



Changing public/private market shares for family planning in Peru:

What about the poor?

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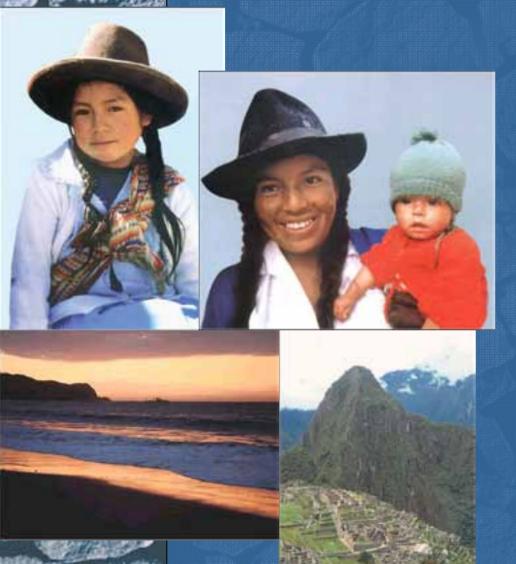
May 31, 2006











Indicator	1996	2005
CPR (modern methods)	26%	30%
CPR (traditional methods)	15%	15%
Unmet need	12%	8%

DHS: 1996, 2004



Issues

- Favorable policies, with frequent changes in political commitment
- □ Phaseout of donated commodities
- □ Limited role of social security institutes and NGOs
- □ Failure to target public sector resources to the poor
- □ High cost of private sector contraceptives
- □ State reforms decentralization



Objectives

Share findings of market segmentation analysis covering 1996-2004

Discuss its use in policy dialogue with key stakeholders

 Outline subsequent measures being undertaken by Peru's MOH to meet contraceptive needs of Peruvians



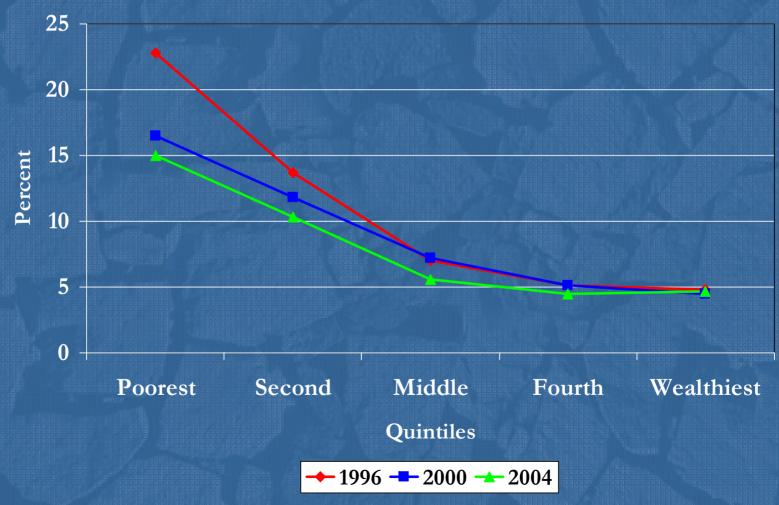


Methodology

- □ 1996, 2000 and 2004 ENDES (Peru DHS)
- □ Wealth quintiles (SES) based on Asset Index and level of poverty
- Market Analysis
 - > Family planning use by SES
 - > Provider choice by SES
 - > Trends over time
- Assessment of policy environment using SPARHCS

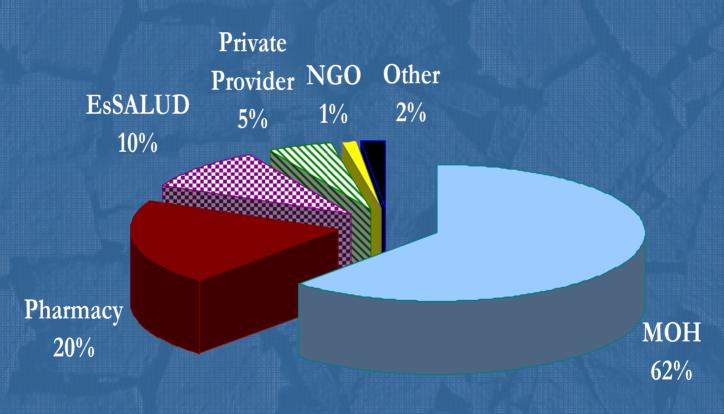


Unmet Need among WRA across quintiles in 1996, 2000, and 2004





Source mix for Peruvian women ages 15-49 using family planning, 2004



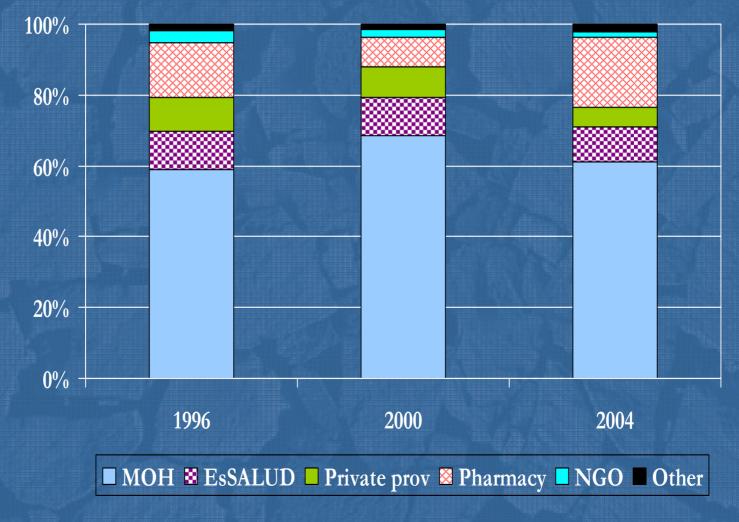




- Frequent changes in the level of political commitment
- In 1999, MOH began purchasing contraceptives as part of donor phaseout

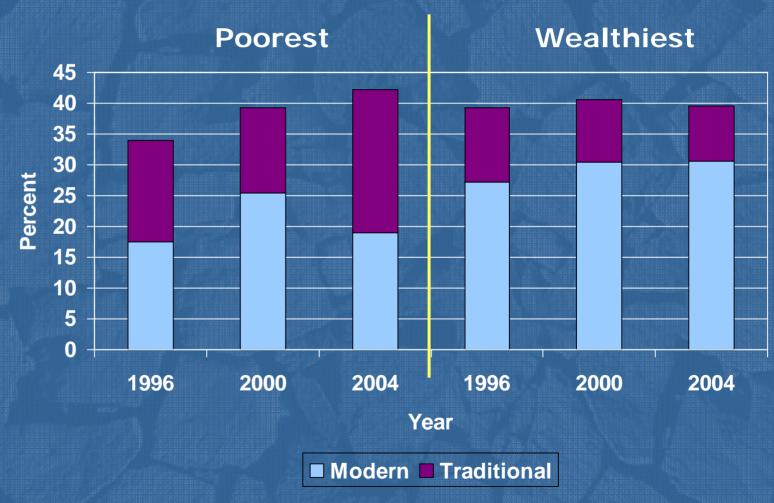


Sources of contraceptive methods among current users of modern methods (1996-2004)



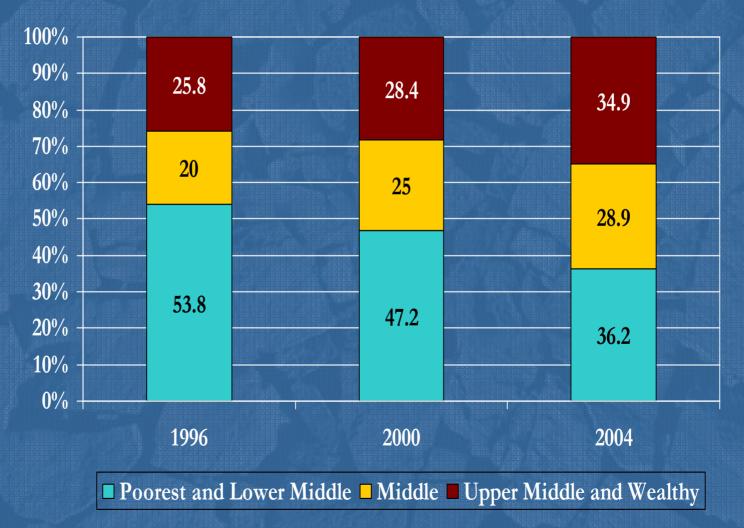


Contraceptive Prevalence Trends among Peruvian Women





Family planning client profiles in Peru's Ministry of Health, 1996-2004





Summary of findings

- Unmet need for FP highest among the poorest
- Use of traditional methods increased among poorest
- MOH has dominant market share
 - Two lowest SES groups making up decreasing proportion of clientele
 - > Two highest SES groups making up increasing proportion of clientele



Implement a multifaceted strategy that relies on different sectors and diverse financing mechanisms

Improving access among the poor

Identify and remove barriers to access (financial, cultural, and/or operational) among the poor

Ensure that public sector resources are used primarily to reach the poor

Promote alternative financing mechanisms to shift the non-poor away from the public sector



Implementing Pro-poor Strategies



Design & implement pro-poor strategies

Share findings & conduct policy dialogue

Identify & remove operational barriers



Key points

All sectors – government, commercial,
NGOs, and social security – have an important and appropriate role to play

 Policy decisions and strategies have intended and unintended impacts on the

market

Need targeted efforts to improve access among the poor