

EVIDENCE BRIEF

Partnering with the private sector to strengthen provision of contraception

→ Family planning is most successful when clients have a variety of methods to choose from and a variety of service delivery sites from which to obtain them. (1)

The private sector plays a critical role in family planning (FP) and can contribute to a total market approach to providing contraceptives (2). The private sector accounts for around two-fifths of contraceptive provision worldwide (3), with the share higher in some countries; in Nigeria 60% of women obtain contraception in the private sector (4). The private sector ranges from nongovernmental and faith-based organizations, usually providing free or subsidized services, to for-profit medical providers, pharmacies and drug shops. Workplaces also offer a private sector venue for providing health services, including FP.

As countries move towards their FP2020 goals and increase domestic resources to do so, the private sector is a critical partner (5). Among private sector service options, social marketing, social franchising, and pharmacies and drug shops most readily contribute to sustainable markets for contraceptive services. Corporate sector workplace programmes also show promise for reaching millions of women.

SOCIAL MARKETING

Social marketing uses marketing techniques to achieve behavioural change coupled with making contraceptives available through private sector outlets. It has been successful in promoting a wide range of contraceptive methods, with strong evidence showing its impact on the availability of injectables in Bangladesh, condoms in Pakistan, and Cyclebeads to support the Standard Days Method in Benin, the Democratic Republic of the Congo and Ecuador (6). Between 1990 and 2010, social marketing programmes doubled the number of couple-years of



POLICY AND PROGRAM CONSIDERATIONS

- As part of a **total market approach**, governments should ensure that regulations support private sector provision of contraceptives and that the private sector complies with public sector health standards.
- **Attention to equity, quality, affordability, access, method choice, and good counselling** is important to ensure that women obtaining information and contraceptives from private sector sources are making full, free and informed decisions.
- Governments could include the **private sector in funding proposals** to the Global Financing Facility, which leverages private sector capabilities in delivery and supply chains to improve access to family planning.
- Governments should **engage industry in developing policies and programmes** that expand access to family planning information, products and services in the workplace.
- Governments **should explore schemes at scale for contracting**, reimbursement and subsidising social marketing and social franchising networks to promote quality services and equitable, affordable access to comprehensive SRH.

protection that they support (7). In Nigeria, sales of long-acting and reversible contraceptives (LARCs) in one social marketing programme in 2015 exceeded 100,000 (8).

Social marketing taps into large networks of private providers, helps reduce geographic and socioeconomic disparities by reaching women who are young, poor and living in rural areas (9), and reaches men and boys, who are typically not well-served by health facilities (10).

SOCIAL FRANCHISING

Social franchising (11) is the provision of contraceptives in “branded” private facilities designed to expand the market for contraceptives with high-quality, cost-effective and equitable services that reach a range of population groups (12). Social franchising has produced increases in the provision of LARCs as those methods become more widely available in a number of countries, including Kenya and Nigeria (13). Social franchising attracts hard-to-reach groups, including young women and low-income clients, and also successfully reaches new clients (14). Social franchised private facilities that offer prenatal and childbirth services can also increase use of postpartum family planning (15).

DRUG SHOPS AND PHARMACIES

Drug shops and pharmacies are important sources of health care, particularly in rural areas or urban slums with few public clinics (16). They are often the first stop for women and men who seek FP information or services. These two sources account for most of the private sector provision of contraception in sub-Saharan Africa, especially for condoms, pills, injectables and emergency contraception (17).

Women in Tanzania who obtain oral contraceptives from pharmacies are able to self-screen their eligibility for contraceptive use as accurately as nurses (18), and in Bangladesh, trained drug shop staff can safely and effectively provide injectables and other methods (19). Recent evidence from Nigeria shows that patent medical vendors can provide injectables safely, and so could significantly expand access to contraception in countries where such sources are widely available (20). Pharmacy supply of low-cost emergency contraception in South Africa and in many low-income countries increases access to that method (21). Pharmacies and drug shops are also convenient for adolescents, as well as for men and boys, both as sources of information and for the supply of products for themselves and their partners.

WORKPLACE POLICIES AND PROGRAMMES

Expanding access to family planning information, products and services requires a more expansive approach to how the global health community engages with the corporate sector. Multinational and national corporations and their supplier companies employ millions of women, men and young people, many of whom have left rural homes to

take jobs in towns and cities. Employed urban workers have significant reproductive health (RH) needs, and workplace clinics could be the first points of contact for FP information, counselling and referrals. Setting global standards that encourage corporations to ensure that companies and factories from which they obtain products provide access to health care, including FP/RH, would help reach millions of women.

Research in Cambodia found that RH and FP were the main health needs of workers, who face many barriers to services that businesses and the government can help overcome (22). As more people move to urban areas and industries develop in emerging economies, the workplace can be an important venue for changing norms, developing new networks of contraceptive users and expanding access to services. For example, the Family Guidance Association of Ethiopia, which works with more than 150 enterprises to improve health services and referrals, analysed health outcomes in one client factory over 10 years and found reductions in unintended pregnancies and STIs as well as sick leave. Uptake of contraception rose from 11% to 90% between 1997 and 2000 (23).

In 2016, a tripartite agreement between the Bangladesh Directorate General for Family Planning, the Bangladesh Garment Manufacturers Export Association and EngenderHealth Bangladesh enables BGMEA to provide training and free contraceptives to factory clinics, with the potential to reach thousands of factory workers (24).

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Authors: Karen Hardee, Population Council; David Wofford, Meridien Group International; Nandita Thatte, World Health Organization. Photo credit: Karen Hardee.

This is one of seven Family Planning Evidence Briefs prepared for the Family Planning Summit held in London on July 11, 2017. The briefs highlight evidence and provide research and programme considerations for improving access to family planning and reducing unintended pregnancy. Programme considerations are based on the expert views of the authors, who undertook desk reviews drawing on existing evidence.

Family Planning Evidence Briefs

- Accelerating uptake of voluntary, rights-based family planning in developing countries (*overview*)
- Ensuring adequate financing of family planning commodities and services
- Reducing early and unintended pregnancies among adolescents
- Improving family planning service delivery in humanitarian crises
- Ensuring contraceptive security through effective supply chains
- Expanding contraceptive choice
- Partnering with the private sector to strengthen provision

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