A Total Market Approach for Family Planning
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Total Market Approach,
SPOTLIGHT: USAID FP FOCAL AREAS

Total Market Approach (TMA)

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

.....Programs and policies promote and enhance contributions from all sectors and are client focused
WHAT IS THE FP MARKET?

- **Contraceptive methods**
- **Clients**
  - Current FP users
  - Potential FP users
- **Providers/Sources**
  - Public Sector
  - Not for profit/NGO
  - Commercial
  - Donors
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?

When USAID graduates, FP will still be provided!
Wealthiest 20% -- generally able and willing to pay for FP

Poorest 40% — generally need subsidies for some or all FP methods/services
COUNTRY SNAPSHOT: MOROCCO

Market Segmentation Analysis Revealed:

• Mismatch between older women’s desires to limit + low use LARCs/PMs
  – Is there an access barrier? How can we serve them?
• Middle and upper quintile women using public sector for FP methods, wealthier urban women underserved
  – opportunity for private sector providers to serve the segment
  – Govt facing resource constraints, needs to prioritize poor
• Poor rural women not using FP but wanting to contracept
  – Target subsidies in rural areas to reduce barriers
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

1992: 7%

2004: 28%
[steril=5.8%; implant=.5%]

2010: 42%
[steril=9.7%; implant=1.3%]
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

Private sector sources = 44% of modern methods
SERVICE DELIVERY: WHAT ABOUT SUSTAINABILITY?

• USAID FP programs aim for sustained:
  – Behavior change, demand and use
  – Equitable access
  – Local capacity and active engagement in FP

• Once modern CPR begins to increase, it does not usually decrease

• Sustainability aims of a program should be balanced with country’s current mCPR, disparities in contraceptive access and use, and economic development

*Health systems evolve and change over time*
QUESTIONS FOR CONTINUED LEARNING IN YOUR SERVICE DELIVERY PROGRAM

• How effective are each of the service delivery approaches in your context?
• Are they reaching new clients? Who are they? Helping clients switch between methods?
• Which ages are using which contraceptive methods?
• Are poor, underserved, vulnerable, populations reached?
• How widely available are different methods? through which service delivery approaches?
• Are integrated services improving both outcomes?