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Liberia Family Planning Market Description (full)

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Purpose of this Market Description

- Provide a **holistic view of Liberia's family planning (FP) market,** including FP trends, client profiles, and the role of the private sector
- Create a **shared baseline understanding** on the FP situation, including challenges and opportunities to increase access and use through the private sector
- Reveal where further information/data gathering may be needed
- Initiate dialogue to **validate and inform the design of market interventions** alongside local partners

The approach to the Liberia market description entailed

Desk review and synthesis of policies, strategies and other relevant documents

Secondary analysis of the last four Liberia Demographic and Health Surveys

Review & analysis of other available data, e.g., product distribution and sales trends

Consultations with key market actors in Liberia (See Annex II)

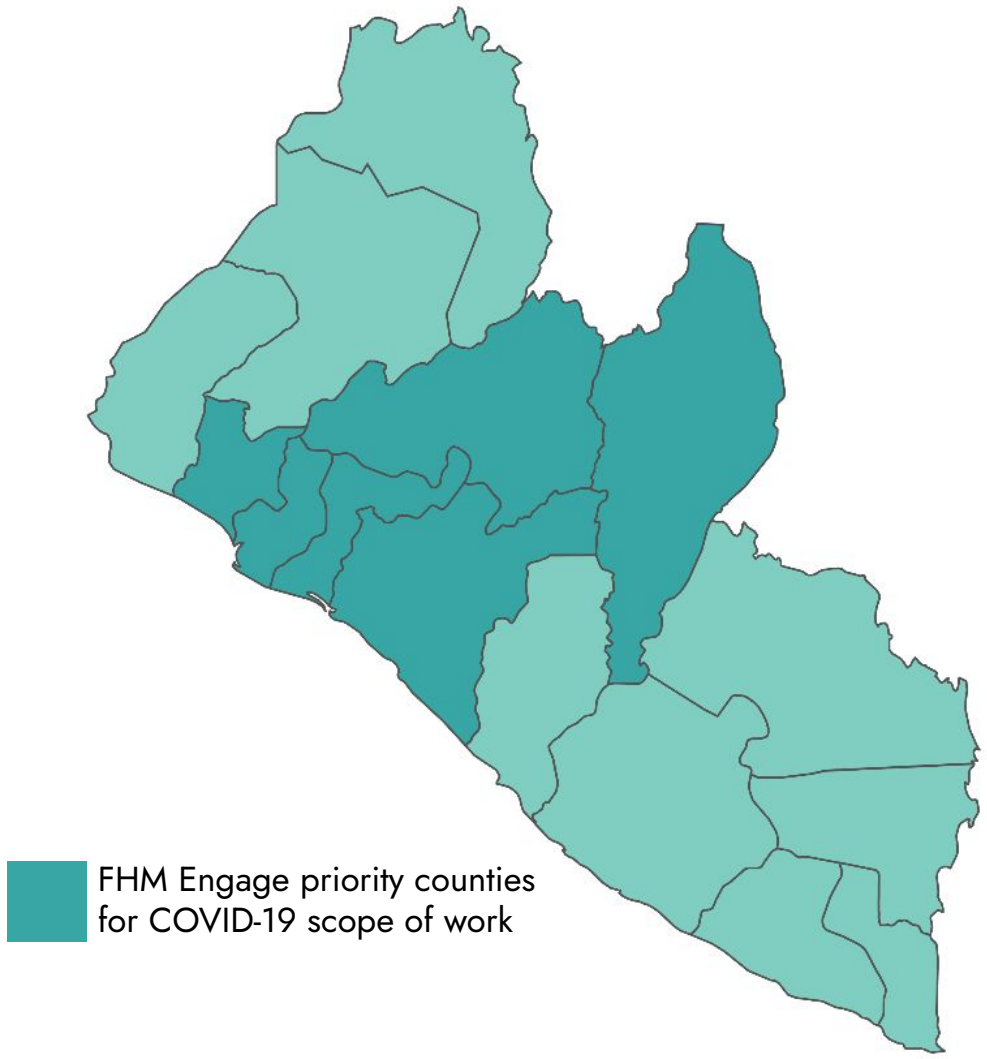
Health facilities and pharmacy **visits**

Market Description Outline

1. Health and FP Context
2. Trends in Contraceptive Use
3. Describing the Current and Potential FP Market
4. Enabling Environment for Private Sector & FP
5. FP Demand Considerations
6. FP Supply: Products, Services, and Information
7. Key Takeaways and Priority Areas
8. Annexes

1 Health and FP Context

Liberia has an increasingly urban population



	2011	2021
Total population	4.2m	5.1m
Population growth rate	3.9%	2.1%
Urban	48%	53%
Under 15 years of age	43%	41%
Over 65 years of age	3%	4%
GDP (USD)	$2.4b	$3.5b
GDP per capita (USD)	$574	$676
Literacy (Female)	41% (2007)	52% (2020)
Literacy (Male)	70.3% (2007)	74.3% (2020)
# below international poverty line ($2.15/day)	53% (2007)	28% (2016)

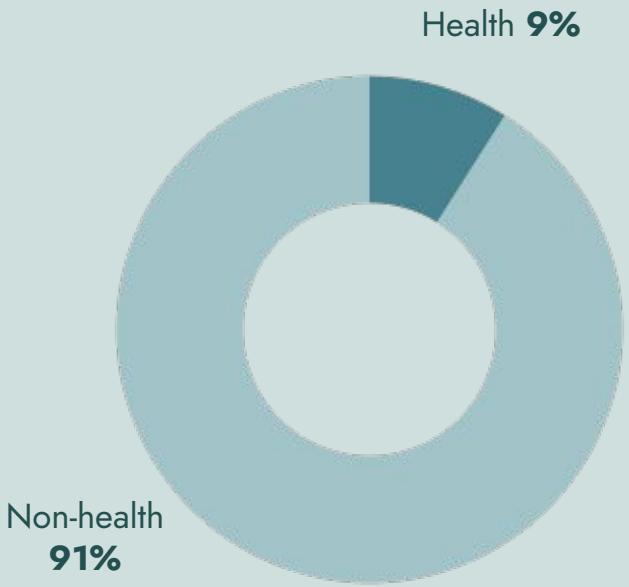
Sources: World Bank Data Bank 2011-2021; Liberia Demographic and Health Survey (LDHS) 2007; LDHS 2019-2020

Snapshot: Health Sector Financing

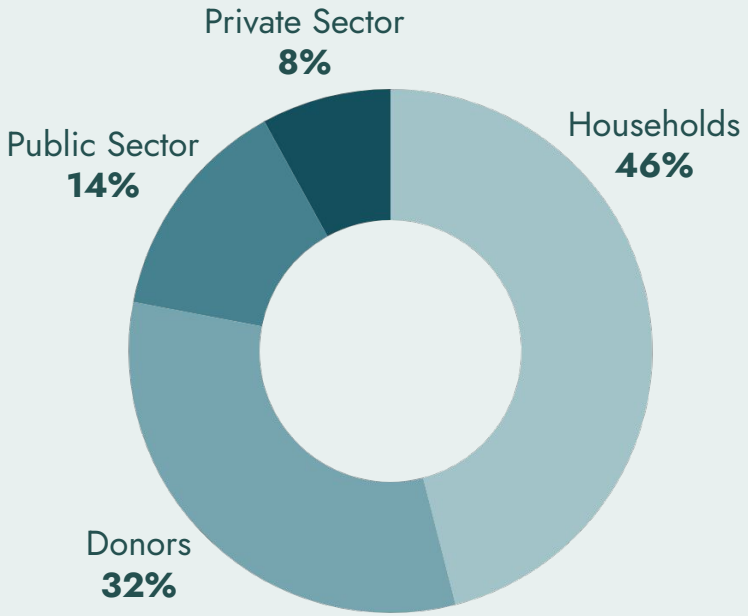
$288 million US Health expenditure (2020)

$57 US Health expenditure per capita (2020)

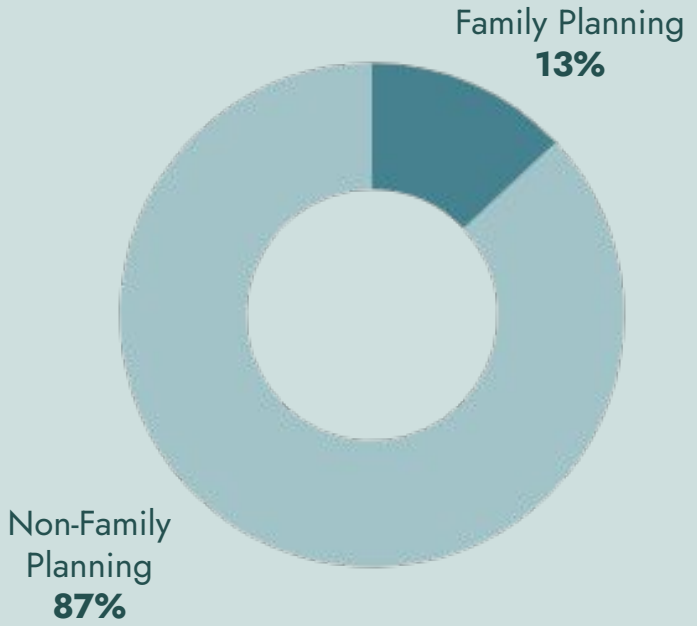
Health Spending was 9% of the GDP in 2020



Nearly Half of Health Spending Was Out of Pocket in 2015-16



Family Planning Management Comprised 13% of Health Spending in 2020



Sources: WHO Global Health Expenditure Database 2020; Government of Liberia Health Accounts 2015-16 in Achieving Sustainable Health Financing in Liberia: Prospects and Advocacy Opportunities for Domestic Resource Mobilization.

Snapshot: Health Infrastructure

Service delivery points*	Public	Private
Hospitals	24	13
Health centers	40	24
Clinics	401	374
Pharmacies	-	400+
Medicine stores	-	1,000+
Community health assistants	4,331	-
Community health volunteers, promoters, and other outreach workers	At least 5,060	?

* Number of facilities per the Master Health Facility List in January 2023. These may include non-functional facilities, as we were unable at this time to confirm their functionality.
^The Master Facility List does not determine if two facilities are public or private, and so the 877 figure does not align with the total public and total private figures.

878

total health facilities^

411

private health facilities, including commercial, faith-based, and concession

400

private facilities and pharmacies supported by DKT supports to socially market FP products

Sources: Master Health Facility List, January 2023; Discussion with Liberia Pharmacy Board, February 2023; Discussion with DKT Liberia, Feb 2023; Liberia: Gov't to Launch 10-Yr National Community Health Policy, Jan 2023.

Snapshot: Health Facilities by County

Facility Type	Estimated Number of Facilities*															
	Bomi	Bong	Gbar-polu	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Mary-land	Mont-serrado	Nimba	River Cess	River Gee	Sinoe	**Total**
Total Public	23	43	15	26	35	22	18	53	24	24	57	55	17	18	35	465
Total Private	4	12	1	16	3	2	1	6	30	2	305	23	2	2	2	411
Total	**4**	**55**	**16**	**42**	**38**	**24**	**19**	**59**	**54**	**27^**	**362**	**80^**	**19**	**21**	**37**	**878^**
Private Facilities Reporting FP data into DHIS2	1	3	-	8	-	1	1	3	16	-	?#	18	2	1	1	56

* Number of facilities per the Master Health Facility List from January 2023. These may include non-functional facilities, as we were unable at this time to confirm their functionality.
^The Master Facility List does not determine if two facilities (in Maryland and Nimba) are public or private, and so the 877 figure does not align with the total public and total private figures.
The number of facilities in Montserrado offering FP could not be determined with available data at this time.

Snapshot: Family Planning Market Actors

Public Sector

Policy/Guideline Development
- MOH (esp. Family Health unit)

Regulators
- Liberia Pharmacy Board
- Liberia Medicines and Health Products Regulatory Authority
- Liberia Medical and Dental Council
- Liberia Nursing and Midwifery Board
- Liberia Revenue Authority
- National Physician Assistants Board

Product Procurement, Storage, and Distribution
- MOH (esp. Supply Chain Unit)
- Central Medical Stores
- World Food Programme

Data Management
- MOH Health Information Systems Unit (within HMER Department)

Service Delivery Points
- Hospitals
- Health centers and clinics
- Mobile clinics
- Community health providers

Private Sector

Importers, Wholesalers, & Distributors
- Marie Stopes/Sierra Leone
- DKT International
- Wholesale/retail pharmacies: Lucky, BK, Bunty, Abeer, Charif, G-2

Professional Associations
- Health Federation of Liberia (HFL)
- Liberia Medical and Dental Association
- Liberia Nursing and Midwives Association
- Liberia National Physician Assistants Association
- Pharmacy Association of Liberia

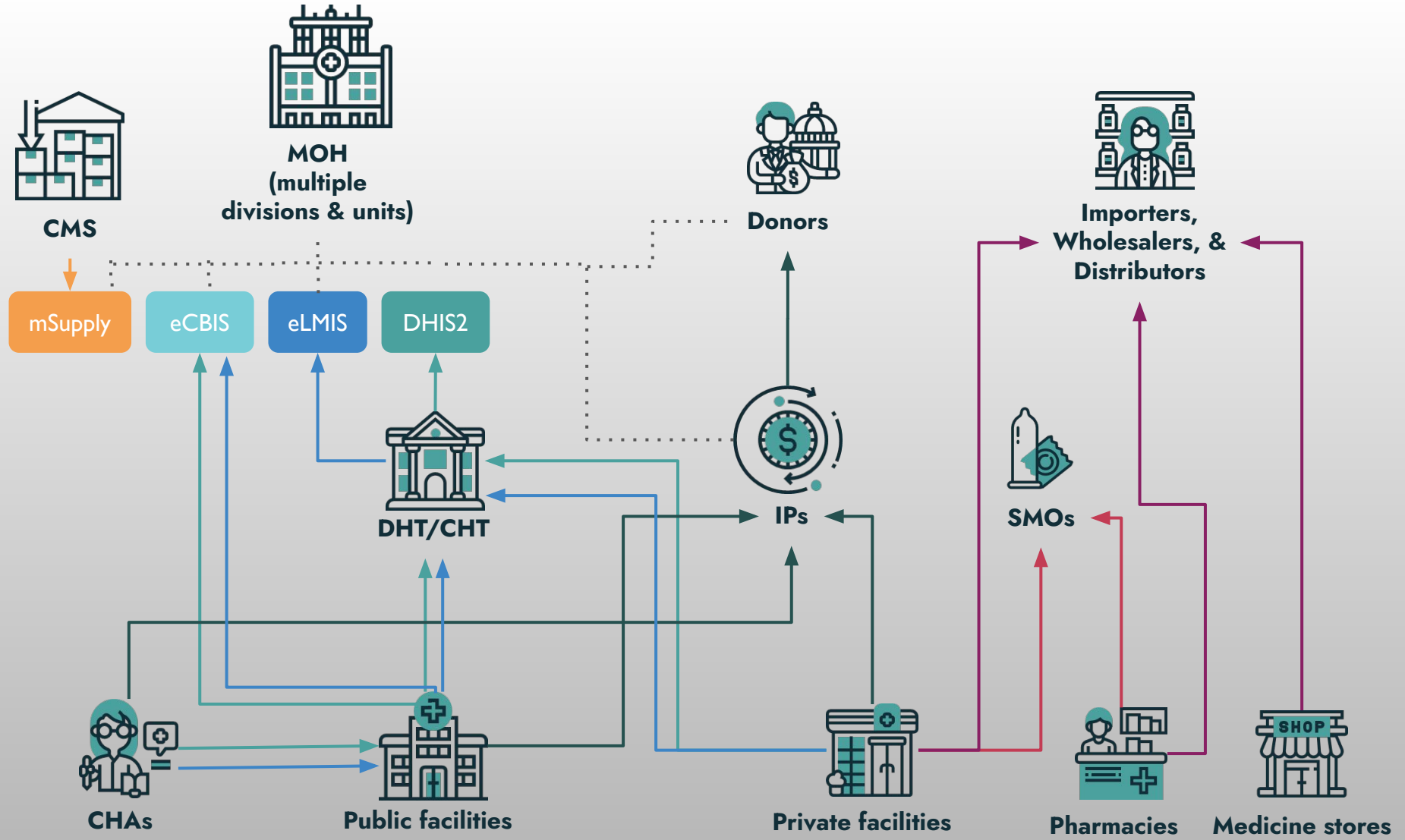
Service Delivery Points
- Not-for-profit health facilities
- For-profit health facilities
- Faith-based facilities
- Pharmacies
- Medicine stores

Consumers
- Women of reproductive age
- Adolescent girls
- Men/adolescent boys

Donors
- USAID
- UNFPA

Implementing Partners
- ActionAid
- BRAC
- CCP/Breakthrough Action project
- CHAI
- Chemonics/Global Health Supply Chain
- Christian Health Association of Liberia
- DKT International
- Last Mile Health
- PIH
- Planned Parenthood of Liberia
- Public Health Initiative Liberia
- Public Health Institute of Liberia
- VillageReach

Snapshot: Family Planning Data Landscape



Source: Stakeholder interviews (see Annex 2)

Service data related to health service delivery

Subnational Supply Chain Data pertaining to stock management, logistics, etc. from service delivery points to regional or district warehouses

National Supply Chain Management Data, primarily managed at the Central Medical Stores (CMS) to track stock and its distribution to regional warehouses

Social Marketing Data related to sales, consumption, price, etc. by social marketing organization (SMO), DKT, from its retail network

Commercial Sales Data related to purchasing and selling FP products along the private sector supply chain

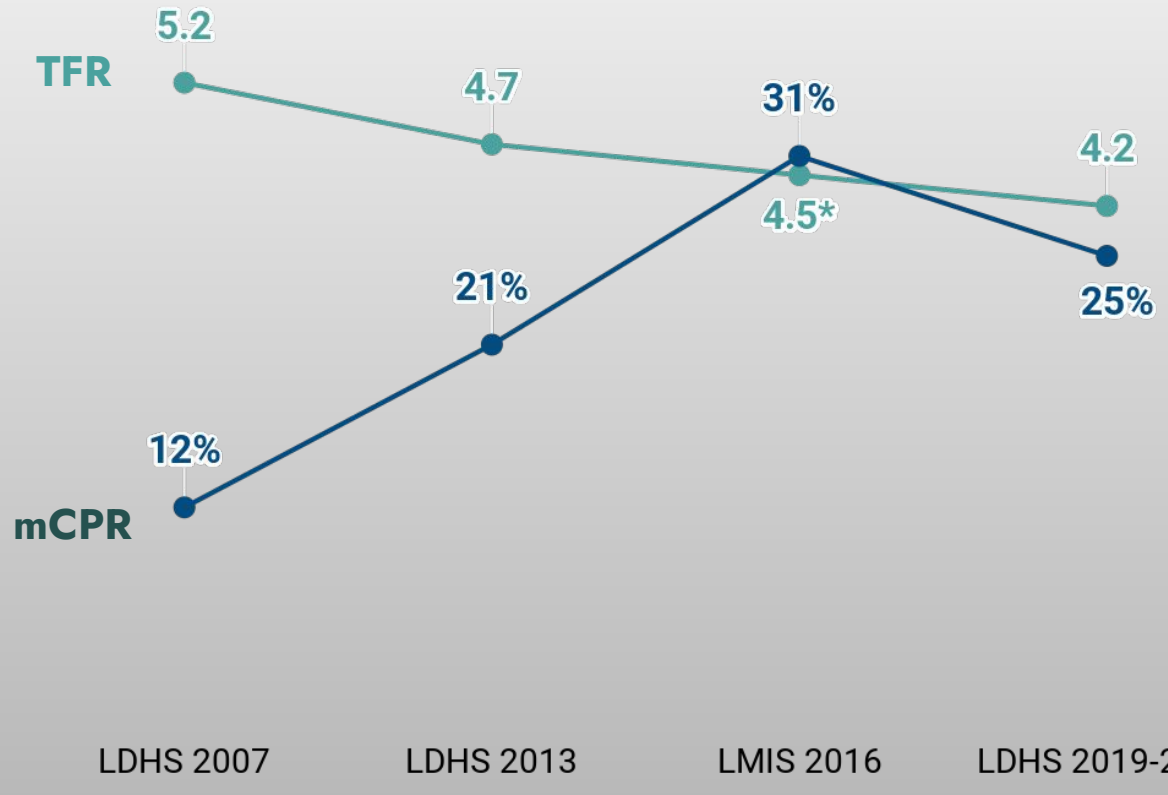
Programmatic Data that projects and programs collect from the FP service delivery points they work with, which may include indicators not reported to the MOH.

Denotes **accessibility of electronic data systems** to different actors

2 Trends in Contraceptive Use
2007 - 2020

Modern contraceptive use increased for a decade and then fell in 2019

Modern Contraceptive Prevalence Rate and Total Fertility Rate,
All Women (2007-2020)



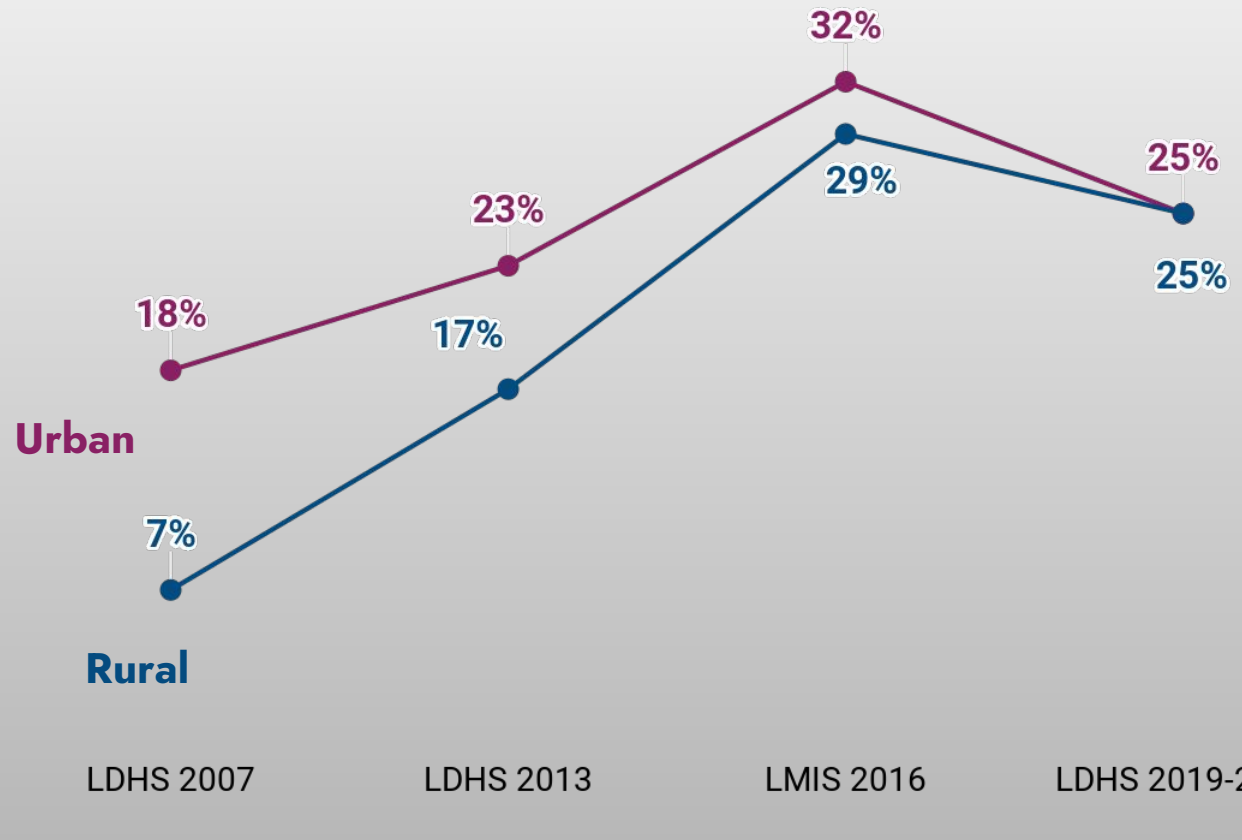
Sources LDHS 2007; LDHS 2013; Liberia Malaria Indicator Survey (LMIS) 2016; LDHS 2019-20

- ➔ Contraceptive use more than doubled between 2007 and 2020, peaking in 2016.
- ➔ Total fertility declined from 5.2 to 4.2.
- ➔ In 2020, one quarter of women were using a modern contraceptive method.

Since 2007, the gap in contraceptive use between urban and rural women has closed

➔ In 2020, one in four women in BOTH urban and rural areas used a modern contraceptive method.

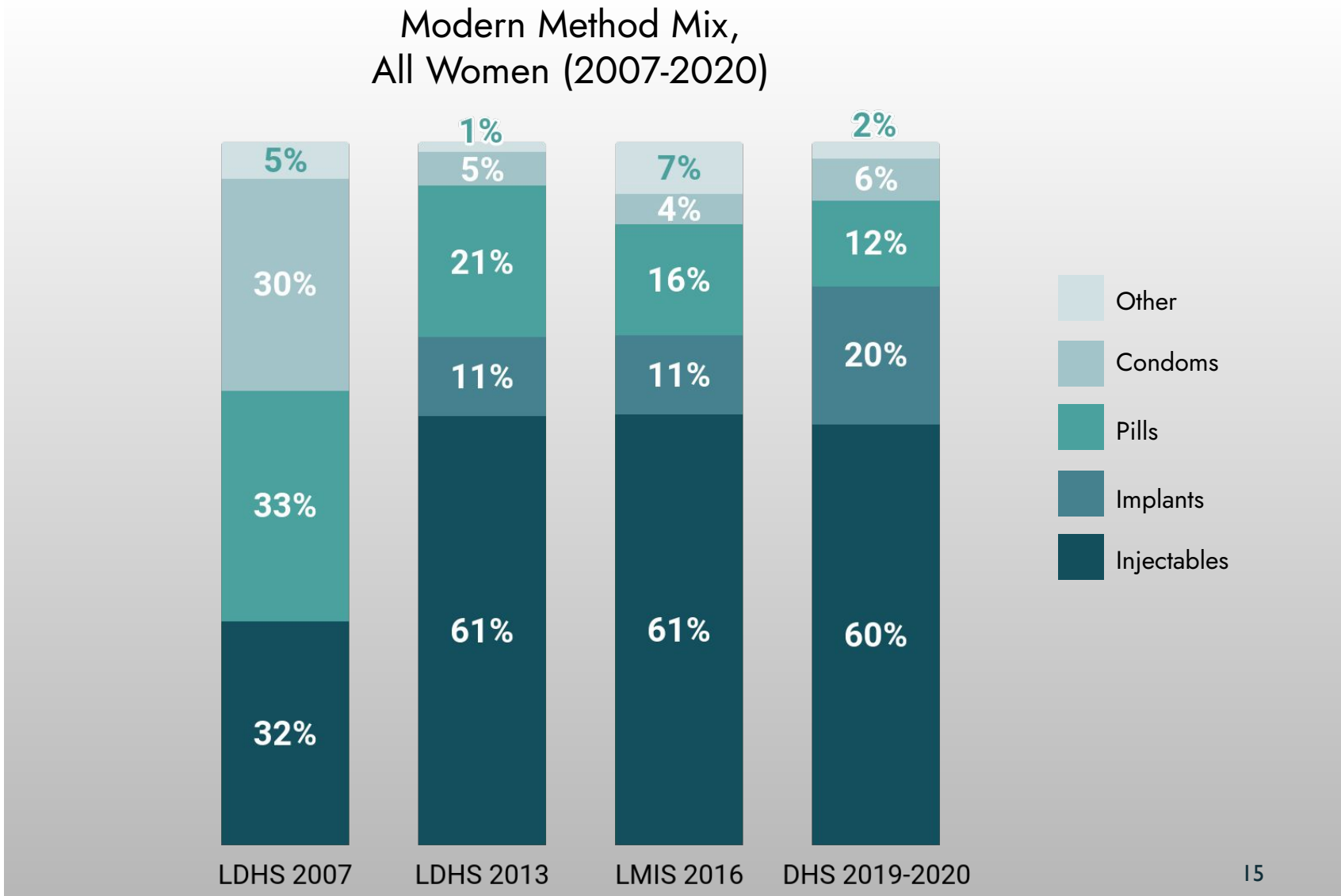
Modern Contraceptive Use by Residence, All Women (2007-2020)



Sources LDHS 2007; LDHS 2013; LMIS 2016; LDHS 2019-20

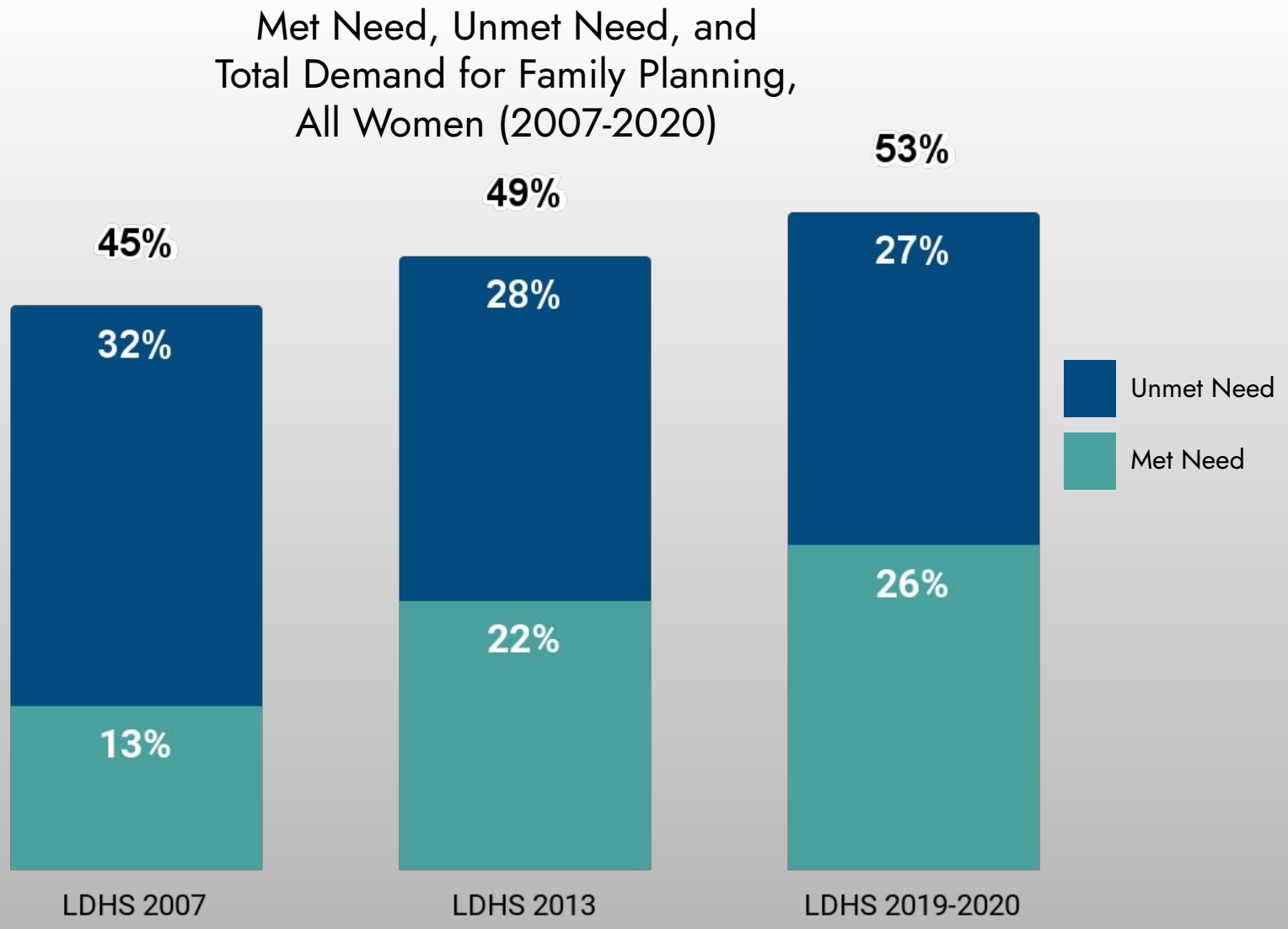
Since 2013, injectables have dominated the contraceptive method mix

- ➔ Since 2013, three in five women using contraception chose injectables.
- ➔ Implant use nearly doubled between 2016 and 2020.
- ➔ Pills have gradually become less popular.



Sources LDHS 2007; LDHS 2013; LMIS 2016; LDHS 2019-20

Total demand for family planning has steadily increased over time



Sources LDHS 2007; LDHS 2013; LDHS 2019-20

➔ In 2020, approximately half of women wanted to space or limit their next pregnancy but were not using a FP method.

3 Describing the Current and Potential FP Market

Nearly 565,000 women comprise the total potential FP market in Liberia

The total potential market for FP encompasses **all women who do not currently want to become pregnant**.

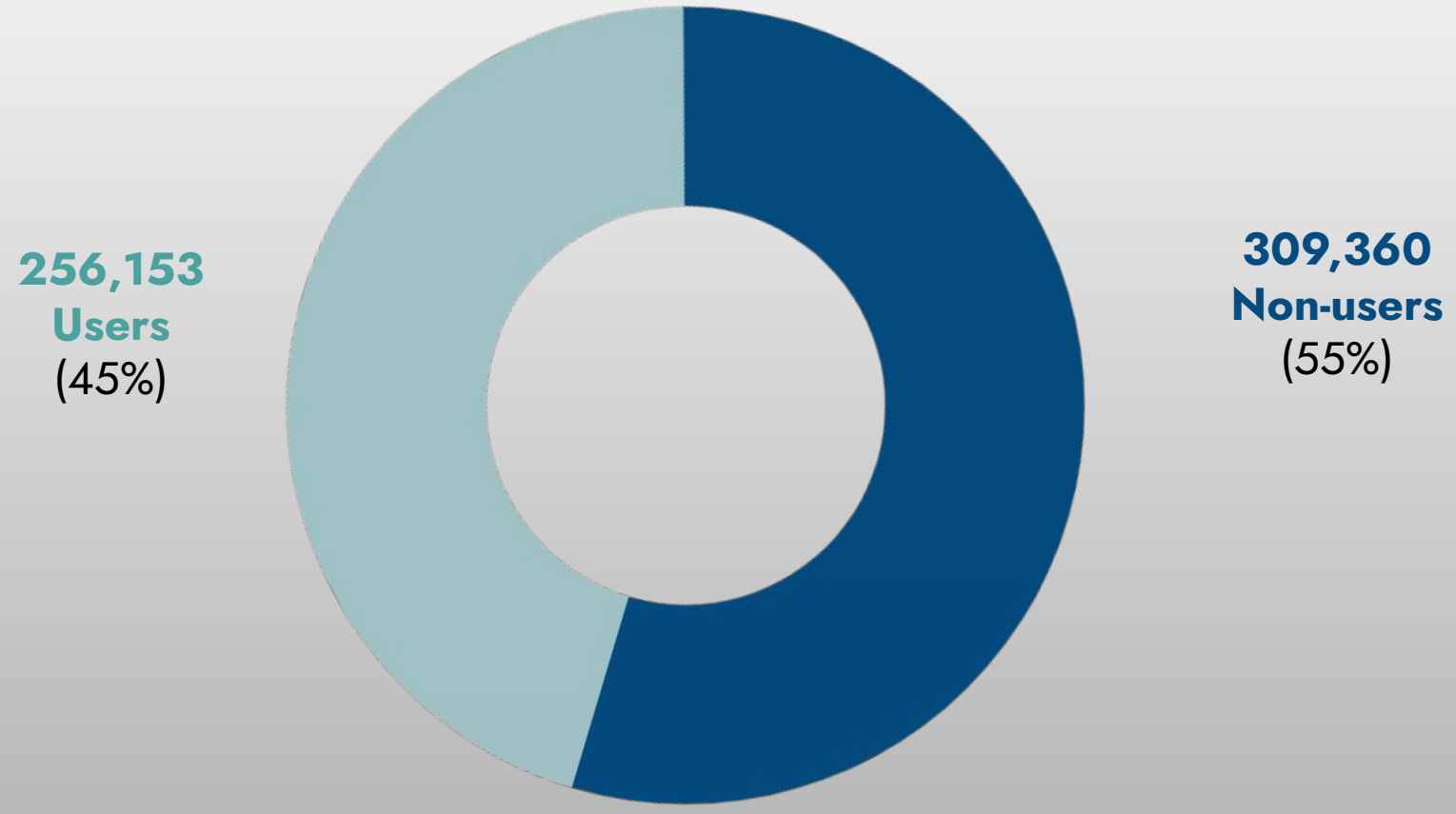
This includes:

- ➔ Married women and sexually active unmarried women who are currently using a modern contraceptive method, or "users"
- ➔ Women who would like to space or limit births but are NOT using a modern method (i.e., have unmet need), or "non users"
- ➔ Women using traditional methods, also considered "non users"

Photo Credit: Kate Holt, Jhpiego/MCSP

In the total potential FP market, about 256,000 women are using modern contraception, and 309,000 are not

Users and Non-users of Modern Contraception within the Total Potential FP Market (2020/21)

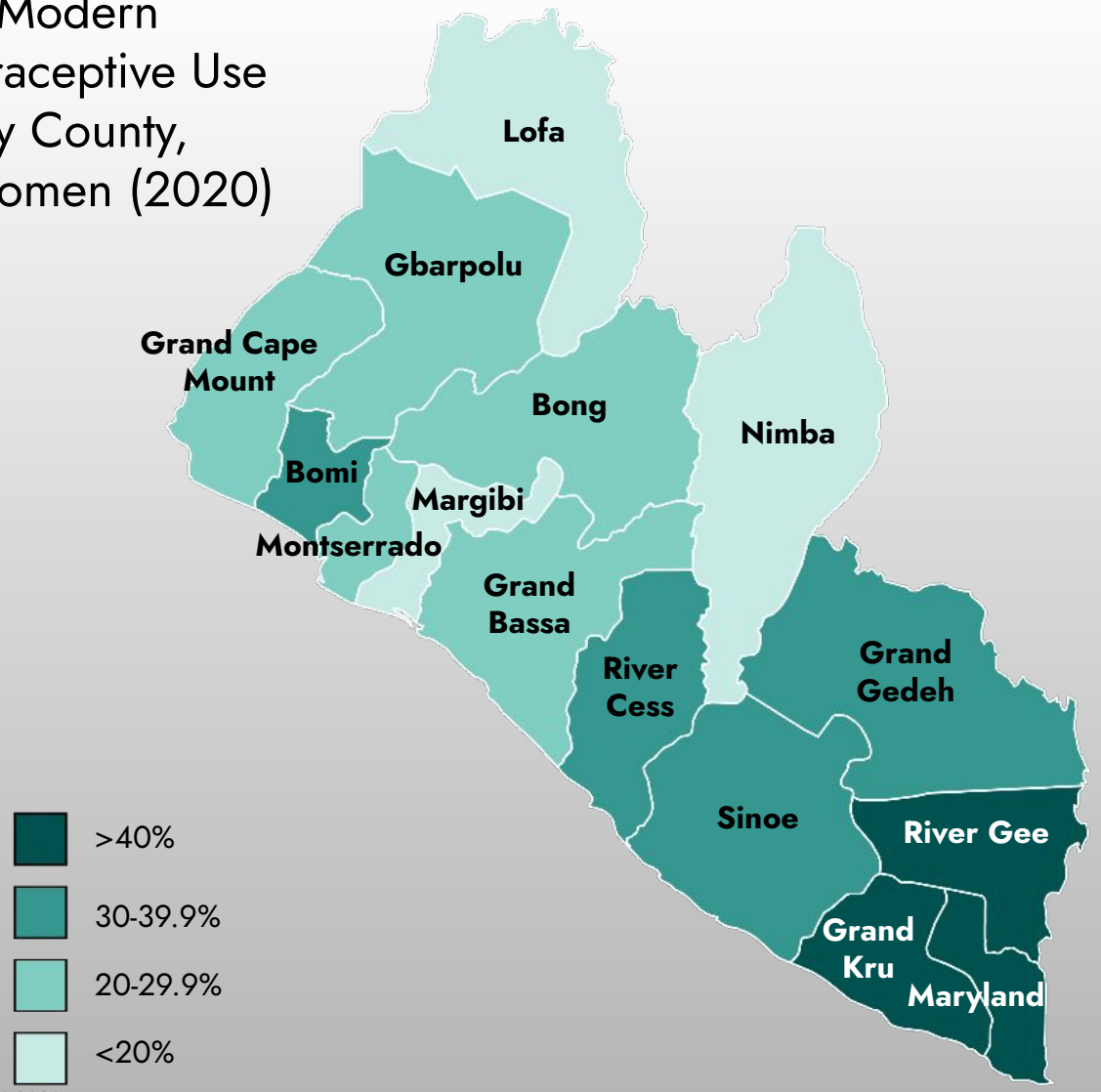


Sources: LDHIS 2019-2020; World Population Prospects 2021

Who is the market serving?

Women in the southeastern region have substantially higher contraceptive use than the rest of the country

Modern Contraceptive Use by County, All Women (2020)



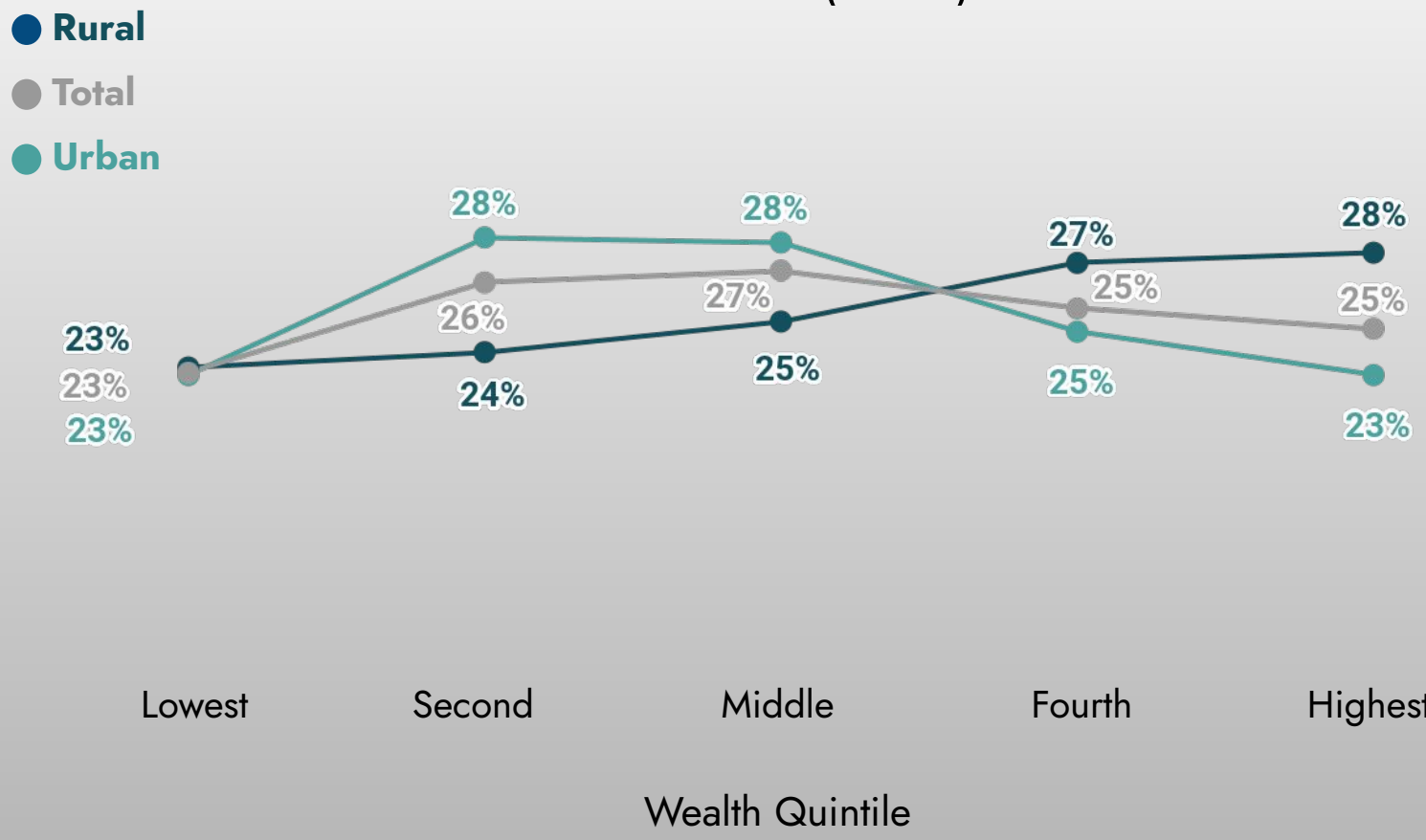
Source: LDHIS 2019-2020

- ➔ On the other hand, fewer than one in five women in Lofa, Margibi, and Nimba use contraception.
- ➔ Women in Monrovia, and the surrounding Montserrado county, use contraception at the same rate as the national average (25%).

Rural women from higher wealth quintiles, and urban women from middle wealth quintiles, use contraception the most

- ➔ Among rural women, contraceptive use increases with wealth.
- ➔ Regardless of residence, contraceptive use is lowest among women from the lowest wealth quintile.
- ➔ Contraceptive use is also relatively low among urban women from the highest wealth quintile.

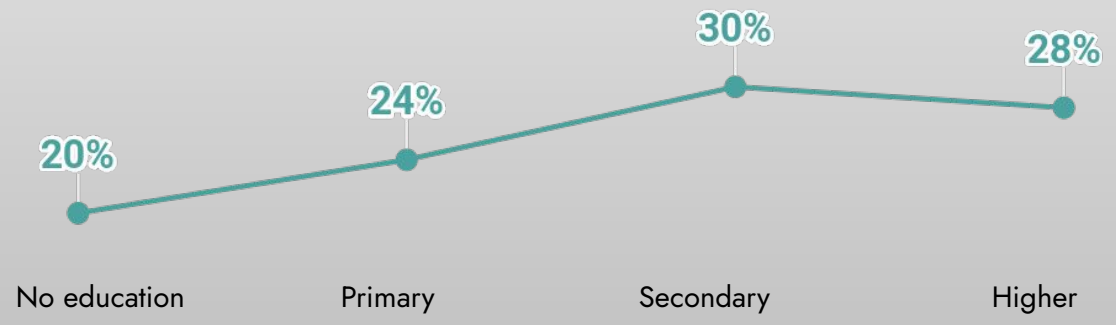
Modern Contraceptive Use by Residence and Wealth Quintile, All Women (2020)



Source: LDHIS 2019-2020

Women who have at least a secondary education use contraceptives more than women with a primary education or less

Modern Contraceptive Use
by Education Level,
All Women (2020)

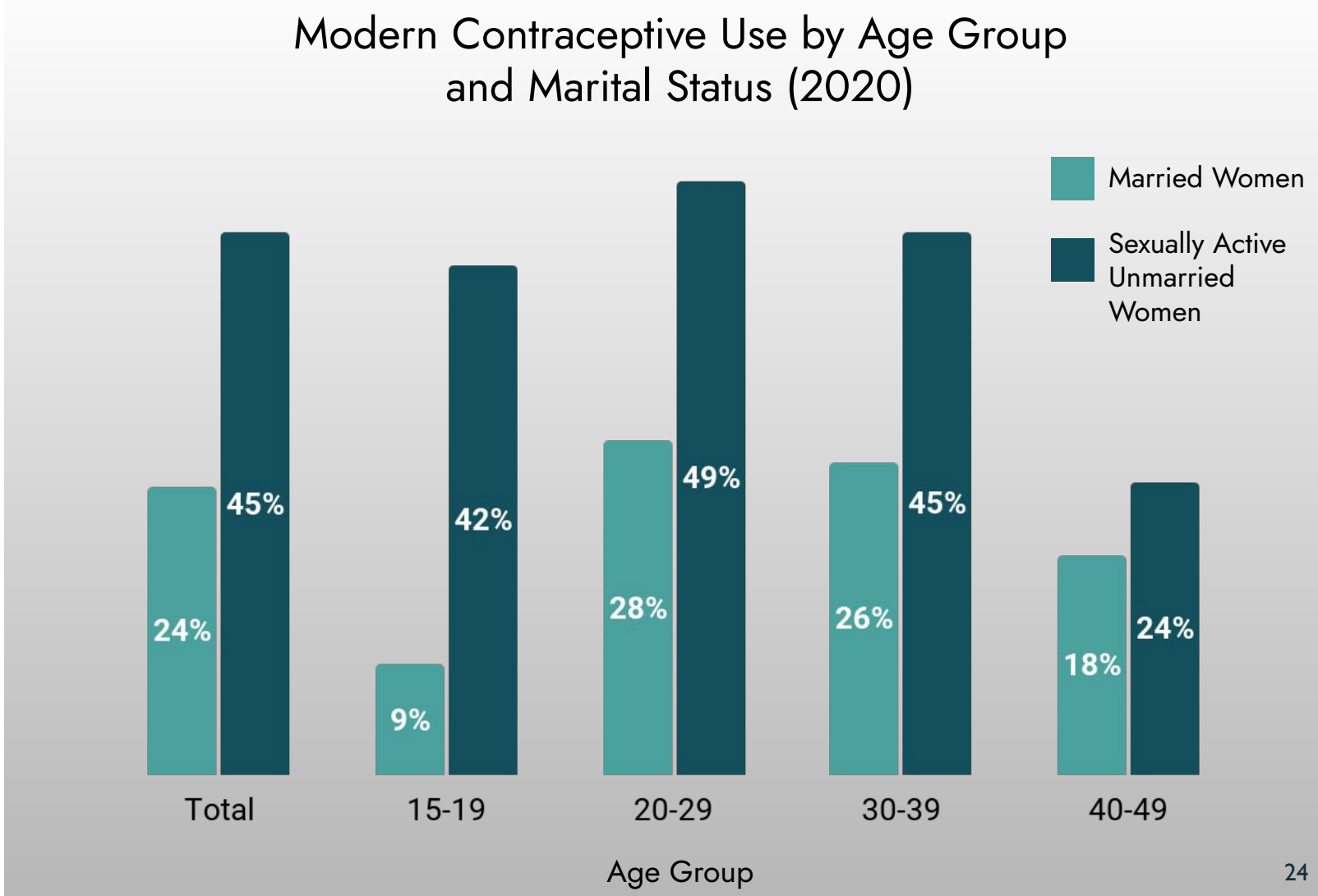


Source: LDHIS 2019-2020

➔ Contraceptive use increases with education—though women with higher education have slightly lower contraceptive use than women with secondary education.

Unmarried women in their 20s have especially high rates of contraceptive use, at nearly 50 percent

- Across all age groups, sexually active unmarried women use contraception more than married women.
- Contraceptive use among married teenagers is low, at just 9 percent.

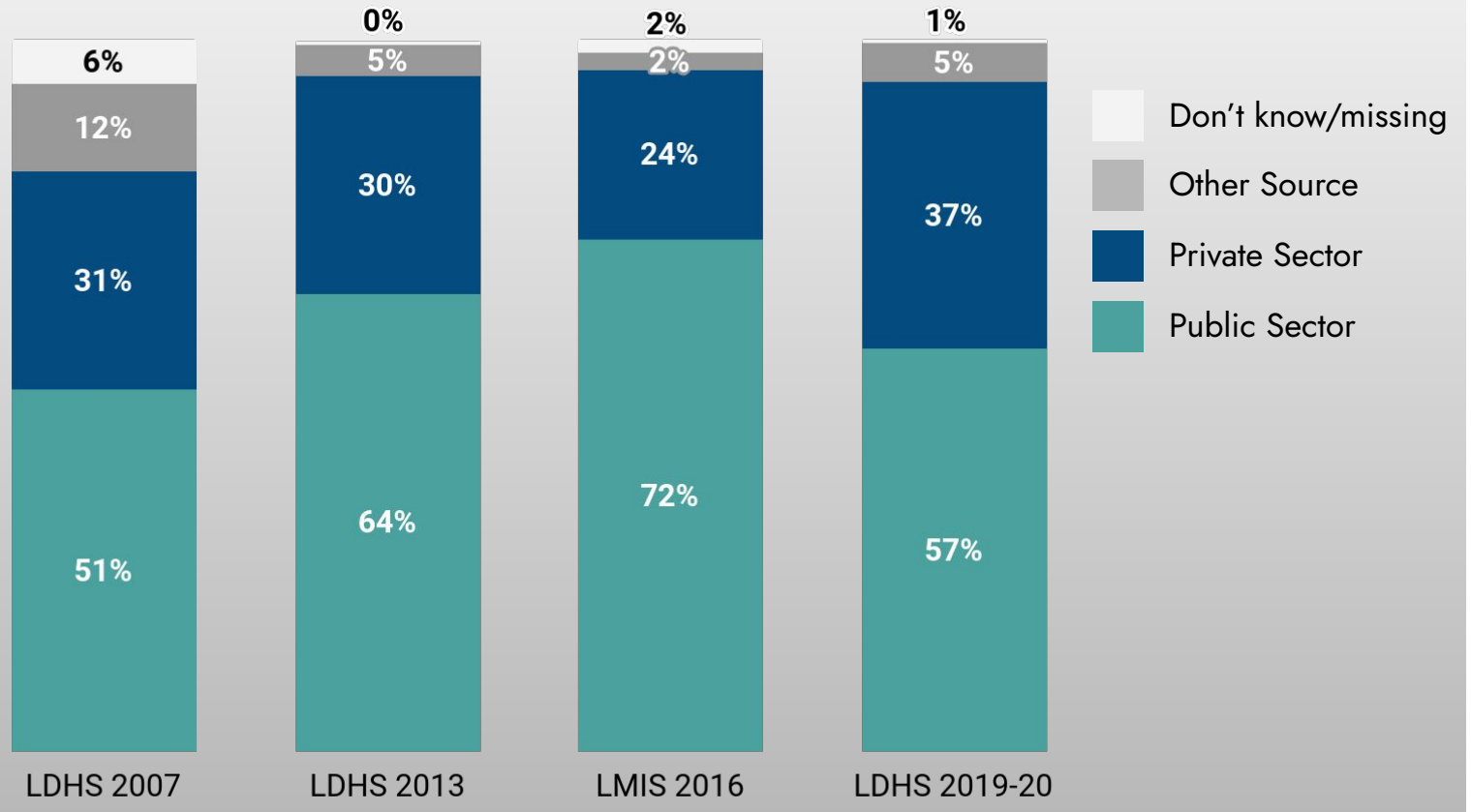


Source: LDHIS 2019-2020

Where do women source their contraception?

Private sector FP sourcing increased from 24 to 37 percent between 2016 and 2020

Trends in Source Mix among Current Contraceptive Users (2007-2020)



The Five Most Common Places Where Women Access Contraception (2020)

30% Government Health Clinics
Public Sector

22% Pharmacies
Private Sector

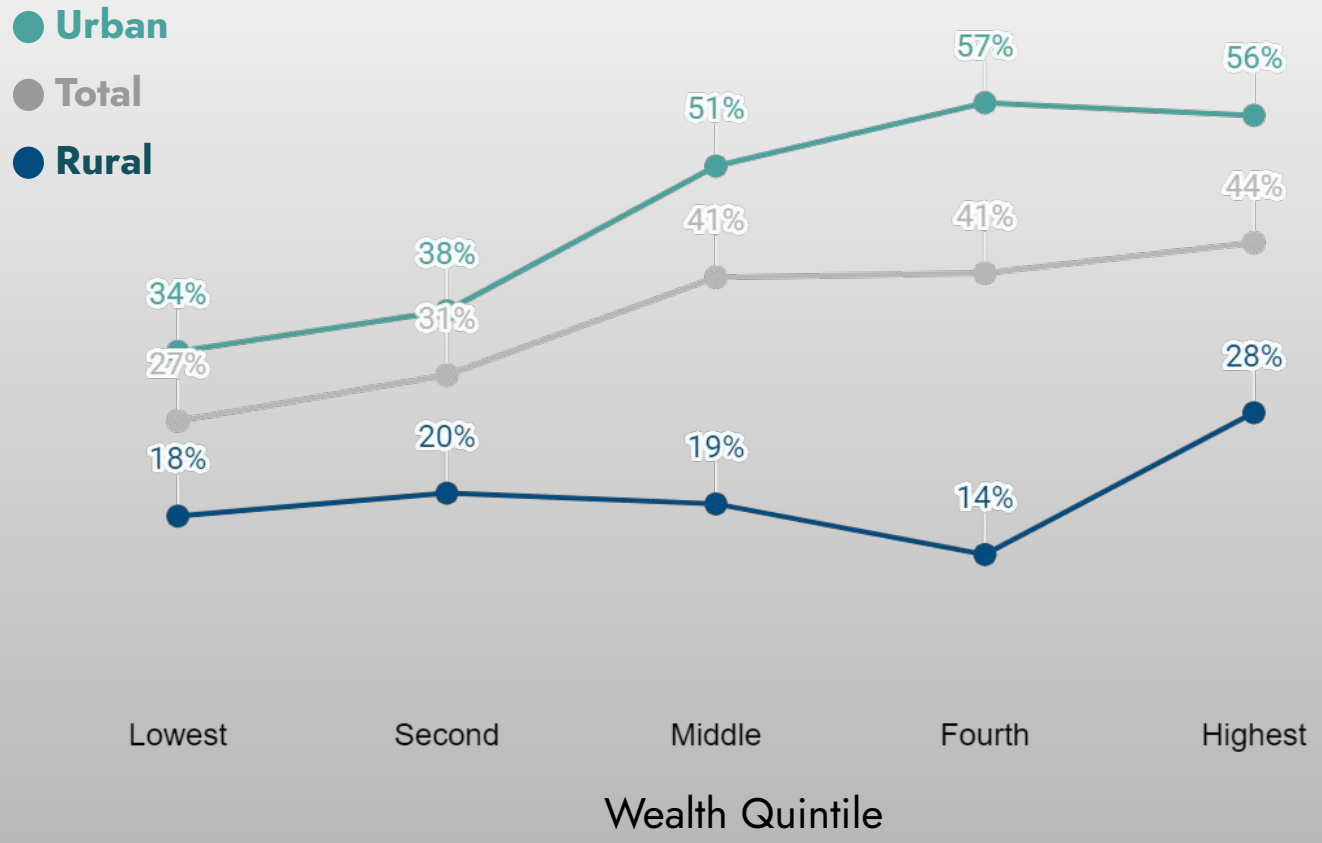
20% Government Hospitals
Public Sector

8% Private Hospitals or Clinics
Private Sector

4% Government Health Centers
Public Sector

The private sector is an important FP source for women across all wealth quintiles

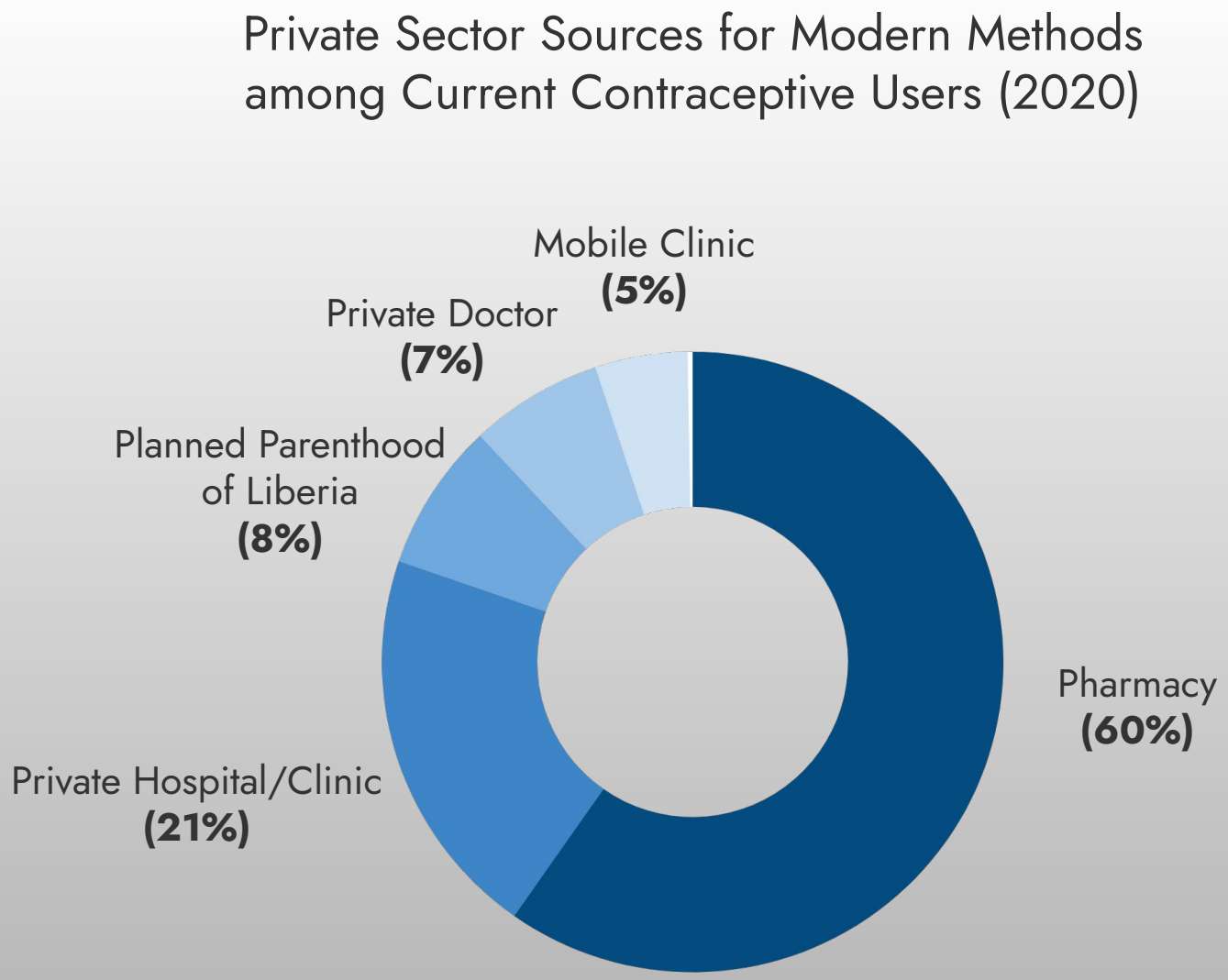
Percentage of Women Who Sourced their Current FP Method from the Private Sector, by Residence and Wealth Quintile (2020)



Source: LDHIS 2019-2020

- ➔ Among urban women, private sector FP sourcing increases with wealth.
- ➔ Around **1 in 3 urban women** in the lowest wealth quintile go to the private sector for their FP method.
- ➔ Around **1 in 5 rural women** in the lowest wealth quintile go to the private sector for their FP method.

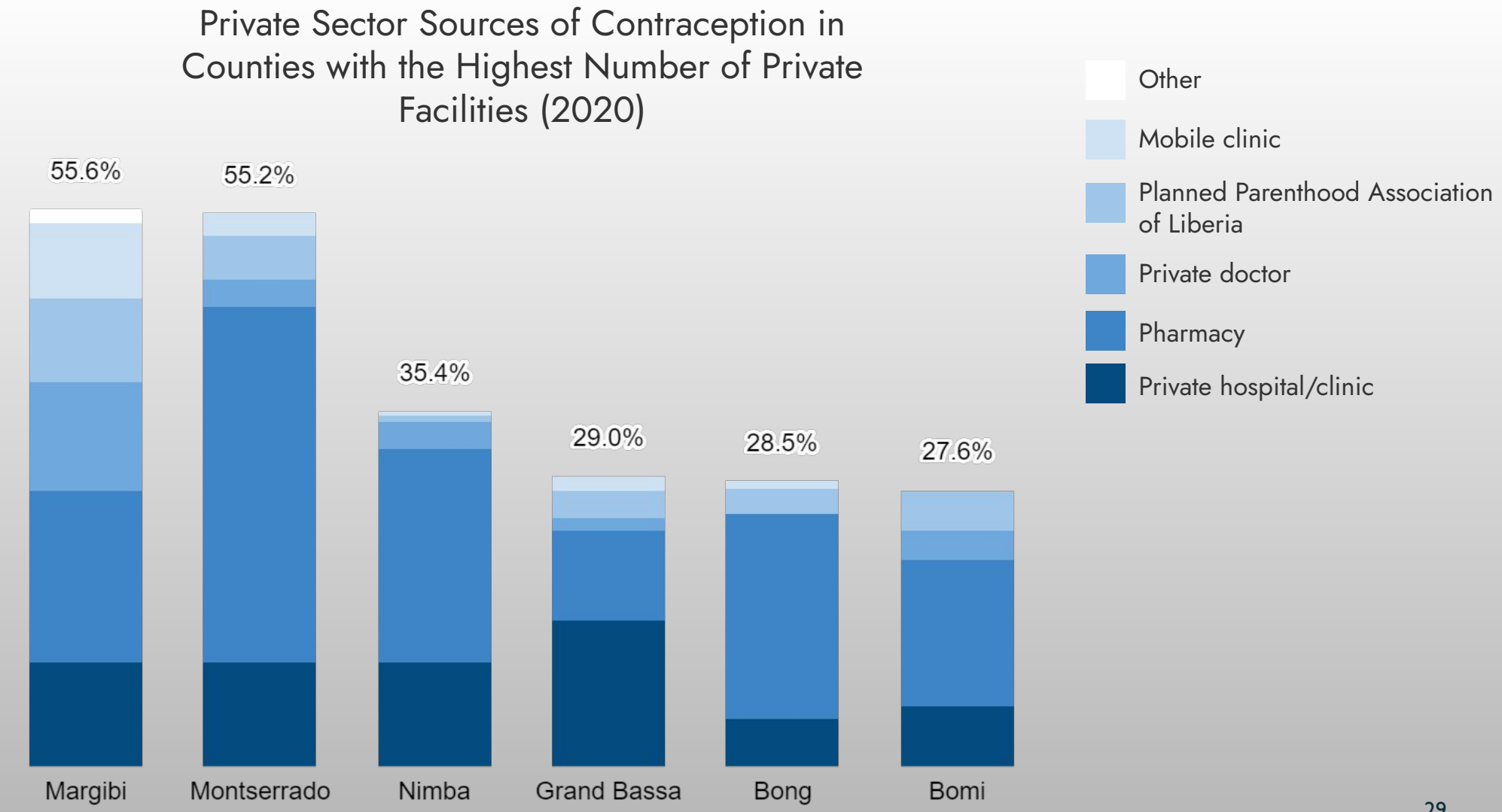
Pharmacies comprise the largest share of the private sector FP source mix



Source: LDHIS 2019-2020

➔ Sixty percent of women who go to the private sector for contraception go to pharmacies.

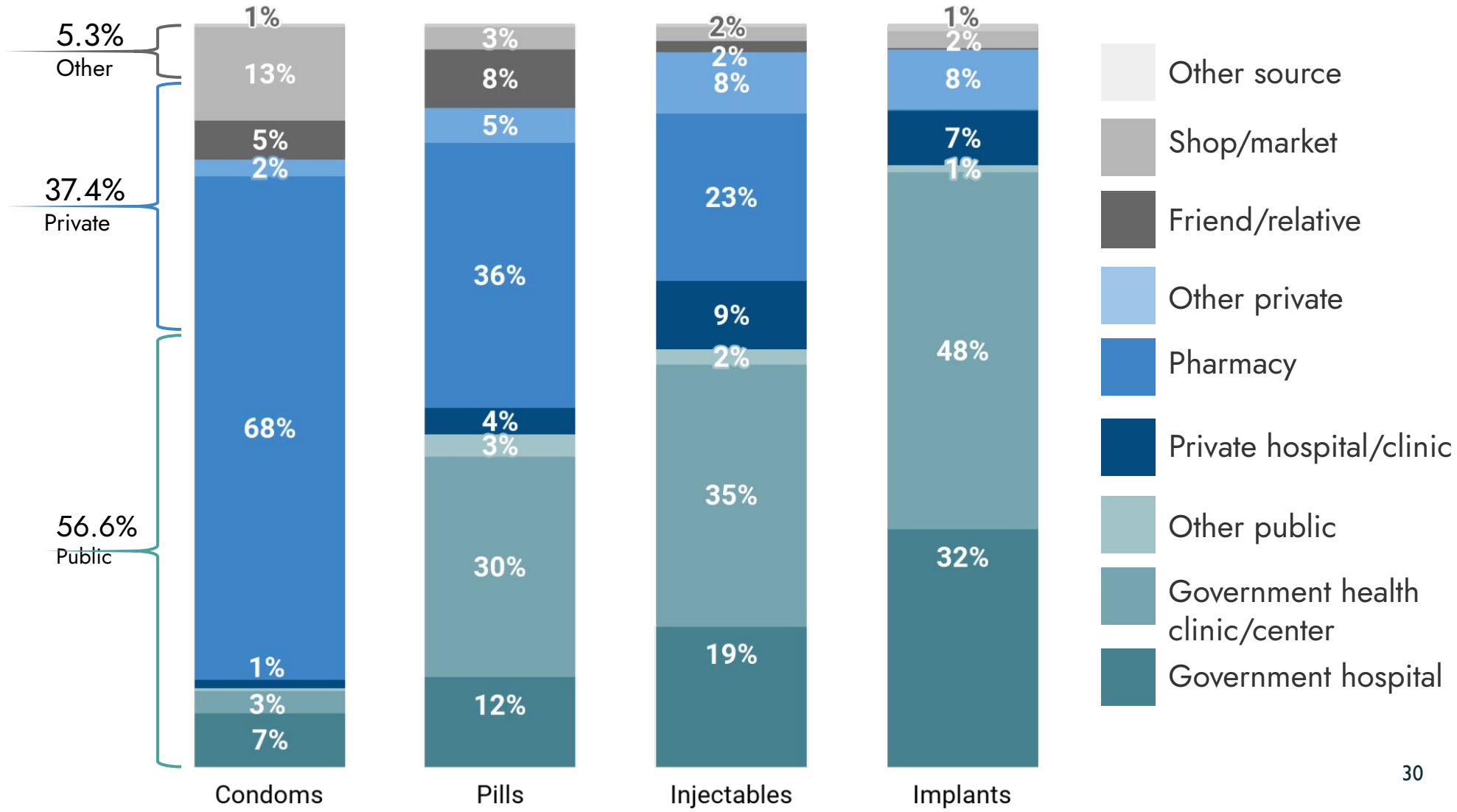
More than half of contraceptive users in Margibi and Montserrado receive their method from the private sector



Source: LDHIS 2019-2020

Across the country, women tend to access shorter-term methods in the private sector and implants in the public sector

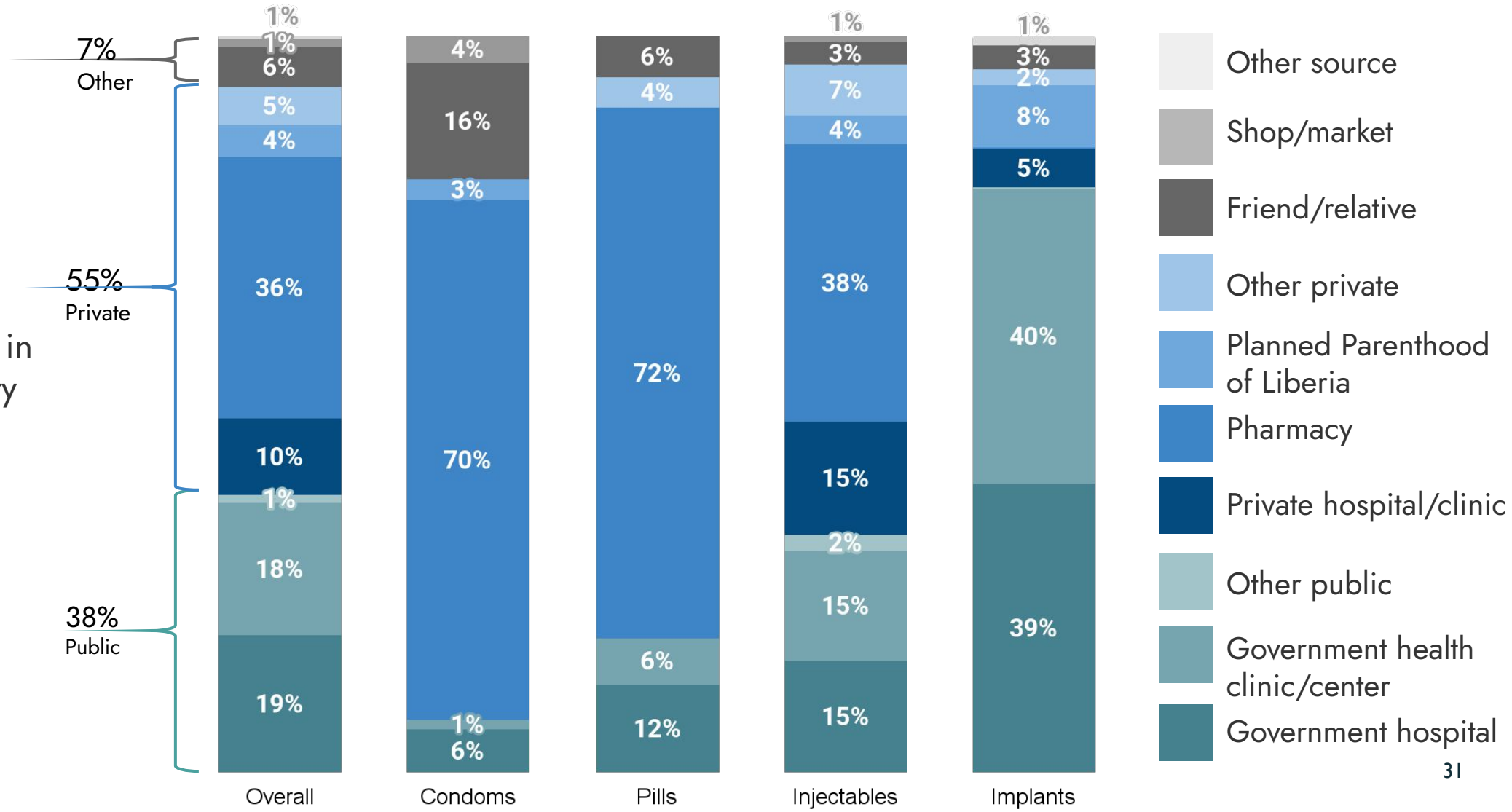
Source by Method among Current Contraceptive Users (2020)



Source: LDHIS 2019-2020

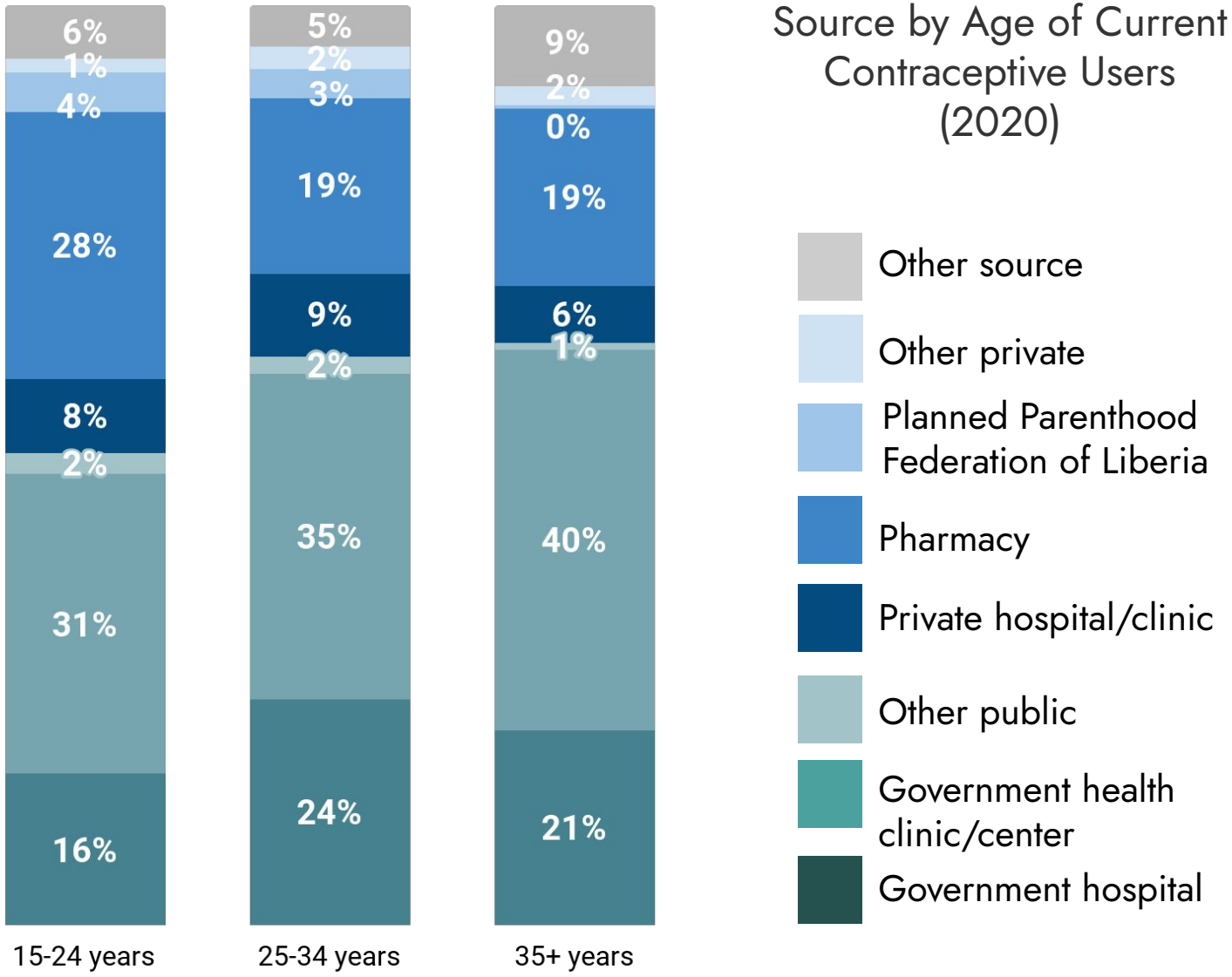
In Montserrado, most women go to the private sector for condoms, pills and injectables

Source by Method among Current Contraceptive Users in Montserrado County (2020)



Source: LDHIS 2019-2020

Younger women source contraceptives from private facilities more than older women—especially pharmacies



Source: LDHIS 2019-2020

Women who source FP from pharmacies are younger, urban unmarried, urban, and wealthier

More than one in five women obtain their contraceptive method from a **pharmacy**.

A higher percentage of women are:

- ➔ **Urban** versus rural
- ➔ **Live in Montserrado** versus other counties
- ➔ **Ages 20-24** versus other age groups
- ➔ **Unmarried** versus married
- ➔ **In the three highest wealth quintiles** versus the two lowest

Photo Credit: Kate Holt, Jhpiego/MCSP

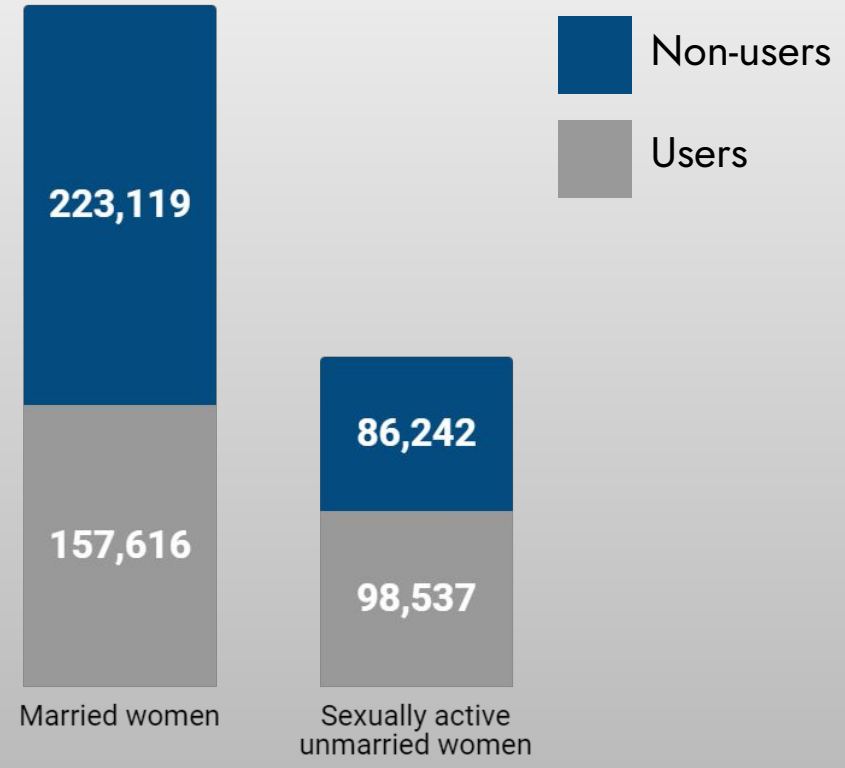
Source: LDHIS 2019-2020

Who is the market *not* serving?

Most non-users are married women

- ➔ While a greater proportion of unmarried sexually active women use a modern contraceptive than married women, **married women comprise a larger share of the total potential FP market.**
- ➔ Nearly 2 in 3 married women do not want to get pregnant but are not using a modern FP method.

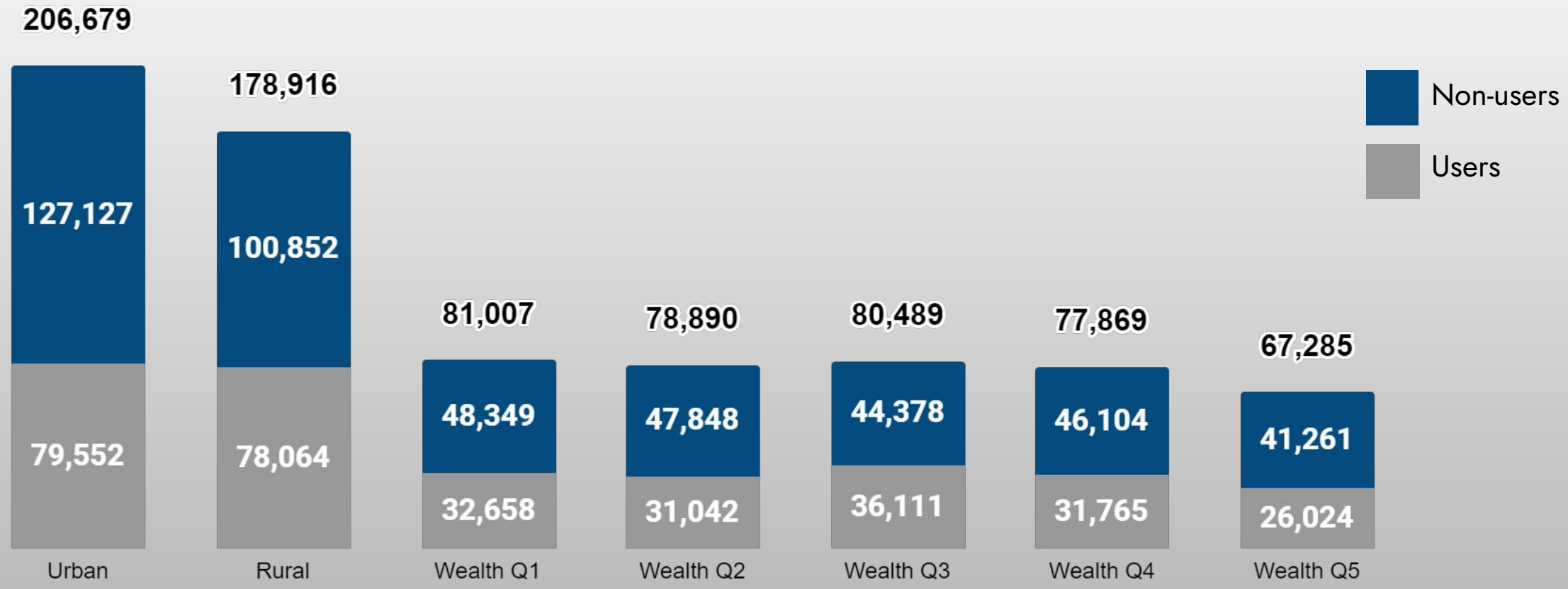
Number of Users and Non-Users of Modern Contraceptives within the Total Potential FP Market by Marital Status (2020/21)



Sources: LDHIS 2019-2020; World Population Prospects 2021

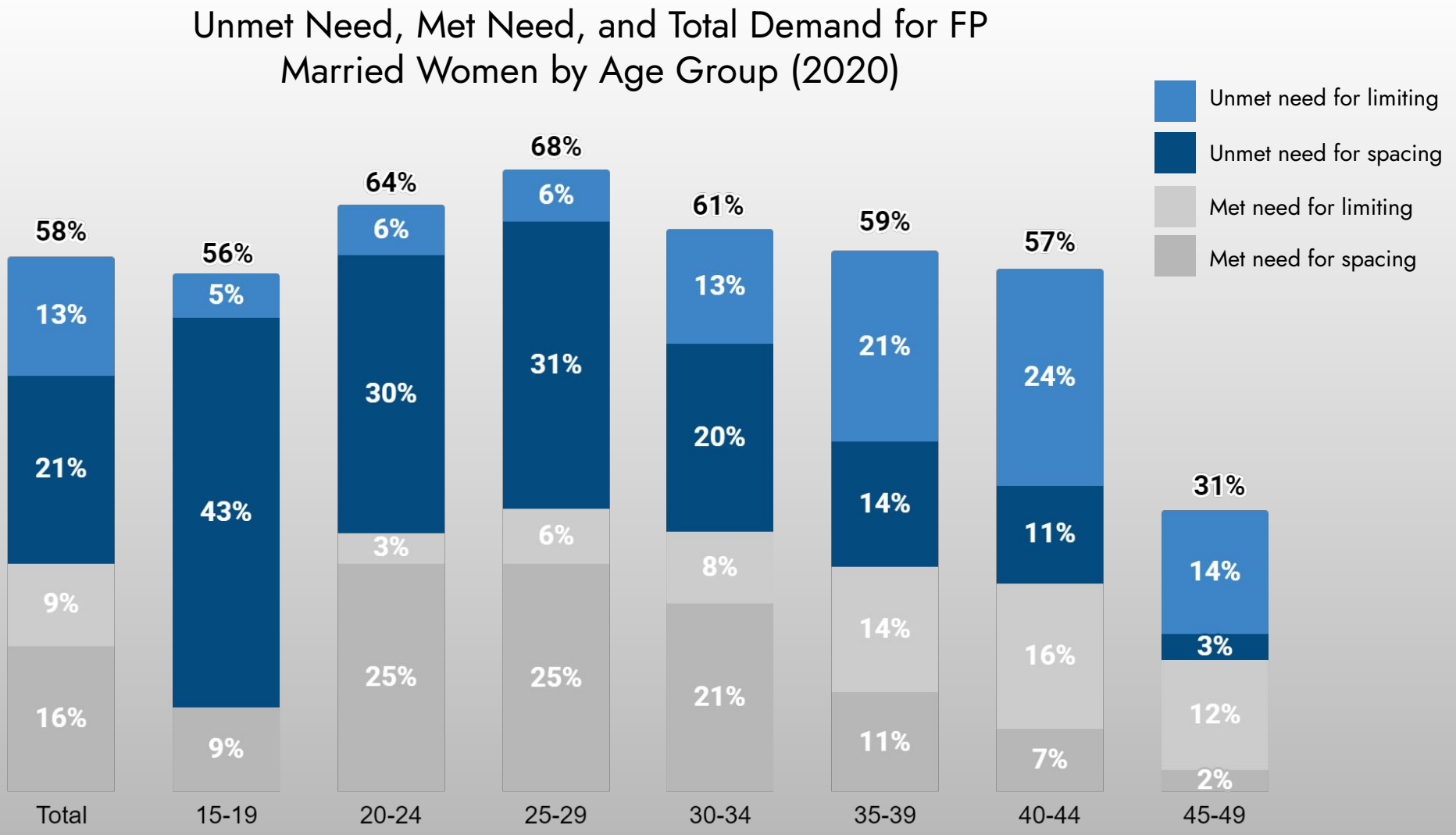
The proportion of users versus non-users of FP is fairly consistent across residence and wealth quintiles

Number of Users and Non-Users of Modern Contraception within the Total Potential FP Market by Residence and Wealth Quintile, Married Women (2020/21)



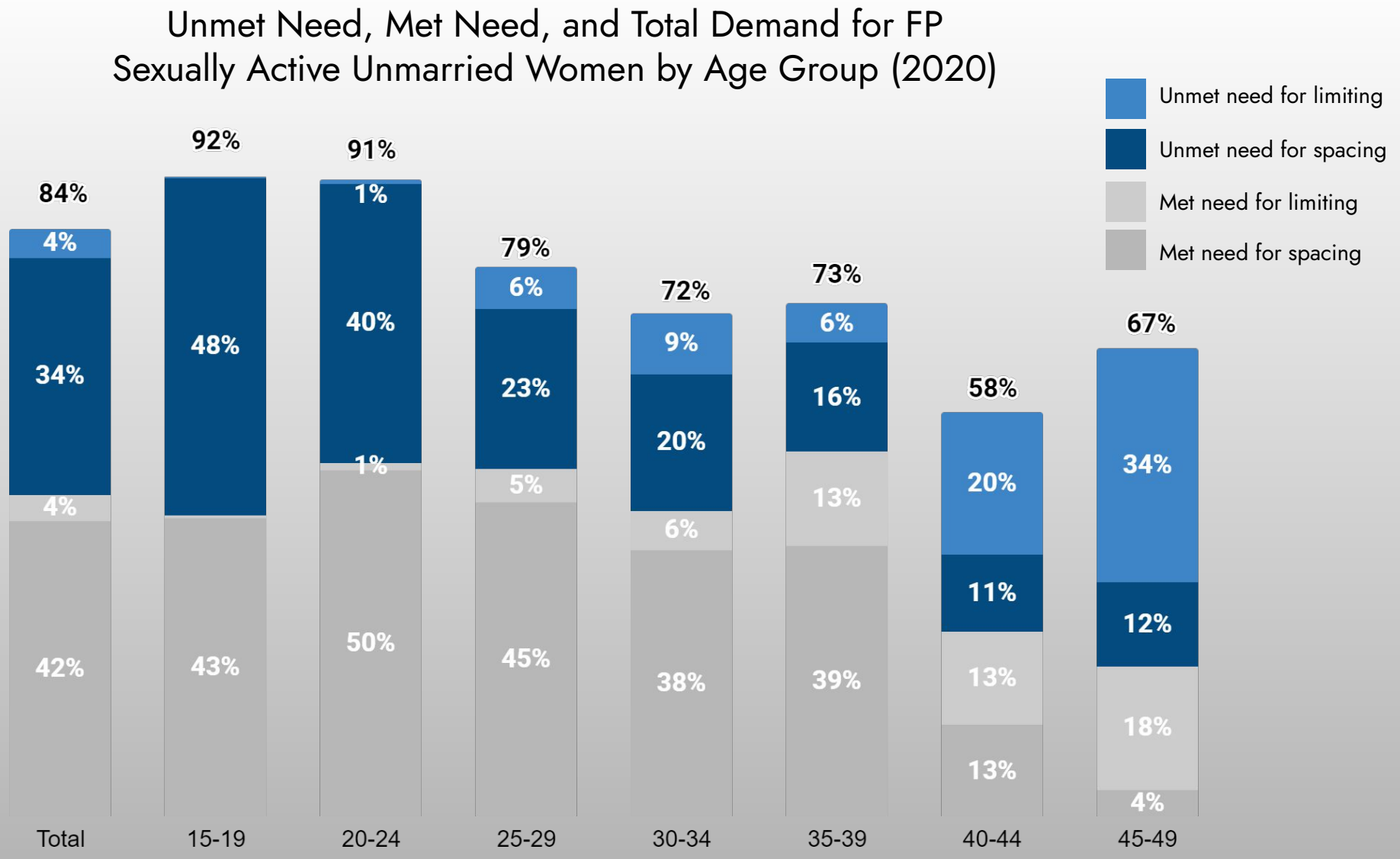
Sources: LDHIS 2019-2020; World Population Prospects 2021

Among married women, unmet need is highest among women ages 15-29—nearly half of married teenagers have unmet need



Source: LDHIS 2019-2020

Among sexually active unmarried women, unmet need is highest among women ages 15-24 and women ages 45-49



Source: LDHIS 2019-2020

Sixty-five percent of women not currently using contraception had no interaction with a health worker about FP in the past year

Photo Credit: Kate Holt, Jhpiego/MCSP

In other words—many women who are not using contraception have not received receive FP counseling at facilities or through outreach.

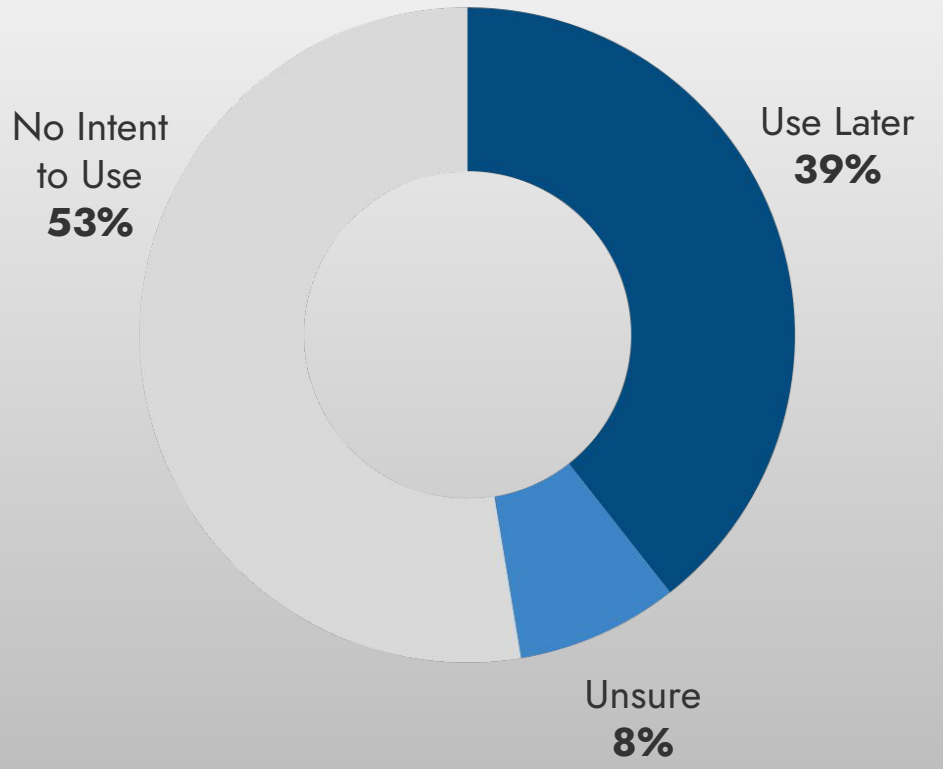
An even higher percentage of these women belonged to the following categories:

- ➔ **urban** versus rural
- ➔ **live in Monrovia** versus other locales
- ➔ **ages 15-19** versus other age groups
- ➔ **higher education** versus secondary or less
- ➔ **highest wealth quintile** versus lower ones

Source: LDHIS 2019-2020

Nearly 40 percent of women not using contraception plan to use it in the future

Intention to Use Contraception Among Women not Currently Using (2020)



Sources: LDHIS 2019-2020

Who Plans to Use Contraception in the Future?

A higher percentage of women in the following categories intend to use contraception in the future:

- ➔ **Rural** versus urban
- ➔ **Ages 15-24** versus other age groups
- ➔ **Unmarried** versus married
- ➔ **Two lowest wealth quintiles** versus higher wealth quintiles
- ➔ **More than 4 children** versus fewer or no children
- ➔ **Living in Bong and Gbarpolu** versus other counties

Only 29 percent of women in Montserrado not using contraception plan to do so in the future.

4 The Enabling Environment for Private Sector & FP

Liberia has a history of public-private collaboration in the health sector

- ➔ MOH collaborated with pharmacies and medicine stores on malaria testing and treatment as part of the SIAPS project.
- ➔ Private health facilities may participate in the free national immunization program, receiving free vaccines, commodities and reporting tools.
- ➔ The MOH periodically provides trainings for private facility providers.
- ➔ The Healthcare Federation of Liberia (HFL) was established to coordinate private health stakeholders, advocate for their welfare, and collaborate with the MOH to improve quality of care.
- ➔ A PSE Unit of the MOH was established to strengthen collaboration with private health sector actors.

Sources: Liberia PSE Strategy, Liberia Private Health Sector Assessment, stakeholder consultations

Photo Credit: FHM Liberia team member

Yet challenges remain when it comes to expanding FP access through the private sector

Approximately 40% of all health facilities are private.

About 3 in 4 private facilities are located in Montserrado county.

- ➔ Lack of resources and incentives to provide quality FP services, products, and information
- ➔ Insufficient access to in-service training
- ➔ Poor private sector regulation
- ➔ FP data are not systematically or routinely available within the HMIS
- ➔ Insufficient capital to maintain infrastructure, equipment, qualified staff, affordable drugs, and access to laboratories
- ➔ Private sector is fragmented but growing rapidly, and so understanding its collective contribution (especially the contribution of pharmacies) in expanding FP products/services has been difficult

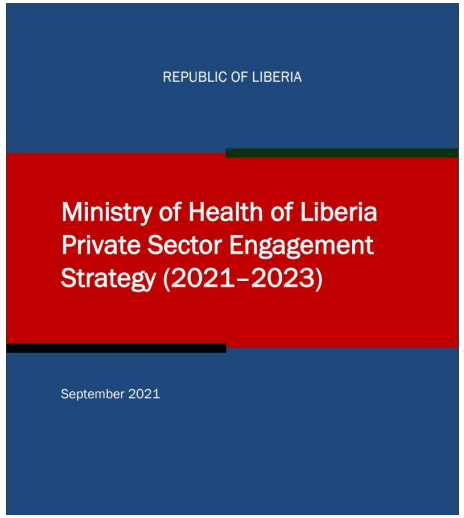
Source: Liberia Family Planning Costed Implementation Plan, 2018-2022

Liberia recognizes these challenges and has prioritized the private sector in recent national strategies and plans

"MOH is committed to bolstering a PPP approach to healthcare delivery"

Target: Increase % women who source information/contraceptives from a private health facility from 23.6 to 33%

Target: Increase % of women who source information/contraceptive from a pharmacy from 10.5% to 25%

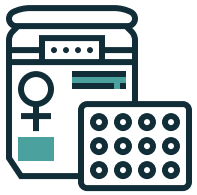


- ➔ Provides a roadmap for MOH to engage the private sector to support national health goals
- ➔ Defines PPP as a long-term commercial transaction or contract between an institution and a private party
- ➔ Designed to be health area agnostic, but emphasizes FP, HIV, & malaria

The FP Costed Implementation Plan seeks to strengthen quality and provision of FP through the private sector

1. **Service Delivery:** Increase percentage of demand satisfied by modern methods
2. **Commodity Security:** Decrease stockouts of modern methods
3. **Demand creation:** Increase demand among women of reproductive age
4. **Youth:** Decrease percentage of teenage women who have begun childbearing
5. **Enabling environment:** Increase allocation of the annual health budget to FP

Desired Outcome: Increased uptake of quality FP services through the private sector



Intervention strategy 1: Strengthen and expand quality provision of FP services across private sector networks

Intervention strategy 2: Explore potential for enhanced engagement of drug stores, pharmacies, and wholesale distributors/suppliers in contraceptive sales

The Private Sector Engagement (PSE) Strategy seeks to leverage the growing private health sector to increase impact and maximize value

1. Expand access to and choice of health services (coverage)
2. Improve quality of care provided by the private sector (quality)
3. Enhance financial protection (cost)
4. Create an enabling environment for private sector engagement

Focus on Family Planning

➔ Trend data show growing demand for FP from more diverse sources.

➔ **FP PSE priorities:**

Strengthen the private sector value chain for contraceptives, including reducing the cost of branded FP products

Clarify processes, such as which cadre of providers can offer different FP services, how to register new products

Improve transparency around user fees

An MOU formalizes a partnership allowing private facilities to obtain contraceptives from the public sector

- FP products are available free of charge through the public sector.
- Private facilities may obtain FP products from the public sector through a memorandum of understanding (MOU) provided they
  - offer them free of charge to clients
  - report consumption data to the MOH
- Private facilities may sell contraceptives if sourced from private wholesalers/distributors.

Photo Credit: Donya Rahimi

Liberia appears to have a relatively strong foundation for private sector regulation, though some improvements are needed

- Issues business licenses for private entities, including private health facilities.
- Annual business fees range $10-96 USD.
- According to some facilities, renewal can be a complex process.

- Regulates private health facilities, ensuring adherence to minimum quality standards for private facilities (e.g., having a doctor on staff).
- Annual facility license fees range by facility type - $100/clinic, $200/center, $300/hospital, though facilities report a range.

- Regulates pharmacies and medicine stores, including registration, and accredits pharmacy training institutions.
- Annual facility license fees are unspecified. The renewal process takes 2-3 weeks.

- Provides quality control for medicines, including product evaluation and registration, pharmacovigilance, quality control, and post-market surveillance.

Source: Liberia Private Health Sector Assessment; Discussion with Liberia Pharmacy Board, Feb 2023

However, private health facilities lack access to working capital to make necessary improvements

- ➔ Accessing bank loans is challenging due to steep and/or inconsistent interest rates, late fees, and large collateral requirements.
- ➔ Many private facilities self-finance.
- ➔ To become more sustainable, private facility owners seek to maximize client volume through investing in more profitable services (e.g., obstetrics, surgery).
  - The mandate to not charging service fees for publicly-procured FP renders FP a less profitable service.

Photo Credit: Irene Nekar-Livingstone

Source: Liberia Private Health Sector Assessment

...and this affects their ability to offer a reliable, affordable supply of products to their clients

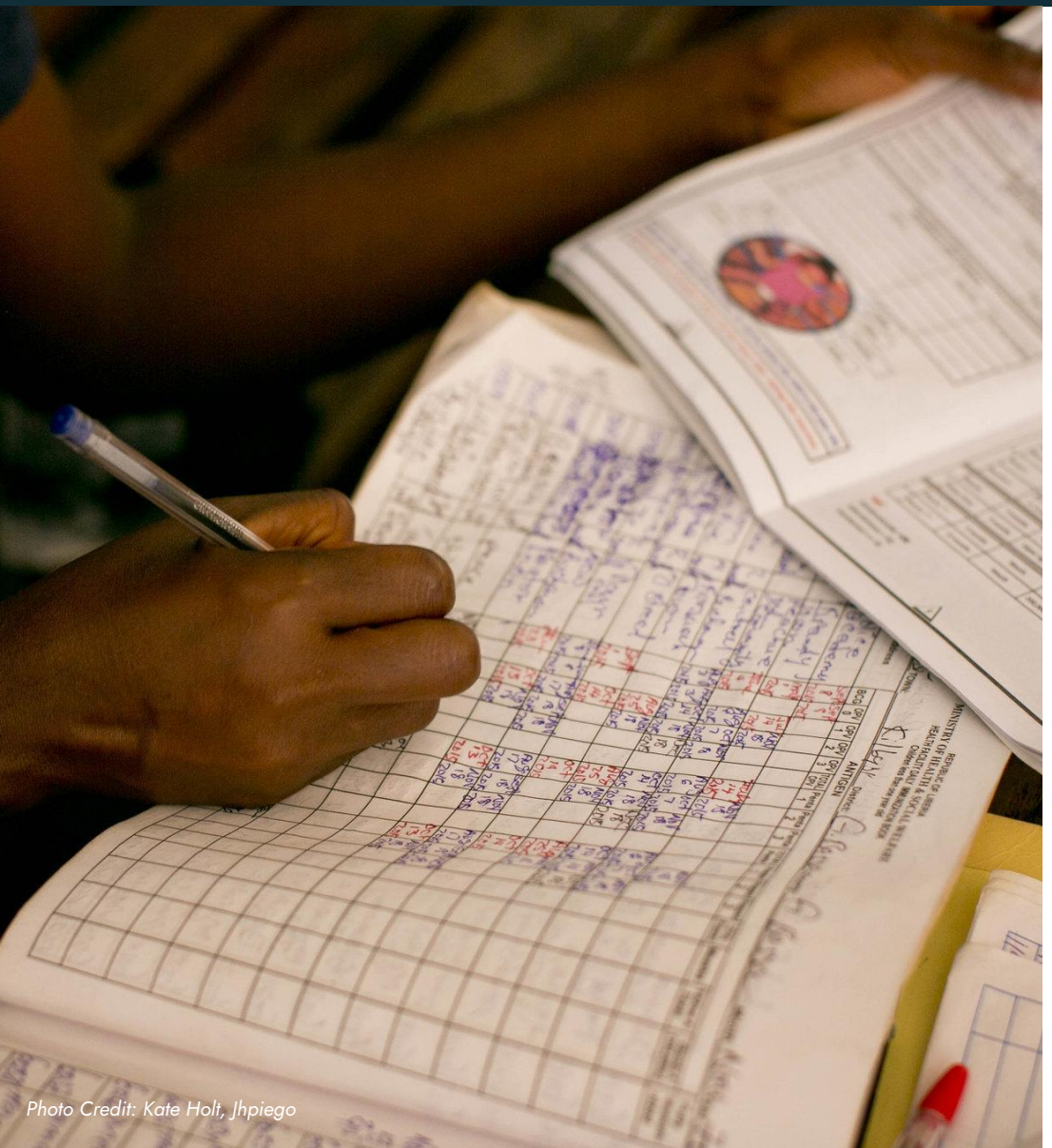


Photo Credit: Kate Holt, Jhpiego

Some facilities report:

- ➔ inconsistent cash flow, resulting in their waiting to reorder supplies until an absolute necessity
- ➔ purchasing medicines for 1-2 months from local pharmacies, prioritizing competitive prices over a relationship with any one pharmacy
- ➔ sourcing medicines from other countries through personal networks or through relationships with wholesalers abroad

Source: Liberia Private Health Sector Assessment

Greater investment is required to strengthen FP market stewardship

Currently, there are only limited or piecemeal efforts to coordinate, collaborate, set agendas, and make decisions related to FP across public and private sectors. This may be because:

- ➔ While FP is included in certain technical working groups, **there is no technical working group specific to FP at the national or subnational levels.**
- ➔ **Few opportunities exist for private/public sector engagement around FP**—though there are exciting opportunities with the HFL and the newly established Private Sector Engagement Unit within the MOH.
- ➔ **Liberia's private health sector is growing and changing rapidly**, especially in Montserrado, making coordination and regulatory oversight challenging.
- ➔ **There may not be sufficient investment and/or alignment** around the need to coordinate and drive FP efforts more intentionally across partners and sectors.

Source: Liberia Private Health Sector Assessment; stakeholder consultations

5 FP Demand Considerations

To address unmet need, Liberia's Ministry of Health and partners have defined demand creation strategies

Increase coverage and consistency of mass media, especially geared toward young people, to raise FP awareness

Engage men as supportive FP partners and/or contraceptive users themselves

Partner with community and faith groups to shift in social norms, attitudes, and behaviors to be more favorable to FP

Source: Liberia Family Planning Costed Implementation Plan, 2018-2022

Efforts to strengthen FP demand are ongoing across many partners, at different levels, and in different parts of the country

For instance:

actionaid

works in sexual health and rights, including comprehensive sex education and demand generation for FP—especially among youth.

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

supports behavior change communication for FP through mass media, community engagement, and strengthening health provider capacity.

dkt INTERNATIONAL

generates FP demand through social marketing and strengthening skills in interpersonal communication among private providers in its network of 400+ facilities and pharmacies.

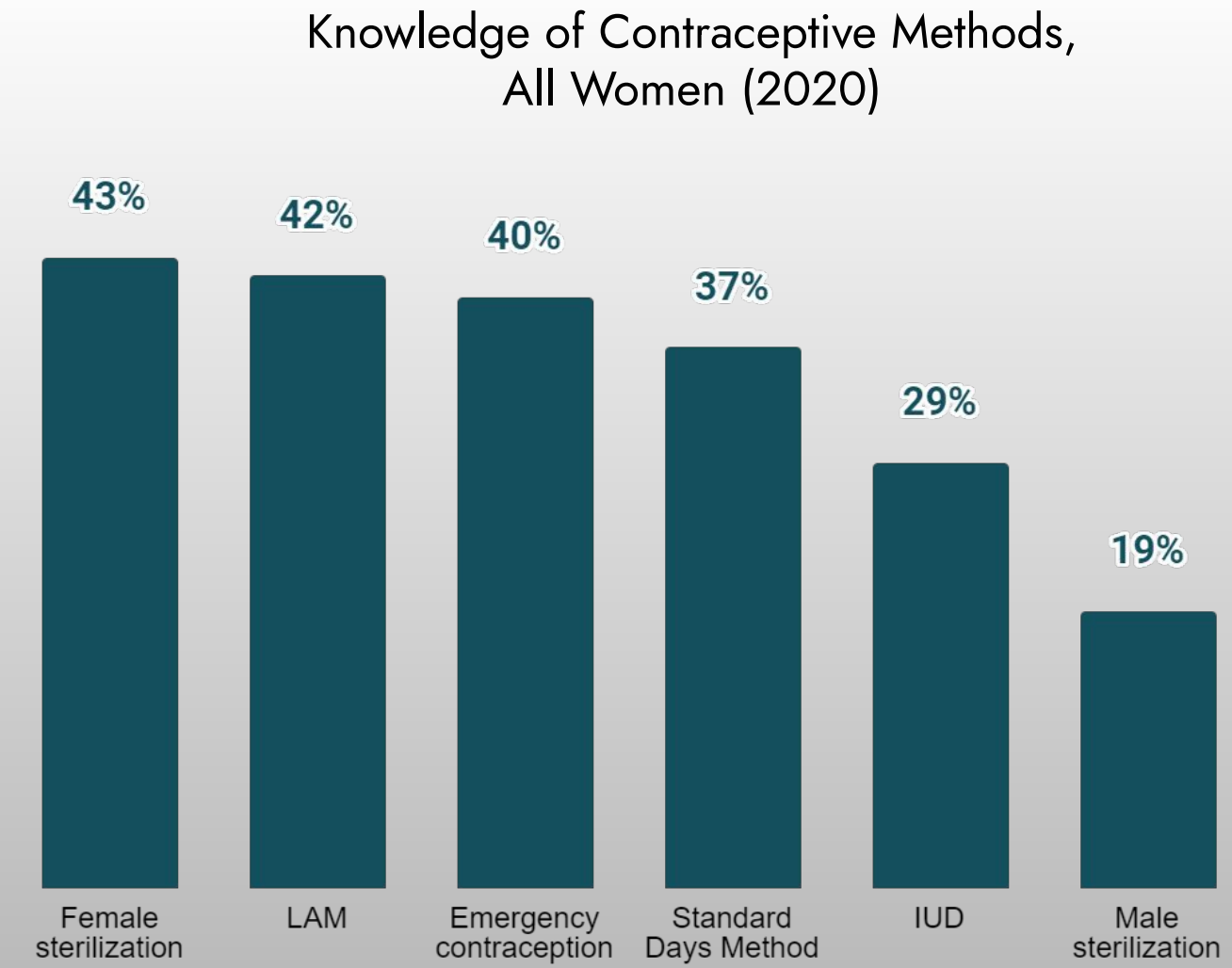
LAST MILE HEALTH

supports community-based FP through nearly 1,000 CHAs in three counties, including supporting demand generation.

phil Public Health Initiative Liberia Empowering Communities to Save Lives

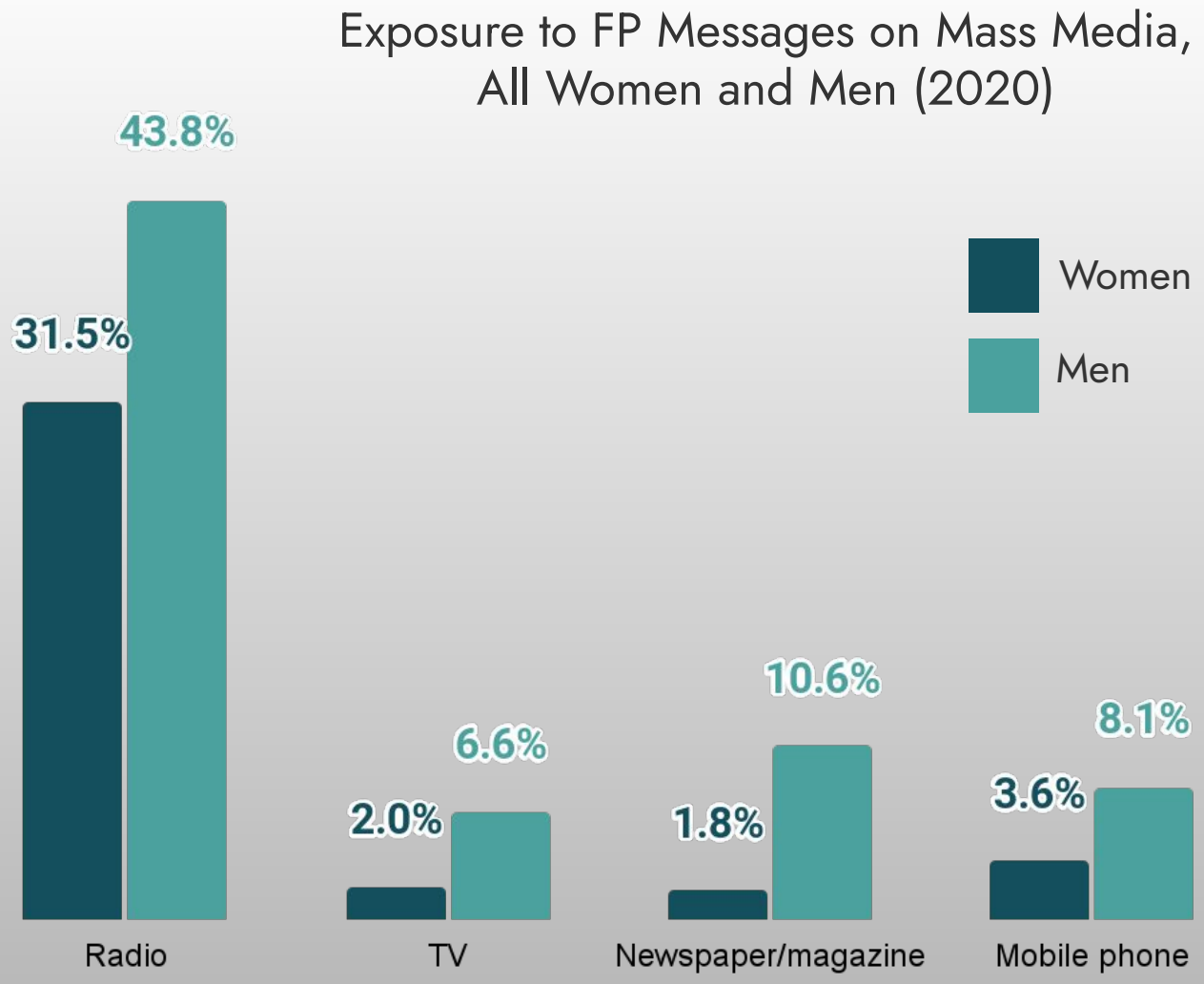
has had a long-term presence working with leads community engagement in hard-to-reach communities to strengthen FP access and uptake.

While over 95 percent of women are aware of condoms, pills, and injectables, many fewer know about other modern FP methods



Source: LDHIS 2019-2020

Women and men hear FP messages on the radio more often than through other mass media outlets



Source: LDHIS 2019-2020

➔ A greater percentage of men hear FP messages through mass media than women.

FP stakeholders: The good news is that there already high demand—so it's about capitalizing on it

Photo Credit: Kate Holt, Jhpiego/MCSP

- Demand generation activities can be challenging because the quality of contraceptive consumption data is poor, and the potential FP market in Liberia is relatively small.
- Some stakeholders shared impressions that new or different contraceptive methods can be difficult to roll out because women prefer to stay with the methods they know.
- **"So many women and girls ask about FP."** Demand for FP is already very widespread; recommend supporting women and girls to improve knowledge about it, dispel myths/misconceptions, and improve access and quality of care.

Source: Discussions with Breakthrough Action; Bong County Health Team; DKT; Ministry of Health Family Health Unit; Ministry of Health Supply Chain Unit; Planned Parenthood Association of Liberia; Public Health Initiative of Liberia; UNFPA

6 Contraceptive Supply: Products, Services, and Information

To meet demand and improve voluntary contraceptive uptake, the MOH and partners have identified key supply-side priorities

Expand and enhance private sector provision of FP, including in pharmacies and medicine stores

Ensure sufficient FP commodity procurement and stronger FP supply chain management

Strengthen community-based FP through regular outreach and campaigns

Integrate FP with immunization and other health services

Expand youth-friendly services

Source: Liberia Family Planning Costed Implementation Plan, 2018-2022

Partners seek to improve availability, accessibility, and quality of FP products and services

For instance:

Chemonics
Development works here.

supports supply chain management for contraception and other health products, with an emphasis on data visibility.

CLINTON
HEALTH ACCESS
INITIATIVE

supports FP service delivery through strengthening provider skills, improving access to long-acting reversible contraception, and enhancing data reporting use and supply chain management.

Planned Parenthood Association of Liberia
PPAL
EST 1956

is a vital provider of clinical sexual and reproductive health services in Liberia, and it also supports advocacy and provider capacity strengthening, with a specific focus on youth-friendly services.

UNFPA

provides funding and technical support to sexual and reproductive health programming, including improving service delivery for adolescents, expanding community-based FP delivery, and supporting supply chain management and information tracking.

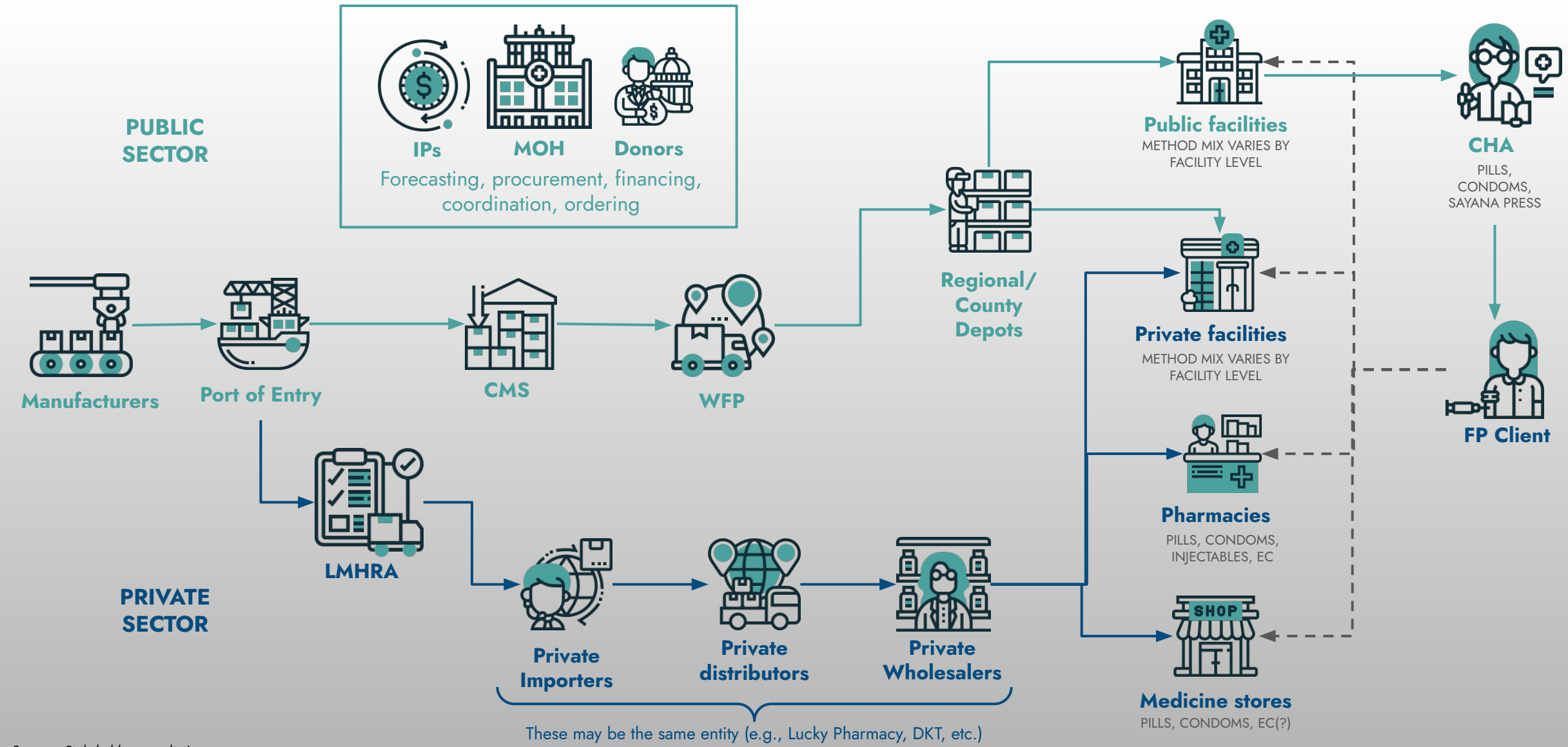
Products

At least 2-3 products exist for each contraceptive method across sectors

	 **Condoms**	 **Pills**	 **Injectables**	 **Implants**	 **IUDs**	 **ECP**
Products	At least 17 brands, including DKT and pharmacy chain brands	Microgynon Microlut Lydia (DKT)	Depo Provera Sayana Press Lydia (DKT)	Jadelle Levoplant (DKT)	Copper T Lydia Copper (DKT) Lydia Hormonal (DKT)	Lydia Postpil (DKT) Back-Up (MSI) Postinor-2
Price to Client (Public Sector)	Free	Free	Free	Free	Free	Unclear
Price to Client (Private Sector)	$0.40-$5.00 USD per pack of three	$0.32-$0.63 USD per cycle	$0.95-$1.90 USD per vial	$3.17-$3.80 USD per device	$3.17-$3.80 USD per device	$1.58-$2.22 USD per dose
Notes, Insights, and Anecdotes	DKT brands are popular in pharmacies Most comparable in price, with a few outliers (Durex) Many pharmaceuticals brand their own condoms; Lucky brand is priced very competitively ($0.40)	Microgynon very popular due to name recognition, but Lydia is very widely distributed	Depo Provera is most popular method, and preferred to Sayana Press because it's more familiar Depo sold in pharmacies but not always stored properly; injectables not supposed to be sold in medicine stores Sayana Press distributed by CHAs per LMH pilot; scale-up in progress	Increasingly popular method	IUDs might not be popular due to insertion procedure. Additionally, improving provider skills required for insertions and removals are a priority currently being addressed.	ECPs not discussed by private facilities. ECPs appear to sell well in pharmacies.

Sources: Discussions with DKT, FP providers at pharmacies and private health facilities

Snapshot: Public and Private Sector FP Supply Chains



Sources: Stakeholder consultations

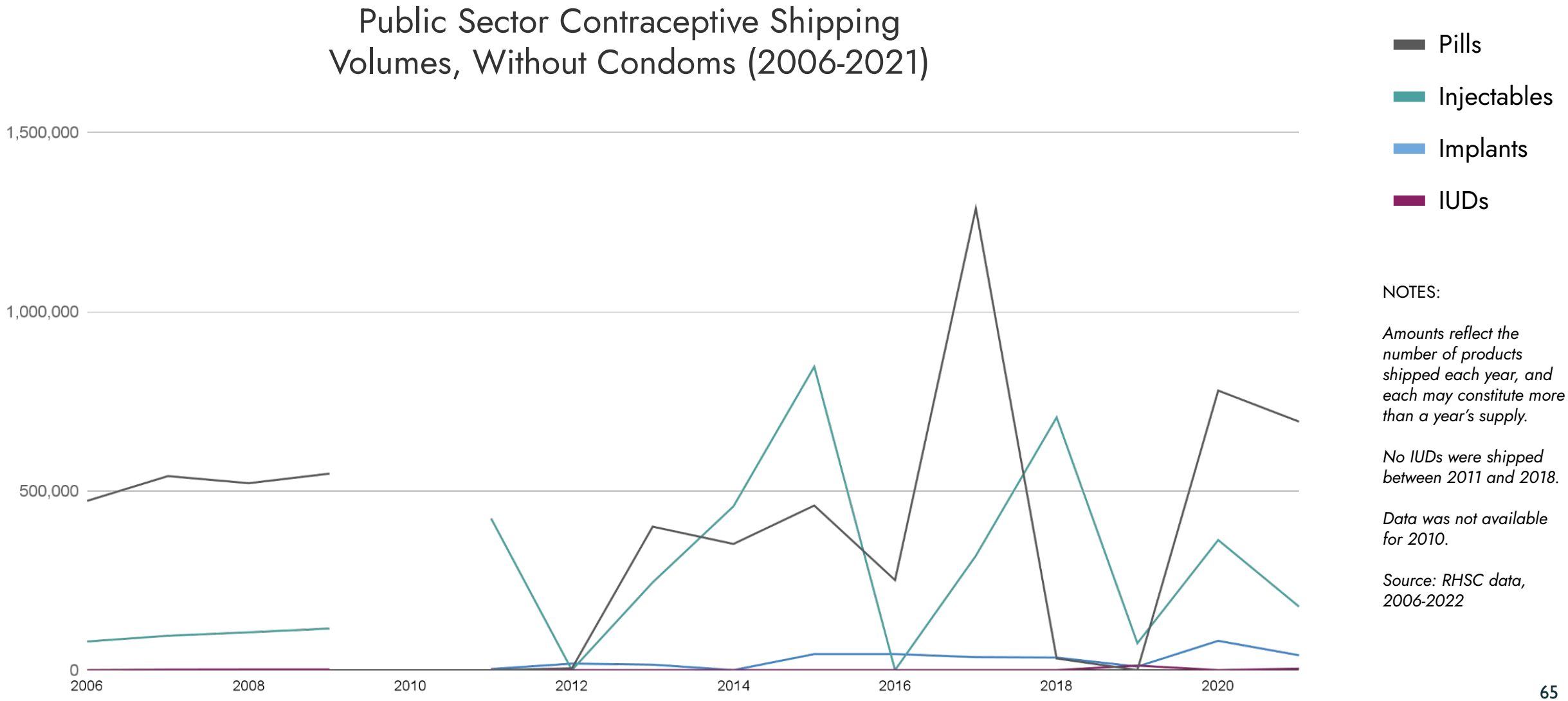
FP stakeholders: The public FP supply chain has major challenges, which is why the private sector can play an important role

Photo Credit: Kate Holt, Jhpiego/MCSP

- ➔ In the public sector, **management of the supply chain for FP (and other) products is highly fragmented**, with different actors overseeing different functions.
- ➔ **At least three different electronic systems collect supply chain management data**—and they do not "speak" to one another, making decision-making challenging.
- ➔ Due to data unreliability, forecasting can be based on population estimates, which results in **under- and over-estimating FP product needs**.
- ➔ **The public sector looks to the private sector** to step in and provide FP products when there are stockouts.

Source: Discussions with Central Medical Stores; MOH Family Health Unit; MOH Health Information Systems Unit; MOH Supply Chain Unit; Planned Parenthood Association of Liberia; UNFPA

No clear pattern in public sector contraceptive shipment suggests continuously evolving needs



NOTES:

Amounts reflect the number of products shipped each year, and each may constitute more than a year's supply.

No IUDs were shipped between 2011 and 2018.

Data was not available for 2010.

Source: RHSC data, 2006-2022

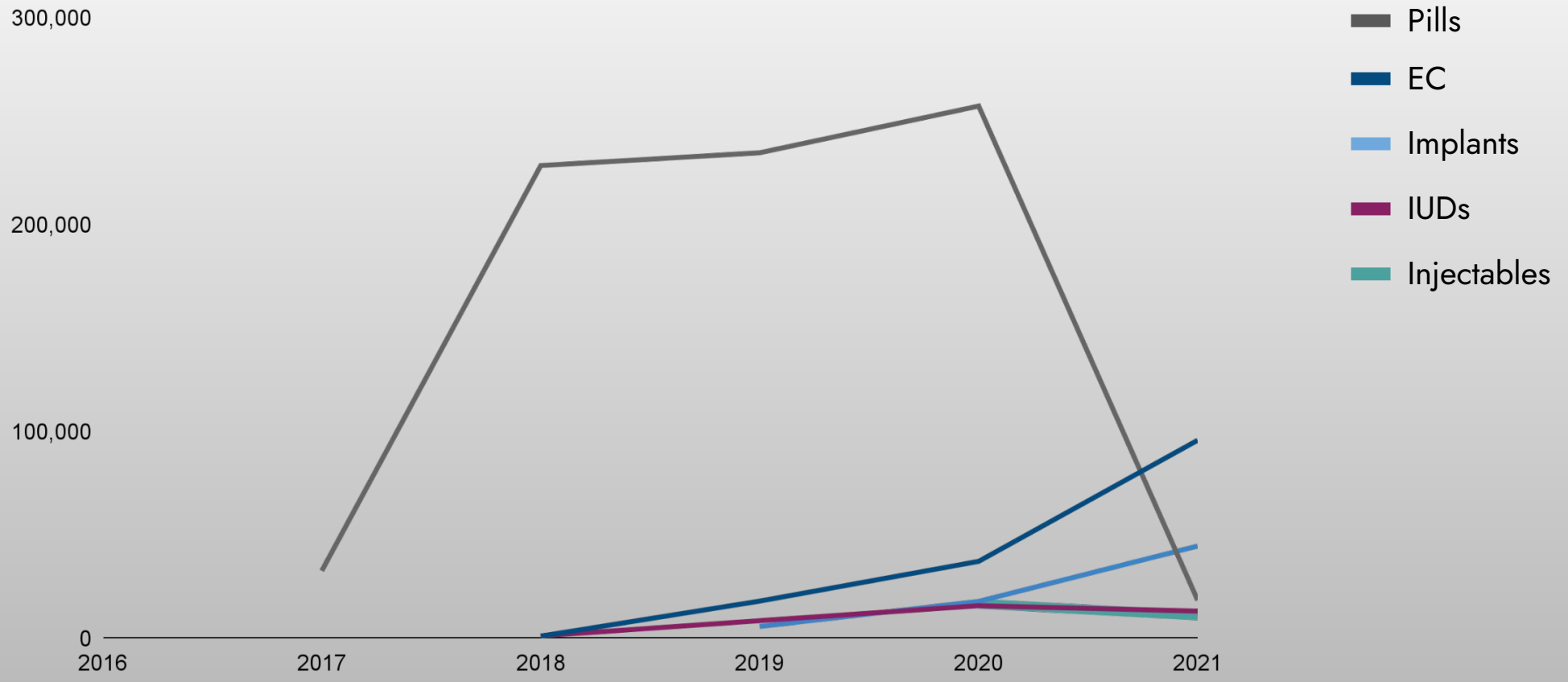
In 2023, the public sector will spend ~$4 million US on contraceptive procurement for public sector and private sector partner facilities

	 Condoms	 Pills	 Injectables	 Implants	 IUDs	 ECP	 CycleBeads
Product	Male Condom No Logo, 53mm, 1 each Female Condom 17 cm, 1 each	Microgynon Lng/EE 150/30mcg+Fe 75mg 28 Tab, 1 Cycle Microlut Levonorgestrel 30mcg 35 Tab, 1 Cycle	Sayana DMPA 104mg/0.65mL, Pre-Fill Uniject, 1 Syringe, amp Depo DMPA 150mg/ml (1ml) Vial, w/syringe, vial	Jadelle Levonorgestrel 75mg/rod, 2 rod Implant, 1 set	Copper TCu380A Intrauterine Device, 1 each	Emergency Contraceptive Levonorgestrel 0.75mg Tab, 2 Tabs	1 necklace
Procurement Price per unit	$0.03 $0.50	$0.26 $0.30	$0.85 $0.77	$8.50	$0.60	$0.40	$1.44
Public Sector Forecast	17,942,162 100,359	419,382 131,057	566,166 471,805	47,170	874	137,995	1,092
Private Sector Forecast	-	104,845	141,541	11,795		-	-

**Note that the public sector forecast includes procurement by USAID and UNFPA on behalf of the MOH. The private sector procurement reflects a 20 percent proportion of funding set aside for three FP products for 120 private health facilities in Montserrado. Other data on commercial sector contraceptive procurement is not available from currently available sources.*
Source: National Quantification for Family Planning, and Reproductive, Maternal, Newborn, and Child Health Commodities 2023-2025.

The diversity of socially marketed contraceptives has increased over time

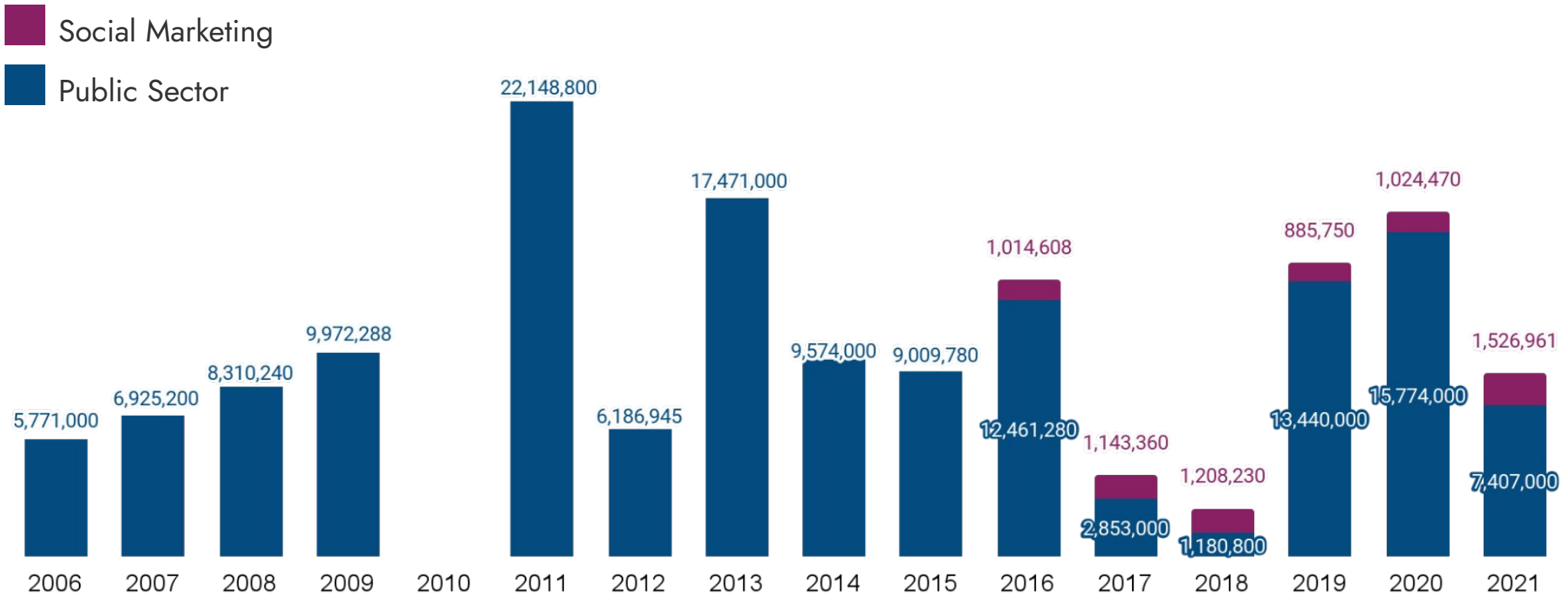
Volume of Socially Marketed Products Sold, Without Condoms (2016-2021)



Source: DKT Contraceptive Marketing Statistics, 1991-Present.

Approximately 1m condoms have been socially marketed each year since 2016; public sector supply has been inconsistent

Public Sector Shipping Volume and Social Marketing Sales, Condoms (2017-2021)



NOTES:

Amounts reflect the number of condoms shipped each year in the public sector, and number of socially market condoms sold.

Socially marketing data was from PSI in 2016-2018, and DKT 2018-2021.

Data was not available for 2010.

Commercial sector condom data are not readily available.

Source: RHSC data, 2006-2022; DKT 2016-2021

Products offered at pharmacies and medicine stores enable greater FP access, but potentially with less oversight

- ➔ Many pharmacies sell FP products, but some do not see it as profitable because they are offered for free in the public sector.
- ➔ Pharmacies are run by licensed pharmacists, but regulatory oversight to ensure that FP and other products are properly stored, managed, and sold can be a challenge.
- ➔ Medicine stores are not permitted to sell injectables because it requires pharmacist oversight—but anecdotally, this can still happen.
- ➔ FP and other product "leakage" is common, where unregistered and uncontrolled products arrive through borders and are sold at pharmacies and medicine stores.
- ➔ Informal markets: Some drug stores operate without licensure; likewise, informal drug peddlers can be a convenient option for women to access FP products but in the absence of any regulation.

Source: Discussions with LIberia Pharmacy Board; LMHRA; Liberia Private Health Sector Assessment

Photo Credit: The Mentor Initiative, Liberia

Services

Some women source FP at private facilities for convenience, but stakeholders share that quality of care is not necessarily better

- ➔ Approximately **211 private facilities** report FP data into the DHIS2.
- ➔ Even though private facilities typically charge for FP (unless they have an MOU with the government), **some women prefer them to public facilities due to shorter wait times**.
- ➔ However, **service quality can be an issue**:
  - Many private facilities do not possess key national health guidelines/protocols.
  - All licensed facilities require a licensed physician on staff, but one physician may serve multiple facilities.
  - Private providers have few opportunities for skills strengthening and professional development (e.g., they cannot always fund travel or leave facilities for MOH-led trainings). (DKT, however, supports training in the clinics and pharmacies they support.)
  - Less confidentiality and negative provider attitude towards young people are disincentives to seek care. FP counseling more broadly is a key area for strengthening.

Sources: Liberia Private Health Sector Assessment; Consolidated Report on the Pooled Procurement Mechanism for the Private Health Sector; discussions with DKT; Planned Parenthood Association of Liberia; Public Health Initiative of Liberia; UNFPA

Photo Credit: Liz Eddy/MCSP

Working with private provider networks can be a promising way to scale up skills development opportunities and other support

Photo Credit: Kate Holt/MCSP

- ➔ DKT offers training opportunities to providers in their 400+ partner facilities. The incentive for private providers to attend is access to subsidized, more affordable products.

- ➔ The Christian Health Association of Liberia (CHAL), an umbrella organization of 78 FBOs, also provides training and other types of support to its member organizations. CHAL also supports private sector reporting into the DHIS2.

Private providers describe reporting is a one-way transaction that is cumbersome, burdensome, and costly

➔ **Private facilities may have to compile multiple reports on a monthly basis**:

- HMIS reports if they receive free FP products
- DKT reports if they buy DKT FP products
- Programmatic reporting to other implementing partners
- Business-related reporting

➔ **There is a shortage of reporting tools.** Facilities cannot report without these, and the process to obtain them can be time-consuming and expensive, especially in hard-to-reach areas.

➔ This leads to **poor quality and irregular reporting** —especially in the absence of incentives. Double reporting is not uncommon.

➔ Downstream, poor quality private sector reporting makes it difficult for the MOH to understand the contribution of the private sector to national FP priorities.

Sources: Liberia Private Health Sector Assessment; discussions with private health providers; MOH Family Health Unit

Photo Credit: FHM Engage team member

In private facilities, offering publicly procured FP is not always straightforward

- When private facilities source FP from multiple places, **distinguishing between the brands they sell and the generic versions they must offer for free can become cumbersome**—at both the point of sale and when they complete reporting forms.
  - From the client's perspective, it also may be difficult to understand why some products are free versus others.

- **Sometimes, publicly procured FP is sold** in private and public facilities alike, despite regulations. This has resulted in the government terminating its MOU with private facilities.

Photo Credit: Erica Chin/MCSP

Sources: Liberia Private Health Sector Assessment; discussions with private health providers; Bong CHT; MOH Family Health Unit; Planned Parenthood Association of Liberia

7 Key Takeaways and Priority Areas

Which users is the market underserving?

Photo Credit: Kate Holt, Jhpiego/MCSP

The market is not meeting the FP needs of especially:

- women between 15 and 29 years of age
- women from the lowest wealth quintile in both rural and urban areas
- women in certain counties: Lofa, Margibi, and Nimba

Meeting demand of younger and lower-income women are key

Key Takeaways

- ➔ Available data and stakeholder insights show that youth and younger women (ages 15-29) have high unmet need for FP. The MOH and FP partners have prioritized these groups for FP programming.
- ➔ Women from the lowest wealth quintile also have high unmet need. Data show that a sizeable proportion of women in this group source their FP method from the private sector, possibly suggesting a willingness to pay for contraception even among those who have less.
- ➔ About 40 percent of women currently not using contraception plan to do so in the future—and they are more often young, unmarried, from rural areas, and from the two lowest wealth quintiles.
- ➔ Injectables remain the top method of contraception by far, though implant use is on the rise—most popular among women ages 20-34.

Priority Areas:

- ➔ *Explore the FP needs of youth and younger women more substantially to design targeted interventions, including any key segments of this group (e.g., urban/rural, education, etc.).*
- ➔ *Examine both innovative and tried-and-true strategies to reach younger people with youth-friendly programming.*
- ➔ *Investigate why women in the lowest wealth quintiles, irrespective of residence, are going to the private sector for FP, including if they are paying for their method, and how much they are paying.*
- ➔ *Consider future FP users in designing market interventions.*
- ➔ *Further investigate contraceptive choice among women in priority groups (e.g., implants among younger women) to understand where and how contraceptive access can be expanded.*

Many women go to the private sector for FP services, and exploring "why" can help strengthen and expand services to meet demand

Key Takeaways

- ➔ While public sector FP sourcing is still high, **the private sector is an increasingly important source of FP**—especially in urban areas, among young women, and women interested in shorter-term methods. Pharmacies are particularly important.
- ➔ Anecdotally, *convenience* contributes to private sector FP sourcing, since wait times tend to be shorter, and there are a large number of private service delivery points in certain parts of the country.
- ➔ Common public sector FP stockouts, which can affect both private and public facilities, are a disincentive to care-seeking at facilities—possibly underscoring the important role of pharmacies and other service delivery points in FP provision.

Priority Areas:

- ➔ *Further explore reasons for private versus public sector care-seeking for FP services to validate assumptions and explore areas for private sector FP expansion and improvement.*
- ➔ *Investigate willingness/ability to pay for FP methods among women from different segments of the population, including lessons learned from the social marketing sector.*
- ➔ *Identify opportunities to strengthen private provider (including pharmacist) skills and attitudes in delivering youth-friendly services, with an emphasis on outreach, communication, and counseling.*

Several supply-side factors affect the affordability, availability, and quality of FP products, services, and information in the private sector

Key Takeaways

- **Affordability:** Private facilities feel pressure to balance operational costs by charging for products and services, which makes it challenging to deliver FP products for free.
- **Affordability:** Some private facilities distribute certain FP products for free through the MOU with the government, and sell other FP products they procure through other mechanisms. Tracking procurement, pricing, and reporting for the different mechanisms can become burdensome and confusing—and can also confuse FP clients.
- **Availability:** Public sector FP product supply can be erratic due to insufficient forecasting and other obstacles, while private sector FP products may be inconsistently available as well as a result of market fluctuations and the facility's financial situation.
- **Quality:** The quality of FP services is variable across private facilities and pharmacies.
- **Quality:** Private health facility and pharmacy staff do not always have the same opportunities for skills strengthening or professional development (or ability to participate in them) as their counterparts in the public sector. This can hinder quality service delivery.

Priority Areas:

- *Explore possibility of allowing private providers charging service or consultation fees for publicly-sourced FP in order to mitigate operational costs. This could also help them prioritize FP services more, including invest in improving quality in their provision.*
- *Work with regulatory institutions to improve transparency on FP pricing across all facilities (e.g., signage).*
- *Leverage, strengthen, or invest in existing models in which larger or umbrella organizations to support smaller groups of private providers to provide quality FP services.*
- *Explore capacity strengthening and professional development approaches for private facility staff and pharmacists that do not require that private staff leave their businesses (e.g., coaching, mentoring, on-the-job training).*
- *Assess quality of FP care in private facilities using existing tools and guidance to identify the specific areas for strengthening.*

(Also see other Priority Area opportunities in the Market Data and Finance sections that follow.)

There is no clear "steward" for the FP market

Key Takeaways

- ➔ Currently, there are limited or piecemeal efforts to coordinate, collaborate, set agendas, and make decisions related to FP, especially across public and private sectors.
- ➔ No clear "steward" of the FP market
  - ◆ HFL and MOH PSE unit are health area-agnostic
  - ◆ MOH Family Health Division is public-centric

Priority Areas:

- ➔ *Explore which actor(s) is/are well-positioned to serve in an FP market stewardship role, and ensure the platform is well-resourced.*
- ➔ *Build shared value across FP stakeholders in public and private sectors.*
- ➔ *Understand incentives for private sector FP actors to participate in this platform.*
- ➔ *Generate FP market intelligence and use it to address market challenges.*

Fragmented and poor quality data stymie efforts to make evidence-based decisions to inform programs and policies

Key Takeaways

- ➔ The quality of FP data reported into national electronic systems is often poor quality, incomplete, or untimely. These issues are more pronounced for private facilities that report FP data to the MOH.
- ➔ Facilities do not typically receive feedback on the data they submit to the MOH.
- ➔ Data is fragmented across sectors, FP partners, data systems, and health system levels. For example, limited data are shared from the commercial sector.
- ➔ Electronic data platforms do not speak to one another.
- ➔ Timely submission and of data to inform decision-making

Consequently, FP stakeholders cannot sufficiently forecast products, understand patterns in contraceptive use, tailor interventions to meet need, and inform policies and programs.

Priority Areas:

- ➔ *Cultivate trust and create shared value across FP actors to encourage information and data-sharing, support reporting, and institutionalize collaboration.*
- ➔ *Encourage better quality FP reporting through incentives and/or establishing a process to provide feedback to private facilities on the reports they submit.*
- ➔ *Explore strategies to improve FP data quality (on-the-job mentoring of facility and county data managers, build simple data verification checks within the DHIS2/other health information systems, identify ways to support data triangulation) and use.*
- ➔ *Identify options to integrate information systems to enable them to speak to one another more effectively, harmonize data, and support decision-making.*
- ➔ *Facilitate data sharing partnerships across partners and sectors, including the commercial sector.*

Private providers lack access to finance, which affects quality of care

Key Takeaways

➔ Private providers lack access to finance to begin, maintain, and expand their businesses and must self-finance. This affects their ability to offer a reliable and affordable supply of products to their clients.

Priority Areas:

➔ *Determine feasibility of instituting a pooled procurement mechanisms for private health sector actors in order to reduce FP product procurement costs (see 2021 HFL report).*

➔ *Revisit finance recommendations from prior private sector assessment from 2018, as many issues are still relevant. These include creating a working capital revolving fund, exploring innovative approaches to offer more affordable loans, and integrating the private sector in performance-based financing schemes.*

Sources: Consolidated Report on the Pooled Procurement Mechanism for the Private Health Sector, 2021; Liberia Private Health Sector Assessment, 2018

The quickly growing private sector has produced regulatory challenges

Key Takeaways

- ➔ Renewing annual licenses can be a challenge for some facilities.
- ➔ Pharmacies and medicine stores are growing in number rapidly, especially in Montserrado. Because they open and close frequently, regulatory bodies do not always have the capacity or resources to ensure high-quality regulation—especially because they do not have the resources to work in a decentralized manner.
- ➔ As a result, the quality of FP products and services that are available from pharmacies and drug stores are highly variable.

Priority Areas:

- ➔ *Revisit process for renewing annual licenses (e.g., frequency, timelines, costs) to reduce burden on both private facilities and regulatory bodies.*
- ➔ *Explore options to geo-map private pharmacies and/or medicine stores, beginning with Montserrado (or parts of it), and use it to inform planning, quality spot-checks, etc.*
- ➔ *With regulatory bodies, co-create strategies to restructure approaches to regulate pharmacies and medicine stores, given the quickly changing landscape (e.g., review examples from how other countries approach this).*

Suggested Next Steps

1. Identify investment areas based on priorities
2. Identify key FP partners to collaborate with
3. Co-design strategies, including a theory of change, with FP partners
4. Deliver solutions to support a healthier FP market

Photo Credit: Liberia, Advancing Youth Project

8 Annexes

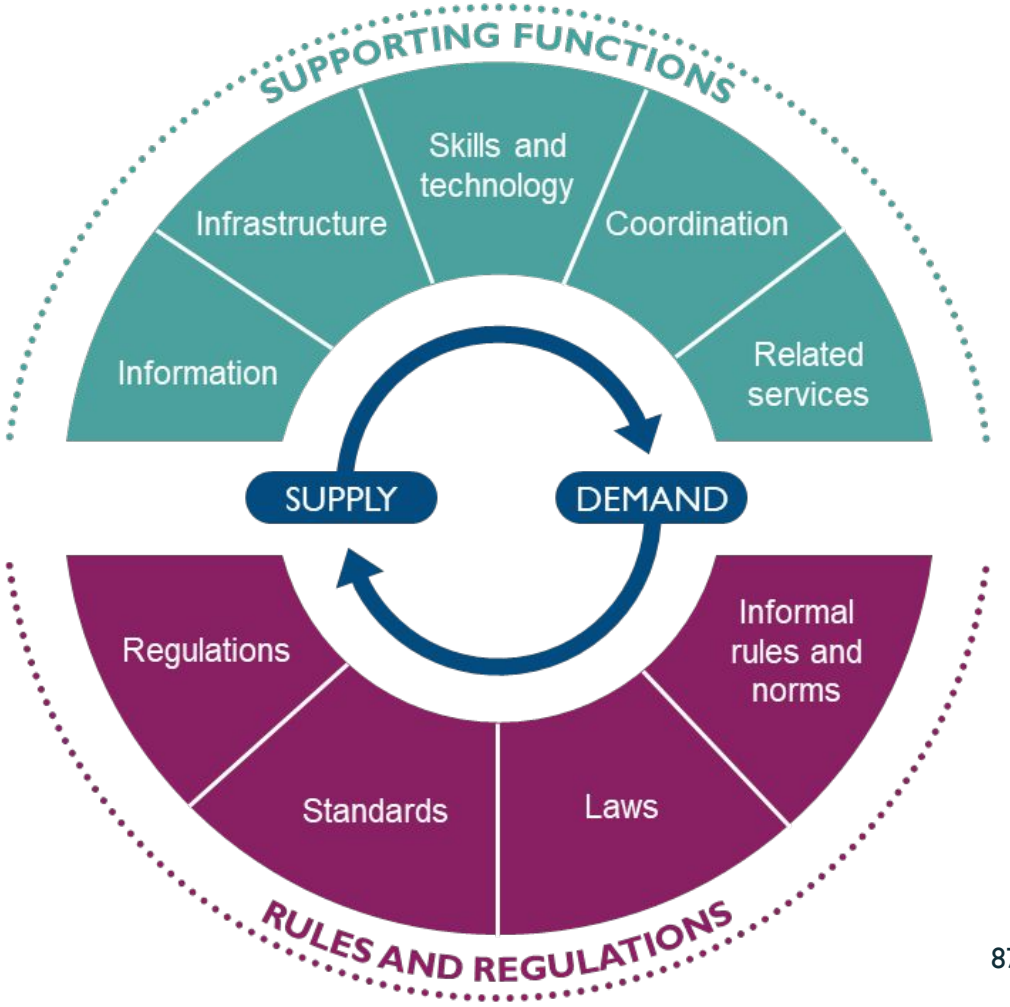
Annex A: Market Development Framework

The health market system is diverse and dynamic and requires a market development approach to improve

Market development:

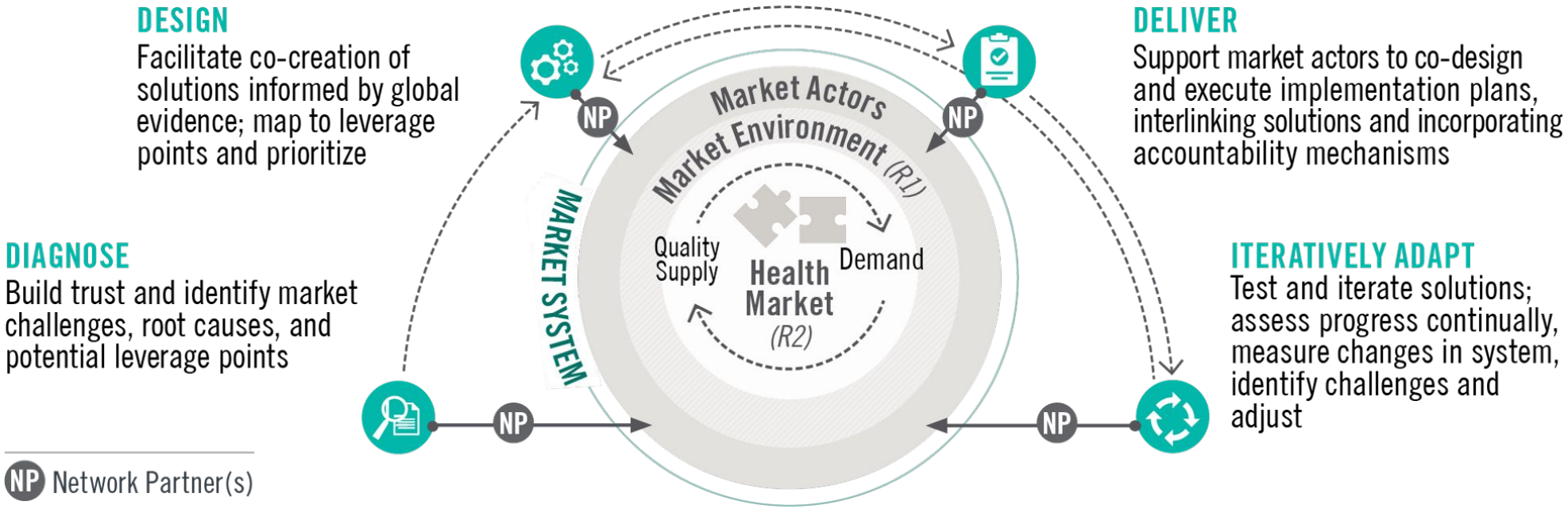
- ➔ Considers the interactions between core supply and demand
- ➔ Is influenced by rules and supporting functions
- ➔ Comprises diverse market actors
  - health consumers
  - providers/suppliers of health products/services
  - governments
  - financing institutions
  - associations
  - development organizations & partners
  - …other

The Health Market System



Market development is a continuous, dynamic process that begins with diagnosing the FP market

Pathway to Impact



The first step in the diagnosis phase is a market description, which aims to

- ✔ Align understanding of the FP situation and the role of the private sector
- ✔ Identify potential market challenges and opportunities
- ✔ Reveal areas for further data gathering/analysis for deeper diagnosis and intervention design

Photo Credit: Kate Holt/Jhpiego

Annex B: References and List of Key Stakeholders

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List of key stakeholders consulted, January 29 - February 17, 2023

National Government

- MOH/Family Health Division
- MOH/Health Information Systems Unit within the HMER Division
- MOH/Supply Chain Unit
- MOH/Central Medical Stores
- Liberia Pharmacy Board
- Liberia Medicines and Health Products Regulatory Authority

Subnational Government

- Bong CHT
- Nimba CHT
- *Grand Bassa CHT*

Donors

- UNFPA

Implementers

- DKT International
- Planned Parenthood of Liberia (PPAL)
- Public Health Initiative of Liberia (PHIL)
- Last Mile Health
- CCP/Breakthrough Action
- ActionAid
- Health Federation of Liberia (HFL)
- Christian Health Association of Liberia (CHAL)

Commercial Sector

- Lucky Pharmacy
- Bunty Pharmacy
- Abeer Pharmacy
- Charif Pharmacy
- Facilities (Joriam, Barcolleh, JJ Korhene, Soniwien, Joseph Mayango, African Fundamentalist Baptist, Acelor Mittel)
- Six private pharmacies

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

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