Promoting an expanded range of modern contraceptives methods in the private sector is key to achieving universal and FP2020 and SDG commitments. Until now, a lack of market data has limited understanding of the private sector’s role in increasing contraceptive coverage and choice.

In 2015, the FPwatch Project conducted nationally representative surveys in Nigeria and regionally representative surveys in Ethiopia, and the DRC using a census approach. In selected areas, every public and private sector outlet (e.g. facilities, points of sale) with the potential to sell or distribute modern contraceptives was approached. In outlets with modern contraceptives, data collectors conducted product audits and provider interviews to ask about distribution, price, and services.

METHODS

RESULTS

• The private sector dominated the potential market for modern contraceptives: 85% of 8,295 screened outlets in Ethiopia, 96% of 13,367 outlets in Nigeria, and 80% of 2,207 outlets in DRC were private sector outlets.

• In Ethiopia, 41% of modern contraceptive stocking outlets were in the private sector compared with approximately 80% in Nigeria and DRC.

• Drug shops were dominant in Nigeria and DRC: 71% & 72% of the total market, respectively.

Figure 1. Modern contraceptive market composition for screened outlets and eligible outlets by outlet type and country

• The private sector had higher availability of short-acting methods in each country, particularly for emergency contraceptive pills (ECPs) and commodities that do not require service provision.

• Availability of LARCs (implants or IUDs) was low in the private sector.

• There is a missed opportunity for modern contraceptive provision through the private sector, particularly in drug shops in Ethiopia, Nigeria, and DRC.

• Strategies like social franchising, social marketing, and subsidizing products offer promise for opening up the private sector and increasing consumer choice.

• Training providers and offering methods that are easier to administer are essential.

• National contraceptive policies should be expanded to promote greater partnership and cooperation with the private sector.

CONCLUSION

• The private sector had higher availability of short-acting methods in each country, particularly for emergency contraceptive pills (ECPs) and commodities that do not require service provision.

• Availability of LARCs (implants or IUDs) was low in the private sector.

• In Ethiopia, 37% of private sector outlets had three or more methods available, compared to only 5% and 4% of private outlets in Nigeria and DRC, respectively.

• The high price of ECPs and LARCs in Nigeria and DRC may present an obstacle to consumer access and choice.

• 95% of selected private sector outlets in Ethiopia had modern contraceptive methods available, versus only 54% and 42% in Nigeria and DRC.

• While drug shops represented the greatest share of the market, pharmacies had the highest availability of modern contraceptives in the private sector.

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CONCLUSION

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