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Frontier Health Markets (FHM) Engage

WHITE PAPER

Key recommendations to improve the private sector family planning landscape in Nigeria with a focus on Ebonyi and the Federal Capital Territory

November 2023

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Key recommendations to improve the private sector family planning landscape in Nigeria with a focus on Ebonyi and the Federal Capital Territory

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARC-ESM	Africa Resource Center for Excellence in Supply Chain Management
BMGF	Bill and Melinda Gates Foundation
CCW	Central Contraceptive Warehouse
CHAN	Christian Health Association of Nigeria
CP	Community Pharmacy
DMA	Drug Management Agency
FCT	Federal Capital Territory
FG	Federal Government
FHM	Frontier Health Markets
FMoH	Federal Ministry of Health
FOREX	Foreign Exchange
FP	Family Planning
GDP	Gross Domestic Product
GFPVAN	Global Family Planning Visibility and Analytics Network
GHS-PSM	Global Health Supply Chain Program-Procurement and Supply Management
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Foundation
IUDs	Intrauterine Devices
LARC	Long-Acting Reversible Contraceptive
MNCH	Maternal, Neonatal, and Child Health
mCPR	Modern Contraceptive Prevalence Rate
NHLMIS	Nigeria Health Logistics Management Information System
NPSCMP	National Product Supply Chain Management Programme
PCN	Pharmacy Council of Nigeria
PHC	Primary Health Care
PHCMB	Primary Health Care Management Board
PPMVs	Patent and Proprietary Medicine Vendors
PQM+	Promoting of Quality of Medicines Plus
PSE	Private Sector Engagement
PSM-TWG	Procurement and Supply chain Management-Technical Working Group
SFH	Society for Family Health
SMEs	Small and Medium Enterprises
SMOs	Social Marketing Organizations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Preface

FHM Engage is a USAID-funded project committed to providing technical support to local actors to improve the ability of health markets to meet supply-side capacity gaps and consumer preferences, contributing to equitable provision of and access to high-quality FP and other health services and products in mixed health systems. The project focuses on strengthening local health markets by addressing the root causes of market failures in the core market functions to create the necessary behavior change that catalyzes supply and demand and supports sustainable change. The approach supports the vision for a health market that is ultimately a government-stewarded health market optimizing public and private sector engagement (PSE) to meet supply-side capacity gaps and consumer preferences, contributing to sustainable market efficiencies and the equitable provision of and increased access to high-quality FP and other health services, products, and information.

Led by Chemonics with R4D as co-technical lead, alongside Pathfinder International and Zenysis Technologies, the core partners bring expertise in health market development, health systems, commodity access, supply chain, financing, PSE, FP, and service delivery, among other areas essential to the program. Delivery of TA to support local market actors will be led by an established group of 16 local, regional, and specialized organizations

FHM Engage has two result areas which are focused on:

Result 1: Improved market environment for greater private sector participation in the delivery of health products and services.

Result 2: Improved equitable access to high-quality consumer-driven health products and services.

In Nigeria, FHM Engage is currently focused on supporting markets in two states, Ebonyi and the Federal Capital Territory (FCT) with other states more states to follow in the coming years

Within this framework, Solina supported the execution of a private sector family planning (FP) landscape assessment, aligning with FHM Engage's core objective of providing technical assistance to local actors in strengthening health markets, addressing supply-side gaps, and aligning with consumer preferences, ultimately leading to equitable access to high-quality family planning and health services and products within mixed health systems.

With this white paper, FHM Engage seeks to highlight the existing limitations of the private sector family planning supply chain in FCT and Ebonyi, as well as recommend potential solutions that address these limitations.

This white paper draws from:

1. Desk review of 36 grey literature sources and eight full-text articles spanning from 2002 to 2022 to obtain insights from existing evidence and contextual information regarding the existing private sector family planning supply chain.
2. Key informant interviews served to obtain in-depth insights into the country-specific contexts. The team interviewed 49 stakeholders, across Ebonyi, FCT, and other regions of Nigeria, yielding essential insights into the challenges affecting the private sector family planning supply chain and the opportunities for improvement.
3. Two validation workshops which were conducted virtually with 33 participants to share and verify findings from key informant interviews and desk reviews and test the proposed recommendations.

4. In-country consultation workshops, involving 17 key stakeholders, were conducted to prioritize the recommendations emerging from these findings, serving as the basis for crafting a comprehensive white paper.

This white paper offers a comprehensive overview of the critical aspects surrounding private-sector family planning supply chains. It begins by examining the key challenges that affect the private health sector supply chain and proposes a range of recommendations to address these issues effectively. It then presents deep dives on four key recommendations that guide the initiatives of FHM Engage. These recommendations encompass crucial aspects, such as the domestication of national policies, access to finance, a community of practice for data sharing, and integration of family planning into state-level supply chains. They collectively serve as a roadmap for the strategic direction of FHM Engage Nigeria in the coming years, ultimately contributing to improved health outcomes and access to family planning services. Finally, it presents case studies that offer practical insights into successful approaches that can be leveraged upon or adapted in FCT and Ebonyi to guide and inspire future initiatives within the health supply chain.

Executive Summary

Nigeria, grappling with the challenge of increasing maternal mortality, has set a bold target to achieve a 27% modern contraceptive prevalence rate by 2024. This vision faces complex obstacles, particularly evident in regions such as the Federal Capital Territory (FCT) and Ebonyi state, where intricate demographic and economic factors obstruct progress. The importance of optimizing private sector markets to improve access to family planning cannot be overemphasized especially in most low and middle-income countries like Nigeria where the public sector is overburdened and the private sector demonstrates the potential to improve access.

While the private health sector has made significant progress in improving access to family planning through social marketing, several challenges persist. These include insufficient data visibility, poor market regulation, public-to-private product leakage, and the dominance of free donor-funded public-sector family planning sources. These challenges emphasize the need for a strategic approach to address them

This white paper draws from a detailed desk review of existing evidence, key informant interviews with 49 stakeholders, spanning across Ebonyi, the Federal Capital Territory (FCT), and other regions of Nigeria, two validation workshops, and in-country consultations. We adapted the strategy grid method during the in-country consultation workshop with key stakeholders to streamline the broad list of recommendations that address the challenges. These are the prioritized recommendations:

I. Domestication and implementation of national policies and guidelines at the state level

The FMOH has made significant efforts in creating an enabling policy environment and has approved and launched these policies:

- National Guideline for State-funded Procurement for FP Commodities
- Task Shifting Task Sharing Policy
- Private Sector Engagement Strategy on Sexual Reproductive Health

These policies are yet to be fully domesticated and implemented in Ebonyi and FCT hence the need to advocate and support the step down and implementation of these policies which will significantly improve access to FP services and products

2. Access to low-interest loans and grants for downstream supply chain actors especially CPs and PPMVs

Most supply chain actors explore various financing mechanisms to fund their businesses. For most downstream actors especially CPs and PPMVs, loans from financial institutions are generally inaccessible due to high interest rates, unattainable requirements, and insufficient loan amounts. Therefore, there is a need to create access to low-interest rate loans with attainable requirements for downstream actors, especially CPs and PPMVs in Ebonyi and FCT. This will ensure improved access to capital for the supply chain actors to ensure availability of FP commodities and improve the supply chain processes and infrastructure.

3. Community of practice: Innovative approach to data sharing in the private sector

Paucity of supply chain data in the private sector has limited visibility into the commodity flow from non-profit and for-profit supply chain actors due to the proprietary nature of data from the private sector and providers are skeptical of data being used to increase their taxes

There is a need to create a collaborative platform for SMOs and aggregators to share data consensually without any fears which is a relatively new intervention for data sharing. This will ensure improved availability of private sector data to inform decision-making.

4. Integration of family planning into the state-level health supply chain

The existence of open drug markets at various locations within Nigeria has continued to put both providers and users at risk of selling and buying substandard and adulterated drugs
There is a need to adopt and implement the Drug Management Agency (DMA) bill as well as establish a coordinated wholesale center within Ebonyi and FCT. This will significantly address the quality and cost issues thereby reducing the relevance of the open drug market, especially in Ebonyi where an open drug market exists

Section A

Background

Each year, approximately half a million women die of causes related to pregnancy, leaving at least one million children orphaned. Studies have shown that the high rates of infant, child, and maternal mortality and morbidity observed in many developing countries could be decreased through the provision of adequate family planning services (WHO 1984). Improved access to reproductive health care, including voluntary family planning, has been shown to bolster economies and contribute to sustainable development by empowering women to complete their education, improve their earning potential, and ultimately reduce poverty, especially in developing countries (UNFPA 2017).

Nigeria, grappling with the challenge of increasing maternal mortality, has set a bold target to achieve a 27% modern contraceptive prevalence rate by 2024. This vision faces complex obstacles, particularly evident in regions such as the Federal Capital Territory (FCT) and Ebonyi state, where intricate demographic and economic factors obstruct progress.

The importance of optimizing private sector markets to improve access to family planning cannot be overemphasized especially in most low and middle-income countries like Nigeria where the public sector is overburdened and the private sector demonstrates the potential to improve access. While the private health sector has made significant progress in improving access to family planning through social marketing, several challenges persist. These include insufficient data visibility, poor market regulation, public-to-private product leakage, and the dominance of free donor-funded public sector family planning sources. These challenges emphasize the need for a strategic approach to address them

As such, this paper explores the major limitations to a private sector family planning supply chain and key solutions to improving the supply chain for family planning commodities. More specifically, it seeks to:

- ✓ Strengthen and streamline private sector supply chains: To compile new and existing information to form a deep understanding of the supply chain actor landscape for FP products to assess the role of Nigeria's "mega wholesalers" or "large open markets" in providing FP commodities, considering aspects like commodity financing, security, procurement shares, and the overall description of the FP supply chain.
- ✓ Understand private sector supply chain data for market intelligence: To analyze the sources for private sector supply and demand market intelligence including sourcing, volumes, pricing, and customer base, and consider if/how these sources are being updated, accessed, and used for market activities at the country and global level.

Nigeria has struggled to meet its 27% mCPR target for 2024 which necessitated the extension to 2030 during the launch of its FP2030 Commitment. Major challenges include: Limited access to modern contraceptives at service delivery points and inadequate availability use of data for decision-making

Despite significant contributions from the private sector in ensuring access to FP and other health commodities, its market share as the preferred source of FP commodities has been on a downward trend. Therefore, there is a need to diagnose the private sector market to identify and understand market challenges, root causes, and potential leverage points.

Current challenges in the FP supply chain

Considering the complexity of health supply chains and the multiplicity of stages and roles, this sector encounters numerous challenges that impact the distribution and reliability of family planning commodities. These challenges are present across various dimensions:

Inadequate FP Commodity Security in Nigeria

There are national policies and coordination structures to ensure commodity security but domestication at the subnational level is suboptimal

Despite significant efforts by the federal government to develop national policies and guidelines supporting FP security, there are inadequacies in the level of stakeholder buy-in and domestication of these policies at the subnational levels in Ebonyi and FCT, which can be attributed to minimal or no advocacy directed towards the state government to encourage the adoption and effective implementation of these policies.

Also, multiple coordination structures currently exist both at the national and sub-national levels to oversee the various supply chain activities. However, in practice, these coordination efforts often fall short, leading to the duplication of efforts and inefficient utilization of resources in Ebonyi and FCT. Multiple partners implement similar interventions aimed at the same groups of supply chain actors. The root causes of this are two-fold: a lack of clear mapping and categorization of the multiple partners involved in FP and other health-related interventions and the absence of a collaborative platform for these partners to foster synergy amongst themselves and with the government. There is also limited inclusion and participation of for-profit private sector stakeholders in the public sector-led coordination structures at the national and sub-national levels, primarily because of undefined roles for private for-profit entities within the existing coordination setup.

In Ebonyi, particularly, PSM-TWG meetings are not held because of inadequate will to facilitate the meeting, lack of funds for meeting logistics, and low participation during previous meetings. Furthermore, there are actors within the supply chain who remain unaffiliated with any trade or professional associations. This disconnection stems from a variety of reasons, including misconceptions about the significance of such associations, insufficient perceived benefits to boost membership interest, and a lack of awareness of these associations among potential members.

Limited access to funding for FP commodity procurement

One of the major challenges that affect private sector funding of FP (and other commodities) is inadequate access to financing due to various barriers, such as high-interest rates, stringent loan requirements, cumbersome application process, and insufficient loan amounts, especially for downstream supply chain actors. Rigid payment mechanisms for family planning commodities, marked by mistrust and concerns regarding extending credit periods, further exacerbate these financial challenges. Upstream supply chain actors, such as manufacturers and importers, face limited access to foreign exchange for importing raw materials and FP commodities. Simultaneously, operational costs for these businesses continue to rise, driven by increasing public and business-owned power supply costs, increased logistics costs to secure commodity availability in remote or security-compromised areas, and the burden of multiple taxes imposed by various agencies.

“Most of our raw materials we still have to import, we can't get latex material locally. And when you are buying dollars at the black market rate, by the time you clear, it makes the products to be very high. Also, the banks don't really listen to SMEs so getting low-interest loans is difficult..”

- Local manufacturer of condoms

“Even if you bring the requirements for a loan, the amount you need is not the one they'll give, they will give you small...”

- PPMV

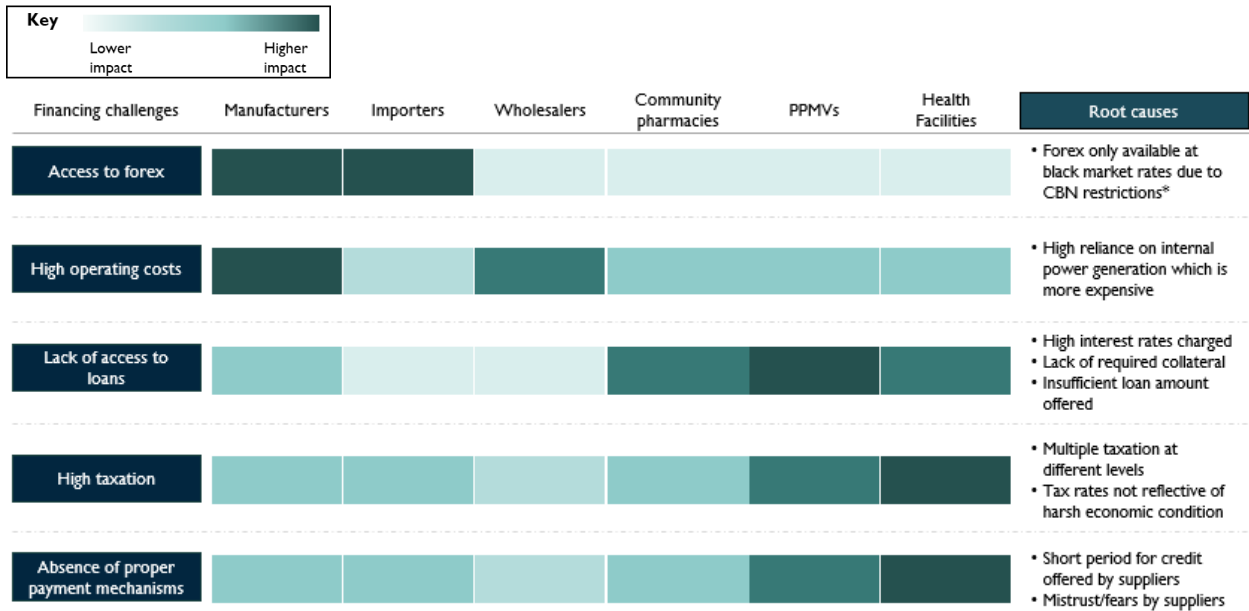


Figure 1: The financial challenges faced by various private sector supply chain actors and their level of impact

These funding challenges extend beyond the private sector and equally affect the public sector. The increasing funding gaps for FP commodity procurement in the public sector stems from several contributing factors, including the increase in funding required to secure free commodities for the growing population, the FG's inability to meet the counterpart funding needs, donor fatigue, and the inadequate adoption of state-funded procurement of FP commodities in both Ebonyi and FCT

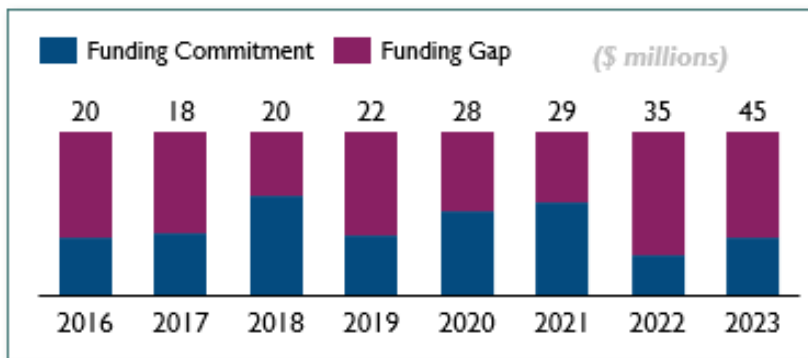


Figure 2: Chart showing basket funding gap 2016 - 2023

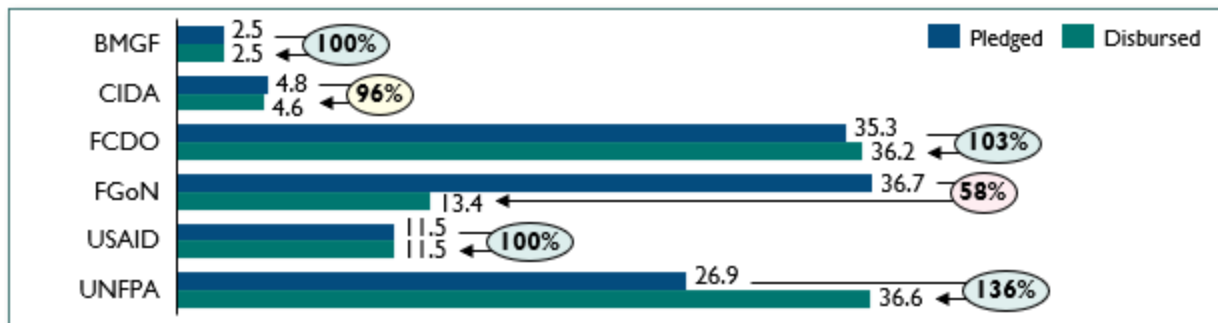


Figure 3: Breakdown of funds pledged and disbursed to the basket fund from 2011-2018

Limited availability and accessibility of FP commodities

Short-acting methods are more accessible to end users than long-acting reversible contraceptives (LARCs) in both Ebonyi and FCT

In Ebonyi and the Federal Capital Territory (FCT), public and private service delivery points experience contraceptive stockouts to varying extents, with LARC methods being the least accessible. Various intertwined factors contribute to this challenge. A notable factor is the supply chain actor's preference for stocking short-acting contraceptive methods, which tend to have higher turnover rates.

Consequently, the demand for LARCs remains low compared to their short-acting counterparts due to limited awareness and the perception of higher costs associated with these options. Provider bias for LARCs, stemming from critical skill gaps further contributes to the demand problem.

Local production of FP commodities in Nigeria is limited as only one manufacturer (Powdera) was identified and visibility into private sector supply chain activities is also limited due to presence of parallel reporting systems.

The local production of family planning commodities in Nigeria faces substantial challenges, with only one identified local manufacturer of condoms in the market. This scarcity can be attributed to a demanding and cost-intensive WHO prequalification process, inadequacies in available data to demonstrate the viability of investments in local production, and the perceived lack of guaranteed demand for locally manufactured commodities to justify long-term sustainability. Visibility/access to supply chain data from Social Marketing Organizations (SMOs) and private providers presents its own set of hurdles due to the proprietary nature of data within the private sector and providers' concerns that data might be used to increase their taxes.

The open drug market is the major source of commodities in Ebonyi state and other major regions like Kano, Lagos, and Anambra within Nigeria

Moreover, open drug markets, for example in Ebonyi, operate largely unregulated, impeding effective oversight and visibility into their activities. Inadequate commitment from the government to regulate these open drug markets and the limited availability of alternative commodity sourcing options at affordable price points compared to the open drug market further complicate the situation.

Gaps in supply chain data

Despite the presence of central repository platforms like NHLMIS, most private health facilities often prefer their customized data reporting systems

Data sources vary across different market actors, with nuances in data collection and utilization practices, creating a unique set of challenges. There is a glaring underrepresentation of private providers in central data repositories like the NHLMIS. This imbalance limits the comprehensive visibility of supply chain data, as a significant portion of transactions and data points crucial for decision-making remain outside these systems. Moreover, private health facilities, which constitute a substantial portion of family planning service providers, grapple with poor data reporting rates compared to their public sector counterparts. This is compounded by the absence of mechanisms and incentives for accurate and consistent data reporting within the private sector, leading to unreported or inaccurately recorded supply chain data. Private facilities' reluctance to adhere to data reporting requirements for central data repositories is often rooted in concerns about data ownership and the apprehension regarding data sharing, creating barriers to seamless data exchange.

Capacity and systems gaps also pose significant challenges in effectively utilizing logistics management information system (LMIS) reporting tools, particularly among healthcare workers at the health facility and Local Government Area (LGA) levels. Many healthcare workers lack the necessary training to proficiently use these systems, resulting in the underutilization of data repositories. Furthermore, there's limited integration and reporting by the private sector within these systems, impairing the comprehensive visibility of supply chain data.

The use of multiple closed-ended digital data management systems by private for-profit market actors is generally inaccessible to the government, and partners due to their proprietary nature

The fragmentation of data repository systems within both the public and private health sectors (for-profit and nonprofit alike) creates another challenge. Different organizations and entities maintain their data repositories, each with unique data collection and reporting processes, leading to a lack of standardized data reporting practices and interoperability challenges. This makes it difficult to compile and analyze data effectively. absence of clear policy frameworks mandating data reporting and compliance further hampers the accessibility and utilization of supply chain data. Without robust policies to enforce data reporting requirements and standards, many private providers may not prioritize data reporting, leading to gaps in data availability. Moreover, most service delivery points struggle to provide data on the quantities of commodities procured annually, either due to the absence of data reporting or the proprietary nature of their data systems.

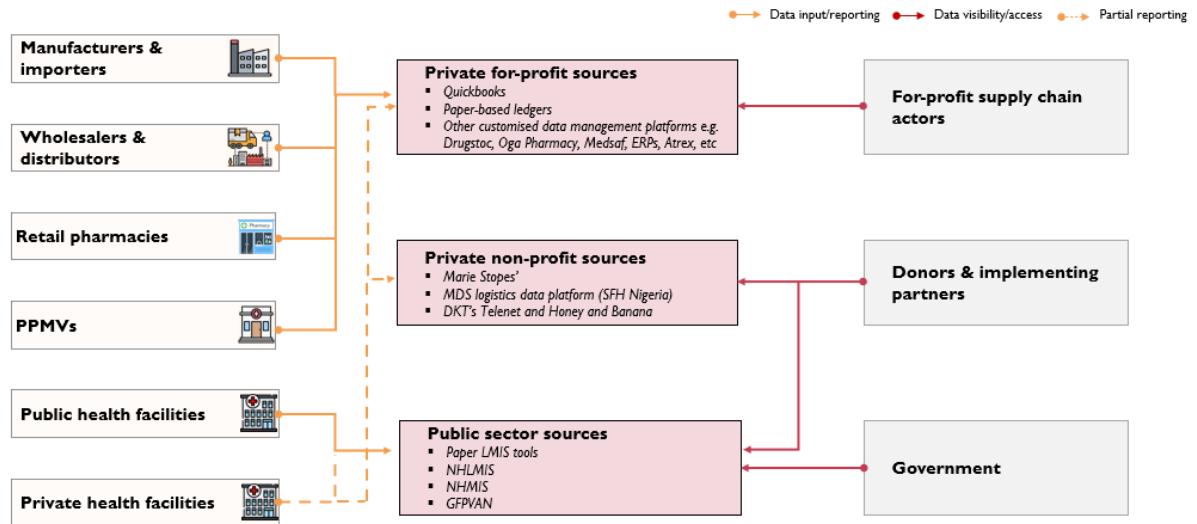


Figure 4: Visibility of data sources used by various market actors

These multifaceted challenges highlight the need for concerted efforts to improve the family planning supply chain and ensure the availability and accessibility of FP commodities

Section B

Key recommendations to address private sector health supply chain

While the challenges and limitations in Nigeria's family planning supply chain are significant, they also present opportunities for improvement. In addressing these issues, a stronger foundation can be laid for a more resilient and efficient supply chain that better serves the needs of the population and also sets a new standard for accessibility, affordability, and quality of family planning commodities in Nigeria. A set of prioritized recommendations is illustrated below, aiming to address these challenges, foster collaboration, and ultimately enhance the performance of the family planning supply chain.

Market component	S/N	Recommendations
Commodity security and financing	1.	Advocate and support the step down of these national guidelines in Ebonyi and FCT: <ol style="list-style-type: none"> Guideline for state-funded procurement of FP commodities Task shifting task sharing policy (including adoption and implementation) National private sector engagement strategy
	2.	Support states to update the mapping of existing partners supporting FP and align on focus areas for interventions and establish a collaborative public-private platform to foster synergy between partners and government
	3	Support to state with technical assistance to drive TWG meetings, ensure objectives are achieved and identify a sustainable funding mechanism for the meetings, and leverage existing supply chain meetings where possible
	4	Facilitate partnerships between associations/networks/providers and financial institutions/entities that create access to grants as well as low-interest rate loans with requirements that are attainable (for CPs and PPMVs especially)
Share of FP market/ procurement	5	Leverage existing Social Marketing Organizations (SMOs) to create linkages to private providers for sustained implant supply
	6	Facilitate and incentivize a collaborative platform such as a community of practice to foster data sharing and address fears on data sharing for SMOs and private providers respectively
Description of the supply chain	7	Support the Drug Management Agency (DMA) bill and the set-up of the coordinated wholesale centers in FCT and Ebonyi to ensure regulation and access to quality and affordable commodities
	8	Collaboration with larger networks like IPPF and UNFPA to support pooled procurement thus reducing the cost of FP commodities
Supply chain data	9	Capacity building for the leadership of the for-profit business on the importance of data for their businesses and data reporting to ensure step-down in cases of attrition

We have highlighted the top four priority recommendations (light green color fill) for FHM Engage Nigeria to implement in coming years. In the subsequent sections, this document will provide deep dives into each of these prioritized recommendations.

Key criteria used to prioritize for FHM Engage Nigeria include:

- Recommendations within scope of work for Nigeria
- Expressed interest from critical stakeholders from FHM Engage

Recommendation 1: Domestication and implementation of national policies and guidelines at the state level






Overview

The Federal Ministry of Health (FMoH) has continued to demonstrate its commitment to ensuring an enabling environment that promotes commodity security through the availability and accessibility to quality family planning and other health commodities within the country. This commitment has led to the development, and launching of various national policies and guidelines that address various areas. Out of the many policies and guidelines, the focus of this white paper is on three that could potentially improve sustainable domestic funding for procurement of FP commodities, supply-side commodity accessibility, and private sector participation in the reproductive health sector. They include:

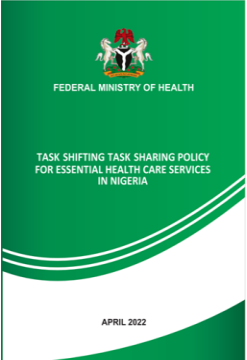




- National Guideline for State-funded Procurement for FP Commodities
- Task Shifting Task Sharing Policy
- Private Sector Engagement Strategy on Sexual Reproductive Health

These policies are yet to be fully domesticated and implemented in Ebonyi and FCT hence the need to advocate and support the step down of these policies and also implementing them which will significantly improve FP and other health outcomes.

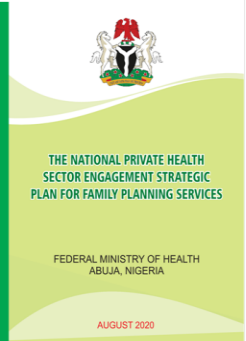




National Guideline for State-funded Procurement for FP Commodities

	 Rationale Increasing funding gaps for procurement of FP commodities at the national level largely due to donor fatigue and inconsistent government commitment to the FP basket fund which necessitated the need to explore domestic sustainable funding options
	 Objectives To provide basic reference/procedure for state-funded procurement of FP commodities in Nigeria with the goal of institutionalizing the supply chain process (i.e. forecasting, quantification, procurement, warehousing, etc) at the state level
	 Targeted stakeholders State ministry of health (Honorable commissioner of Health, the Permanent Secretary Ministry of Health), Executive Secretary, State Primary Health Care Development Agency (SPHCDA), Directors of Public Health Services and Pharmaceutical Services
	 Current status Gombe state is currently the only state that has successfully domesticated and implemented the national guideline via the disbursement of funds to procure FP commodities since 2019 through the support of UNFPA and other partners

National Task Shifting Task Sharing Policy

	 Rationale The density of health workers (health worker/population ratio) especially for higher cadres (i.e. medical doctors and nurses) within most communities is largely very low either due to high attrition or external migration rate. This often results in service provision barriers hence the need to address health workforce shortage problems to increase access to health care services.
	 Objectives To meet the universal health coverage and the health needs of the Nigerian population through the mobilization of available human resources to ensure equity, accessibility, and effectiveness in the delivery of essential health care services.
	 Targeted stakeholders Nurses and midwives, Community Health Extension Workers, Junior Community Health Extension Workers and Community Health Officers, s pharmacists, pharmacy technicians or technologists, laboratory technicians, records managers, administrators and others
	 Current status About 22 out of the 36 states and FCT of the country have adopted the policy and are currently at different levels of implementation. The 2022 TSTS policy that allows CPs and PPMVs to provide LARCs and other expanded FP & PHC services is being implemented in Kaduna and Lagos

Private Sector Engagement Strategy on Sexual Reproductive Health

	 Rationale The private sector is not being harnessed adequately in Nigeria's family planning programme implementation despite making significant contributions to improve access to FP services
	 Objectives Identify potential areas for public-private partnerships and private sector engagement in FP service provision and propose investment plan for the private sector in FP service provision
	 Targeted stakeholders Critical private sector for-profit and non-profit stakeholders within and outside the family planning/healthcare sector (Associations, banks, tech companies, oil and gas industry, academic institutions, telecommunication, etc)
	 Current status Launched at the national level but yet to be adopted by any of the states in Nigeria

Proposed approach and key milestones

Stepping down these national policies/guidelines at the state level for domestication and implementation requires consistent engagement with key state government stakeholders and partners throughout the implementation phase

We propose a four-step high-level process to successfully step down and domesticate the national policies discussed earlier in Ebonyi and FCT. The milestones for each major process serve as key performance indicators (KPIs) guiding the assessment of the implementation of this intervention.

Key tasks	Sub-tasks	Milestones
1 Obtain buy-in from key government stakeholders	<ul style="list-style-type: none"> Identify relevant government stakeholders to be engaged Conduct advocacy and awareness visits to government stakeholders Convene stakeholders to get buy-in 	State government buy-in and commitment
2 Contextualize policies to focus states	<ul style="list-style-type: none"> Conduct situational analysis/assessment to understand the current status, challenges, and opportunities in the state Engage different categories of stakeholders to get their input Adapt the policy to state-specific contexts and strategies 	State-specific policy document
3 Conduct share-out workshop	<ul style="list-style-type: none"> Conduct a workshop with various stakeholders (government, donors, partners, associations, etc) to disseminate the finalized version of the policies 	Share-out workshop to launch policies at the state level
4 Develop an implementation plan with state officers	<ul style="list-style-type: none"> Define and develop a clear implementation roadmap and work plan Develop execution strategy with defined roles for various stakeholders 	Action plan to commence implementation of activities

Figure 5: Major processes involved in stepping down national policies

For the adoption and implementation of the Revised Task Shifting and Task Sharing policy in both states, in addition to the steps above, there is a need to conduct detailed mapping of CPs and PPMVs and build their capacity to implement the policy as well as conduct adequate community engagement and awareness with the communities where the policy will be implemented

Critical success factors

Multisectoral collaboration is a key ingredient in stepping down national policies as it leverages the technical expertise of the various collaborators

Stepping down national policies and guidelines at the state level is quite common as this first major step to get state governments to launch, adopt, and subsequently implement most of these policies. This usually requires less effort in terms of activities and is highly dependent on the political will and buy-in from the critical stakeholders, effective partnerships and collaboration between government and partners, and proof-of-concept on extending the TSTS policy to CPs and PPMVs.

Lessons can be learnt from Gombe State's successful implementation of the National Guidelines for State-Funded Procurement of FP Commodities and similarly replicated in Ebonyi and FCT

For instance, Gombe State is the first state in the country to successfully facilitate the procurement of FP commodities leveraging on the long-term partnership with UNFPA in line with the National Guidelines for State-Funded Procurement of FP Commodities. The state through its Primary Health Care Development Agency supported the procurement of Male Condom, Noristerat, Depo Provera, and Implanon. Part of this intervention includes the last-mile distribution to various service delivery points within the 11 LGAs in the state. The success of this intervention has been attributed to:

- Government's commitment to achieving the SDGs via the State's 10 Year Development Plan and Strategies
- Effective Partnership & Collaboration (All Stakeholders- Local and International Development Partners)
- Strong political will to support the intervention by UNFPA through commitment and disbursement of government counterpart funding
- State Cash Backing for State Funded Budget line for FP commodities and commitment of at least 7% of total budgeted cost for LMD & other related activities

This can also be replicated in Ebonyi and FCT leveraging the current support and expertise of USAID to already step down these national policies particularly the national Guidelines for State-Funded Procurement of FP Commodities.

The success of the pilot phase of the IntegratE project in Kaduna and Lagos states proves that CPs and PPMVs can adhere to the 3-tier accreditation system and provide quality FP services

The IntegratE project is a proof-of-concept that community pharmacists (CPs) and Patent and proprietary medicine vendors (PPMVs) can provide the wider range of Family planning and Primary Health care services that they are currently authorized to provide under the task sharing and task shifting policy. The project was successfully implemented in Kaduna and Lagos states during its pilot phase and has been extended to nine (9) other states for the second phase project. The successful implementation has to be attributed to:

- Donor and government technical and financial support
- Effective partnerships and collaboration between government and partners
- The extensive value proposition to determine the motivation of CPs and PPMVs to provide quality FP services

Key lessons and collaborations from government stakeholders, donors and partners can be leveraged to implement in Ebonyi and FCT

Risks and mitigation measures

There are potential risks involved in the domestication and implementation of national policies at the state level. These risks have the potential to hinder the buy-in and successful implementation of this intervention thus affecting the projected outcome and overall impact. Some of them include:

Recent changes in political landscape

The recent post-election changes in the political landscape as a result of the nationwide general elections could affect the timeframe to get stakeholder buy-in. Most critical positions such as the commissioner of health, permanent secretary for the State Ministry of Health and directors within the ministry may be occupied by new personnel. Hence, there is a need to engage all relevant stakeholders early leveraging all existing partnerships and coordination platforms to quickly on-board them on the proposals and plans to get buy-in

Quality concerns on service delivery offered by lower cadres of providers

The perceived inadequacies in the quality of FP services especially for the long acting methods provided by lower cadres of health workers could be a major concern in adopting and implementing the TSTS policy at the state level. This can be addressed by ensuring adequate training of these healthcare workers and ensuring adequate awareness of clients on the suitability of these new cadres of healthcare workers to provide the service.

There is also a need to incentivize the delivery of quality services sustainably. A proof-of-concept (i.e. The IntegratE project) that shows that CPs and PPMVs can adhere to the 3-tier accreditation system and provide quality services which already exist can suffice to address these concerns.

Lack of perceived value and interest

Given that family planning is generally not considered to be a very lucrative or profitable venture and the availability of free commodities in the public sector may affect the interest of CPs and PPMVs in the TSTS policy. This would significantly require a strong value proposition on potential benefits and impact of the policy during engagement with all relevant stakeholders

Potential partnerships for collaboration











Category	National guideline for state-funded procurement of FP commodities	National TSTS policy (Revised)	National private sector engagement strategy
Government	 FMoH Ebonyi SMoH FCT HHSS	 FMoH Ebonyi SMoH FCT HHSS PCN	 FMoH Ebonyi SMoH FCT HHSS
Donors	 USAID UNFPA BMGF	 USAID MSD BMGF	 USAID UNFPA BMGF
Implementers	 tci challenge initiative FHMengage program	 FHM Engage SFH Nigeria Solina Health	 FHM Engage program

Figure 6: Potential stakeholders that can be engaged to step down and implement the various national policies

Case study: The IntegratE project currently implements the TSTS policy within some focus states in Nigeria



About the project

- An initiative by Bill and Melinda Gates Foundation (BMGF) and MSD for Mothers
- Pilot phase (2017 – 2021)
- Second phase (2021 – 2026)




Vision

Increasing service delivery for contraceptive mix and primary health care among Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs)

Focus states



- Pilot phase:** Lagos and Kaduna states
- Second phase:** Kano, Nasarawa, Gombe, Enugu, Sokoto, Niger, Bauchi, Borno and Yobe states

Consortium partners

Local partner Other partners

Donors

Problem

Despite being the first point of care for most users within their communities and a major source of FP commodities due to the limited number of functional PHCs, many CPs and PPMVs have not received formal training to provide FP services and often do not have the necessary knowledge and skills to provide those services.

Solution

The IntegratE project currently implements the task shifting task sharing policy in focus states with the goal of expanding FP services offered by CPs and PPMVs via:

- A 3-tiered accreditation for PPMVs based on their healthcare qualifications already piloted in Lagos and Kaduna
- A pilot hub-and-spoke supervisory model where CPs (hub) support the PPMVs (spoke) on drug stocking practices
- Building the capacity of CPs and PPMVs to provide expanded FP services and report service statistics to the HMIS

Impact

- Between July 2018 and June 2021, 461 CPs and 998 PPMVs were enrolled and trained on FP services
- Between October 2019 and June 2021, there was a consistent rise in the number of women receiving longer-acting reversible contraceptive methods, with a 140% rise in the uptake of injectables and a 108% increase in implant usage by women of reproductive age from trained CPs and PPMVs.

Recommendation 2: Facilitate access to low-interest loans and grants for downstream supply chain actors especially CPs and PPMVs

Overview

Most supply chain actors explore various financing mechanisms to fund their businesses. Some of the most notable mechanisms include: Loans from financial institutions, grants from donors, partners, and government, supplier credit, and personal funds and support from family/friends. For most downstream

actors especially CPs and PPMVs, loans from financial institutions are generally inaccessible due to high-interest rates, unattainable requirements and insufficient loan amounts.

Therefore, there is a need to create access to low-interest rate loans with attainable requirements for downstream actors especially CPs and PPMVs in Ebonyi and FCT

Proposed approach and key milestones

A needs assessment that clearly outlines the challenges and opportunities affecting access to finance by various market actors and the potential financial institutions for access to loans is the first step to designing a plan that ensure seamless access to loans by various market actors

We propose a four-step high-level process to effectively and efficiently facilitate partnerships between associations/networks/providers and financial institutions/entities to create access to grants and low-interest rate loans with attainable requirements for downstream actors (CPs and PPMVs) in Ebonyi and FCT

Key tasks	Sub-tasks	Milestones
1 Conduct assessment to identify challenges and opportunities & map potential lenders and borrowers	<ul style="list-style-type: none"> Conduct mapping of potential lenders and the available loan products and borrowers (health businesses) Conduct Conduct needs assessment for private providers to identify challenges and opportunities to improve access to credit 	<ul style="list-style-type: none"> Situational analysis report Detailed list of providers and financial institutions
2 Develop standard action plan for the loan disbursement	<ul style="list-style-type: none"> Outline a clear pathway for loan disbursement by financial institutions and plans to improve the ability of private providers to meet eligibility requirements for loans Engage relevant stakeholders to get their input to modify pathway 	<ul style="list-style-type: none"> Action plan
3 Conduct capacity building for both borrowers and lenders	<ul style="list-style-type: none"> Identify and develop capacity building documents and tools for both access to finance entities and private providers Facilitate capacity building sessions for potential access to finance entities and private providers 	<ul style="list-style-type: none"> Capacity building materials
4 Commence loan disbursement	<ul style="list-style-type: none"> Develop suitable loan/financial product for private healthcare providers Screen potential borrowers based on the simplified eligibility requirements Disburse loans to qualified private providers Conduct periodic M&E and supervisory visits to facilities 	<ul style="list-style-type: none"> Adequate funding for loan disbursement and channel of disbursement

Figure 7: Major processes involved in creating access to finance

Critical success factors

There are opportunities to learn from similar projects on providing access to loans to MSMEs in other sectors and then tailor best practices for healthcare MSMEs

To successfully facilitate access to low-interest loans for private healthcare providers, it is important to leverage lessons learnt from similar projects that have been successfully implemented to tailor interventions that will suit healthcare MSMEs. Some of these projects include:

Projects	Details	
USAID's Development Credit Authority	USAID's Development Credit Authority partners with the Central Bank of Nigeria, through its subsidiary, Nigeria Incentive-Based Risk Sharing System for Agricultural Lending (NIRSAL) to provide loans for agricultural businesses	Non-health focused
USAID's Feed The Future Nigeria Agribusiness Investment Activity (FTF)	\$15.7 million United States Agency for International Development (USAID) Feed the Future (FTF) Agribusiness Investment Activity is a five-year (2018 - 2023) project implemented by Cultivating New Frontiers in Agriculture (CNFA) with the broad aim to strengthen the enabling environment for agribusiness finance and investment	Non-health focused
USAID's Renewable Energy and Energy Efficiency Project (REEEP)	REEEP's goal is "Energy access increased (USAID/Nigeria IR 1.3)" by intervening in the supply-side economics of low-income electrification – the project addresses the credit and financing barriers standing in the way of providing cheap, renewable electrification technologies to low-income and off-grid households and communities	Non-health focused
World Bank's Sustainability Training and E-Learning Program (STEP)	Designed for managers and staff of financial institutions (FIs) including banks, private equity funds, leasing companies and microfinance institutions. The objective of STEP is to help FIs better understand sustainable finance, social and environmental risk management and explore sustainability-related business opportunities	Non-health focused
FOR M(om)	By providing HeliumCredit collateral-free loans to health facilities to procure life-saving commodities and other equipment, the program aims to elevate health facilities and in turn, the health outcomes of the women and girls patients they serve	Health focused
PharmAccess Medical Credit Fund	By reducing the perceived risks of investing in the healthcare sector, the programme makes financing available for medical businesses that find it difficult to secure formal bank loans. The funds are then invested in facilities, equipment, staff and procedures that deliver enhanced care to all patients.	Health focused



Figure 8: Past and current projects on creating access to finance

Common success factors across these projects include:

- Government and donor support/buy-in
- Availability of adequate low-interest loans to be disbursed
- Presence and willingness of other relevant stakeholders like associations, aggregators, financial institutions to support in various roles

Risks and mitigation measures

Facilitating access to low-interest loans and grants to healthcare MSMEs is faced with various risks given the nature of the business and other external factors.

1. Application and loan requirements

One of the biggest limitations to access to most loan products by financial institutions is often attributed to the inability of most healthcare providers to meet the loan requirements such as CAC registration, tax certification, business plan, income statement, etc. even in cases where loan products are tailored to their needs. This can be attributed to inadequate unawareness and lack of capacity on business and financial management which will be addressed through a more streamlined loan requirement and application process tailored to health businesses as well as capacity building on business and financial management skills.

2. Repayment process

From the financial institution perspective, a major requirement for accessing loans is the loan terms and conditions which includes the loan amount, interest rate, charges/fees and tenure that form the repayment structure. Unattractiveness of repayment structure such as high interest rate will disincentivize healthcare MSMEs from taking these loans even when all necessary requirements are available. This can be addressed by leveraging associations and other aggregators for loan disbursement to de-risk loans and further optimize the repayment process.

Potential partnerships











Category	Stakeholders			
Donors	 USAID	 MSD	 BMGF	
Implementers	 FHM Engage	 SFH Nigeria	 Solina Health	 PharmAccess
Facilitators	 ACPN	 NAPMED		

Figure 9: Potential stakeholders that can facilitate access to finance to private providers

Case study: FHM Engage’s access to credit activity presents a huge opportunity to improve the access to finance for private healthcare providers



Healthy Markets for Healthy People

Access to credit activity

Rationale

- The funding of any healthcare business is critical to its day-to-day operation, sustainability, and overall profitability
- However, most healthcare MSMEs across the value chain often lack access to sufficient funds to either start up their business or sustainably run their daily operations
- This often limits business growth and development in terms of providing essential products and services such as maternal and neonatal care, child health services, family planning, Malaria, HIV, Tuberculosis, etc hence the create access to sustainable finance via low interest loans and other forms of credit

Objective

- To build on the existing efforts around access to capital for health care providers to strengthen access to financing for FP and MNCH private sector providers as well as other actors on the value chain in the two focus states

Approach

- Desk review** to map the available access to finance entities available to private healthcare MSMEs as well as understand/review the loan products
- Key Informant interviews (KIIs)** to obtain in-depth insights, challenges, proposed recommendations
- Co-design workshop and expert consultation** with relevant stakeholders to share and verify findings, align on recommendations and co-develop relevant documents

Milestones

- Detailed action plan for loan disbursement
- Capacity enhancement approaches for access to credit entities
- Assessment report on challenges and opportunities in accessing financing for different categories of health MSMEs
- Capacity building materials for healthcare SMEs

Geographical focus

- Nigeria (focus on Ebonyi state and FCT)

- Solina Health currently supports the FHM Engage program in Nigeria to implement this activity
- The activity is currently in the diagnosis phase with the goal of identifying and understanding the challenges, root causes, and potential leverage points
- The team leveraged findings from similar projects implemented by USAID, the World Bank, and other partners/donors to conduct this activity

Recommendation 3: Community of practice: Innovative approach to data sharing in the private sector

Overview

Paucity of supply chain data in the private sector has limited visibility into the commodity flow from non-profit and for-profit supply chain actors

This is generally due to:

- Proprietary nature of data from the private sector
- Providers are skeptical of sharing data for fear of that it will be used to increase their taxes

This has also hindered understanding of the private sector market thus affecting targeted interventions to fix market failures from government and donors.

Data management is crucial to the growth of any business while data sharing helps government and donors to implement the total market approach. There is a need to create a collaborative platform for supply chain actors to share data consensually in real time. Relevant stakeholders will be engaged to collectively align on and design the data sharing strategy for the community of practice.

Proposed approach and key milestones

Consistent engagement and input from critical stakeholders such as the social marketing organizations and other aggregators is crucial for ensuring their buy-in to share data during the community practice

To implement a successful community of practice for SMOs and other supply chain actors, we propose a three-step high-level approach shown below:

Key tasks	Sub-tasks	Milestones
1 Engage stakeholders to identify community of practice-specific challenges and opportunities	<ul style="list-style-type: none"> ▪ Conduct situational analysis/assessment to understand the current status, challenges, and opportunities of leveraging a collaborative platform such as a community of practice ▪ Engage relevant stakeholders to get their input and consensus 	<ul style="list-style-type: none"> ▪ Situational analysis report ▪ List of critical stakeholders
2 Conduct co-design workshop on the community of practice platform	<ul style="list-style-type: none"> ▪ Conduct a workshop for all relevant stakeholders to co-design the proposed structure of the community of practice ▪ Develop a draft of the proposed structure (i.e. SOP) for the community of practice based on findings from the workshop 	<ul style="list-style-type: none"> ▪ Community of practice SOP
3 Develop and implement an action plan for the community of practice	<ul style="list-style-type: none"> ▪ Consult critical stakeholders to get final input on the SOP of the community of practice platform ▪ Develop a clear action plan to commence implementation of the community of practice 	<ul style="list-style-type: none"> ▪ Action plan to commence pilot

Figure 10: Major processes involved in implementing a community of practice

Critical success factors

FHM Engage’s existing relationship with the social marketing organizations and other key market actors to facilitate the community of practice for cross-learning on the project can be adapted for data sharing in Nigeria

The current FHM Engage community of practice across seven (7) countries has been a major success with participation from both local and international development partners within the countries. The objective of the activity is to foster cross-learning amongst partners and even countries on critical FP

related interventions in the private sector. Key components like lessons learned, success factors, opportunities as well as challenges are presented by various partners on the various FP related interventions they are implementing.

The continuous success of this intervention can be attributed to the strong reputation of FHM Engage as a private sector focused project which leverages existing partnerships by its core consortium partners (Chemonics, Pathfinder, R4D, Zenysis) with other major market actors to convene partners to share key findings and lessons from their respective projects and activities. Other critical success factors include donor support especially from USAID, and UNFPA through their active participation which motivates other partners to participate and contribute.

Adapting this approach to implement a community of practice for data sharing by private (for-profit and nonprofit) stakeholders at the national and subnational levels will significantly improve data sharing and availability. However, this will also be dependent on the support from government and donors to encourage active participation, buy-in from the SMOs and other aggregators to ensure continuity and sustainability of the practice, and FHM Engage as the secretariat to facilitate the meetings.

Risks and mitigation measures

Implementing a community of practice for data sharing has potential risks especially as it is a relatively new intervention for data sharing especially involving the SMOs and other aggregators in the family sector.

Resistance from SMOs and other aggregators

SMOs and other critical stakeholders may be reluctant or unwilling to participate which poses a huge risk to the success of this intervention as it is largely dependent on their buy-in and willingness to share data that will significantly bridge data gaps in the private sector. However, the strong partnership between government/donors and these stakeholders can be leveraged to engage and encourage long-term commitment from stakeholders.

Aligning on the community of practice mode of operation

Given the differences in individual models of business operations, aligning on a single model of data sharing for the community of practice may take a longer timeframe which can be easily resolved by convening co-design workshops to develop a standard guideline for engagement and data sharing. This approach will ensure that all relevant stakeholders are actively involved and carried along.

Inactive membership participation

The sustainability of this intervention poses a major risk as continued active participation is not guaranteed hence some agreed incentives will be required to ignite membership continued interest and buy-in.

Potential partnerships



Category	Stakeholders
Donors	 USAID
Implementers	 FHM Engage  SFH Nigeria  Marie Stopes  DKT Nigeria










Figure 11: Potential stakeholders that are critical to the implementation of the community of practice

Case study: FHM Engage’s community of practice can be adapted for data sharing amongst SMOs and other aggregators



Healthy Markets for Healthy People

Community of practice

Objective	<ul style="list-style-type: none"> To foster cross-learning among partners from different countries with focus on the private sector family planning market
Key activities	<ul style="list-style-type: none"> Presentation on major private sector-focused interventions implemented by various partners within the country of focus and the results/impact of these interventions Panel discussions Q&A
Participants	<ul style="list-style-type: none"> FHM Engage global leadership Donors (E.g. USAID, UNFPA) Implementing partners (local and international) Social marketing organizations Digital health innovators Other private sector market actors, etc.
Geographical focus	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Kenya  Liberia  Madagascar  Nigeria  Sierra Leone  Tanzania </div> <div style="text-align: center;">  India  Nepal  Pakistan </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; background-color: #e0e0e0;">Africa</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: #e0e0e0;">Asia</div> </div>
Mode of engagement	<ul style="list-style-type: none"> Physical/Virtual/Hybrid (Depends on the arrangement by the FHM Engage country leadership) Meetings hold once a month with focus on one country

- This experience can be leveraged to adapt a community of practice specifically for social marketing organizations and other aggregators to foster data sharing and address fears about data sharing
- The recent private sector data consultative workshop facilitated by Zenysis with critical stakeholders to co-design solutions that would improve data sharing amongst private sector supply chain actors

Recommendation 4: Integration of family planning into the state-level health supply chain

Overview

The existence of open drug markets at various locations within Nigeria has continued to put both providers and users at risk of selling and buying substandard and adulterated drugs. This is a result of the suboptimal regulation of the activities from government regulatory bodies and limited access to alternative sources of commodities at competitive prices.

There is a need to adopt and implement the Drug Management Agency (DMA) bill as well as establish a coordinated wholesale center within Ebonyi and FCT. This will significantly address the quality and cost issues thereby reducing the relevance of the open drug market, especially in Ebonyi where an open drug market exists

Part of the focus of the DMA bill is also:

- Strengthen the essential medicines programme to integrate other programs like family planning, malaria, HIV, Tuberculosis
- Leverage direct purchases from local manufacturers via pooled procurement for essential medicines at affordable rates that are competitive enough for service delivery points to purchase

Proposed approach and key milestones

Consistent engagement and input from both state government stakeholders, partners, and market actors is the overarching step to developing and implementing the DMA bill in Ebonyi and FCT

Key tasks	Sub-tasks	Milestones
1 Develop DMA bill in collaboration with relevant public and private stakeholders	<ul style="list-style-type: none"> ▪ Conduct situational analysis to understand the current status, challenges, and opportunities in the state ▪ Engage different categories of stakeholders to get their input ▪ Develop draft state-specific DMA policy document based on initial findings 	<ul style="list-style-type: none"> ▪ Situational analysis report ▪ Draft DMA bill document
2 Engage stakeholder to ensure adoption of the DMA bill	<ul style="list-style-type: none"> ▪ Conduct validation workshop with various stakeholders on the DMA policy document ▪ Engage critical stakeholders to get their support and approval of the DMA bill in the state 	<ul style="list-style-type: none"> ▪ Validation workshop ▪ Stakeholders commitment
3 Conduct share-out workshop with stakeholders	<ul style="list-style-type: none"> ▪ Conduct a workshop with various stakeholders (government, donors, partners, associations, etc) to launch and disseminate the finalized version of the DMA bill document 	<ul style="list-style-type: none"> ▪ Workshop to launch the DMA bill
4 Develop and implement action plan with state officers	<ul style="list-style-type: none"> ▪ Define and develop a clear implementation roadmap and work plan ▪ Develop execution strategy with defined roles for various stakeholders 	<ul style="list-style-type: none"> ▪ Action plan

Figure 12: Major processes involved in developing and implementing the DMA bill

Critical success factors

It took Kano State over 20 years to successfully develop and implement its DMCSA bill which required a strong political will and government interest to see it through

The Kano State government successfully developed its Drugs and Medical Consumables Supply Agency (DMCSA) bill and established a coordinated wholesale center through the support of FCDO, DRF, and PCN. It took over 20 years to create and then implement the DMCSA bill while the coordinated wholesale center was established in 2022 and commissioned in 2023.

Strong political will and buy-in were the major success factors as they allowed for other factors such as technical assistance from donor, structured and foolproof finance management, donor and government financial investment to thrive and ensure the objective was achieved

This can also be achieved in Ebonyi and FCT as it would also require similar success factors and consistent advocacy to the state government and donors to commit and achieve the same result within a shorter time frame.

Risks and mitigation measures

The recent changes in the political landscape as a result of the nationwide general elections could affect the timeframe to get stakeholder buy-in. Most critical positions such as the commissioner of health, permanent secretary for the State Ministry of Health and directors within the ministry may be occupied by new personnel. Hence, there is a need to engage all relevant stakeholders early leveraging all existing partnerships and coordination platforms to quickly onboard them on the proposals and plans to get buy-in

One of the challenges Kano State is currently facing with the newly established CWC is resistance from market actors to relocate to the facility which has hindered the full commencement of operations. This poses a major risk if this will be replicated in Ebonyi and FCT. Hence, a need to engage all market stakeholders and carry them along throughout the implementation cycle.

Potential partnerships










Category	Stakeholders			
Government	 FCT HHSS	 Ebonyi SMoH	 PCN	
Donors	 USAID	 UNFPA	 BMGF	 FCDO
Implementers	 FHM Engage	 ARC ESM		

Figure 13: Potential stakeholders that critical to the implementation of the DMA bill in FCT and Ebonyi

Case study: Kano State launched the DMCSA bill and established a coordinated wholesale center to tackle challenges associated with the open drug market

Problem	The open drug market has been the major source of commodities for most providers with >7000 patent medical stores in Kano state largely unregulated leading to low-quality drugs and a high amount of drug abuse in the state		
Solution	Focus	Drugs and Medical Consumables Supply Agency (DMCSA)	The Coordination Wholesale Center (CWC)
	Function	Procures and manufactures commodities for the public and private sector facilities	Provides a central location with proper facilities in proximity to regulatory agencies
	Establishment	The DMCSA was created with support from the Foreign, Commonwealth & Development Office (FCDO) and the Drug Revolving Fund (DRF) since 2001	The CWC was built in 2022 and commissioned in 2023 by the Kano state government in collaboration with Brains and hammers and Jaiz bank plc
	Challenge	The DMCSA mostly supplies the private sector due to capacity issues	The CWC has yet to commence full operations due to pushback from the sellers against moving into the new facility
Success factors	Strong political will & government buy-in		Structured and foolproof finance management
	On-site technical assistance from donor		Progressive capacity building of all stakeholders
	Right attitude of the DMCSA team		Financial investment from donor and the state

*“The first thing, which is the most important, is **political will** and then the **resilience, and selflessness of the team of pharmacists, technocrats, doctors, nurses, pharmacy technicians, laboratory scientists, that were trained and made to understand that they have to give their best for the DMCSA to thrive.**”*

– Government official

Conclusion

Despite this assessment being focused on family planning, critical recommendations can be further extended to other health areas given the similarities with the supply chain activities except for cases like some maternal and child health commodities and vaccines that require standard cold chain storage and transport infrastructure.

It is important that all relevant stakeholders build on the efforts of private sector focused programs like FHM Engage to implement the recommendations and improve the overall efficiency and ultimately the performance of the private health sector supply chain in Nigeria. Improving the current state of the health supply chain is not the duty of only one actor hence the need for an effective collaboration between government, donors, implementing partners, and other private for-profit actors to address these challenges collectively and sustainably.

The timeframe for implementation varies as some recommendations would require significant time and collaborative efforts than others. For instance, facilitating a community of practice for SMOs and other aggregators would require the least amount of time given the limited private sector stakeholders involved, this will significantly reduce the time to engage them and get their buy-in. However, with the FHM Engage Access to Finance activity already in its diagnostic phase, this would make the design and implementation phase faster than envisaged.

Overall, these top priority recommendations for FHM Engage Nigeria align perfectly within the Nigeria FP 2030 Commitment that envisions all categories of the Nigerian population are able to make informed choices, have equitable and affordable access to quality family planning, and participate as equals in the development of the society. The recently launched *Strategy Execution Plan* serves as a bridge between broad strategies of the FP 2030 commitment and its day-to-day implementation. It outlines the contribution from both public and private sector actors to achieve its 8 strategic objectives.

FHM Engage through these recommendations can be the major driver and facilitator of the private sector (especially the for-profit sector) dialogues, collaborations and contributions to implement interventions that will significantly improve the FP and other health outcomes.

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About FHM Engage

Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development. We work to improve the market environment for greater private sector participation in the delivery of health products and services and to improve equal access to and uptake of high-quality consumer driven health products, services, and information. FHM Engage is implemented by four core consortium partners: Chemonics International (prime and co-technical lead), Results for Development (co-technical lead), Pathfinder International, and Zenysis Technologies. FHM Engage Network Implementation Partners include ACCESS Health India, Africa Christian Health Association Platform, Africa Healthcare Federation, Amref Health Africa, Ariadne Labs, CERRHUD, Insight Health Advisors, Makerere University School of Public Health, Metrics for Management, Solina Group, Strategic Purchasing Africa Resource Center, Scope Impact, Stage Six, Strathmore University, Total Family Health Organization, and Ubona Institute.

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