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# Towards Sustainable Family Planning: The Role of Total Market Approaches (TMA): A Study in 10 East and Southern Africa Countries

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# Background

- Funded by DFID - PreMDESA
- Studies conducted in 10 countries (Botswana, DRC, Kenya, Lesotho, Madagascar, Namibia, Swaziland, Tanzania, Uganda and Zimbabwe) to apply TMA principles and methodologies to a range of contraceptives.
- Kenya, Madagascar, Uganda and Zimbabwe were done in 2016, the rest in 2017.
- To help design more effective FP programmes that better meet the contraception needs of all and contribute to universal health coverage.
- Ultimately to rationalize provision of FP services for long-term sustainability including the role of private health insurance.

# Methodology

- A regional consultant and 10 country specific consultants were hired.
- Standard data collections tools were developed and field tested.
- A road-map, methodology and tools for the study were based on market systems frameworks and pioneering work from various organizations, including Abt Associates, PATH, the Springfield Centre, and Population Services International (PSI).
- Data was collected, analysed and presented at 10 country consensus generation meetings convened by respective governments to enhance national leadership and generate ownership and at a regional TMA Symposium.
- Factors assessed included (1) national FP environment: policies and regulations, financing, and institutional capacity; (2) mapping public, NGO and commercial players: performance and core roles; (3) Whom FP market is failing – *needs versus use*; underserved populations; (4) How FP market is failing to meet needs of populations; why the markets are not sustainable; and (5) Assessing support/coordination mechanisms for the implementation of a TMA initiative.

# Objectives

- To assess contraceptive markets in the 10 countries: why, how and where markets fail to meet the contraceptive needs of the eligible and willing populations.
- To generate an understanding of the total market for modern contraceptive commodities by assessing the current FP landscape and available market data
- To identify market constraints and programmatic gaps that prevent equitable, sustainable use of FP commodities

## Limitations

- Due to time and resource constraints, no new population-based data were collected, nor was a new statistical analysis of available raw data carried out. The study was also very strictly time and budget-bound. The study relied on existing data.
- Inadequate participation of the private sector

# Findings

- TMA concepts not well understood – e.g. indiscriminate provision of free supplies even where they are not needed for people who can afford, crowding out the private/commercial sector.
- High dependency on donor and foreign support, resulting in poorly targeted free or subsidised commodities crowding out the commercial sector.
- Almost all markets are at a less than optimal stage of development (apart from Kenya and possibly Madagascar and Zimbabwe) so that governments are the major providers of contraceptives, even though they do not adequately play the stewardship and coordination roles.
- Inadequate engagement and motivation of the private sector players.
- Even poor countries can afford to some extent to contribute to contraceptive procurement – when donor resources reduce, government contributions generally increase

# Challenges & Lessons Learnt

## Challenges

- It was difficult to find adequately skilled consultants to conduct the studies.
- It is a new way of thinking that required a paradigm shift by national governments from receiving to sustainability, owning and funding.
- The studies had been delayed and there were concerns that it may not be finished on time, however, the studies caught up and have been finalised.

## Lessons Learned

- Need to have TMA champions
- Government stewardship role important for success, sustainability and engagement of the private sector
- Disparity in in-country TMA skills

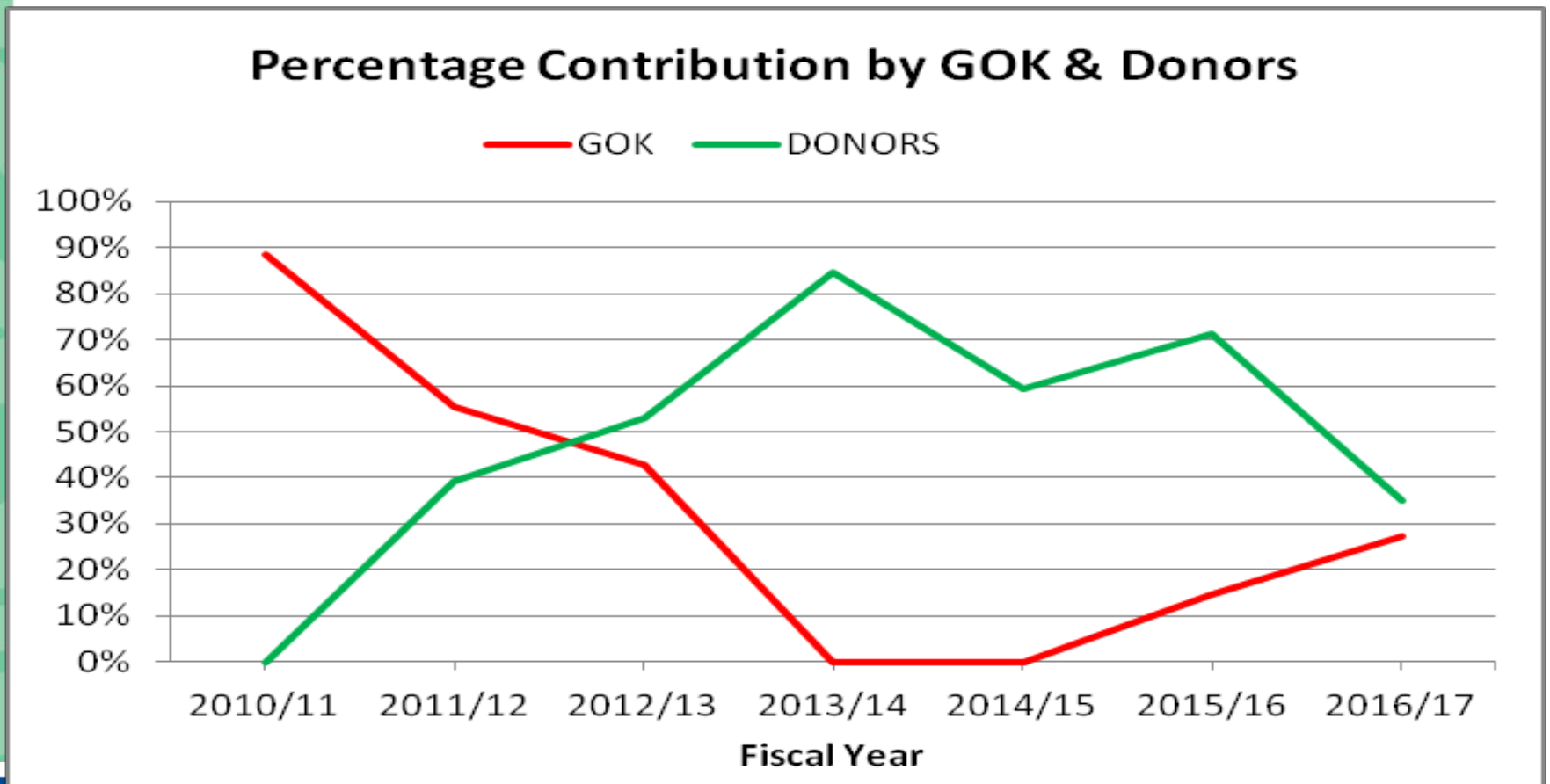
# Research Uptake So far and Future Use

- TMA studies were conducted to provide data to rationalise provision of contraceptives so that free commodities only go to those that cannot afford.
- Consensus general meetings were held in 10 countries for government ownership to facilitate implementation of recommendations.
- Over 350 policy makers, service providers and international partners have been briefed and oriented in 10 country meetings, one regional and more will be an at upcoming international meeting.
- The report will be re-packed into a policy brief, advocacy paper and country specific one-page action papers for ministers, other senior government officials and academia.
- The wider impact is ultimately to lead to sustainable provision of contraceptives by increasing the role of private sector provision, the role of national government resources and reducing donor dependence; as well as to inform supply chains for targeted supply of free commodities so that they reach only the socially excluded who cannot afford to pay.



# Take home message

## Relationship of donor against government funding for Contraceptives in Kenya



# Recommendations

- Policy dialogue and advocacy to rationalise service provision so that clients that can afford to pay should be graduated to the commercial sector.
- Inform changes to procurement and SCM management:
  - public sector to quantify not for the total universe of need, but for those that cannot pay to create space for the private/commercial sector
  - targeted distribution of public sector supplies
- Drive towards reduced donor dependency and sustainability: countries to take on more funding of services - increased national government budgets and private sector participation: service provision; health insurance; corporate social responsibility



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Abt Associates, PATH, the Springfield Centre,  
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