

Strengthening the Contraception Market Through Shared Learning

Dissemination Meeting Summary

Context:

Women are increasingly seeking post-pregnancy care outside of health facilities. However, there is limited access to contraceptive options, especially outside of traditional health facilities, leading to unintended pregnancies and associated health risks. The Post-Medication Abortion Contraception (PMAC) project, led by Ipas Pakistan and supported by Population Services International Pakistan, DKT Pakistan, and Impact for Health International, has worked with consumers and providers to develop and test human-centered solutions to increase access to contraceptive options post-pregnancy that can be sustained within the market system.

On April 22, 2024, a one-day dissemination meeting was held to discuss insights gleaned from the PMAC-led Post-Pregnancy Contraception Market Analysis and foster alignment with key sexual reproductive health and rights actors around a vision for the contraceptive market in Pakistan. There was a great turnout, with approximately 78 stakeholders in attendance, highlighting the strong interest and commitment to advancing this agenda. 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 post-pregnancy contraception and information sharing.



Share

WHERE ARE WE NOW?

To ground the dissemination event in an understanding of the current complexities of the PMAC market, a summary of the PMAC Pakistan Market Analysis Report was presented by Ipas Pakistan, followed by a panel discussion. Titled 'Understanding Constraints in Pakistan's Contraceptive Market and Implications for Post-Pregnancy Contraception' experts across Pakistan's contraceptive value chain explored challenges and opportunities related to contraception access barriers, supply chain issues, private sector engagement, the role of men and gender dynamics, and market incentives for the commercial sector.

Moderator:



Dr. Yasmin Qazi
Senior Country Advisor on FP & MNCH, BMGF



Panelists:



Dr. Syeda Batool
HOD, HCMC, PIMS
Islamabad

"There is a need for contraception but due to prevailing myths and misconceptions women are not taking FP methods. Women and girls are not educated enough on the need to go for contraception choices. To bring this into practice we would need some societal change that can help support up taking and continuation of contraception and PAFP."
(Provider Perspective)



Dr. Muhammad Tariq
Pakistan Country Director,
USAID Global Health Supply
Chain Program

"The private sector is dependent on donors, and there is no sustainable way for commodity security. We have limited visibility of the private sector and the divide between private and public is large."
(Commodity Security)



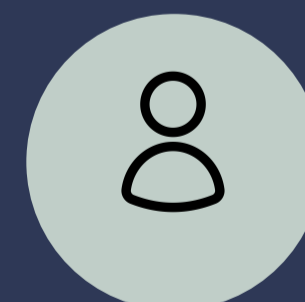
Dr. Masood Ahmed
Director Social
Franchise, DKT
Pakistan

"Now is the time to engage various for profit companies as well. The general practitioners (GP) can be engaged for FP. Every GP has a dispensary and the distributor has no objection delivering FP to these GPs. This way we can engage the men in the communities."
(Engaging Male Providers)



Dr. Shabnum Sarfraz
Country Director,
Women in Global
Health

"There is a need to explore various underlying social power structures, as the decisions are made by underlying power structures and have an impact on reproductive health services and ultimately on health outcomes."
(Power Dynamics)



Muhammad Akram
DMPA-SC Commercialization
Consultant, BMGF

"We need to put the right incentives in place and expect every FP product to be provided. There is no issue of taboos in the private sector and we need to invite the for-profit pharmaceutical industry and commercial sector to get activated in FP production in the country."
(Commercial Private Sector)



Through interactive small-group activities, participants co-developed a common vision of success for the market, which explored the desired health impact, key actors, and outcomes.

WHAT IS HAPPENING?

Empowered women and husbands can access quality post-pregnancy contraception in mixed markets (public and private sectors), leading to an increase in mCRP, reduction in unintended pregnancies and improved health outcomes.

BY WHOM?

Women and husbands are supported by the system that surrounds them: their **community** which encourages their access to choice; **male and female providers** (doctors, midwives, pharmacists, digital services, and community providers) who have capacity to provide quality, non-stigmatized services; and **policies and guidelines** that enhance access for all.

HOW?

Mixed health systems support women and husbands to access quality and stigma-free post-MA contraception.

- **Awareness:** Digital platforms and community engagement, endorsed by community leaders, increases overall SRH awareness.
- **Availability:** Local production, branding, and distribution of short and long-term contraceptive methods increase availability and reduce costs through brand competition.
- **Acceptable quality:** Training healthcare providers enhances the quality of SRH services in both public and private sectors.
- **Affordability:** Women and husbands are willing and able to pay for post pregnancy FP in the private sector, and supportive policy environments help reduce costs and improve access to SRH services.



Shift

HOW DO WE GET THERE?

Reflecting on the day's discussions and activities, partners made individual commitments to make progress towards the shared vision. Key themes across commitments included:

1. **Public-Private Partnerships:** by strengthening collaboration between public and private sectors, including pharmaceutical companies, to enhance local production of contraceptives, improve service delivery, and increase access to FP commodities.
2. **Enhance Service Delivery:** by focusing on capacity building for service providers, engaging youth, and community gatekeepers, while also advocating for accountability measures within government systems to ensure effective implementation of FP initiatives.
3. **Digitization and Innovation:** by embracing digital interventions for FP, such as implementing new tools for behavior change, leveraging social media and e-commerce platforms, and providing mobile applications for personalized training and counseling.
4. **Community Engagement:** by working directly with communities, engaging stakeholders at various levels including government, private sector, and local organizations to ensure comprehensive FP services.



Ipas extends its gratitude to the diverse participants for their thoughtful contributions to the event. These participants included representatives from government departments, healthcare providers, pharmacist and midwife associations, pharmaceutical companies, and civil society organizations.