private sector commodity supply chain is addressed



WHY?



Without demand, there is a limited business case for private providers to invest in contraceptive implant service delivery.

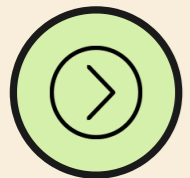


HOW?

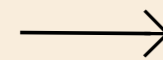


Develop a comprehensive demand creation strategy that incorporates proven communication strategies, such as:

- Target women based on life stage;
- Position product in culturally appropriate way, e.g. implants enable you to be the best mother/parent you can be by spacing births
- Provider Behaviour Change Communications to appropriately tailor messaging to provider overtime
- Use satisfied users as advocate of method



NEXT STEP?



- Use existing data sources to identify current rates of implant uptake in the private sector¹ and preferred private sector channels to inform demand creation strategy.
- Undertake consumer research to understand needs and wants of women to access contraceptive implants through private sector.
- Prioritise willingness-to-pay studies in markets where most women access FP methods in the private sector.

1. Bradley SEK, Shiras T. Where women access contraception in 36 low- nad middle-income countries and why it matters. Glob Health Sci Pract. 2022;10(3): e2100525.
<https://doi.org/10.9745/GHSP-D-21-00525>

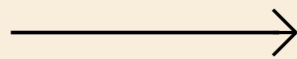


Build Government Stewardship Capacity

WHO defines Government Stewardship as “the careful and responsible management of the well-being of the population”¹



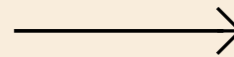
WHY?



Government is the only actor with authority to lead a holistic approach required to address multiple barriers. Governments need support to build skills and capacity to steward a mixed health market successfully to achieve national goals.



HOW?

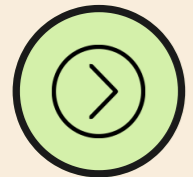


By Governments adopting and building capacity in six governance behaviors, critical to private sector health service delivery governance, see slide 39.

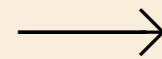
1. World Health Organization, Travis, Phyllida, Egger, Dominique, Davies, Philip & Mechbal, Abdelhay. (2002). Towards better stewardship: concepts and critical issues. <https://apps.who.int/iris/handle/10665/339291>



Build Government Stewardship Capacity



NEXT STEP?



Governments, researchers/academics and donors can convene with WHO country counterparts for *WHO's Country Connector for Private Sector in Health* (CCPSH)¹. This is a coordinated platform to support country governments manage the private sector's contribution to building resilient, equitable health systems, in line with national priorities. Specifically, the WHO Country Connector provides support through six streams of which all stakeholders can engage with:

1. *Working Groups*- Participate and contribute to several working group agendas on best practices to govern the private sector. Working Groups include specific focus areas such as Maternal and Child Health and Data & Monitoring.
2. *Clearing House*- Access and build knowledge on published articles and media on private sector in health on this platform.
3. *Tool Repository*- Access and contribute to this online repository of tools on governance of the private sector to use and share.
4. *Support Desk*- Access resources and request technical support and assistance on how to engage the private sector in health, such as facilitating workshops with MOH officials on private sector engagement.
5. *Research and Learning*- Access research products that share regional and country experiences with private sector engagement to learn from and share.
6. *Training*- Access training resources to build capacity on private sector governance in health.

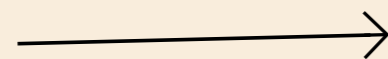
1. Country Connector on Private Sector Health: <https://www.ccpsh.org/>



Build Private Sector Engagement Capacity



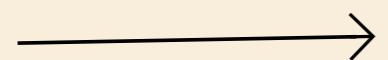
WHY?



To unify the interests and voice of private sector providers in order for the private sector to better engage as a coordinated, representative body AND to develop private providers' capacity to deliver contraceptive implant services.

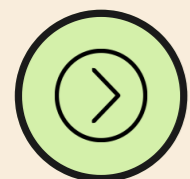


HOW?



Working in partnership with existing private sector actors and/or associations (as appropriate), establish a PPP for Contraceptive Implant Service Delivery to build trust and alignment on common goals and ways of working.

It will be valuable to align and coordinate PPP work with that of the WHO Country Connector (see previous slide), as an opportunity to put key governance behaviours into practice.



NEXT STEP?



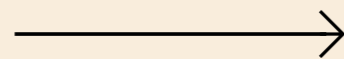
Undertake private sector landscape assessment, including a stakeholder mapping at the national or regional level, to (i) capture detailed information on private sector to understand scope and scale of sector, and (ii) to identify all relevant stakeholders to inform establishment of PPP.

Build Private Sector Quality of Care Capacity

50



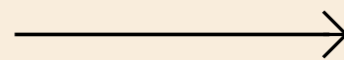
WHY?



Historically, opportunities for training have not met private providers' needs resulting in lack of clinical insertion and removal skills and quality assurance measures which, in turn, does not support quality-assured service delivery. A tangential impact of this is that without private sector service delivery 'word-of-mouth'/satisfied user demand creation does not occur - and without demand, private providers are not motivated to undergoing training.



HOW?



Develop a comprehensive contraceptive implant training plan and materials tailored to private sector needs, including training on:

- Insertion and removals protocols;
- More blended training approaches that combine practical, hands-on training with virtual and asynchronous content, to reduce time away from training; and
- Quality assurance measures (record keeping and commodity management, interactive and updated competency-base trainings and refresher courses, supportive supervision, mystery client visits for services, anonymous complaints and support telephone lines).

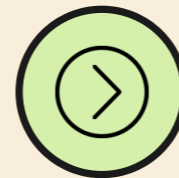


NEXT STEP?



Undertake private sector provider assessment to understand barriers to participating in current training and appreciate needs of private sector to ensure training plan is responsive.





A Multi-criteria Decision Analysis (MCDA) Model to Determine Scaling Up Implants in the Private Sector

Assessing impact of private sector engagement



Decision Model for Scaling Up Implants in the Private Sector



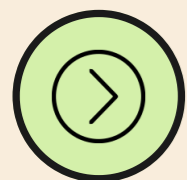
WHY was it developed?

Developing a decision model will enable stakeholders to assess the potential impact of implementing different recommended actions on number of users accessing contraceptive implant in the private sector and thereby select the best combination to increase user numbers.



HOW was it developed?

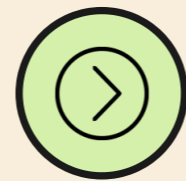
1. A set of recommended actions to strengthen PSE for contraceptive implant service delivery were identified through rapid research, the findings from which are highlighted earlier in this deck.
2. These recommended actions were reviewed and vetted by experts and ranked for importance during a participatory co-creation session in August 2022.
3. The ranked recommended actions were further assessed (as low, moderate, high) - through an online survey completed by 50+ experts - for ease of implementation for: feasibility; health impact; priority; sustainability; and cost.
4. Results from the online survey were built into the implant decision model.
5. You can use this model to assess how varying implementation of recommended actions, or different combinations of recommended actions, will impact the estimated number of new users in a given context.



WANT TO LEARN MORE?

Read our Implant Model Concept Note - available [here](#) - to learn more about how the implant model was developed. Apply the Implant Modeling Tool - available [here](#) - to better understand the best action(s) to implement to scale-up implants in your country/context.





Conclusion



"If You Always Do What You've Always Done, You Always Get What You've Always Gotten."

The notable successes of contraceptive implant service delivery scale-up in the public sector over the last decade have not lead to associated expanded access to implants in the private sector. **Private sector actors have been priced out of the market and struggle to identify a viable business model for market entry.** However, for many countries **to achieve national health goals**, including FP2030 targets, **leveraging private sector health assets will be necessary** to meet the needs of their diverse populations.

This review sought to **identify barriers to private sector engagement** for contraceptive implant service delivery and **possible recommended actions to address those barriers.** Ranked recommended actions were subsequently built into a **decision modelling tool to assist countries estimate the impact of taking a recommended action on future number of users** accessing contraceptive implant service through the private sector.

Moving forward, it is anticipated that **global and/or country stakeholders** can adopt and adapt the findings from this review and **use the decision model** to support their efforts **to expand private sector contraceptive implant service delivery.**

Click [**here**](#) to access the decision model and other resources on contraceptive implant service delivery scale-up.



Reference slide

1. Braun & Grever. 2020. Scaling Up Access to Implants: A Summative Evaluation of the Implants Access Program, Global Health Science Practice, 8(2). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326518/pdf/GH-GHSP200015.pdf>
2. Callahan, Sean and Jeanna Holtz. 2021. Public-Private Partnerships for Family Planning Commodities. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.
3. Countdown 2030 Europe. 2020. Private sector engagement in sexual and reproductive health: A look at modalities of donor support Summary. https://www.countdown2030europe.org/storage/app/media/uploaded-files/C2030E_Private%20sector%20engagement%20in%20SRH_SUMMARY.pdf
4. Duvall et al. 2014. Scaling up delivery of contraceptive implants in sub-Saharan Africa: operational experiences of Marie Stopes International, Global Health Science Practice, 2(1). <https://pubmed.ncbi.nlm.nih.gov/25276564/>
5. El-Khoury, Marianne, Bettina Brunner, and Sean Callahan. 2020. Accelerating Private Sector Engagement: Public-Private Engagement. 2020. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.
6. Françoise Armand, April Warren, and Sia Louise Shayo. 2021. Improving Access to Implants through the Private Sector: Lessons from Tanzania. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.
7. Ganesan, Ramakrishnan and Sean Callahan. 2021. Factors Influencing the Private Sector's Contributions to Family Planning Market Growth: A Synthesis of Six Country Analyses. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.
8. Muhoza et al. 2021. Modern contraceptive availability and stockouts: a multi-country analysis of trends in supply and consumption, Health Policy Plan, 36(3). <https://pubmed.ncbi.nlm.nih.gov/33454786/>
9. Riley et al. 2019. Getting to FP2020: Harnessing the private sector to increase modern contraceptive access and choice in Ethiopia, Nigeria, and DRC, PLoS One, 3(2). <https://pubmed.ncbi.nlm.nih.gov/29444140/>
10. SHOPS Plus. 2022. Sustaining Health Outcomes through the Private Sector Plus Project: Final Report. Rockville, MD: SHOPS Plus Project, Abt Associates Inc.
11. Thanel et al. 2018. Leveraging long acting reversible contraceptives to achieve FP2020 commitments in sub-Saharan Africa: The potential of implants. PLoS One, 13(4). <https://pubmed.ncbi.nlm.nih.gov/29630607/>
12. UNFPA Pakistan. 2019. Improving Access to Family Planning Services through the Private Sector in Pakistan A Stakeholder Analysis. <https://pakistan.unfpa.org/en/publications/improving-access-family-planning-services-through-private-sector-pakistan-stakeholder>
13. Weinberger, Michelle and Sean Callahan. 2017. The Private Sector: Key to Achieving Family Planning 2020 Goals. Brief. Bethesda, MD: Sustaining Health Outcomes through the Private Sector Project, Abt Associates. <https://shopsplusproject.org/sites/default/files/resources/The%20Private%20Sector-Key%20to%20Achieving%20Family%20Planning%202020%20Goals%20%282%29.pdf>

*Note: This list of articles noted above are not all referenced in this deck, but were prioritized in our review and analysis for recommendations



Annex: PSE Co-Creation Session

Format:

- On August 17, 2022, a virtual co-creation session took place over Zoom with experts in implant/contraceptive service delivery and private sector engagement to review recommendations on private sector engagement for the contraceptive implant market
- The session took place over a total of two hours
- The session included a mix of presentations, interactive discussions and activities, and three breakout rooms

Participation:

- A total of 22 participants attended the co-creation session, in addition to three facilitators and three note takers from Impact for Health (IHI)
- A total of 14 organizations were in attendance
- Alongside representation from IHI and Jhpiego, participants were representative of several donor and implementing organizations, which included:
 - Population Services International (PSI);
 - United States Agency for International Development (USAID);
 - Abt Associates;
 - Program for Appropriate Technology in Health (PATH);
 - United Nations Population Fund (UNFPA);
 - World Health Organization (WHO) ;
 - Bill & Melinda Gates Foundation (BMGF);
 - Shaping Equitable Market Access for Reproductive Health (SEMA Reproductive Health);
 - Clinton Health Access Initiative (CHAI);
 - Marie Stopes International (MSI);
 - DktWomenCare;
 - John Snow Health Zambia



