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مشروع تعزيز تنظيم الأسرة
Strengthening Family Planning Project

SHOPS
Strengthening Health Outcomes *through* the Private Sector

Public-Private Partnership in Family Planning

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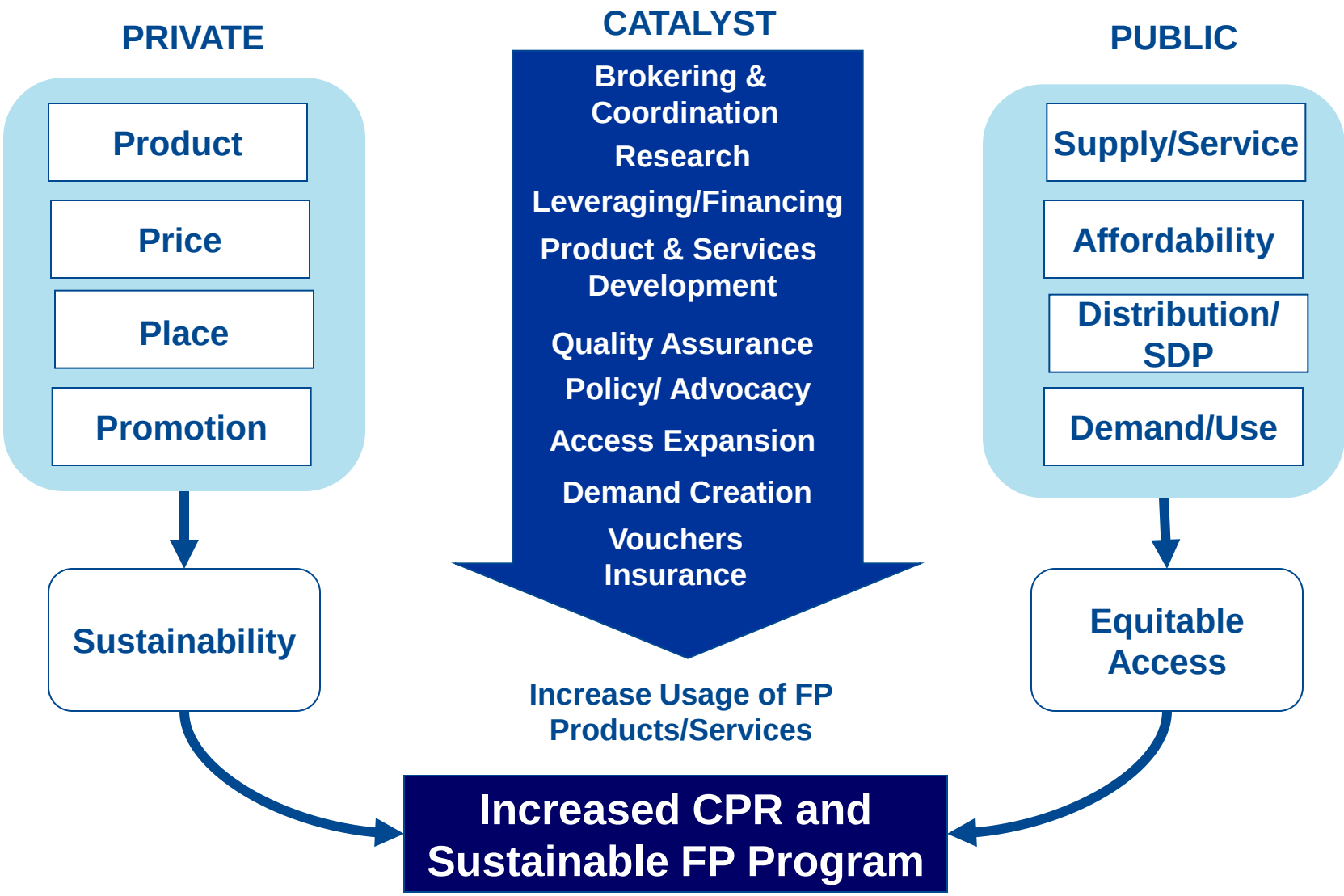
Chief of Party

National Reproductive Health/Family Planning Symposium, Amman, Jordan
September 19, 2011

Abt Associates
BOLD THINKERS DRIVING REAL-WORLD IMPACT

FP PPP Framework



The Elements of Success

Public-private partnerships in family planning in the developing world

Partnership: Broad Alliance

- Public:
  - MoH, FP entities/programs, line ministries, local government, universities
- Private:
  - Non-Profit: FPAs, SMOs, NGOs, professional associations, universities
  - For-Profit: providers, pharmacies, manufacturers
- Donor:
  - Bilateral, multilateral, private foundations

Policy: Enabling Environment

- Strong political/government support from top down
- Government engagement with religious leaders
- FPAs and other FP champions play strong advocacy role
- Enabling policies
  - Midwives/paramedics deliver services, community health workers deliver supplies
  - Communication restrictions eased
  - Reclassification of ethical contraceptives to OTC

People: Focus on the Consumer

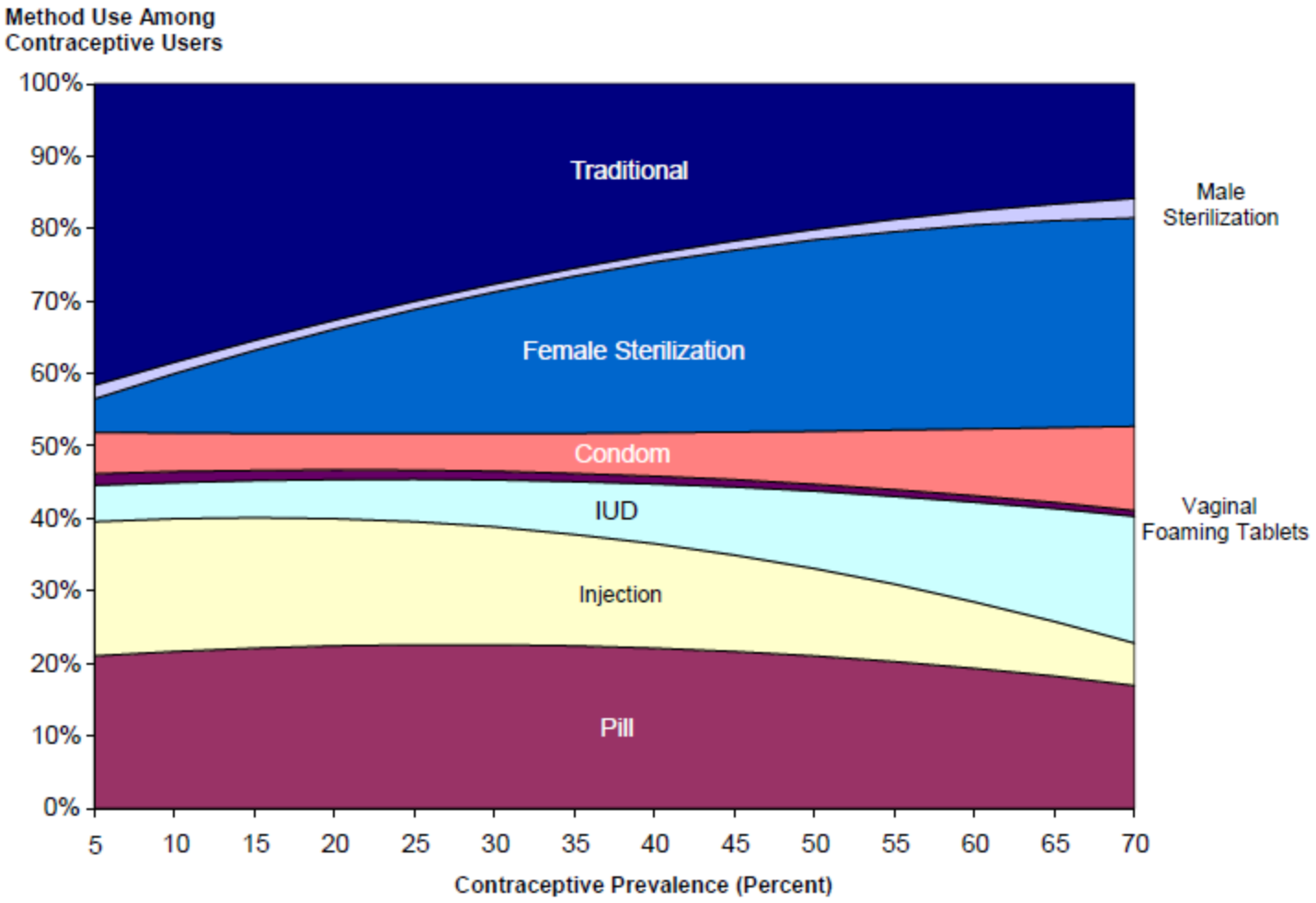
- Reach down to the base of the pyramid in urban and rural areas
- Research to understand and serve range of needs of women and their partners
- Segment the market
  - Spacers
  - Limiters
  - SEC categories/willingness to pay
  - Urban vs. rural

Products: Offer Extensive Choice

- Short-term methods for spacers:
  - COCs, POPs, injectables, condoms, foaming tablets
  - New class contraceptive ring, patch
- Long-term methods for limiters:
  - IUDs, implants, sterilization
  - New class hormonal IUD, single rod implant

FP Method Mix – Non-Muslim Countries

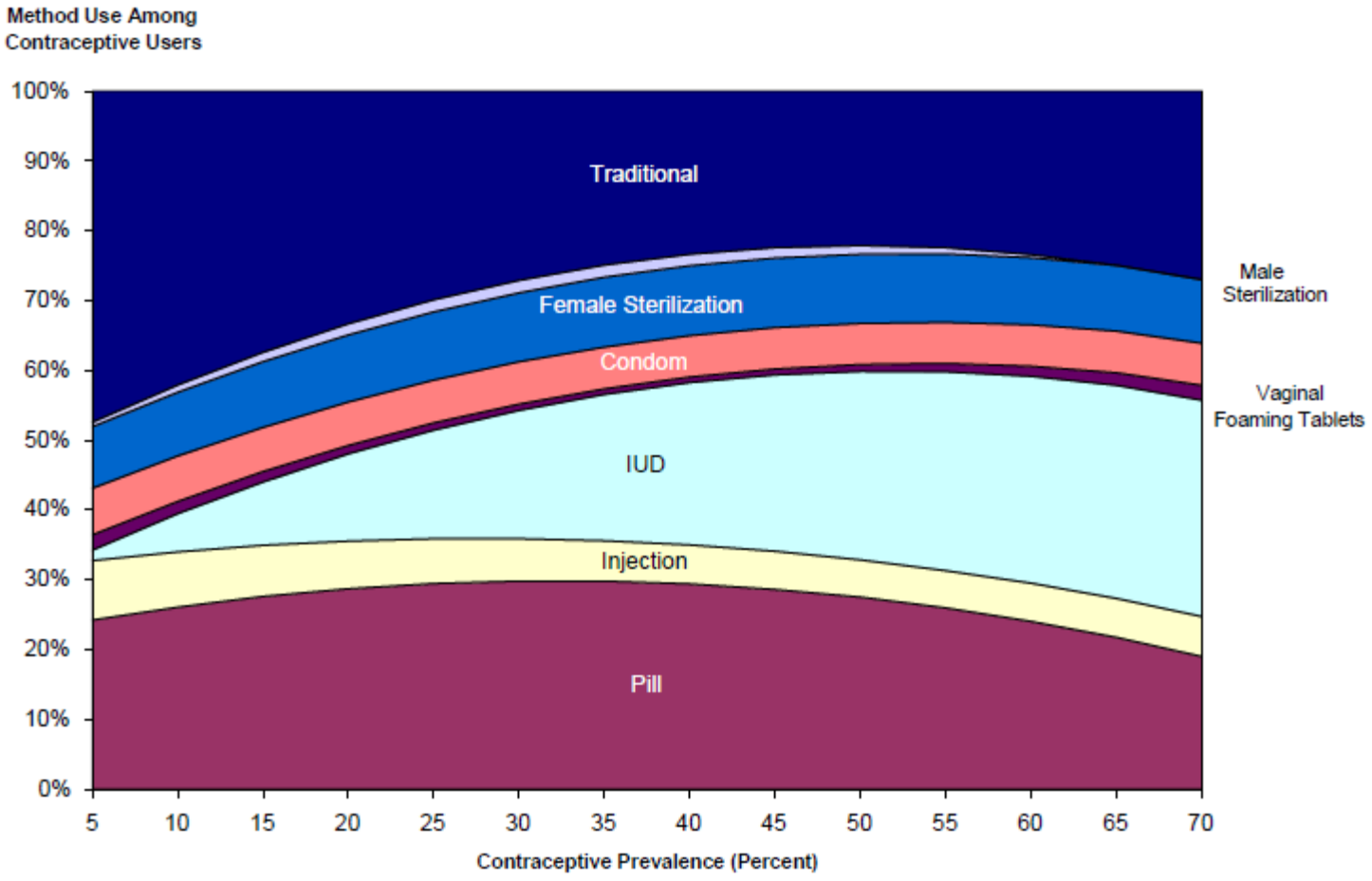
FIGURE 1. CONTRACEPTIVE METHOD MIX IN 74 NON-MUSLIM COUNTRIES, 2008



Source: Ross, Stover, and Adelaja (2005).

FP Method Mix – Muslim Countries

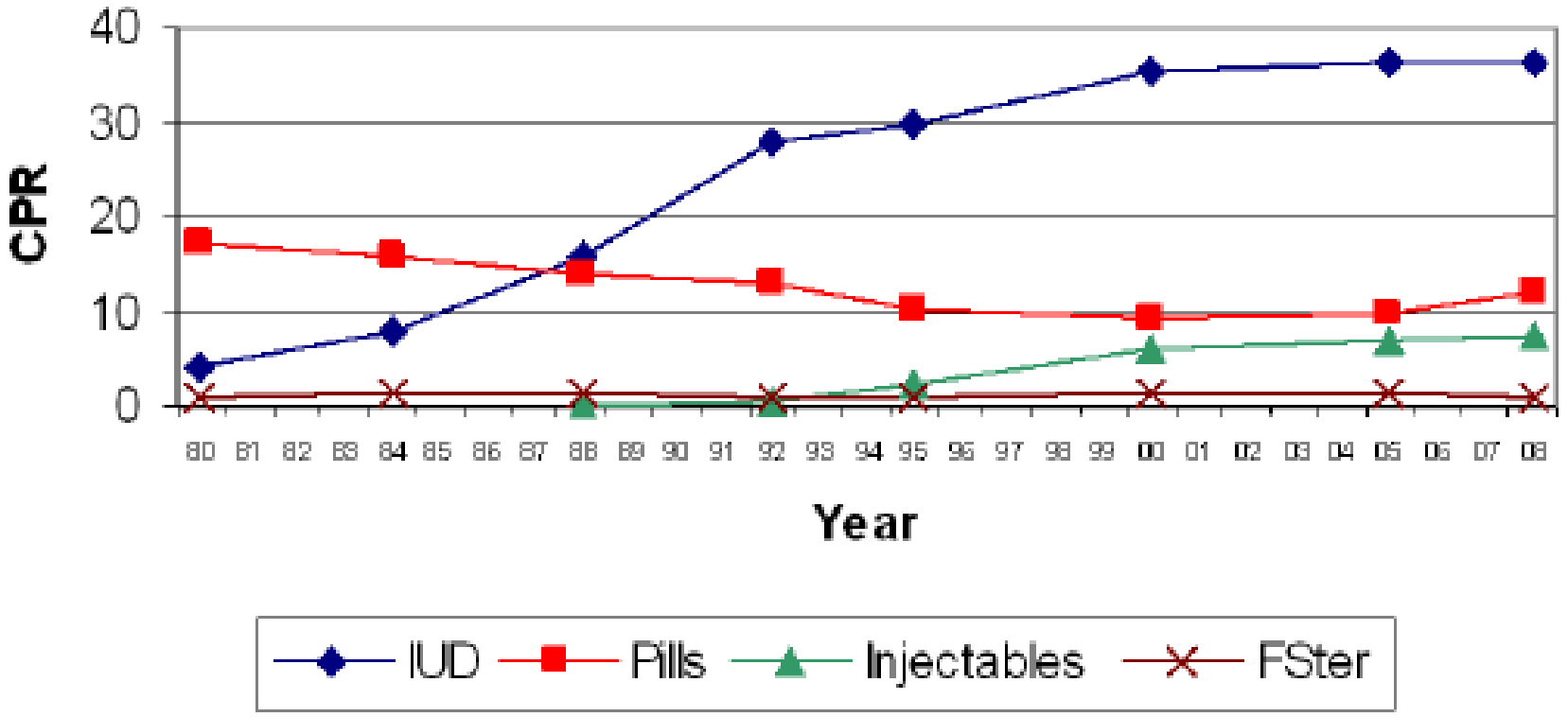
FIGURE 2. CONTRACEPTIVE METHOD MIX IN 42 MUSLIM COUNTRIES, 2008



Source: Ross, Stover, and Adelaja (2005).

Illustration: Egypt Contraceptive Prevalence

Figure 4: Percentage of Currently Married Women Aged 15-49 Using Individual Modern Methods, 1980-2008 (For Methods with Use Greater than or Equal to 1% in 2008)



Price: Balancing Equity with Sustainability

- Blanket subsidies
- Negotiated price discounts
  - On commercial products in return for promotion
  - On services offered within networks and “franchises”
- Demand side incentives
  - FP vouchers
    - Pioneered in Korea and Taiwan, in use now in range of countries including India and Jordan
  - Insurance
    - Including FP benefits in national and private health insurance schemes the next step

Place: Easing Access

- Public networks (reaching to rural areas)
- FPA/NGO clinic networks
- Engagement with private pharmacies and provider networks (primarily urban)
- Community-based distribution through outreach
- Workplace programs
- Mobile teams to reach rural areas

Promotion: Generating Demand

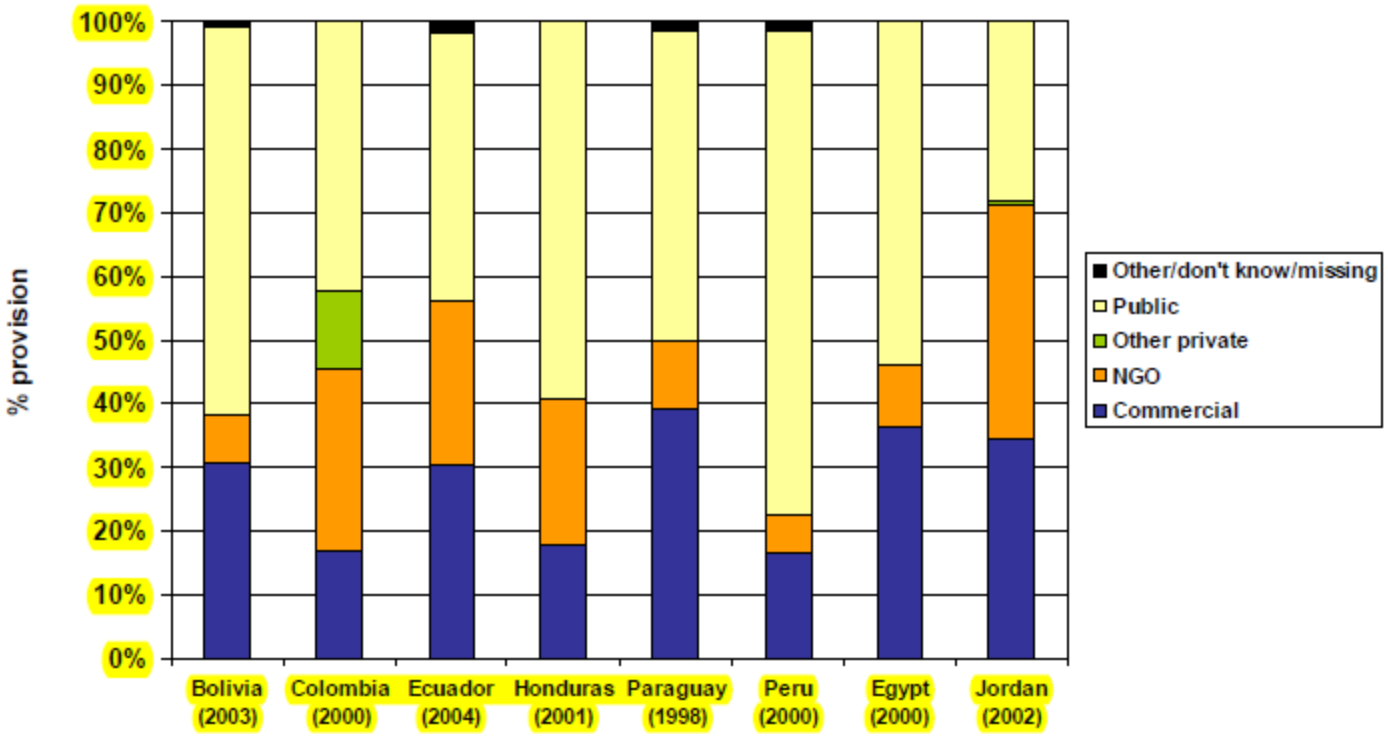
- Public endorsement: Promotion of the small family norm has been common approach
- “Generic” integrated social marketing campaigns generate demand for contraceptive products and services using blend of strategies
- Outreach essential to engage potential adopters in interpersonal communication
- Provider community plays critical role, must have correct information

Illustrations

Private Sector Role in Providing Long-Term FP Methods

Private Sector Market Share – IUDs

FIGURE 2: SOURCE OF IUDS FOR COUNTRIES WHERE USE IS MORE THAN NINE PERCENT FOR THE MOST RECENT SURVEY AND INFORMATION ON PRIVATE SECTOR IS DISAGGREGATED INTO COMMERCIAL AND NGO SECTORS



Comparative Method Use and LAPM Ratio

APPENDIX TABLE 1: CURRENT CONTRACEPTIVE USE OF SELECTED METHODS FOR WOMEN IN UNION, 15–49 YEARS OF AGE

Country (year)	Source	Category of union	n	Using any method	Using any modern method	Using any LAPM	IUD	Implant	Female steril	Male steril	Ratio: modern to any method use	Ratio: LAPM to modern method use
Central Asia/West Asia/North Africa/Europe												
Albania (2002)	CDC	Married women	3965	75.1	7.9	4.4	0.5	0	3.9	0	11%	56%
Armenia (2000)	DHS	Currently married women	4125	60.5	22.3	12.1	9.4	0	2.7	0	37%	54%
Azerbaijan (2001)	CDC	Currently married & in union	5146	55.4	11.9	7.3	6.1	0	1.2	0	21%	61%
Egypt (2000)*	DHS	Currently married women	14382	56.1	53.9	37.1	35.5	0.2	1.4	0	96%	69%
Georgia (2000)	CDC	Currently married women	5117	40.5	19.8	11.3	9.7	0	1.6	0	49%	57%
Jordan (2002)	DHS	Currently married women	5706	55.8	41.2	26.5	23.6	0	2.9	0	74%	64%
Kazakhstan (1999)	DHS	Currently married women	3018	66.1	52.7	44.8	42.0	0	2.8	0	80%	85%
Kyrgyz Republic (1997)	DHS	Currently married women	2675	59.5	48.9	40.0	38.2	0	1.8	0	82%	82%
Moldova (1997)	CDC	Currently in union	4023	73.7	50.0	41.8	38.4	0	3.4	0	68%	84%
Romania (1999)	CDC	Currently married women	4846	63.8	29.5	9.8	7.3	0	2.5	0	46%	33%
Turkey (1998)	DHS	Currently married women	5921	63.9	37.7	24.0	19.8	0	4.2	0	59%	64%
Turkmenistan (2000)	DHS	Currently married women	4892	61.8	53.1	40.8	39.0	0	1.8	0	86%	77%
Ukraine (1999)	CDC	In union	4794	67.5	37.6	20.0	18.6	0	1.4	0	56%	53%
Uzbekistan (2002)	DHS	Currently married women	3720	67.7	62.8	54.4	51.8	0	2.6	0	93%	87%
Yemen (1997)	DHS	Currently married women	9786	20.8	9.8	4.5	3.0	0	1.4	0.1	47%	46%
* Egypt 2003 survey not included in order to have comparability with data in Appendix Table 4a.												
Latin America & Caribbean												
Bolivia (2003)	DHS	Currently in union	10569	58.4	34.9	16.7	10.2	0	6.5	0	60%	48%
Brazil (1996)	DHS	Currently married women	7584	76.7	70.3	43.8	1.1	0	40.1	2.6	92%	62%
Colombia (2000)	DHS	Currently in union	5935	76.9	64.0	40.7	12.4	0.2	27.1	1.0	83%	64%

Country Examples

Features of Success in Public-Private Partnership in Family Planning

Features of Success in FP PPP: Korea

- Public: Strong leadership endorsement and intensive outreach and education effort reversed cultural pro-natalism
- Private: Private physicians trained and engaged; pioneered service voucher program for LAPM
- CPR: 18% in 1964, now over 80%
- TFR: below replacement level

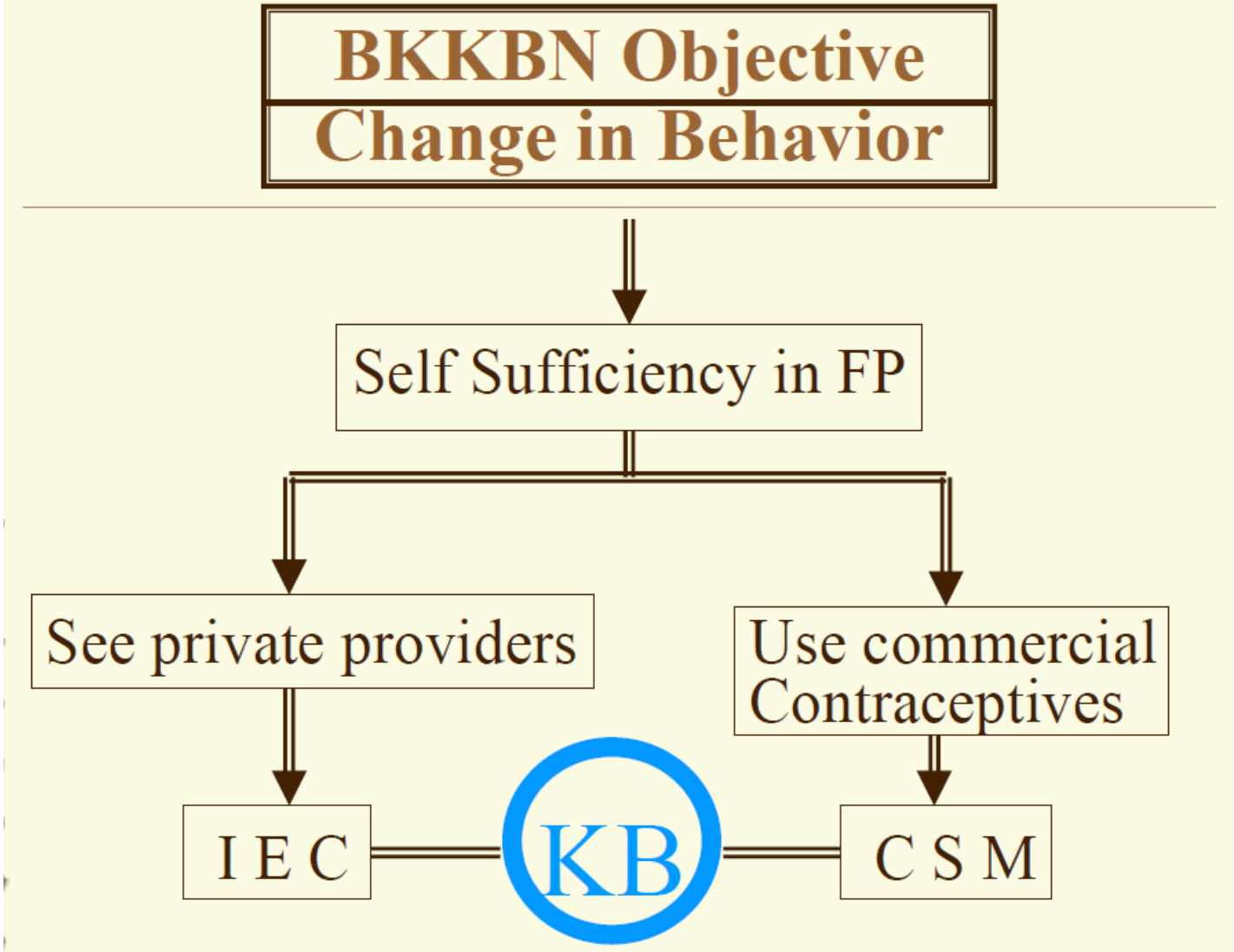
Features of Success in FP PPP: Thailand

- Public: Pioneered midwife provision of pills and IUDs
- Private: Population and Community Development Association popularized FP in communities
- CPR: 14% in 1970, 70% by 1993
- TFR: 6.3 in 1963; 1.7 by 2003
- Population growth rate: 3% in 1965; just under 1% in 2005

Features of Success in FP PPP: Indonesia

- BKKBN played the central coordinating role
- Promoted the small family norm: *dua anak cukup*
- Engaged religious leaders
- Promoted *KB Mandiri*: FP self-reliance
  - Nearly 90% of clients pay for contraceptives
  - Public sector share dropped from 43% in 1997 to 28% by 2003
- Pioneered private provider networks
  - *Blue Circle* providers, *Bidan Delima* midwives

KB Mandiri and Blue Circle



Features of Success: Indonesia

Impact	1967	2007
Modern Method CPR	5%	57%
TFR	6	2.6
Population Growth Rate	2.5% (1970)	1.5% (2000)

Features of Success in FP PP: Morocco

Kinat Al Hilal, OCP Social Marketing

- Public**:** Authorized DTC advertising
- Private:
  - Pharmacist associations conducted training for pharmacists
  - Manufacturers Wyeth and Schering lowered prices for two dedicated OC brands, 30% cheaper than the next available commercial product

CPR (MWRA)	1992	2004
Pills	16%	21%
Modern Methods	20%	29%
TFR	4	2.5

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