SHOPS PLUS

Improving Access to Implants through the Private Sector

Lessons from Tanzania

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Summary

The popularity of contraceptive implants is rapidly increasing in low- and middle-income countries, particularly in East Africa where implant users typically obtain the method from government and NGO-supported clinics. In Tanzania, two barriers limit the ability of for-profit private clinics to offer implant services to their clients: sporadic access to training and challenges in obtaining commodities. To address these barriers, SHOPS Plus trained 39 private providers in comprehensive family planning services, including implant insertion and removal. The project also facilitated partnerships with the public sector that enabled providers to receive a supply of free commodities. Six months later, the providers had performed 1,390 implant insertions and 359 removals, with few stockouts. However, the public supply solution made private services dependent on product donations and generally prohibited facilities from charging for implant services. The creation of a private source of implants proved unfeasible as providers were not willing to pay for products as long as they could get them at no cost from the government. SHOPS Plus found that service level agreements between private providers and the government can be highly effective in increasing the volume of implant services but present sustainability challenges. Increasing the viability of this method in the private sector over the long term requires more sustainable training and supply options. Authorities should recognize that for-profit private providers need to charge for services and relax barriers to the distribution of implants through commercial channels.

Keywords: Contraceptive implants, family planning, family planning commodities, private sector, provider training, public-private partnerships, sustainability, Tanzania

Cover photo: DDC/Sama Jahanpour

Recommended citation: Françoise Armand, April Warren, and Sia Louise Shayo. 2021. *Improving Access to Implants through the Private Sector: Lessons from Tanzania*. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

This brief is made possible by the support of the American people through the United States Agency for International Development. The contents of the brief are the sole responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.

SHOPSPLUS
Public-private engagement for better health

June 2021

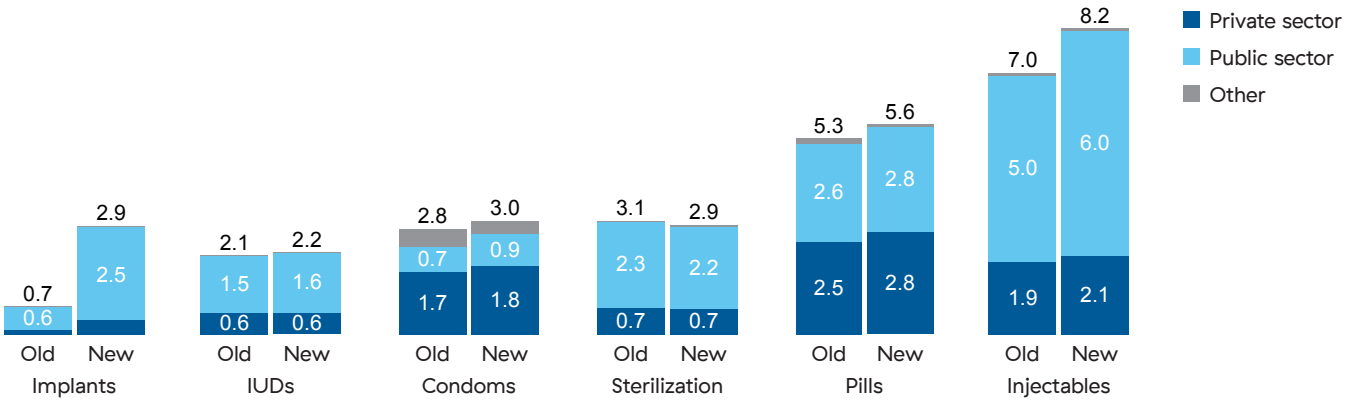
Improving Access to Implants through the Private Sector: Lessons from Tanzania

The popularity of contraceptive implants is quickly increasing in low- and middle-income countries. This long-acting reversible contraceptive (LARC) is linked to high levels of user satisfaction and continuation rates (Jacobstein 2018). A 2019 analysis of Demographic and Health Surveys (DHS) for 36 countries showed that implants significantly contributed to increases in the modern contraceptive prevalence rate between 2012 and 2018. In the most recent surveys, about 3 percent of all women of reproductive age reported using this method (Bradley and Shiras 2020) (Figure 1).

Figure 1. Relative share of contraceptive methods and sources for 36 countries

Percent of all women using contraception from each source

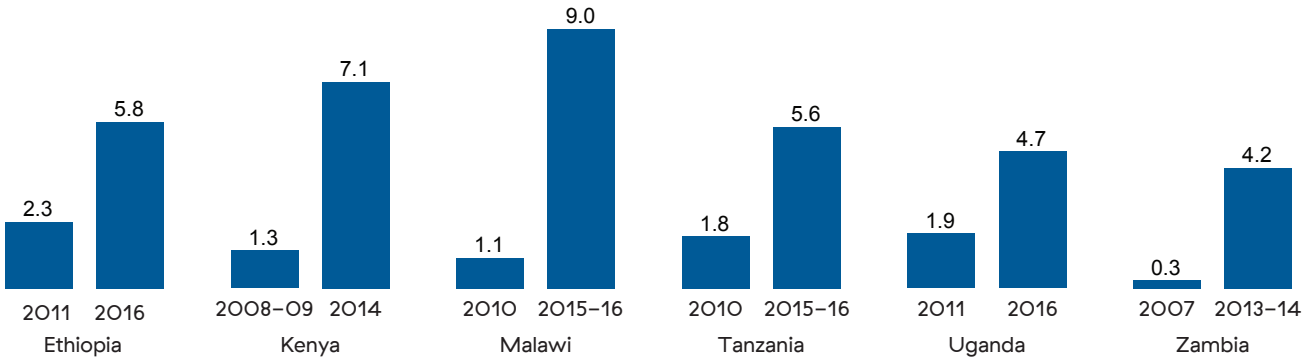
Old = pre–2012 surveys, New = post–2012



Note: Figures represent pooled averages across countries analyzed.

The increasing popularity of contraceptive implants is noticeable in East African countries. Kenya and Malawi, which have the highest contraceptive prevalence rates in the region, have seen the largest increases in the percentage of women of reproductive age who use an implant (various DHS) (Figure 2).

Figure 2. Percentage of women of reproductive age who use an implant



Source: Demographic and Health Surveys

Global efforts to increase access

The remarkable growth of this method was largely made possible by the Implant Access Program (IAP), a 2013 global market-shaping initiative supported by a group of public and private organizations, including the Bill & Melinda Gates Foundation; the Clinton Health Access Initiative; the governments of Norway, Sweden, the United Kingdom, and the United States; and the Children's Investment Fund Foundation, with support from the United Nations Population Fund (UNFPA).

The IAP established a procurement volume guarantee that resulted in a 50 percent reduction in the prices of Jadelle and Nexplanon, implants manufactured by Bayer HealthCare Pharmaceuticals and Merck & Co., respectively. The volume guarantee also involved commitments by IAP partners and host governments to reduce policy barriers, train health workers, and create demand for the method. These commitments were to be carried out in the public and private sectors by the donors' implementing partners. The reduced commodity price was available to entities that served the poorest women, including governments in Family Planning 2020 focus countries, donors who procured for public sector or social marketing organization delivery in these countries, and some nongovernmental and social marketing organization programs.

The IAP is credited with significantly increasing access to implants by reducing price barriers, improving supply chains, leveraging and expanding service delivery capacity, and successfully coordinating stakeholders at the global and country levels. The IAP agreements formally ended in 2018 but the two manufacturers have agreed to maintain the current implant price until 2023 (Braun and Grever 2020).

The private sector's role

The availability of family planning products and services in the private sector is critical to increase contraceptive prevalence and ensure country ownership. A large proportion of users in low- and middle-income countries obtain condoms and oral contraceptives from private pharmacies, but obtain implants, injectables, and IUDs from the public sector and NGO facilities. Implants are not widely accessible to clients or providers through the private sector in part because they are exclusively distributed through donor and NGO procurement channels. To address this challenge, the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project implemented an activity designed to increase the number of private health providers trained in implant service delivery and connected to a reliable source of commodities. This brief describes the activity and its outcomes. It discusses options to improve the scale and sustainability of this strategy in the private sector.

SHOPS Plus in Tanzania

SHOPS Plus designed an activity to improve access to implants in the private sector in collaboration with USAID/Tanzania; the Reproductive and Child Health Section (RCHS) of the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (Ministry of Health); the Private Nurses and Midwives Association of Tanzania (PRINMAT); and the Evangelical Lutheran Church in Tanzania (ELCT). Three questions guided the activity (text box).

The activity aimed to answer:

1. How can access to implants through the private sector be improved?
2. Are current approaches for training private providers effective and sustainable?
3. Can private supply channels for implants be created in the current market context?

The goal was to increase the delivery of implant contraception through independent clinic-based private providers, addressing two barriers that disproportionally affect them: sporadic access to training and difficulty accessing affordable implants. Several barriers to the use of implants exist: a lack of awareness and low demand among prospective clients, weak infrastructure, and restrictive policies. However, this activity addressed two common and observable complaints from providers interested in administering this method to their clients. By selecting providers who worked in private facilities, the activity could focus on meeting the demand for implants from private sector users through increased provider capacity and access to commodities. In addition, the activity aimed to assess the effectiveness and sustainability of training and commodity supply mechanisms in a country with a growing demand for the method.

In Tanzania, the contraceptive prevalence rate for married women was projected to reach more than 34 percent by 2020, and 21 percent of users were expected to choose an implant if the method mix remained unchanged (SHOPS Plus 2020).

RCHS and the President's Office for Regional Administration and Local Government, through reproductive and child health coordinators in the Arusha and Dodoma regions, supported the implementation of this activity. The final phase involved analyzing results and engaging stakeholders in formulating recommendations to sustain access to implants through the private sector.

Photo: MSI Reproductive Choices/Eliza Powell

Market assessment

In June 2019, a SHOPS Plus team conducted an assessment of the Tanzanian contraceptive implant market. In addition to the government and professional institutions mentioned previously, the team consulted the Tanzania Nursing and Midwifery Council (TNMC), the Tanzania Midwives Association, social marketing organizations (PSI Tanzania and T-MARC Tanzania), a social enterprise (DKT Tanzania), NGOs that deliver family planning services (Marie Stopes Tanzania and UMATI, a Tanzanian NGO affiliated with the International Planned Parenthood Federation), and private providers in Dar es Salaam, the Bagamoyo district, and the Mwanza region to gain an understanding of the challenges and opportunities related to contraceptive implants. The team identified opportunities to equip and train private health providers who expressed interest in providing the method.

Key findings

- The disappearance of Familia-branded implants has left the Familia network and independent private providers with few options other than seeking donations from the government. Only Marie Stopes International clinics receive direct donations of implants in Tanzania.
- As with most countries that participated in the IAP, fully private implant supply channels do not exist in Tanzania. DKT Tanzania faced significant challenges in marketing Levoplant to private providers.
- There is strong support within the government of Tanzania (at the national and district level) to offer private implants through private facilities, but reluctance to allow them to charge for family planning services.

Key opportunities

- There is a significant unmet need for implant training among non-networked providers, as reported from RCHS, the Tanzania Midwives Association, and PRINMAT. Additional research should be conducted to learn the precise number of private facilities or providers interested in being trained in LARC methods.
- Districts where health authorities harbored a positive attitude toward the private sector are the most opportune locations for increasing the delivery of contraceptive implants.
- Service level agreements (SLAs) are a way for private providers to immediately start providing implant services after being trained and certified for competency.

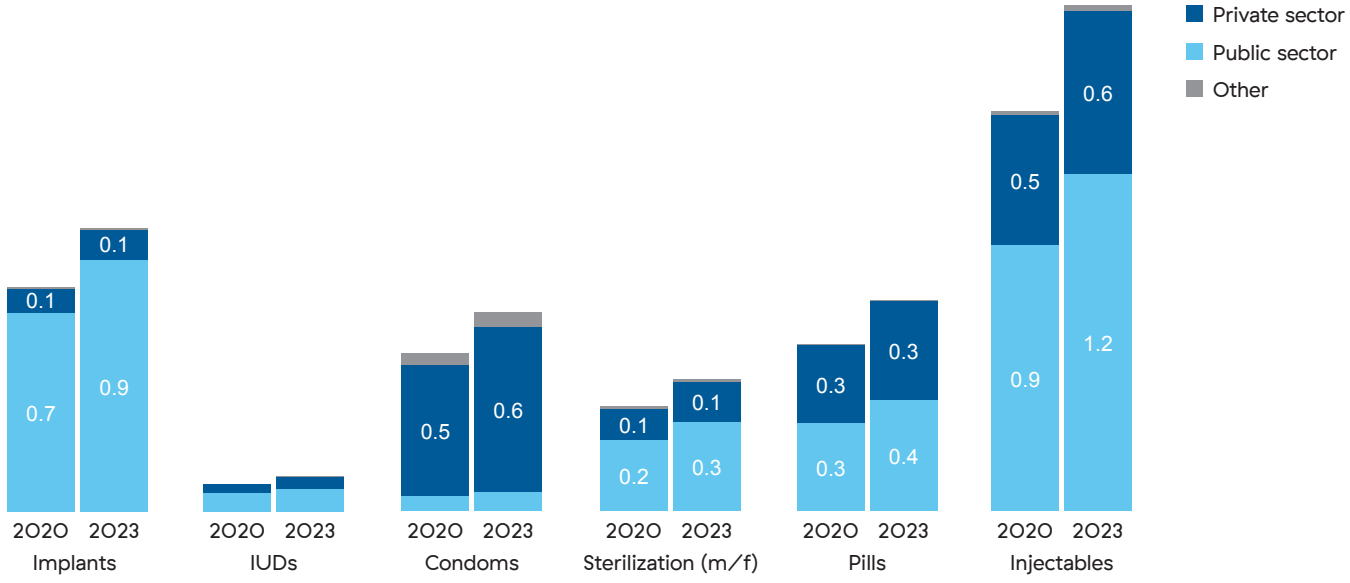
The assessment also raised a concern that the strategy of using SLAs and support for training with donor funds may not be sustainable in the long term. To address this concern, SHOPS Plus set out to identify a new private sector source of implants and explore lower-cost training options for providers.

Use

The contraceptive prevalence rate for married women in Tanzania was last recorded as 37.9 percent and was expected to climb to 39.5 percent by 2020 (Track20 2020). The most popular methods among users of modern contraceptives are injectables and contraceptive implants, accounting for 36.7 percent and 20.7 percent of users, respectively (Tanzania DHS 2015–16).

The use of implants has grown steadily since 2004 when the method became available in health centers and dispensaries—the main entry points for health services in Tanzania. Assuming no change in method choice, about 200,000 new implant users are expected from 2020 to 2023 (Figure 3). Nine in ten implant users source this method from the public sector.

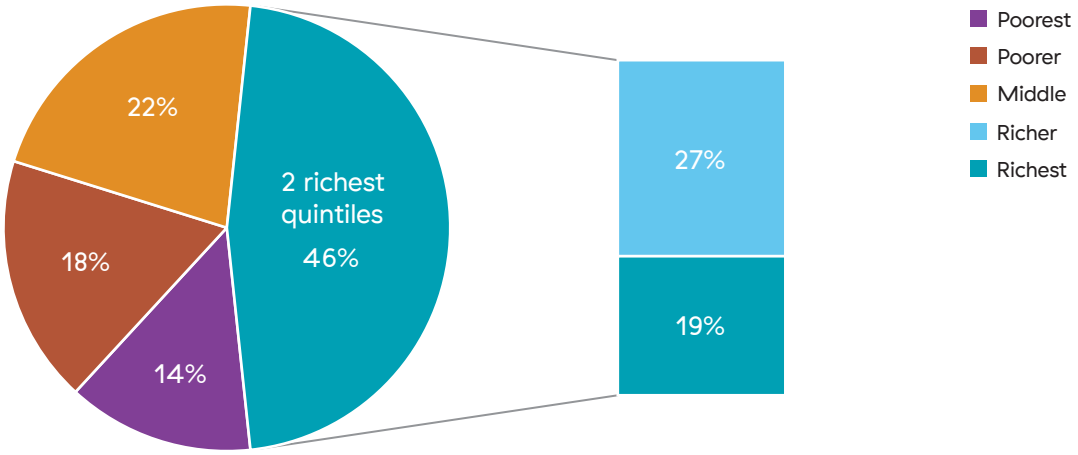
Figure 3. Projected family planning users in Tanzania, 2020 and 2023



Source: SHOPS Plus (2020)

Of the 696 implant users studied in the 2015–16 DHS, only 80 reported obtaining the method from the private sector. Since little analysis can be conducted from such a small sample, it is helpful to look at the composition of users who obtain implants from the public sector (Figure 4): The two richest quintiles accounted for nearly half of implant users in the public sector, suggesting that the private sector was unable or unwilling to offer implants to its client base. If Tanzania's method and source mix remain unchanged, population growth alone will produce about 180,000 new implant users in the public sector and 20,000 in the private sector (SHOPS Plus 2020).

Figure 4. Distribution of implant users who obtain implants from the public sector by quintile (2016)



Service delivery

The Tanzanian government allows an extended group of health workers to deliver family planning services, consistent with a policy that encourages sharing tasks with less-specialized health care workers as appropriate to better utilize human resources (United Republic of Tanzania 2013). The group includes clinical officers, enrolled nurses, maternal and child health aides, medical attendants, nurse-midwives, nursing officers, and public health nurses. These providers are allowed to administer the full range of family planning services, as long as they have been adequately trained and have access to the required facilities. Higher-level provider types, which include assistant medical officers, medical officers, and ob/gyns who work in a hospital setting, can also provide voluntary surgical sterilization services, if they are trained to do so.

The Tanzanian government allows for nurse–midwives to administer the full range of family planning services, as long as they have been adequately trained and have access to the required facilities. Pictured here: A midwife in private practice near Dar es Salaam.

Photo: Françoise Armand

However, the entry point for family planning services tends to be a lower-level public facility (a health center or dispensary) where midwives are usually the designated family planning providers. In addition, midwives and nurses in private practice may offer family planning services, though many have not been trained in LARC methods—including implants. Many users also obtain condoms and oral and emergency contraceptives from pharmacies or accredited drug dispensing outlets.

The private health sector serves 37 percent of contraceptive users. This segment mostly comprises short-acting method users and the clients of clinics affiliated with NGOs or faith-based organizations. Clinic-based NGOs and facilities supported by social franchises (PSI's Familia and DKT's Trust) offer a broad method mix delivered by clinicians trained in LARC methods. Less than 2 percent of family planning users access services from an unaffiliated private facility (Tanzania DHS 2015–16).

Nurses and midwives comprise the majority of the professional health workforce. Only those who hold a bachelor's degree and have practiced for at least a year are considered certified in family planning and are authorized to provide LARC services. In contrast, enrolled nurses, registered nurses,

and clinical officers are only trained in administering condoms, pills, and injectables while in nursing school. They may be trained in comprehensive family planning service provision if they are employed in the public sector or at NGOs, but this is generally not the case at private for-profit institutions.

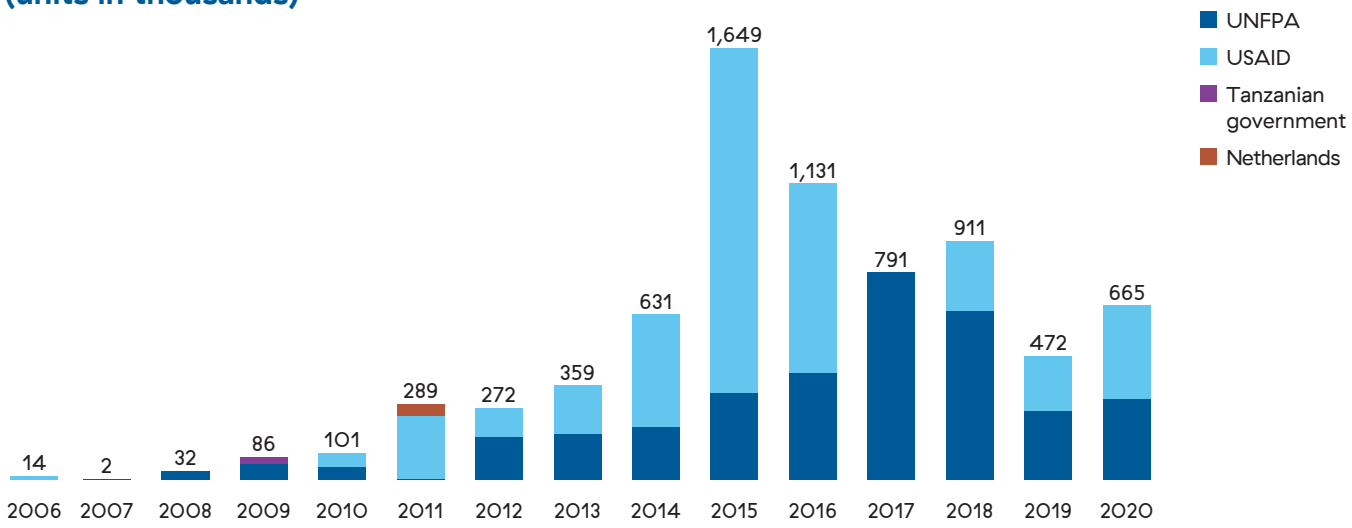
Because small private health facilities are usually staffed by non-degreed enrolled nurses or registered nurses who are not authorized to provide LARC services, offering implant or IUD services requires providing additional training. Unaffiliated private health facilities have few opportunities to access in-service LARC training and their clients are typically referred to public sector or NGO clinics for these methods, further increasing the method choice gap between different types of facilities.

While private nurses and midwives often voluntarily choose to take time off to further their clinical education, a family planning certificate program does not currently exist for these providers. Their only option is to be invited to a donor-supported training program facilitated by the Ministry of Health. However, some private facilities use experienced midwives to train and mentor other staff on the job. The assessment did not uncover any other sources of training in family planning certification, either public or private.

Supply

The market assessment determined that family planning commodities used in Tanzania are purchased almost entirely with external financing, mostly from donors. The financial contribution of the government was estimated at less than 5 percent of the estimated value of contraceptives needed in the 2017–18 fiscal year (Lasway and Mujaya 2019). The bulk of the country's commodity supply is provided by the United States Agency for International Development (USAID) and UNFPA. Shipments of implants have grown significantly since 2006, reaching their highest level (1.6 million units) in 2015. In 2018, Tanzania was one of the five top recipients of implants donated by USAID worldwide (USAID 2019). Since 2016, implant donations to the government of Tanzania have ranged from nearly 500,000 to more than one million units (Figure 5). In 2017, a UNFPA report predicted that the method would account for the largest and fastest-growing share of the country's need for family planning commodities (UNFPA 2017). Shipments of commodities do not always match the country's need in a given year. However, the reported use of implants in the DHS when converted to estimated commodity consumption suggested that 200,000 implants were used in 2016.

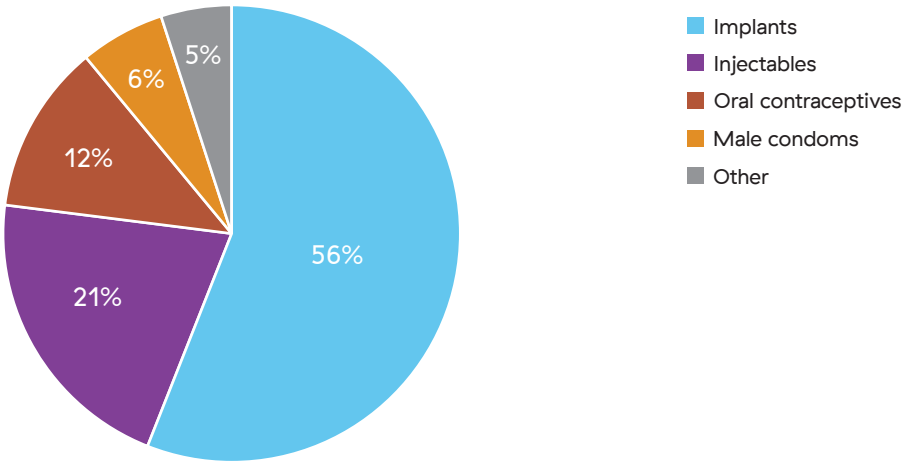
Figure 5. Quantities of implants shipped to Tanzania since 2006 by funding source (units in thousands)



Source: RHSC (2020)

Donated implants are procured at the negotiated IAP price of $8.50 per unit and provide between 2.5 and 3.8 couple years of protection, which makes them extremely cost effective as a contraceptive method. Implant products have a high procurement cost compared to condoms, injectables, IUDs, and pills. Implants represented 56 percent of the value of donated contraceptives shipped to Tanzania from 2016 to 2020 (Figure 6). The government of Tanzania has not yet procured implants, though it has purchased condoms and oral contraceptives in recent years.

Figure 6. Method share of the total value of contraceptives shipped to Tanzania between 2016 and 2020



Donated implants, which include Jadelle and Implanon NXT, have been distributed primarily through the public sector, and to clinic networks supported by Marie Stopes International, PSI Tanzania, DKT Tanzania, and faith-based organizations. Donated implants were also marketed by PSI under the Familia brand, accounting for about 12 percent of products shipped to Tanzania in 2017 (RHSC 2020, DKT International 2018). Familia implants were supplied for free to franchised clinics and sold for about $1.50 to independent clinics affiliated with PRINMAT, which does not support members with training or commodities but can link them to donor-supported programs. Familia implants, however, were discontinued in 2019 following a drop in donor funding for the franchise. The effect of this discontinuation was not immediately felt as there were significant stock levels in Tanzania, but the product was no longer available to providers when the SHOPS Plus activity began. PSI continued to receive unbranded implant supplies from a donor for its franchised facilities but most of the facilities have now been linked to a public sector source for implants.

Unlike other contraceptive methods, implants were never made available through commercial distributors and pharmacies because the manufacturers of Jadelle and Implanon NXT restrict their distribution to donor, government, and NGO procurement channels in countries that participated in the IAP. Unlike other socially marketed contraceptives, the PSI brand Familia was not sold through commercial distributors but supplied directly to providers until it was discontinued.

DKT Tanzania, a social enterprise that sells a range of condoms, hormonal contraceptives, and IUDs in Tanzania, was in the process of registering the two-rod levonorgestrel-releasing implant, Sino-implant (II), at the time of the assessment. DKT Tanzania planned to distribute the product branded as Levoplant to both private and public clinics.

Also at the time of the assessment, UNFPA was supplying implants to Marie Stopes Tanzania (1 hospital and 10 clinics), DKT Tanzania (4 fully owned clinics and 20 Trust franchised clinics), and UMATI (13 clinics). Starting in 2019, implant supply to 130 Familia clinics (down from 180) was transitioned to district health authorities under SLAs that enabled the Familia clinics to receive free commodities (see textbox). The use of SLAs for family planning is thought to have increased with the discontinuation of Familia implants.

A sign at Mbozi Mission Hospital in South West Province reads "Reproductive and Child Health Care Services" in Swahili.

Photo: Mbozi Mission Hospital — MCT-SWP

Public–private collaboration to increase access to priority services

In Tanzania, private providers can access free health commodities (vaccines, contraceptives, and other essential products) by entering into an SLA with district health authorities to provide priority services. This type of agreement is made possible by the decentralized nature of Tanzania's health system, which places health facilities under the supervision of district-level council health management teams. Facilities are supervised by a district medical officer and various health specialists, such as district reproductive and child health coordinators or family planning coordinators.

SLAs enable council health management teams to instruct a public facility (known as a "mother facility") to supply essential commodities to private facilities. Originally designed for large facilities, the agreements are usually comprehensive. In areas lacking public hospitals, some SLAs allow faith-based hospitals to serve as council-designated hospitals, referral facilities for public dispensaries and health centers. Under these agreements, private facilities can access free commodities, technical support, and even staff. In exchange, they must comply with quality of care standards and negotiated service fees, submit to supervisory visits, and report service delivery data. RCHS recommends that district medical officers use simplified SLAs for small private facilities by adapting the General Agreement for the Provision of Health Services template provided by the Ministry of Health (M. Ungara, RCHS public-private partnership lead, personal communication, May 19, 2020). Agreements that involve small providers tend to be verbal rather than written (M. Kisesa, PSI Tanzania, personal communication, May 15, 2020).

Approach

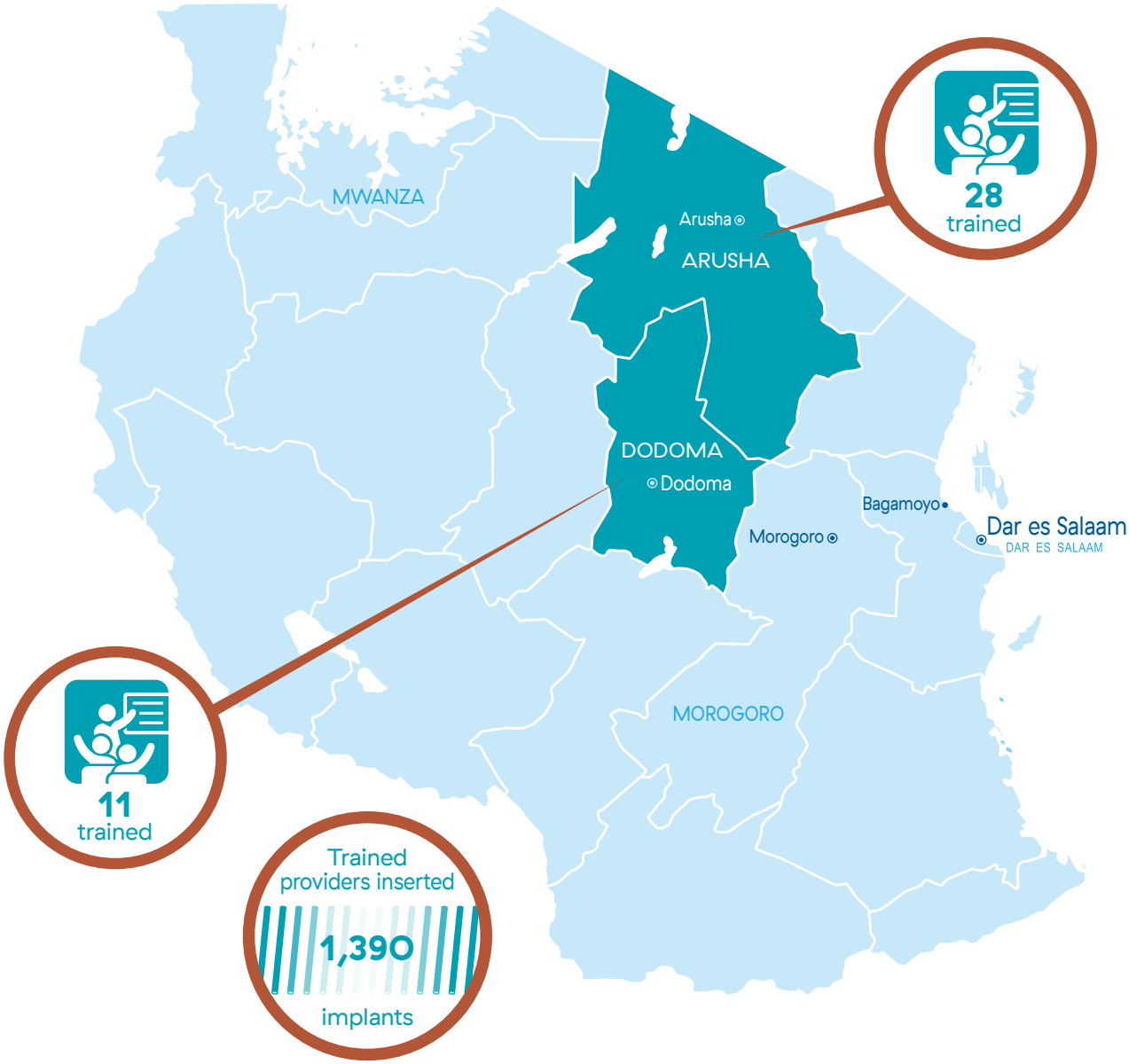
SHOPS Plus worked with RCHS, PRINMAT, and ELCT to identify 39 facility-based private health providers with an unmet need for training in LARC services. The largest group was recruited in Arusha, where very few private providers were trained in recent years, according to data compiled by PATH. SHOPS Plus also targeted districts where health officials agreed to let private providers charge a service fee, consistent with 2013 Tanzania national family planning guidelines. The selected providers came from 36 different facilities located in the Arusha and Dodoma regions, consisting mostly of dispensaries and health centers. In addition, five providers from four Lutheran, council-designated hospitals in the Arumeru, Karatu, and Nkoaranga districts (Arusha region) registered for the training. None of the providers also worked in the public sector.

SHOPS Plus trained private providers from 36 facilities in the Arusha and Dodoma regions. Pictured here: Arusha providers participate in a practicum.

Photo: Sia Shayo

The providers selected for the program included 25 enrolled nurses, 9 registered nurses, and 5 clinical officers. In accordance with a ministry protocol that requires comprehensive training for non-degreed or non-certified providers, SHOPS Plus supported a two-week training program in all family planning methods, including insertion and removal of implants and IUDs. RCHS master trainers hired by the project delivered two training sessions in September 2019 at a government training facility in Morogoro City. The two district reproductive and child health coordinators in Arusha City and Dodoma arranged for providers to undergo the practicum portion of the program at a nearby public facility.

Training led to more implant insertions



RCHS guidelines require trained providers to receive follow-up visits at their workplace six weeks after the completion of the training program to receive formal certification. These visits help trainers assess the providers' competency level and provide supportive supervision as needed. Those who do not achieve certification may still be allowed to deliver family planning services but are instructed to reach out to the master trainer or a mentor when complications arise or a referral is needed. SHOPS Plus supported supervisory visits provided by RCHS trainers and district-level family planning coordinators. These visits resulted in the certification of 24 of the 39 SHOPS Plus trainees. Those who failed to certify for the most part struggled with the lack of opportunities to practice IUD insertions in the private sector. All the providers trained by SHOPS Plus were authorized to administer implants to their clients.

On the final day of training, the trainers described the different implants available in Tanzania and how to obtain them. In the absence of a commercial or social marketing source for Jadelle or Implanon NXT, the RCH coordinators in Arusha and Dodoma arranged for the providers to receive them from a public facility at no cost. Most of the providers opted for this solution, in part to have access to Implanon NXT, which is in high demand in Tanzania. Free commodity supply to the facilities was arranged by RCHS and district health officials. The four Lutheran hospitals classified as council-designated hospitals had existing SLAs. Despite the expectation that these agreements would also be used for dispensaries and health centers, most arrangements with the district were informal. However, providers reported a reliable supply of commodities and few stockouts.

The only implant available for sale through a private distributor at the time was Levoplant, which had just been registered by DKT Tanzania. One facility considered buying this product but could not meet purchasing requirements or arrange for a pick-up in Dar es Salaam.

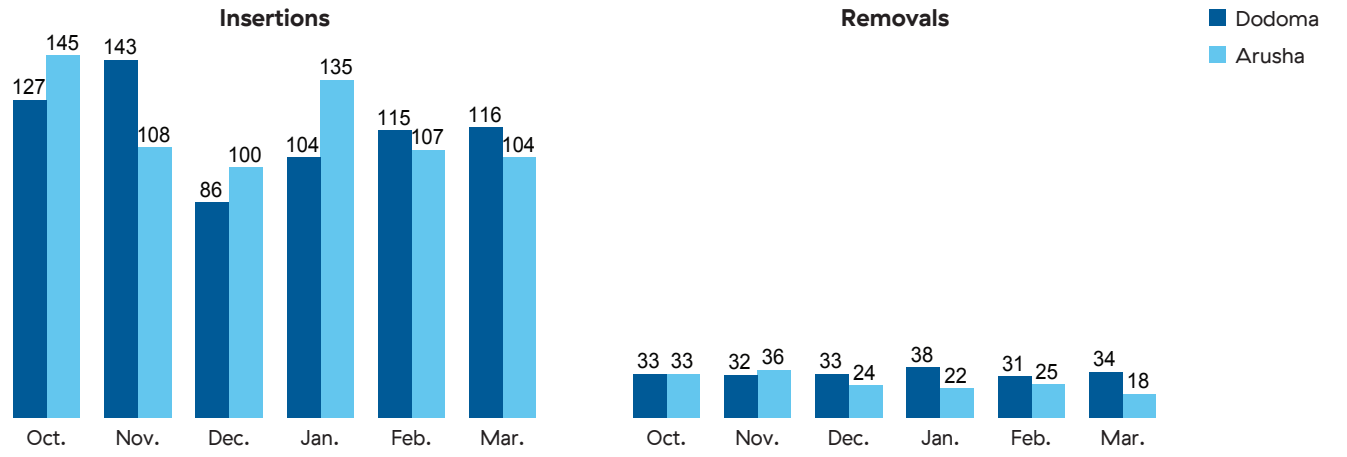
Results

During the six months after the training, SHOPS Plus communicated with each trained provider through monthly phone calls to record the number of insertions and removals performed, prices charged for implant services, instances of product stockouts, and times he or she was unable to provide implants upon request. SHOPS Plus also conducted quarterly calls with facility managers to inquire about their pricing policies and satisfaction with supply chain arrangements.

Service delivery

Of the 39 providers trained by the project, 32 were still inserting and removing implants at the same facility six months later.* During the follow-up period, four providers moved to other facilities and could no longer be monitored, two left for additional clinical training (one enrolled in a course in ultrasound technology), and one went on maternity leave. In the six months following their training, the remaining providers voluntarily inserted 1,390 implants and removed 359 implants, averaging 232 insertions and 60 removals per month (Figure 7).

Figure 7. Implant insertions and removals by trained private providers, 2019—20



*As of October 2019, SHOPS Plus was able to follow up with 38 of 39 providers, 34 in January 2020, and 32 in March 2020.

Photo: Françoise Armand

Supply

All providers trained by the project continued to access commodities through the follow-up period. Some facilities reported being fully or partly supplied by PSI Tanzania. However, PSI had stopped marketing Familia implants and all but one facility were receiving free implant supplies from the public sector at the end of the activity. The facility that reported using a private source did not disclose what it was. The decision to forgo free commodities was not explained but may have been due to pricing restrictions imposed by the district, as this facility charged the highest insertion prices (over $6.00 per voluntary insertion).

Between October 2019 and March 2020, providers in seven facilities reported 31 instances of stockouts that prevented them from offering implants, likely the result of shortages of Implanon NXT at Tanzania's national medical store in February and March 2020. Providers reported offering Jadelle as a substitute, but in some instances, clients left the facility without receiving the implant or were referred to public or NGO facilities.

Although facilities that received implants from public sources reported being satisfied with the supply of free commodities, SHOPS Plus explored the option of a private distribution channel as a way to make supply more sustainable over the long term. USAID/Tanzania was willing to consider donating implants to an organization that would supply other private facilities, and SHOPS Plus approached ELCT and PRINMAT as potential distribution partners. However, both organizations felt that there was little to no demand for a privately marketed implant unless it was free of charge. This differs from other methods available in the private sector (condoms, injectables, and pills) and suggests very little willingness to pay for contraceptives once a provider has a reliable source of donated products. In addition, ELCT and PRINMAT did not have the structure to act as distributors and would not be able to supply a large number of small private providers around the country. The project did not pursue this option as it would have involved setting up a new distribution structure with limited opportunity for cost recovery.

Engaging a commercial distributor would not be viable, as evidenced by DKT Tanzania's difficulties in attempting to market Levoplant to private providers in Tanzania. The DKT country director felt that the law that prohibited advertising for commercial suppliers of health products and services made it difficult to promote Levoplant to providers and users. The same barriers led DKT to abandon plans to market a generic Levonorgestrel intrauterine system (LNG-IUS) in Tanzania (K. Hudson, personal communication, June 16, 2020).

Pricing

Tanzania's National Family Planning Guidelines and Standards stipulate that "in the private sector, when the government has a special agreement with a facility and when family planning methods are supplied through the public system, contraceptive products should be provided for free, with the exception of socially marketed products. In some facilities, a small fee may be charged for consultative services" (United Republic of Tanzania, Ministry of Health and Social Welfare 2013). During the initial market assessment, SHOPS Plus found variations in the way districts interpreted the guidelines. Health authorities in some districts allowed private sector facilities to charge fees for services, but others insisted that all family planning services be provided free of charge. In some places, district reproductive and child health coordinators acknowledged that private facilities needed to charge a fee to cover their costs but would not officially authorize the practice.

Most providers trained by the project reported charging between $1.50 and $6.45 per insertion, and $2.15 to $4.30 per removal. Some providers reported that implant insertions were not profitable but helped attract new clients. ELCT and PRINMAT representatives felt that implant services were provided at prices similar to other primary health care consultations and procedures in the private sector. At least seven providers reported not charging for implant services to comply with instructions from district health officials. Most patients were reportedly willing to pay the standard fee for implant services, though some facilities charged a reduced fee to clients who said they could not pay.

Because facility owners felt uncomfortable or were unable to discuss the pricing of their services, it remains unclear whether implant insertions priced between $2 and $5 cover the cost of labor, overhead, and consumables needed to deliver them. Tanzania's National Health Insurance Fund, which maintains pricing schedules for services provided by contracted facilities, was cited by some providers as a guide for pricing. However, family planning services are not included in the basic benefits package, and therefore do not appear on the schedule.

Conclusion

Below are conclusions from the SHOPS Plus experience in Tanzania.

Use of public-private service agreements to enable the provision of implants through the private sector is highly effective in Tanzania but presents sustainability challenges.
The activity demonstrated the following:

- Collaboration between the Ministry of Health, district health authorities, and private facilities was effective in allowing private providers to be trained in implant services, as long as funding was available.
- SLAs (formal or not) between district health authorities and private facilities were effective in ensuring a steady supply of implants to the facilities.
- Trained providers supplied with implants during the intervention reported being able to deliver and remove implants on demand without a major interruption in services.
- These combined mechanisms resulted in a significant volume of implant services delivered through the newly trained providers. The Arusha district reproductive and child health coordinator in a final interview stated that the overall uptake of implants in her district had increased as a result of the intervention (F. Solomon, Arusha City district reproductive and child health coordinator, personal communication, May 28, 2020).

Most priority commodities are donated, and their availability depends on continued external funding. Should implant donations be reduced or phased out, the government of Tanzania will need to procure its own commodities. It is unclear whether districts will continue to share these supplies with private facilities as they will have to be funded with local resources.

Similarly, training programs and supportive supervision provided by RCHS master trainers are currently supported with external funding. While district health officials and public facilities increasingly opt for on-the-job training, this option is not available to small private health practices. Over the long run, there is a risk that reductions in external support may cause the private sector to fall

further behind the public sector in its ability to offer implants.

Current market conditions in Tanzania are not supportive of distributing implants outside donor-supported NGO channels.
Several barriers continue to prevent the development of private options for the procurement and distribution of implants in Tanzania:

- There is low willingness among providers to pay for implants when they can be obtained at no charge from the public sector.
- The global procurement and supply chain structure excludes commercial distributors from playing a role in the implant market. These entities are critical to building a sustainable market for any product in the private sector.
- Combined supply and demand shortcomings have a dissuasive effect on potential market entrants, such as DKT Tanzania, which shelved its plans to commercialize Levoplant through wholesalers and private facilities in 2020.

The barriers found in Tanzania suggest that increasing the role of private entities in the market for implant commodities requires systemic change at both the local and global levels.

The real or perceived prohibition on charging a fee for services limits the attractiveness of implants for private providers.
The practice by some private providers of offering implant services at no charge likely increased after the discontinuation of Familia implants, which previously enabled private providers to charge a small service fee. Today, facilities supplied by the public sector feel pressured to provide free insertions or avoid disclosing that they charge a fee. This may explain the relatively high proportion of (reported) removals compared with insertions performed by the trained providers. According to DKT Tanzania—which closed its fully owned Trust clinics in late 2019—family planning services alone do not generate enough revenue to cover a clinic's operating costs.

Ultimately, the inability to generate a profit margin to cover costs can discourage private (particularly for-profit) facilities from offering implant services. In Arusha City, most of the 33 SLAs signed in the district involved faith-based organization facilities. Convincing for-profit facilities to provide family planning services under this type of agreement can be a struggle because they are perceived as unprofitable (Miguna, Arusha City public-private partnership coordinator, personal communication, May 19, 2020).

Lessons

The private sector access to implants intervention showed that private providers can quickly start delivering implants when product supply and training are more readily accessible. Tanzania was chosen for this intervention because it is a typical market with fast-growing demand for implants. Also, IAP interventions have resulted in highly effective donor and government collaboration. The private sector, however, may lose interest in providing this method if donor support decreases, or the widespread policy of offering free services leads to the belief that implant services are not commercially viable. This potential market failure can be mitigated through policy change and market-based solutions that increase the role of private sector entities.

Donor-supported training should progressively transition to more sustainable options.

In Tanzania, non-degreed providers who want to be officially trained in implant services must enroll in a two-week family planning certification program at considerable travel and per-diem expenses for both trainers and trainees. Few private providers can be expected to leave their posts for such a long period of time, let alone pay for their own training costs.

Arusha trainees, Morogoro, September 2019

Photo: Deborah Mushi

To be sustainable, training programs must be affordable and adapted to the private practice context. On-location training that is increasingly being used in the public sector should be offered to private facilities, while continuing medical education in family planning could be made available on demand at nursing schools (D. Mwakawangwa, nursing lecturer, private communication, June 3, 2020). Clinical support and supervision in implant insertions and removals can be provided by trained private mentors, as demonstrated by USAID's Boresha Afya project (G. Mutashobya, EngenderHealth, private communication, May 19, 2020). These options could be supported by fees if private providers perceive them as more cost-effective and a worthwhile investment, allowing at least a partial recovery of training and mentoring costs. The current practice by some faith-based organizations to pay for training from government master trainers suggests there is willingness to pay for it, though the fees charged by for-profit facilities would likely have to rise for them to invest in training their staff.

Offering pre-service LARC training to more nursing students is needed to ensure that future cohorts enter the job market with comprehensive family planning skills. In 2019, USAID/Tanzania supported the development of a pre-service training course that is being introduced in nursing schools. The curriculum could be adapted in other countries where training opportunities are limited or too expensive for private providers (USAID 2020).

Governments could use a more targeted approach in the distribution of free implants.

The argument that free commodities should be properly targeted is not new. A strong rationale for strengthening private facilities is that their clients are able to pay for services and should not be referred to the public sector, where resources are scarce and costs cannot be recovered. Market-based approaches are largely construed as a way to serve different segments of the population through the appropriate sector, depending on their ability to pay. If implant services are expected to be free everywhere, the private sector has little to offer in reducing this method's dependency on external support. Donors have an important role to play because they procure and finance nearly all the implants used in the sub-Saharan African region.

In some cases, private facilities find themselves serving a low-income clientele without easy access to a public facility. Facilities reported that they sometimes reduce their prices to serve the poor, suggesting flexibility in pricing. In addition, certain public health initiatives such as immunization campaigns require mobilizing the private sector to include wide population coverage,

typically requiring the provision of free commodities because beneficiaries are assumed to be unable to pay for services in the private sector. In Tanzania, any private facility that agrees to provide free or low-cost family planning services can access donated commodities. The system is vulnerable to reductions in donor support that have already begun, suggesting that a total market approach should be applied when allocating donated implants, which are currently not procured by the government of Tanzania (M. Miyeye, commodity security coordinator, personal communication, May 11, 2020).

The lack of commercial distribution channels for implants should be addressed globally and locally.
A 2020 evaluation of the IAP noted that limited access to affordable implants through the private sector, combined with competition from providers that offer free services, could undermine any incentive for-profit providers may have to offer the method (Braun and Grever 2020).

The possibility of creating fully commercial channels through local importers and distributors, as is the case for all other family planning commodities, should be explored in countries that participated in the IAP. However, commercial prices for Jadelle and Implanon NXT in non-IAP markets are extremely high and would likely result in retail prices upward of $50 in Tanzania and the remainder of Africa. Women Care Global, a company licensed to distribute Levoplant in Africa, may be able to offer lower-cost implants commercially, but the barriers encountered by DKT Tanzania suggest that demand- and supply-side barriers must be addressed for this to succeed. It is ill-advised to completely forgo subsidies for implants since there is virtually no market for this product at the current commercial prices in low- and middle-income countries. However, it may be possible to introduce discounted prices for commercial distributors that will allow them to capture a small but sustainable segment of providers and their clients. SHOPS Plus recommends engaging implant manufacturers and institutional partners to leverage underused local private entities in sustaining access to this method in the long term.

Allowing providers to charge realistic prices may be the key to sustaining implant services through the private sector.
There is a need to increase the use of SLAs for family planning services, and district-level public-private partnership focal persons can help council health management teams adapt them for small facilities. While Ministry of Health guidelines allow private providers to charge a small fee for delivering implants under an SLA, local health authorities routinely expect private providers that receive free commodities to forgo cost recovery. Because the pricing of family

Photo: Françoise Armand

planning services, especially implants, is not well understood, the Association of Private Health Facilities in Tanzania can be engaged to study and negotiate price ceilings for these services (M. Ongara, national public-private partnership coordinator, Ministry of Health, personal communication, May 19, 2020).

A recommended long-term strategy is to use sustainable health financing. Tanzania is pursuing a health reform agenda that relies on the creation of a single national health insurance system to finance essential services. Its standard minimum benefits package must include family planning services. More realistic fees resulting from the contracting of facilities under this mechanism would be a powerful incentive for private providers to offer implants. This strategy could work for other countries where demand for implants continues to grow. Sustainable solutions are needed to ensure that all women continue to enjoy access to implants.

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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development. The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan.

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