



# Liberia Family Planning Market Description (abbreviated)

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# Market Description Outline

- 1 Fundamental Problem & Opportunity
- 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 Rapid Market Performance Analysis
- 8 Annexes

# 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**



# 1 Fundamental Problem & Opportunity

# Fundamental Health Problem: High Maternal Mortality and Unmet Need for FP

→ **High maternal mortality; high unmet need for family planning (FP)**

→ Related issues:

- ◆ High rates of teenage pregnancy
- ◆ Younger women's sexual and reproductive health needs insufficiently addressed
- ◆ Variable quality in FP services
- ◆ Access issues



# Opportunity: Burgeoning Private Sector in Liberia



40% of health facilities are private

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400+ facilities and 1,400+ pharmacies and medical stores

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DKT supports ~**400 private health facilities and pharmacies** to socially market FP products



# Challenges remain when it comes to expanding FP access through the private sector



- Lack of resources and incentives
- Insufficient access to in-service training
- Poor private sector regulation
- FP data are not routinely available within the HMIS
- Insufficient capital
- Highly fragmented private sector—especially pharmacies



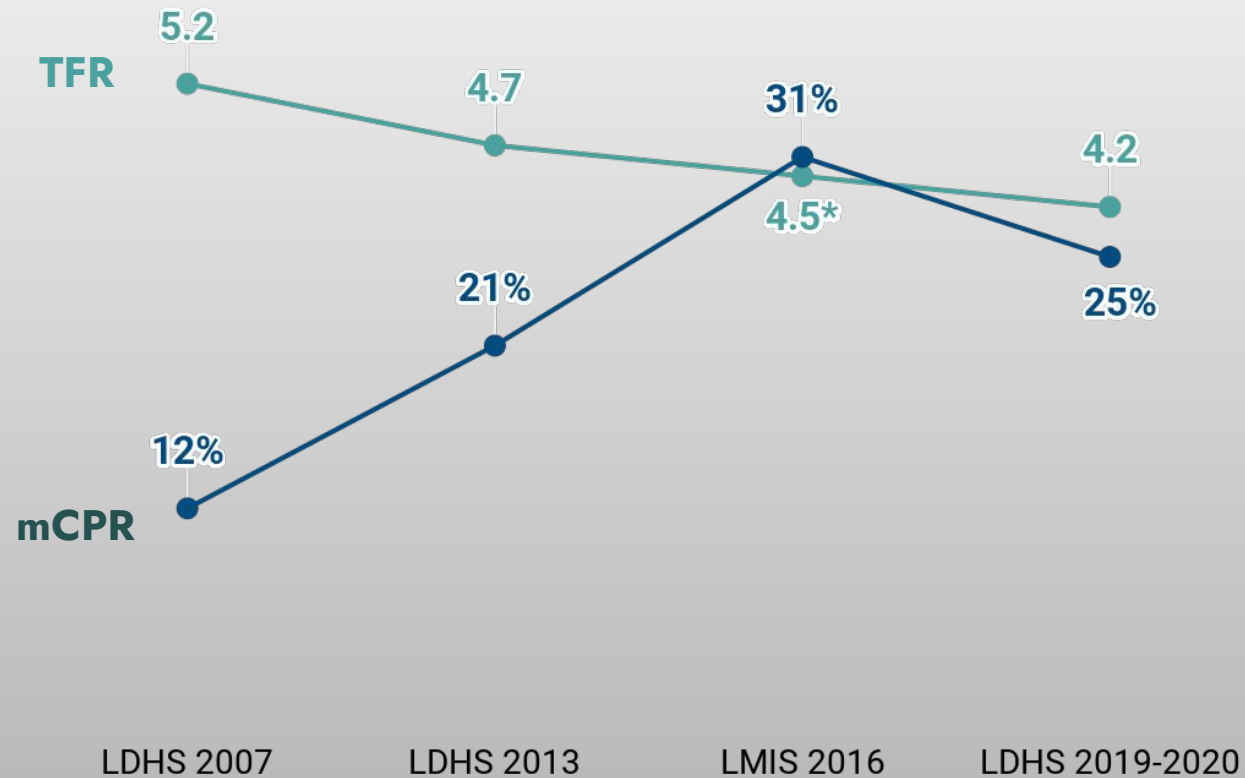
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## Trends in Contraceptive Use 2007 - 2020



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

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

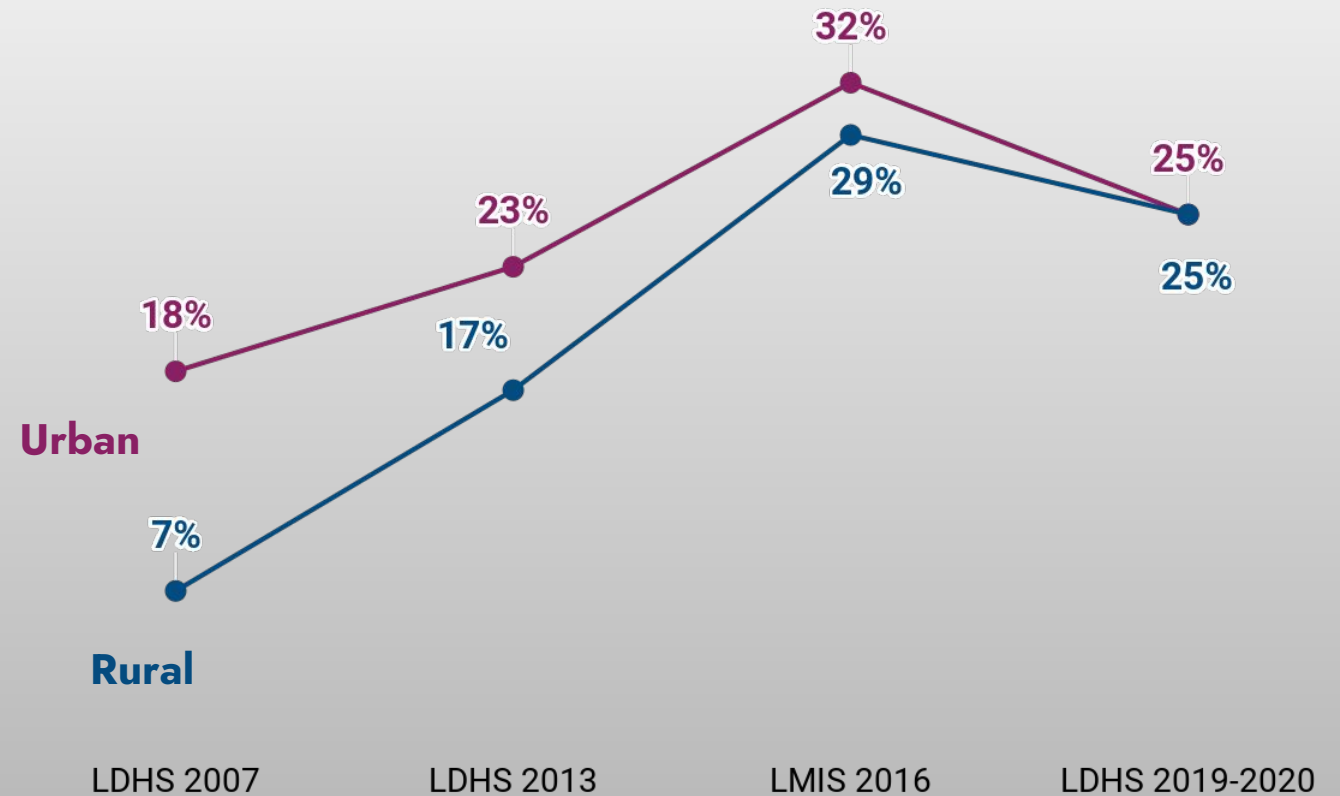


- Contraceptive use more than doubled between 2007 and 2020, peaking in 2016.
- Total fertility declined from 5.2 to 4.2.
- In 2020, one quarter of women were using a modern contraceptive method.

# 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.

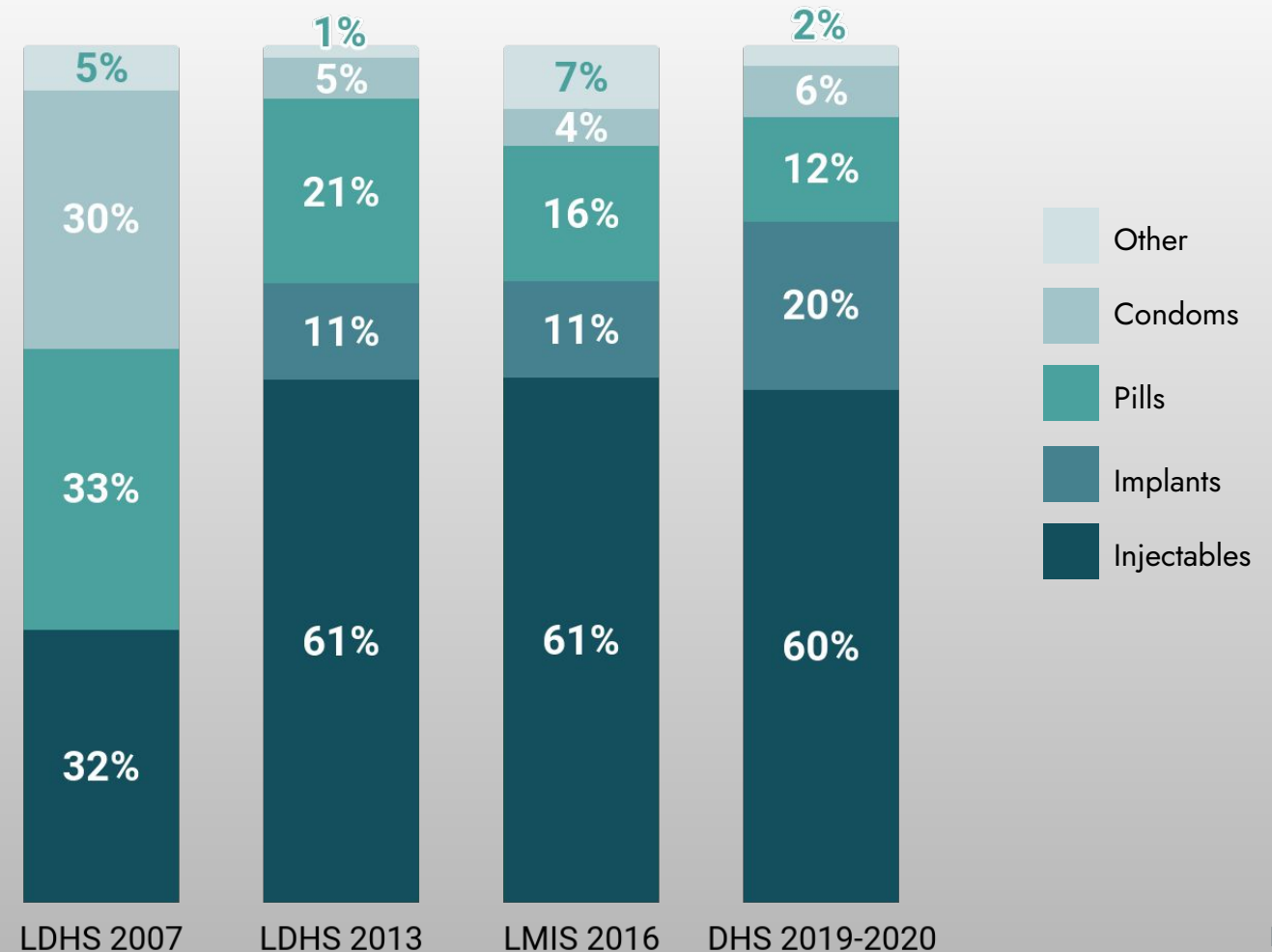
Modern Contraceptive Use by Residence, All Women (2007-2020)



# Since 2013, injectables have dominated the contraceptive method mix

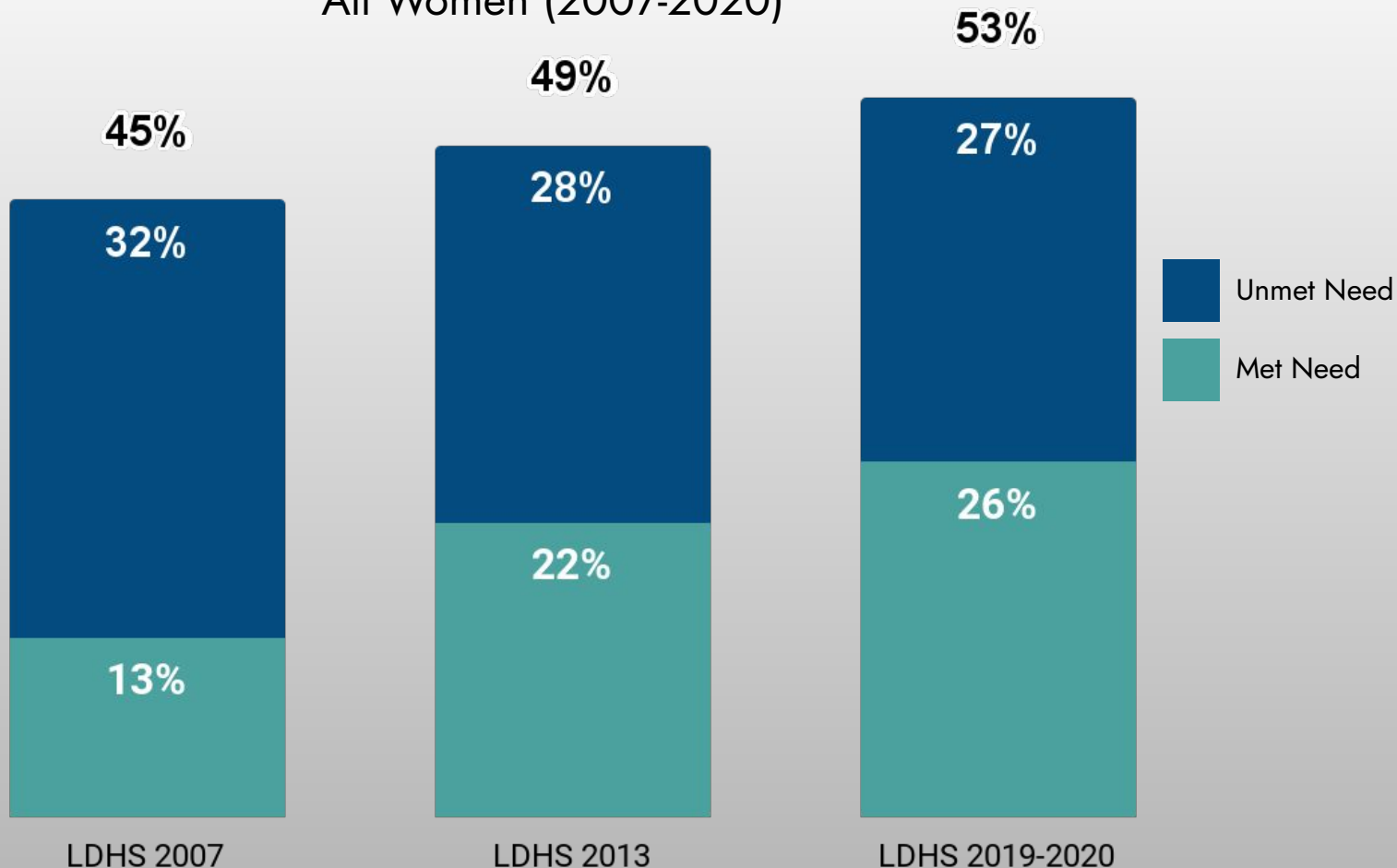
- Since 2013, three in five women using contraception chose injectables.
- Implant use nearly doubled between 2016 and 2020.
- Pills have gradually become less popular.

Modern Method Mix,  
All Women (2007-2020)



# Total demand for family planning has steadily increased over time

Met Need, Unmet Need, and Total Demand for Family Planning, All Women (2007-2020)

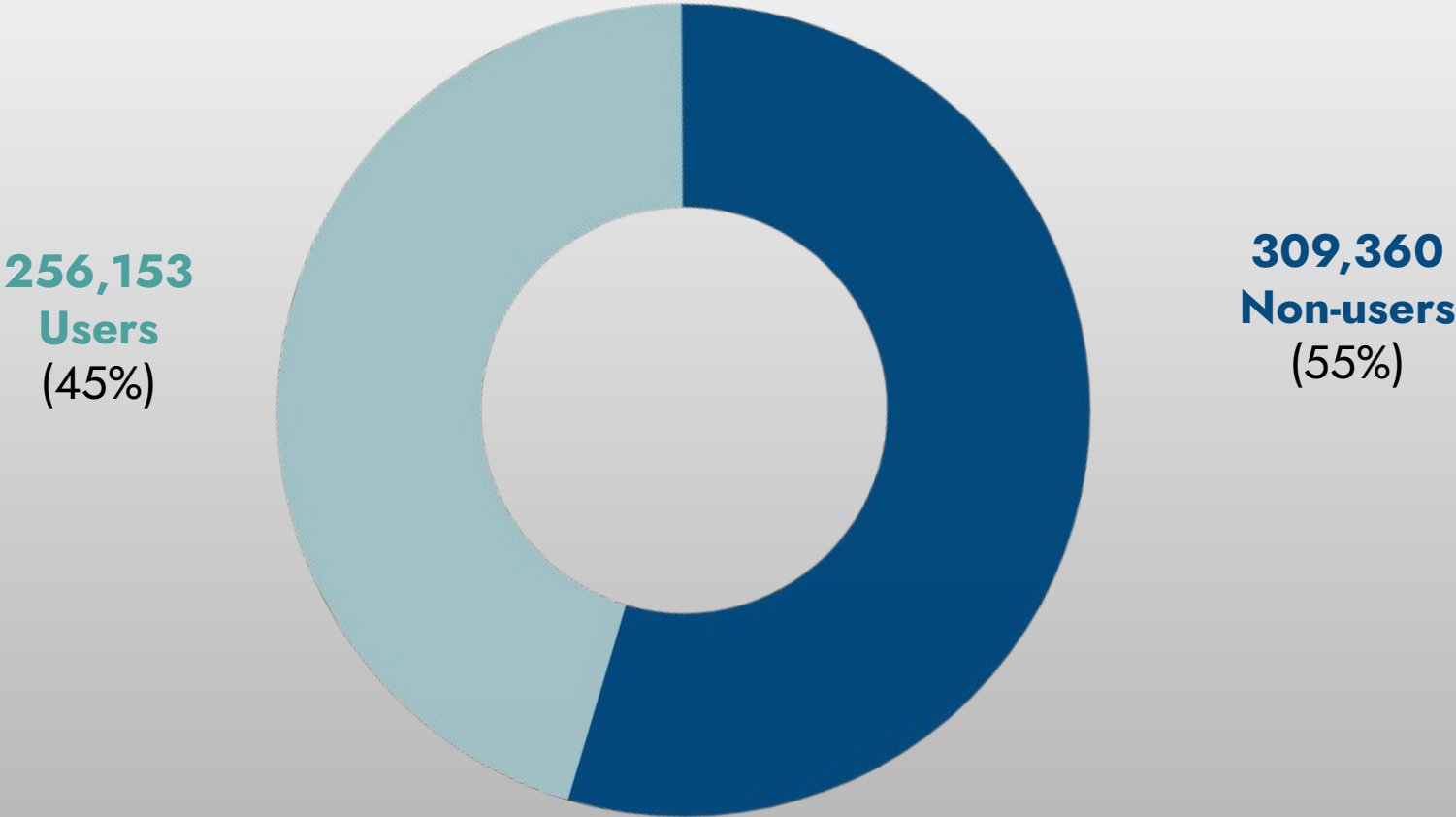


→ In 2020, approximately half of women wanted to space or limit their next pregnancy but were not using a FP method.

# 3 Describing the Current and Potential FP Market

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)

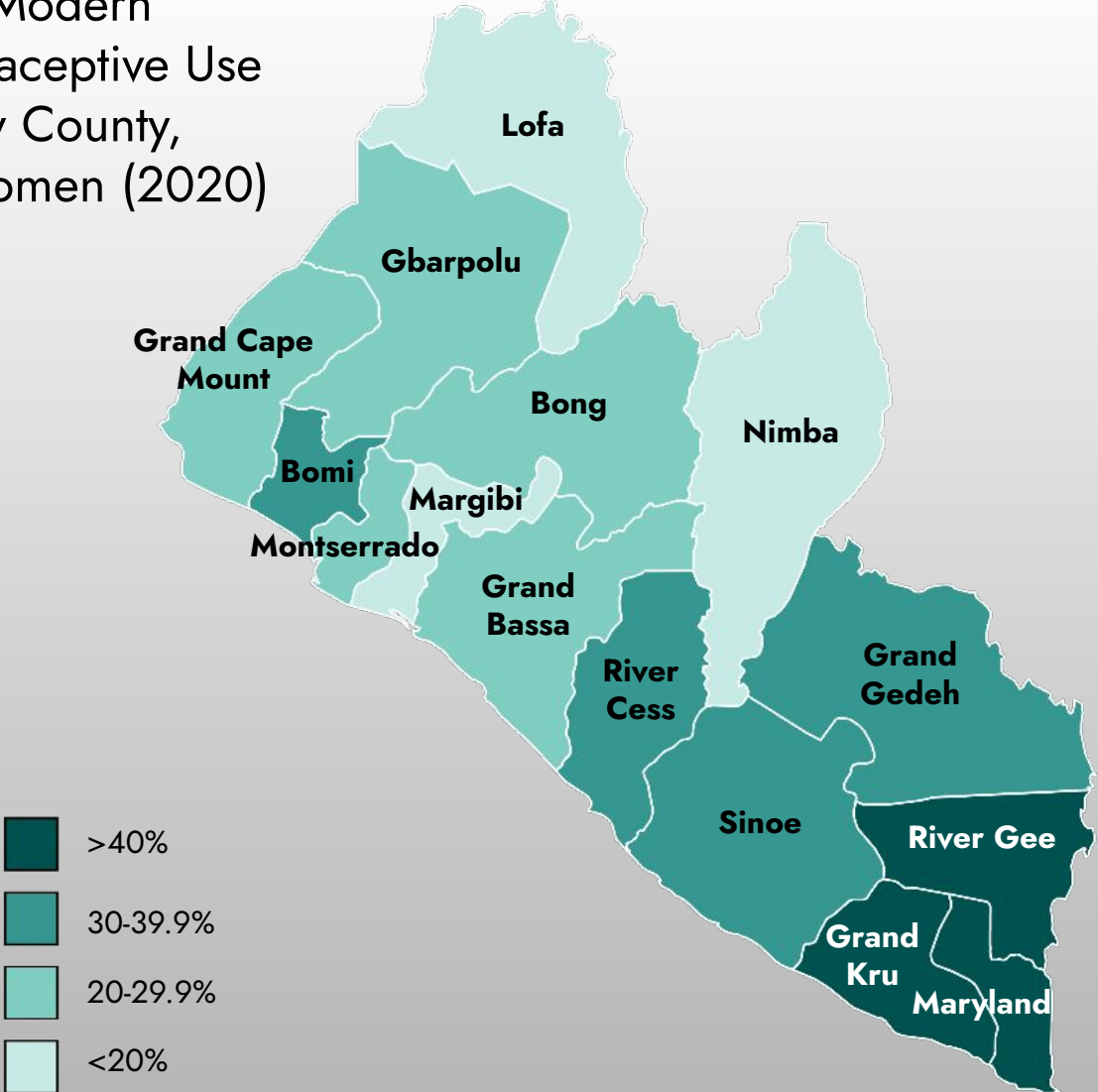




Who is the market serving?

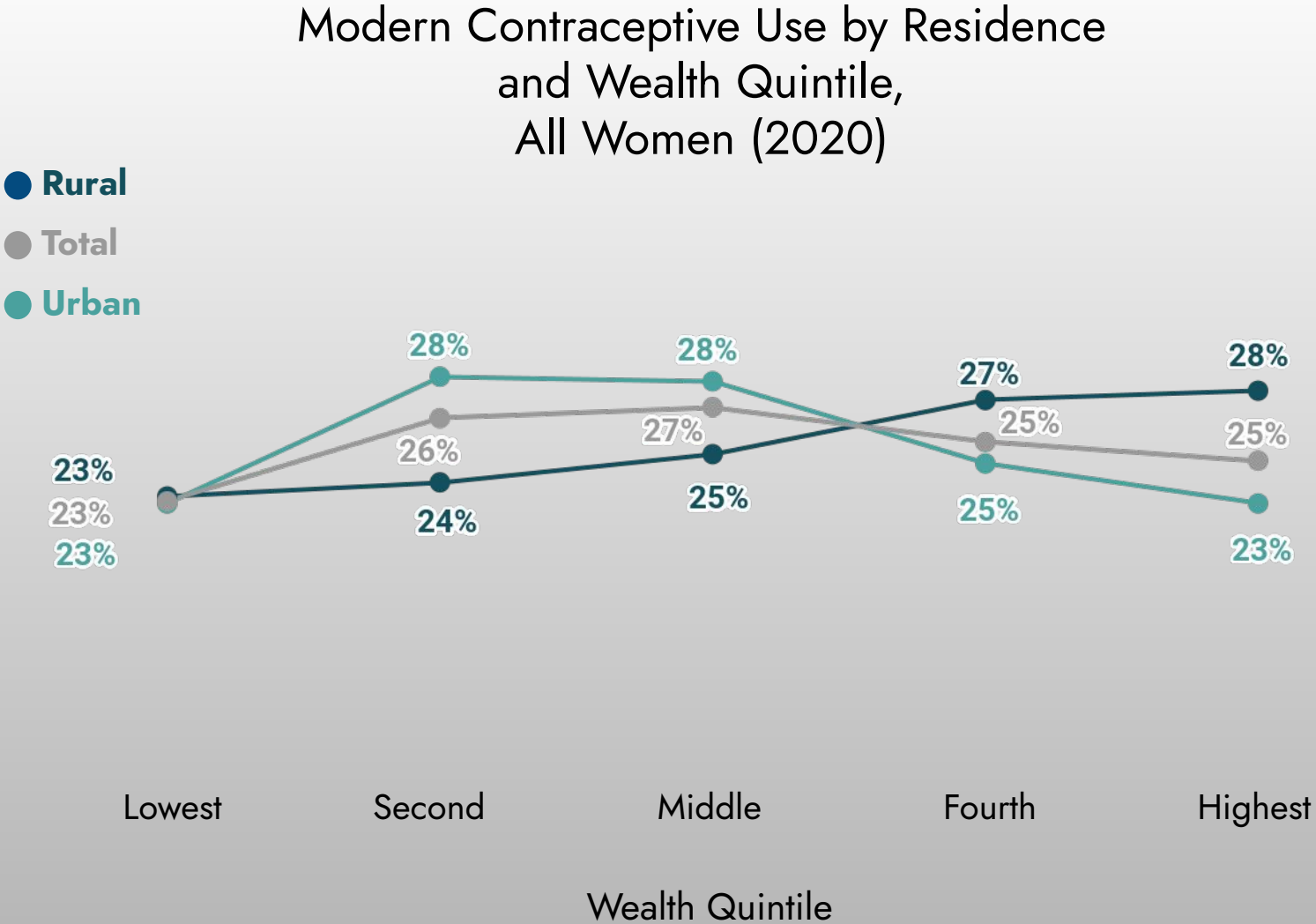
# Women in the southeastern region have substantially higher contraceptive use than the rest of the country

Modern  
Contraceptive Use  
by County,  
All Women (2020)



Source: LDHIS 2019-2020

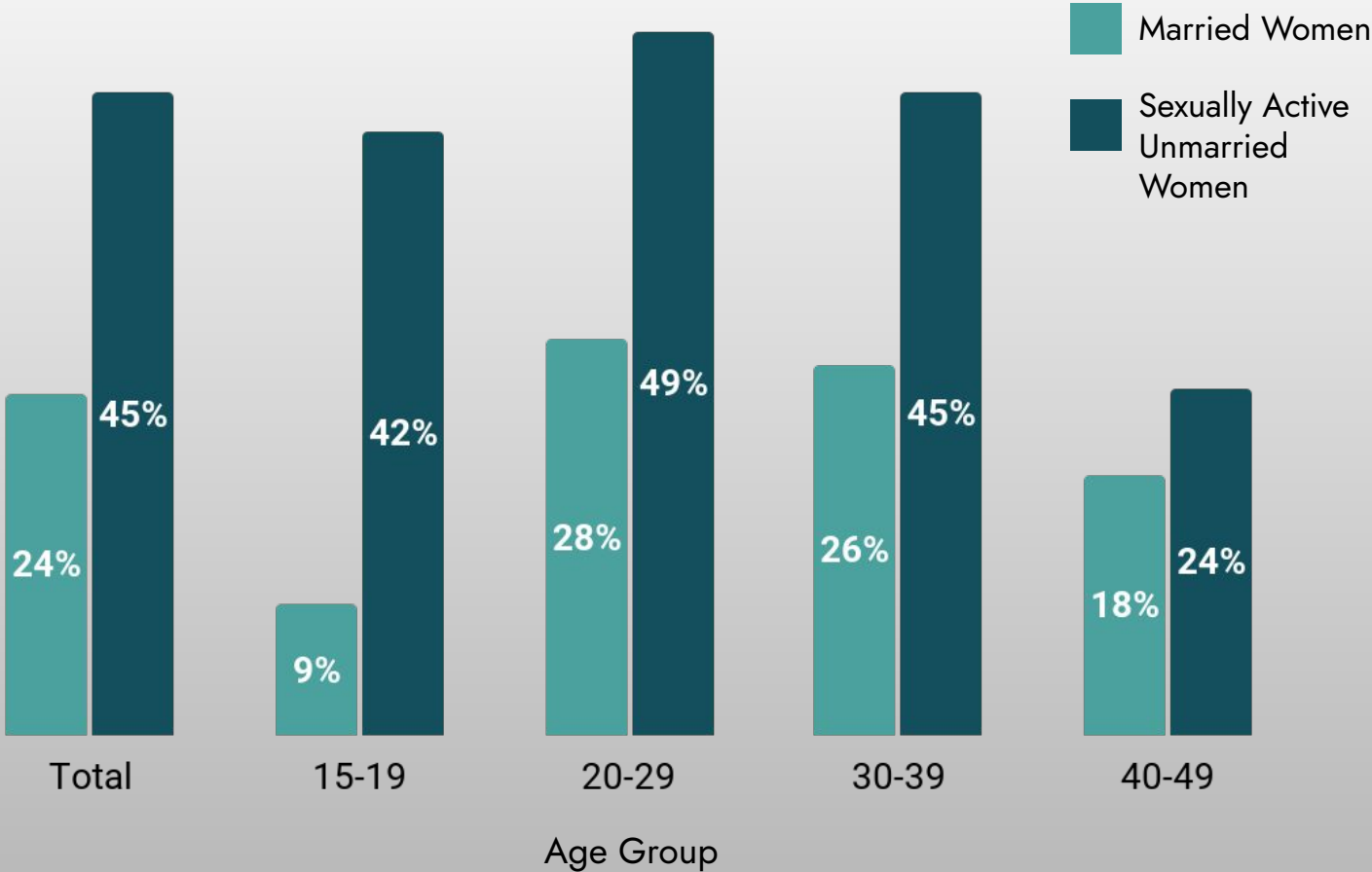
# Rural women from higher wealth quintiles, and urban women from middle wealth quintiles, use contraception the most



Source: LDHIS 2019-2020

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

### Modern Contraceptive Use by Age Group and Marital Status (2020)

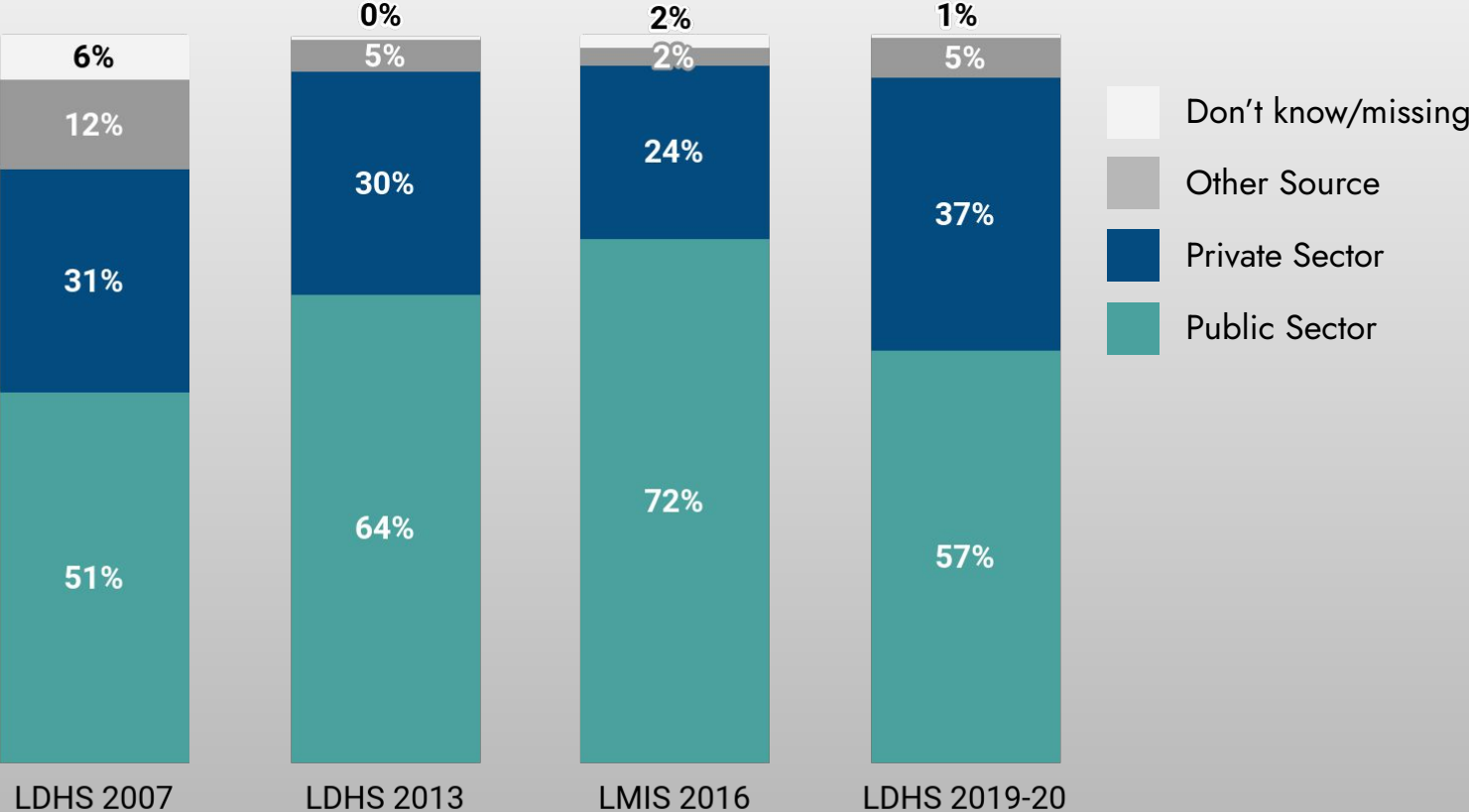


Source: LDHIS 2019-2020

Where do women source  
their contraception?

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

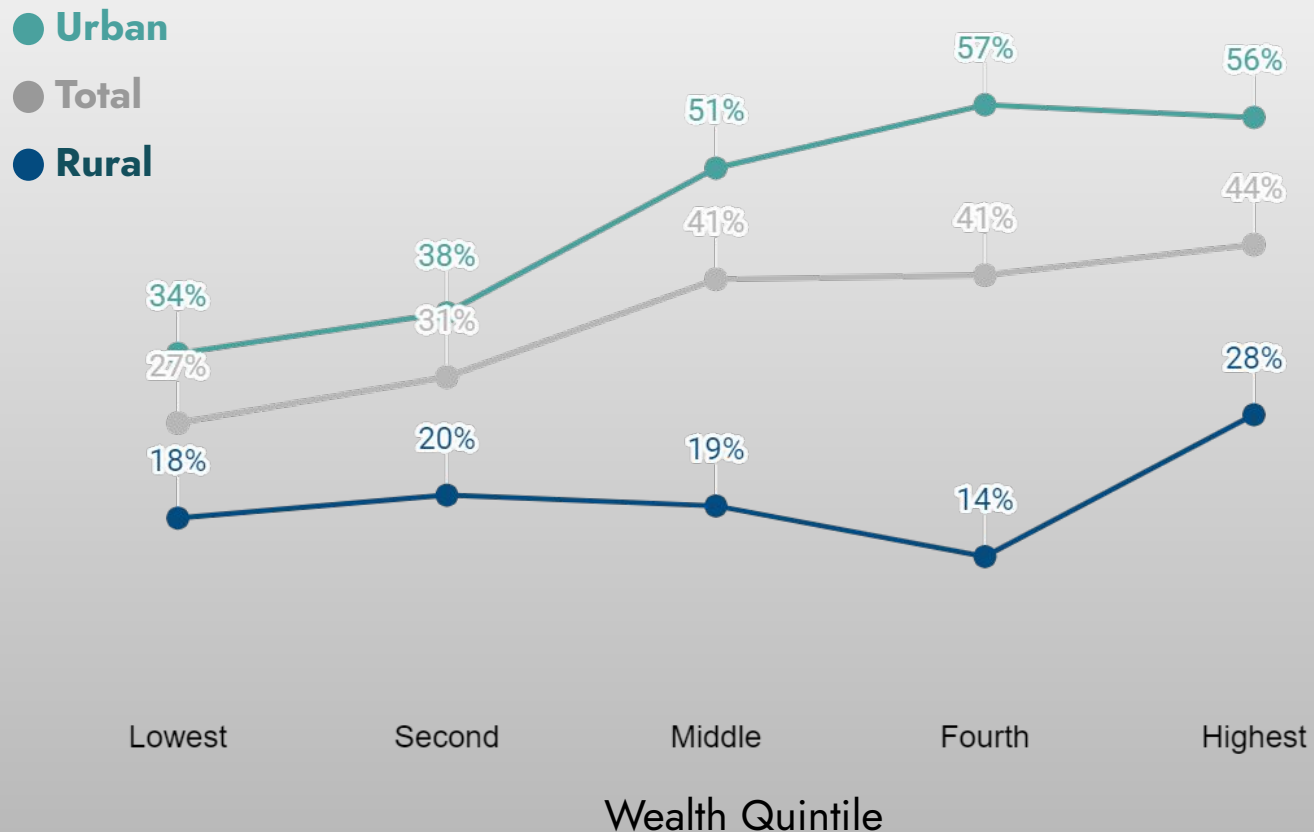
## Trends in Source Mix among Current Contraceptive Users (2007-2020)





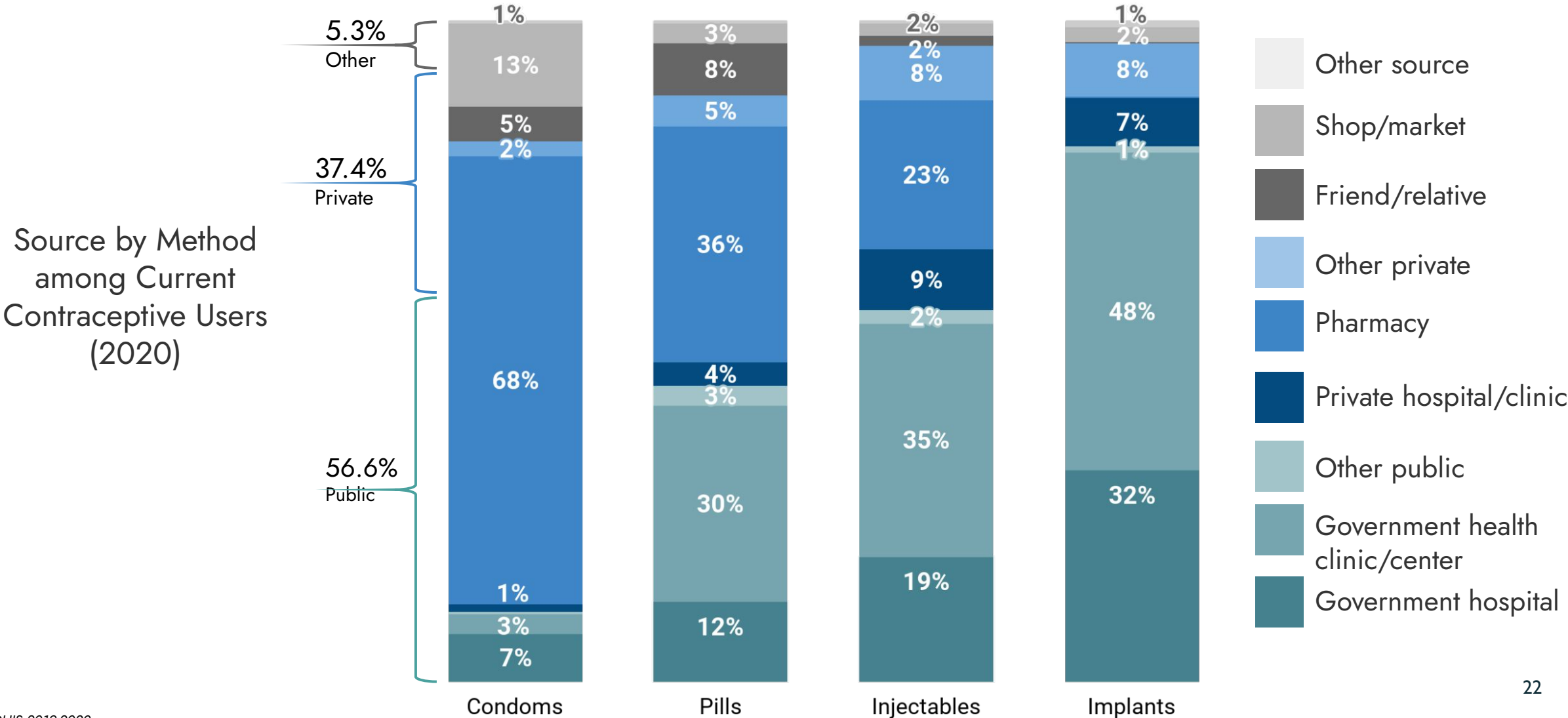
# The private sector is an important FP source for women across all wealth quintiles

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



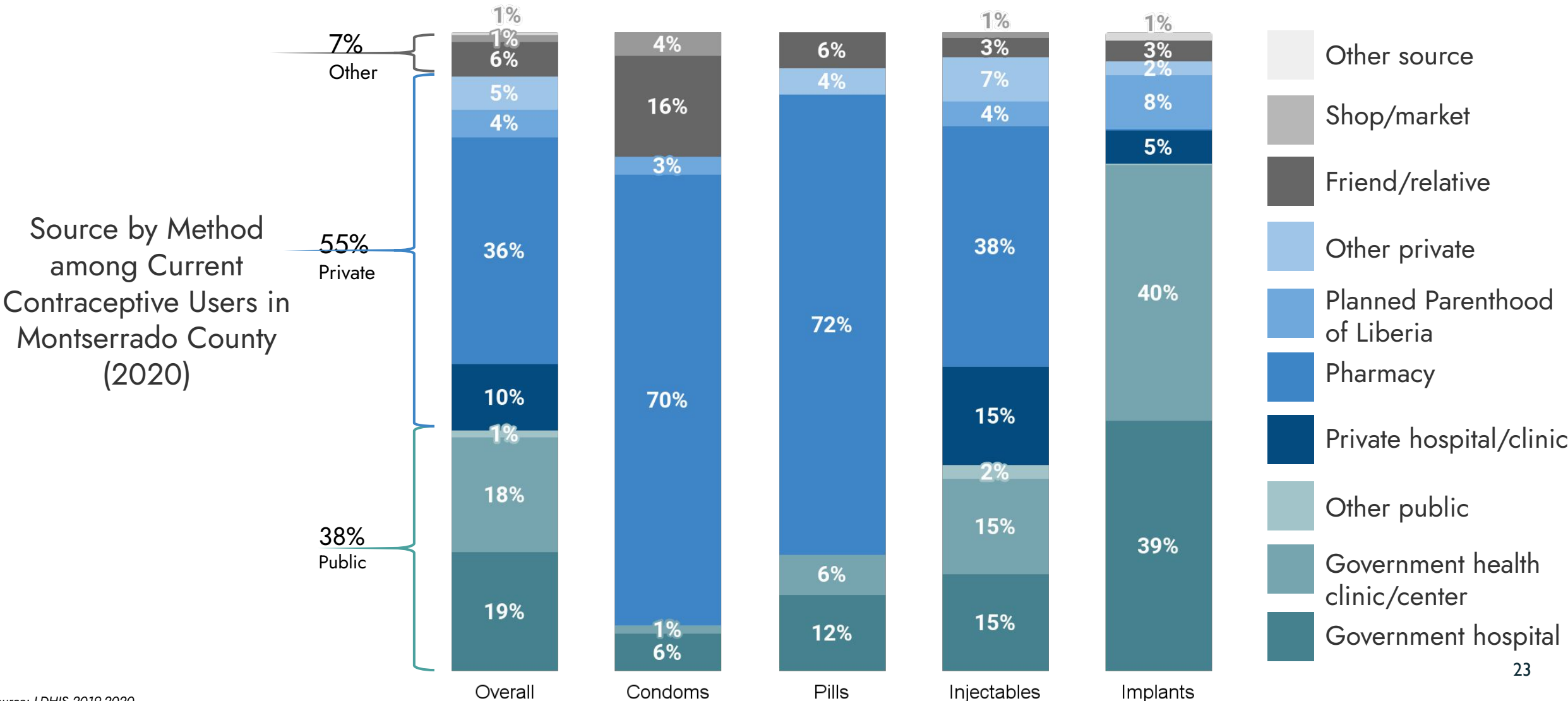
- Among urban women, private sector FP sourcing increases with wealth.
- Around **1 in 3 urban women** in the lowest wealth quintile go to the private sector for their FP method.
- Around **1 in 5 rural women** in the lowest wealth quintile go to the private sector for their FP method.

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



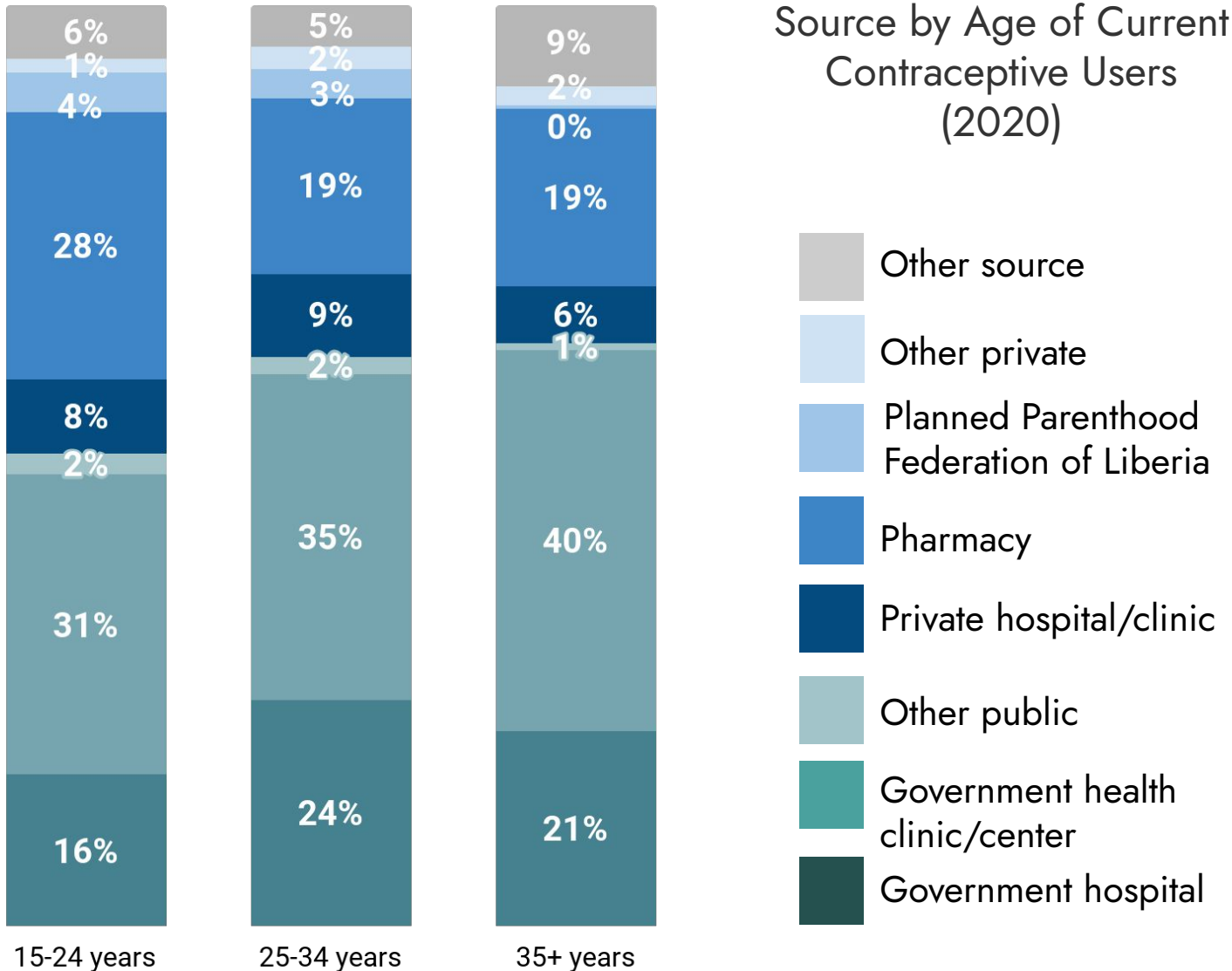
Source: LDHIS 2019-2020

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



Source: LDHIS 2019-2020

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

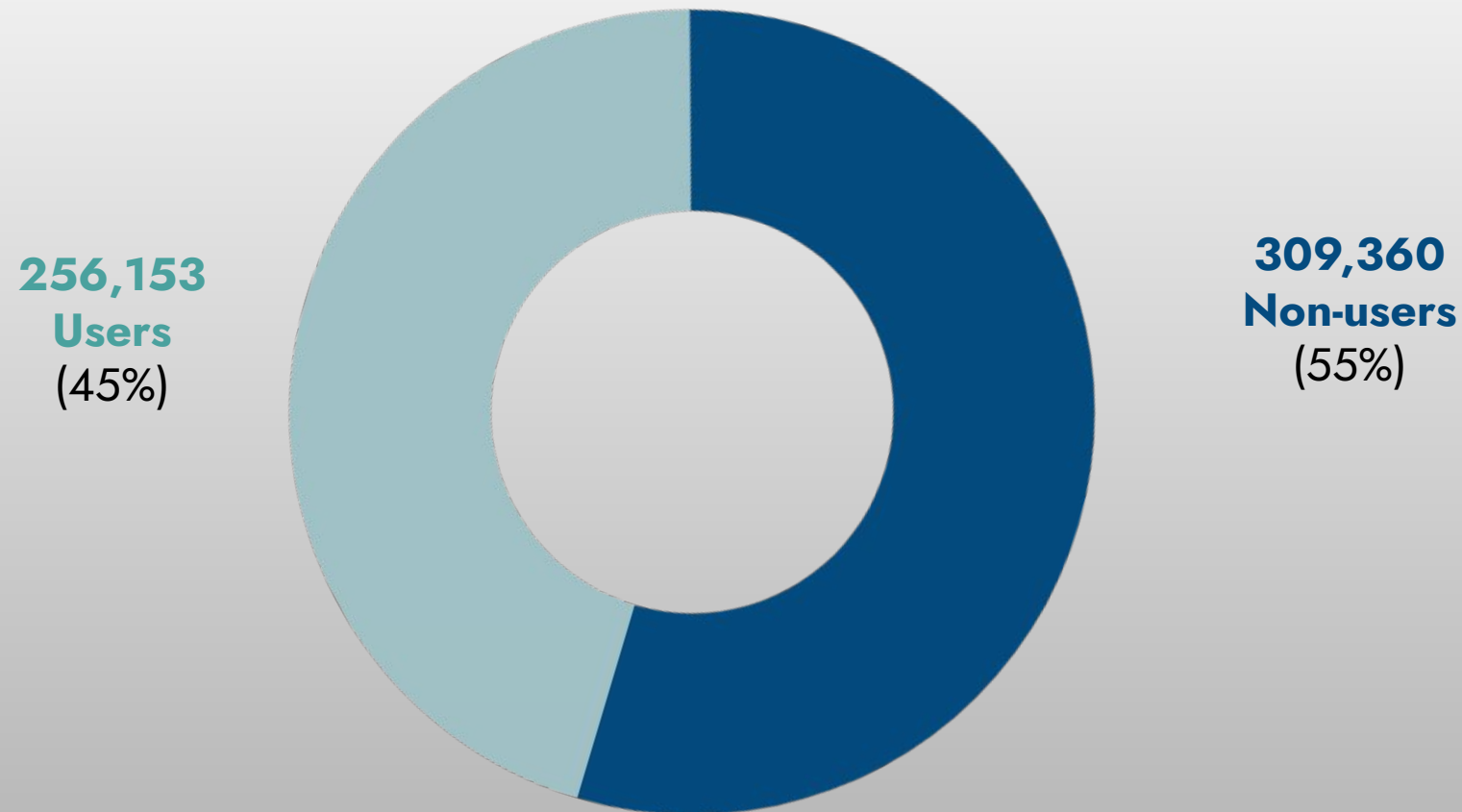


Source: LDHIS 2019-2020

Who is the market *not*  
serving?

# 309,000 women do not want to get pregnant but are not using a contraceptive method

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

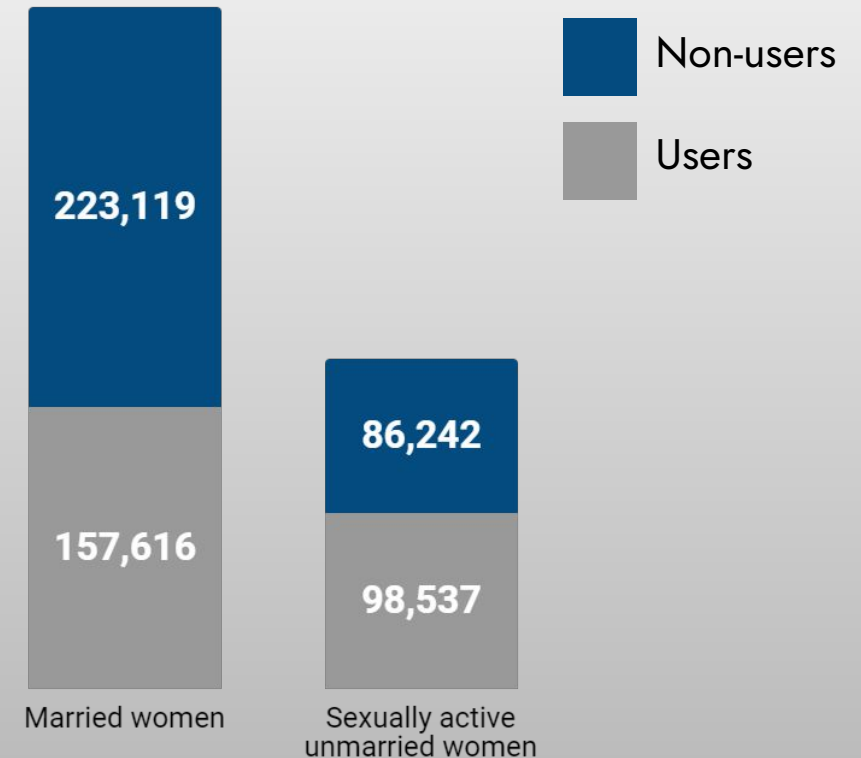




# Most non-users are married women

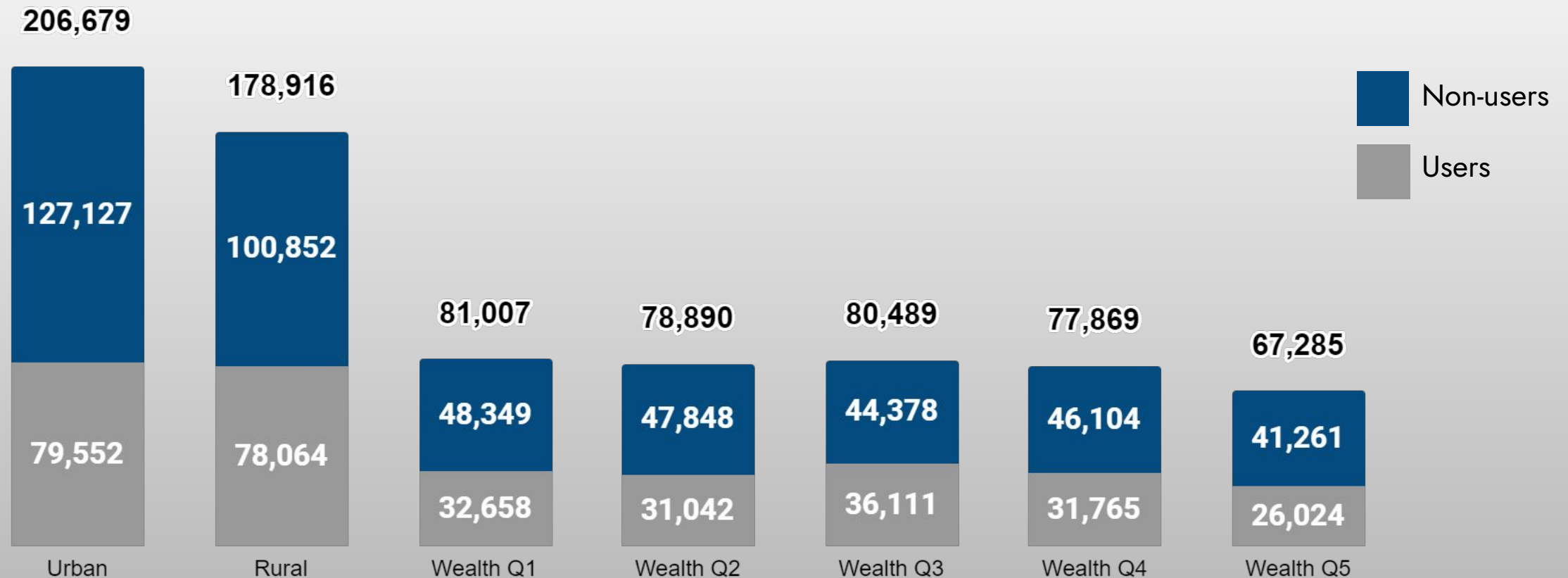
- While a greater proportion of unmarried sexually active women use a modern contraceptive than married women, **married women comprise a larger share of the total potential FP market.**
- Nearly 2 in 3 married women do not want to get pregnant but are not using a modern FP method.

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



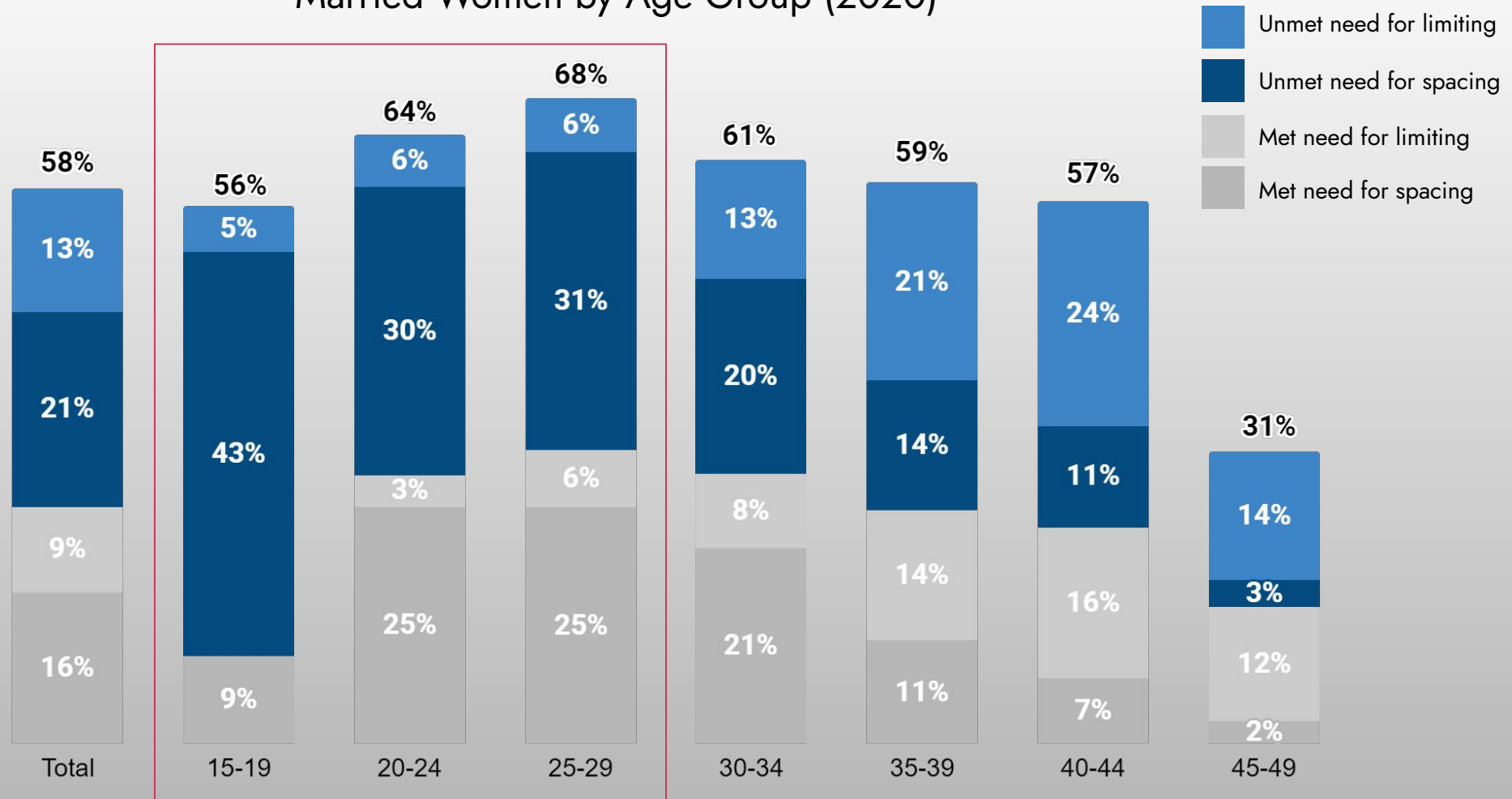
# The proportion of users versus non-users of FP is fairly consistent across residence and wealth quintiles

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



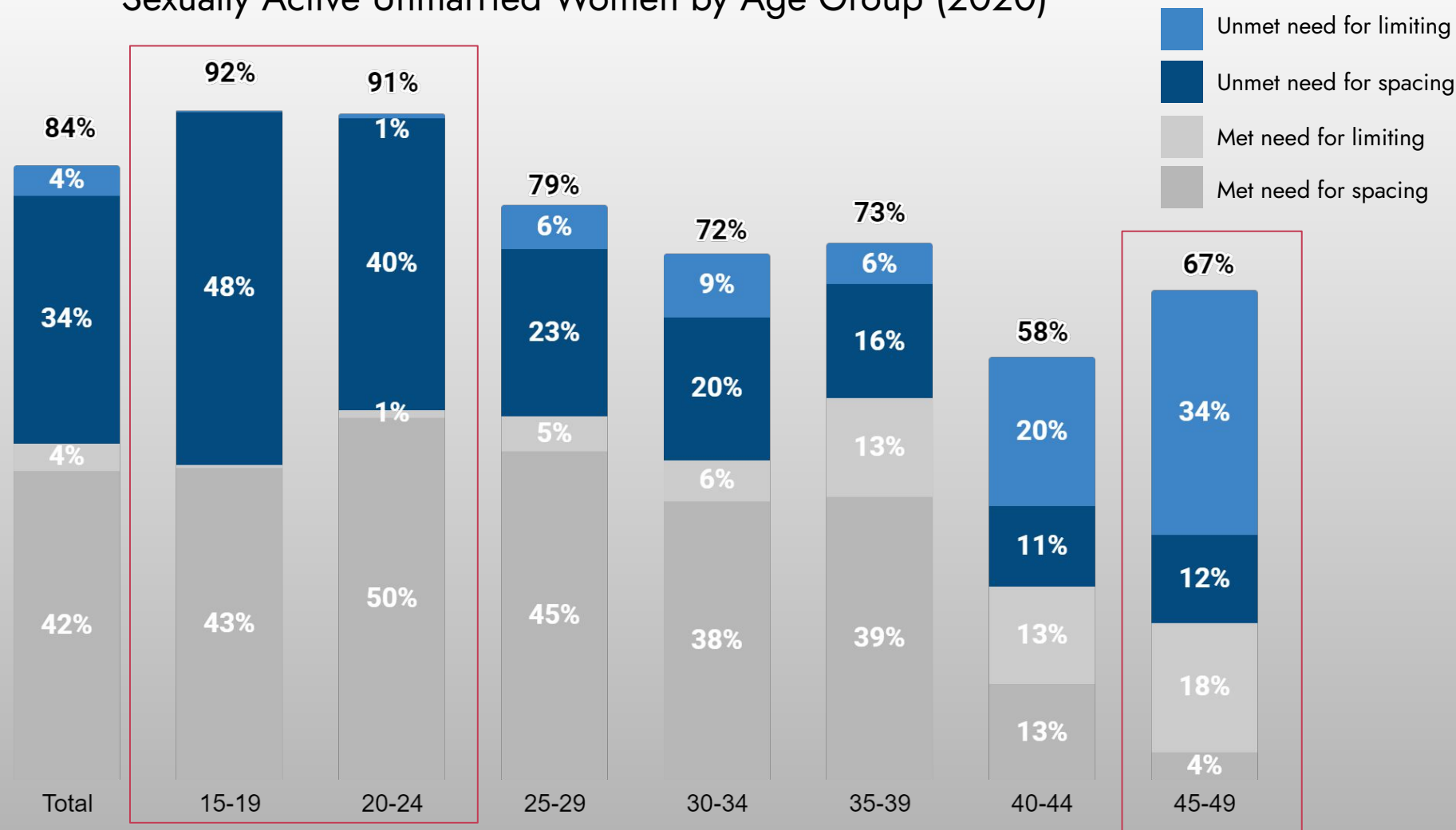
# Among married women, unmet need is highest among women ages 15-29—nearly half of married teenagers have unmet need

Unmet Need, Met Need, and Total Demand for FP  
Married Women by Age Group (2020)



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

Unmet Need, Met Need, and Total Demand for FP  
Sexually Active Unmarried Women by Age Group (2020)





## The Enabling Environment for Private Sector & FP

# 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, Bunt, 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



# Enabling Environment Functions (in brief)

- **History** of public-private collaboration—and renewed momentum
- **Partnership:** Private facilities can obtain contraceptives from the public sector
- **Policy:** Private sector prioritized in recent national strategies and plans
- **Regulation:** Relatively strong foundation, though some improvements are needed
- **Finance:** Private facilities lack access to working capital to deliver a reliable, affordable supply of products
- **Stewardship:** Greater investment is required





# 5 FP Demand Considerations

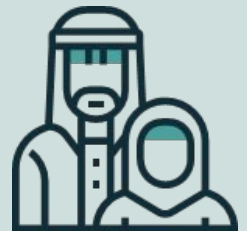
# To address unmet need, Liberia's Ministry of Health and partners have defined demand creation strategies



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

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



- 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.



## FP Supply: Products, Services, and Information

Products

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



**Condoms**



**Pills**



**Injectables**



**Implants**



**IUDs**

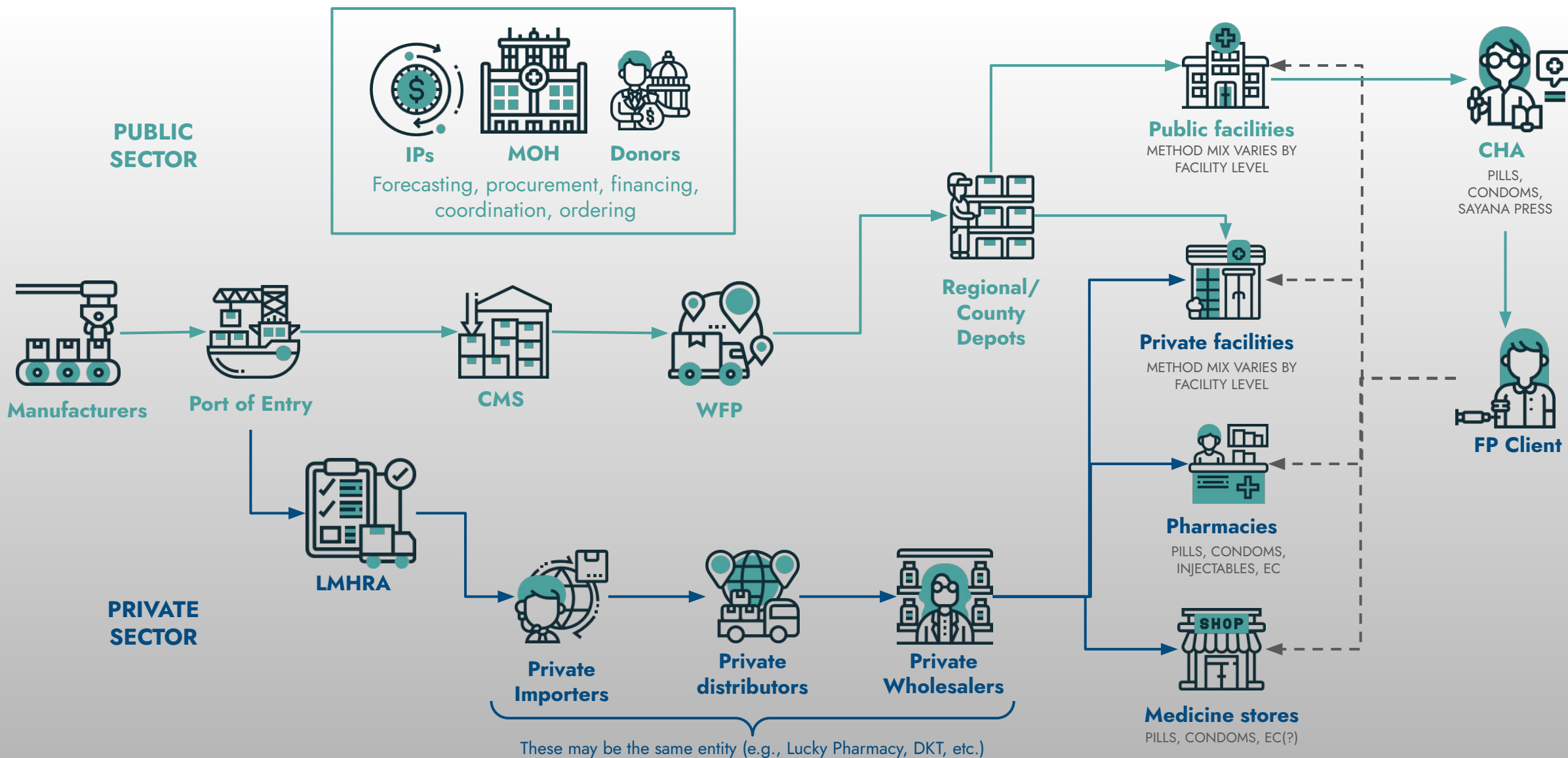


**ECP**

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



# Snapshot: Public and Private Sector FP Supply Chains





# Key Insights: Products



- The public FP supply chain has major challenges; private sector offers an alternative for FP clients when there are stockouts in the public sector
- FP products offered at pharmacies and medicine stores are especially convenient
- Despite regulation efforts, leakage and poor adherence to standards and protocols are common

*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*

Services



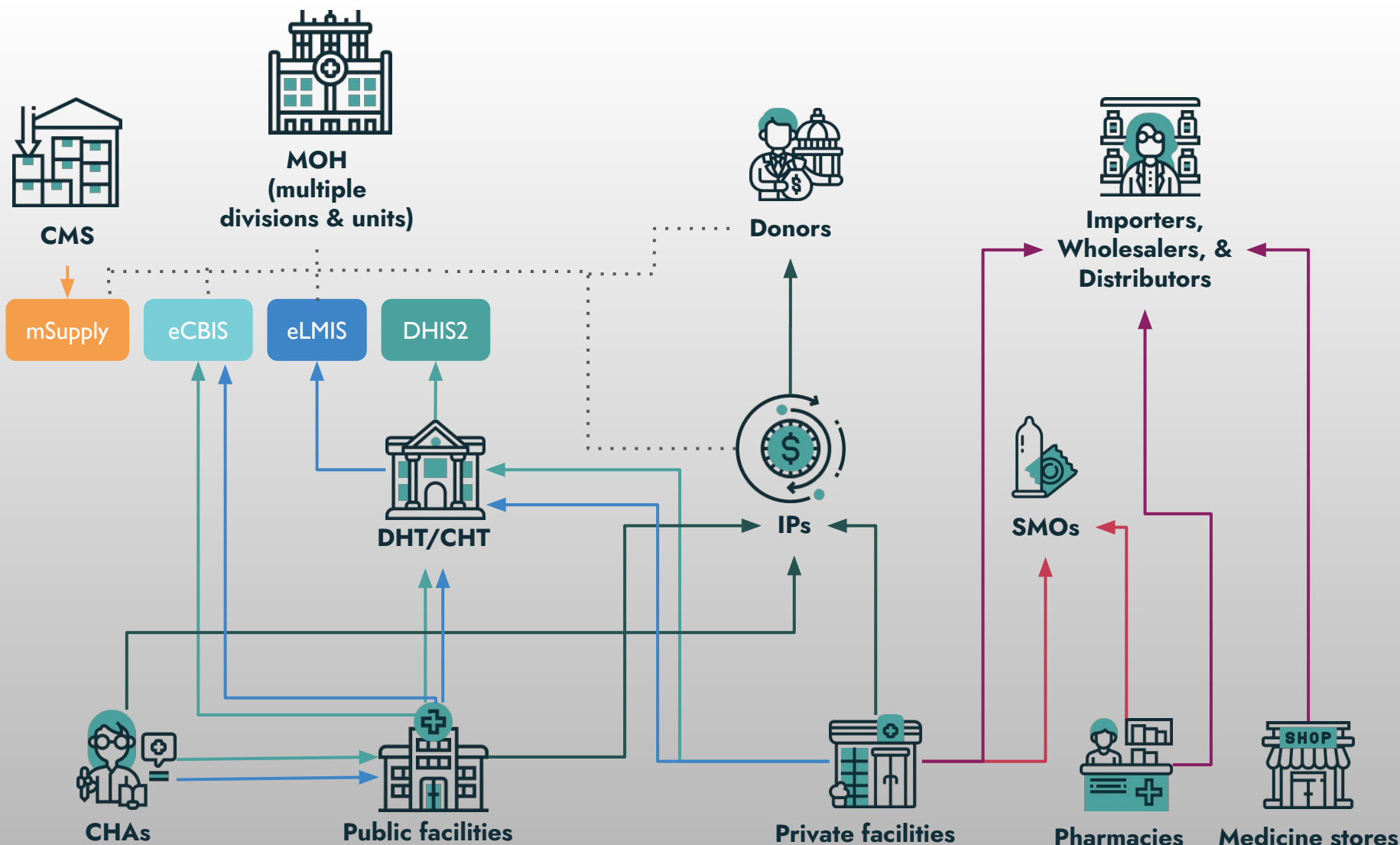
# Key Insights: Services



- Some women are willing to pay for FP at private facilities for convenience, but quality of care is not necessarily better.
- Private sector reporting is a one-way transaction that is cumbersome, burdensome, and costly.
- In private facilities, offering both publicly and privately procured FP can be complex.

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

# Snapshot: Family Planning Data Landscape



-  **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 44 different actors



# Rapid Market Performance Analysis



# Which users is the market underserving?



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

# Rapid Market Performance Analysis

		A/I/M*	Observations
Core Market Functions	Supply	I	<ul style="list-style-type: none"> <li>● <b>Affordability:</b> Private facilities feel pressure to balance operational costs by charging for products and services, which makes it challenging to deliver FP products for free.</li> <li>● <b>Affordability:</b> 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.</li> <li>● <b>Availability:</b> 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.</li> <li>● <b>Quality:</b> The quality of FP services is variable across private facilities and pharmacies.</li> <li>● <b>Quality:</b> 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.</li> </ul>
	Demand	I	<ul style="list-style-type: none"> <li>● <b>Market not meeting the FP needs of younger women, esp teenagers; lowest wealth quintiles, and women in certain geographical areas</b></li> <li>● Stockouts of publicly-sourced FP are a disincentive to care-seeking at facilities. Other challenges may be: long wait times at public facilities, suboptimal quality of care, including negative attitudes.</li> <li>● 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.</li> <li>● Demand for FP products/services in the private sector is considerable, even among women in the lowest wealth quintiles, possibly suggesting an ability/willingness to pay for FP.</li> <li>● 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.</li> <li>● Injectables remain the top method of contraception by far, though implant use is on the rise—most popular among women ages 20-34.</li> </ul>

\* A/I/M denotes the presence if each barrier/observation is **A**bsent, **I**nadequate, or **M**ismatched.

# Rapid Market Performance Analysis

		A/I/M	Observations
Supporting Functions	Financing	I	<ul style="list-style-type: none"> <li>FP donor financing for SRH has declined; government FP budget is higher</li> <li>High out of pocket costs; insurance uncommon</li> <li>Difficult for private facilities to deliver FP products for free—this also creates confusion between the FP products they sell and give for free.</li> <li>Private providers lack access to finance to begin, maintain, and expand their businesses</li> </ul>
	Data	I	<ul style="list-style-type: none"> <li>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.</li> <li>Facilities do not typically receive feedback on the data they submit to the MOH.</li> <li>Data is fragmented across sectors, FP partners, data systems, and health system levels. For example, limited data are shared from the commercial sector.</li> <li>Electronic data platforms do not speak to one another.</li> <li>Timely submission and of data to inform decision-making</li> </ul>
	Skills, Capacity	I	<ul style="list-style-type: none"> <li>Skills development needed in providing quality FP care, especially counseling and youth-friendly services</li> <li>Skills and attitudes around FP data use lacking and/or unapplied</li> </ul>
	Stewardship	I	<ul style="list-style-type: none"> <li>Limited or piecemeal efforts to coordinate, collaborate, set agendas, and make FP decisions across sectors</li> <li>No clear “steward” of the FP market</li> </ul>
	Rules & Regulations	I	<ul style="list-style-type: none"> <li>Annual license renewal is cumbersome, sometimes lacking transparency/consistency</li> <li>Regulatory bodies have difficulty keeping up with growing number of pharmacies and medicines stores to ensure high-quality regulation</li> <li>Variable quality of FP products and services available from pharmacies and medicine stores</li> <li>Many private facilities lack national health guidelines/protocols</li> </ul>
	Norms	M	<ul style="list-style-type: none"> <li>Government believes FP should be free in both sectors if products are publicly procured (no charging for service/registration)</li> </ul>



# 8 Annexes

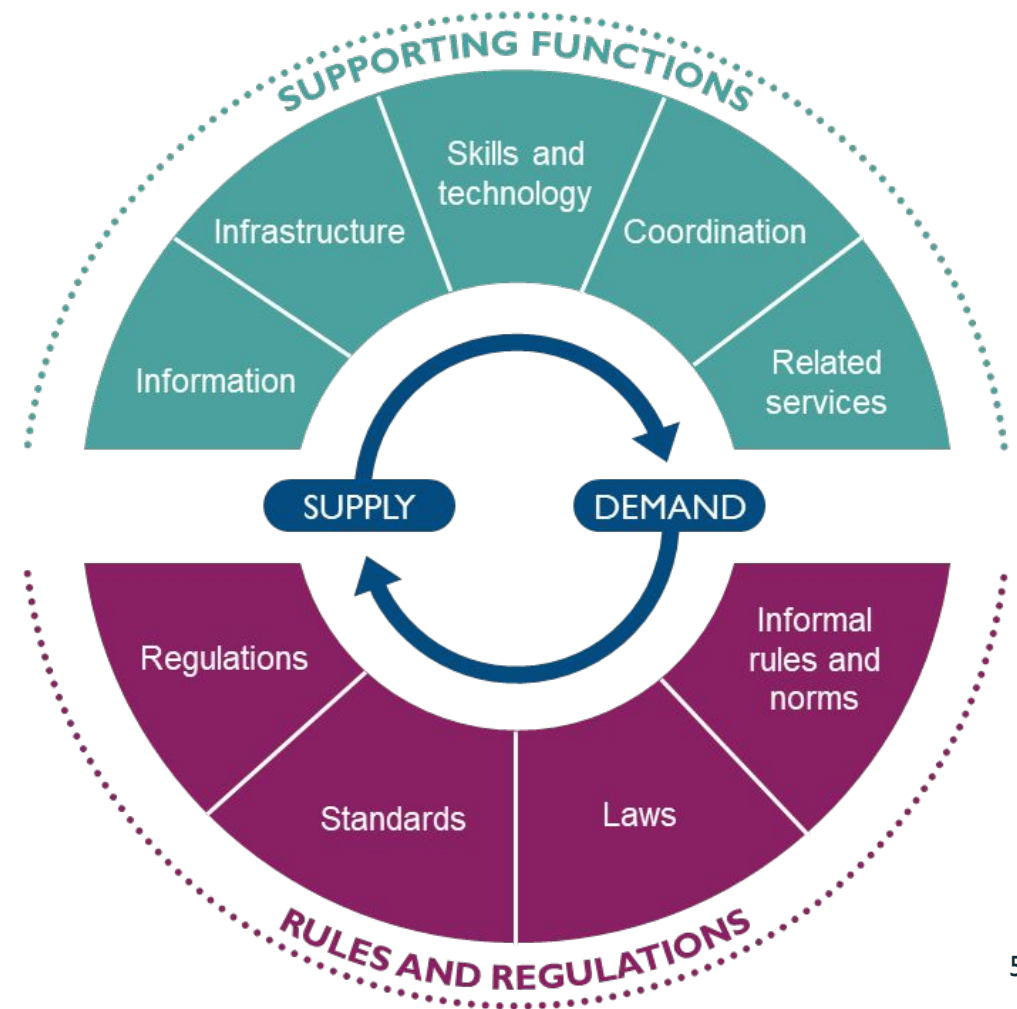
# Annex A: Market Development Framework

# 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



# Annex B: References and List of Key Stakeholders

# Reference List

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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 Fundamental Baptist, Acelor Mittel)
- Six private pharmacies



# THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

Kristen Devlin  
Tanvi Pandit Rajani  
Luke Krangar