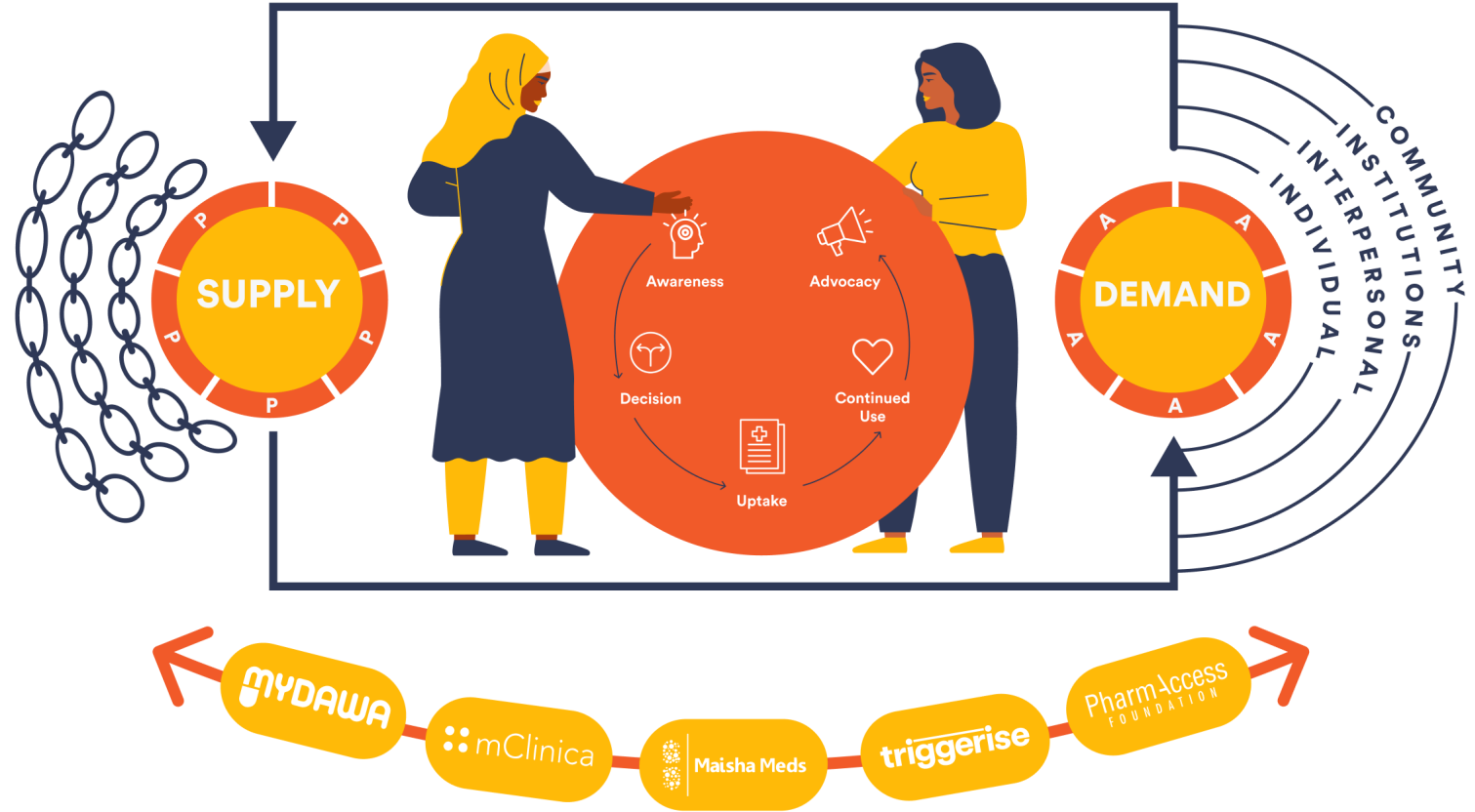




POST MEDICATION ABORTION CONTRACEPTION (PMAC) IN KENYA: EXPANDING THE ROLE OF PHARMACISTS

Strategy Deck

MAY 2024



ACRONYMS

| | |
|--------------|--------------------------------------|
| AGYW | Adolescent Girls and Young Women |
| CHV | Community Health Volunteer |
| CIFF | Children Investment Fund Foundation |
| CM | Community Mobilizer |
| DTC | Direct-to-Consumer |
| EDL | Essential Drugs List |
| FP | Family planning |
| IUD | Intra Uterine Devices |
| KDHS | Kenya Demographic Health Survey |
| KEMSA | Kenya Medical Supplies Agency |
| LARC | Long-Acting Reversible Contraceptive |
| MA | Medication Abortion |
| mCPR | Modern Contraceptives Rate |
| MSDP | Market Systems Development Plan |

| | |
|-------------|-------------------------------------|
| MSI | Marie Stopes International |
| MSK | Marie Stopes Kenya |
| MVA | Manual Vacuum Aspiration |
| OOP | Out of pocket |
| PMAC | Post Medical Abortion Contraceptive |
| PPB | Pharmacy and Poisons Board |
| PSI | Population Services International |
| QA | Quality Assurance |
| SMA | Self-Managed Abortion |
| SMO | Social Marketing Organization |
| TCA | To come again |
| TOC | Theory of change |
| WRA | Women of Reproductive Age |

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Background

We have adapted PSI's Keystone design framework for this strategy design process. Keystone combines human-centered design with market systems development.

We're committed to sharing our insights from this process with PSI and the broader community of practice.



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DIAGNOSE

unmet health needs in a market



DECIDE

where to intervene for greatest impact



DESIGN

user-centered interventions



DELIVER

intervention(s) to address health needs

PMAC PROJECT

PMAC aims to pilot and scale innovations to sustainably increase choice for post MA contraception to prevent unintended pregnancies

WHY PMAC?

Kenya, **49% of all pregnancies are unintended**, of which 41% end in abortion (Mohamed et al., 2015). 13% of maternal mortality in Kenya is strongly associated with incomplete abortions alone (APHRC, 2019). Women and girls who **self-manage MA outside of health facilities** and want to prevent future unintended pregnancies may not have adequate opportunities for contraceptive services leading to **missed opportunities for post MA contraception care**.

What is happening specifically **in pharmacies and drug shops** is not well-documented but could present an undeveloped market to increase access to and continuation of contraception post-MA, thereby averting subsequent abortions and the associated morbidity and mortality.

WHAT DOES PMAC AIM TO ACHIEVE?

PMAC aims to increase post MA contraception choice (objective) to support the reduction of unintended pregnancy and the associated morbidity and mortality (goal).

HOW?

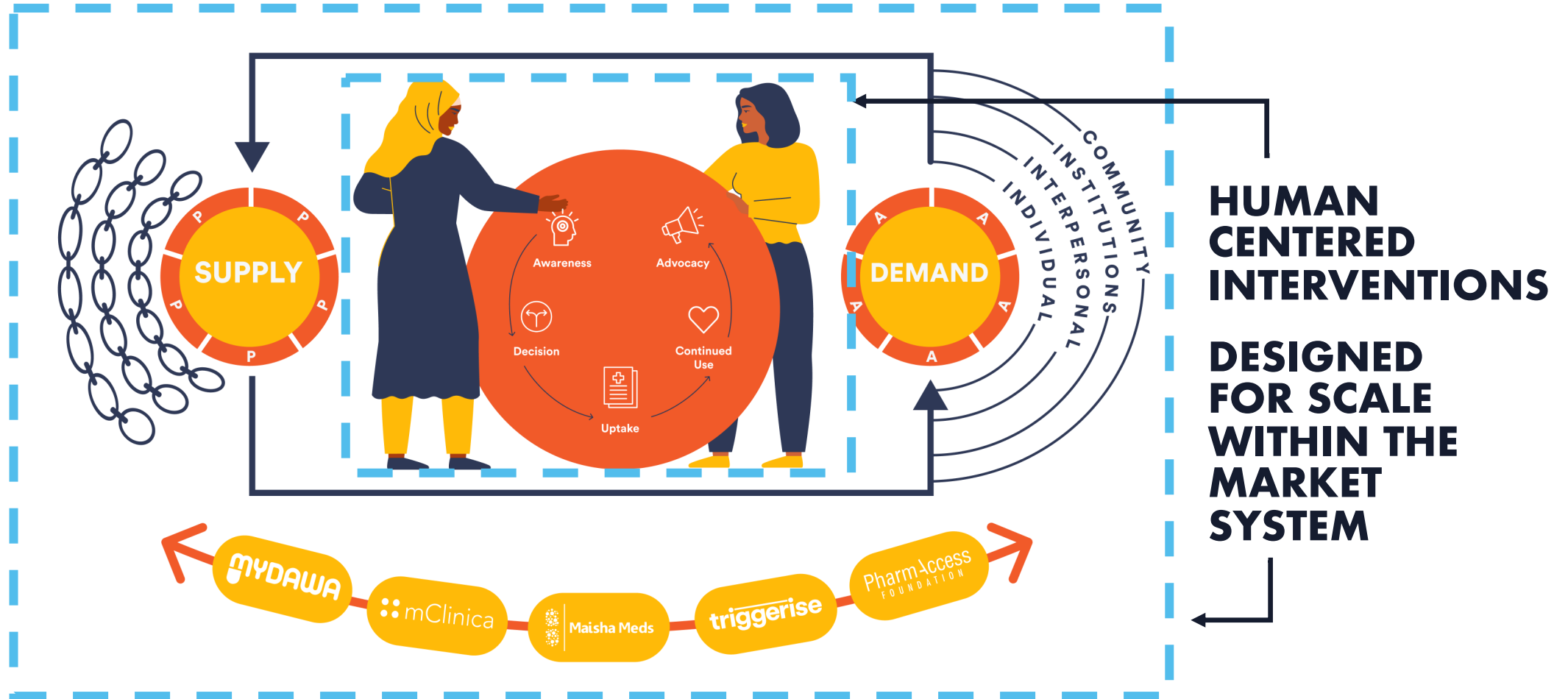
The PMAC project has partnered with pharmacists, community mobilizers, women and girls to develop and test a range of prototypes that promote contraceptive choice after self-managed abortion. The [final intervention package focuses](#) on the **role of the pharmacist** to sustainably increase access to quality post MA contraception care.

WHAT'S NEXT?

The PMAC project is actively **sharing lessons learned from this project**, including this strategy deck, to support market actors to strengthen the role of the pharmacist to sustainably provide post MA contraception care.

MARKET SYSTEMS APPROACH

The PMAC project adopted a market system approach to define and adapt human centered interventions in the context of the MA and contraception markets to support desirable, feasible, and scalable solutions that can be sustained through committed market actors.



This summarizes the Market Analysis Report, which can be found in full at [this](#) link.

2

Where are we now?

WHY are interventions for post MA contraception choice needed in Kenya, especially in pharmacies?

1

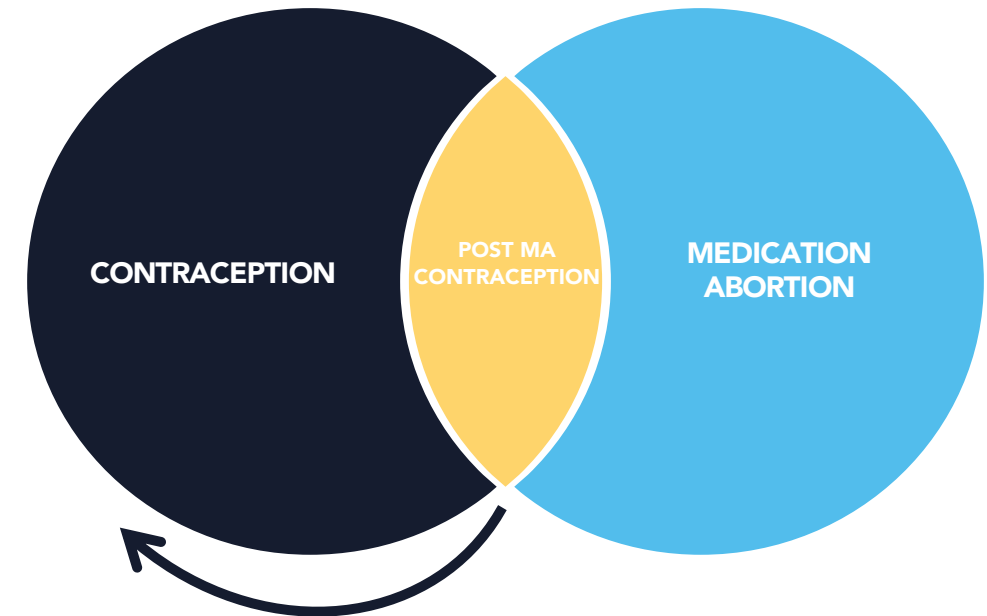
While progress has been made on mCPR in Kenya, **recent data suggests a stall. Post MA contraception might be an under-developed market** to curb unintended pregnancies and abortions, both major contributors to maternal health risks in Kenya (SHOPS Plus, 2021).

2

Limited SRH knowledge, compounded by stigma, lack of education, perceived illegality, mistrust in health providers, and religious beliefs means women **often turn to channels that are discrete, quick and easy to access** MA, such as pharmacies.

3

Data indicates that sales of MA drugs are increasing (proxy for need), but the scale of post MA contraception sales outside health facilities is largely unknown. **Better data is required to understand the potential scale of the post MA FP market** (APHRC, 2019).



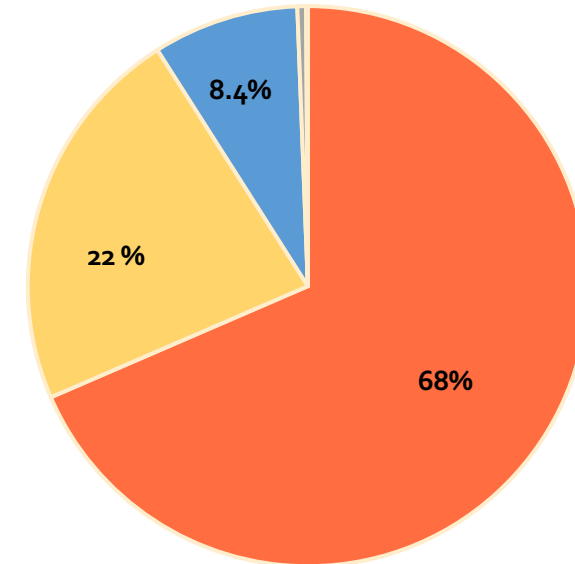
CONTINUATION OF CONTRACEPTION

49% of all pregnancies were unintended and 41% of unintended pregnancies end in abortion

(Mohamed et al., 2015)

WHAT is the current health system context in Kenya, and what does it mean for post MA contraception in pharmacies?

- 1** Kenya has been a family planning (FP) first mover in Africa, making **significant progress to meet women's contraceptive needs**. But the trajectory of growth is unknown in the context of a reduced total envelope (government and donor funds) for contraceptives.
- 2** **Misoprostol and combipack (solely used for abortion) are both on Kenya's EML**, indicating an enabling environment for the use of these products for abortion (Population Council et al., 2015).
- 3** Kenya's devolved health system structure has potentially contributed to increased stock outs. The contraceptive market is still **dominated by free public products**, but the commercial sector and SMOs **have played a critical role to expand the MA market**. Tapping into the post MA contraception market requires nimbly navigating the two sectors (CIFF, 2021).
- 4** **Pharmacies are first point of care** for many women in Kenya. There are approximately 12,000 pharmacies in Kenya.



Proportion of women using public and private sector sources for contraceptives (KDHS 2022)

- Public sector
- Private medical sector (non-NGO)
- Faith-based medical sector
- Private sector (NGO)
- Other sources (shop, church, friend relative)

WHO should be targeted for post MA contraception interventions in pharmacies and why?

1

Induced abortion rates **increase rapidly among adolescent girls** and are highest in young women aged 20-29, particularly in the 20-24 age bracket (see figure). Unmet need for FP is significantly higher for unmarried women (19.%) and the women in very low-income groups (15.3%) compared to 9.9% nationally (PMA, 2021).

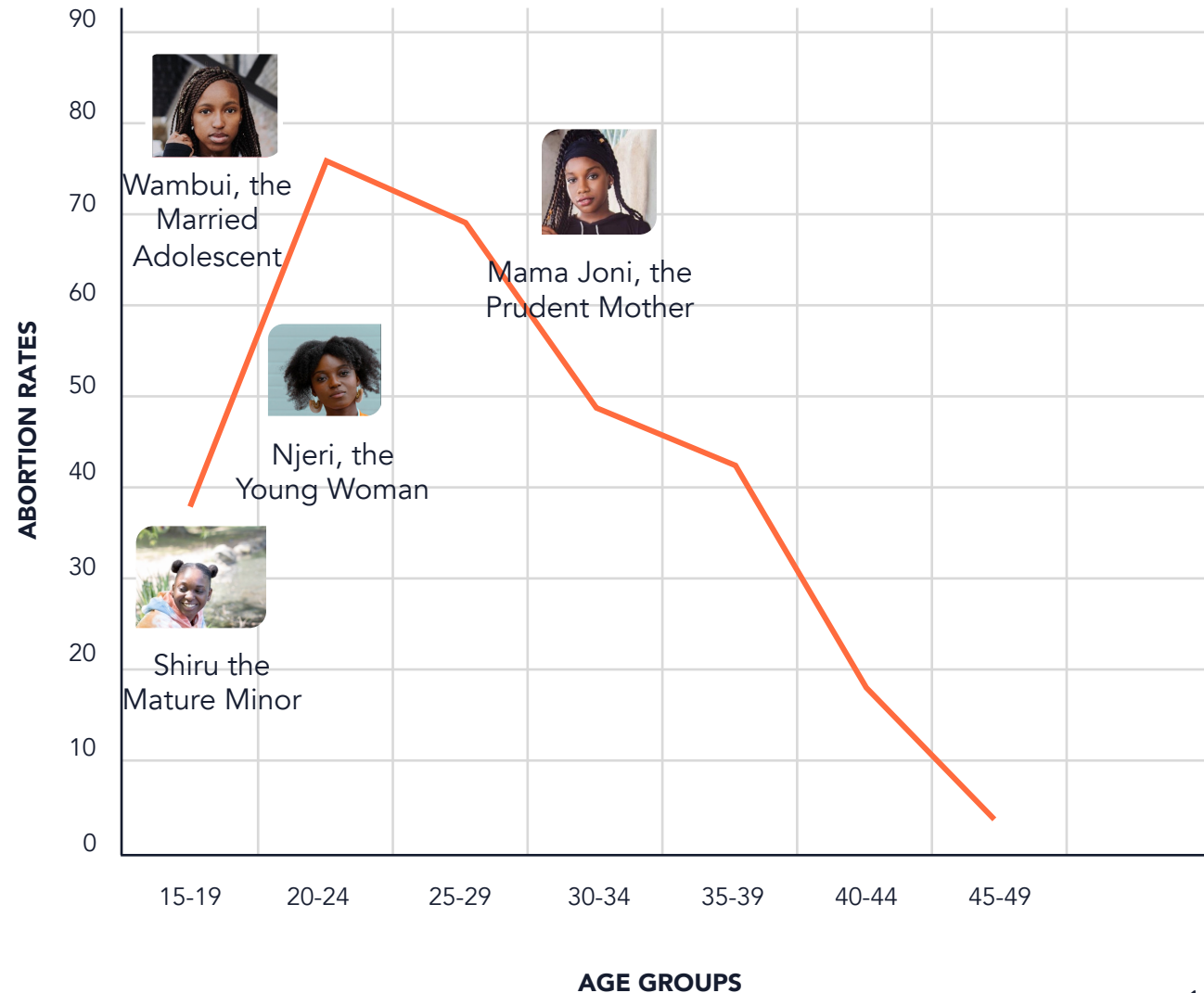
Key segments to fill the use-need gap are likely **adolescent girls, unmarried women and those in low-income groups.**

2

User perceptions of the market **vary by demographics and need.** For example, AGYW want on-demand methods while married women are looking for durable, long-lasting methods.

3

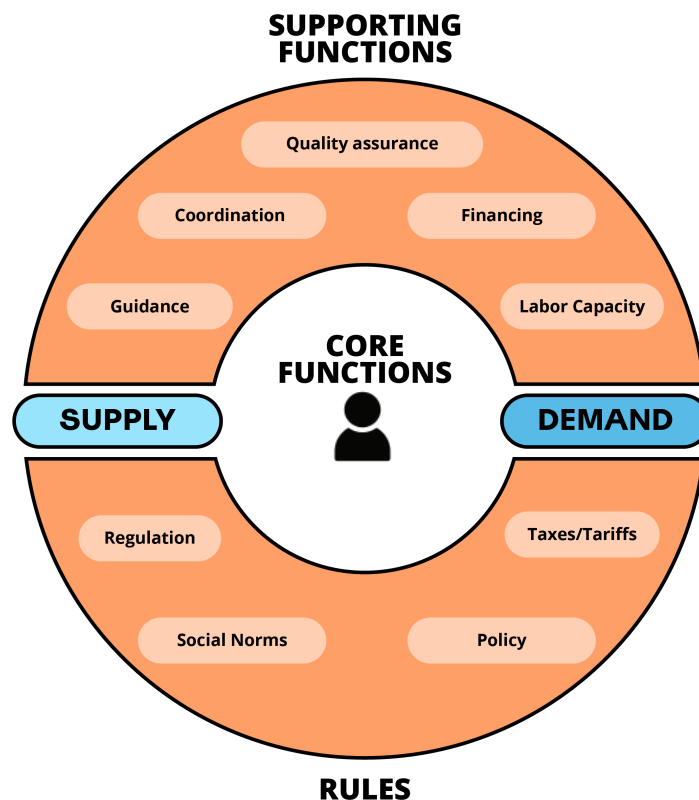
Individual and external factors influence post MA contraception demand. AGYW are largely influenced by their peers, while spouses are key influencers of married women



HOW are the MA and contraception markets performing in Kenya?

1 Overall market trend: The **MA market appears to be growing** which increases potential for women needing contraceptive choice post-MA.

2 Core performance: Kenya's **private value chain for contraceptive commodities is projected to grow in coming years** given the expected withdrawal of donor funding. Understanding the incentives and capacities of suppliers, distributors, and retailers to procure, distribute, and sell contraceptives is key to sustainable provision of post MA contraception.

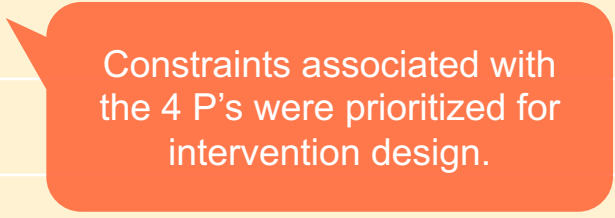


3 Supporting function performance: Post MA contraception is **funded predominately through out-of-pocket expenditure** at pharmacies and this can be major barrier for women in the uptake of post MA contraception, when they might also be managing negative societal perceptions associated with MA and contraception.

4 Rules performance: While there are legal and regulatory frameworks in Kenya regarding contraception, MA, and reproductive health care, there are challenges such as **legal ambiguity, lack of enforcement, hidden fees, delays in import permits, and gaps in healthcare provider knowledge.**

WHERE do we go from here for post MA contraception in Kenya?

Challenges across the contraceptive value chain, from stockouts to affordability and market fragmentation, underscore the need for a comprehensive, coordinated approach that incentivizes both pharmacy providers and consumers

| Market Function | | FP Importers & Distributors | Post MA FP Providers (Pharmacists) | Post MA Consumers |
|-----------------|----------------|---|---|---|
| CORE | Product | 1. Contraceptive stockouts are common across the value chain, although this is less common in the for-profit private sector | | 2. AGYW are time poor, prioritizing 'easy' methods like EC vs exploring the full method mix |
| | Price |  | 3. Limited profit margin for contraceptive methods in pharmacies | 4. High and inconsistent cost of contraceptives to the consumer in pharmacies |
| | Place | | 5. Limited contraceptive commodity options in pharmacies | |
| | Promotion | | 6. Pharmacists do not see the business incentive to contributing to demand creation for contraceptives commodities. | 7. AGYM, especially unmarried women, experience stigma around MA and FP which prevents them from accessing care |
| SUPPORTING | Information | | 8. Significant gaps in market data for stigmatized products and services, especially in the private sector | |
| | Coordination | 9. Contraception market is fragmented and largely uncoordinated around a shared PMAC agenda | | |
| | Financing | | 10. Lack of upfront capital for pharmacists to secure contraceptive commodities | |
| | Labor Capacity | | 11. Pharmacists may not have the training or incentives to provide full contraception counseling for choice | |
| RULES | Formal rules | 12. Unclear legality of MA creates hesitancy for pharmacists to provide post MA contraception, and for users to request it | | |
| | Informal rules | 13. Limited community awareness around need for and availability of post MA contraception | | |

KEY MARKET CONSTRAINTS

In 2023, interventions were designed and implemented to address the 4 prioritized constraints in the market. The project went through several rounds of data collection and analysis to adapt the interventions based on project learnings.

Constraint

- 1 Product and place:** Frequent stockouts of contraceptive commodities occur throughout the market, with limited options in pharmacies.
- 2 Price:** Limited profit margin for contraceptive methods; and high and inconsistent cost of contraception to the consumer in pharmacies.
- 3 Promotion:** Pharmacists lack incentives to promote FP commodities (i.e., don't see the business case) and AGYM face stigma that hinders their access to care.
- 4 Provider:** In addition to lacking incentives, pharmacists are not always trained on counselling for the method mix.

Intervention

- Digital health marketplace** tailored to MA and contraceptive users to provide quality contraception information, counselling and referrals to service providers.
- Three-pronged supply-side strategy** to ensure consistent supply of quality affordable contraceptive methods to pharmacists and reduced cost to users.
- Combination of health promotion** and behavior change models implemented by Community Mobilizers and tailored to optimize post MA contraceptive knowledge, leading to referrals to pharmacies for contraceptive choice and uptake.
- Standardized package of quality post MA contraception services**, to support service delivery, referral and training.

PMAC FINAL INTERVENTION PACKAGE

The final intervention package promotes the role of the pharmacist to increase access to post MA FP through enhancing quality of care, building a business case and sustaining efforts through ongoing advocacy, and therefore addressing key market constraints.

Supporting pharmacies in Nakuru County to sustainably provide quality post medication abortion (MA) contraceptive services

Enhancing Quality of Care

Primary Intervention



- Training on post MA contraceptive counseling, service delivery, MA client follow-up, and documentation
- Utilization of post MA contraceptive care checklist, Information Education and Communication (IEC) materials and job aids
- Monthly technical support
- Referral linkages for xexpanded method choice

Building a Business Case

Secondary Intervention



- Increased client-driven referrals and client loyalty due to enhanced quality of care
- Nivi marketed as source of MA and post MA family planning (FP) information and referrals to PMAC pharmacies for products and services
- Better business model through improved commodity management
- Pharmacy networks established to promote in-group referrals and improve method options for clients

Sustainability Efforts

Advocacy Activities



- Advocacy for integration of Combipack guidelines and post abortion family planning (PAFP) into Ministry of Health (MOH) FP curriculum for pharmacists and pharmaceutical technicians
- Advocacy with Nakuru County MOH for inclusion of PAFP in the County primary care intervention package and integration of private pharmacies into the primary care network
- Linkages to MOH for free commodities, technical support and data reporting opportunities through the District Health Information System (DHIS)

This summarizes the outcomes of the April 2024 PMAC Dissemination and Strategy Meeting. The meeting summary can be found at [this](#) link.

3

Where do we want to go?

VISION OF SUCCESS

What is happening?

Empowered girls and women can access quality post-MA contraception in pharmacies, leading to a reduction in unintended pregnancies and improved health outcomes.

By whom?

Girls and women are supported by the system that surrounds them: their **community** who encourages their access to choice; **pharmacists** who have capacity to provide quality, non-stigmatized services; and **policies and guidelines** that enhance access for all.

How?

Pharmacies support girls and women to access quality and stigma-free post-MA contraception.

- **Awareness:** Demand is generated through consistent and accurate information sharing across schools, communities, health and digital spaces.
- **Availability:** Post-MA contraception can be found in public or private pharmacies and digital platforms with referrals to alternative sources that might better serve her needs (e.g., LARCs).
- **Acceptable quality:** Pharmacists provide comprehensive post-MA contraceptive counseling, services, and products.
- **Affordability:** Women and girls can afford post-MA contraception, with support from innovative financing mechanisms.

This summarizes the outcomes of the April 2024 PMAC Dissemination and Strategy Meeting. The meeting summary can be found at [this](#) link.

4

How do we get there?

FINANCING FOR SUSTAINABILITY

To address the withdrawal of donor funding, the Kenyan government must enhance its commitment to innovative financing models across the value chain. This is crucial for ensuring affordable post-MA contraceptive commodities and establishing a sustainable solution for women and girls in Kenya.

| | MANUFACTURERS | PURCHASERS AND IMPORTERS | RETAILERS & PROVIDERS | CONSUMERS |
|--------------------------------------|--|--|--|---|
| Problem | Manufacturers are not motivated to reduce the costs of contraceptive commodities because of a lack of guaranteed volumes. Currently, 70% of contraceptives are purchased by UNFPA and USAID. | UNFPA and USAID are forecasted to significantly reduce their FP funding support in Kenya. | Traditional aid models may not always effectively incentivize efficiency and effectiveness. | Consumers currently pay variable OOP cost for contraceptive commodities; choice is impacted as a result. |
| Potential financing mechanism | <p>Explore volume guarantees In order for manufacturers to be able to offer competitive pricing, there is a need for regional orders to guarantee volumes.</p> <p>Establishing a regional consortium of countries could support projecting volumes and generate commitments to order commodities.</p> | <p>Transition to domestic funding The Funding Compact, UNFPA's flagship program, mandates that countries commit to annually increasing their procurement percentage of commodities, with the goal of boosting government procurement over time.</p> <p>UNFPA has signed an MoU with the Kenyan government to put this plan into action.</p> | <p>Evaluate Development Impact Bond (DIB) The Kenyan government, UNFPA, and Tiko have recently launched the first adolescent SRH DIB, in which an investor pre-finances the program and an outcome funder repays the investor based on achieved pre-selected targets. This seeks to incentivize efficiency and effectiveness.</p> | <p>Include contraceptives in insurance schemes UNFPA is working with National Council For Population & Development (NCPD) to advocate for contraceptive coverage in private health insurance schemes. In addition, the launch of the new public Social Health Insurance Fund could provide an opportunity to increase coverage for those most in need.</p> |

PARTNER COMMITMENTS

The commitments below, made by partners at the workshop, were considered as feasible goals within three months and as joint commitments within one year.

3-month commitments

1-year commitments

UTILISING DATA FOR ACTION

Data analysis and sharing: Improve data collection and reporting by focusing on analysing and sharing data from pharmacies among partners, leveraging experience and best practices to support evidence-based decision-making.



Strategic Planning and action: Conduct a needs analysis to identify the barriers, capabilities, and motivations that influence pharmacy reporting and utilising of data, and develop an action plan to address these issues and enhance data use.

COLLABORATING FOR CHANGE

Expanding Partnership: Strengthen collaborations with pharmacy providers and stakeholders, including the Kenyan Association of Pharmacists, private sector providers, and donors, to share insights and explore new partnerships.



A united voice for change: Through strengthened partnerships, launch an advocacy campaign to increase access to contraceptives through discreet channels such as pharmacies. This campaign will focus on dispelling myths and promoting informed decision-making.

INCREASING ACCESS FOR ALL

Capacity Building and Training: Proactively share resources with pharmacy service providers to support their capacity building and enhance the delivery of quality health and pharmaceutical services.



Service Improvement and Access: Partners align on a core training approach to enhance contraceptive service provision in pharmacies, aiming to improve contraceptive access by ensuring quality, safety, choice, and privacy for clients.

5

Resources and references

KEY RESOURCES

The following key resources were developed throughout the Market Systems Development Plan (MSDP) process to capture the learnings for sharing with the wider community of practice.

Strengthening Post MA FP Market Solutions through Intentional Learning

Post Medication Abortion Contraception (PMAC) Project Kenya Emerging Learning Brief (#1)

January-May 2023

Continuing the Evolution of System Solutions to Support Post MA Contraceptive uptake in Kenya

Post Medication Abortion Contraception (PMAC) Project Kenya Emerging Learning Brief (#2)

June - October 2023

Post Medication Abortion Contraception (PMAC) Final Implementation Package

Supporting pharmacies in Nakuru County to sustainably provide quality post medication abortion (MA) contraceptive services

DECEMBER 2023

Enhancing Quality of Care (Primary Intervention)

- Training on post MA contraceptive counseling, service delivery, MA client follow-up, and documentation
- Utilization of post MA contraceptive care checklist, Information Education and Communication (IEC) materials and job aids
- Monthly technical support
- Referral linkages for expanded method choice

Building a Business Case (Secondary Intervention)

- Increased client-driven referrals and client loyalty due to enhanced quality of care
- Nivi marketed as source of MA and post MA Family Planning (FP) information and referrals to PMAC pharmacies for products and services
- Better business model through improved commodity management
- Pharmacy networks established to promote in-group referrals and improve method options for clients

Sustainability Efforts (Advocacy Activities)

- Advocacy for integration of Contraceptive Quality Improvement (CQI) into Ministry of Health (MOH) FP curriculum for pharmacists and pharmaceutical technicians
- Advocacy with Nakuru County MOH for inclusion of PMP in the County primary care intervention package and integration of private pharmacies into the primary care network
- Linkages to MOH for free commodities, technical support and data reporting opportunities through the District Health Information System (DHIS)

POST MEDICATION ABORTION CONTRACEPTION IN PHARMACIES KENYA

Market Analysis Report

April 2024



Strengthening the Post-Pregnancy Contraception Market Through Shared Learning Dissemination Workshop Summary

APRIL 16, 2024

Context:

The landscape of reproductive healthcare is evolving, with an increasing emphasis on empowering individuals to take charge of their own health. As medication abortion (MA) becomes more prevalent globally, there is a growing recognition of the need to address the contraceptive needs of women and adolescents seeking self-managed medical abortion. However, the current healthcare system often fails to support women and girls, leaving gaps in contraceptive access and counseling. The Post-Medication Abortion Contraception (PMAC) project, led by Ibis Africa Alliance and supported by Population Council Kenya, AANAP, and Impact for Health International, has partnered with pharmacists, community promoters, women and girls to develop and test a range of prototypes that promote contraceptive choice after self-managed abortion. The final intervention package promotes the role of pharmacists to increase access to post-MA contraception through enhancing quality of care, building a business case, and sustaining efforts through ongoing advocacy.

On April 16, 2024, a one-day dissemination meeting was held to discuss insights gleaned from the PMAC and Post-MA Contraception Market Analysis and Foster Alignment among government, pharmacy, NGO, and academic stakeholders to strengthen the role of pharmacists to sustainably offer quality contraception post-MA. The meeting was designed to share the experience of PMAC market development from multiple perspectives, shape a common vision for the PMAC market, and shift practices of key actors around PMAC and information sharing.

Share WHERE ARE WE NOW?

To ground the dissemination event in an understanding of the current landscape of the PMAC market, a summary of the PMAC Kenya Market Analysis Report and the PMAC Kenya Final Intervention Package were presented by Ibis Africa Alliance and Impact for Health International, followed by a panel discussion, "Unlocking the Potential of Pharmacists to Expand Access to Post-Pregnancy Contraception in Kenya" across Kenya. Contraceptive choice and access are complex and multifaceted, shaped by individual, social, and environmental factors. This session explored the challenges and opportunities faced by pharmacists and community promoters in providing quality contraceptive services in the existing environment, and the role of public-private partnerships.

Moderator: Dr. Joan Oracha, Kenya Country Director | Ibis Reproductive Choices

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