

Guidance for Private Sector Actors

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Introduction

The private sector plays an important role in the delivery of family planning, especially for short-acting methods (Campbell et al., 2015). Increasingly it must play an important role in its financing as well, due in part to decreasing donor funding and limited domestic resources. Financing from the private sector takes the form of payments from private insurance providers, corporate social responsibility grants, and employer workplace programs, which offer family planning or private capital through [blended finance](#) opportunities. Private sector financing may also support emerging capabilities to manufacture family planning commodities, which may lower costs when compared to importing commodities.

To fully maximize the potential of the private sector to deliver and finance family planning, a range of private sector actors should be engaged (see Table 1). Once engaged they should:

- Collectively organize and consolidate their voice and contributions through professional associations and relevant business/chambers of commerce groups.
- Actively seek out and engage in the coordination of family planning financing led by the Ministry of Health (MOH) and Ministry of Finance (MOF) through attendance in technical working groups and other relevant forums.
- Share challenges and concerns to help create a policy and regulatory environment that is conducive to grow and finance the family planning commodity and service delivery market.

- Invest in and support demand creation as well as foster and share innovations in contraceptive technology and supply chain solutions.

The purpose of this brief is to provide practical action steps that private sector actors can take to improve the sustainability of family planning financing. Actions offered are provided for varying country contexts and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To stimulate private sector investment and financing of family planning, private sector actors need to understand the country context as well as the opportunities to build upon existing and emerging financing mechanisms. The [Family Planning Financing Roadmap](#) may serve as a starting point to identify approaches that include the private sector. In addition, private sector actors can review the [Guide for Identifying Catalytic Investments to Raise Domestic Resources for Family Planning](#). This guide focuses on catalytic investments for targeted advocacy, capacity development, improved policies and regulations, and market solutions that facilitate private sector participation in the family planning market. These investments can potentially address four programmatic areas: increasing demand generation, improving service delivery, improving supply chain infrastructure, and prioritizing procurement of a wide range of family planning commodities.

Other resources that private sector and market actors may consult to better understand the family planning program in their context include:

Table 1. Family Planning Private Sector Actors

Key Stakeholder	Responsibility	Contribution to Family Planning Programming
Private service delivery providers	Provide the full range of family planning services and commodities permitted for their cadre according to national policies and regulations. These include providers operating at health facilities, pharmacies, and drug shops.	Increase access to and uptake of family planning among women of reproductive age, contributing to a country's modern contraceptive prevalence rate.
Professional associations	Bring together private health providers to ensure awareness of standards and guidelines for high-quality care; coordinate continuing medical education opportunities; and represent private healthcare providers, bringing concerns to the government.	Advocate for engaging private providers in the provision of family planning services including opportunities for social contracting of service delivery directly with the government and empanelment with health insurance agencies and payers. May also advocate to receive free or subsidized family planning commodities if they are serving vulnerable and hard-to-reach populations.
Corporate partners	Provide a range of benefits to their employees and engage in a variety of partnerships with external organizations and governments for mutual benefit.	Advocate for inclusion of family planning in health workforce initiatives for employees. Contribute to mutually beneficial public-private partnerships, blended-finance initiatives, and corporate social responsibility initiatives to support family planning programming.
Commercial supply chain, retail, and other market actors	Import and supply family planning commodities to health facilities, pharmacies, drug shops, and other retail outlets.	Share challenges and concerns to help create a conducive policy and regulatory environment to grow and finance the family planning commodity and service delivery market. Also, invest in and support demand creation as well as foster and share innovations in contraceptive technology and supply chain solutions.

- [The Reproductive Health Supplies Coalition Market Development Approaches Working Group](#)
- [SEMA Reproductive Health](#)
- [Family Planning 2030 Engagement with Private Sector Actors](#)
- [Demographic and Health Surveys \(DHS\) and Performance Monitoring for Action \(PMA\)](#) (for data on where women seek family planning—public versus private sector)

Engaging the Right Stakeholders

With a comprehensive understanding of the context, private sector actors can next identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda

(see Table 2). Because there is frequent turnover in key staff positions, particularly in the government, the actors will need to re-engage with the new decisionmakers and stakeholders, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, private sector family planning actors, in collaboration with other stakeholders mentioned in Table 1, need to identify what financing solutions are the most feasible. The following are action items for different financing mechanisms—some or all of which may be appropriate depending on the country context.

Table 2. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH planning department	Develops and monitors the national health sector strategic plan, its objectives, and the budget.	Advocates for appropriate inclusion of family planning in the health budget.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and advocates for the health budget, including allocation to family planning, particularly the budget line for contraceptives and health financing reforms that could include family planning.
Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at the regional/district/county level, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.
Health insurance agencies	Determines services that are covered in benefits packages and determines providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.

If family planning services are not adequately covered in the national health insurance scheme benefits package:

- Partner with donors and civil society organizations (CSOs) to plan and conduct advocacy for inclusion of family planning in the benefits package. This may require increasing awareness among key decisionmakers (health insurance agencies, the MOF, and parliamentarians), and/or building public pressure through media campaigns.
- Encourage the MOH family planning technical working group to reach out to cross-government counterparts (like in the MOF) to advocate for the inclusion of family planning services in the national health insurance scheme.

If no mechanism exists for the government to contract with private providers and/or for national health insurance schemes to pay private providers:

- Meet with family planning advocates, particularly CSOs, to develop an advocacy plan based on the SMART approach.
- Develop advocacy messages targeted at different key decisionmakers like local government health officers and MOF budgeting staff.
- Compile evidence, including the total resource needs, value for money, and implementation plans, to support key messages.
- Meet with key decisionmakers (such as those within the MOH and MOF) and present evidence.

- Partner with local CSOs and advocate to local government officials.

If family planning commodities are not exempt from import taxes:

- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, work with key stakeholders including the MOH family planning technical working group, the MOF, and development partners who finance commodities to make the case for tax exemption of family planning commodities. For example, develop an advocacy plan and targeted messaging for legislators and the MOF to emphasize the health and economic benefits from increased numbers of family planning users.

If the country is facing transition in donor financial support:

- Engage relevant government stakeholders on market segmentation strategies in support of work being done by the MOH and MOF on costing, fiscal space, and financing gap analyses (if not already done by the donor). Strategies should ensure that free public sector contraceptives are available for those who most need them and do not depress commercial markets by supplying free commodities to family planning users who can afford to pay out of pocket or through private insurance.
- Make the case for developing and implementing a [Total Market Approach](#). Use the [Total Market Approach Projection Tool](#) and conduct a market segmentation analysis to understand the potential for private sector participation in the family planning market. The results of the analysis will help stakeholders better understand the potential opportunities

to expand the private sector market for family planning commodities and services. The analysis will project the cost and financing available for family planning commodities and services by user segments and provider type. It will also help stakeholders identify market distortions and gaps to inform the development of a total market approach to financing family planning.

- As national manufacturing capacity increases, engage the MOH and relevant planning and procurement departments and regulatory agencies so that commercial market actors can supply both the public and private sectors, contributing to economic growth of the country and ideally more affordable commodity pricing.

References

Campbell, O. M., L. Benova, D. Macleod, C. Goodman, K. Footman, et al. 2015. "Who, What, Where: An Analysis of Private Sector Family Planning Provision in 57 Low- and Middle-Income Countries." *Tropical Medicine & International Health* 20(12): 1639–56.



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