



Expanding contraceptive access and method choice through a total market approach for service delivery

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USAID FOCAL AREA for Family Planning Programs:

Total Market Approach (TMA)

A lens for assessing actors and interventions in all three sectors (**public, private non-profit, private for-profit**) of the health system.



.....**Programs and policies promote and enhance contributions from all sectors and are client focused**

TMA includes FP PRODUCTS + SERVICES

Why TMA for FP services?

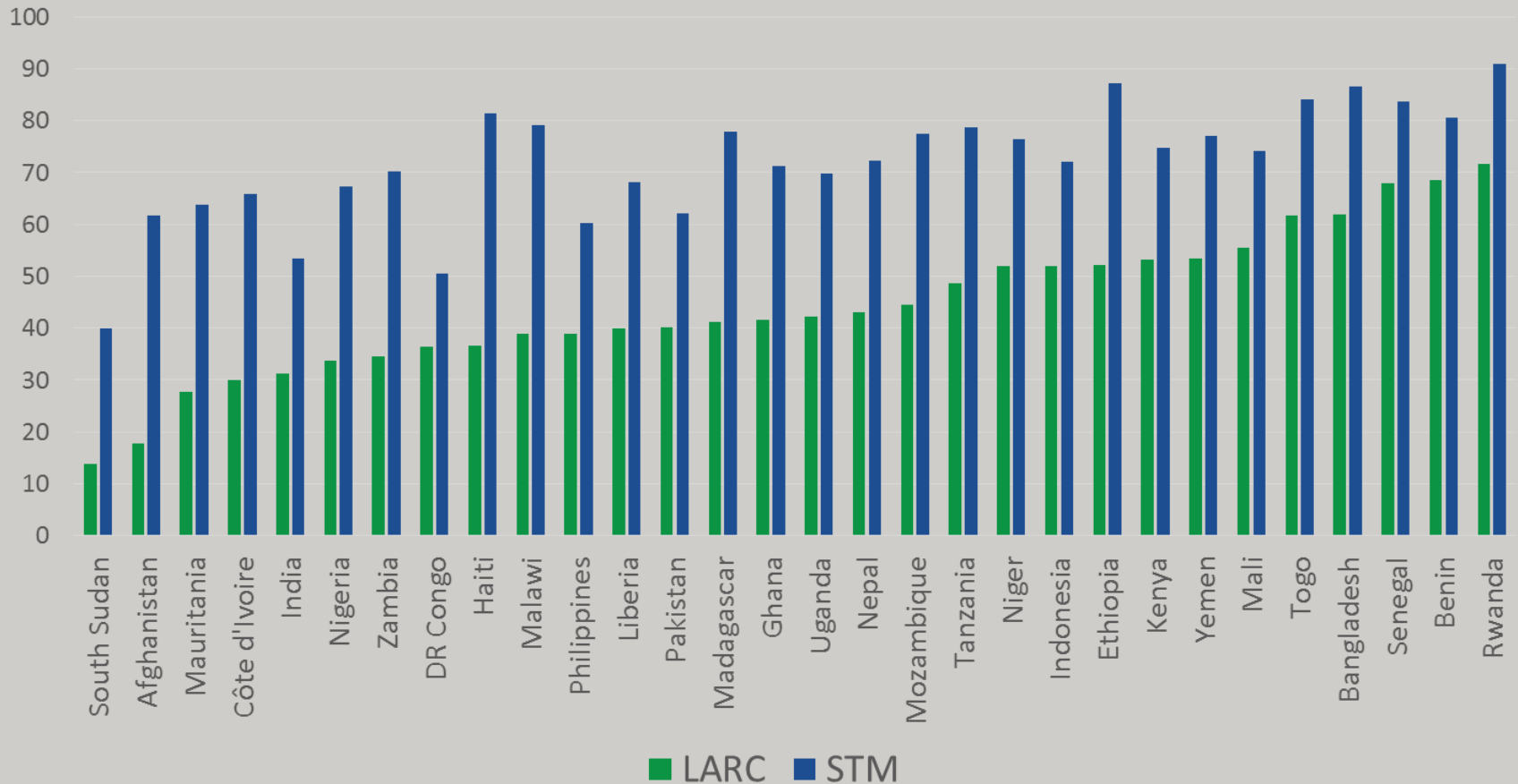
It's about method choice...

- TMA focused on products may leave out some contraceptives
 - provider dependent methods (e.g. LARCs)
 - methods that don't have a commodity immediately associated with them (TL or vasectomy)
 - new and/or underutilized methods
- Making a product available is not enough to make the method accessible or used
- Global success getting many short acting methods to where people are → still more to do to expand method choice
- UHC and financing discussions must consider FP commodity and service delivery aspects.

Efforts that convene stakeholders to identify and address challenges on products must also think about service delivery challenges and opportunities.

Method availability (from FPE/NCIFP)

Extent to which the entire population has access to LARC and STM



Source: Track20/Avenir

Spotlight: TMA for IUDs

Adding a contraceptive method to the method mix increases mCPR...but

- Private sector efforts to revitalize the IUD **alone are not sufficient** to effect changes in mCPR or demand
- Inconsistent quality of service delivery in one sector of market can **drive down overall demand**
- **Solution:** *key service delivery inputs in public and private sectors*
 - Training/supervision, QA, supply chain
 - Nat'l policy, advocacy, dialogue for IUD services
 - SBCC

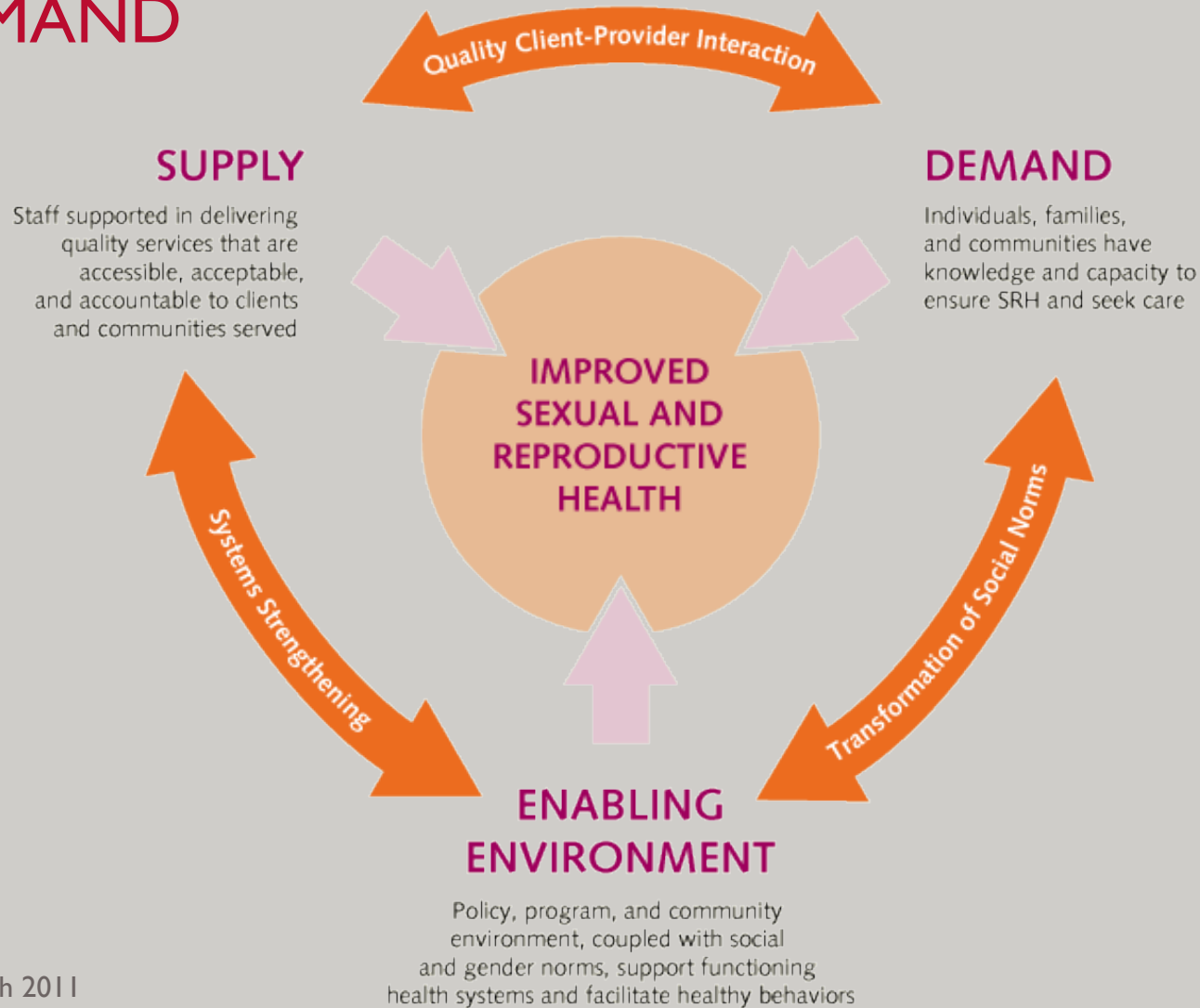


White, JN and Corker, J. 2016. Applying a Total Market Lens: Increased IUD Service Delivery through Complementary Public- and Private- Sector Interventions in 4 Countries. *Global Health Science and Practice* 14 (Suppl 2).

Elements of a Total Market Approach



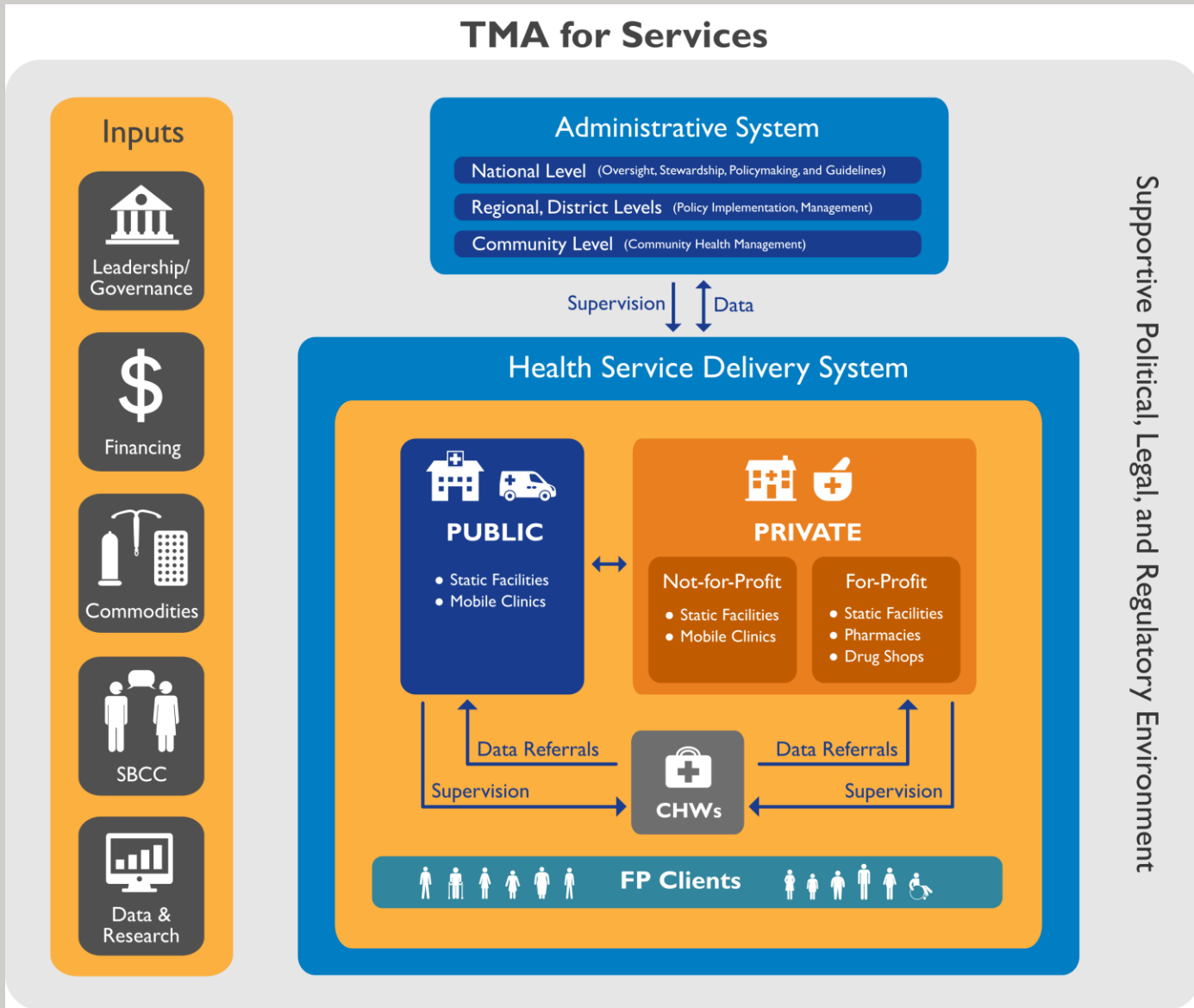
SERVICE DELIVERY = SYNERGY BETWEEN SUPPLY, ENABLING ENVIRONMENT AND DEMAND



KEY CONSIDERATIONS FOR USAID'S FP SERVICE DELIVERY PROGRAMS

- Provide information, a broad range of contraceptive methods and high quality FP services
- Utilize multiple service delivery channels
- Leverage a range of service delivery partners (public, NGO, commercial)
- Integrate demand generation for FP services and products
- Reach the **poorest, most underserved** populations
- Support **gender equity**
- Uphold voluntarism and informed choice

TMA SERVICE DELIVERY FRAMEWORK



SERVICE DELIVERY CHANNELS



SERVICE DELIVERY CHANNELS

- Static clinic or hospital (public/private)
- Mobile outreach services/providers (public/private or both)
- Community distribution (CHWs)
- Social marketing
- Retail outlets - drug shops and pharmacies
- Other



PHOTO CREDIT: PSI, MSI

WHERE ARE THE GAPS IN FP METHODS AND SERVICE DELIVERY CHANNELS?

Methods + Service Delivery Channels	Public health facilities/clinics	Private (NGO, commercial) health facilities/clinics	Mobile outreach services	Community-level provision (CHWs, CBDs)	Social marketing outlets/ pharmacies/ drug shops
Implants					
Vasectomy – male sterilization					
Tubal Ligation - Female sterilization					
IUDs (Copper T, LNG-IUS)					
Injectables					
Pills (POPs, COCs)					
LAM					
SDM – Cycle beads					
Male and Female condoms					
Emergency Contraception					

KEY: Information (I) Counseling (C) Administered or Provided (AP) Referred (R)

Static Clinic Services (Public + Private)

- Health posts → District Hospitals
- Provider Training and Behavior: pre-service, in-service, on the job training, refresher training,
- Supportive supervision
- Quality assurance, information systems, M&E
- Equipment, instruments, supplies, contraceptives
- Referrals



Maximizing clinic services...

- FP vouchers (public or private clinics)
- Dedicated FP providers
- Youth-friendly services
- Integrated services
- Event days for FP
- Task Sharing



PHOTO CREDIT: PSI

MOBILE CLINICAL OUTREACH



- Provides all FP services (aims to fill gaps in method choice)
 - Extends **LARC and PM** services out to underserved areas
 - Lower level clinics or community areas
- **High volume, high quality services**
- Government or NGO-led
- Can include OJT skills transfer to clinic staff
- Team size + composition can vary (see HIP brief)
- Generally free of charge to clients
- Requires community mobilization and planning

PHOTO CREDIT: MSI

SOCIAL FRANCHISING: organizing private sector

- Builds on existing clinics and providers
- Private clinics or occasionally public clinics
- Integrated health service platform
- Creates a network of providers
- Focuses on high quality FP provision with supervision/QA
- Providers often new to FP or had limited offerings
- Can be paired with vouchers



CHWS: IMPROVING FACILITY + COMMUNITY LINKAGES

- Provide information and counsel clients on side-effects and administer methods
- Motivate clients to seek care, including timely LARC removal
- Sell socially marketed products
- Distribute vouchers for facility services, including LARCs and PMs
- Mobilize clients for mobile services or FP event days
- Refer for LARCs, PMs and/or management of side effects and complications



Potential Method Mix for CHWs

Administer: Injectables, pills (COCs, POPs, EC), SDM and LAM, and condoms

Refer for: sterilization, IUDs, and implants

*Health extension worker cadres can insert and/or remove LARCs

Social Marketing Models

**Fully subsidized
operation**

**Donated
commodities
partial cost
recovery**

**Use of existing
commercial
products**

**Management by
commercial
partner**

**Low commercial
sector involvement**

Effective for short acting methods (e.g. DMPA, Sayana Press, pills)
Needs provider linkages for LARCs/PMs
Often linked with drug shops, pharmacies

**High commercial
sector involvement**



DRUG SHOPS AND PHARMACIES

- Utilize to provide accurate product information and promote FP use.
- Be aware of legal, regulatory, and policy environment
- Promote policy change for OTC sales of FP methods
- Support training, accreditations, and regulation
- Promote quality, oversight, including counseling skills



Credit: Akintunde Akinleye/NURHI, Courtesy of Photoshare

Potential Method Mix for Drug Shops and Pharmacies

Sell and administer: injectables, pills (COCs, POPs), cycle beads, condoms (M/F), and EC
Sell and Refer for administration: implants, IUDs, and sterilization (refer only)

— Total Market Approach:
Program Examples of
addressing gaps in services



TMA IN PROGRAMMING: WHAT DOES IT LOOK LIKE?

- Are we maximizing participation of all FP provision actors?
 - Public sector
 - Not for profit NGOs, FBOs
 - Commercial sector
- What populations do they each serve and where?
 - Can clients pay? Do clients pay? Enough to generate cost recovery?
 - Who can serve those who are the poorest?
 - Are any clients not being served?
- What types of service delivery approaches can each do best?
- How can we grow the whole FP market?

COUNTRY SNAPSHOT: MALAWI

- Longstanding MOH support of NGO FP provision (PPPs, contracts)
- Task-sharing (e.g. clinical officers for PMs, CHWs for injectables)
- Fixed facilities
- Free FP services at community level
 - Mobile clinical outreach to rural areas (nearly nat'l coverage)
 - CBD of injectables and other methods

Malawi mCPR increasing

2004: 28%

[steril=5.8%; implant=.5%]

2010: 42%

[steril=9.7%; implant=1.3%]

2015: 58%

[steril=10% implant=11.5%]



COUNTRY SNAPSHOT: BANGLADESH

- Government support for private sector AND FP
- Social Marketing Company (SMC), local organization
 - World's largest social marketing program
 - Responsible for large proportion of mCPR (35% in 2007)
- FP in multiple private channels: Drug shops, pharmacies, clinics, social franchises
- Private pre-service institutions
- Local manufacturing

Now: Expand private sector LARC/PMs

mCPR=54% (2014)

Private sector sources = 47% of modern methods



— Thank you!

