

Course Notes: Implementing a Market Development Approach (MDA) in the Health Sector

Session 1 of 4: Diagnose

August 2023 / Mark Hellowell, David Elliot, Barbara O’Hanlon, Olivier LeTouze, Maria Jose Pastor

These notes accompany the FHM Engage pilot course titled “Implementing a Market Development Approach (MDA) in the Health Sector.”

Introduction

The market development approach (MDA) is driven by and through local market actors, with technical assistance from facilitators—unlike traditional international development approaches, which can be more directive. It aims to achieve large-scale, sustainable change beyond the lifetime of any single program. More than 100 MDA programs have been funded by a range of development agencies, including USAID, focusing on agriculture, finance, investment climate, livelihoods, water, health, and education.¹ However, MDA is not narrowly prescriptive, nor is it a branded tool. Built on long experience and lessons learned on the ground, it recognizes both the achievements and limitations of conventional development approaches—and the growing number of successful applications of MDA, including in health care.

In taking the MDA approach, FHM Engage views health problems and priorities—and the programs that respond to them—from the perspective of market systems. This course follows the Pathway to Impact process for effective market system interventions, which has four phases: Diagnose, Design, Deliver, and Adapt and Learn. This document covers the first phase, Diagnose, and supports FHM Engage facilitators and their teams in applying a diagnostic process across the health contexts in which FHM Engage will be working.

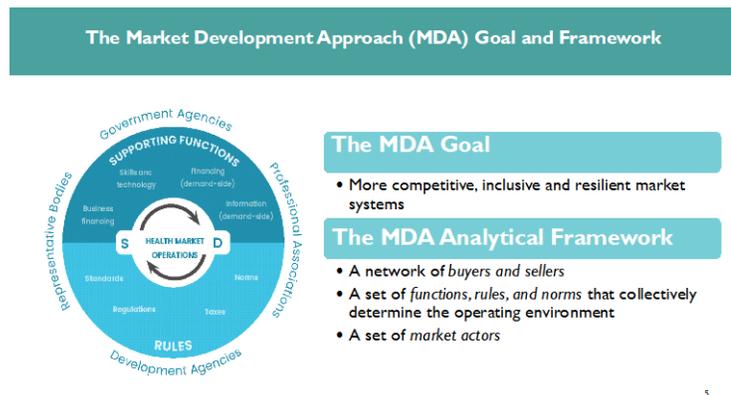
¹ See <https://beamexchange.org/practice/programme-index/>.

The MDA Framework

The goal of the MDA process is a more competitive, inclusive, and resilient market system. Its analytical framework understands a health market system as having three elements:

- Core operations.** These are the transactions between the providers of goods and services in the market (whether public or private) and consumers.
- Supporting functions.** These are functions that fall outside the core operations but significantly affect the behaviors, capabilities, and incentives of providers and consumers.
- Rules and norms.** Rules are formal mechanisms that shape the operating environment for all market players, including providers and consumers. They determine who can participate in the market and under what conditions. Formal rules include laws and regulations issued by public authorities and others, as well as rules issued by professional associations and industry bodies, such as industry standards and codes of conduct. Norms are informal rules that are products of local culture, value systems, and practices. These are relevant on their own terms and because they affect the extent to which formal rules are accepted.

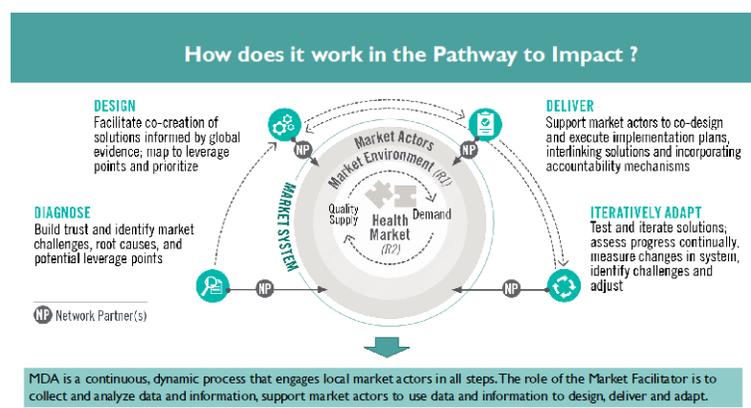
Supporting functions, rules, and norms combine to support, shape, inform, and enable interactions between providers and consumers.



What Is the Pathway to Impact?

The four phases of the Pathway to Impact process are:

- Phase 1: Diagnose.** Identify and prioritize problems and analyze their root causes within the market system.
- Phase 2: Design.** Based on data collected during the Diagnose phase, identify strategies and interventions to improve market system performance.
- Phase 3: Deliver.** Implement strategies and interventions through collaboration among a diverse range of market actors.



- **Phase 4: Adapt and learn.** Measure changes in the system that can be attributed to the strategies and interventions, and make corrections as needed to achieve the stated objectives.

MDA is a continuous, dynamic process that engages local market actors at every step. The role of the facilitator is to collect and analyze data and information and support market actors in using that data and information to design, deliver, and adapt solutions.

Key Diagnostic Questions

The Diagnose phase involves answering three key questions:

1. Which market?
2. How is the market currently structured?
3. How is the market underperforming, and in what areas can interventions improve market performance?

The answers will help provide a roadmap for identifying effective interventions.

The objectives underpinning market systems interventions are not all at the same level (e.g., there are intermediate, and ultimate objectives); and there are logical connections between them. It is important to set our goals considering this. In simple form, the connections between our actions to improve the performance of market systems and our understanding of the likely impacts on population health are shown on the slide.

It can also be expressed in the following way:

Achieving large-scale and sustainable improvements in FP and MNCH outcomes...

...results from

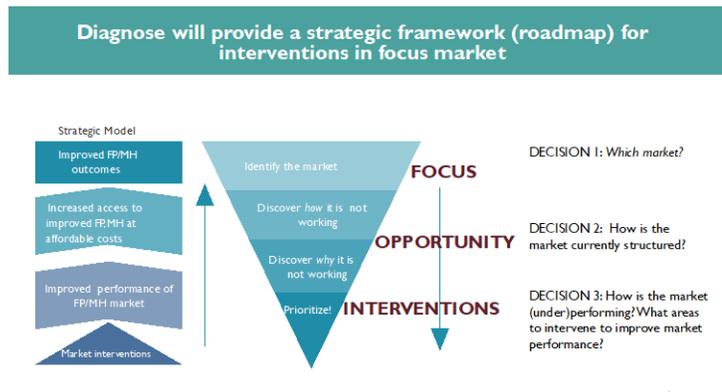
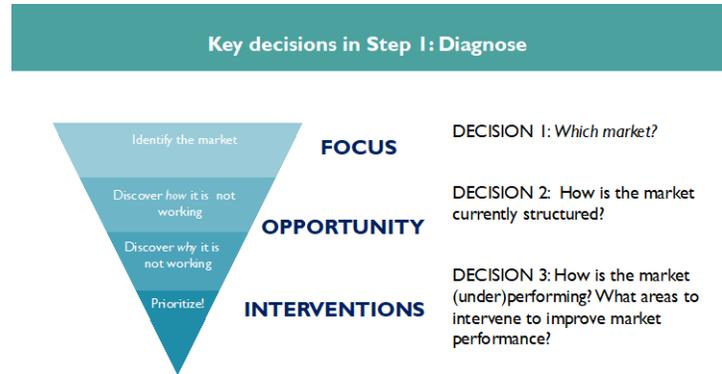
Increased access to high-quality goods and services at an affordable cost

...which arises from

upgraded and improved performance of the markets in which health products and services are sought / provided

...which gives us the logical focus for

the catalytic market facilitation efforts of FHM Engage and its partners.



Question #1: Which Market?

Choosing the market to focus on requires a rapid desk review to determine:

- **The problem:** What is the problem? How big is it? Why is it a problem (inadequate access, quality, affordability)?
- **The affected population:** Who are they, how many, and where?
- **Relevant products and services:** What kinds of products and services are currently available to address the problem? Where? From whom?

Decision 1

Focus

Areas of interest:

- ❑ **Problems** – What is the FP/MH problem? How big is the problem? Why is it a problem (access, quality, affordability)?
- ❑ **Poor** (underserved) – Who are / how many / where are the underserved?
- ❑ **Products/Services** – What type of FP/MH services/products are currently supplied? Where? By whom?

Data sources: “low resolution”

- ❑ Demographic Health Survey (all FP/MH indicators (TFR, mCPR, unmet need, method mix, attended delivery, etc.) total and disaggregated by socio-economic profile)
- ❑ Published analysis of DHS (key FP/MH indicators by public/private source and socio-economic profile)
- ❑ Donor reports on vertical programs (FP, MH, malaria)
- ❑ National Health Accounts/Living Measurement Indicator Surveys
- ❑ MoH FP / MH strategies (problem definitions, govt targets, gap analysis)
- ❑ Landscape market actors/assess dialogue platforms
- ❑ Retail audits (product, price, placement) (if available)

Supplement missing data with KII, rapid retail audits, etc. during market scoping trip

In the area of FP and MNCH, secondary data sources for a rapid desk review might include:

- Demographic Health Survey (DHS) data on FP and MNCH indicators (e.g., total fertility rate, modern contraceptive prevalence rate, unmet need, method mix, attended delivery), both total and disaggregated by socioeconomic profile
- Published analysis of DHS data (key FP and MNCH indicators by public/private source and socioeconomic profile)
- Donor reports on vertical programs (FP, MNCH, malaria)
- National Health Accounts / Living Measurement Indicator Surveys
- Ministry of Health (MOH) FP and MNCH strategies (problem definitions, government targets, gap analysis)
- Landscaping of market actors, assessments of dialogue platforms
- Retail audits (product, price, placement), if available

The rapid desk review can take one to two months, including Mission and/or possibly market actor engagement. It will help define:

- **A problem statement:** What is the problem? Why it is a problem? Whom does it affect and how many? Who could benefit from interventions, and how many?
- **Nature of the potential intervention:** Which products or services? Basic market size?
- **Choices:** What factors make one market more “attractive” compared to another?

Decision 1

Focus

The rapid desk review can take one to two months including Mission and/or possibly market actor engagement

By the end of this step, you will have:

- ❑ **Well defined problem statement:** (What is the problem? Why it is a problem? Who and how many does it impact? Who and how many people hope to benefit through interventions?)
- ❑ **Nature of intervention:** (What services? Which products? Basic market sizing)
- ❑ **Transparent choices:** What are the factors that make one market more “attractive” compared to another?

Proceed to the next decision. Now we move forward to consider HOW the market is structured to assess the potential for positive impact through market interventions



Question #2: How Is the Market Structured?

Four factors underlie consumer demand for solutions to a health problem:

- **Awareness:** Do consumers know they have a problem? Do suppliers recognize latent need among the population?
- **Understanding:** Do consumers know the nature of the problem? Do suppliers understand demand sufficiently to develop a response?
- **Use:** Do consumers have the agency to accept a solution to their problem? Are suppliers able to market and deliver solutions effectively?
- **Retention:** Did the solution work? Did consumers get what they needed to improve their situation? Did suppliers get what they needed to continue and expand their offerings of goods and services?

Data sources for answering Question #2 include the following (in addition to the data sources for Question #1):

- Published articles on FP and MNCH care-seeking behavior
- Consumer willingness/ability to pay for products and services

Supplemental research can include:

- Behavioral diagnosis (mapping bottlenecks to demand)
- Consumer focus group research
- Mystery client research
- Interviews with providers (e.g., doctors, clinical officers, nurses/midwives) who deliver services to the target populations and/or civil society organizations that represent those populations

Five questions can help with understanding supply in a health market:

- **Who?** Who is providing the specific products and services (disaggregated by public-private mix)? If the products and services are not being provided, why not (e.g., provider bias)?
- **What?** What type of products or services?

Decision #2 Opportunity

Areas of Interest:

Demand (broken into 4 parts)

Awareness: Are the beneficiaries aware of the problem (e.g., reproductive intention? health optimism?)

Understanding: Aware of the solution? (e.g., appropriate method/FP service) Where to get it? How to get it?

Use: Are consumers prepared, motivated, and able to seek out and use relevant FP product/service? If not, why not (e.g., social determinants)?

Retention: Will increased awareness, understanding, and use improve and sustain demand?

Data sources: "high resolution"

In addition to data in Decision #1:

- Published articles on consumer FP / MH seeking behaviour
- Willingness/Ability to pay

Supplemental research can include

- Behavioral diagnosis (map bottlenecks to demand)
- Consumer focus group research
- Mystery client
- Interview providers (e.g. doctors, clinical officers, nurse/midwives, physicians) who deliver services to and/or CSOs who represent target population groups

Decision #2 Opportunity

Key areas of interest:

Supply (broken into 5 parts)

Who? Who (disaggregated by public-private mix) is providing the specific FP / MH service(s) and product(s)? If not provided, why not (provider bias)?

What? What type of services (PPM)?

Where? Where are these specific products/services delivered (PPM)?

At what price? Are consumers prepared, motivated, and able to seek out and use relevant FP products/services? If not, why not (e.g. social determinants)?

At what level? Are the providers able to earn an income?

Data sources: "high resolution"

Existing data may include:

- Landscape market actors
- Master facility lists, Council registrars, facility census
- DHIS-2
- Published research on FP / MH, operations research on pilot service modalities
- Research on similar services in region for comparison

Supplemental research (budget permitting) may include:

- Key informant interviews with provider representative groups
- Provider focus group
- Regional benchmarking studies
- Market research and sales/volume data by service(s) and by product(s)

- **Where?** Where are the products or services available?
- **At what price?** Are consumers prepared, motivated, and able to seek out and use the products or services? If not, why not (e.g., social determinants)?
- **At what level?** Are providers able to earn an income from providing the products or services?

Data sources that can help answer these questions include:

- Landscaping of market actors
- Master facility lists, council registers, facility census data
- DHIS-2
- Published research (e.g., on FP and MNCH, pilot service modalities)
- Research on similar services in the region, for comparison

Supplemental research may include:

- Key informant interviews with representative provider groups
- Provider focus groups
- Regional benchmarking studies
- Market research and sales/volume data by product and service

Data collection for Question #2 can take **two to three months**, including a trip to collect primary data and a market scoping workshop with key market actors. These efforts will help define:

- **The opportunity:** Quantified demand (current and potential) and supply (where, who, how, and how much additional capacity will be needed to meet the demand).
- **Constraints:** What are the top constraints and barriers to realizing the opportunity? (What is the potential to deliver X if we can respond to Y?)

Decision #2



The additional data and dialogue can take **two to three months** including a trip to collect primary data and a workshop with key market actors (market scoping)

By the end of this step, you will be able to discuss with confidence:

- Opportunity:** Quantify demand (current and potential) and supply (where / who / how much additional capacity is needed) to meet demand
- Constraints:** What are the 1st level constraints / barriers (symptoms) to realising opportunity. So we can talk about the potential to deliver "x", if we can find responses to "y". For example, we can deliver (do we add a FP example from SL?)



Proceed to next decision. Now we move from "symptoms" to "root causes" - from total potential to realistic potential

Question #3: Why Is the Market Underperforming?

Answering Question #3 first involves evaluating the market's **supporting functions**:

- **Information:** What information about the market is available to customers? To providers? To the government? To what extent are consumers aware of the available health products or services, their costs and benefits, and where and from whom they are available?

Decision #3Intervention

Key areas of interest:

- **Supporting Functions:**
 - Information:** What information on the focus market is available to beneficiaries? To providers? To govt?
 - Skills:** What capacity do public & private providers/wholesalers/etc. have to deliver focus service/product?
 - Technology:** What new products are (not) available? Why? Is digital technology used to deliver services/products / regulate the market? How?
 - Financing:** What financing is available to remove the cost to the beneficiary? What financing is available to suppliers to expand services/products?
 - Stewardship:** What is govt capacity to steward the focus market? What dialogue platforms exist? What is the quality of public/private interactions?
- **Data needs: "low resolution"**
 - Some desk review of unpublished documents/ MoH website describing (under)performance related to focus market:
 - MoH/govt BCC activities
 - MoH policy and strategies in focus market describing goals and objectives and capacity gaps
 - Assessment of MoH/Govt collection and use of private sector data
 - Govt and private sector use of technology
 - Govt public financing initiatives (e.g. national health insurance, contracting, vouchers, etc.)
 - Assessment of dialogue platforms, inclusiveness in decision making
 - **Mostly interviews** with market actors to gain insights on how well these functions are being performed (or not) through one-on-one interviews or in group session at workshop

- **Skills:** What skills and capacities do public and private providers and wholesalers have to deliver the relevant products and services safely, effectively, and affordably?
- **Technology:** What new products are or are not available? Why? Is digital technology used to deliver the products or services and regulate the market? How? To what extent do providers have access to the technology needed to provide safe, effective, and affordable products and services to the target population?
- **Financing:** What financing is available to reduce or remove the cost to consumers? What financing is available to suppliers to expand their offerings of products or services?
- **Stewardship:** What is the government's capacity to steward the market? What dialogue platforms exist? What is the quality of public-private interaction?

Helpful data sources include unpublished documents and MOH websites that describe the performance and underperformance of the focus market in these areas:

- MOH/government activities
- MOH policies and strategies to address capacity gaps in the market
- MOH/government collection and use of private-sector data
- Government and private-sector use of technology
- Government public financing initiatives (e.g., national health insurance, contracting, vouchers)
- Dialogue platforms, inclusiveness of decision-making

Interviews or workshops with market actors can also provide insights on how well these functions are being performed.

Questions about the rules and norms of the market system may include:

- **Policies:** What policies foster private-sector participation in economic development and health? How?

- **Regulations:** What MOH regulations set the rules for the market? To what extent do they ensure that the products and services meet minimum standards or create excessive barriers to market entry?

- **Taxes and tariffs:** What taxes and tariffs constrain availability of the needed products? To what extent are the structures of taxes, tariffs, and other economic conditions sufficient to attract new actors and/or retain current actors in the market system?

- **Standards:** What industry standards facilitate or impede delivery of the products or services? Do market players have guidance to help them perform their roles to national or international standards? Is the guidance adequate, or are there gaps to be addressed? Are training programs needed to ensure informed compliance?

- **Norms:** Are policies and regulations being implemented? If not, why not? To what extent is there sufficient trust between state and non-state actors to enable effective conflict resolution and the creation of consensus?

Helpful data sources on these questions include:

- Government and MOH policies
- National investment/economic policies that promote private-sector participation as an engine of growth
- MOH policies/strategies on private-sector engagement
- MOH strategies related to the target market
- MOH regulations governing the market on:
 - Entry/exit, competition
 - Facility scopes of practice
 - Provider scopes of practice
 - Price controls
 - Quality standards
- Tax authority regulations on income taxes, important taxes, IVA tax, etc.

Collect data to answer:

Rules and Norms:

Policies: What policies foster private sector role in economic/health development? How?

Regulations: What are the MoH regulations that set the rules for focus FP / MH service/product market?

Taxes, tariffs: What taxes and tariffs constrain products needed?

Standards: What industry standards facilitate/impeded delivery of focus FP/MH services/products?

Norms: Are policies/reg's implemented? If not, why not?

Data needs: "low resolution"

Govt. Policies and MoH Policies

- Ntl investment/economic policies promoting private sector as growth engine
- MoH policy / strategy on private sector engagement
- MoH strategy related to target market

MoH regulations governing market on

- entry/exit, competition
- facility scopes of practice
- provider scopes of practice
- price controls
- quality standards

Tax authority reg's on income taxes, important taxes, IVA tax, etc.

Mostly interviews with market actors to gain insights on how rules and regs are facilitating/blocking focus market performance and how well they are being implemented through one-on-one interviews or in group session at workshop

Intervention

Interviews or workshops with market actors can also provide insights on how rules and regulations are facilitating or hindering market performance and how well they are implemented.

The evaluation of supporting functions and rules and regulations will yield insights into whether they are:

- **Adequate or inadequate:** A function or rule is inadequate when it is implemented by a market player that lacks the capacity to do it well. For instance, a customs authority may lack the capacity to enforce standards that are designed to restrict the import of fake medicines.
- **Well-matched or mismatched:** A function or rule may be implemented by an actor that lacks the incentive to do it well. For instance, public-sector laboratories may have little incentive to increase the volume of tests performed during an infectious disease outbreak.
- **Present or absent:** A function or rule may be absent because the necessary capacities and incentives are not in place—and hence no market player chooses to implement it. For instance, many private health providers complain about lack of access to capital finance, which undermines their ability to invest in new equipment, enter into contracts for supplies, or retain staff in times of cash-flow shortfalls. Banks are aware of the demand for credit but are cautious about entering into agreements with entities that have uncertain revenue streams (e.g., during a pandemic).

All of the data for Question #3 can be **collected concurrently** with the data collection for Question #2, and the interviews or workshops can be carried out during the market scoping for Question #2.

This research will help define:

- **Market system constraints:** The root causes underlying underperformance.
- **Actionable solutions:** Interventions that can address the root causes.

Decision #3Intervention

The additional data will be **collected concurrently** for decision #2 and the dialogue will occur during the market scoping trip

By the end of this step, you will be able to discuss with confidence:

- Market system constraints:** Root causes driving underperformance are defined and prioritized for interventions
- Actionable Solutions:** The root causes analysis identifies problems / areas and intervention 'solutions' that can be delivered by addressing the root causes.

Congratulations. You have completed the DIAGNOSIS stage. At this point you can map interventions linked to root causes to start to build the "right" market system. Proceed to build our visions of change – what a well performing will look like (what, who and how)

Timeline for the Diagnose Phase

Question #1: one to two months

The preliminary desk review will help:

- Define the problem statement
- Determine criteria for selecting the focus market

Question #2: two to three months, including a market scoping trip

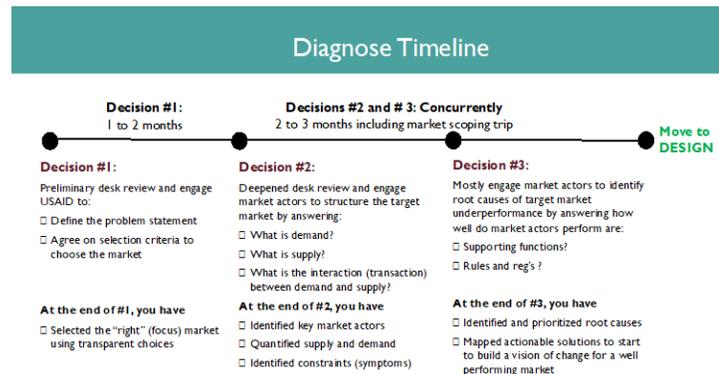
The deeper desk review and engagement with market actors will help answer:

- Who are the key market actors?
- What is the demand for the products or services?
- What is the supply of the products or services?
- How do demand and supply interact?
- What are the market constraints?

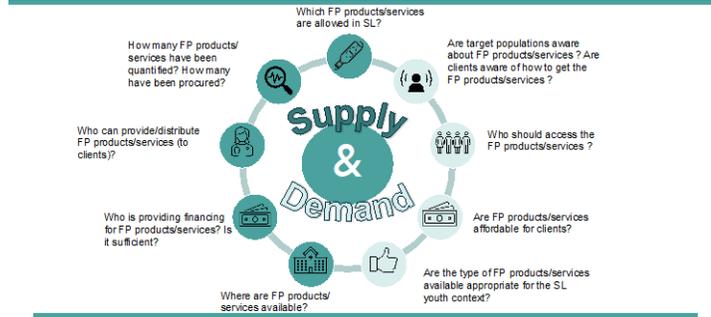
Question #3: two to three months, concurrent with data collection for Question #2

Engagement with market actors and other activities will help determine:

- Performance of supporting functions in the market
- Performance of relevant rules and regulations
- Root causes (prioritized)
- Actionable solutions to start building a vision of a well-performing market



- Which family planning products and services are allowed in Sierra Leone?
- How many of the products and services have been quantified? How many have been procured?
- Who can provide the products and services to consumers?
- Who provides financing for the products or services? Is it sufficient?
- Where are the products or services available?



Demand:

- Is the target population aware of the products or services?
- Are they aware of how to access the products or services?
- Who should have access to the products or services?
- Are the products or services affordable to clients?
- Are the available products or services appropriate for the target population?

Initial Market Scoping

The team conducted a prioritization exercise and selected the most relevant products for the target population for further consideration:

- Implants
- Injectables
- Male condoms
- Emergency oral contraceptives

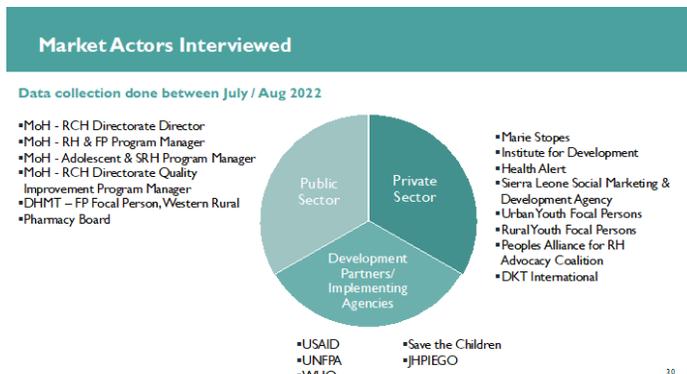
Products in Focus		FP Markets Selected for rapid market scoping
Category	FP Products & Services – Options for Rapid Scoping	
Temporary Methods	Standard days method (SDM)	<ul style="list-style-type: none"> • Implants • Injectables • Male condoms • Emergency oral contraceptives
	Male condoms	
	Female condoms	
Temporary Modern Methods	Oral contraceptives	
	• Combined oral contraceptives (COCs or "the pill")	
	• Emergency oral contraceptives	
Long-acting reversible contraception (LARC)	• Progestin-only pills (POPs or "the mini pill")	
	Intrauterine devices (IUDs)	
	• Copper bearing IUDs	
	• Levonorgestrel-releasing IUDs (known as hormonal IUD/ hormonal intrauterine system (IUS) or by brand name Mirena TM and Avibela TM)	
	Implants	
	Injectables	

Interviews with Market Actors

During the market scoping trip, the team interviewed representatives of the three main provider types in Sierra Leone’s family planning market: the public sector, the private sector, and development partners and implementing agencies.

The interviews focused on three characteristics of the family planning options:

- **Relevance:** Maximum benefit for the most people
- **Opportunity:** Demonstrated potential for improving market performance
- **Feasibility:** Sufficient resources and authority



Using these criteria, the group identified implants and injectables as the most favorable family planning options:

Relevance

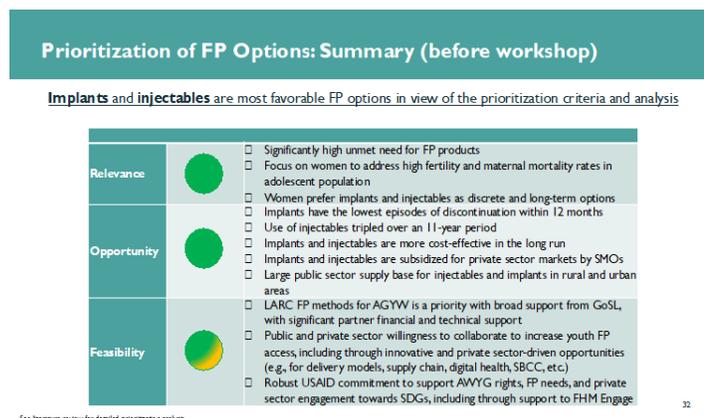
- Significant unmet need for family planning products
- Focus on women to address high fertility and maternal mortality rates in the target population
- Women’s preference for implants and injectables as discreet, long-term options

Opportunity

- Implants have the lowest rates of discontinuation within 12 months.
- Use of injectables tripled over an 11-year period.
- Implants and injectables are more cost-effective in the long run.
- Implants and injectables are subsidized for private-sector markets via social marketing organizations.
- The public sector has a large supply of injectables and implants in both rural and urban areas.

Feasibility

- Long-acting reversible contraceptive methods for adolescent girls and young women are a government priority, with significant partner financial and technical support.
- The public and private sectors are willing to collaborate to increase youth access to family planning, including through innovative and private-sector-driven means (e.g., new delivery models, supply chain innovations, digital health, and social and behavior change communication).



- USAID is strongly committed to supporting the rights and family planning needs of adolescent girls and young women as well as private-sector engagement to advance the Sustainable Development Goals (including through support for FHM Engage).

This analysis was shared in a workshop with market actors.

Workshop with Market Actors

Using the analysis shared with them and applying the same criteria (relevance, opportunity, and feasibility), the workshop participants prioritized injectables and emergency contraceptives for this target population.

Relevance

- Significantly unmet need for family planning products.
- Focus on women to address high fertility and maternal mortality rates in the target population.
- Young people's preference for injectables as discreet, long-term options.
- Men's role as decision-makers on family planning matters and preference for unprotected sex. Emergency contraception prevents unwanted pregnancies when men decline use of family planning by women.
- The target population uses emergency contraceptives when not using other family planning methods.
- Use of injectables and emergency contraceptives are high among both public- and private-sector patients.

Opportunity

- Use of injectables tripled over an 11-year period.
- Emergency contraceptive pills are cheaper in the short term, while injectables are more cost-effective in the long run.
- Injectables are subsidized in the private sector by social marketing organizations.
- The public sector has a large supply of injectables in both rural and urban areas.
- Emergency contraceptives are readily available in pharmacies in both rural and urban areas.
- Introduction of the Sayana Press injectable will increase use of injectables.

Feasibility

- Long-acting reversible methods for this population are a government priority, with significant partner financial and technical support available for injectables.

Injectables and ECPs are prioritized youth FP options from analysis by workshop participants

Relevance		<ul style="list-style-type: none"> Significantly high unmet need for FP products Focus on women to address high fertility and maternal mortality rates in AGYW Youth prefer injectables as discrete and long-term options Men are decision makers on FP matters and prefer unprotected sex. Therefore, ECPs prevent unwanted pregnancies when men decline FP use by women AGYW use ECPs when not using other FP methods Use of injectables and ECPs are high in the public and private sector respectively Use of injectables tripled over an 11-year period
Opportunity		<ul style="list-style-type: none"> ECPs are cheaper in the short term while injectables are more cost-effective in the long run Injectables are subsidized for private sector markets by SMOs Large public sector supply base for injectables in rural and urban areas ECPs are readily accessible in pharmacies in rural and urban areas Sayanapress introduction to the market will increase use of injectables LARC FP methods for AGYW is a priority with broad support from GoSL
Feasibility		<ul style="list-style-type: none"> Significant partner financial and technical support available for LARC methods (injectables) Public and private sector willingness to collaborate to increase youth FP access, including through innovative and private sector-driven opportunities (e.g., for delivery models, supply chain, digital health, SBCC, capacity building etc.) Robust USAID commitment to support AWYWG rights, FP needs, and private sector engagement towards SDGs, including through support to FHM Engage

34

- The public and private sectors are willing to collaborate to increase youth access to family planning, including through innovative and private-sector-driven means (e.g., new delivery models, supply chain innovations, digital health, and social and behavior change communication).
- USAID is strongly committed to supporting the rights and family planning needs of adolescent girls and young women as well as private-sector engagement to advance the Sustainable Development Goals (including through support for FHM Engage).

Participant Feedback

Feedback from workshop participants can help fine-tune the approach for future market scoping. Participants shared the following feedback:

Process

- Participants appreciated the MDA as an effective and inclusive market systems approach.
- They considered MDA to be a new and comprehensive approach to understanding family planning market dynamics.
- Public-sector officials noted that the terminology used in the workshop—such as *market*, *transactions*, *demand*, and *supply*—are used mainly by the private sector and not as much by the public sector.
- The participants found it easy to apply the prioritization criteria for youth family planning products.
- Establishment of a technical working group to focus on youth FP products and services provides an opportunity for private sector engagement in youth FP products and services.

Additional Data

- The Sexual Offences Act was updated in 2019.
- The Sierra Leone Safe Motherhood & Reproductive Health Bill will call for adolescent girls and young women (including those under age 18) to be offered reproductive health services on demand, without risk of legal action against providers.
- The government will receive proposals to finance at least 1 percent of family planning products starting in [date TBD].
- Stockout rates for family planning products have decreased due to increased distribution to public health facilities.
- Outreach services have been effective in increasing youth access to family planning products and services.
- Quality of family planning products will be maintained through NMSA procurement from World Health Organization (WHO) prequalified vendors.

Workshop inputs and feedback

<div style="background-color: #2e8b57; color: white; border-radius: 15px; padding: 5px; text-align: center; margin-bottom: 10px;">Process</div> <ul style="list-style-type: none"> • Participants appreciated the MDA as an effective and inclusive market systems approach that looks at a set of functions, rules, and norms that collectively determine the operating environment that market actors transact • This is a comprehensive and new approach to understand the FP market dynamics. • Public sector officials commented that the language used such as market, transactions, demand and supply are mainly used by private sector and not used much by public sector. • Participants' application of the prioritization criteria to self prioritize on youth FP products was quite easy. • Establishment of a TWG to focus on youth FP products and services provides an opportunity for private sector engagement in youth FP products and services. 	<div style="background-color: #2e8b57; color: white; border-radius: 15px; padding: 5px; text-align: center; margin-bottom: 10px;">Additional Data</div> <ul style="list-style-type: none"> • Sexual Offences Act had been updated in 2019. • Sierra Leone Safe Motherhood & Reproductive Health Bill will outline how adolescent girls and young women should be offered reproductive health services on demand without legal action to the providers and <18. • Proposals for GoSL to finance at least 1% of FP products from next year. No commitment yet from GoSL. • FP product stock out rates are lower due to increased frequency in their distribution to public health facilities. • Outreach services are more effective in increasing access to FP products and services to the youth. • Quality will be maintained through NMSA procurement from WHO pre-qualified FP product vendors. • Prioritized youth FP products and services were (1) injectables, (2) ECR, (3) implants, and (4) male condoms respectively.
---	---

FHMENGAGE
Healthy Markets for Healthy People

 @FHMEngage  @FHMEngage  fhm-engage@fhm-engage.org
<https://healthmarketlinks.org/fhm-engage>

Frontier Health Markets (FHM) Engage works 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. FHM Engage is implemented by four core consortium partners: Chemonics International (prime and co-technical lead), Results for Development (co-technical lead), Pathfinder International, and Zenysis Technologies, and a host of Network Implementation Partners (NIPs).

This material is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. 7200AA21CA00027 (2021-2026). The contents are the responsibility of Results for Development and do not necessarily reflect the views of USAID or the United States Government.

© Results for Development 2023 on behalf of USAID's FHM Engage. All rights reserved.