

Using a Market Development Approach to Strengthen Markets for Family Planning

Sindh Province, Pakistan

Frontier Health Markets (FHM) Engage

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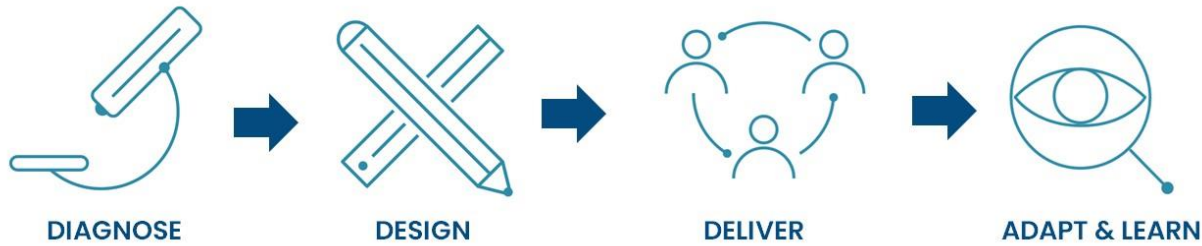
OBJECTIVES

- ➔ Describe the FHM Engage approach to understanding FP markets
- ➔ Highlight key demand and supply findings
- ➔ Discuss key market constraints and their implications for program design

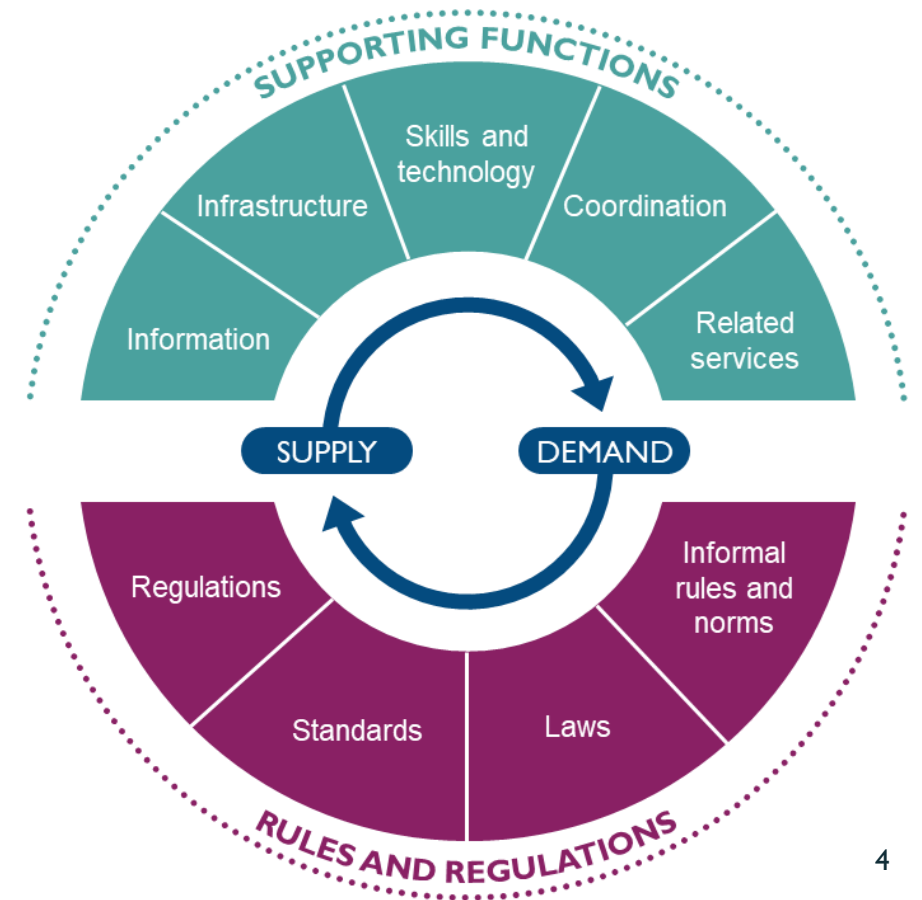
Market Development Approach

Market Development Approach develops health market systems

MDA follows a four-step process



The Market Systems Framework guides the market description



A market description is the critical first task in DIAGNOSE

- ✓ Aligns understanding of priority health problem and current role of the private sector
- ✓ Identifies market challenges, market entry point and possible market interventions
- ✓ Reveals areas for further data gathering/analysis for DIAGNOSIS

MDA Step I: Market Diagnosis

DESCRIPTION OF CONSUMER USE AND NEED

Use / Need Analysis

Trends related to Use / Need

Quality of Use

DESCRIPTION OF MARKET FUNCTIONS AND STRUCTURE

Describe all market players

Understand Macro and Policy Trends

Understand market breadth and depth

Manufacturers

Distributors / wholesalers

Service providers

Outlet providers

ANALYSIS OF MARKET FAILURES AND ROOT CAUSES

Key information

Key Insights

Identify Market Constraints

Ver. I Strategic Logic Model

Data Sources and Methodologies

Data Sources



Demographic and Health Surveys



Country Census



Sales/distribution data



Key informant interviews



Policy review



Supply chain review



Financing review

Methodologies

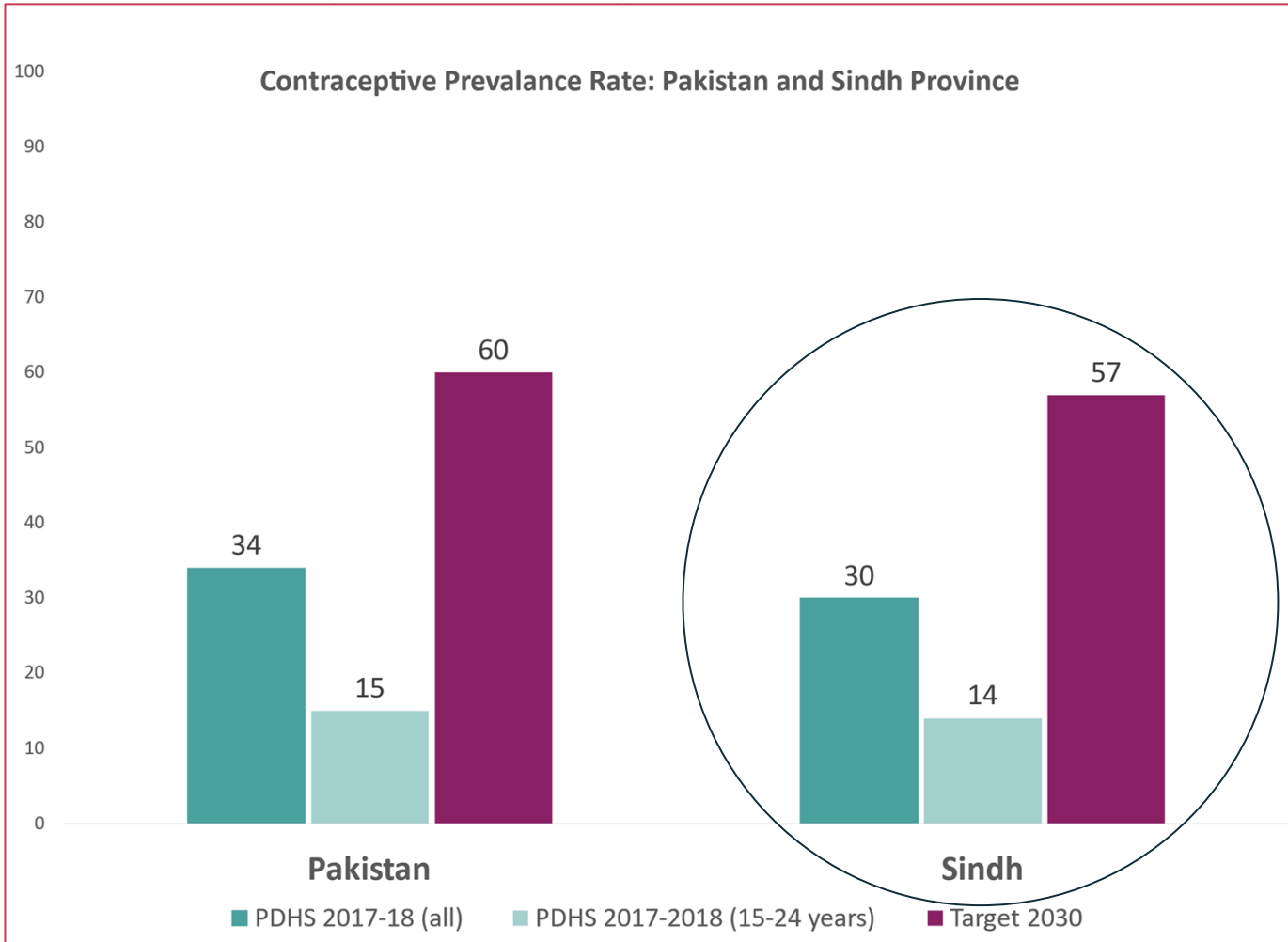
- 1 Primary data collection
- 2 Secondary data collection
- 3 Competitive landscape

Market Diagnosis:

Contraceptive Use and Need

Low Contraceptive Use, Especially Among the Young

The Sindh FP2030 commitment is to raise the **CPR from 30% to 57% by 2030**
-- Youth CPR (15-24 married): 14% in Sindh



Population	57.9 million
# of FP users	2.5 million
CPR	30%*

*Note: this includes only married women; no information is available for unmarried women

Who is the market failing in Sindh

Who is
the
Market
Failing?

Non-Users

2.5 million

MWRA who need FP but are not using modern FP methods

Discontinuers

0.8 million

MWRA projected to discontinue a method in 12 months

Unmarried Women

>3 million

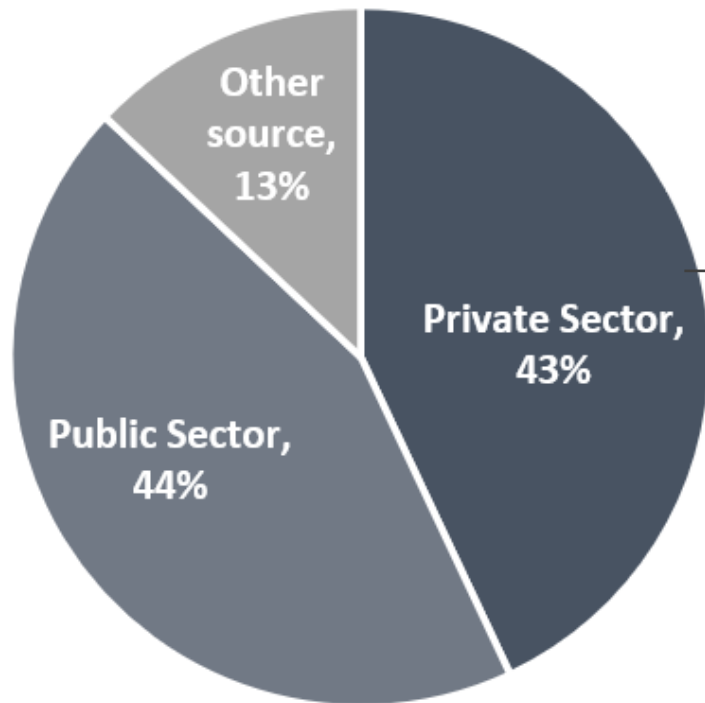
Young, unmarried WRA
Need for contraception
not calculated and not included in demand estimates

6.3 million
Women in Sindh

Contraceptive Supply

Source of Contraceptives: Skewed Method Mix in Private Sector

Private Sector Serves
43% of the Market



■ Sterilization ■ IUD ■ Implants ■ Injectables ■ Pills ■ Condoms

Private Sector
Method Mix



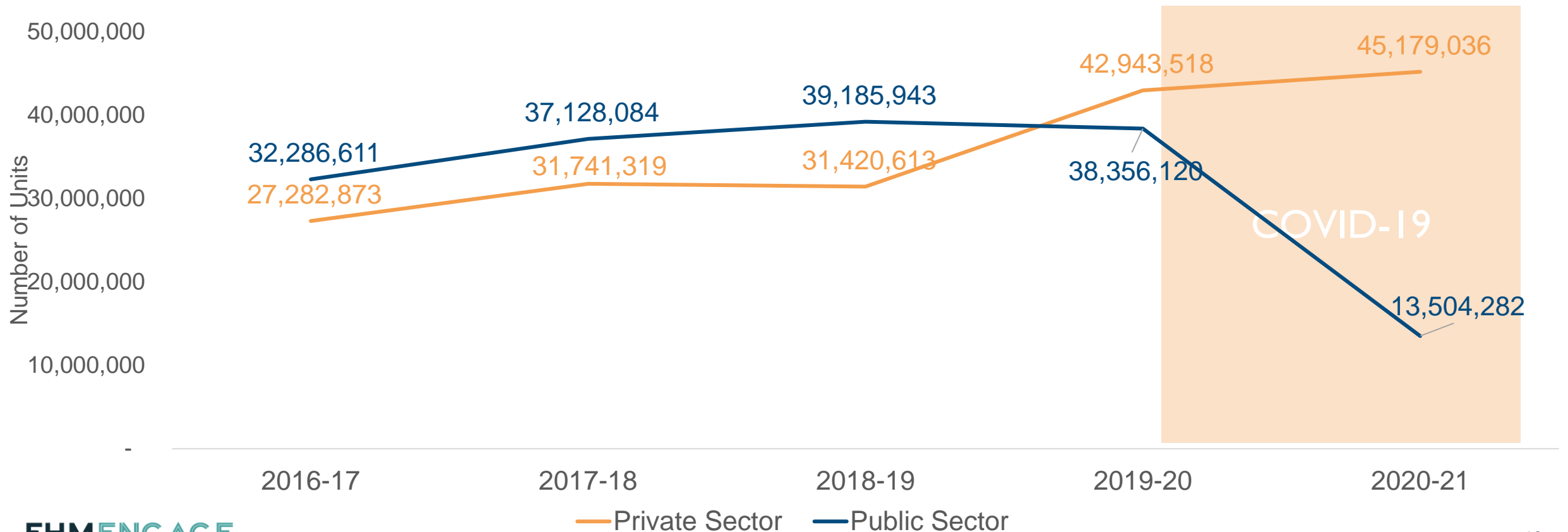
Sterilization and condoms account for 75% of methods sourced in the private sector.

Opportunity for commercial sector growth in pills, implants, injectables

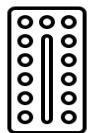
Source: PDHS 2017-18

SINDH – Public & Private Sector Contraceptive Service Delivery 2016 – 2021

Public sector outperformed the private sector in contraceptive service delivery from 2016-17 to 2019-20. In 2020-21, government LHWs and providers were **re-tasked to COVID-19** testing and screening units.



Overview of FP Product Market in Sindh



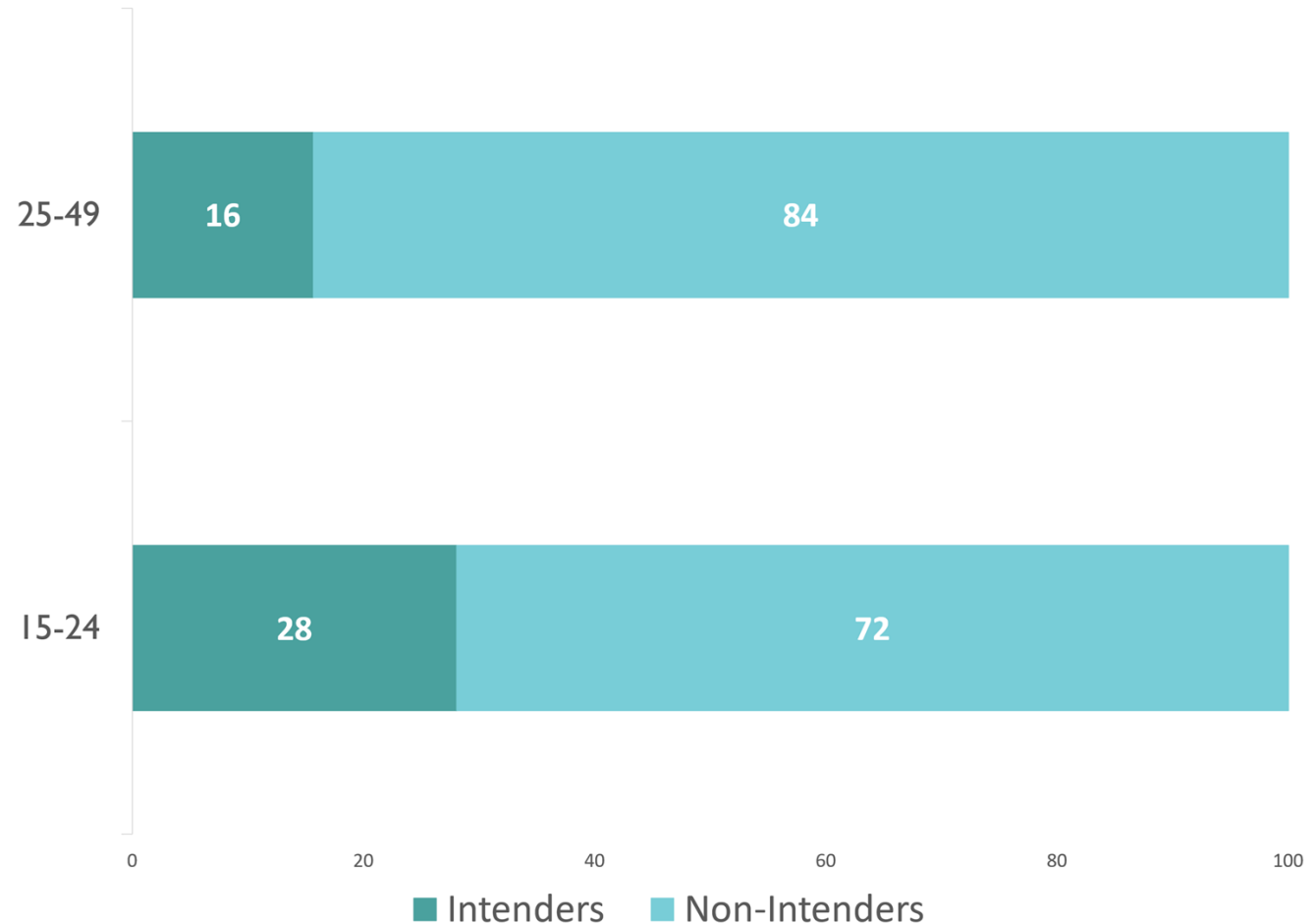
METHODS	PILLS	EC	IUD	IMPLANT	INJECTABLE	CONDOM
Registered Products	<ul style="list-style-type: none"> • COC (6) • POP (?) 	<ul style="list-style-type: none"> • Levonorgestrel .75mg (1) • Levonorgestrel 1.5mg (1) 	<ul style="list-style-type: none"> • Hormonal (2) <i>Multiload;</i> <i>Safeload</i> • Copper (8) <i>Suppliers: India, China, Brazil</i> 	<ul style="list-style-type: none"> • Jadelle (Bayer) • Implanon (NV Organon) 	<ul style="list-style-type: none"> • Depo-Provera (Pfizer) • Femiject (PSI) • Norigest (Bayer) • Sayana Press (Pfizer) 	<ul style="list-style-type: none"> • >90 brands
Price to Client (Public Sector)	Free	Free	Free	Free	Free	Free
Price to Client (Private Sector)	~\$0.11 USD to ~\$2 USD	~\$0.06 USD to ~ \$0.07 USD	~\$0.7 USD	~\$12.3 USD to ~ \$17.6 USD	~\$0.83USD	~\$0.03USD to ~\$7.03USD

Contraceptive Demand

Intention to Use Modern FP by Age

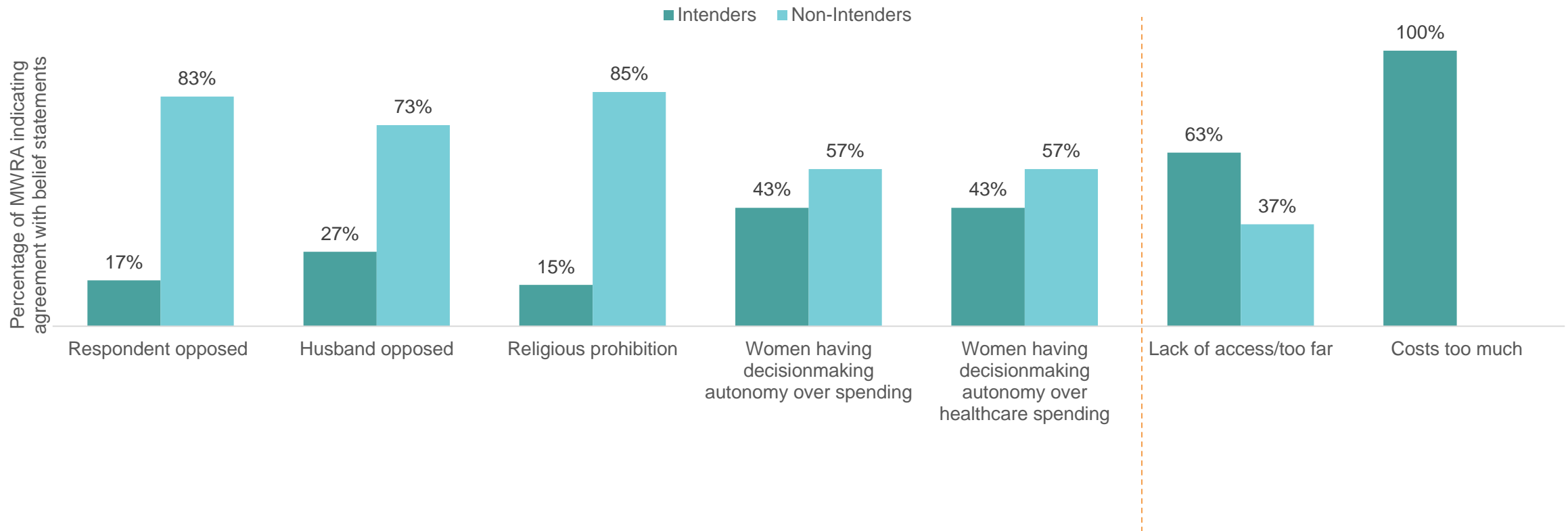
Married women ages 15-24 have the *highest proportion* of intenders (28%), while those 25-49 have the highest *total number* of intenders (1.9 million)

Age	TOTAL
15-24	0.9 m
25-49	1.9 m
15-49	2.8 m



Predictors of Intention and Use

Lack of access/distance to and cost of FP services are primary barriers to adoption of FP by intenders.



Key Findings of Co-Design Sessions with Youth

Profile	Preferred Source for Obtaining Modern Contraception	Preferred Source for Obtaining Information
Barrier	Misconceptions/Embarrassment/Lack of sex education	
Boys/ Men	Pharmacy/Medical Store, Online Marketplace	Online media, blogs, chat bots

Barrier	Misconception/Embarrassment/Lack of mobility, sex education	
Girls/ Women	Online Marketplace/Pharmacy/ Clinics	Social Media, Apps

Barrier	Stigma/Shame	
MSM	Online Marketplace/Pharmacy/CBOs	Social Media, Dating Apps

Barrier	Stigma/Shame	
Trans	CBOs	Social Media, Awareness Videos, Focal Persons (Gurus)



Unmarried young people and other vulnerable populations prefer information through digital channels



Unmarried young people and other vulnerable populations prefer to use pharmacies or online marketplaces for contraception

Market Constraints

Causes of Underperformance and

Opportunities

KEY ISSUES

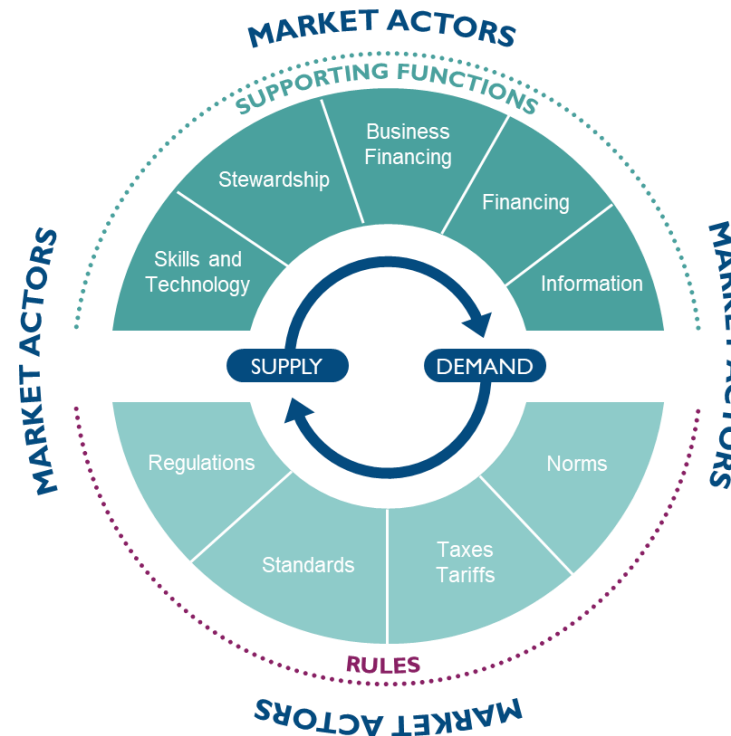
Market Constraints in Sindh

STEWARDSHIP: No clear stewardship roles for the private sector. Widespread fragmentation of coordination between sectors.

SUPPLY: Private sector provision skewed to condoms and sterilization. Gap in meeting the needs of youth for spacing (STMs). Fragmented digital supply.

REGULATIONS: Product registration and restrictive import regulations

SKILLS: Lack of youth-friendly trained providers.



INFORMATION (D): Myths and misconceptions hinder uptake. Restrictive youth access to information, unfavorable social and cultural norms, and information censors for young people.

DEMAND: Women in urban areas, particularly youth, have an unmet need. Digital platforms offering access to contraceptives are not tailored to youth needs. Unmarried and vulnerable youth are not counted

TAXES: General sales tax and customs duty unfavorable for import of commodities

STANDARDS: The market is failing women who discontinue their method due to quality of care (QoC) experiences and standards.

Opportunities for Strengthening the Role of the Private Sector

FHM Engage Focus Areas

Priority Market Interventions

Recommendation 1

Market stewardship led by private sector

A platform for private sector market actors to access market intelligence and advocate for regulatory reforms and business support

Recommendation 2

Increase youth demand through a youth-directed market solution

Online FP Marketplace

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

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