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Frontier Health Markets (FHM) Engage

'How-to' Guidance: Executing the Diagnosis Phase of a Market Development Approach

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Acronyms

AmoxDT	Amoxicillin dispersible tablet
ANC	Antenatal care
BEmONC	Basic emergency obstetric and newborn care
CEmONC	Comprehensive emergency obstetric and newborn care
CH	Child health
DHIS2	Digital Health Information System 2 (software platform)
DHS	Demographic and Health Surveys
ECP	Emergency contraceptive pills
FHM	Frontier Health Markets
FP	Family planning
GDP	Gross domestic product
GPRM	Global Price Reporting Mechanism
HIS/HMIS	Health information systems/health management information system
HIV	Human Immunodeficiency Virus
IP	Implementing partner
IUD	Intrauterine device
KII	Key informant interview
LARC	Long acting and reversible contraception
mCPR	Modern contraceptive prevalence rate
MDA	Market development approach
MICS	Multiple Indicator Cluster Surveys
MMR	Maternal mortality rate
MNCH	Maternal, newborn, and child health
MNH	Maternal and newborn health
MOH	Ministry of health
MSF	Market system framework
NMR	Neonatal mortality rate
OCP	Oral contraceptive pill
ORS	Oral rehydration solution
PMA	Performance Monitoring for Action
PNC	Postnatal care
PSA	Private sector assessment
PSI	Population Services International
RHSC	Reproductive Health Supplies Coalition
RR	Rules, regulations, and norms
SARA	Service Availability and Readiness Assessment
SBA	Skilled birth attendant

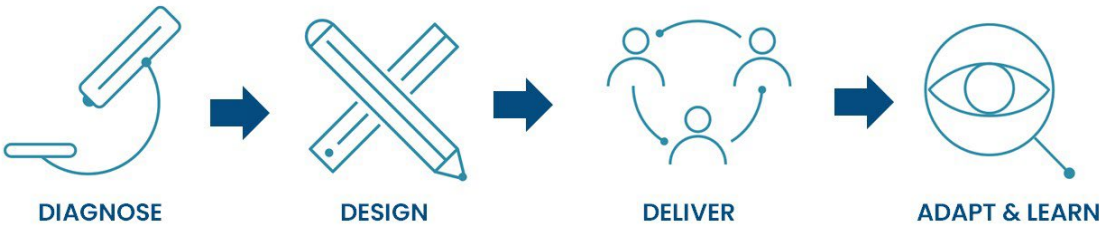
SDG	Sustainable Development Goal
SF	Supporting function
SHOPS	Strengthening Health Outcomes through the Private Sector
SHOPS Plus	Sustaining Health Outcomes through the Private Sector
SOP	Standards of practice
SPA	Service Provision Assessment
SRH/FP	Sexual and Reproductive Health/Family Planning
TFR	Total fertility rate
U5MR	Under 5 mortality rate
UHC	Universal health coverage
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
TMA	Total Market Approach
WHO	World Health Organization
WRA	Women of reproductive age

Introduction

Frontier Health Markets (FHM) Engage is a five-year, global United States Agency for International Development (USAID) project aiming to use a market development approach (MDA) improve the performance of local health markets in USAID priority countries and support strategic engagement of the private sector to advance health outcomes in areas including family planning (FP), maternal, and newborn health (MNH), child health (CH), and other priority areas. MDA is an approach to developing market systems in health so that they function more effectively, sustainably, and beneficially for underserved population groups not receiving FP goods and services.

FHM Engage follows a four-phase "Pathway to Impact" (Figure 1) to put MDA into practice in FP, MNH, CH, maternal, newborn, and child health (MNCH), and other health markets as applicable. This pathway starts with a comprehensive effort to *Diagnose* the root causes of a health market's underperformance and engage and facilitate local market actors to identify potential solutions; collectively *Design* interventions that will lead to improvements in FP, MNH, CH, and MNCH health outcomes; collaboratively *Deliver* a market strategy and implement its market interventions; and *Detect* changes in the market over time and make mid-course corrections as needed.[1]

FIGURE 1: PATHWAY TO IMPACT



A key component of ***Diagnosis*** is an analytical exercise called a ***Market Description*** that uses the market system framework (MSF) as a lens through which to describe the relevant health market(s).

BOX 1: DIAGNOSIS VS. MARKET DESCRIPTION: WHAT'S THE DIFFERENCE?

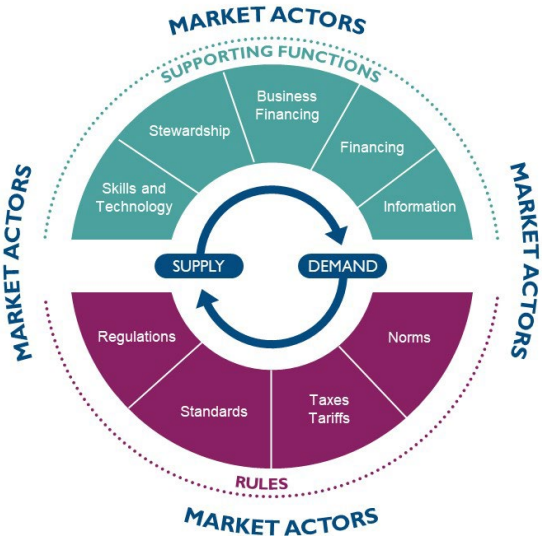
Diagnosis uses complementary market facilitation activities with stakeholders to validate the description, facilitate initial root cause analysis of issues identified in the description, and identify an initial set of intervention options that can be further fleshed out in the *Design* phase.

As a component of Diagnosis **Market Descriptions** consider how a particular market's "core" (i.e., supply and demand) functions are influenced and shaped by supporting functions, rules and regulations, and the implications of these dynamics for different actors who interact in that market (see Figure 2 below).[1]

[1] For more details, refer to FHM Engage MDA Brief #1: What is the MDA in Family Planning, Maternal, Newborn, and Child Health?

FIGURE 2: THE MARKET SYSTEMS FRAMEWORK

- The "core" market functions of supply and demand determine how care-seekers and care-providers "transact" with one another.
- Supporting functions (SFs) and rules and regulations (RRs)– the attributes of the health market system that collectively support, shape, inform, enable, and constrain such transactions; and
- Connected markets that produce inputs into the 'core' market, such as human resources, medical commodities, and financial services, also influence a market system's operations. Connected markets are also influenced by supporting functions which can impact their performance and ultimately demand and supply.



Objective and layout of this guide

This guide provides detailed guidance for FHM Engage staff, partners, and stakeholders on how to execute Diagnosis for FP, MNH, or CH product or service markets. It draws from existing external resources outlining analytical processes for conducting market-based and/or private sector assessments[2]. It is also informed by the experiences and feedback of FHM Engage teams who have been involved in producing the initial set of Market Descriptions produced for the project. Lessons drawn from debriefing these teams about collecting, compiling, and using data and information contained within a Market Description are integrated throughout this guide. Although this document has been developed with an FHM Engage use case in mind, the guidance and examples provided herein are also applicable in other project or implementation contexts where MDA is applied.

The guide is structured to provide a high-level overview of the entire Diagnosis process, followed by separate sections that provide a detailed description of each of the four steps of Diagnosis, including the objective or main output of the step, what logistical or analytical tasks teams complete before moving on to the next step, and links to resources and tools that teams can reference or use to help them through the component tasks of the step. Throughout the document guiding questions are presented to help teams critically gather, interpret and evaluate the large volume of data and information and data that teams will encounter throughout the Diagnosis phase. The final section of the guide provides a checklist of considerations and strategic questions that teams should be able to answer prior to moving on to the Design phase. Resources that have been created or modified for FHM Engage use are included as annexes in this document; hyperlinks to external resources are embedded where relevant.

[2] This includes guidance and resources developed by the Springfield Centre, PSI, and the SHOPS/SHOPS Plus projects. Links to these resources are provided elsewhere in this document.

Overview of the Diagnosis Process

Purpose and objectives of Diagnosis

Diagnosis is a process that seeks to understand and analyze *how* a health market (or several related ones) is not working ***AND*** to understand *why* the health market is underperforming. It has four key purposes:

1. Provide a holistic view of a selected health market, including the underlying features, trends, structure of the health markets that are critical to achieving health sector goals like increasing access and use of priority products and services.

2. Establish a shared baseline understanding of the core and supporting market functions including challenges and opportunities to increase access and/or use of priority products and services in a selected market.

3. Reveal where further information and data gathering may be needed to continue to inform market development interventions.

4. Provide a springboard to initiate dialogue with market actors to validate and inform the design of market interventions.

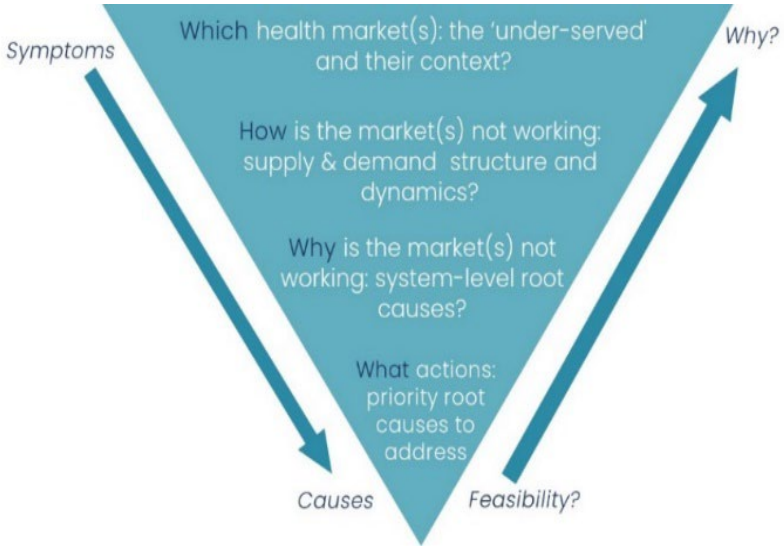
Although this guide features a set of strategic questions, suggested tools, and approaches that have been previously used by FHM Engage teams, Diagnosis is a flexible process that can accommodate use of a variety of pre-existing tools and methodologies to describe the market structure and articulate the market system failures. Box 2 below provides a few examples of other market assessment approaches—many of which have inspired and shaped the approaches FHM Engage teams have previously used for Diagnosis. Teams preparing to undertake a Diagnosis process may wish to review or bookmark these resources as additional source of guidance.

BOX 2: OTHER APPROACHES TO ASSESS PROBLEMS USING MARKET SYSTEM LENS

- → Markets for the Poor by Springfield Centre: The Operational Guide for Making Markets Work for the Poor (2nd Edition) - Springfield Centre
- → Keystone Design Framework by Population Services International (PSI): Keystone: PSI
- → Assessment to Action by the Strengthening Health Outcomes through the Private Sector (SHOPS) project: Assessment to Action Resource Guide

What distinguishes Diagnosis from other analytical approaches is the way in which progresses ***from the identification of symptoms to analysis of root causes*** (see Figure 3). The process starts broad and works down the "funnel of focus".

FIGURE 3. DIAGNOSTIC PROCESS: FROM SYMPTOMS TO CAUSES



Regardless of the tools or methods used, all Diagnosis efforts should aspire to:

- → **DESCRIBE** the current health market(s) operations in terms the "core" market functions of demand (e.g., who are current and potential users of the prioritized products or services) and supply (what products and services are on the market, where are they available, and at what price).

- → **ASSESS** the real or potential influence that market actors and supporting functions (e.g., policies, rules, regulations, norms, financing, skills, information and/or technology) have on supply and demand.

- → **DISCUSS** using information and analysis generated, facilitate discussion of opportunities and challenges in the overall health market (or a specific segment of the market) and identify a few potential intervention pathways to further develop, refine, or iterate during the Design phase.

Completing the Diagnosis phase does ***not*** mean that the team has collected and analyzed data on ALL aspects of the market. To be able to generate definitive answers about why a market is underperforming is simply impossible. ***However, by the end of the Diagnosis phase, FHM Engage and its partners will be strategically informed (Box 3) to confidently design/co-design interventions with other stakeholders—even if one does not have all of the answers***.

BOX 3. STRATEGIC QUESTIONS INFORMED BY DIAGNOSIS

- → **Broader context:** What is the size and percentage of the population at risk of and/or affected by lack of access to affordable, high-quality health service and products related to the priority health market(s)? How are these segments currently prioritized by market actors (if at all)?
- → **Current situation:** What is the current supply and demand in the priority market(s)? How big is the market? How many people does the priority health market(s) serve? How many people are not served?
- → **Market trends:** Has the market been growing? Shrinking? Has the number of underserved grown? What factors are known to be affecting these trends now and in the future?
- → **Resources:** Based on what is known about the possible challenges to address underserved segments of the market, is there sufficient and the right kinds of resources – money/financing, skills, and time – to affect the degree of change desired?
- → **Enabling environment and future opportunities:** What policies, rules, regulations, norms, and program/donor support (or undermine) efforts to serve different segments of the market? Are there new opportunities (in terms of policy, finance capacity, or technology) to reach underserved groups?

Four steps of the Diagnosis process

Executing Diagnosis is a four-step process:

1. **Scoping and planning Diagnosis** includes deciding which markets to focus on, assembling a team to undertake the Market Description (Step 2) and engage with market actors to make sense of the analysis, compiling key data sources and identifying primary data needs, and developing a timeline to complete the work.

2. **Describing the market in terms of core and supporting functions** includes conducting a desk review of relevant published and gray literature, analyzing secondary data sources, and conducting some primary data collection (including key informant interviews and rapid facility assessments/site visits), organizing findings according to core and supporting functions into a comprehensive Market Description.

3. **Critically evaluating the Market Description findings to identify how and why a market is underperforming** includes a team analysis effort to identify and categorize underperformance across market functions and conduct a root cause analysis to identify potential areas for intervention.

4. **Identify and prioritize potential interventions** includes discussions with FHM Engage team members, USAID, and other market actors to review and validate Market Description findings and prioritize intervention concepts for further delineation during the Design phase.

Figure 4 shows summarizes the tasks that comprise each Diagnosis step, summarizes the strategic questions addressed, and provides a high-level timeframe. The remaining chapters in this guide provide detailed guidance on each of the Diagnosis steps.

FIGURE 4: OVERVIEW OF THE FOUR DIAGNOSIS STEPS

Step 1: Scope and Plan the Diagnosis

Which market?

Choosing a health market(s) of focus for a Diagnosis process can be either a deductive process in which the Diagnosis team is directed by a key stakeholder (e.g., USAID/ Washington, USAID mission team, another donor, or other country-level stakeholder) to focus broadly on a priority health area (such as FP, MNH, CH or HIV/AIDS) and thus the component products and service markets that underly these health areas. Alternatively Diagnosis teams may determine the market of focus inductively by first working with stakeholders to identify a health problem and mapping that problem to specific product or service markets, where there is (or there is perceived to be) a lack of access to products or services that consumers need.[3] To date, most FHM Engage teams have selected markets in accordance with a specific USAID request and/or to align with an existing scope of work that had already determined the market(s) of interest.

Whether or not Diagnosis teams are starting with a direction set by USAID or other key stakeholders and/or donors, it is imperative that any Diagnosis effort start with a scoping engagement in which the Diagnosis team, USAID, and/or other key stakeholders discuss and agree on the scope and use of the information generated by the effort (Box 4).

BOX 4: KEY DECISIONS AND TASKS IN STEP 1

- **HEALTH AREA:** What health areas(s) have the most pressing health problems to tackle?
- **MARKETS:** What health products and services relate to the prioritized health area(s)?
- **PLAN:** Which team members will be involved in this effort? What secondary data is available, and what data will we need to collect? How will we present the findings from the Market Description?

Table 1 below outlines key decisions that need to be made before the Diagnosis team moves on to Step 2 (e.g. executing the Market Description).

[3] For teams needing to first identify a health problem to determine an appropriate market or scope for subsequent market Diagnosis activities, Annex 1 contains two worksheets that teams can use to facilitate internal or external discussions with stakeholders to identify a health problem and implicated health market to diagnose. Worksheet #1 is structured to help teams think through the health problem from a universal health care (UHC) lens; Worksheet #2 is designed to help teams contextualize a health problem in terms of its relevance, opportunity, and feasibility.

TABLE 1: CONSIDERATIONS FOR SCOPING A DIAGNOSIS EFFORT

Key question to resolve	Topics/questions for discussion
Which market(s) will be covered?	Does the key donor (USAID) or stakeholder (country government) already have a health area and/or specific product/service they want your team to describe and diagnose? If stakeholders do not have a specific market in mind, what health problem(s) related to product or service access might benefit from a Diagnosis process? Is the market of focus a national-level market or a sub-national-level market (e.g., specific to a geographic area or administrative unit)?
Which products/services will be covered?	As noted above, health area-focused Diagnoses implicate multiple products and services. Will the team need to touch on *all* potential products and services in the market, or are there priority products or services that should be the focus?
How much is already known about the market?	Many Diagnosis efforts will necessarily focus on products and services that have been socially marketed or prioritized by market actors for a long time, and therefore more likely to have been previously featured in secondary analyses and data sources (such as Demographic and Health Surveys (DHS)). Teams should keep in mind that data and information about newer products or lesser-documented services may be less available and thus require a longer, more intensive effort. The same can also be true when the market of focus is a sub-national level market where market-specific data may be less available.
What resources are available?	What is the budget available for the effort? Can we afford to involve multiple people over several months? Are there resources for in-country and/or international travel to accommodate primary data collection or discussions with stakeholders? How soon does the work need to be completed? Situations with a constrained time or financial resource budget may need to consider narrowing the Diagnosis to a selection of relevant products and services (rather than all products and services implicated) to be more feasible.
How will the information and data be used?	Is the primary purpose of the Diagnosis to inform and drive the design of FHM Engage-driven activities and interventions? Or is the effort intended more as an overall scoping or informational input to inform strategic or program planning of other market actors, including a donor or government entities?

Forming a Diagnosis team

In a busy context where a program team may be contending with competing demands and resource constraints, it can be tempting to "outsource" Diagnosis efforts to a consultant. However, lessons from FHM Engage experience to date suggest that there are great benefits when Diagnosis activities, particularly the execution of the Market Description, are thought of a "team" exercise where involvement from FHM Engage country program teams and/or local partners is essential to the success and usefulness of the entire effort.

Country program teams who have been involved in Diagnosis efforts have found that participation in the exercise can both validate and deepen their understanding of the market in which they are working. Additionally, having country program teams and/or local partners take the lead on primary data collection for the Market Description or meetings and workshops to share and work through the content of a Market Description, provides an additional opportunity to establish and strengthen relationships with market actors and may identify opportunities for collaboration to be further elaborated in the Design phase.

Nevertheless, FHM Engage country program teams have faced skill, time, and/or resource gaps related to secondary analysis of DHS data, data visualization, and preparing "appealing" PowerPoint presentations. Feedback from teams suggest that these could be functions that could either be "outsourced" to a consultant or centralized to a dedicated team of global FHM Engage staff who could fulfill these functions across a range of countries.

When outsourcing or centralization is not possible or desirable, teams could also consider identifying a "coach" with previous Diagnosis experience to provide short-term advising to teams as they work through each stage of the process. Although every new Diagnosis effort will have a range of context-specific resource and practical constraints that will influence who is ultimately able to carry out the work, Table 2 contains key considerations for forming a team to carry out Diagnosis tasks.

TABLE 2: CONSIDERATIONS FOR FORMING DIAGNOSIS TEAMS

Consideration	Guidance
Ideal team size	• 3-4 people • No more than one "outsourced" team member not based in the country
Essential roles and skills needed for Diagnosis activities (filled/supported by at least one member of the team)	• **Project management skills** to organize team, delegate desk review and data collection tasks, thereby facilitating group analysis/synthesis of Market Description findings • Subject matter expertise in **product marketing** and/or **supply chains**, especially in mixed health systems • Subject matter expertise in **service delivery**, especially in mixed health systems • **Quantitative analysis skills**, especially familiarity with and previous experience conducting secondary analysis on DHS data sets • **Interviewing skills**, particularly around using interview guides as a true "guide" rather than a "script" to keep participants engaged and probe further on unexpected but salient topics • **Data visualization and presentation skills** to help organize Market Description findings as appealing graphs, charts, and PowerPoint slides • **Oral presentation skills/comfort** with speaking and presenting to different types of audiences
Essential skills all/most team members should have	• Experience/familiarity in the relevant health area • Experience/familiarity with applying market systems frameworks in the health sector • Familiarity with USAID's localization strategy • Soft skills in relationship building and diplomacy • A "curious" mindset
Skills/experience where "external" or "centralized" expertise may be warranted	• Coaches to provide Diagnosis teams with discrete guidance and advice throughout the process • DHS data analyst to run segmentation analysis for key indicators and USE/NEED analysis, and create graphs/charts • Graphics and presentation support to assemble visually appealing PowerPoint slide decks

How long should Diagnosis take?

The length of time it takes to move through all four steps in a Diagnosis process can vary greatly, depending on the scope and maturity of the, the size, experience, and speed at which the Diagnosis team is assembled, and relative availability of the data needed to describe the market. Teams can expect the overall effort to take approximately three to six months from start to finish. Although some Diagnosis steps can be carried out concurrently with one another, and teams can expect that the later phases of Diagnosis will have some overlap with the Design phase. FHM Engage experience to date suggests the following timeline to complete all the steps of Diagnosis:

- **One month** to scope the Diagnosis (Step 1) with USAID/key stakeholders, and identify (and contract) key team members.
- **Two to four months** to conduct the Market Description (Step 2) and evaluate Market Description findings and identify implications (Step 3) as a team and prepare to present findings to external audiences.
- **One to two months** to present findings and implications to a variety of external audiences and prioritize potential interventions for to be further elaborated during the Design phase (Step 4).

Compiling information needed for Diagnosis

Prior to commencing a Market Description analysis (Step 2), teams should compile the key data resources needed. A comprehensive listing of potential data sources and resources is outlined in Annex I. Many of the data sources can be compiled/accessed through an Internet search. Where Internet searches are not fruitful, teams should identify other USAID implementing partners (IPs) or organizations that have been working in the relevant health market in the country to solicit additional data, research, or analyses that may be available and sharable. IPs and other relevant organizations may also be able to share additional contextual knowledge on recent developments in country and can be a key informant or facilitate connection with key informants who can provide further information.
In addition to compiling secondary data sources, Diagnosis teams may choose to collect additional primary data collection, should resources and time allow. It is recommended that teams first review or analyze secondary documentation collected to inform and streamline efforts to collect primary data. Primary data is primarily collected in two forms, key informant interviews (KIIs) or site visits in a selection of health facilities or retail outlets.

Key informant interviews (KIIs)

→ KIIs should be used to supplement (rather than rehash or duplicate) information that can otherwise be obtained from reputable secondary sources. In cases where secondary sources have gaps or quality issues, the KII can be used to verify information obtained through the desk review or secondary data analysis, and/or to obtain additional data sources which are not publicly available.

→ Key informants that Diagnosis teams may choose to interview include implementing partners; government officials from ministries of health (MOH), regulatory agencies, or financing authorities; manufacturers and/or distributors or relevant products or services, and providers.

→ Determining the number and nature of KIIs needed will vary by context and also be influenced by the time and resources available to the Diagnosis team.

→ Generally, teams should consider trying to reach the most influential players in the market through review of secondary documentation and local team knowledge.

- → The Private Sector Assessment to Action[4] along with the IHP+ Private Sector Landscape[5] are external tools that recommend the type of stakeholder groups to be interviewed and provide a set of interview guides for these stakeholders. Although a good start, the Diagnosis teams will need to review and adapt these interview guides to ensure that they have a focus on identifying factors that contribute to market performance or underperformance.
- → It is important to be prepared for KIIs – ideally teams will have already completed the desk review and analysis of secondary data and be knowledgeable about the market, prior to commencing KIIs. Teams should read up on their selected informants and/or ask other informants for background prior to commencing an interview. Teams should have at least some basic knowledge of the market and should use this knowledge as a conversation opener. Being ill-prepared wastes informants' time and can damage team credibility, sometimes irreversibly.

Site visits to health facilities and retail outlets

- → Teams may additionally choose to conduct site visits to collect information on product or service availability/cost or understand provider perspectives and about key observations/issues that are surfacing in the analysis.
- → When selecting providers to visit teams may wish to focus on a segment of providers with specific characteristics of interest, such as level or proximity to the consumer (i.e., clinical providers vs. pharmacists/drug sellers), geography, type (i.e., chain/social franchise, independent).
- → Prior to conducting any site visits (especially health facilities), teams should ensure that they have appropriate authorization to visit these facilities. Visits to retail outlets and pharmacies usually do not require authorization.

A NOTE OF CAUTION: Remember that Market Descriptions are not intended as formalized research studies, in part because funding and time constraints will necessarily limit the number of facilities that can be reasonably be visited. As a result, site visits only provide *illustrative* information that can aid the teams' interpretation of other data collected and used in the description. The data will not be generalizable, and teams should take care to note these caveats when reporting or sharing the Market Description with others.

How do you know when you have enough information?

Although Diagnosis requires teams to sift through and make sense of a great deal of information, it is neither possible nor desirable to collect "all" of the data on a market. During scoping (Step 1) teams should think about what aspects of the market's performance is needed to support decision-making around whether, if, and to what extent FHM Engage and/or its partners should spend further effort designing an intervention. To facilitate decision-making in this regard, Step 2 of this resource outlines the types of data and analysis that teams have incorporated into FHM Market Descriptions to date. Remember that information gaps may signal a potential area for intervention over a longer period, rather than something for a Diagnosis team to spend an inordinate amount of time on in the short run.

[4] Assessment to Action https://assessment-action.net/stakeholder-questions/
[5] https://thepalladiumgroup.com/news/Building-a-Roadmap-for-Systematic-Private-Sector-Engagement-in-Health

Compiling and presenting Market Description 'findings'

There is not a "right" way to compile and present a Market Description. Depending on the preferences of the primary audience, resourcing levels, or scope of the effort determined in Step 1, a Market Description could be a long form written report, a series of discrete briefs on different products/services or market functions, or a PowerPoint slide deck.

To date, all FHM Engage teams have compiled their Market Descriptions as comprehensive slide decks that are 60 to120 slides in total length. These decks cover all the components of the Market Description described in Step 2, as well as some key insights and messages generated in Steps 3 and Step 4. Although many FHM Engage teams have found that presenting the slide decks in their longest form ends up being "too much" data for most market actors to absorb at once, a comprehensive deck can be relatively easily "trimmed" to a shorter deck that can be tailored to align specific market actors' interests or sphere of influence.

Shorter decks tend to be a total of 30 to50 slides and provide an overview of the overall Market Description approach, some highlights from the demand or supply analyses (e.g., featuring prioritized population segments or to patterns or trends that highlight the positive or negative impacts of market functioning), and a summary of implications and opportunities (see guidance in Steps 3 and Step 4).

Best practices for market description slide decks

Whether presented in its comprehensive or shortened form, FHM Engage teams are advised to employ the following best practices when constructing a Market Description slide deck:

- → Unless teams are trying to present a few data points side by side to demonstrate a particular pattern or trend, ***avoid cramming too many data points or concepts on a slide*** (1 or 2 concepts/slide is recommended).
- → ***Avoid presenting data (charts, graphs, or tables) without some sort of summarizing statement*** or "key message" to help the reader or audience interpret the slide. These can be incorporated as a few bullets in a text box or even in the slide title. For further guidance, consult the FHM Engage guidance resource on data visualization (please email fhm-engage@fhm-engage.org to request the data viz resources).
- → If further explanatory or context information is required to fully appreciate what is presented on the slides, **teams can add this additional context information in the "notes" section of the slide**. When sharing Market Descriptions with stakeholders, FHM Engage teams should alert the audiences to the presence of additional/context information in the notes section, since these sections can sometimes be hidden. Alternatively, teams can save the Market Description deck as a PDF and set it so that the notes sections for each slide automatically show when the document is generated.
- → For any data presented in a Market Description slide deck, FHM Engage teams should make sure to **cite the source of the data** in a small text box somewhere on the slide (or in the notes section if there is no room to include the source on the slide itself).
- → **Icons and photos** (taken during primary data collection or select stock photos) can help bring to life Market Description findings that cannot be quantified or presented in a graph. FHM Engage maintains a library of icons and stock photos (please email fhm-engage@fhm-engage.org to request icons and/or photos).

For examples of the best practices outlined above and illustrations of the Market Description components described in Step 2, a selection of completed FHM Engage Market Description slide decks can be found in Box 5 (please email fhm-engage@fhm-engage.org to request any of the listed slide decks):

BOX 5. EXAMPLES OF FHM ENGAGE MARKET DESCRIPTION SLIDE DECKS

- → FP Market Description
- → MNH Market Description
- → CH Market Description

Step 2: Describe Core and Supporting Market Functions

Diagnosis Step 2 focuses on describing the structure, operations, and dynamics of the priority health market(s) scoped in Step 1. This section includes guidance for how FHM Engage teams and stakeholders can organize and structure a Market Description so that it comprehensively examines the core and supporting functions of the chosen market(s).

Four analytical components of a Market Description

A Market Description includes four analytical components:

1. **Situational analysis** of key health indicator statistics and trends
2. **Demand analysis** to contextualize use and need of key health products and services
3. **Supply analysis** to describe where and how key health products and services are provided and highlight the breadth and depth of products and services available in the market
4. **Enabling environment** analysis to describe the market actor landscape and highlight relevant policies, regulations (RR) and associated supporting functions (SF)

Taken together, the components of the Market Description should set up FHM Engage teams and stakeholders to holistically understand the market and articulate where and how it is underperforming, and ultimately identify opportunities for market actors to intervene.

The rest of this section provides a high-level overview of the content covered within each Market Description component and links to a set of annexes that provide more detailed guidance including strategic questions that Market Descriptions should be answering, suggest key data/points and approaches to address those questions, and note key data sources and tools that can aid in the analysis. Suggestions are provided for Market Descriptions of FP, MNH, and CH markets, based on what has been produced to date by FHM Engage teams. The exact products, services, and questions that teams will need to feature in their analysis will vary according to scope of the Diagnosis phase determined Step 1, or according to the defined scope of work defined in a pre-existing work plan.

Component 1: Situational analysis

In this component of the description, teams examine the status of key indicators that are relevant to the market of interest and can provide insights about whether, where, and for whom these key indicators are improving, stagnating, or declining. Teams do this by considering how these statistics have changed over time, or how they differ across key demographic characteristics (e.g., age, wealth quintile, or marital status). In most cases this teams will examine these indicators at the national level; where relevant/requested teams can provide sub-national details for selected geographies/administrative units of interest (e.g., states, counties, and/or regions).

The **Situational Analysis Guide in Annex 2** offers a set of guiding questions, key indicators, analysis, a suggested method for data analysis, and recommended sources and tools to guide the team's analysis for an FP, MNH, and CH market.

Component 2: Demand analysis

Demand analysis in a Market Description is anchored by a "USE/NEED analysis" (Figure 5).[6] To effectively target segments of the population, market actors need to account for distinctive demographic and behavioral characteristics of market segments that may need or otherwise benefit from using one or more products or services within a market. To unpack demand, teams use recent DHS survey results and population projection data to do three things:

1. Estimate of the size of the potential total market (in terms of absolute numbers of key product or service users).
2. Quantify the number of users that are currently being "served", "underserved" and/or "failed" by the market.
3. Assess the scale of the gap between use and need in the market and identify any patterns across demographic segments or trends in this gap over time.

FIGURE 5: USE/NEED GAP ANALYSIS

In most cases it can be helpful to 'slice' the USE/NEED gap by demographic characteristics including:

- Age
- Marital status
- Gender (if relevant)
- Residence (e.g., rural/urban)
- Geography (region, province, county, district if these data are available)
- Wealth quintiles

USE/NEED analysis enables Diagnosis teams to examine and present absolute numbers of potential or underserved users, rather than just as the percentages (which is the standard way this information is presented in DHS reports). Numbers of potential and underserved users provides an additional data point that can help Diagnosis teams and stakeholders better understand opportunities to intervene in the market, that may be better suited to one type of market actor than another. For example, in a numerically small segment of underserved users, for-profit market actors may lack incentive to serve that segment, which implies an intervention that either addresses the lack of incentives and/or works with public sector market actors to better reach this segment.

[6] The USE/NEED analysis approach was developed by PSI as a part of its Keystone Framework, and is described further on the Keystone website.

Before undertaking a USE/NEED analysis market development teams should define "use" and "need" as they apply to the market(s) of interest. These should map to the health behaviors that are required to achieve health impact. While need and use are well defined for FP, they are less well defined for other health areas.

A NOTE OF CAUTION: Prior to conducting USE/NEED for demographic segments, Market Diagnosis teams should take care to examine the DHS source data. Teams should avoid conducting USE/NEED analysis for demographic segments where the total number of sampled individuals in the DHS data is n=25 or less, as these data cannot be guaranteed to be representative of the population.

Exactly how a USE/NEED analysis is carried out will vary depending on the scope of the Market Description and/or skills of the team, ranging from relatively quick estimates calculated in Excel, to intensive analysis using complicated data sets in support of new health areas. The **Demand Analysis Guide in Annex 2** offers a set of guiding questions, key indicators, a suggested method for data analysis, and recommended sources and tools to guide the team's demand analysis for an FP, MNH, and CH market. Box 6 below describes a resources and tools that teams can consult to facilitate a USE/NEED analysis.

BOX 6: TOOLS AND RESOURCES FOR USE/NEED ANALYSIS

- Market Diagnosis teams can use an Excel based tool adapted from Keystone for FHM Engage use on FP-focused Market Descriptions (please email fhm-engage@fhm-engage.org to request the tool).
  - Across different tabs, teams enter DHS indicators and population data points to quantify the total potential market and calculate size estimates for segments of the population in need of FP, using FP, and failed by the market (i.e., those who need FP but not using a modern method).
  - The data needed for these calculations can be drawn entirely from public-facing population and DHS data bases, and the tool itself has a set of automatically generated charts, graphs, and strategic questions that can aid teams when interpreting the data.
  - Although the tool is set up for FP market analysis, FHM Engage team members familiar with Excel-based analysis can modify the formulas in the tool to conduct similar analyses for other markets.
- An additional tool that Market Diagnosis teams may consider using is the Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus) FP Market Analyzer, which combines data from DHS survey data and FP2020's projections of modern contraceptive prevalence rates (mCPR) and can be used to examine (and quantify) FP use among key population segments and model the impacts on use and FP provision under different Total Market Approach (TMA) scenarios). Currently the tool cannot be used to examine non-user segments or markets other than FP. Beginning in 2023 FHM Engage will begin making updates to this tool. For teams interested in exploring this resource, the FP Market Analyzer website help page contains several videos explaining how to use the tool.

Component 3: Supply analysis

The next component of the Market Description examines supply by considering the **range and variety of products and services available** in the market, their **price points**, the **places they can be found** (and the places care seekers go to find them), and the **actors involved in supplying or providing** them. Supply analysis relies on a mix of secondary and primary data sources including government statistics and reports, interviews with key informants, and/or facility site visits and retail

audits. DHS data can provide information sources of key products and services, while Service Provision Assessment (SPA) and/or Service Availability and Readiness Assessment (SARA) surveys provide data on service readiness and availability, though they are not as widely or recently available as DHS surveys.

In supply analysis, Market Description teams first assemble data from primary and secondary sources to create a "profile" of the relevant product or service categories, and then conduct deeper dive analyses on these categories to understand how products are procured and distributed, the extent to which key services and products are available whin different service delivery points, and where consumers, caregivers, and/or patients source relevant products or services. When historical data are available, supply trends can be examined to better understand supply dynamics, for particular products or services.

For each market of interest, teams may choose to analyze the entire range or a selection of relevant product or service categories (Table 3), as is appropriate for the scope and resourcing of the Market Description determined in Step 1. The **Supply Analysis Guide in Annex 2** offers a set of guiding questions, key indicators, a suggested method for data analysis, and recommended sources and tools to guide the team's supply analysis for an FP, MNH, and CH market.

TABLE 3: RELEVANT PRODUCTS OR SERVICE CATEGORIES FOR SUPPLY ANALYSIS

Market	Relevant Product Category	Relevant Service Category
FP	Condoms, oral contraceptive pills (OCP), injectables, implants, intrauterine devices (IUDs), emergency contraceptive pills (ECP), cycle beads	voluntary surgical sterilization; IUD insertion/removal, implant insertion/removal
MNH	Uterotonics, tocolytics, anticonvulsants, antihypertensives, corticosteroids, antibiotics, antiseptics, anti-anemics, anti-malarials	Antenatal care (ANC), postnatal care (PNC), normal delivery, C-section, basic or comprehensive emergency obstetric and newborn care (BEmONC or CmONC)
CH	Amoxicillin dispersible tablet (amoxDT), amoxicillin syrup, oral rehydration solution (ORS), zinc, pediatric antimalarials, vaccines (e.g., BCG, Penta-1, Penta-3 measles), micronutrients (e.g., iodine, iron, vitamin A)	Immunization services, malaria testing, nutrition assessment, counseling, and support

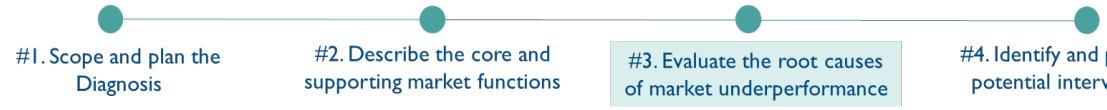
A NOTE OF CAUTION: Product or service availability is most easily assessed using existing survey data. When recent data are not available, teams can consider using DHIS2/HMIS data or conducting a rapid assessment of service delivery points, however both alternatives have limitations including limited coverage, accessibility, and/or generalizability.

Component 4: Enabling environment analysis

This part of Market Description should provide background and context information about the enabling environment that influences the core supply and demand market functions. This includes an overview of formal and informal ***policies, rules, regulations and norms (RRs)*** that affect the health market, and context snapshots for other ***supporting functions (SFs)*** that support, shape, inform and enable the interactions between health consumers and healthcare suppliers, such as health financing, health infrastructure, human resources, and heath data and information. The section also provides a landscape of the key market actors and stakeholders who actively shape or participate in SFs and RRs and/or otherwise influence the market. In most cases this section provides a national-level overview; where relevant/requested teams can provide sub-national details for selected geographies/administrative units of interest (e.g., states, counties, and/or regions).

This part of the analysis relies more heavily on qualitative data (e.g., KIIs and document review) than other parts of the Market Description. The **Enabling Environment Analysis Guide in Annex 2** offers a set of guiding questions, key indicators, a suggested method for data analysis, and recommended sources and tools to guide the team's supply analysis for an FP, MNH, and CH market. Annex 2 also includes Worksheet #3, which teams can use to identify stakeholder groups and map their roles and responsibilities.

Step 3: Evaluate the Root Causes of Market Underperformance



Step 2 focused on describing core and supporting health market(s) functions, with a focus on their current status and without as much emphasis on qualitatively evaluating the overall performance core and supporting functions in the market. In Step 3 teams turn their attention to explaining (or evaluating) ***how*** the health market(s) is (under)performing and ***why*** the market is underperforming. Step 3 is about ***moving from describing the market and the symptoms of underperformance to identifying root causes*** of market underperformance. Doing this requires looking beyond health market(s) operations individually to a wider market system analysis. Diagnosis teams will use the Market Systems Framework (MSF) described in the introduction along with a ***'thinking through questioning'*** approach to guide their analysis in Step 3.

BOX 7. STRATEGIC QUESTIONS FOR STEP 3

- In what ways and to what extent do prioritized products and services appear to be accessible to the key populations that need them?
- What supporting functions and rules/regs directly impact / influence selected market(s) ability to supply and support demand of key priority products and services?
- How well do market actors perform these SFs/RRs?
- What is the root cause of underperformance in the core and supporting function of the market?

Describing, evaluating, and identifying root causes requires a range of perspectives. FHM Engage has found that this step in the process is most successfully executed as a group analysis exercise in which those who completed the Market Description in Step 2 work with other FHM Engage country team members not directly involved in the effort to review Market Description findings. Together this expanded team will evaluate these findings using the MSF to articulate how the market is underperforming, and then select areas of underperformance for further root cause analysis. Given the volume of information contained within the Market Description itself, teams will likely need to conduct this exercise over multiple days.

Diagnosis teams could also consider including external partners including manufacturer or distributor representatives, colleagues from the ministry of health, partners, and/or donor representatives. By including them now, it may be easier to get buy-in at a later stage. Alternatively, teams may choose to conduct Step 3 as an internal exercise to start, and later validate the key findings and implications with stakeholders.

Evaluating market underperformance

Evaluating market underperformance is itself a three-part, iterative process to articulate the ways in which the market is underperforming (or failing) and why it is underperforming.

- → The first part of the analysis **uses dimensions of access as an analytic lens** to identify and surface key supply and demand issues in the Market Description.
- → The next part of the evaluation looks at whether and how specific SFs and RRs connect to and drive underperformance in the market.
- → The last part of the analysis uses root cause analysis techniques to **further probe areas of underperformance to better pinpoint the possible avenues for discrete intervention** or action by FHM Engage and its partners.

Part 1 - Assessing core and market functions through the lens of access

In this part of the analysis, FHM Engage teams identify and summarize the notable supply and demand issues in terms of access, which in the context of this analysis, is conceptualized as the interface between health care seekers/consumers and the market actors and entities that operate in the market system. Using the five consumer-centered dimensions of accessibility as an analytic lens, teams consider and review Market Description findings to assess the approachability, acceptability, availability, affordability and appropriateness of the relevant products and services in the market [7].

Table 4 below provides a series of evaluative questions (organized by access dimension) that teams can use to help identify and articulate the most pressing supply and or demand issues affecting the market. The top section of Worksheet #4 in Annex 3 provides a template where teams can summarize their conclusions.

In general, instances where teams cannot answer the questions below affirmatively, or where the Market Description is not able to provide enough information to confidently answer the questions, are signs of product or service access issue that results from market underperformance.

TABLE 4: QUESTIONS TO FACILITATE EVALUATION OF ACCESS IN THE MARKET

Access Dimension	Evaluative questions
Approachability	→ To what extent is consumer-focused information available about: health services and products in the selected health market? The costs and benefits of accessing them? Where, when and from whom to access them? → How extensive and effective are efforts to generate demand? → Are there policies or regulations in place that influence how/where consumer health information is disseminated? → What evidence is there that consumers are aware of available health services and products?
Acceptability	→ Are the products and services that are available on the market appropriately designed and/or offered in a way that aligns with local norms, preferences, or perceptions of health needs?

[7] For more on the five patient-centered dimensions of health care see: Levesque et al, 2013 https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18

Access Dimension	Evaluative questions
	→ Are there certain products or services that are offered in a way that makes it acceptable for certain consumer segments to use a priority health product or service?
Availability	→ Are the products/services readily available through a variety of different settings, outlets, or venues? → Is availability increasing/expanding or decreasing/shrinking? What are the main drivers of this? → Are these settings, outlets, and/or venues places consumers or patients would normally go to look for these products or services (and offered at times that they can look for them)? → Are there some consumer or patient segments that may be affected by variations in availability?
Affordability	→ Are the products or services priced affordably for the target populations? → Do private sector actors have sufficient incentives to provide products or services at affordable prices?
Appropriateness	→ Are there mechanisms in place to assure the quality of priority products or services? → Do providers have the technical competence to provide prioritized products or services? → Do providers have interpersonal competence to provide prioritized products or services in an acceptable form

Part 2 - Tying access issues to SF and RR underperformance

Once teams have evaluated supply and demand using the different dimensions of access, they can proceed to the next part of the evaluation analysis. Using components of the Market Description that focused on SFs and RRs and identified the landscape of market actors, this part of the analysis is intended to generate insights into the reasons for (under)performance. Table 5 lays out an additional set of evaluative questions about the nature of the SFs and RRs that understand the ***why and how*** of current (under)performance.

After using the evaluative questions to probe the level of market function underperformance, FHM Engage teams can then assess whether this underperformance is due to (i) ***missing or absent*** SFs and/or RRs (ii) ***inadequate performance*** SFs and RRs are performed, and/ or (iii) whether there is a ***misalignment*** between the SF roles market players are performing and the RRs that undergird them. (Under)performance can be assessed as:

- → **(A)bsent**: The SF or RR is missing because there is not an organization or market player in place to perform the role. For example, a government has set a target to train and supply 30,000 private and public health facilities to provide BEmONC services that will require $8.5 million US dollars, yet the government relies on donations and has not allocated budget to for required equipment and medicines.
- → **(I)nadequate:** The SF or RR is performed by a market actor that does not have the 'right' capacities or incentives to perform this market role well. For example, the regulatory authority

responsible for licensing pharmacies and drug shops may not have sufficient budget and staff to enforce quality guidelines and monitor dispensing practices and counterfeit medicines.

→ **(M)ismatched:** The SF or RR is mismatched because the market actor(s) is performing the 'wrong' role and is unlikely to have the capacities or incentives to perform this role in future. For example, market research reveals that consumers prefer to obtain injectables from a pharmacy, but the government has only authorized pharmacists to sell-- but not administer-- injectables.

Teams can use also use Worksheet #4 in Annex 3 to systematically evaluate the SFs and RRs using the AIM framework described above to summarize the analysis (see Figure 6 for example of filled-in AIM analysis template completed by the FHM Engage Pakistan team). This evaluative analysis of SFs and RRs becomes the team's 'working hypothesis' that should be interrogated, refined, and validated with stakeholders during the Design phase.

TABLE 5: QUESTIONS TO FACILITATE ARTICULATION AND ASSESSMENT OF SF AND RR UNDERPERFORMANCE

Market Function to Evaluate		Evaluative questions
Supporting Functions	**Market information/ intelligence**	• To what extent are the market actors aware of the priority products and services and health problems they can address? • Is there a free flow of timely, accurate and helpful information between market actors? • To what extent do all market actors have equitable access to market/information access to market intelligence? • To what extent do market actors do understand the overall market size and trends?
	Financing (Demand-side)	• Are there public financing mechanisms to remove the out-of-pocket costs of health service and products? • Who is eligible for these financing mechanisms? • Are there regulations in place to help lower the cost of health services and products to consumers?
	Financing (Supply-Side)	• To what extent does financing exist to adequately support demand in the market and provide income for suppliers who offer products and services to the population(s)?
	Business Financing	• To what extent do suppliers (of services and products) have access to financing for capital investments to expand access and/or improve quality, and/or to sustain businesses during periods of volatility in cash-flows?
	Supplies, skills, and technology	• To what extent do market actors have access to the supplies, skills and technologies needed to provide safe, effective, and affordable health services and products in the selected health market(s)? • Are products and services routinely be tested and inspected for quality?
Rules, regulations	**Standards/guidelines**	• To what extent are market actors aware of international and/or country-level standards or guidelines for prioritized products or services?

Market Function to Evaluate		Evaluative questions
		• Are there mechanisms to disseminate and facilitate adherence to guidance to market actors? Is the guidance adequate or are there gaps to be addressed?
	Regulations	• To what extent are the regulations sufficient to ensure health services and products that meet minimum quality standards? • To what extent do regulations create barrier to market entry or expansion?
	Taxes/Tariffs	• To what extent is the structure of taxes, tariffs, and other economic conditions sufficient to incentivize new actors and/or retain current actors in the health market system?
	Formal/informal norms	• To what extent do government policies should support and/or prioritize access to a product and service for all populations in need? • To what extent is there trust between public and private market actors? • Are private sector actors included and recognized as a part of the health system by public sector actors? • Are there platforms or mechanisms (e.g., technical working groups, policy forums) enables coordination, creation of consensus and resolution of conflict to work together to address a priority health problem and/or deliver prioritize products or services?
For each SF and RR above, use the evaluative questions to determine whether there is underperformance and assess whether that underperformance is due to an **absence** (of the market function/market actor to perform the role), **inadequacy** (of the market function to fully support supply or demand) and/or a **mismatch** (of the market function due to misaligned roles, incentives, or capacities to perform the function).		

FIGURE 6: EXAMPLE OF FHM ENGAGE PAKISTAN'S AIM ANALYSIS OF ITS FP MARKET DIAGNOSIS

Market characters			A	I	M	Observations
Rules and Regulations	**Regulations**				X	▪ **Lack of regulatory mechanisms** for private sector providers. ▪ **Service delivery restrictions** on Cadres for Implant removal. ▪ **Product registration** taking longer generally 1.5 to 02 years, very slow process impacting organizational plans launching new FP brands ▪ **Single source manufacturer import regulation:** this regulation restricting companies to import products from one/similar manufacturer (if one Pakistani company getting products from company X then no other company can purchase from this particular company and have to find another manufacturer). This issue has further challenges as this regulation also restricting to buy only from WHO qualified or ISO certified (CE) manufacturer which makes purchasing choices even harder)
	Tariffs, Taxes				X	▪ **General Sales Tax and custom duty** impacting significantly on condom brands (more specifically) and we know condoms has the second popular method (market share) in Pakistan ▪ **Cost of doing business** has risen dramatically given the current inflation and dollar fluctuation. Given this situation controlling prices and making it feasible for clients have become an ongoing serious challenge ▪ **Import issue** due to dollar shortage, letter of credits are not opening or delayed which impacting import of FP products
	Standards				X	▪ **No incentives** or regulatory imperatives for private sector provision of FP services except tubal ligations which are incentivized by public sector.
	Norms	**Supply**	X			▪ **Behavioral competence** (bias against young people, FP generally, and towards LARCs); Lack of norms for person centered care among private sector providers. ▪ Private sector providers' **low motivation** to offer services and report data and information for FP
	Norms	**Demand**	X			▪ **Lack of descriptive norms** for consumers to support demand mobilization. ▪ Unfavorable community and gender norms.

Part 3 - Articulating root causes of underperformance

At this stage, FHM Engage teams have described the market system weaknesses negatively impacting the selected market performance and articulated the nature of this underperformance. Now, one deepens the analysis and understanding about why – and in what ways – important SFs and RRs in the market system are absent, insufficient, or mismatched, which leads to underperformance of the core market functions of supply and demand. The goal of the final part of the analysis is to identify a set of "root causes" that drive the observations identified in Part 2 of this analysis, which positions teams to design interventions that will directly target and address the underlying causes of the problem. Experience demonstrates that there are three factors that are the main sources of underperformance:

→ **Incentives:** Incentives drive behavior. When designing an intervention, it is important to consider and integrate these into the market intervention design. Incentives are shaped by attitudes toward risk and reward (e.g., losing or gaining money, status, reputation, opportunity, assets, or resources). In health, incentives can be materially oriented, socially/reputationally oriented, or purpose oriented.

→ **Capacity:** Assessing market actors' capacity to perform relevant SFs/RRs and fulfil their assigned roles in a market system is as important as incentives. A policymaker can assess the capacity of individuals, groups and/ or organizations in the system. Capacity can be technical, financial, strategic, personal, or cultural.

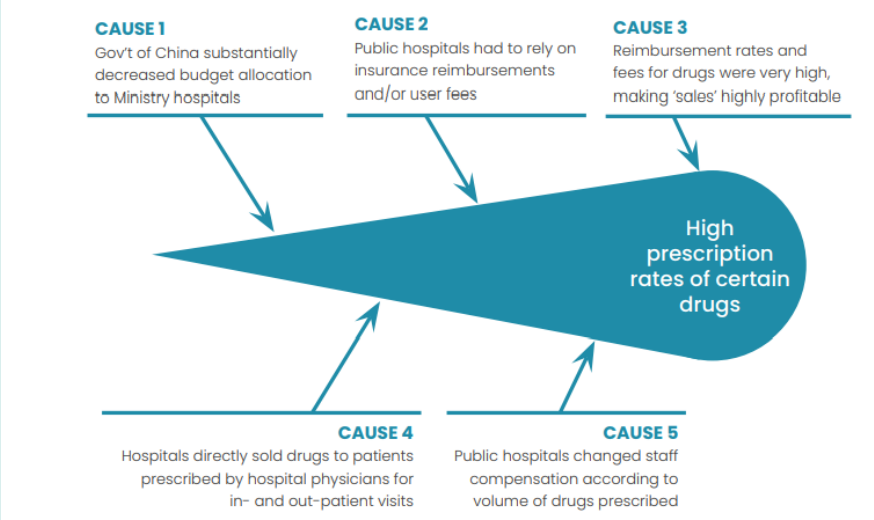
→ **Connected markets:** The (under)performance in a health market may be explained by variables in another market that is 'connected' to it. For example, health service providers may be unable to expand services into a new geographic area where there is excess demand because they cannot access credit (a connected market). In this situation, it may be necessary or useful to treat the connected market as a separate system from the target market and undertake a further diagnosis of its core functions, if it is within the scope of the present Diagnosis effort.

For each key constraint identified in Part 1 or 2 of this analysis, Diagnosis teams can consider whether some of the three factors described above are applicable, draw on group knowledge, and/or continue to scrutinize evidence surfaced in the Market Description. To support this effort, teams can use the ***"5 Whys" exercise*** to drill down to the underlying causes of market underperformance (see Worksheet #5 in Annex 3):

- First, the team chooses a clear statement of "the problem" from the AIM analysis in Part 2.
- The exercise proceeds by **asking the first 'why': why is this problem taking place?** There will probably be three or four plausible answers. Best practice is to record them all on a flip chart or whiteboard - or use index cards taped to a wall.
- **Ask up to four more successive 'whys', repeating the process for every statement** on the flip chart, whiteboard, or index cards. Post each answer near its 'parent.'
- The **analysis team will identify the root cause when asking 'why' until this yields no further useful information** (see Box 8 for an example of the output from a 5 Whys exercise previously completed by a non-FHM Engage team).

BOX 8. USING A "5 WHYS" EXERCISE TO EXPLORE OF HIGH COSTS IN CHINESE PUBLIC HOSPITALS

Research in China discovered higher than expected costs in public hospitals. Their research revealed an unusually high prescription rate related to certain drugs. Using the 5 Whys approach, then identified a chain of explanations why public hospitals overly prescribed these drugs. The ultimate cause was change in staff compensation which influenced hospital physician behaviors (incentives).



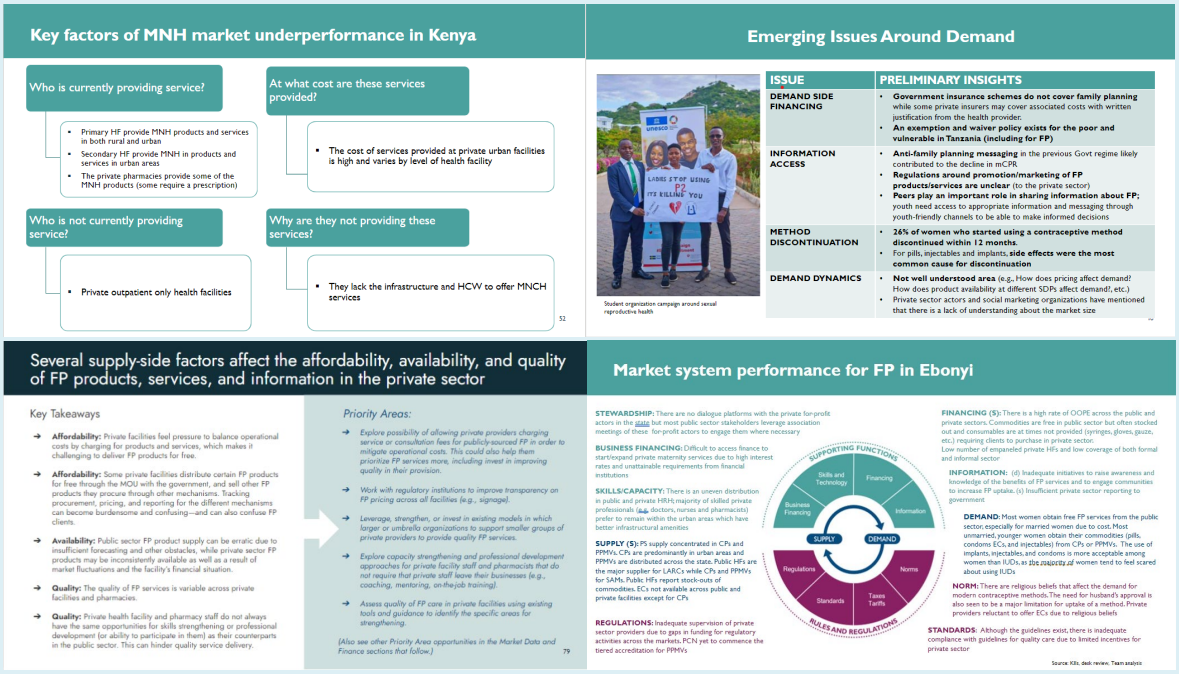
Source: Roberts M, Hsiao W, Berman P, et al. 2008. Getting health reforms right. New York. Oxford University Press: https://doi.org/10.1093/acprof:oso/9780195371505.001.0001

Using and incorporating outputs from Step 3 analysis

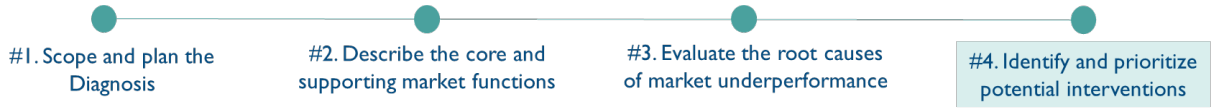
Note that an understanding of root causes does not by itself determine the right actions to take – its purpose is to help surface a range of potential ideas for intervention that could be further validated and elaborated in the Design phase. Since Step 3 can lead to many root causes, the next and last step of Diagnosis (Step 4) discusses how teams can prioritize these causes and present an appropriate and feasible range of potential intervention areas/ideas. Further, since the analytical insights produced in Step 3 can be quite dense and complex, Diagnosis teams may find it easier to summarize insights in a couple of slides and/or update key take-away statements incorporated elsewhere in a Market Description deck. Box 9 below provides additional considerations and examples for teams on options for incorporating these insights into a Market Description slide deck.

BOX 9. INCORPORATING STEP 3 INSIGHTS INTO A MARKET DESCRIPTION SLIDE DECK

Diagnosis teams have incorporated findings from Step 3 in different ways into their respective Market Description slide decks. The examples below show how FHM Engage teams have summarized outputs from root cause analyses (Kenya), access issues affecting demand (Tanzania), access issues affecting supply (Liberia), and summaries of market system function underperformance (Nigeria/Ebonyi).



Step 4: Identify and Prioritize Potential Interventions



The objective of Step 4 is to help Diagnosis teams position themselves to transition to the Design phase. During this step, teams consider the various intervention opportunities that have surfaced throughout the Diagnosis phase and decide on the range of stakeholders and partners who will need to be engaged to prioritize, select, develop and/or implement the intervention (Box 10).

BOX 10. STRATEGIC QUESTIONS FOR STEP 4

- What stakeholders or partners could be/should be engaged in future efforts to define and design market-based solutions, and ultimately help to implement these solutions?
- What potential interventions are implicated by the various analyses undertaken during Diagnosis, including the root cause analysis?
- What is relative feasibility and potential impact of these intervention concepts?

Identifying potential interventions and partners

At this stage, the Diagnosis teams have identified key areas of underperformance and their root causes, and now need to consider ***'who'*** is implicated and ***'how'***. While the goal of this step is not to design market interventions, it is intended to build a clear picture of the kinds of changes that are needed to drive improvement in market performance. To generate this picture, teams could gather for a group brainstorm exercise to generate a list of potential intervention options based on findings from Step 2 and Step 3 and organize these in a list according to core or supporting market function.

This part of Diagnosis is also about gaining clarity about which market actors might be implicated in the changes that are required in the market to improve health outcomes, the kinds of incentives needed to motivate the actions needed to change, and/or capacity-related challenges or opportunities different market actors would bring to the table. To move into Design, teams will need to plan which market actors will need to be engaged going forward. Considerations for engaging market actors in further efforts to develop, prioritize, and implement market interventions include:

- **Authority:** Authority refers to political, legal, organizational, or personnel authority. Some changes require more authority than others and it is important to assess if teams have engaged (or are planning to engage) the 'right' market actors process with the 'right' level of authority to support the kind changes implicated through Diagnosis.
- **Acceptance:** All change processes offer opportunities to some, and potential threats to others. teams will need to assess what are the threats and opportunities and who can potentially be their **'champions'** and **'opponents'** as they move forward to the Design and Deliver. Teams can start

to think about the strategies needed to manage and mitigate such dynamics in anticipation of moving into the Design process.

→ **Ability:** As a market facilitator, FHM Engage's primary focus is to work with and through in-country market actors. Each market actor will have different levels of time, money, and skills to initiate any kind of intervention. It is important for teams to explore what abilities each market actor has and what gaps need to be closed. It is also important to consider what market actors are already taking action to address particular market constraints, as these are ready opportunities for collaboration.

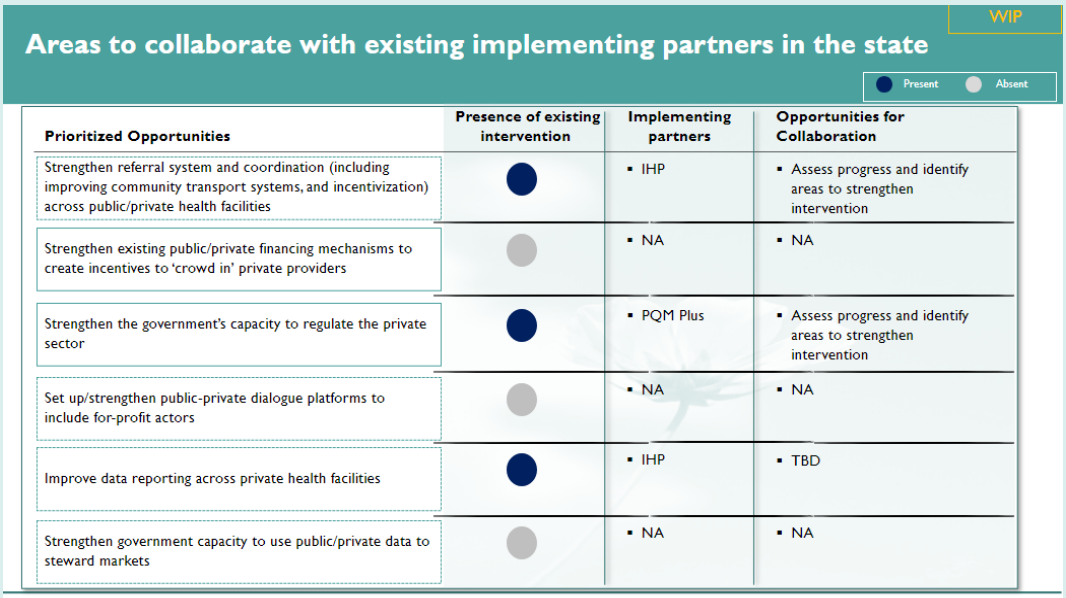
This selection process translates into team's preliminary 'game-plan' as to ***who*** they want to engage and ***how*** they are going to engage these potential implementing partners as they move forward with into the DESIGN phase. Box 11 below shows an example of some preliminary intervention options brainstormed by the FHM Engage Nigeria team coming out of their Diagnosis process.

Prioritizing potential interventions

The Diagnosis process has identified and evaluated different factors of underperformance. ***But not all factors are equal in terms of their negative effects, and not all offer the same degree of opportunity for change and improvement.*** To move forward to Design, teams will need first to prioritize market system intervention options by assessing the **potential for impact** and the **feasibility** of actually implementing the change.

BOX 11. FHM ENGAGE NIGERIA – IDENTIFYING INTERVENTION OPTIONS AND IMPLICATED MARKET ACTORS

To facilitate further discussion with market actors, the FHM Engage Nigeria team organized a list of brainstormed intervention options according to market function and considered which of these options had readily identifiable opportunities for collaboration. These findings were summarized and incorporated into their Market Description slide deck.



WIP

Areas to collaborate with existing implementing partners in the state

Present ● Absent ○

Prioritized Opportunities	Presence of existing intervention	Implementing partners	Opportunities for Collaboration
Strengthen referral system and coordination (including improving community transport systems, and incentivization) across public/private health facilities	●	▪ IHP	▪ Assess progress and identify areas to strengthen intervention
Strengthen existing public/private financing mechanisms to create incentives to 'crowd in' private providers	○	▪ NA	▪ NA
Strengthen the government's capacity to regulate the private sector	●	▪ PQM Plus	▪ Assess progress and identify areas to strengthen intervention
Set up/strengthen public-private dialogue platforms to include for-profit actors	○	▪ NA	▪ NA
Improve data reporting across private health facilities	●	▪ IHP	▪ TBD
Strengthen government capacity to use public/private data to steward markets	○	▪ NA	▪ NA

Source : Key Informant Interview, Team Analysis 114

FOR DISCUSSION

There are solutions that cut across markets that will strengthen FP, MN and CH markets

Themes		Opportunities	Ease of implementation	Impact potential
Supporting functions – Financing	1	Remove demand side financial barriers by increasing access to FCT health insurance scheme through sensitization and reduction of premium charges	2	3
	2	Include FP, MN and CH services and products in health insurance benefits package	1	2
	3	Authorize CPs and PPMVs to be providers under health insurance schemes	2	3
	4	Raise awareness of health insurance among beneficiaries and private health providers	2	3
	5	Facilitate the free distribution of both commodities and consumables to facilities to remove additional costs for consumables to the clients	2	4
	6	Explore ways of making FP commodities more available and at a cheaper price for private providers	2	2
Business Financing	7	Facilitate private sector provider aggregation to reduce improve quality, availability and reduce cost of offering services	3	4
	8	Facilitate the enrolment of more PPMVs in the rural areas and urban slums on PCN's tier accreditation program	3	3
	9	Address supply-side financial constraints such as removal of multiple taxation and importation tax on medical and pharmaceutical products	2	3
Skills and Capacity	10	Partnership with various professional healthcare associations and regulatory agencies for mandatory CME/CPE/update courses	3	3
	11	Strengthen private health facilities' capacity to deliver FP, MN and CH services under health insurance schemes and BHCPF	2	3
	12	Strengthen EBSHIA and FHIS staff capacity to engage private sector	2	2
Stewardship	13	Strengthen existing public-private communication platforms and partnerships	2	2
	14	Optimize the FCT MNCH week to include more private sector actors and to reach more rural communities	3	3
	15	Establish Drug Revolving Fund (DRF)	3	3
Information	16	Improve data sharing and use across private health facilities	2	3

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Potential for impact

Market systems present different opportunities for achieving positive change – though not necessarily at the same scope and scale.

- → **SCALE:** What is size and percentage of the population to be at risk of and/or affected by lack of access to affordable, high-quality health service and products related to the priority health area? Is supply and demand in the market growing or shrinking in general?
- → **SEVERITY:** What is a wider societal cost associated with the lack of access to the related affordable, high-quality health service and products, in general and for the segment that is underserved?
- → **RESULTS:** How might intervening impact key health outcomes, indicators, and/or goals? How certain is it that the intervention will be able to achieve the system changes envisioned?

Feasibility

Assessments about intervention options need to be bounded by feasibility to intervene and generate sizeable, positive, and sustainable impact. FHM Engage and its partners must have organizational capabilities (technical skills, levels of authority, and the ability to take decisions) and resources (staff, money, information) to implement and achieve the intended market system changes. Feasibility factors to consider include:

- → **RESOURCES:** Based on what is known about the possible challenges to address the health priority, is there sufficient and the right kinds of resources – money, skills, and time – to affect the degree of implementation success?
- → **CURRENT AND FUTURE OPPORTUNITIES:** Are there new opportunities (political, will, finance, capacity, technology) to reach this underserved groups? (e.g., would the intervention build on existing momentum? Or need to create new momentum?
- → **SPACE:** Are there other initiatives – for example, different government ministry and/or international donors, addressing this same health problem whose initiatives have conflicting (or complementing) objectives and approaches?

To facilitate these considerations Diagnosis teams can use Worksheet #6 in Annex 4 to help them systematically consider and score the impact potential and feasibility of different intervention options in a way that can allow teams to easily identify options with the most potential for impact and feasibility, thus providing a narrowed set of options that can be prioritized for further discussion in Design.

Box 12 below shows what the prioritization matrix looks like and an example of how it was used and applied by the FHM Engage team for the Kenya FP Market Description. Results from this exercise can either be summarized in the Market Description slide deck (like the Kenya team did) or simply serve as a discussion tool later in the Design phase.

BOX 12. PRIORITIZING INTERVENTION OPTIONS FOR ADDRESSING UNDER-PERFORMANCE IN THE KENYAN FP MARKET

To facilitate further discussion with market actors the FHM Engage team that completed a Market Description for the Kenyan FP market used a prioritization matrix tool to help them identify intervention options with the most potential for impact and feasibility. These findings were summarized and incorporated in their Market Description slide deck.

We leveraged a prioritization matrix to rank the various options for market intervention options

Questions considered in assessing **FEASIBILITY** of interventions:

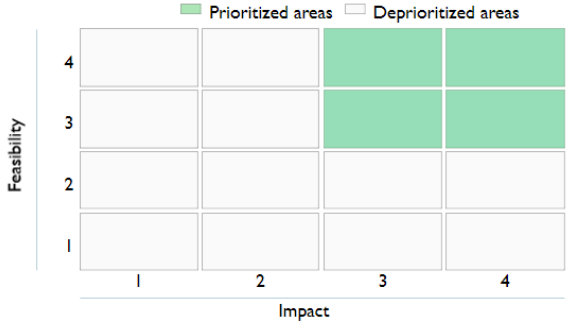
1. Are there existing resources to facilitate implementation of intervention?
2. Are there enabling policies?
3. Does it reinforce existing systems rather than set up a new system?

Ranking

Solutions were accessed using the questions on the feasibility and impact matrix: All questions were assigned equal weighting

Prioritization

Solutions were prioritized if they had a minimum score of 3 for both feasibility and impact (represents a combination of *"Easy wins"* and *"Aspirational targets"*)



Questions considered in assessing **IMPACT** of interventions:

1. Can it sustainably improve the FP indicators?
2. Can it rapidly improve the FP indices?
3. Can it strengthen private sector service provision?

We prioritized some interventions to consider in addressing the emerging market constraints

Prioritized Opportunities | To be explored further

Feasibility

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- Improve the capacity of PHERM-C and PCN to regulate private sector providers, especially in the hard-to-reach rural areas
- Optimize the FCT MNCH week to include more private sector actors and to reach more rural communities
- Improve data sharing and use across private health facilities

- Facilitate the enrolment of more PPMVs in the rural areas and urban slums on PCN's tier accreditation program
- Strengthen the ongoing efforts to streamline supply chain of RMNCH commodities through Abuja Central Medical Stores
- Facilitate private sector provider aggregation to reduce improve quality, availability and reduce cost of offering services
- Formalize and optimize two-way referral systems between public and private facilities-including CPs and PPMVs; with efficient transport systems and incentives for the private sector actors
- Remove supply side financial barriers by increasing access to credits for private sector supply chain actors
- Establish Drug Revolving Fund (DRF)
- Partnership with various professional healthcare associations and regulatory agencies for mandatory CME/CPE/update courses

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- Support public HFs to use more efficient IT systems for day-to-day patient management and for data reporting
- Strengthen existing public-private communication platforms and partnerships
- Support public HFs to use IT systems for day-to-day patient management and data reporting
- Include FP, MN and CH services and products in health insurance benefits package
- Strengthen EBSHIA and FHIS staff capacity to engage private sector
- Explore ways of making FP commodities more available and at a cheaper price for private providers

- Remove demand side financial barriers by increasing access to FCT health insurance scheme through sensitization and reduction of premium charges
- Improve community awareness to address norms surrounding RMNCH services
- Resolve human resource for health mal distribution across health facilities in the rural area through performance-based incentivization of health workers in the areas
- Authorize CPs and PPMVs to be providers under health insurance schemes
- Strengthen private health facilities' capacity to deliver FP, MN and CH services under health insurance schemes and BHCPF
- Address supply-side financial constraints such as removal of multiple taxation and importation tax on medical and pharmaceutical products

Final Checklist: Guiding Questions and Considerations for Diagnosis

The markets FHM Engage is working in are complex. To facilitate improvements in the performance of these markets, FHM Engage and its partners and stakeholders will need to deal with and embrace this complexity. It is not about perfect information and knowing everything. It is about knowing enough to move forward with confidence. It is about balancing rigor and transparency. The four steps of the Diagnosis process help teams to build a comprehensive picture of the market and its performance. Prior to moving on to the Design phase, teams should pause and reflect on the questions below. If the Diagnosis team can answer most of these questions with confidence, then they are ready to transition to Design!

- → **PROBLEMS AND POPULATIONS:** Is the health problem under consideration well defined in terms of who and how many are affected by it, and what the impacts are on affected individuals, families, and the wider society? Is the health problem significant and a priority? Is it getting worse or better?
- → **MARKET STRUCTURE AND PERFORMANCE**: Are the health products and services in the 'right' health market well defined? How is supply organized and how is it differentiated toward different consumer groups – particularly the underserved groups that the market is failing? How big is the market - relative to need / demand? Is it growing / changing over time?
- → **DRIVERS OF UNDERPERFORMANCE:** How is the market underperforming in respect of critical indicators of access, quality, and affordability? What are the primary barriers to demand-side performance? What are the primary barriers to supply-side performance? What is the underlying cause(s) of observed underperformance? Who is under-performing? Is under-performance linked to an incentive and/or capacity-related problem? Or does the root cause of the problem lie in a connected market?
- → **SHARED PERSPECTIVES:** How inclusive has the analysis to date? Who are the key stakeholders and how representative are they? To what extent has your assessment been tested and triangulated with key stakeholders and/or is there a plan to validate the analysis with market actors during the Design phase?
- → **KNOWLEDGE GAPS:** Have the knowledge gaps been identified? Is it clear on what one does not know – yet – or know about it sufficiently? Is there enough data/ information to move forward and 'backfill' any knowledge gaps over time and as one moves forward. If one does not know enough to move forward, why not, and what should be done to resolve it?

Annex 1: Tools and Resources for Diagnosis Step 1

Key Data Sources for Diagnosis

The table below provides a description of the aspects of the market that are typically scrutinized during Diagnosis and provides suggestions for some of the types of data sources that may exist and that will be useful to review and analyze as a part of the Market Description. The list provided in the table is not exhaustive but rather serves as a platform for further inquiry and identification of other key data sources. The table itself is organized by type of data source, with key documents/qualitative sources identified first, followed by key quantitative data sources, some of which can be customized/manipulated to support the demand analysis.

	KEY DOCUMENTS AND QUALITATIVE DATA SOURCES PROVIDING AN OVERVIEW OF THE MARKET	
	Market system area	**Key sources (list is not exhaustive)**
A	Barriers and priority interventions described in national policy and strategy (with attention to those that explicitly or implicitly involve the private sector)	• National Policies, Strategies or Guidelines (for reproductive health/FP, maternal and newborn health, child health, HIV etc.) • Country FP2030 commitment (FP only) • Investment case/framework (e.g., Global Financing Facility) • Donor reports • SHOPS Plus Reports (including private sector assessments (PSAs), private sector censuses, consumer-level research, and retail audits)
B	Country health context including priorities, commitments, goals and/or targets related to mCPR, maternal mortality and morbidity rates, neonatal and under 5 mortality, disease/illness prevalence, etc.	• National Policies, Strategies or Guidelines (for reproductive health/FP, maternal and newborn health, child health, HIV, etc.) • Costed implementation plans • Country FP2030 commitment (FP only) • Donor reports
C	Key national platforms for prioritized health areas	• National Policies, Strategies or Guidelines (for reproductive health/FP, maternal and newborn health, child health, HIV etc.) • Easily facilitated KIIs with implementing partners, local manufacturers and distributors, and MOH officials.
D	Key market actors working in prioritized health areas	• National Policies, Strategies or Guidelines (for reproductive health/FP, maternal and newborn health, child health, HIV etc.) • Easily facilitated KIIs with implementing partners, local manufacturers and distributors, and MOH officials.
E	Key aspects related to supply of priority products/services	• National Policies, Strategies or Guidelines (for reproductive health/FP, maternal and newborn health, child health, etc.) • National Essential Medicines List • List of Locally Registered Products (with Drug Regulatory Authority) • Program or health-area specific implementation frameworks or strategies • Training curricula and service provision guidelines • National quantification reports • Costed implementation plans • WHO/National Health Accounts budget and expenditure analyses • Donor reports • Market landscape reports

	KEY DOCUMENTS AND QUALITATIVE DATA SOURCES PROVIDING AN OVERVIEW OF THE MARKET	
	Market system area	**Key sources (list is not exhaustive)**
		• Existing retail audits • Health Facility Master List
F.	Key aspects related to demand for priority products/services	• National Policies, Strategies or Guidelines (for reproductive health/FP, maternal and newborn health, child health, etc.) • Published analysis of DHS • National Quantification reports • National population estimates (UN Population projections or country specific statistics bureaus) • *Existing* Consumer surveys • *Existing* willingness-to-pay surveys • *Existing* Peer reviewed research (e.g., on aspects related to priority product/service use, availability, quality of care, etc.) • Donor reports
	QUANTITATIVE DATA SOURCES FOR SECONDARY ANALYSIS	
	Customizable Data Sources	**Description**
	DHS Program STATcompiler (statcompiler.com)	The DHS Program STATcompiler allows users to make custom tables with indicators from the DHS across more than 90 countries for selected DHS survey(s). The customization allows indicators to be disaggregated by different background characteristics. It provides an efficient way to extract key statistics from particular DHS surveys (without having to reference the comprehensive reports) and enables for compilation of statistics across multiple surveys. Note: STATcompiler is only available for publicly available datasets. In instances where a full DHS survey has not been released, STATcompiler will be unable to compile data from that survey.
	Private Sector Counts (privatesectorcounts.org)	Similar to the STATcompiler, Private Sector Counts also uses DHS survey data. The tool focuses on distinguishing the private and private sectors' contributions to FP and child health service delivery in USAID priority countries. Visualizations are generated with customizable options, including demographics, method, and types of users. Note: Private Sector Counts currently does not include DHS data released after 2021 but will be updated beginning in late 2023.
	Performance Monitoring for Action (PMA) Data Lab (datalab.pmadata.org/data/indicators)	PMA generates frequent, high-quality surveys monitoring key FP indicators in nine countries in Africa and Asia. The customizable data charts in the PMA Data Lab allow users to select indicators and geographies, as well as additional grouping based on the indicator. The site uses data from PMA surveys that focus on FP indicators annually in 9 FP2020 countries.
	FP Market Analyzer (fpmarketanalyzer.org)	The FP Market Analyzer uses data from DHS and FP2020's projections of modern contraceptive prevalence for exploring scenarios. It includes both current situations with a focus on public vs. private sector contributions in FP, as well as options to explore different scenarios on changes in method mix, users, and sectors. Note: the FP Market Analyzer currently does not include DHS data released after 2021 but will be updated beginning in late 2023.
	Reproductive Health Supplies Coalition (RHSC) RHViz	RHViz, is a series of public-facing dashboards that combines historical FP commodity procurement data with live procurer shipment data.

KEY DOCUMENTS AND QUALITATIVE DATA SOURCES PROVIDING AN OVERVIEW OF THE MARKET	
Market system area	**Key sources (list is not exhaustive)**
(https://www.rhsupplies.org/activities-resources/tools/rh-viz/)	Users can tailor the shipment data to specific countries, funders, contraceptive methods and the timeframes.
Non-customizable data sources	
RHSC LEAP – Contraception Landscape (leap.rhsupplies.org/#/custom/contraception)	The LEAP analysis uses findings from Commodity Gap Analysis conducted by RHSC, and provides estimates of the number of users, the methods used, and related costs for the selected country. The report includes various figures that are disaggregated by method of contraception and public vs private sector, including subsidized vs. non-subsidized products.
PMA survey results summary (pmadata.org/data/survey-results-summaries)	PMA also generates summary information on each survey result in a report format. PMA surveys include household questionnaire, female, service delivery point, and client exit interviews.
Track20 Country Reporting (http://www.track20.org/pages/participating_countries/countries.php)	Track20 focuses on tracking progress in FP across 69 countries, and the Family Planning Estimation Tool produces annual estimates of modern method contraceptive prevalence rates, contraceptive method prevalence rates, and unmet need through statistical modeling that is designed to incorporate all available data, including survey data, service statistics, as well as regional and global historical patterns of change.
DKT Contraceptive Social Marketing Statistics (dktinternational.org/contraceptive-social-marketing-statistics/)	DKT International publishes annual self-reported sales data for contraceptive social marketing programs that generate at least 10,000 CYPs.
Track20 Family Planning Spending Assessment http://www.track20.org/pages/data_analysis/FPSA.php)	The assessment tracks the flow of resources and expenditures for FP programming in a country. It includes financing sources from public, private, or foreign by different providers of services.
Reproductive Health Supplies Coalition (RHSC) (https://www.rhsupplies.org/activities-resources/publications/2021-contraceptive-security-indicators-survey-8759/)	The USAID Global Health Supply Chain Program developed the Contraceptive Security indicators to measure and track access to contraceptives at a country level. The 2021 report shows findings on indicators including leadership and coordination, finance and procurement, policies in relation to FP access.
DHS Service Provision Assessments (SPA) (https://dhsprogram.com/methodology/Survey-Types/SPA.cfm)	The SPA survey includes an assessment of commodity and equipment availability and service provision in both public and private facilities. Report of SPA survey, available in 13 countries, contains data on contraceptives availability and supplies.
WHO Service Availability and Readiness Assessment (SARA) (https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara)/service-availability-and-readiness-assessment-(sara)-reports)	Similar to the SPA, the WHO SARA survey also includes assessment on the provision of FP services at public and private health facilities.

Tools to identify a market of focus (Diagnosis Step 1)

Teams can use Worksheets 1 and 2 to facilitate the identification of health problem on which the team will subsequently focus its Diagnosis efforts. Worksheet #1 is structured to assess a health problem using a UHC lens, while Worksheet #2 is structured to assess a health problem from the standpoint of its relevance, opportunity, and feasibility.

Worksheet #1: Problem prioritization using a UHC lens

Health Problem Statement	Describe the health problem in a few bullets
Prioritization of health problem using UHC Lens	
✓ Access	Describe the health problem in terms of access (cite sources)
✓ Quality	Describe the health problem in terms of quality (cite sources)
✓ Affordability	Describe the health problem in terms of affordability (cite sources)

Worksheet #2: Problem prioritization using a "relevance, opportunity, feasibility" lens

Health Problem Statement	Describe the priority health problem in a few bullets
Prioritization of health problem using selection criteria lens	
✓ Relevance	Describe health problem in terms of **need and priorities…**
✓ Opportunity	Describe health problem in terms of **opportunity for change**…
✓ Feasibility	Describe health problem in terms of government and private sector **capacity, complexity and reach**…

Annex 2: Tools and Resources for Market Descriptions (Diagnosis Step 2)

Situational Analysis Guide (Market Description Component 1)

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
What is the overall demographic profile of this Market Description's geographic focus?	→ Overall population and population growth rate → Population of married and unmarried women of reproductive age → GDP and GPD/capita → Poverty rate (international poverty line $2/15/day) → Literacy rate (male/female)	→ Key statistics are pulled directly from relevant reports/data sources (most recent year) and presented in a simple table. → Note key takeaways/ observations in a few bullets.	→ World Bank Data Bank GDP, poverty, and population growth rates → UN Population or national bureaus of statistics for population → Note: that sub-national data (i.e., for regions, states, provinces) may need to be sourced from alternative resources.
What is the current status of key indicators for the prioritized health market? **How do different market segments compare to one another?** **Are there segments that stand out, relative to others (e.g., with a markedly different indicator values)?**	FP → Total Fertility Rate (TFR) → Teenage pregnancy → Modern contraceptive prevalence (mCPR) → Method mix MNH → Maternal Mortality Ratio (MMR) → Neonatal Mortality Ratio (NMR) → Under 5 Mortality Ratio (U5MR) → Births conducted by skilled birth attendants (SBAs) CH → Pneumonia, malaria, and diarrhea prevalence and treatment → Immunization → Stunting/Wasting	→ Key statistics are pulled directly from relevant reports/data sources (most recent year) and presented in a simple table. → As relevant, disaggregate indicators by: age, residency, marital status, geographic/ administrative unit, wealth quintile, education. → Note key takeaways/ observations in slide title or 1-2 bullets.	→ WHO Global Health Observatory (overall – consecutive year available from modeled data) → Most recent DHS-use StatCompiler or download datasets for analysis in statistical program

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
Is the country on track to meet key indicators or targets that are relevant to the prioritized health market (e.g., SDG health targets and/or FP2030 commitments)?	→ FP2030 Commitments (if available, or FP2020 if not) → SDG Targets/Indicators (3.1, 3.2)	→ Compare key indicators to stated relevant commitments and goals and note whether country is on/off target. → Can present simultaneously with key indicators described above.	→ FP2030 commitments → UN SDG Goals Report or SDG tracker → Government policy documents
What is the trend of key indicators for the prioritized health area? **Are key indicators improving, stagnating, or deteriorating?** **How do trends for different market segments compare to one another? Is there one segment with a markedly different trend?**	FP → Total Fertility Rate (TFR) → Teenage pregnancy → Modern contraceptive prevalence (mCPR) → Method mix MNH → Maternal Mortality Ratio (MMR) → Neonatal Mortality Ratio → Under 5 Mortality Ratio → Births conducted by skilled attendants CH → Pneumonia, malaria, and diarrhea prevalence and treatment → Immunization → Stunting/Wasting	→ Key statistics for each available time period are presented in simple line or bar graphs. → As relevant, disaggregate by: age, residency, marital status, geographic/ administrative unit, wealth quintile, education → Note key takeaways/ observations in slide title or 1-2 bullets	→ WHO Global Health Observatory (overall – consecutive year available from modeled data) → Most-recent DHS plus all other DHS available since 2000 -use StatCompiler or download datasets for analysis in statistical program

Demand Analysis Guide (Market Description Component 2)

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
What is the size of the total potential market for the prioritized health area (e.g., those with need for a product or service in the market)? • FP product/services (FP) • ANC, SBA, and or PNC services (MNH) • Childhood illness treatment, nutrition services, or vaccination services (CH)	→ Estimated number of women of reproductive age (WRA) with a need for FP (FP) → Estimated number of annual pregnancies (MNH) → Estimated number live births annually (MNH) → Estimated prevalence of childhood illnesses, stunting wasting, vaccination coverage (CH)	→ Population estimates for key population segments are imputed by converting DHS percentage estimates into estimated numeric totals. → As appropriate/relevant disaggregate totals by age, residency, geographic/ administrative unit, wealth quintile, education. → Present as stacked bar, pie, or doughnut charts (with numeric and % labels) to highlight notable patterns across demographic segments (e.g., which segment(s) have the greatest total need. → Note that numeric figures are estimates to contextualize the percentages typically presented in DHS and other reports.	→ Most recent DHS for country; use StatCompiler or download datasets for use in a statistical analysis program → Recent population data (e.g. national census/statistics bureau, or estimates from UN World Population Prospects) → Use USE/NEED Estimation tool
Who is the market serving? • What is the current use of the relevant products or services in the total FP/MNH/CH market? • What is the profile of those with met need for FP product/services that they need? • What is the profile of women who receive ANC, SBA services, or PNC? • What is the profile of caregivers of children treated for out of home or who complete vaccination series?	→ Estimated number (and percent) of WRA with a need who are currently using modern FP methods. → Estimated number (and percent) of women receiving one or more ANC visits, delivering with a skilled provider, and/or with one or more PNC visits. → Estimated number (and percent) of children under 5 receiving illness or malnutrition treatment, and/or vaccination series.	→ Using total market size estimates above, disaggregate total potential market by met need or those receiving services. → Can further segment data to examine use patterns by key demographic characteristics. → Present as bar charts to highlight notable patterns across demographic segments where appropriate.	→ Most recent DHS for country; use StatCompiler or download datasets for use in a statistical analysis program → Recent population data (e.g. national census/statistics bureau, or estimates from UN World Population Prospects) → Use Use/Need Estimation tool or FP Market Analyzer
Who is the market underserving and/or failing?	→ Difference between the total potential market and estimated number (absolute	→ Using total market size estimates above, disaggregate total potential market by	→ Most recent DHS for country; use StatCompiler or download datasets

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
• How large is the gap between use and need? • Which demographic segments have the largest gaps between use and need? • What is the profile of those with unmet need for FP? • What is the profile of women who do not receive ANC, SBA services, or PNC? • What is the profile of caregivers who do not treat children out of home or complete a vaccination series? • How do the profiles of underserved market segments compare to those who are served by the market? • Based on the relative estimated size and profiles of segments failed by the market, do the data suggest opportunities for private or public market actors?	number and percent difference) of WRA with met need for FP → Difference between the total potential market and estimated number (absolute number and percent difference) of women not receiving one or more ANC visits, delivering with a skilled provider, and /or with one or more PNC visits → Difference between the total potential market and estimated number (absolute number and percent difference) of children under 5 not receiving illness or malnutrition treatment, and/or vaccination series	unmet need or those not receiving services. → Can further segment data to examine non-use patterns by key demographic characteristics and identify key differences between served/underserved segments. → Present information graphically as stacked bar or donut charts (adding labels for numeric and % totals) and highlight notable patterns where appropriate. → Examine market segment size estimates and profiles to identify potential opportunities for targeting (by private and/or public market actors).	for use in a statistical analysis program → Recent population data (e.g., national census/statistics bureau, or estimates from UN World Population Prospects) → Use Use/Need Estimation tool

Supply Analysis Guide (Market Description Component 3)

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
Product/Commodity Profile • What is the breadth (i.e., product categories) and depth (i.e., different brands/varieties) for key products in the market? • How much do these products cost in the public and private sectors? • What is the forecasted need for these products? • How many products are registered for use in the market? • Are any key products manufactured locally?	→ Main procurement financer (for publicly procured products) → Number of registered products/category → Procurement price → Price to clients in public sector (range, average) → Prices charged to private sector clients (range, average) → Number of registered products → Number of local manufacturers (if relevant)	→ Present key statistics in table format for the relevant product categories. → Note key observations in slide title or a few bullets. →	→ Key informant interviews with drug regulators, supply chain managers/ procurement managers, providers, implementing partners → Rapid facility/pharmacy assessments ***or*** existing retail audits → RHSC data (FP only) → UNFPA supply catalogues (FP only) → WHO Global Price Reporting Mechanism (GPRM) – For Global Fund commodities only (HIV, TB, Malaria) → National quantification figures and reports → Essential medicine lists/Approved medicines lists
Product procurement and sales (macro level) • What is the volume and value of FP products procured? • What is the availability of priority products and services in health facilities? • What stakeholders play a role in the supply chain for key products? • What data do stakeholders use to determine product and service needs/forecasts? • What is the overall trend in product procurement/ forecasts/sales (e.g., Are they increasing each year? Decreasing? Inconsistent?)	→ Total annual volume of public sector and shipped per year (disaggregated by method) → Total annual volume of socially marketed contraceptives sold per year (disaggregated by method) → Total estimated value of public sector contraceptives shipped based on procurement cost → Value of socially marketed contraceptives sold per year. • Public sector and private sector product forecast	→ Key statistics are pulled directly from relevant data sources/reports. → Typically presented as line or bar graphs, with disaggregates for specific products and/or sector, and across multiple years. → Key observations from graphs or take-aways from KIIs are summarized in bullets or slide titles.	→ DHIS2/HMIS data (if available) → RHSC data (FP only) → DKT- Contraceptive Marketing Statistics (FP only) → National quantification figures and reports → Stakeholder KIIs with MOH, IPs, donors

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
Service and commodity availability (facility level) • What is the availability of relevant medicines, commodities, or services in health facilities? How does this differ by facility ownership? • What is the patient cost to receive priority services in public and private sector service delivery points? • What types of service delivery points are permitted/authorized to provide priority products/services? • What provider cadres are permitted/authorized to provider priority products and services? • Are there certain products or services that are more (or less) available in private sector service delivery points? • Do service delivery points have trained staff in place to provide priority services? • How do service delivery points in the public and private sectors obtain priority products and commodities? • What happens when there are stock-outs? • How is data on the products and services at the health facility level captured and reported?	• % of health facilities stocking medicines/commodities for priority services • % of health facilities offering priority services or products • % of health facilities reporting recent stock outs of medicines/commodities needed for service delivery • Average/median/range of prices charged for relevant services in facilities → Types of facilities authorized to provide priority products/services → Types of providers authorized to provide priority products/service → % of HRH with recent training to provide a priority service or product	→ Key statistics are pulled directly from relevant data sources/reports → Typically presented in tables or bar charts; with disaggregates by facility ownership (i.e., private, public), facility level, or cadre (i.e., MD/MO, nurses, CHW, etc.) → Key observations from graphs or take-aways from KIIs are summarized in bullets or slide titles.	→ Health facility assessment surveys (e.g., SARA, SPA) → Rapid facility/outlet visits → KIIs with providers, professional councils/ regulators, supply chain managers → Service provision guidelines → Approved medicines lists → DHIS2 data
Care-Seeking • Where do FP users obtain the method they are currently using?	→ Percent of relevant product or service users disaggregated by sector:	• Key statistics are pulled directly from relevant source and typically presented as stacked bar-graphs • If appropriate, segment source data by demographic	→ DHS survey data (most recent plus any other DHS survey conducted since 2000); use StatCompiler or download datasets for use in a statistical analysis program.

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
• Where do pregnant women obtain ANC services, deliver, and/or receive PNC? • Where do caregivers of children under 5 seek treatment? • What products/services are provided by a notable proportion of private providers/outlets? • Are there any notable sourcing patterns across key demographic segments? • Have sourcing patterns changed much over time?	○ government/public facilities (hospitals, health centers, health posts) ○ Private facilities (hospitals, clinics) ○ Private pharmacies and drug sellers ○ Community health worker ○ Traditional practitioner	characteristics (age, marital status, residence, geographic/ administrative unit, wealth quintile, education, etc.) • If appropriate, examine sourcing patterns across DHS surveys conducted since 2000 to examine any notable trends	→ Alternatively, Private Sector Counts (FP and CH) and FP Market Analyzer (FP only) provide DHS-based source visualizations for many countries. Note: these sources have not been updated since 2021, updates are planned for later in 2023.

Enabling Environment Analysis Guide (Market Description Component 4)

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
Health policy and strategies → What are the major strategic priorities, goals, and/or targets outlined in national policies that are relevant for FP, MNH, or CH markets? → In what ways is the private sector implicated in national policies/initiatives? → What are perceptions around the general level of "private sector friendliness" within key government institutions/agencies and in key policies and strategies. → What recent or anticipated policy changes that could impact/have impacted FP, MNH, or CH markets?	→ 5-10 year strategic goals	→ Conduct a desk review of key documents or KIIs and summarize key findings.	• National policies or strategies concerning selected health markets • Costed implementation plans • Private sector engagement policies or roadmaps • KIIs with MOH staff, IPs, provider associations
Health sector rules, regulations and norms → What mechanisms and institutions have regulatory jurisdiction over product registration/regulation in the country? What challenges do these institutions face when interacting with different market actors? → What mechanisms and institutions have oversight authority over the private sector? What challenges do these institutions face when interacting with different market actors? → To what extent do regulations allow private sector market actors to advertise health products or services in country?	→ N/A - no particular statistic is applicable here	→ Conduct a desk review of key documents or KIIs and summarize key findings.	• National practice guidelines/SOPs • Approved medicine lists • KIIs or documentation from: Pharmaceutical regulatory authorities, national-level licensing boards/councils, MOH officials, provider associations, etc.

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
→ What rules/norms exist around task-shifting/task-sharing, especially lower-level cadres like nurses, drug sellers or pharmacies? → Are there any recent or planned regulatory changes that could impact/have impacted FP, MNH, or CH markets?			
Health financing → What is the overall snapshot of health expenditure for the country? → How much health spending is related to the health area of focus (i.e., FP, MNH, MNCH)? → What proportion of health spending is financed directly through out-of-pocket sources? → To what extent do national health insurance programs cover key products and services in FP, MNH, or CH markets? → What is the private sector's access to capital to expand or improve services including available commercial, micro, and informal financing sources?	→ Total amount of health expenditure (USD) → Per capita health expenditure (USD) → Proportion of health expenditure in total GDP → Sources of health expenditure (by %, donor, public, private sources/insurance, and out-of-pocket/households) → Proportion of health expenditures that support FP (or other prioritized health area)	→ Key statistics are pulled directly from relevant reports/data sources (most recent year) → Proportional statistics presented as pie or donut charts. → Note key takeaways/ observations in slide title or 1-2 bullets	• WHO Global Health Expenditure Database (GHED) • National Health Accounts
Health infrastructure • How many health facilities are there in the geographic area of focus? • What is the number and proportion of private sector outlets relative to public sector outlets? • How is the location of health facilities distributed across the geographic area of focus?	• Number of health facilities per level (hospital, health center/clinics, dispensaries), disaggregated by sector • Number of private pharmacies and/or drug shops • Number of medicine importers/wholesalers • Number of manufacturers	• Key statistics are pulled directly from relevant reports/data sources (most recent year) • If available, include *pre-existing* maps with facility locations. • Note key takeaways/ observations in slide title or 1-2 bullets	• Country master facility list, sub-national facility lists • Pharmaceutical Regulatory Authority

Question	Key data/points indicators presented	Analysis and presentation	Key Data Sources or Tools
Human resources for health (HRH) • How many registered health providers are there in the geographic area of interest? • What are the main training pre- and in-service institutions or mechanisms in the country? • How are providers targeted and prioritized for in-service training?	• Total number of HRH disaggregated by cadre: ○ MD, clinical officers, nurses/midwives, pharmacists, drug sellers, CHWs	• Key statistics are pulled directly from relevant reports/data sources (most recent year) • If available, include what is known about private sector HRH (may not be readily available) • Note key takeaways/ observations in slide title or 1-2 bullets	• National-level licensing boards/councils • Pharmaceutical regulatory authorities • HRH reports/ assessments
Health data and information • What are the main systems/mechanisms for collecting data on distribution and/or provision of health products and services? • To what extent do these systems collect/reflect private sector data? • What do key stakeholders perceive as important gaps in data availability/use?	• Number/% of private sector facilities reporting into a DHIS2 system	• Conduct a desk review of key documents or KIIs and summarize key findings. • If DHIS2 access is available can do a secondary analysis to understand the volume/availability of private sector data in the system.	• DHIS2/HMIS • KIIs with providers, IPs, MOH (particularly MEL or analytics staff)
Market actor landscape • What government, development/implementing partners, and private sector actors play a role in shaping the relevant health markets? • What mechanisms/ platforms are in place to facilitate cross-sector coordination, agenda-setting, and data-sharing, and/or decision-making? • What perceptions do market actors have about the efficacy of these platforms/current levels of cross-sector engagement?	• List government actors by function: policy & guideline development, regulators, financing, commodity and procurement distribution, data management, service delivery points • List private sector actors by function: importers, wholesalers, distributors, professional or institutional associations, service delivery points/chains/networks • List development and implementing partners • List relevant categories of consumers/population segments	• Present lists of key market actors in a table format, grouping actors by sector and function • Note key observations/take-aways in slide title or 1-2 bullets (especially where there is a notable proliferation (or lack) of actor types)	• Identify actors through KIIs, document review, and contextual knowledge • Tool/worksheet: Worksheet #3: Identify stakeholder groups and map roles and responsibilities

Market Actor Landscaping Tool (Market Description Component 4)Worksheet #3: Identify stakeholder groups and map roles and responsibilities

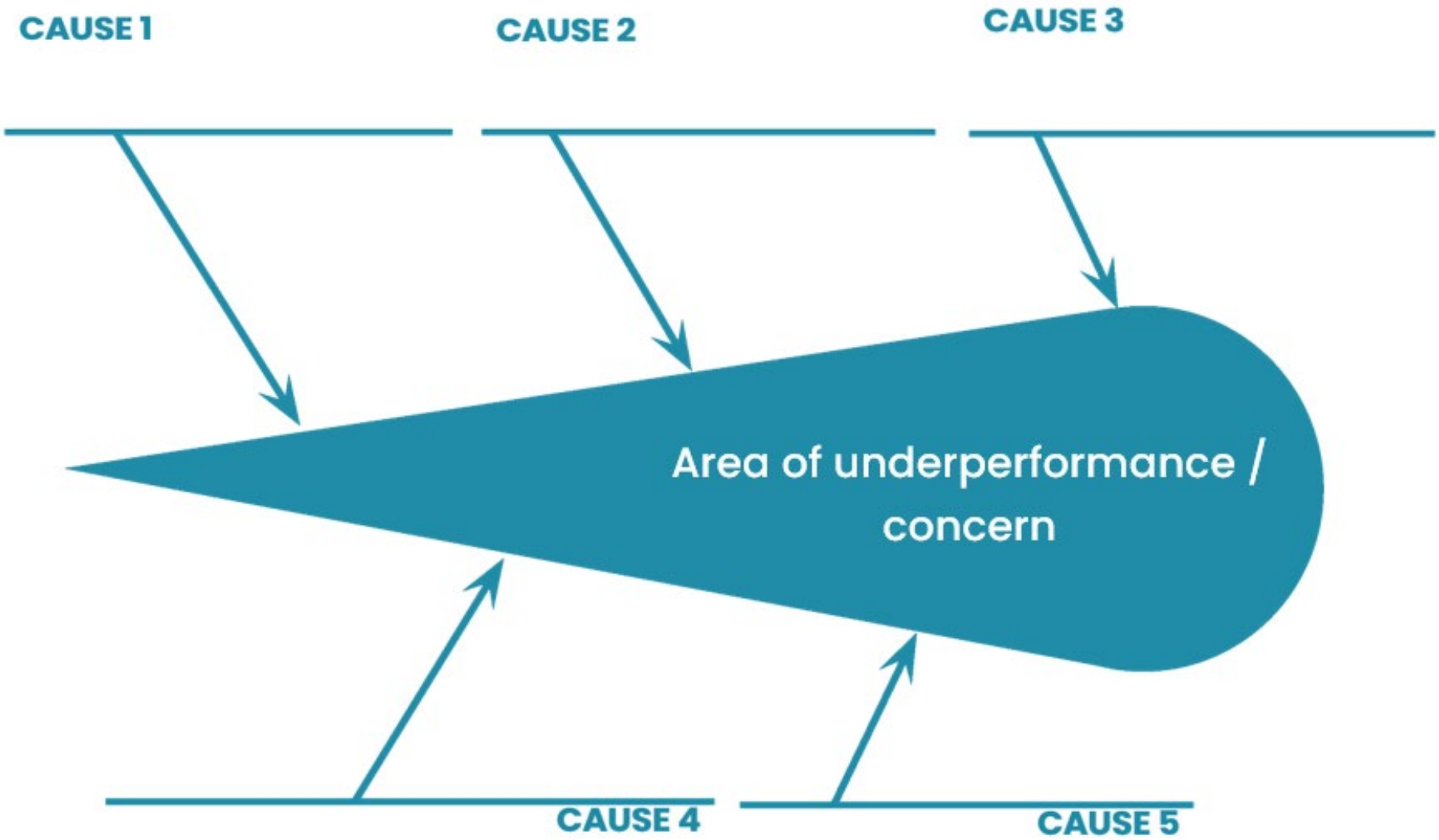
Stakeholder Category		Stakeholder	Roles and Responsibilities
Government	1.		
	2.		
	3.		
	4.		
Development Partners	1.		
	2.		
	3.		
	4.		
Private Sector	1.		
	2.		
	3.		
	4.		
Civil Society	1.		
	2.		
	3.		
	4.		

Annex 3: Tools to Evaluate Market System Underperformance (Diagnosis Step 3)

Worksheet #4: Evaluate market system performance by access dimensions and AIM

Step 1: Access Dimension		Summarize key demand and supply issues in terms of product/service accessibility			
Core Functions Supply/Demand	Approachability				
	Acceptability				
	Availability				
	Affordability				
	Appropriateness				
Step 2: Market System Attributes		A	I	M	Observations evaluating performance
Supporting Functions	Financing/subsidies (demand-side)				
	Financing (supply-side)				
	Market intelligence/ information				
	Skills, Supplies, Technology				
	Business Financing				
Rules and Regulations	Regulations				
	Standards/Guidelines				
	Formal/Informal Norms				
	Taxes, Tariffs				
A-Absent		I-Inadequate		M-Mismatched	

Worksheet #5: Root Cause Analysis – '5 Whys' Wishbone



Annex 4: Tools to Define/Prioritize Potential Market Interventions (Diagnosis Step 4)

Worksheet #6: Prioritization Matrix (feasibility x impact)

Instructions

For each potential activity/intervention idea, assess the relative feasibility/impact of the options using the questions on the feasibility and impact and assign a rating of 1-4, with 1 being the largely infeasible and/or limited sustainable/rapid impact at scale and 4 being relatively easy to implement with a high degree of expected impact at scale. Populate potential intervention ideas in the appropriate cell in the matrix.

Prioritization

Teams might consider potential activities/interventions with minimum score of 3 for both feasibility and impact (blue shaded boxes) to be worth prioritizing and further discussion with stakeholders the Design phase as these activities represent a combination of *"Easy wins"* and *"Aspirational targets"*.

Feasibility				Prioritized intervention/activity options	
Questions to consider when assessing the **FEASIBILITY** of interventions: . Are there existing resources (e.g., time, financing/money, skills, etc.) to facilitate implementation of intervention? . Are there enabling policies? . Does it reinforce existing systems rather than set up a new system? . Are there market actors who can contribute to the implementation of the intervention?	4				
	3				
	2				
	1				
		1	2	3	4
		Impact			
		Questions considered in assessing **IMPACT** of interventions: . Can it sustainably improve relevant/prioritized health area indicators? . Can it rapidly improve relevant/prioritized health area outcomes? . Can it strengthen private sector market participation? . Does it have the ability of affecting (directly or indirectly) many consumers/care seekers?			

About FHM Engage

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

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