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Healthy Markets for Healthy People

Market Description – Family Planning

[redacted]

February 2023

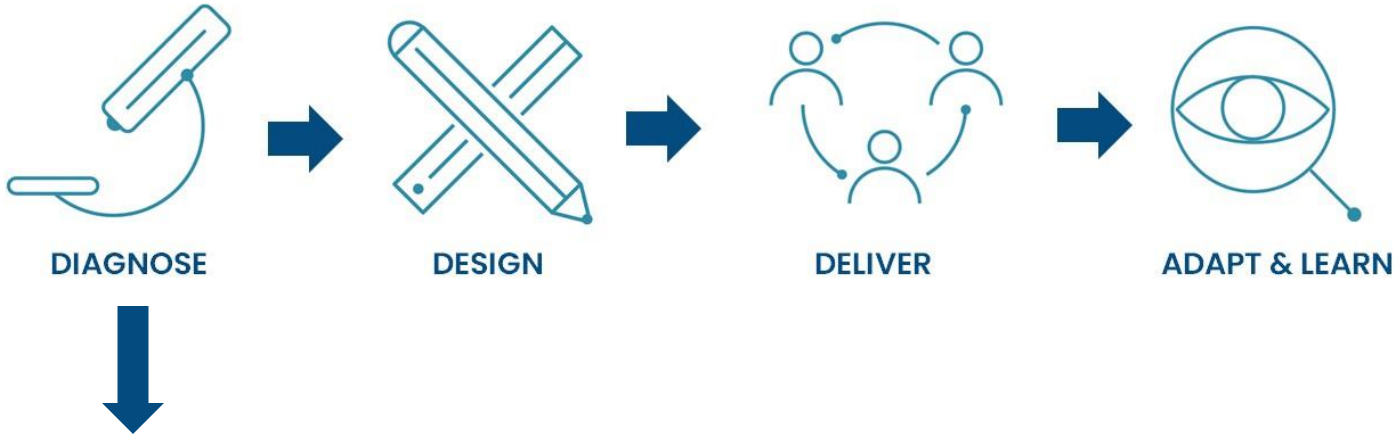
Themes

- ✓ Framework and Approach
- ✓ General Overview of FP Trends
- ✓ Demand
- ✓ Supply
- ✓ Challenges

Framework used to describe FP markets

Approach to market description

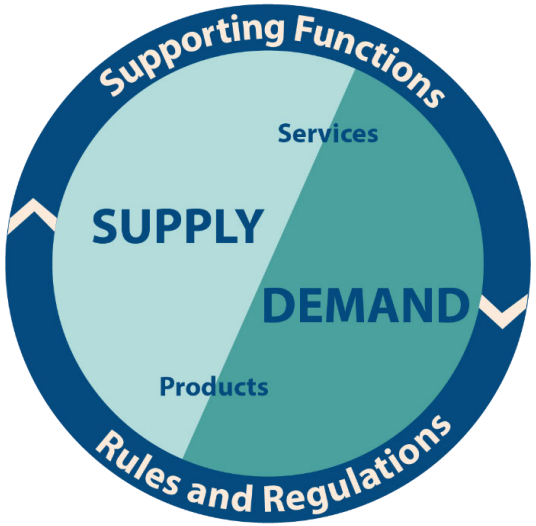
A 4-step process for developing FP markets



The description of the markets is the first step of the DIAGNOSIS phase

- ✓ Helps to identify problems
- ✓ Selecting the 'right' markets
- ✓ Identify additional data needs to complete DIAGNOSIS

Framework to guide the description of contracts



The aim is to describe the structure of the markets

Family Planning Trends in Madagascar

Madagascar could benefit from its demographic dividend, but is held back by poverty

A young and growing population
A growing urbanization...

... but the vast majority of the population (~80%) lives below the poverty line

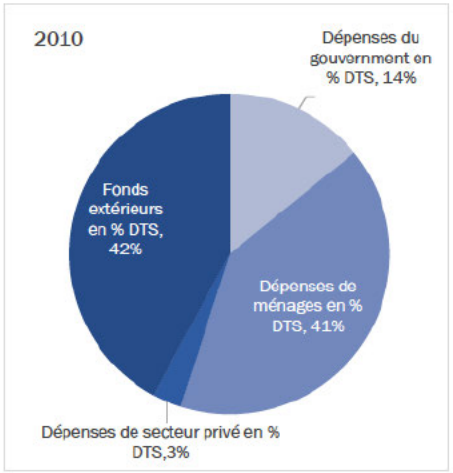
Madagascar	
Total Population (2018) *	25.7 million
Growth Rate (2018) *	3%/year
% Urban (2018) *	19.3%
% Youth Population (<25) / Elderly (>65) *	41% young / 3% older
% Literacy F (2018) *	76%
M (2018) *	78%
GPD Growth (2021) **	4.3%
GDP per capita US$ current (2021)**	USD $500
Population at or below international poverty line ($2.15/pers/day) (est. 2023)**	20.8 millions (81%)

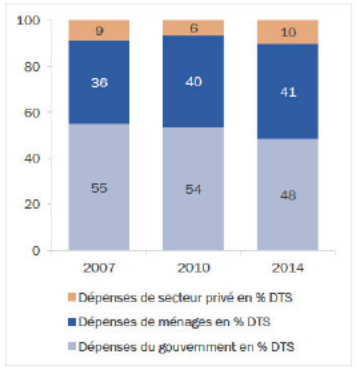
Source: * RGPH 2018 ** World Bank

Overview of the health sector in Madagascar

Health care financing

Health spending is low and largely dependent on donors and households





6.7%
Share of health in the state budget

$19.85 (trend) per capita

3.69% of GDP

Health infrastructure

A large number of small health facilities

7,553 establishments in total

22 Public university hospitals
16 Regional referral hospitals
99 District Referral Hospitals

145 Private hospital facilities
136 Occupational Medical Services
345 private clinics
280 Private health centers

2,710 Basic health centers - public sector

1,909 Private practice

219 Private pharmacies

1,672 Dépôts de medicaments (rural drug shop/drugstore)

Human resources

Health human resources mostly concentrated in the public sector

10,510 Health HR public sector (excluding administrative)
3,656 Health HR private sector

3,777 Public medical staff

633 General practitioners and specialists in private practice (36% also work in public practice)

6,732 Public paramedics

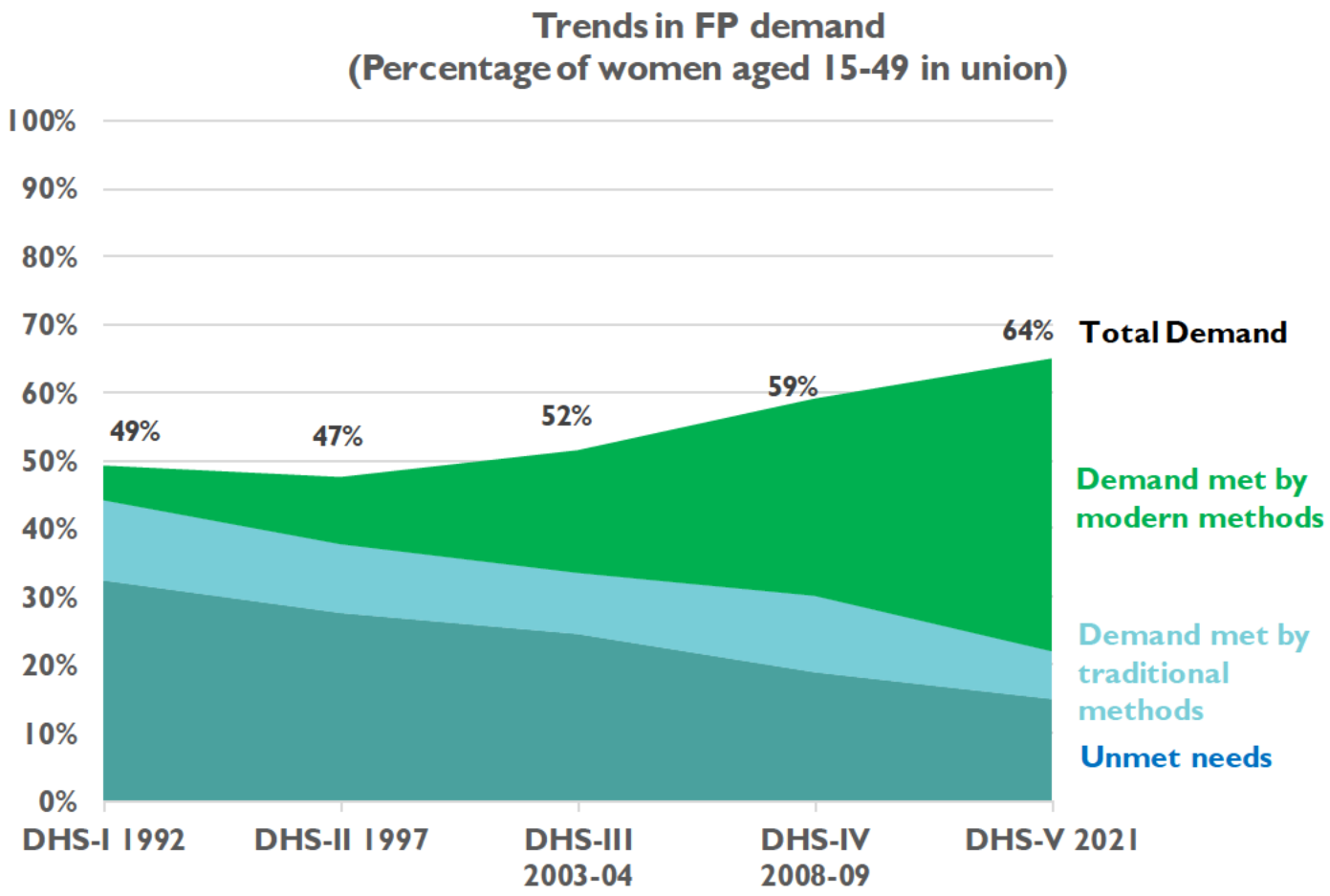
1,132 Private paramedics

34,000 Community workers

219 Private pharmacists

1,672 Drugstore/ Dépôts de médicaments Managers

Overall positive trends in FP demand

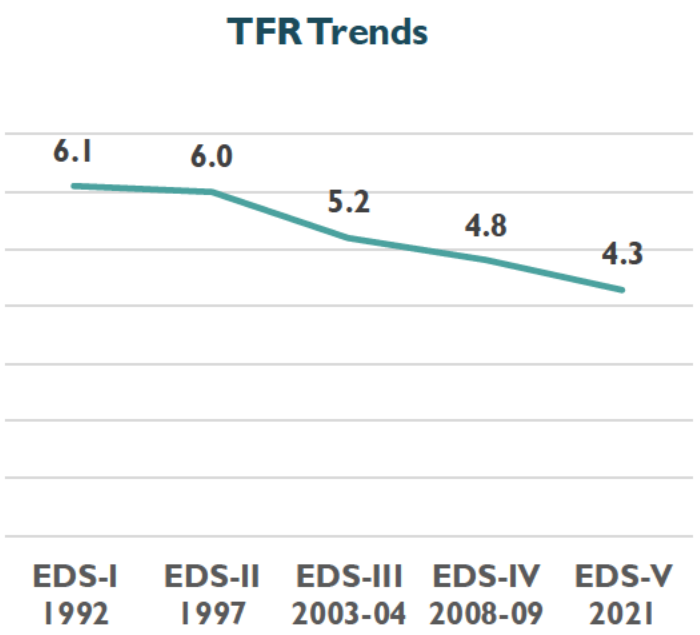


- Encouragingly strong overall growth in met FP needs
- An equally encouraging decline in traditional methods
- Unmet need declining, but relatively slowly

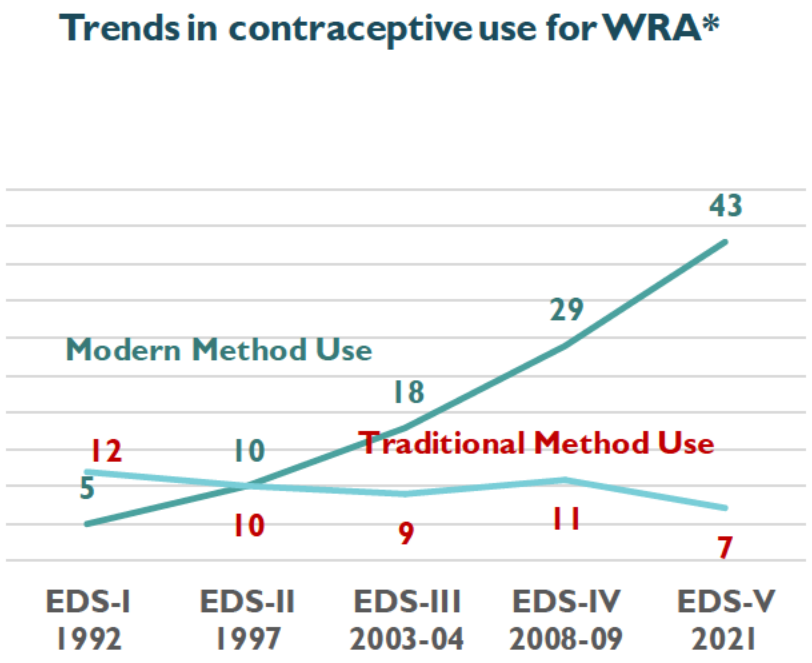
FP supply in Madagascar

At first glance, FP trends are improving for WRAs (Women of Reproductive Age)

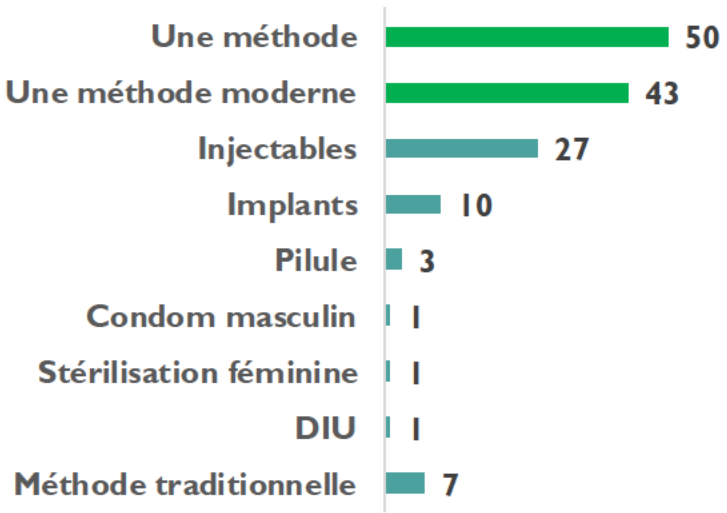
Total fertility rate (TFR) (or L'indice synthétique de fécondité (ISF), in French) declines over time (but slowly)



Significant increase in mCPR



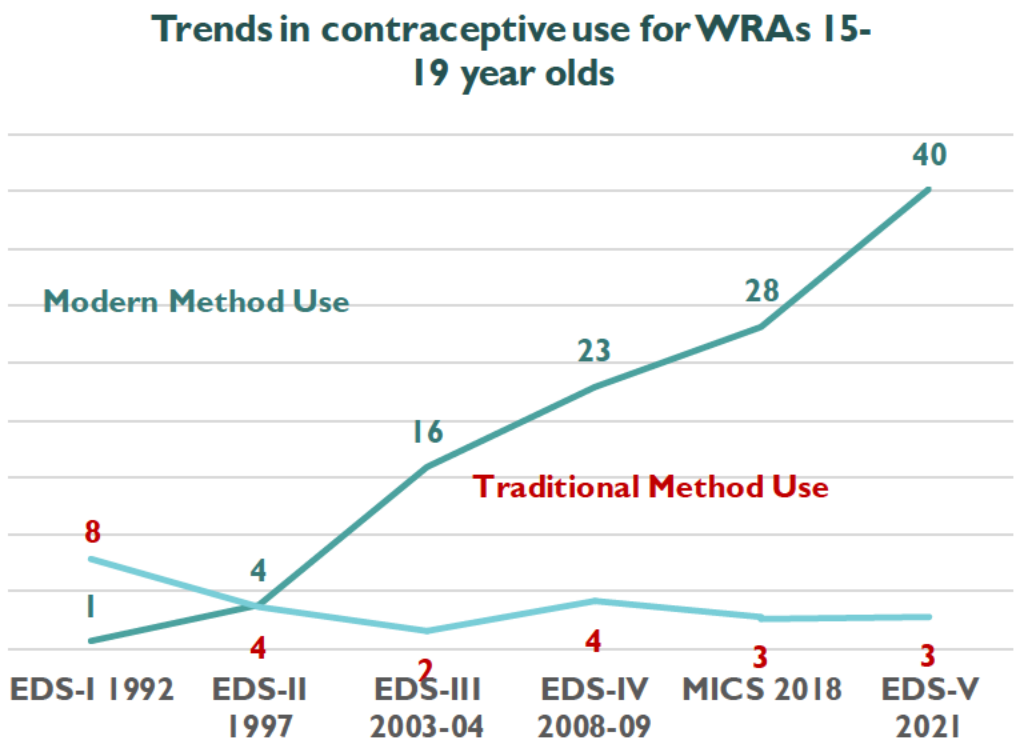
Injectables and implants are preferred by WRAs



Source: EDS Madagascar 2021

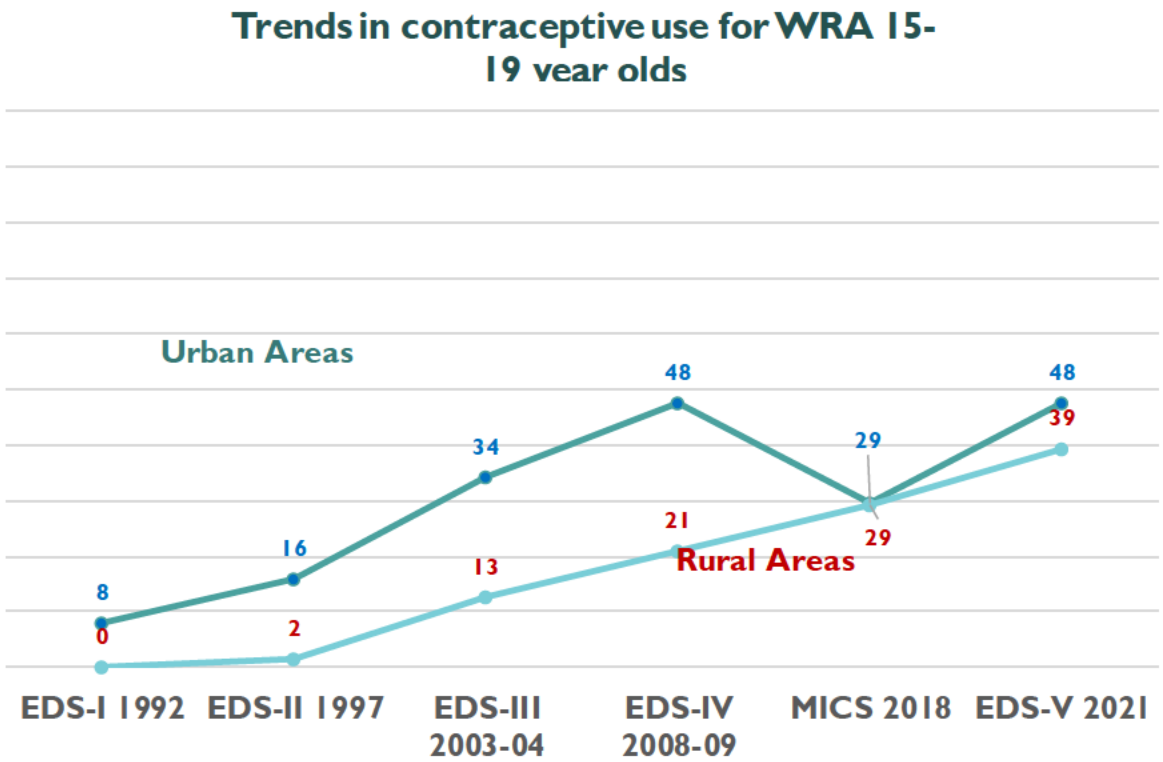
For married urban aged 15-19, however, there was a sharp decline in 2018, and a rebound in 2021, which demonstrates an unexpected fragility in this group

Significant increase in mCPR of married urban 15-19 year olds



However, significant decline in WRA in 2018, among married urban aged 15-19, then recovery in 2022

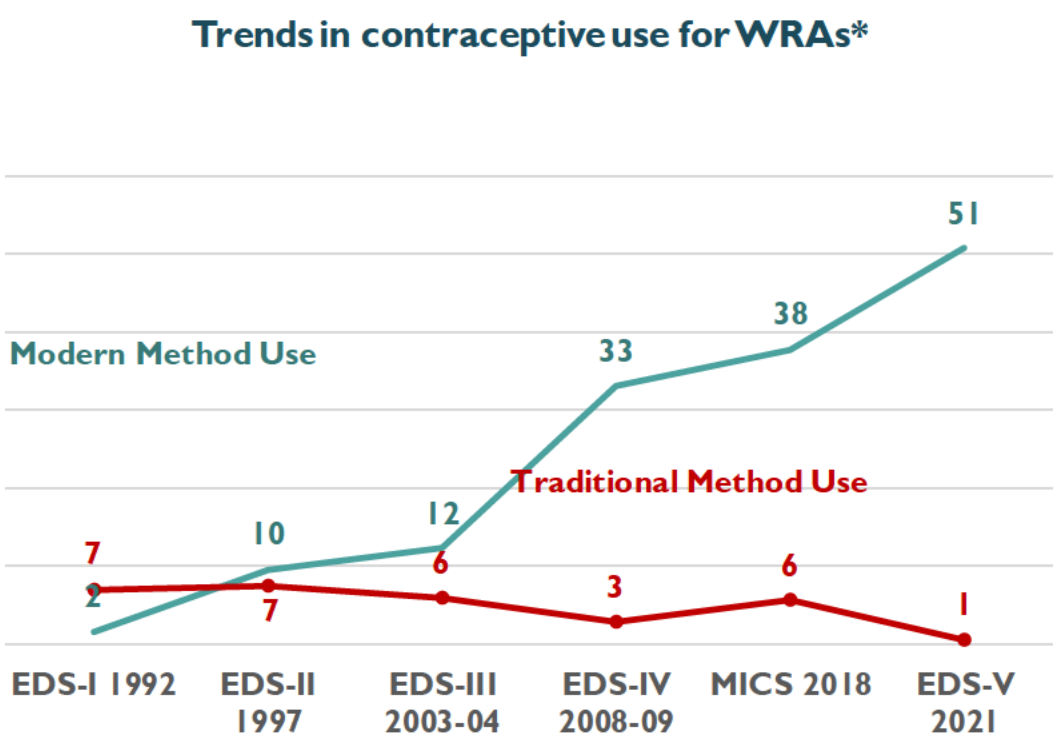
The difference between urban and rural youth narrows over time



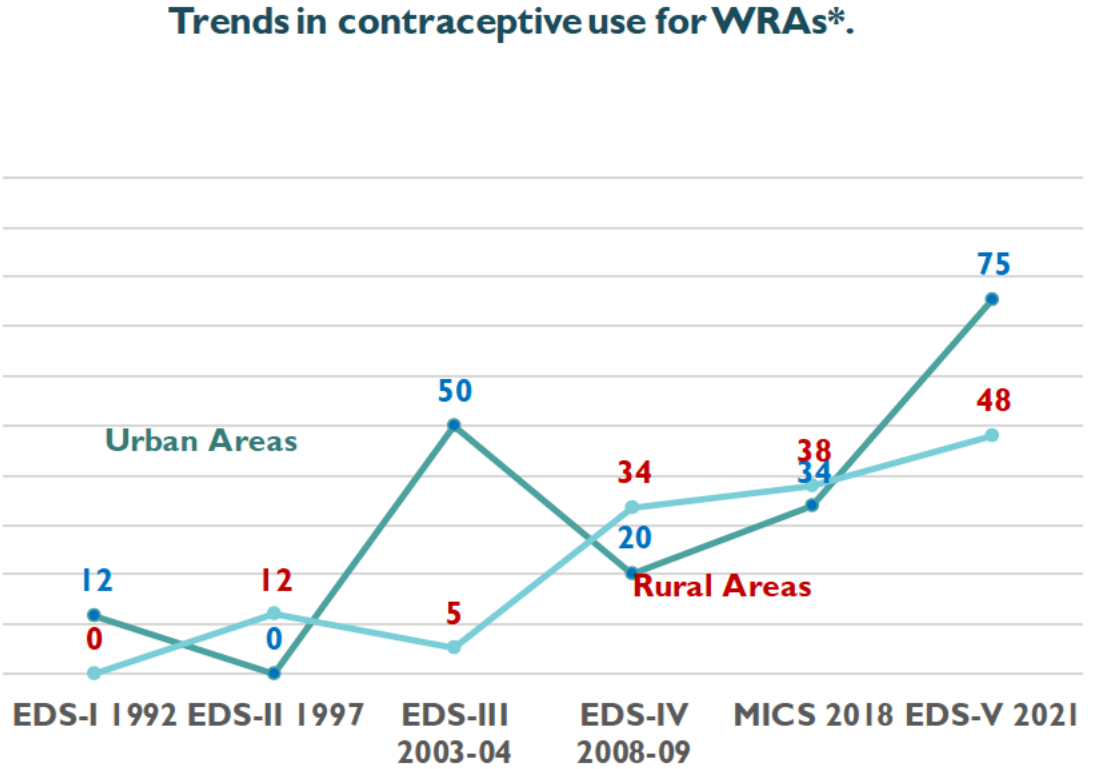
Source: EDS Madagascar 2021, MICS 2018

For unmarried urban 15-19 year olds, continued growth, which accelerates significantly in 2022

Significant increase in mCPR for unmarried urban 15 to 19 year olds



A large increase in the mCPR for unmarried urban 15-19 year olds in 2022

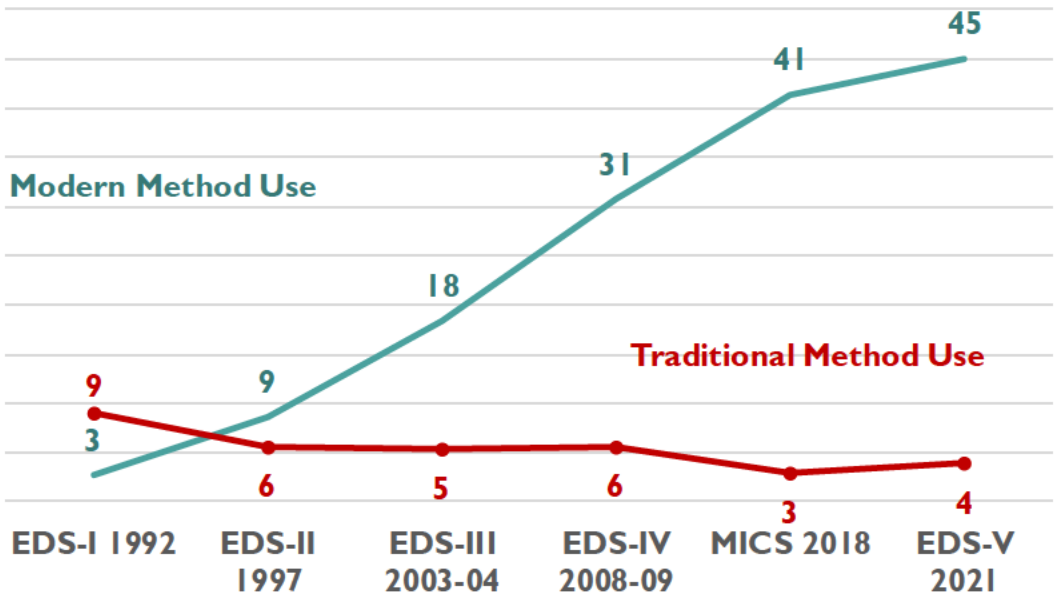


Source: EDS Madagascar 2021, MICS 2018

For married urban 20-24 year olds, the mCPR stagnates, while it increases for rural women in the same age group

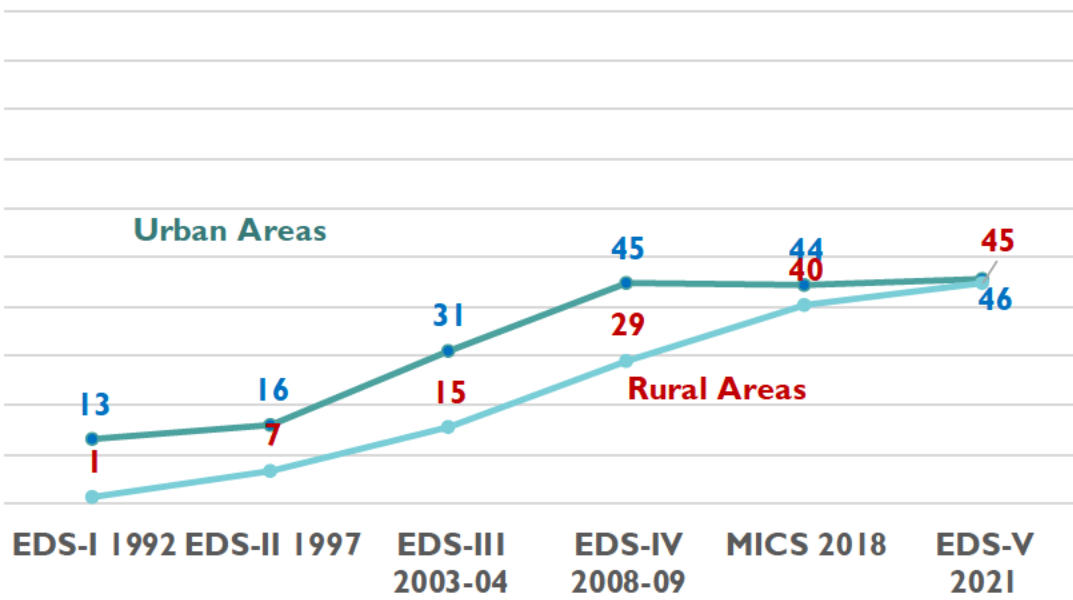
Increase in mCPR for 20-24 year olds, but less marked than for 15-19 year olds, and a trend that seems to be slowing down

Trends in contraceptive use for WRAs*.



A marked stagnation of the mCPR for married urban 20-24 year olds, which has not increased since 2008, while the rate has increased for rural women of the same age

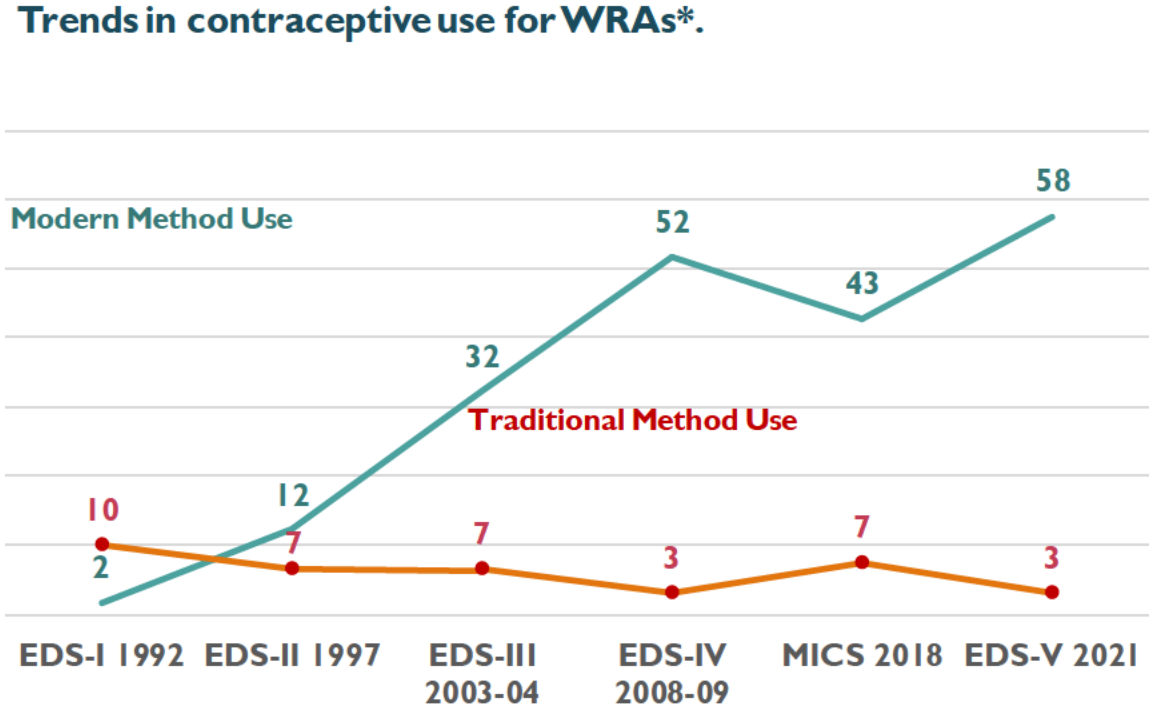
Trends in contraceptive use for WRAs*.



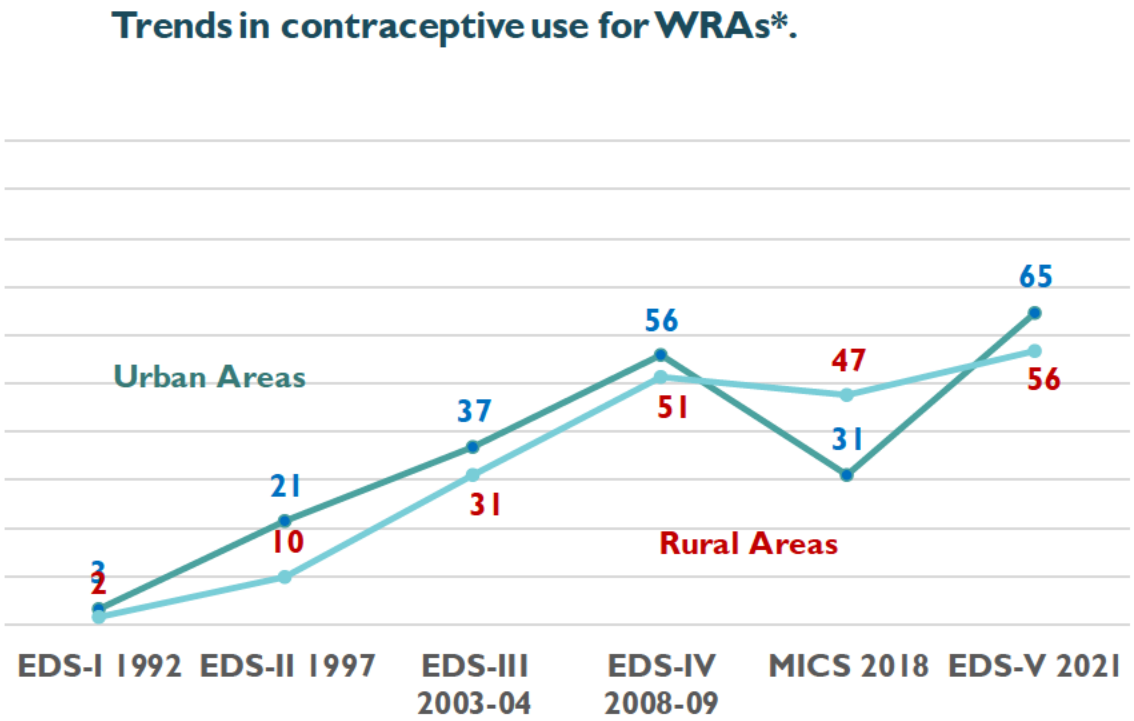
Source: EDS Madagascar 2021, MICS 2018

For unmarried urban 20-24 year olds, an increase in mCPR, despite a 'pause' in 2018

An increase in mCPR among unmarried 20-24 year olds, marking a pause in 2018 before rebounding



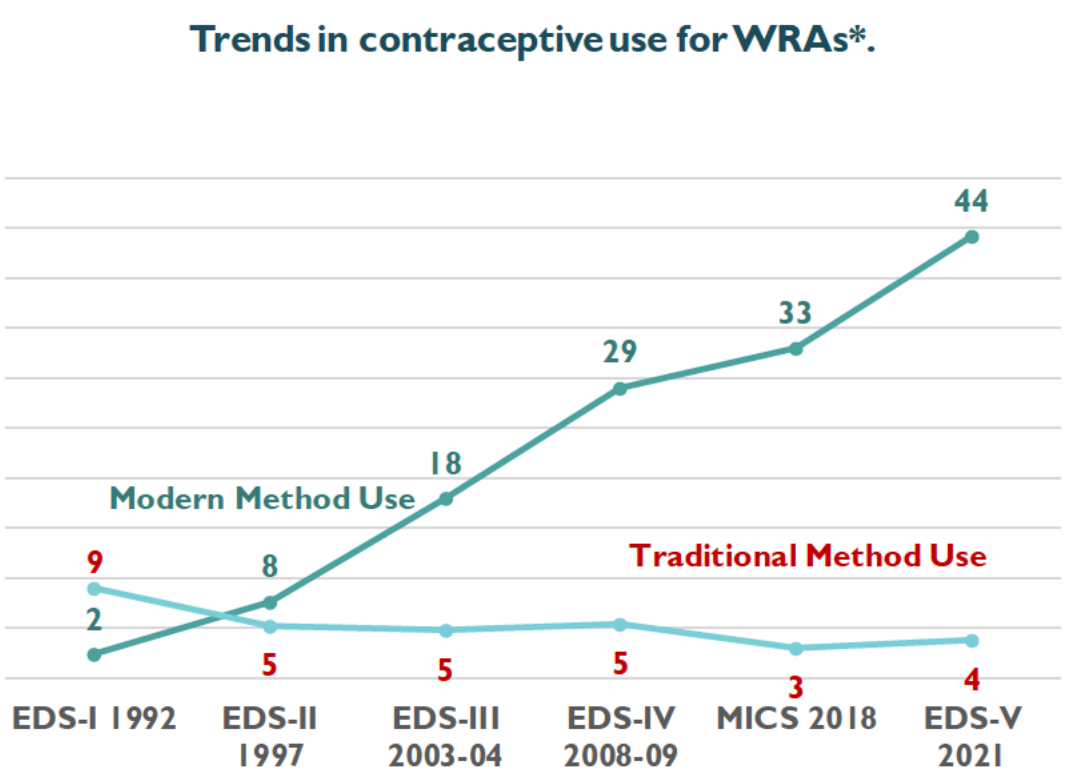
The mCPR 'pause' is less pronounced among rural 20-24 year olds than among urban 20-24 year olds



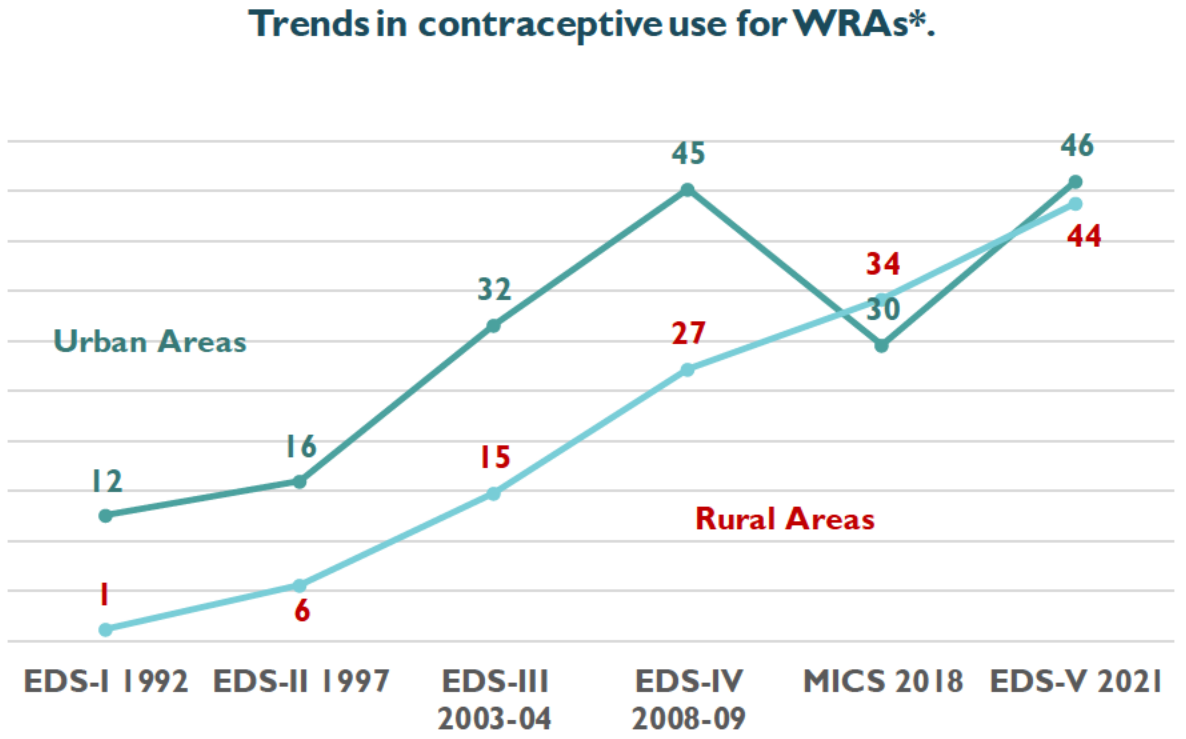
Source: EDS Madagascar 2021, MICS 2018

Looking at the broader category of married 15-24 year olds, there has been a steady increase in mCPR, with rural women catching up to urban women

Continued increase in mCPR among 15-24 year olds



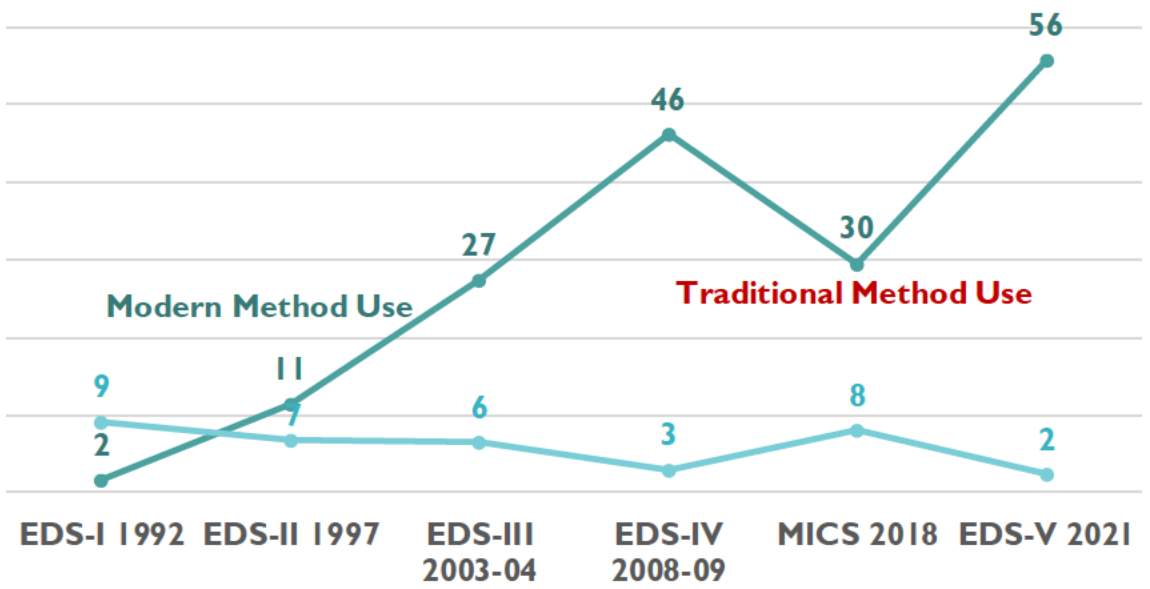
A catch-up in mCPR among rural women compared to urban women, and the trend reverses even in 2018 (rural > urban)



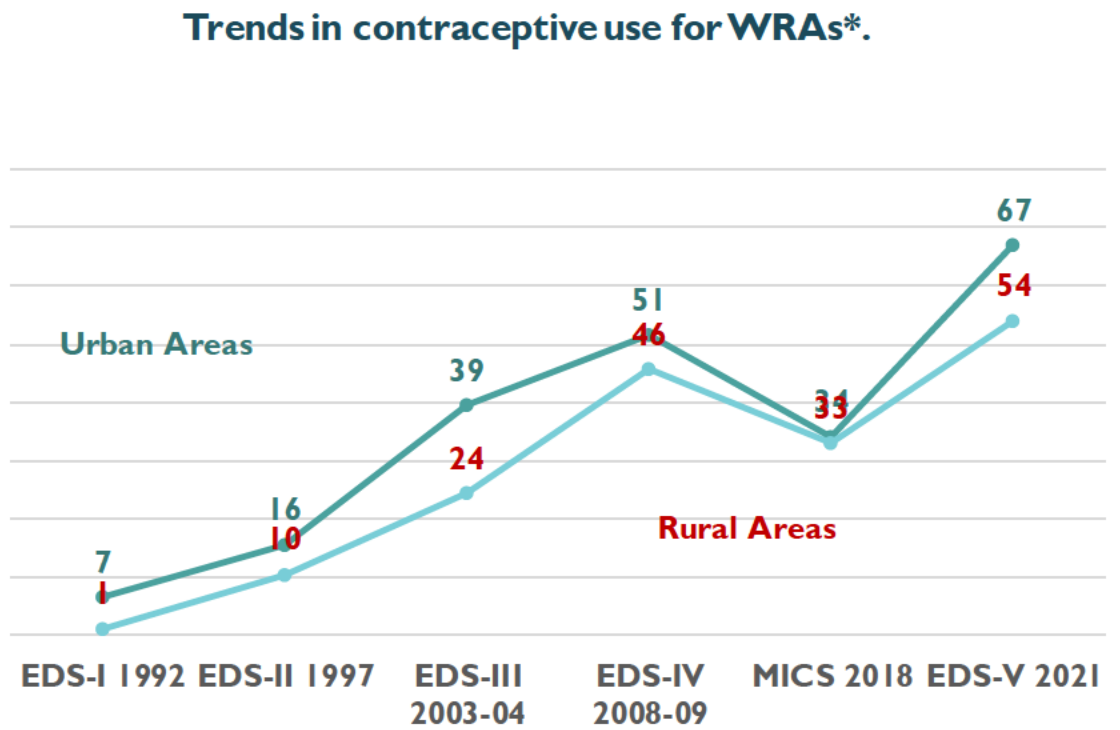
Source: EDS Madagascar 2021, MICS 2018

Looking at the category of unmarried 15-24 year olds, there is a parallel evolution of the mCPR between urban and rural areas, with a rate that remains consistently higher in urban areas

mCPR increases for 15-24 year olds after a 'pause' in 2018



The mCPR increases in parallel between urban and rural unmarried 15-24, and in 2022 the increase among urban women is more marked



Source: EDS Madagascar 2021, MICS 2018

Conclusions of the analysis of the evolution of mCPR

- The overall trend is toward an increase in mCPR, but this increase masks differences by population category

- Among young urban married women (aged 15-24) in particular, the mCPR has either fallen or stagnated, especially compared to young rural women, and the gap between them is narrowing. This might be explained by the fact that married women tend to use private health services the most, and there is a problem of contraceptive availability in the private sector.

- Significant difference in mCPR between married and unmarried women (e.g., 48% among young urban married women aged 15-19 vs. 75% among young married women of the same age)

- We can conclude from this analysis that the populations to be targeted in priority are:
  - Young urban married women aged 15 to 19 (about 165K women)
  - Young urban married women aged 20 to 24 (about 132K women)

  => This represents approximately 300K women (or one third of the theoretical needs)

- Targeting this population is especially important because the national strategy's goals are for **married women**

National FP Strategy Goals to 2030

Objective 1 — Increase the modern contraceptive prevalence rate for women in union to 60%.

Objective 2 — Reduce the rate of unmet need for FP to 8%.

Objective 3 — Achieving a total fertility rate of 3 children per woman

1- Allocate 5% of the total annual budget for the purchase of contraceptive products.
2- Strengthen advocacy with Technical and Financial Partners to increase their usual annual contribution to the Family Planning Program to 10%.
3- Seek funding for the Family Planning Program in collaboration with the Technical and Financial Partners with at least 5% of the funding coming from the private sector.
4- Ensure the availability of contraceptive products throughout the Malagasy territory with an average breakage rate of less than 10% per method.
5- Ensure the application of the concept "Leave no one behind"
6- Increase the number of facilities offering information and/or family planning services adapted to the needs of adolescents and youth from 400 to 850.
7- Ensure compliance with quality standards for access to family planning services.
8-Guarantee the application of all legislative, policy, and strategic documents and implementation plans related to FP.
9- Implement at least 75% of the health pillar interventions defined in the demographic dividend roadmap

Source: Engagement de Madagascar FP2030

Demand for FP in Madagascar

Quantification of use / needs

Definitions

Family planning needs

The total number of currently married or sexually active unmarried women who are fertile and do not want to become pregnant in the next two years. This includes modern method users, traditional method users, and women with unmet need.

Use of family planning

The number of currently married or sexually active unmarried women of reproductive age (**WRA**, or *femmes en âge de procréer* (***FAP***) in French) using modern contraceptives. It is also referred to as the percentage of women using modern contraceptives relative to the population in need.

Gap between use and need

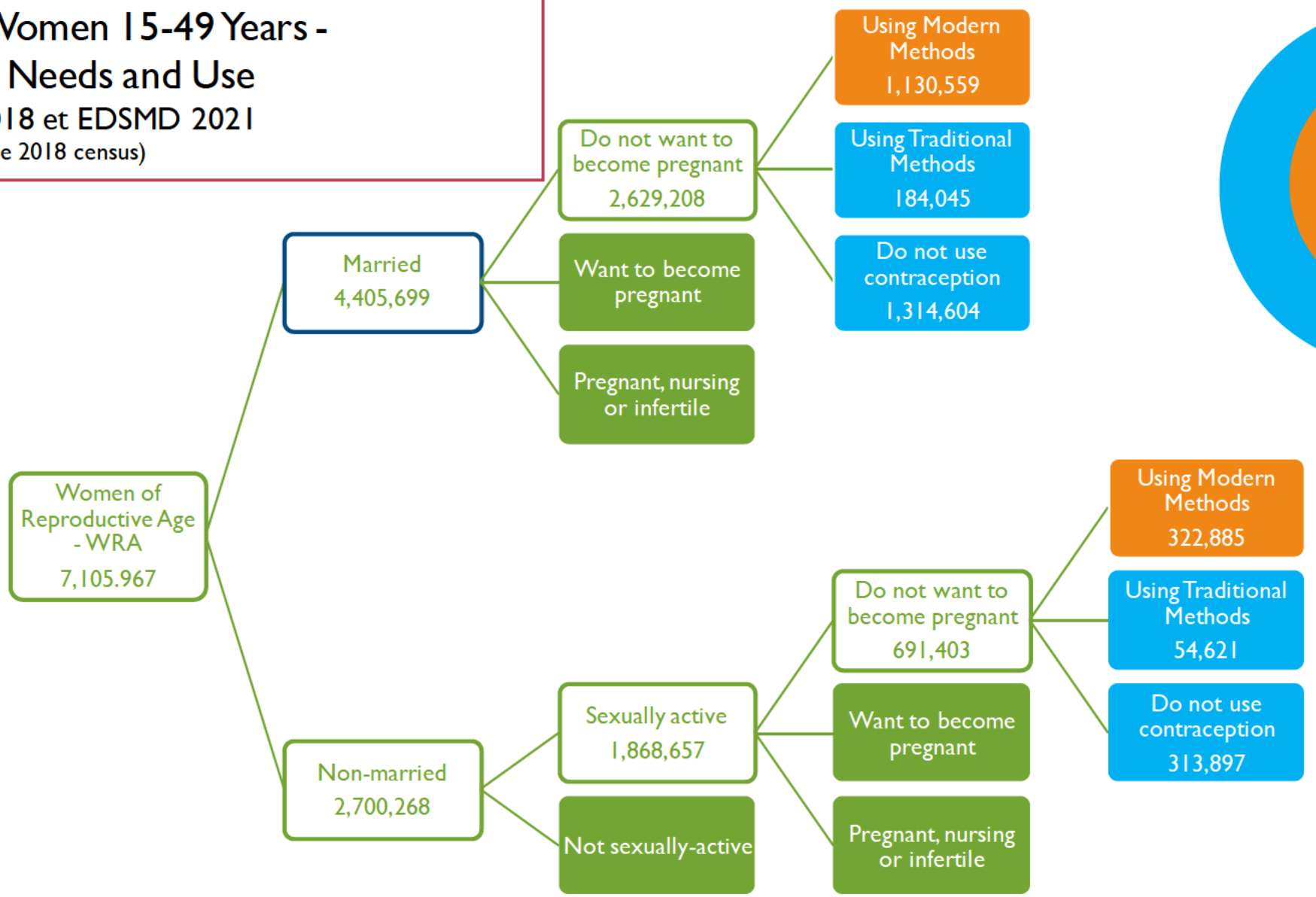
The total number of women who need modern contraceptives but are not using them

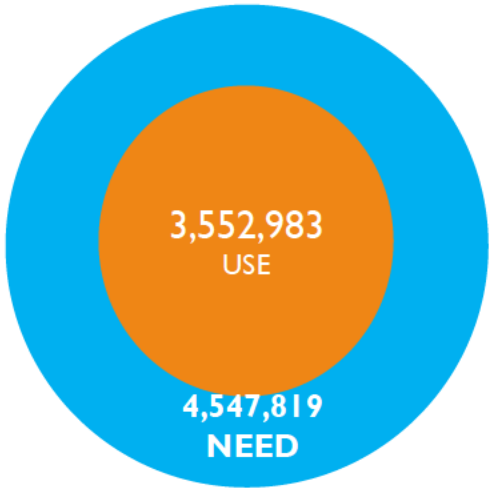
Quantification of use/need - Of 7.1 million WRAs, it is estimated that ~1 million have an unmet need for FP

Madagascar | Women 15-49 Years - Contraceptive Needs and Use

Sources: RGPH 2018 et EDSMD 2021

(3% growth rate as of the 2018 census)



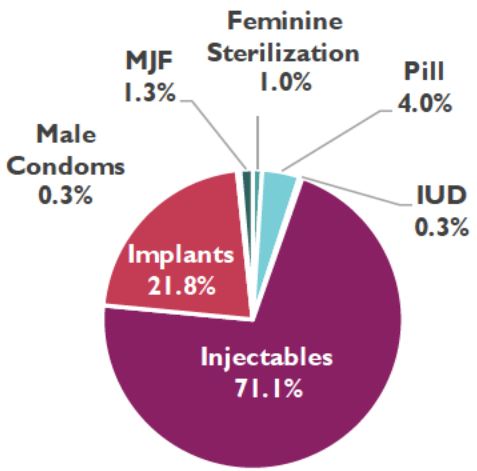


Total gap Needs – Use =

994,836 women

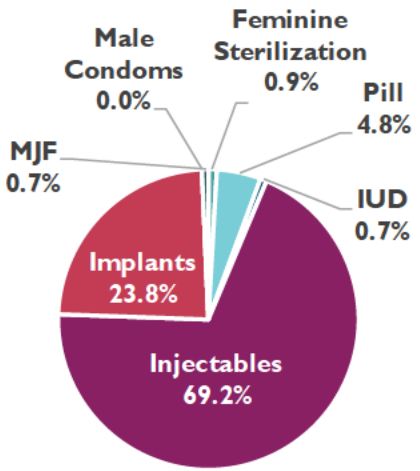
Use and Need by Economic Well-Being Quintile - Married Women of Reproductive Age (WRA) 15 - 49

Lowest Q
WRA mCPR 30.0%



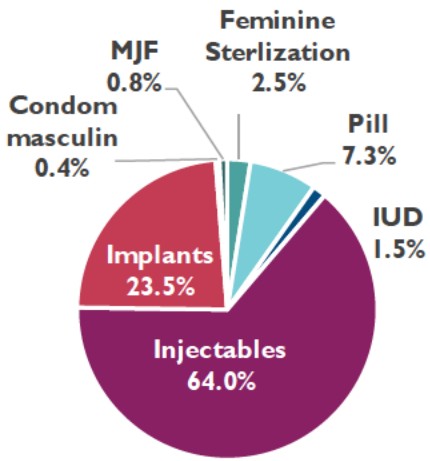
21.8% WRA unmet needs (309,820)
32.3% FP Use (459,045)

Second Q
WRA mCPR 44.4%



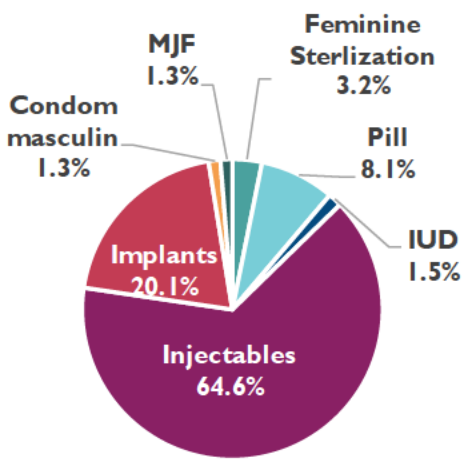
14.1% WRA unmet needs (200,388)
48.4% FP Use (687,858)

Middle Q
WRA mCPR 48.0%



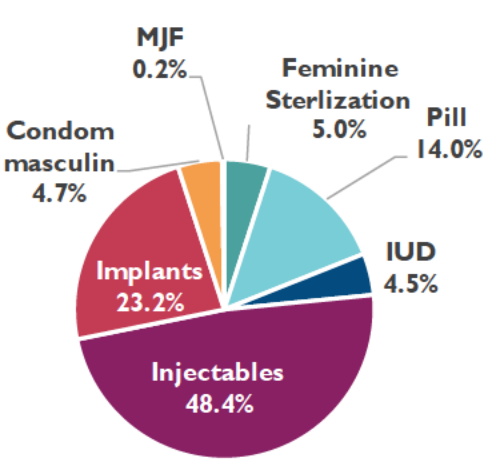
13.0% WRA unmet needs (184,755)
53.6% FP Use (761,760)

Fourth Q
WRA mCPR 47.6%



11.1% WRA unmet needs (157,752)
55.4% FP Use (787,341)

Highest Q
WRA mCPR 41.5%



14.4% WRA unmet needs (204,652)
55.4% FP Use (787,341)

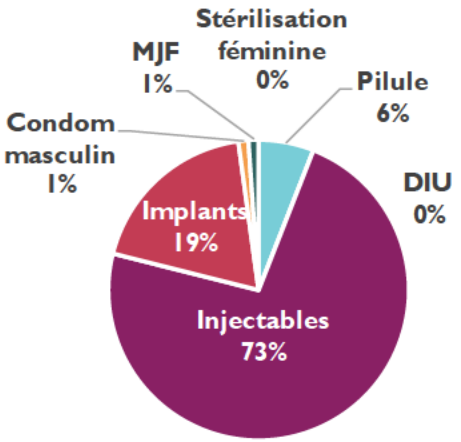
- Lowest mCPR, highest unmet need in Q1
- Preference for injectables/implants at all levels
- Very low condom use

Source: EDS Madagascar 2021

Use and needs by age (sexually active women) 15-19 years and 20-24 years

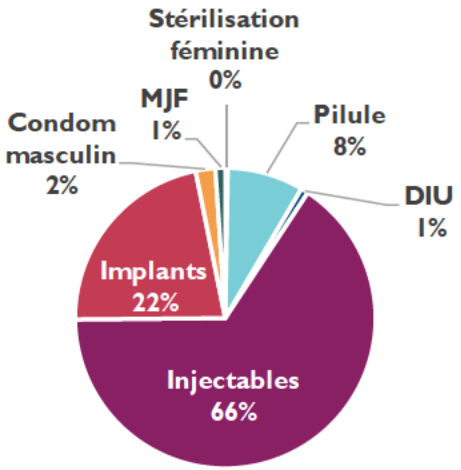
A higher percentage of older users use contraceptives, but the needs are similar for both

Modern contraceptive use among women aged 15-19 years



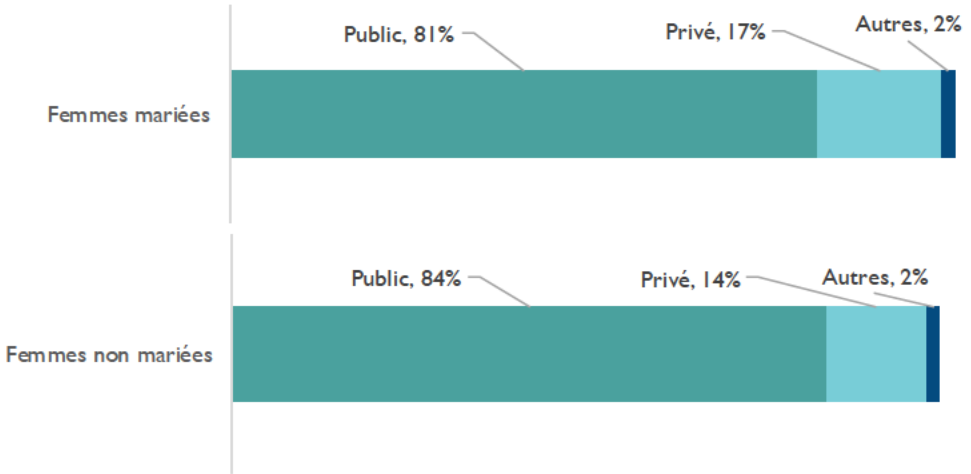
12.7% Needs Not Met(45,468)
37.5% FP Use(134,256)

Modern contraceptive use among women aged 20-24 years



11.4% Needs Not Met(40,814)
50.2% FP Use(179,724)

Very little difference between married and unmarried women in terms of source of contraception



No difference by age (<25 and 25+) in source of contraception (82% public, 16% private, 2% other)

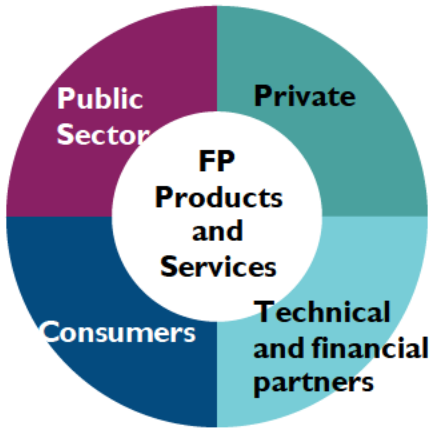
Source: EDS Madagascar 2021

FP Services

A great diversity of actors play a role in FP

Purchasing / supply management	SALAMA
Financing	Ministry of Finance
Regulatory authorities	Medicines Agency of Madagascar (AGMED) Directorate of Pharmacy, Laboratories and Traditional Medicine (DPLMT) National Hospital Agency (ANH) + 19 public sector entities
Data management	DHIS2 CHANNEL (Procurement and supply chain)
Service delivery points	Public Sector: 4 levels 34,000 Community Agents
Target population	WRA (Women of Reproductive Age) Youth and Teenagers

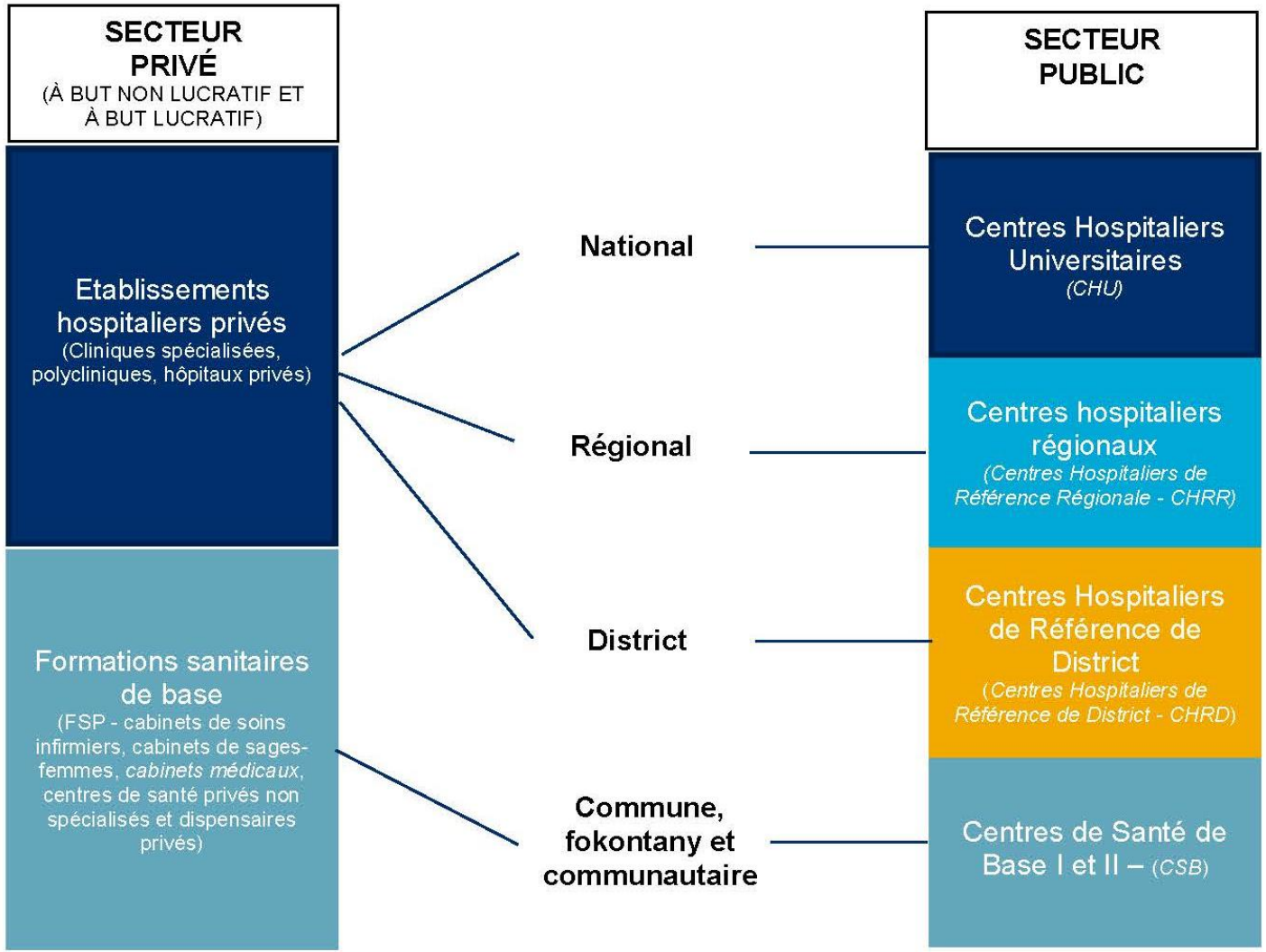
Environment for FP products and services market actors



Importers, wholesalers and distributors	Private sector: 34 wholesale distributors (of which 7 control 80% of the market)
Service delivery points	Private Non-Profit Sector Private for-profit sector (a total of 12 types of health facilities identified in a 2014 order) Pharmacies and drug stores
Professional Associations	Association des médecins de campagne de Madagascar (AMC-MAD) Association Nationale des Sages-Femmes (ANSF) Association Nationale des Tradipraticiens Malgaches (ANTM) Comité des Entreprises d'Assurance de Madagascar (CEAM) Ordres (p. ex., Ordre des Médecins) Syndicat des Paramédicaux
Financing	USAID GAVI Global Fund OMS UNICEF UNFPA

Health pyramid in the public sector: 4 levels

Figure 4. Structure du système de santé de Madagascar telle que définie dans le *Code de Santé*

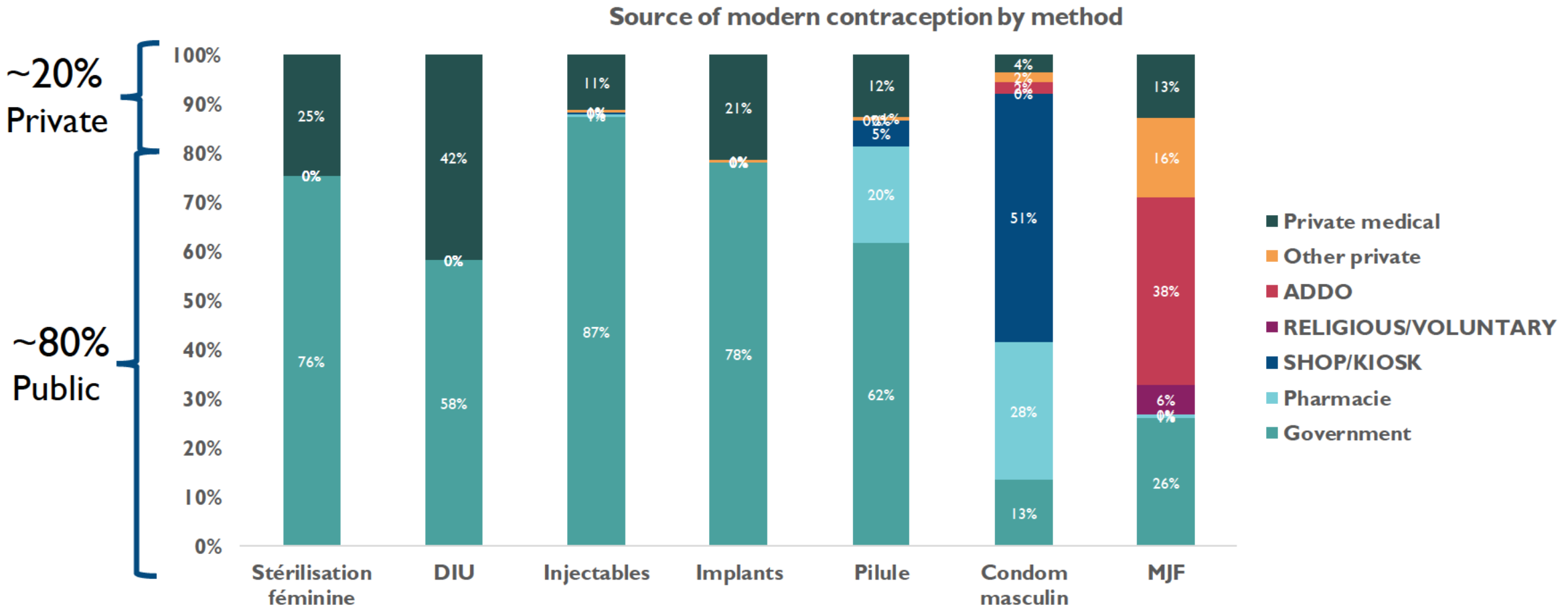


- Many base health centers (Centres de santé de base, CSB) have had to close: In 2011, UNICEF estimated that 214 CSBs had closed, and in 2017 the World Bank announced that 856 CSBs had closed in 2013 or earlier

- The very large number (34,000!) of community workers (working for mostly private, non-profit providers) add to this pyramid - they are being integrated into the public sector system and are dependent on CSBs

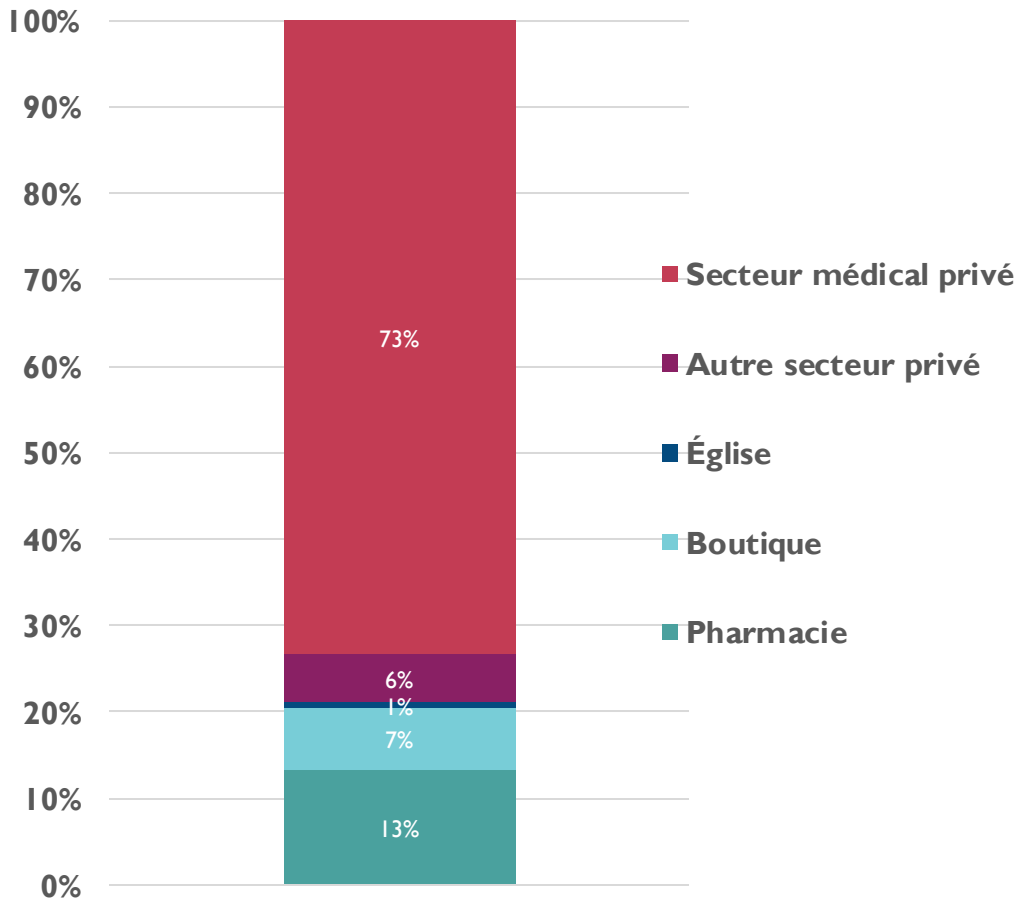
Private providers are an important source of access to some FP methods

Access differs greatly by method-too small a number for the emergency contraceptive pill to include in the analysis



Source: DHS 2021: table 7 7

The vast majority of methods purchased in the private sector were procured in health centers



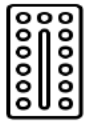
Source: TDHS 2021

- The share of pharmacies is low because the methods typically purchased through this channel (OC, ECPs, condoms) account for a small share of mCPR
- Large share of IUDs and implants procured through health centers

2

FP Products

Overview of the FP products market in Madagascar

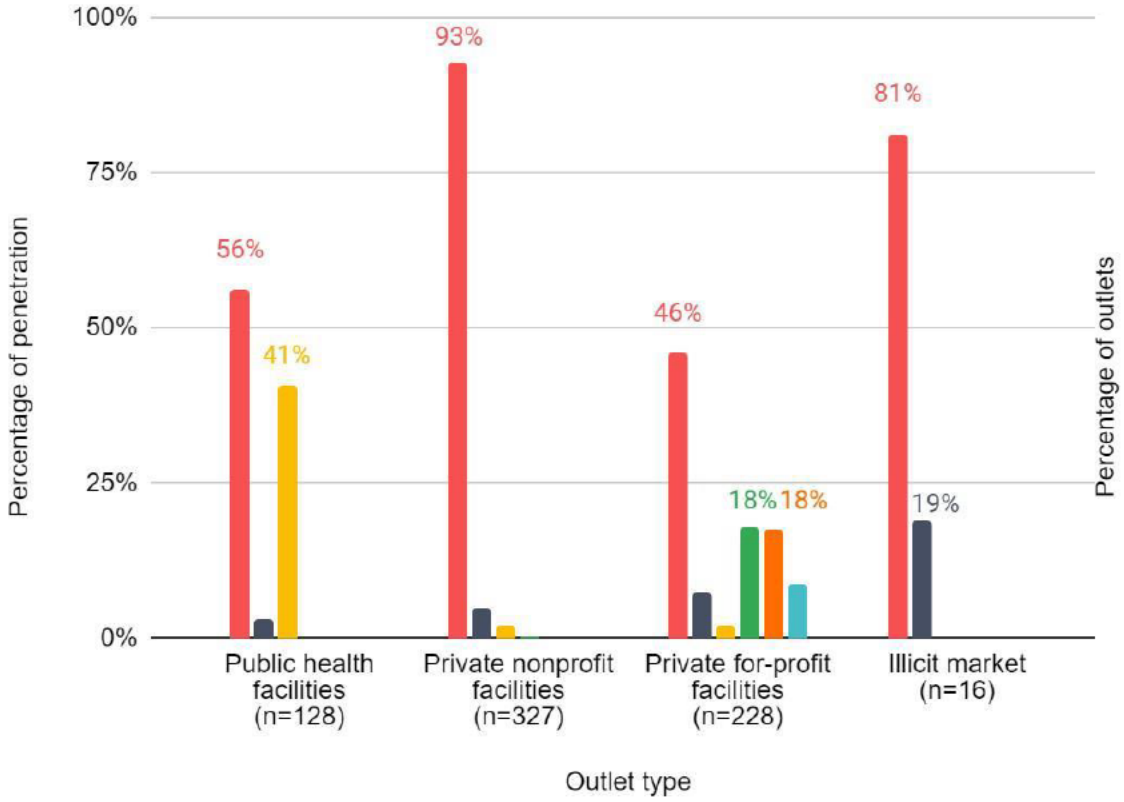




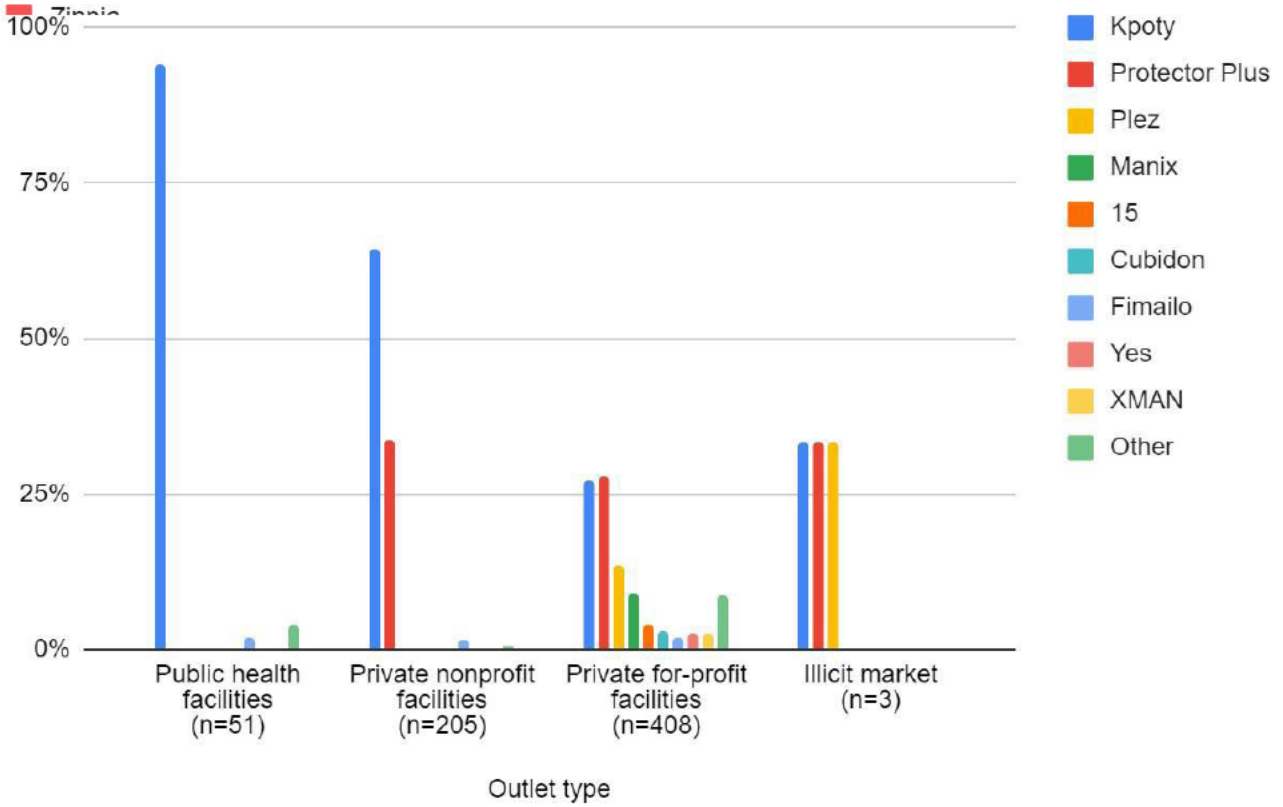

METHODS	OCP	PCU	IUD	IMPLANT	INJECTABLE	CONDOM
Registered products	• *Pilplan, Zinnia F., Microgynon, Lo-Femenal, Microlut, Adepal, Minidril, Trinordiol, Microval*	• *Pregnon, Norlevo*	• **Hormonal (2)** *Avibela,, and SIU LNG* • **Cuivre (1)** *IUD 308A*	• *Levoplant* (Shanghai Dahua) • *Nexplanon* (Merck) • *Implanon NXT* (NV Organon)	• Intramuscular (IM), *Depo-Provera, Triclofem*, et *ContraSafe* • Subcutaneous (SC), DMPA-SC / *Sayana Press*	Kpoty, Yes, Protector Plus, Plez, Cubidon, Xman
Retail price / customer (Public Sector)	Free to $0.47	Not available	Free	Free to $1.39	Free to $0.23 (SC) or Free to $0.7 (IM)	Free
Retail price / customer (private sector, NGO))	Free to $2.58	$0.64 to $4.18	Non disponible	Free to $1.48 (NGO) Free to $7.4 (for-profit)	Free to $0.35 (SC) or Free to $1.17 (IM)	$0.15
Noteworthy Points	• Low use despite high awareness: 66% stopped taking it because of **side effects**	• **Low awareness and lack of availability** (especially in rural areas)	• Sample size too small (4 users) to draw conclusions	• Preferred method for 25-49 year olds	• **Drugstore workers are not allowed to sell injectables** due to leakage in the agricultural sector (used to fatten livestock)	• **An AMM is now required** to import condoms, which is a significant obstacle for importers

Penetration of pill and condom brands by distribution channel (Path)

Oral contraceptives

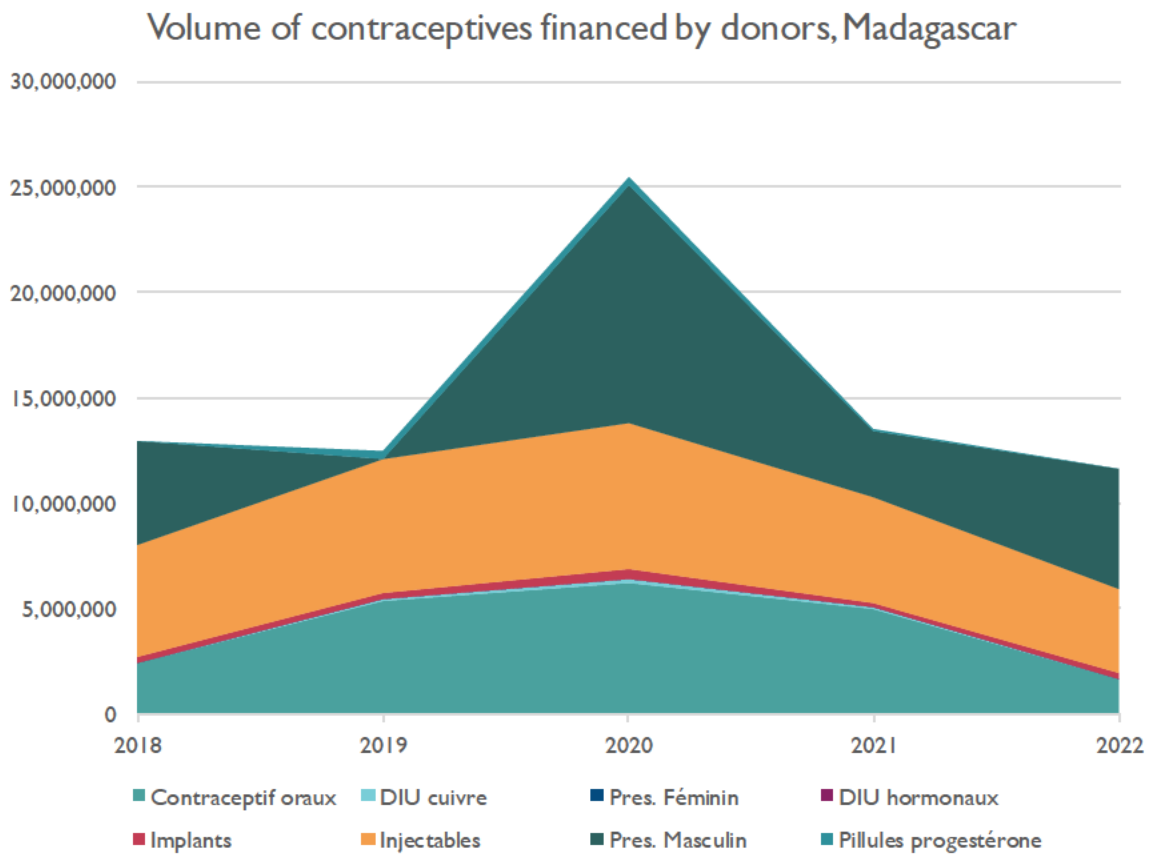


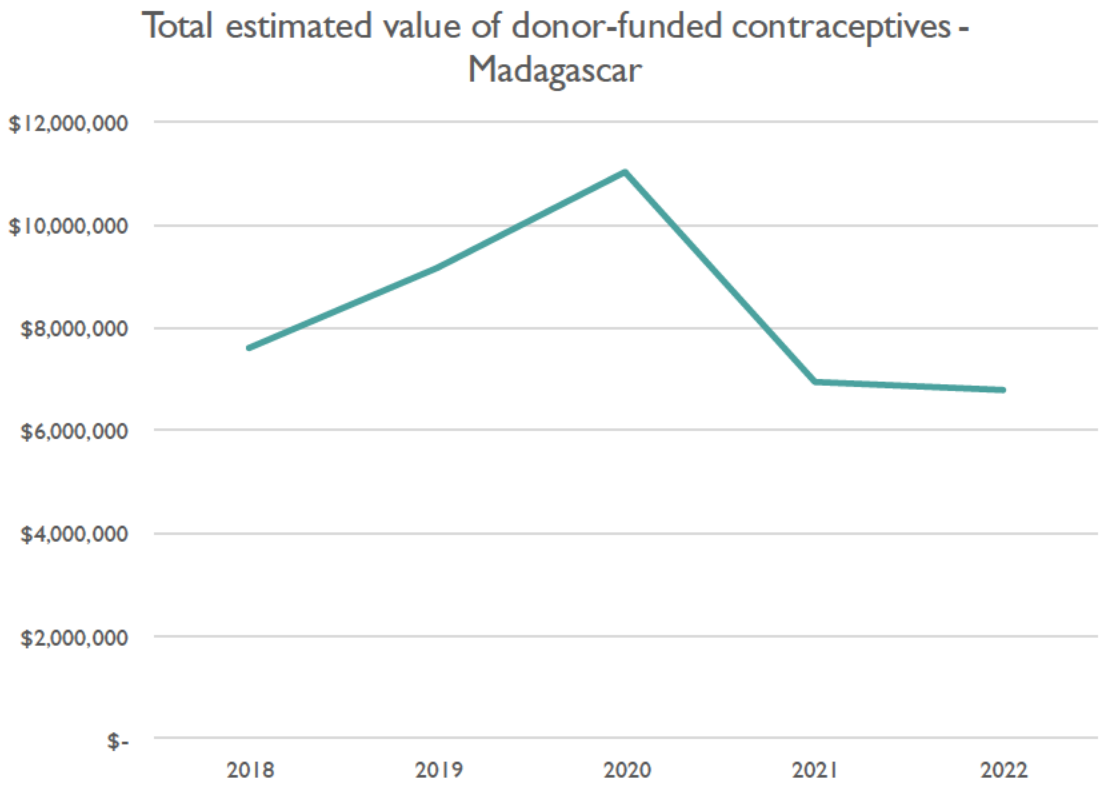
Condoms



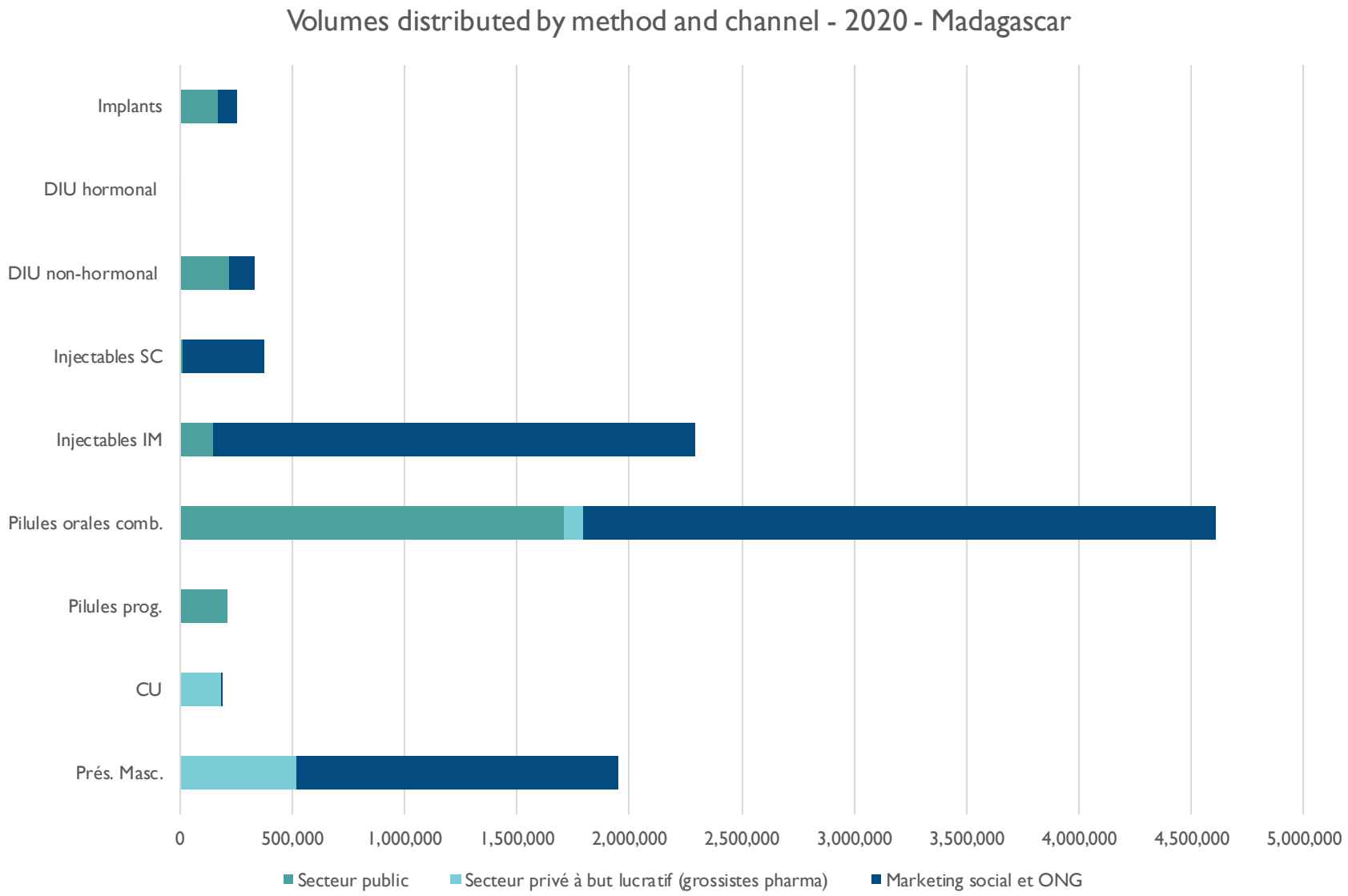
A clear downward trend in donor-funded oral contraceptives, both in volume and in value (less than $7 million by 2022)

This downward trend indicates that consumers can no longer rely primarily on donor support to subsidize contraceptives. An opportunity for the private sector?



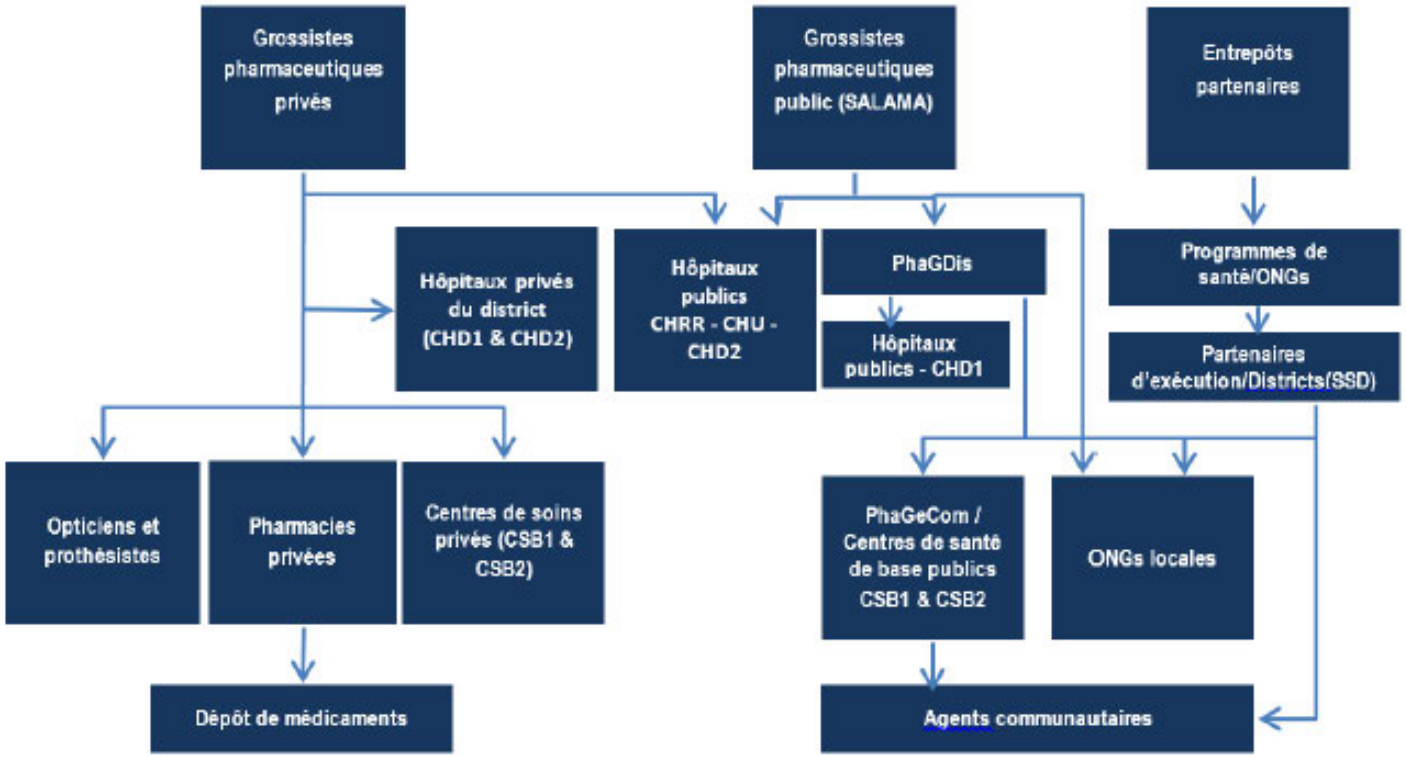


The private non-profit sector (social marketing and NGOs) distributes the majority of contraceptives in Madagascar



The private for-profit sector is mainly present in emergency contraception (whose volumes are very low for the moment but which represents a real potential) and condoms

Value Chain



Private pharmaceutical entities	Number
Wholesaler-Distributers	34 (7 have 80% of the market)
Private Pharmacies	219
Dépôts de medicaments (drugstores)	1,672

A small number of formal actors, which facilitates discussions but limits access to medicines for the population

Sources: Évaluation du secteur privé de la santé, SHOPS Plus, 2016

Overview of constraints affecting FP markets

Constraints - Main functions - Demand (clients)

Demand (clients)

- Lack of understanding of target populations-few materials available that speak to clients' perspectives, practices, aspirations, and how to effectively reach them despite their vulnerability, especially for youth with no income
- Conservative culture that prevents discussion of sexuality and hinders youth access to contraception
- With the end of condom social marketing, few effective demand-creation activities, and sharp decline in use
- No visibility for clients of the quality of service and what it means to them
- Youth seem to prefer pharmacies, but this is not clear from the interventions
- Demand for health insurance is low, low-income clients cannot pay, and probably have no prior experience with insurance

Constraints - Main functions - Supply (providers)

Supply (providers)

The definition of the private sector is very broad and includes two completely different realities:

  - the private non-profit sector, which includes health centers and community agents supported by donors or support structures that are mostly well organized and well integrated into the public health system
  - the private for-profit sector, which includes a large majority of small practices (67% of the private health centers surveyed in 2020/21, i.e., approximately 1,800). For the most part, these providers have difficulty making ends meet, do not have easy access to training and are poorly integrated into the public health system

- Private sector segmentation not fine enough and too much like the public sector - currently only segmentation by geographic level. A small group of private providers has a lot of influence over the rest of the private sector.
- Not enough linkage between providers and pharmacists/drug stores
- Low revenue potential for FP and especially long-term methods
- Competition between professional societies and associations that are supposed to represent different categories of providers
- Emerging associations representing the private sector (such as GSPS) still need to demonstrate their added value to providers and refine their service offerings or member benefits
- Importance of traditional medicine, which is still widely used in rural areas and competes with the use of care in the health system
- Great influence of pharmaceutical companies, which are often the only means of training
- Lack of collaboration between public and private sector actors in the supply chain

Constraints – Support functions – Financing

Financing

- S&D
  - The insufficient scale of mutual health insurance and the long delays in reimbursement do not encourage private providers to favor this system
  - The difficulty of predicting cash flow for most private sector providers, whether in urban areas (competition exacerbated by high concentration) or in rural areas (patient poverty that limits fees charged) creates economic insecurity that encourages caution
- Subsidies
  - Subsidies for products (social marketing of products) and services (social franchise) in the private sector have disappeared or have been reoriented relatively abruptly, reducing the possibility for clients to seek care from the private sector and for providers to access the MCH products they need
- Banks
  - Lack of financial and managerial literacy among health providers - this is only a small part of their training
  - Culture adverse to taking up loans (shame about asking for a loan)
  - High interest rates from banks add to the large investment needed to open a practice and discourage providers from borrowing
  - Lack of interest from banks for a sector they do not know well and for which they perceive risks (low financial management capacity of providers, lack of visibility of economic prospects)
  - Lack of loan products specifically adapted to the health sector

Constraints – Support functions – Information

Information

- Supply
  - Low reporting (less than 25%) from the private sector for a variety of reasons (lack of computer equipment or poor access to cell phones, did not receive MoH reporting books, no perceived added value of the information provided, no demonstration of the use of the information provided for decision making)
  - Private providers do not sufficiently understand the data needed for the National Health Information System
- Demand
  - Since the end of social marketing programs, few effective demand creation activities (a division of the Ministry of Health is now in charge)

Constraints – Support functions – Skills and abilities / management

Skills and abilities

•Lack of supervision of the quality of services provided by private providers
•Lack of financial management capacity among providers
•Insufficient training in pharmacology for staff working in drug stores or pharmacies (except for pharmacists)
•Many private providers have not received ongoing training and medical schools and the MSP are not well equipped to provide it

Management

•Low capacity of providers in financial management
•Insufficient training of depot staff

Constraints - rules and regulations

Regulations

•Multiple inconsistencies and regulatory uncertainties that penalize the private sector and create legal uncertainty that is not conducive to investment and risk-taking

•Law limiting the practice of public sector doctors in the private sector

•The number of legal actions against public providers is increasing but they are not equipped to deal with them and the existing associations do not have the resources to support all their members

Taxes

•Lack of tax breaks or temporary tax exemptions to motivate health care providers to open a private practice outside of major urban centers

Standards

•Since the dissolution of the National Hospital Agency (ANH) and the Department of Standards and Accreditation of the Ministry of Health in 2020, there are no accreditation standards for private sector hospitals

Norms

•**Supply**

•The majority of providers are not able to comply with the standards (too restrictive for their capacities) required by the Ministry, which discourages them from accepting supervision

•**Demand**

•No awareness of expected quality of services - clients don't know what to expect

FP market performance - Madagascar

A=Absent I =Insufficient M=Mismatch

	Characteristics		A	I	M	Observations
Central Functions	Supply		X			• **No FP products available in the private sector** (mostly for-profit) - only source of supply is public sector leakage
	Demand			X		• 1-**Extremely low** condom use rates; 2-MTCT trends are **stable or declining** for young (15-24) urban married women; 3-**Conservative culture** regarding sexuality; 4-**Inadequate understanding** of target populations, especially youth
Support functions	Financing	S & D		X		▪ Mutual health plans **not available on a large enough scale** to attract private health care providers
		Subsidies /Grants	X			▪Subsidies for private sector products and services (social franchise) have **disappeared relatively abruptly**
		Banks		X		▪**1-High interest rates;** 2-**Reluctance** to borrow money (difficulty in predicting income, shame); **3-Banks not interested** in the health sector (perceived high risks); 4- **Lack of financial literacy** among health professionals
	Info.	Supply		X		▪**Low data transfer from private sector** (technology challenges, no motivation - don't see the value or how data is used for decision making)
		Demand			X	▪Since the end of condom social marketing, **very few effective demand creation activities** (this now falls under the exclusive domain of the Ministry of Health) and a sharp decline in use
	Skills, Abilities				X	▪1- **Huge coaching and training needs** for the private sector; 2- Pharma labs are influential as often **the only training option** for the private sector, but few benefit from it; 3- **Inadequacy** in trained personnel - too many paramedics and nurses, not enough doctors
	Management				X	▪Support for health markets has **primarily benefited the public sector** - the private for-profit sector feels excluded and misunderstood

FP market performance - Madagascar

A=Absent I =Insufficient M= Mismatch

Characteristics			A	I	M	Observations
Regulatory aspects	Rules			X		▪ 1- Multiple **regulatory inconsistencies** that penalize the private sector and create **legal insecurity** that is not conducive to investment and risk-taking; 2- Public sector health professionals are authorized to operate in a private practice**, but many of them do not follow the same restrictive rules as private sector health professionals** (e.g., public sector physicians practice in a private sector office outside their home)
	Taxes, Fees		X			▪ **Lack of tax breaks or temporary tax exemptions** to motivate health care providers to open private practices outside major urban centers
	Standards		X			▪ **Lack of accreditation standards** for private sector hospitals (ANH and Accreditation and Standards Department dissolved by the Ministry of Health)
	Norms	Supply		X		▪ 1- Condoms are now **considered a medical device** => much more difficult to import; 2- Most private sector health providers (as well as public providers) are **unable to meet Ministry of Health quality standards**, which discourages them from accepting supervision
		Demand	X			• **No client awareness** of expected quality of services

Main conclusions

Which population is less well reached by the market?

•Young urban married women (15-24 years)

What are the main problems in the FP market in Madagascar?

•The abrupt discontinuation of subsidized social marketing FP products has left private sector health providers with no options for procuring products: there is a major problem with the availability of contraceptives in the public sector

- A concentrated supply chain with few private sector players, who are wary of the uncertain nature of the contraceptive market (highly political and dependent on donor subsidies, poor economic prospects) and are therefore reluctant to engage
- A declining condom market
- Demand creation/communication for FP is not in the right hands (the Ministry of Health is not in the best position to do this)
- The vast majority of private sector providers are struggling financially given the poverty of their patients, so investing in their training or infrastructure is a longer-term prospect for them
- Private sector providers want more training, but they have little time to devote to it and offers for training are inadequate
- Efforts to support the health market have been directed primarily at strengthening the public sector, to the detriment of the private sector

Theory of Change for the FP Market in Madagascar

Questions	
Results of the market approach: Theory of Change What is your vision of a functional market?	▪ A FP market where private sector providers have access to the resources they need (products, training and coaching, funding) to provide good quality services to their clients
Results of the market approach: Systemic change Based on your analysis, what systemic changes need to take place and how do you achieve your vision of a functional marketplace?	**Market interventions** What are the potential activities to achieve market system change? Who are the potential market players who could carry out these activities?
Strengthen the skills and capacities of private providers	- Explore how Regional Training Offices/Bureaux Regionaux de Formation (BRFs) that have been established by the public system can also be used to provide training to private providers in their regions. - Harmonize the roles of the different actors involved in private sector training. - Explore/develop partnerships with nursing and midwifery institutions. - Strengthen and support the new partnership between the Ministry of Health and the Groupement du Secteur Privé de la Santé (GSPS) to define the roles and responsibilities related to the institutionalization of private sector training. - Integrate training modules developed by SHOPS Plus into other medical schools. - Support the Fonds Malgache de Formation Professionnelle (FMFP) to implement a continuing education program for private providers. - Support updates to supervision and training tools.
Improving the private sector supply chain for contraceptives	- Discuss with pharmaceutical distributors to assess their interest in adding contraceptives to their portfolio. - Identify what funding would be needed to help them reintroduce these products into the private sector (distribution, marketing, and demand creation costs), and when profits would be sufficient to cover these costs. - Find funding to cover this activity
Redirect FP market support efforts to the private sector	- Leveraging existing MoH platforms to share policies and guidelines with the private sector. - Use the database generated by the private sector census to expand the membership of the GSPS and AHPM network at the regional level
Improve access to financing for private sector health providers	- Connect GSPS to financial institutions so they can share current needs. - Support financing institutions to develop products targeting the health sector.

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

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