



**IMPACT
FOR
HEALTH**

Kenya's Roadmap for Private Sector Provision of Contraceptive Implants

Summary Report

October 2023

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



Methodology and Conceptual Framing

From June to September 2023, Jhpiego and IHI conducted a series of activities to inform the Country Roadmap. Findings and the roadmap itself are organized around the Health Market System Framework.

1) Rapid Literature Review

A total of 55 reviewed and grey literature articles were reviewed and prioritized for analysis

2) Key Informant Interviews

A total of 12 KIIs were conducted with stakeholders, representing different market functions (core, supporting and rules)

3) Market Analysis Report

Market system analysis conducted for contraceptive implants in Kenya

4) Country Workshop

Workshop hosted in Naivasha in September 2023 with key stakeholders to validate the findings in the Market Analysis Report and co-create a roadmap for provision of contraceptive implants in the private sector

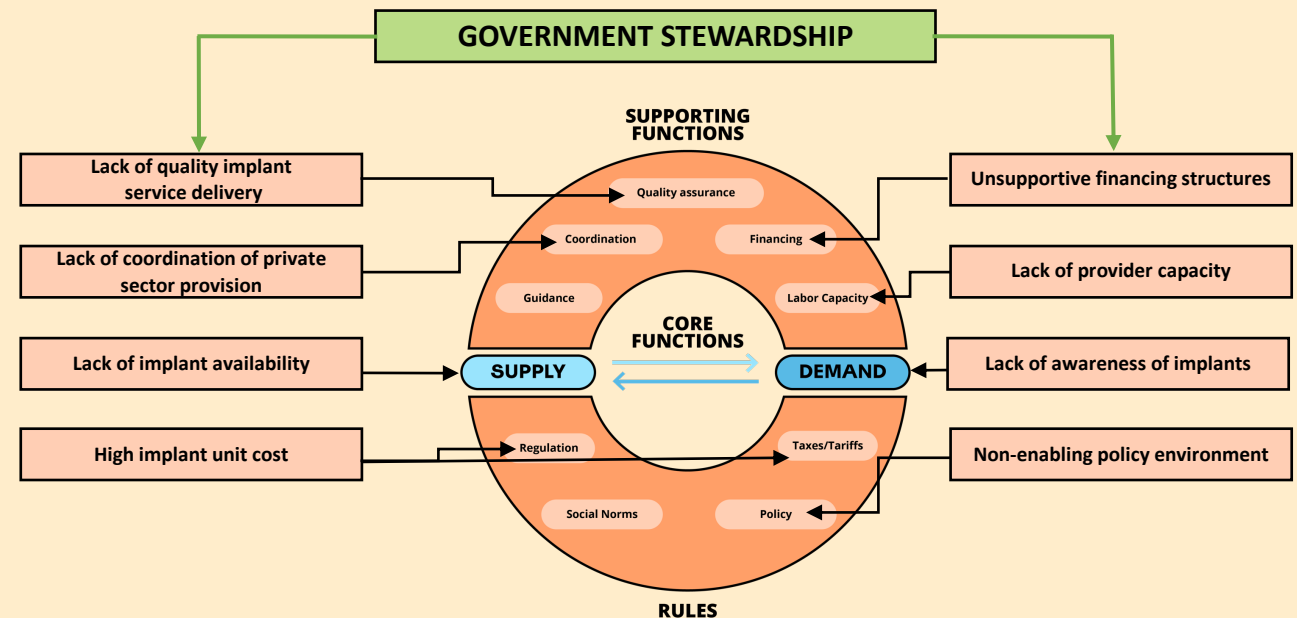


Figure 1: Overview of key PSE barriers for contraceptive implant service delivery

Kenya's Contraceptive Implant Market

Where are we now?

Free, publicly procured contraceptive implants dominate the market and are provided to public and private facilities. However, the private sector is expected to lose access to free commodities which is an opportunity to expand a true private market.

The private sector appears to have a smaller share of the implant market compared to other methods. If the private sector had a similar share of the implant market as other methods, it could double in size to over 500,000 users annually.

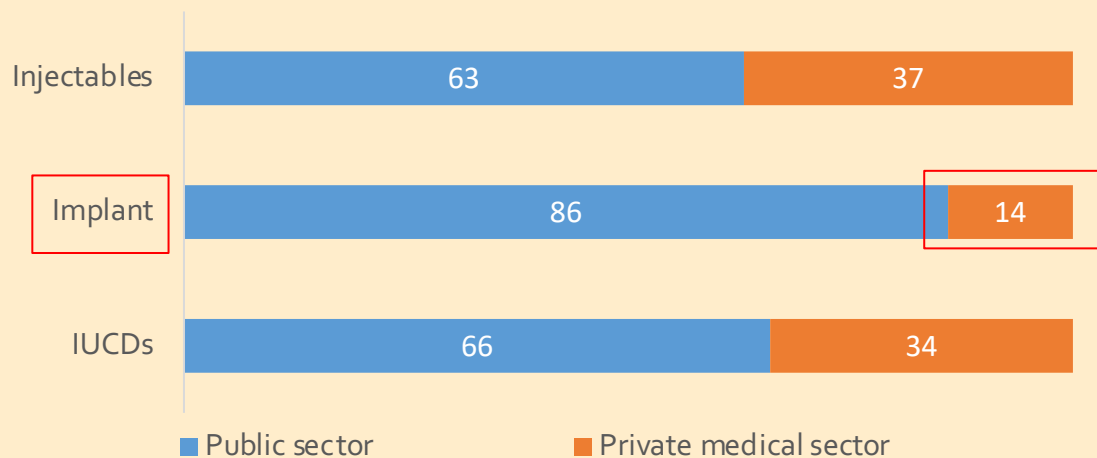


Figure 1: Percent distribution of modern methods age 15-49 by most recent source of method, (KDHS 2022)

The private sector is expected to lose access to free commodities as Kenya's health financing landscape is changing, with the MOH expected to fully fund FP commodities by 2025

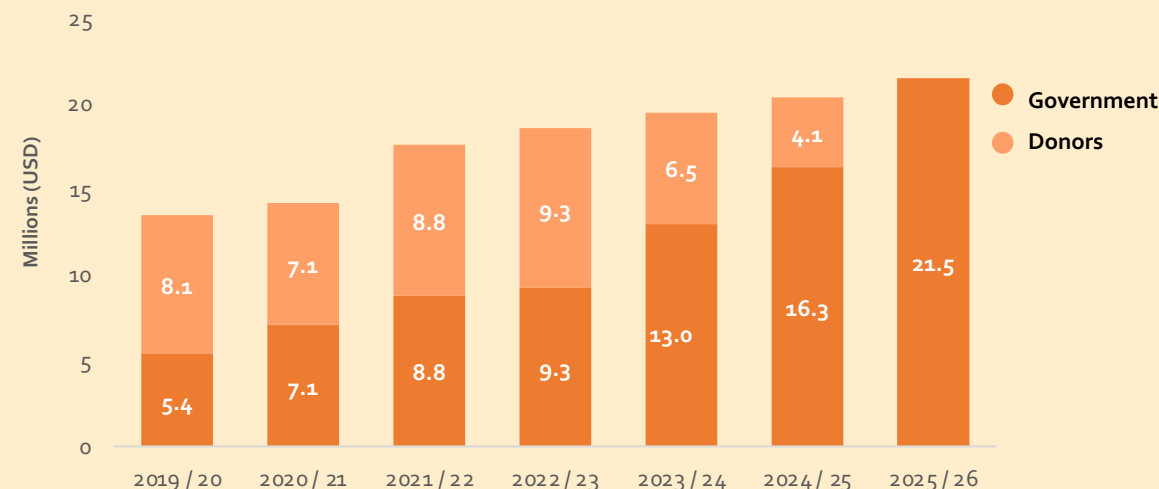


Figure 2: Estimated Family Planning Commodity Funding Commitments, 2019–2026. Note: Figures derived from MOU ratios were translated into estimated costs using the government's family planning forecasting and quantification data, October 2021. Projections do not include supply chain costs such as warehousing and distribution.



Key Market Constraints

Where are we now?

Four market constraints were prioritized by workshop participants based on potential impact, feasibility, and stakeholder availability and motivation to address the constraint. These constraints are not exhaustive of all Kenya's contraceptive implant market constraints, but are considered critical entry points to tackle the market.

CORE

1 Lack of a private sector supply chain for contraceptive implants

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

SUPPORTING FUNCTIONS

2 Lack of measures to offset the anticipated cost increase once public sector commodities are withdrawn.

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

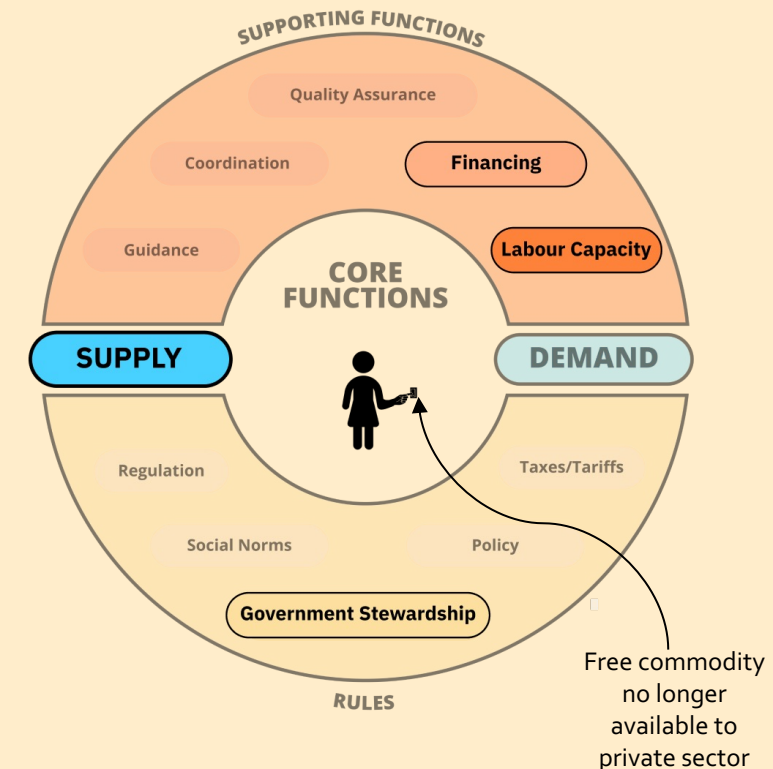
3 Insufficient labor capacity and motivation

The pre-service training curriculum inadequately covers contraceptive implants; efforts to extend implant insertions through additional private providers (e.g., pharmacists) through task-sharing have not been fully explored; and private providers lack motivation to report to KHIS.

RULES

4 Need for government stewardship

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



Vision of Success and Market Goals

Where do we want to go?

This Vision of Success and Market Goals directly respond to the four key constraints to sustainably improve access to contraceptive implants in the private sector.

VISION OF SUCCESS (7 years): The private sector sustainably expands its coverage of affordable contraceptive implants as part of the method mix to address consumer needs in support of FP2030 goals.

MARKET GOALS (5 years)

CORE

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

Manufacturers in collaboration with distributors and with government oversight promote contraceptive implant(s) branded for the private market, which are demanded by private healthcare providers and consumers.

SUPPORTING FUNCTIONS

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

Private providers can finance upfront capital or pool purchasing for product(s) branded for the private sector which is in demand and affordable among consumers.

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

Healthcare workers, potentially including new cadres like pharmacists, are well-trained through an updated preservice curriculum supported by an updated task shared policy. Private providers consistently report to the KHIS because it's a requirement for quality standards.

RULES

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

The success of the TMA in Kenya is attributed to implementation efforts at the county level focused on contraceptive implants. The leadership and advocacy work of the TMA task force contributes to policy change in Kenya such as the private sector inclusion in the national FP policy and in Kenya's UHC agenda.

Strategic Priorities and Interventions

How will we get there?

These three-year strategic priorities aim to advance the five-year market goals and realizing the vision for contraceptive implants in the private sector in Kenya. It should be noted that this section is not exhaustive, but it is meant as a starting point to increase the sustainable delivery of contraceptive implants in the private sector.

1

SUPPLY CHAIN

Develop a viable private sector supply chain with branded product(s)

1. Stop provision of free commodity to the private sector
2. Develop a business case for pharmaceutical manufactures to (re)enter the private sector market
3. Where applicable, seek registration of a rebranded private sector product

2

FINANCING

Offset the anticipated cost increase once public commodities are withdrawn

1. Form an expert working group under the TMA Task Force to explore mechanisms to offset the anticipated cost increase once public sector commodities are withdrawn
2. Explore mechanisms to increase consumer affordability (inclusion in health insurance schemes)
3. Explore mechanisms to finance upfront capital for distributors/wholesalers (loan guarantee or guaranteed buyer) and pool procurement to negotiate lower prices for private providers

3

LABOR CAPACITY

Build capacity and motivation of a diverse private sector workforce

1. Improve pre-service training curriculum for contraceptive implants, and integrate CI into existing QA systems
2. Leverage innovative approaches to motivate private sector reporting into KHIS
3. Review FP Task Sharing Policy to explore feasibility of expanding access through other cadres including pharmacists through a proof-of-concept pilot

4

GOVERNMENT STEWARDSHIP

Strengthen Kenya's TMA FP execution

1. Launch Kenya's contraceptive implant Country Roadmap through the TMA Task Force
2. Starting in Nakuru County, operationalize the TMA strategy with a focus on contraceptive implants
3. Use data from the implementation experience in Nakuru County to advocate for the private sector inclusion in FP Policy, private sector visibility in UHC agenda, and revised Task Sharing Policy

Key Resources

This suite of products are uploaded to our [landing page](#) for download and sharing!



Market Analysis Report



Country Roadmap



How-to Guide



We've adapted the Population Services International (PSI) Keystone design framework for these products. In doing so, we commit to sharing our learnings, both on content and process, with PSI and the wider community of practice.

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A healthcare worker in a white uniform is attending to a patient lying on a table. The worker is leaning over the patient, who is covered with a blue sheet. The worker is holding the patient's hand. The scene is dimly lit, and the text "Thank you!" is overlaid in the center.

Thank you!