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The Private Sector: Key to Achieving Family Planning 2020 Goals

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As family planning stakeholders look to accelerate progress toward Family Planning 2020 goals, the private health sector presents a significant opportunity to increase access to a wider range of modern contraceptive methods for a larger number of women. This brief uses data from Family Planning 2020's Core Indicator Estimates and Demographic and Health Surveys to model the potential role in the private sector under different future scenarios.

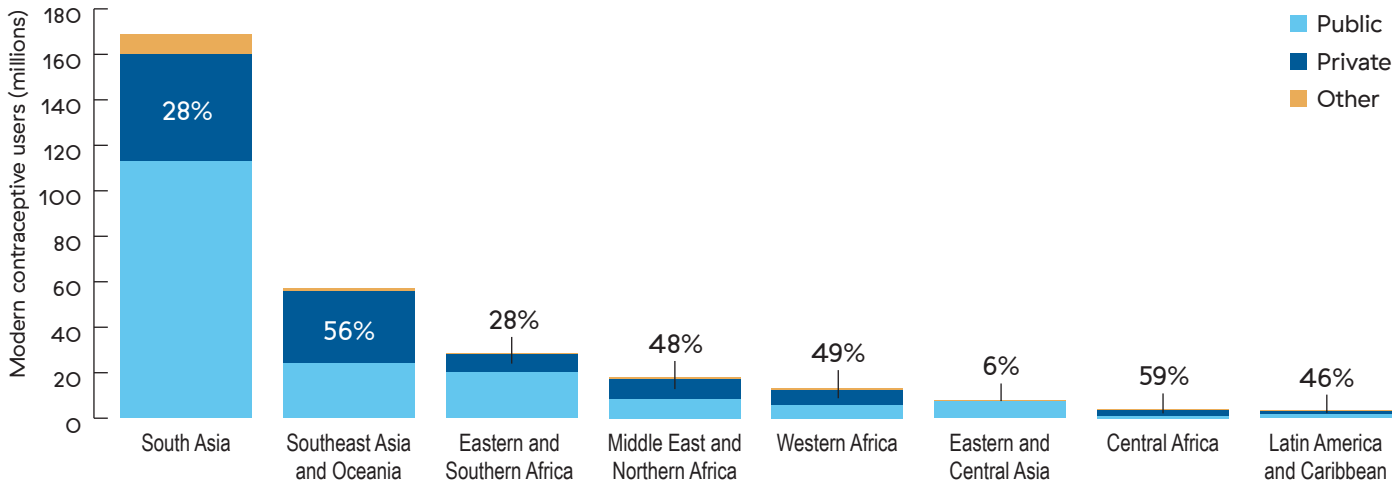
In 2016, more than 106 million women in the world's 69 poorest countries relied on the private sector for their modern method of contraception. This represents more than a third all women who use modern contraception and live in Family Planning 2020 (FP2020) "focus countries"—69 of the world's poorest countries. A large infrastructure of shops, pharmacies, clinics, and hospitals collectively deliver these services.

Current role of private sector

There are large regional variations in the role of the private sector.

In absolute terms, the largest number of private sector users[1] of modern contraception is found in South Asia (46.6 million) due to the large number of women of reproductive age living in this region and relatively higher contraceptive prevalence rates. The private sector plays the largest role (as measured by the proportion of total users obtaining their method from the private sector) in Central Africa (59 percent), and Southeast Asia and Oceania (56 percent).

Modern contraceptive users in 2016 by source and region



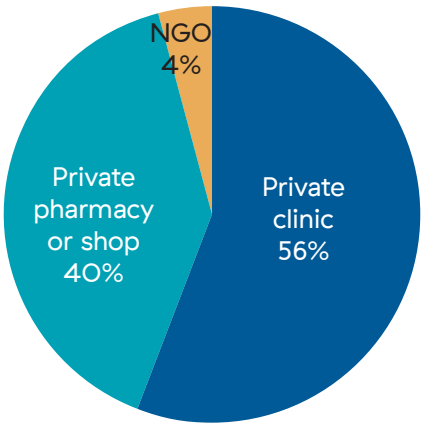
[1] For this brief, users are split into three main sources: public, private, and other. "Other" includes friends, relatives, and other non-professional sources. The following are classified as private sources for this brief: shop, bar, market, and kiosk.

Cover Photo: Moseslondo via Wikimedia Commons

More than half of women accessing services from the private sector go to a private clinic.

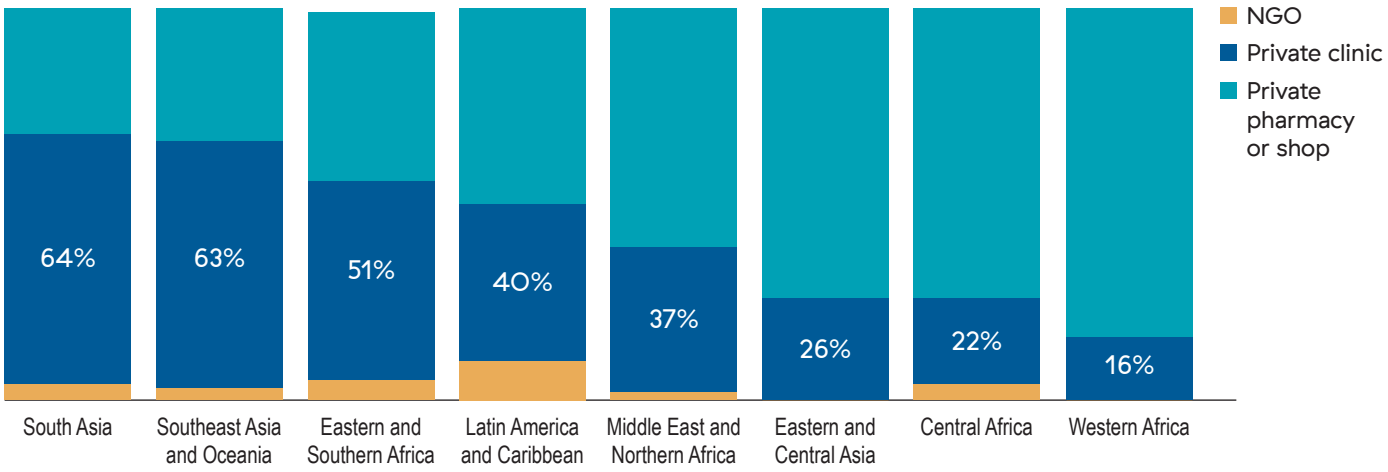
Of the 106 million women across the FP2020 focus countries who obtain their contraceptive method from the private sector, more than half went to a private clinic. Forty percent got their method from a private pharmacy or drug shop.

Private sector source mix among modern contraceptive users in 2016



This pattern varies greatly across geographic regions, as shown in the following graph. In South Asia, and Southeast Asia and Oceania, private sector provision is dominated by clinics, while in Western Africa, Central Africa, and Eastern and Central Asia, the main private sector sources are pharmacies and drug shops. These patterns are driven by differences in the family planning methods that women in these regions use, as well as differences in the types of family planning methods available and easily accessible in both the public and private sector within each country. Method-based differences are explored in the next section.

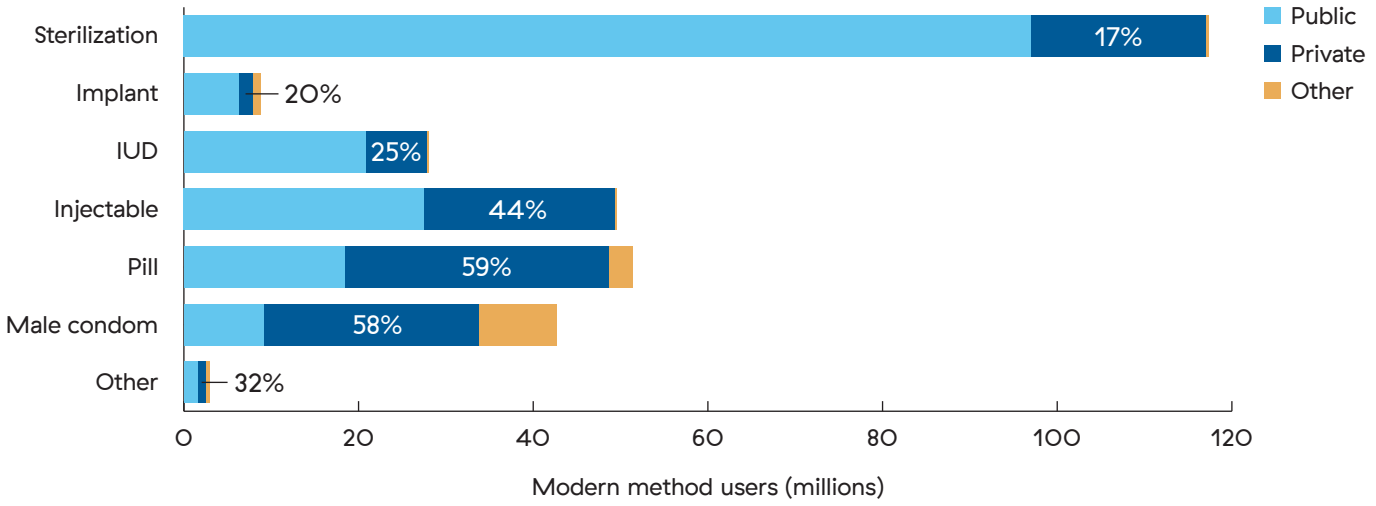
Private sector source mix among modern contraceptive users in 2016 by region



Private sources provide more short-acting methods.

The private sector's role varies greatly by method, with private sources having the smallest share of sterilization services, implants, and IUDs, and the largest share of pills and male condoms. These patterns are driven by the types of providers that make up the private sector in different countries, the methods private providers are able to provide, and other factors such as cost, insurance coverage, and ability to pay. For example, in a country where the private sector is made up largely of pharmacies and drug shops, the availability of contraceptive methods that require an associated service from trained clinical providers (e.g., implants or IUDs) may be more limited.

Modern contraceptive users in 2016 by source and method

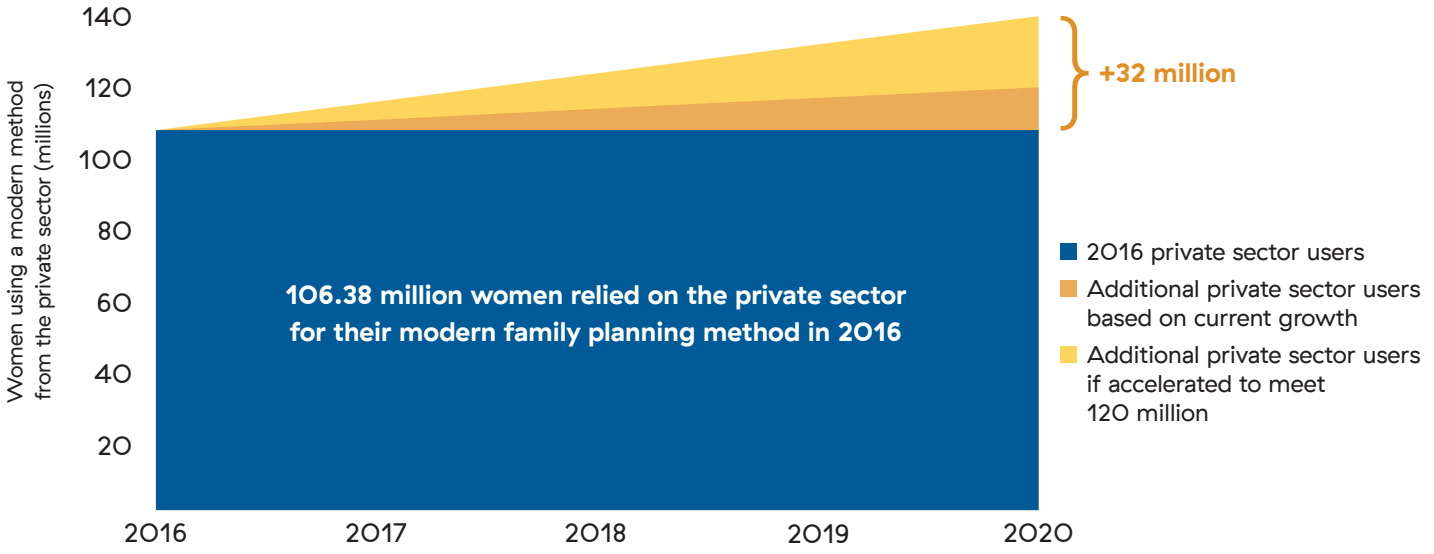


Projected role of the private sector

As we look to 2020, the total number of modern contraceptive users will continue to increase in response to efforts to accelerate progress toward the FP2020 goal of reaching 120 million additional users with modern methods. While we cannot know the exact path that each country will take, we consider two possible trajectories below—first that each country continues on its current path, and second, that countries accelerate their progress to achieve their FP2020 goal.

If growth in the modern contraceptive prevalence rate (mCPR) continues in each country at its current rate,[2] and both the method mix and the private sector's market share remains the same as it is now, an additional 12 million users will rely on the private sector in 2020 compared with 2016. If growth were to accelerate to reach the 120 million goal, the private sector would need to reach an additional 32 million private sector users than there are today just to maintain its market share.

Growth in modern contraceptive users getting their method from the private sector



The increase in private sector users shown above would only be part of the growth of the total family planning market. It would be complemented by a rise in users from the public sector and other sources. Ensuring that the private sector is well used within a wider total market approach that capitalizes on each sector's strengths and resources could achieve even greater access to contraceptives. There are several opportunities for the private sector to play a larger role in supporting this total market growth, allowing countries to experience more rapid mCPR acceleration. The following are three potential opportunities that would support a total market approach in different ways. **The following analysis assumes that countries' mCPR trajectories follow their current projections; the resulting numbers therefore may be an underestimate if progress toward the FP2020 goal accelerates.**

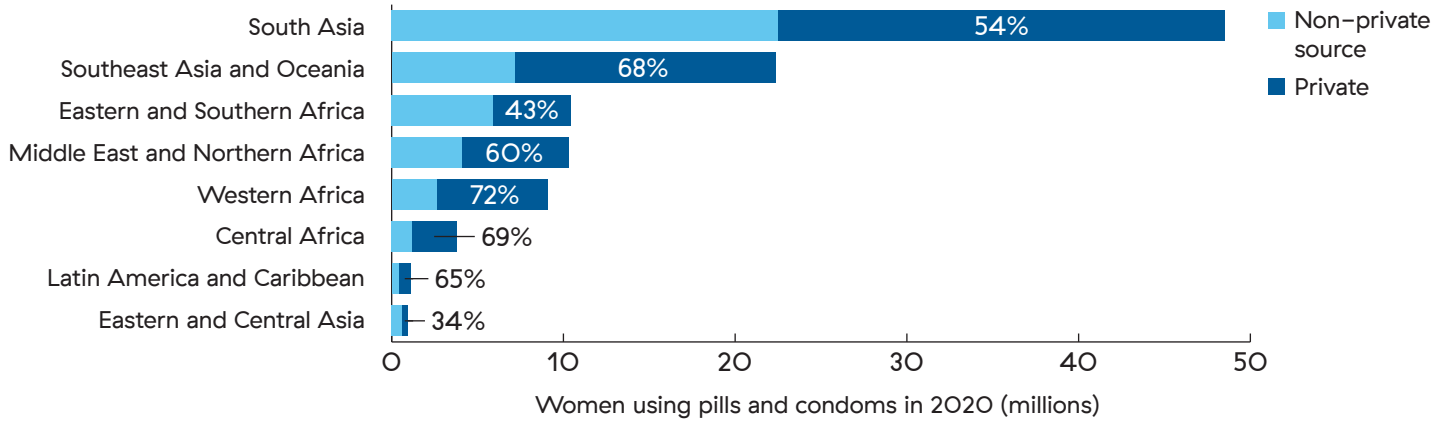
[2] Calculations based on FP2020 mCPR projections, which use the Family Planning Estimation Tool, a Bayesian statistical model, to project changes in mCPR out to 2020 informed by patterns of growth in each country as well as historical experiences of mCPR growth.

Opportunity 1

Increasing private sector provision of pills and condoms

The private sector currently plays the largest role in the provision of male condoms and pills. In 2020, 58 percent of pill and male condom users will access these methods through the private sector. This assumes that there are no changes in method mix or source mix by country. Therefore, the remaining 42 percent (approximately 44.4 million women) would receive their pills and condoms from the public sector and other sources.

Pill and condom users in 2020 by source with no change in private sector market share



Extensive networks of private pharmacies and drug shops throughout the FP2020 focus countries are well positioned to provide these methods to women and men. Under a total market approach, these outlets could ensure more convenient access, while freeing up both public and private clinical providers to provide clinical contraceptive methods. Opportunities to increase the role of the private sector in providing these methods should be explored, especially in places where the private sector market share is low (such as Eastern and Southern Africa), and where large numbers of women rely on the public sector or other providers for these methods (such as South Asia).

Opportunity 2

Task sharing to increase access to injectables

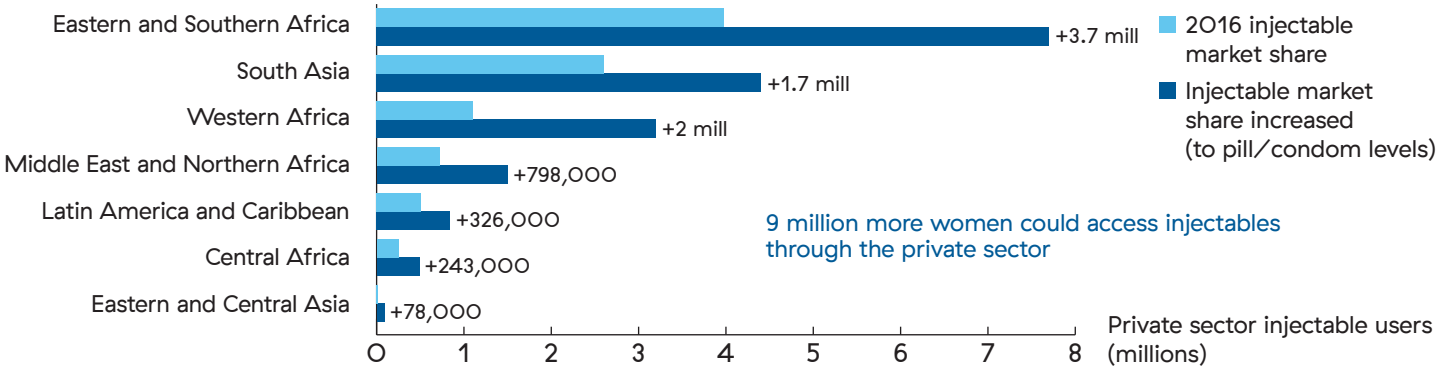
By 2020, assuming no changes in method mix or source mix by country, 42 percent of injectable users would access this method through the private sector. The private sector plays a smaller role in providing injectable contraceptives compared with pills and condoms, in part due to policy restrictions around the provision of injectables in private pharmacies. Recent donor-funded pilots have proven the safety and efficacy of private pharmacies and drug shops in the provision of injectables (Khan et al., 2012; FHI 360, 2013). Scaling up and replicating these experiences in other countries could support a total market approach by increasing the number of pharmacies that are able to provide women with injectable contraceptives, thereby facilitating wider access to and use of injectables. The following table shows the average private sector market share by region for injectables compared with the market share for pills and condoms (combined). The final column presents the difference between these numbers, representing a potential gap in injectable provision that could be addressed by increasing private pharmacy provision. Western Africa has the largest gap, with a private sector market share for pills and condoms that is 46 percentage points higher than injectables.

Private sector market share for injectables, pills, and condoms

	Injectable users who get method from private sector (%)	Pill and condom users who get method from private sector (%)	Percentage point difference
Western Africa	26	72	46
Central Africa	35	69	34
Middle East and Northern Africa	28	60	32
Eastern and Central Asia	4	34	30
Latin America and Caribbean	40	65	25
South Asia	32	54	22
Eastern and Southern Africa	22	43	21
Southeast Asia and Oceania	68	68	0

If policy shifts allow private pharmacies to provide injectables, it is reasonable to expect that the private sector market share for this method would be similar to the market share of pills and condoms, methods that are already widely available. To explore this further, the following graph shows how many additional injectable users could be served by the private sector in each region if the private sector market share for injectables was brought to the same level as that for pills and male condoms.[3] Overall, an additional 9 million women could be served through the private sector if injectable market shares were brought to par with pills and condom market shares.

Injectable users getting their method from the private sector in 2020 under two scenarios



This number could be even higher for several reasons. First, it is based on the current method mix; recent data suggest that injectables are growing in popularity, meaning it is possible that by 2020 even more women would use injectables. In addition, the private sector market share could exceed the current share for pills and condoms, resulting in even more users. If these trends hold true, expanded access to injectables through the private sector will be even more important to ensure the countries can keep pace with increasing demand for injectables.

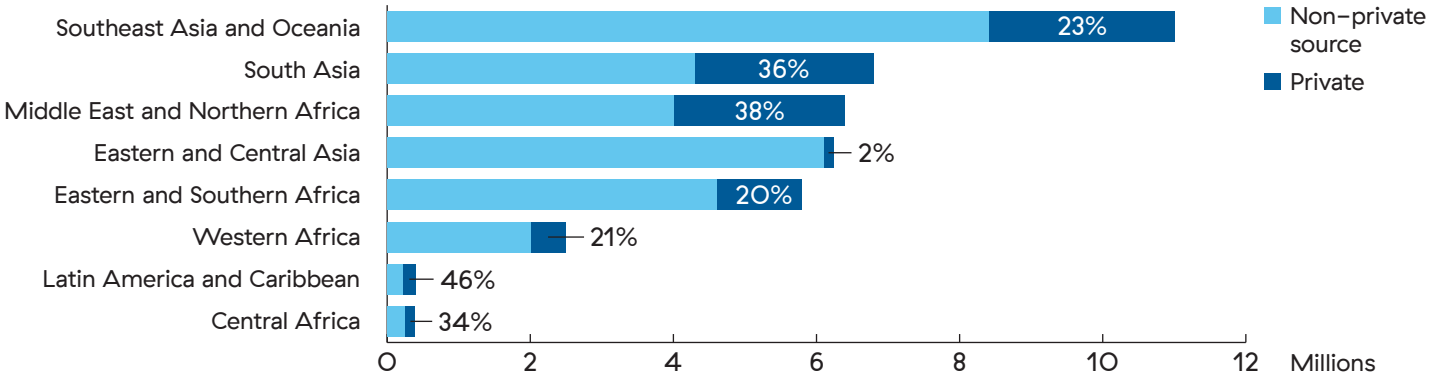
[3] Southeast Asia and Oceania is excluded from this analysis, since both injectables and pills/condoms already have the same private sector market share (68%).

Opportunity 3 *Increasing provision of long–acting and reversible contraceptive methods in the private sector*

If the current method mix were to persist until 2020, there would be nearly 40 million women using long-acting and reversible contraceptive (LARC) methods in the 69 FP2020 focus countries. Based on current source mix, just under one-quarter of these women (24 percent, or approximately 9.6 million women) would receive their IUD or implant from the private sector. Recent trends in method mix suggest increasing popularity of implants, especially in sub-Saharan Africa, so it is possible there would be even more LARC users by 2020. This poses two important questions:

1. **Are there opportunities for the private sector to play a larger role in providing LARC services?**
   The majority of women access their LARC methods from the public sector. Evidence shows that private clinicians can play a larger role in meeting women's existing preferences for LARC methods, including both IUDs and implants (Keeley et al., 2014; Rosapep, 2015). In 2020, without shifts in the public and private provision, nearly 30 million women would access LARC methods from non-private sources (see the light blue bars in the following graph). For some of these women, private clinics may be well placed to provide them with quality contraceptive services. Addressing barriers to the provision of LARCs in the private sector including policy, training, and financing would support a total market approach to ensuring that women are able to access a full range of methods, and it could alleviate some of the burden on the public sector in being the main provider of these methods.

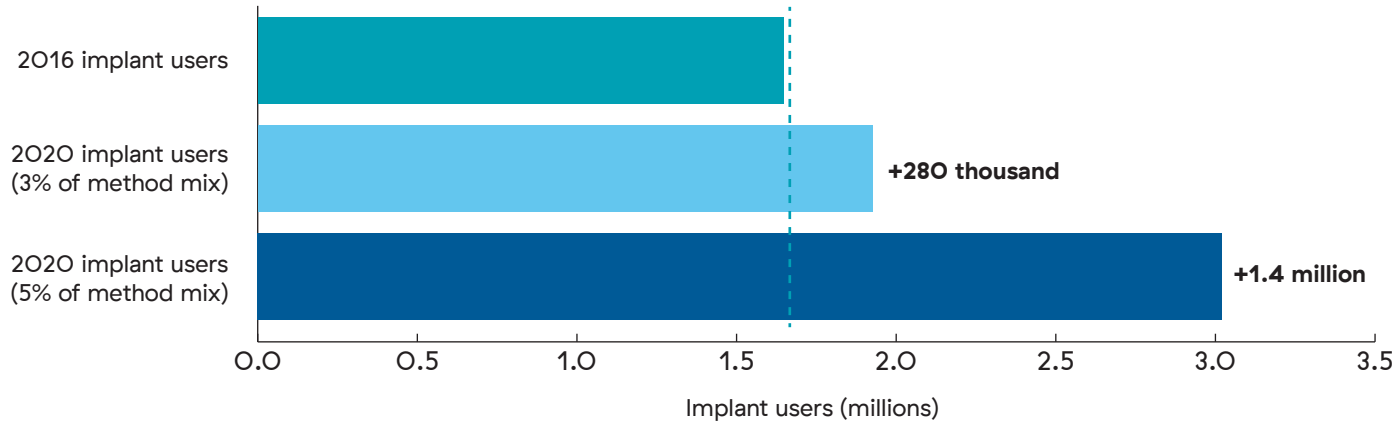
LARC users in 2020 by source with no change in private sector market share



2. **Can the private sector keep pace if the method mix shifts to include more implants?** With no changes in the method mix, in 2020 implants would make up only 3 percent of users across the FP2020 focus countries. Even modest increases in the share of users relying on implants would have large implications for the number of clients to be served in both the public and private sectors. For example, by 2020, if 5 percent of users across the FP2020 countries relied on implants, this would equate to 15 million implant users, more than 5.4 million more than currently projected (figures not shown in graph).

   The private sector currently has a 20 percent market share among implant users. The graph below shows how many implant users rely on the private sector now, and how many would under the two future scenarios (if current method mix is maintained at 3%, and implant use increases to 5%). Assuming the private sector maintains its 20 percent market share, the absolute number of implant users receiving their method from the private sector would increase by 280,000 in 2020 if the current method mix is maintained, and by 1.37 million in 2020 if implant use grew to 5 percent of the method mix.

Private sector implant users in 2016 and 2020 under two scenarios



This large scale-up of implant provision in the private sector would require additional investments in training private providers, financing service delivery, and ensuring adequate implant insertion and removal supplies at private facilities.

Policy and program implications

The private sector currently plays a large role in providing modern contraception to women across the 69 FP2020 focus countries and will continue to do so going forward. This brief explored three key areas for potential growth in the private sector's provision of a wider range of modern methods:

- Increasing private sector provision of pills and condoms
- Expanding task sharing policies to include injectables through private pharmacies
- Increasing private sector provision of LARCs

Collectively, these efforts could increase access to quality contraceptive methods, while also ensuring a total market approach that uses the strengths of both the public and private sectors.

Taking advantage of these opportunities requires significant investments from family planning stakeholders. To ensure successful integration of the private sector into these efforts, the most important element is government stewardship. Donors and implementing partners should advocate for increased government stewardship and commitment to support the private health sector. This includes supporting the development of national and subnational policies to support the private sector, and adaptation of WHO guidelines on task sharing/shifting of injectables to mid- and lower-level provider types (nurses and midwives practicing in private clinics, and pharmacists at private pharmacies). It also includes ensuring that universal health coverage reforms incorporate both family planning and private health care providers to reduce clients' financial obstacles that prevent them from accessing their desired family planning methods.

In addition to policy interventions, donors, implementing partners, and governments need to ensure that private providers are trained in the full range of modern methods allowed under their scopes of practice. This work includes partnering with private sector networks and associations to train and build the capacity of private sector providers (doctors at private hospitals, private nursing homes, and private clinics) in counseling and provision of LARCs and permanent methods. It also includes identifying and implementing strategies to ensure private sector providers have access to new and existing job aids, counseling tools, information sheets, and post-training support for family planning provision. Finally, many family planning commodities—especially LARCs—are typically distributed through the public sector, which can result in supply gaps of methods and commodities in the private sector. To increase access to LARCs, donors and policymakers should therefore ensure that strategies are in place to ensure private facilities have consistent access to the full range of family planning commodities. With a supportive policy environment, adequate and sustainable financing models, and investments in training and infrastructure, the private sector can play a large role in further acceleration and progress in FP2020 focus countries.

Behind the Numbers

The numbers presented in this brief are based on an analysis undertaken by Avenir Health, which brings together a variety of data sources. We would like to thank FP2020 for sharing their Core Indicator Estimates, which gave us trends in total modern users for the FP2020 countries. These estimates are in line with the data published for the 2015–2016 FP2020 Progress Report, *Momentum at the Midpoint*. These user trends were then segmented as follows: (1) split into married versus unmarried sexually active users based on Demographic and Health Survey (DHS) data on the percentage of users who are married or unmarried sexually active, (2) split into users by method using method mix data from recent household surveys or regional averages where data is missing, and (3) split into source of method based on DHS secondary analysis of source by method for married and unmarried women separately. Where DHS data were not available, regional averages were used. The country figures were then aggregated to create the results seen in this brief.

References

FHI 360. 2013. *DMPA Sales at Licensed Chemical Shops in Ghana: Increasing Access and Reported Use in Rural and Peri-Urban Communities*. Research Triangle Park, NC: FHI 360.

FP2020. 2016. Momentum at the Midpoint 2015–2016. http://progress.familyplanning2020.org.

Keeley, R., A. Vogus, S. Mitchell, and M. R. Amper. 2014. *Private Midwife Provision of IUDs: Lessons from the Philippines*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

Khan T. U., S. Malarcher, S. Ahmed, S. Sarker, and M. Arevalo. 2012. *The Blue Star Program: expanding access to injectable contraception through private sector outlets in Bangladesh*. Unpublished paper.

Rosapep, L. 2015. *Encouraging Private Sector Provision of Long-Acting and Permanent Family Planning Methods in Bangladesh: An Implementation Evaluation*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

DHS analysis was based on the most recent data set for each of the following countries: Bangladesh, Burkina Faso, Benin, Bolivia, Burundi, Chad, Côte d'Ivoire, Cameroon, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guinea, Honduras, Haiti, India, Indonesia, Kenya, Cambodia, Kyrgyzstan, Liberia, Lesotho, Madagascar, Mali, Malawi, Mozambique, Nicaragua, Nigeria, Niger, Nepal, Philippines, Pakistan, Republic of the Congo, Rwanda, Sierra Leone, Senegal, Sao Tome and Principe, Togo, Timor-Leste, Tanzania, Uganda, Uzbekistan, Vietnam, Yemen, Zambia, Zimbabwe. In addition, married method mix data was used from other available sources, including Multiple Indicator Cluster Surveys, national surveys, and Performance Monitoring and Accountability 2020.

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