

*Sarah Bradley:*

Good morning, good afternoon, good evening, everybody. I'm Sarah Bradley, and I'm very pleased to welcome everyone to the SHOPS Plus Webinar on Two Tools to Inform a Total Market Approach. So as most of you probably already know, we are SHOPS Plus, we're the sustaining health outcomes through the private sector project, and we're USAID's flagship initiative in private sector health. We are Abt associates, and our goal is to improve outcomes in maternal and child health, HIV, TB, and extend access and choice for contraception through the strategic expansion of private sector approaches in health systems.

I'm Sarah Bradley, and I'm going to take us through our first tool that we're going to be talking about today, which is called Private Sector Counts. Michelle Weinberger will then give us an overview of the family planning market analyzing tool, and then Maureen Ogada-Ndekana is going to talk to us about how she's used these tools in Tanzania to inform a total market approach. I want to briefly explain how these few tools work together, and then jump into Private Sector Counts. These are both interactive data visualization tools, and they both provide information on sources of modern contraception from two really complementary angles.

So Private Sector Counts shows us where we are today, and where we have been, and then SP market analyzer shows us where we could go in the future. So I want to mention the reason this is called Private Sector Counts. Private Sector Counts is designed under our predecessor project, SHOPS, and we found under SHOPS that people didn't count the role of the private sector when we were thinking about that. I will say that I was just as guilty of this as anybody else. Before I started working with SHOPS Plus, I had no idea that one out of every three modern contraceptive users gets her method from a private sector source. So we call it Private Sector Counts for that reason, to remind everybody that private sector does, in fact, count.

We think of Private Sector Counts as a tool to provide contraceptive source data for distinct population segments to help design programs and policies using a total market approach, and when we talk about distinct population segments, we mean that you can compare family planning source information by all these disaggregates: by country,

contraceptive method, age and marital status, and urban and rural residence and socioeconomic status. We're using demographic and health survey data for this tool, and we included every country that has – that is either a population reproductive health priority country from USAID, Ouagadougou Partnership country, or an FP 2020 country, if they had a demographic and health survey collected since 2012. So women in the DHS, these are nationally represented household surveys, and women who are interviewed are asked if they're using a method of contraception, and if so, where they got that method, and women can answer in a variety of ways, and some of those categories are shown on the right of this table.

We standardized those categories into the standardized categories shown on the left of the table. We're going to use these color codings throughout the rest of the presentation. Private sources are in dark blue, and that includes private clinical, pharmacies and drug shops, shops and markets, and non-governmental and faith-based organizations. All the public sector sources are going to be shown in light blue, and in most of the graphs you'll see a small percentage of other, which is usually women who got a condom from their husband, for example, and that also includes all who don't know. We've organized Private Sector Counts to look at contraceptive sources among three groups of women, from largest to smallest.

So first we look at all women of reproductive age, so you can see what contributions each sector makes to achieving the modern contraceptive prevalence rate, or the NCPR. Then we narrow that down to focus just on users, so looking at where contraceptive users are going for their method, and then narrowing down again to just looking at private sector users. So looking at women who go to the private sector: are they getting their method from a clinic, pharmacy, shop, or non-governmental organization? This is the homepage for Private Sector Counts. And this is live. I encourage you to go online and look at it as we're talking so you can ask questions. You can see that we have two sides to the site.

On the left we have a whole child health side, so this looks at sources for sick childcare, and today we're going to be focusing on the family planning side. So if I click the button here, that will take us to the main page of Private

Sector Counts.org. So here we're looking at that first group, where do all women obtain modern contraception? Because we're looking at all women, these bars, which are dark blue for the private sector, light blue for the public sector, and grey for that other, these sum to the all women NPCR in each country. There's a navigation box on the right, so we can see which question we're looking at. Right here we see we're looking at explore source and method mix of all women. If you hover over any of the bars at any time, you'll have a dialogue box pop up that has all of the detailed information, including the exact value. If we go to click on our second box – so looking at our second question, our second group of women, these bars all sum to 100 percent because we're now looking just among modern method users.

And if we look at our third question, now we're looking just among private sector users. So here and the previous graph, we have that dark blue bar. We're now blowing that dark blue bar up to 100 percent and showing how the private sector is distributed across pharmacies and drug shops, shops or markets, private clinical sources that are in light purple, and NGOs in dark purple. We can see how that varies across countries. Going back up for a minute up to the sources across all users, we're going to show my favorite part of this site, which is the navigation menu, and this is where you get to play and organize your data however you want.

Going one by one, you can select by country, or any combination of countries you'd like to see. You can look at just one country. You can compare all countries within the same region. You can look not only at all methods – so far we've been looking at all modern methods combined, but we know sources are really different for different methods. So women don't get pills in the same place that they get a condom, for example. If we go from all modern methods we've been looking at now, and switch to pills, we can see there's a much greater private sector share, which makes sense. Many more women get their pills from a private sector source, in the dark blue.

We've been looking at just the most recent survey, but we can also look at two time points in each country. So if we select both the most recent and previous survey, you can see that for each country that has two surveys, now there's

two bars. So for example if you look at the top, Myanmar only has one survey, but if you look at Indonesia, you can see the peak between 2012 and the 2017 survey, the share of the private sector that's contributing to modern contraceptive use has increased right, that dark blue bar has gotten longer. This is also – we've been looking so far at the total population of women, but when we talk about the population segments, we can pick any of these disaggregates we want. We can look by socioeconomic status, urban and rural residents, age and marital status, and break it down in different ways.

If we select the two group breakdown here, we can see for example in Indonesia – no, let's take Bangladesh. That's the second one. You can see that younger users who are under the age of 25 are much more likely to get their method from a private sector source, than older women who are over age 25, and this is across marital status. For any of these visualizations, you can click on that button that we're highlighting here, and you can download it as an image. You can pop that into your PowerPoint presentation. You can also download it as a CSV file into Excel and do your own analyses. So that's all really nice, and we all like to play with the data. Well some of us like to play with data more than others.

But the really important part is actually using the data. So how do we actually translate from data to action? There's a bunch of different ways we can do that. So country teams have been using private sector counts, first to understand what the landscape is. So in a specific country, what are the roles that the various sectors are playing in providing contraception, and how does that vary between different contraceptive methods? And also by user characteristics. Second, to look at what recent changes have been, particularly how source patterns have changed as method mix has changed, we've seen for example in certain countries that implants have grown, and that has an impact on how source patterns have changed.

And then to compare these source patterns to other countries in the region. For example, we felt with the Senegal team, there's a relatively small share of women getting pills from the private sector, and trying to understand what's happening there, we know that in Francophone countries, there are a lot of regulatory and

policy barriers to accessing pills over the counter, and in the private sector. So we were able to compare Senegal to other Francophone countries to see what's happening in these other countries in the region and where. So that was a very quick over view of Private Sector Counts. Now you'll see how these two tools work together when Maureen presents how she was able to use both of these in Tanzania, but for now I'm going to turn it over to Michelle Weinberger who is the SHOPS Plus modeling and segmentation advisor for Avenir Health.

*Michelle Weinberger:*

Great, thank you Sarah. We're going to spend the next few minutes looking at the SP market analyzer. This is an interactive web-based tool that takes data from the DHS surveys, the data Sarah just presented that you see within Private Sector Counts about method mix, and source mix, but then it combines that data with other data sources to let us take it a bit further and look at different perspectives. So it takes data on contraceptive prevalence rates, and women of reproductive age from FP 2020, and Track 2020, to look at the total number of women who are using contraceptives, both now and how that's projected to change into the future.

We also integrate in data from the World Bank on poverty headcounts so we can look at both relative growth, so wealth quintiles, but also look at absolute wealth, so the number of women living above or below different poverty lines. And this lets us do a couple of things. It lets us look at the current situation, and just making a note here, that when we talk about the current situation in the FP market analyzer, we're not just looking at the most recent DHS, but sort of updating that, right now, to a baseline of 2017, and then it lets us look to the future and develop policy scenarios that align to conversations that are happening within a country.

This tool really has its roots in some modeling briefs that were developed by SHOPS Plus a couple years back that took a global perspective, and looked at some key both challenges and opportunities for the role of the private sector, both overall in FP 2020 countries, and specifically for young people. And these briefs laid out a series of different scenarios to help inform some high level policy discussions. So the idea of the FP market analyzer was to take that same idea, but bring it down to a country level,

and also make it flexible. So instead of just having one or two preset policy scenarios, people can explore any scenarios that might be relevant for their work.

So I like to think of this tool as really helping us move from theory to numbers. So when talking about TMA, there's often lots of very theoretical discussions about changes to the roles of either the public or private sector, but sometimes it's hard to connect those to think about what do the changes really mean? How might that play out? So here let's take an example. If a country's talking about potentially increasing the role of the private sector among urban women, so what are some things that they might want to think about? So first, we've got sort of a composition question. So thinking about the changes among urban users, and how that might help, how that might change the overall national picture.

So for example, in a country that's mostly rural, even a big change among urban users might have a limited change on the national picture since that group of urban users is going to be much smaller than that group of rural users. So just thinking about sort of how changes that we make within groups really affect the overall picture. Second, is we have a feasibility question, thinking about if there's enough private providers to serve those additional users, and what work might need to be done to sort of ready the private sector to take on this larger role. And then finally, we have a method choice question. So we know, and as we saw in Sarah's data that the public and private sectors often offer quite different ranges of methods, right.

So we see a lot of short term methods being sought out within private sector, and often the public sector providing more long acting methods. And so if we make changes to where women are going without thinking about the methods that are being offered, we have a potential to sort of see shifts and method mix. And so we want to make sure that as these changes are being made, that we're ensuring that women still have access to a full range of methods. So the tool itself is divided into five different modules as you see here. We're going to look at the first two over the next couple of minutes. So the first lets us look at that current situation of 2017. And then the second lets us explore scenarios for how future changes might play out in a country.

The tool can be accessed by going to [fpmarketanalyzer.org](http://fpmarketanalyzer.org), as you see at the top of the screen, and this is what you'll see, when you load up the tool. The first thing you'll want to do is select your countries. You'll see a little drop down list on the left there. We're going to take a look right now at Afghanistan, which comes up first, since they're in alphabetical order, but there's data here for about 60 countries. One thing to note is one of the reasons we have more data than what's in the Private Sector Counts is that we went back to some older DHS surveys as well. Because we have this element of projecting forward, we were able to utilize a wider set of surveys.

Next, you'll see a set of navigation on the left there that lets you go through these different modules. So let's take a look at the current national landscape in Afghanistan. We'll see a couple different things here. So first, at the top, you see that trend chart. So this is telling us about how NCPR is changing in the country. So this is the data that we're pulling in from FP 2020 and Track 20. This is also coupled with data about changes in the number of women of reproductive age. And so what this lets us do is take into account not only the changes we're making within our policy scenarios, but also the fact that in many countries, the number of users is going to be growing over the next couple of years.

And so thinking about the implications of that growth on top of the implications of any changes. Now, let's zoom in a little bit to that next panel. And we want to look at a couple different things. So first, throughout the tool, there's text and probing questions to help the user know what to think about as they're looking at the graph. So kind of getting you guys to kind of not just see the data but think about, okay, what is this data telling me and what might I want to have some further conversations about? Next, we see this pie chart. This is the same data that Sarah showed in Private Sector Counts, just showing that overall proportional distribution of the public and private sector.

Then third, we see that data coupled with information on the absolute number of users to turn this into this graph that looks not just at the proportional role, but at absolute numbers. So in this graph, the height of each bar is the number of women using each method. And then we see that

bar sub divided between the dark blue and the light blue to look at the relative share of the public and private sector. This is really helpful because it lets us think not just in terms of shares, but in terms of how many women are using each method from each source. A nice example of this is if we look at condoms versus pills. So we see of all methods in Afghanistan, condoms are sought from the private sector at the highest rate. Sixty-six percent of condom users get their method from the private sector. But in absolute terms, there are actually a lot more private sector pill users and private sector condom users because there are just many more pill users in the country.

And so these pictures can tell sort of different stories about the role of the private sector or the role of the public sector for different methods. So before we go on, just to note a couple other features. First, all of these graphs can be downloaded either as images or as Excel files, that CSV will give you a little Excel file with the data if you want to make your own graph. And then throughout the tool, if you hover over the graphs, you'll get some additional details. You can see here, it's giving us both the percentage and the number that that part on the graph represents. So that was a very quick look at the current situation, there's more in the tool on that current situation tab.

So I'd encourage you to go and have a look and explore, but we wanted to make sure that we had a little bit of time to also talk about looking at these future changes. So the tool lets us project future policy scenarios based on three different things. First, we can look at changes in method mix. So if the method mix in a country changes without changes to the relative share of the public and private sectors role in delivering those methods that can influence the overall source mix in a country. So for example, as Sarah alluded to earlier say a method like implants increases greatly. And implants are mostly sought from the public sector.

That might mean that overall the public sector's role and providing contraception goes up. Next we can kind of flip that around and look at what would happen if source mix changes without looking at changes to the methods that each of those sources offer. So in this example, maybe we have an increasing role of the private sector in a country. And if the private sector is primarily providing pills and



condoms, then we'd expect to see a greater increase of pills and condoms within the method mix in that country. And then finally, we can look at changing these two together in order to sort of balance out some of those changes. So what would happen is both the method mix changed, but also we saw changes to the relative role of the public and private sector for each method. And throughout all of these, we have some cross cutting considerations that we look at.

So for example, looking at how many users will be impacted by the change, how that change will influence the overall national picture, and how many more or fewer users we'd expect to see in each sector. And Maureen's going to give us some nice examples from Tanzania just after this, that show how kind of those results have really set into discussions in country. So instead of you having to necessarily know what changes to specify in the tool, we've created four different policy scenarios. So for these scenarios, you can just pick from the list, and we've automated the changes to either the method mix or the source mix that we think align to what the scenario is trying to look at.

So for example, in number three we could look at what would happen if implants increase in popularity but the sources where they're available stay the same, or in scenario four we build on that by having that same increase, but also a shifting role of the public and private sector in provision. So as a starting place, you can use one of these four scenarios and sort of explore what these changes would mean. But there's also functionality to build your own scenario. So if there is a policy consideration and a country that doesn't match one of these four you can build out a new scenario to represent that. We don't have time today to look at these other modules, but I'd encourage you to go and have a look.

So these do the same thing. It lets you look at the baseline situation and then explore future changes, but disaggregated first by age and marital status, by urban rural residence, and then finally by income level. So how is this tool used in country? We see it playing a couple different roles. First, we think it's a really helpful thing to help inform CM discussions. Again, you know, a lot of these discussions start out very theoretical. And this tool provides an opportunity to really ground that theory and say, what

would that actually mean? Second, and as you'll see from Maureen's example, we think it can be really helpful in advocacy efforts. So advocating for policy changes that look at how different players contribute to the market of family planning and the country. And finally providing that sense of change.

So again, if we make a really big change, but that change only affects a small number of women, we might not have the impact we're hoping for. So it lets us make sure that the things that we're looking at, to change in terms of policy and advocacy, are really going to have the impact that is expected. And then on the flip side of that, again, that you know, if we make changes to very large segments, we can – we want to make sure that those are feasible and that we're ready to plan for what needs to happen in order to support those changes. So we really, again, see this as complementing Private Sector Counts, starting with the data that's in that tool, but then bringing it to let us look more to the future and explore these different changes. And with that, I'm going to pass over to Maureen, who's going to talk about how they've used both of these tools in Tanzania to help inform their work.

*Maureen Ogada-Ndekana:* Thank you very much, Michelle and Sarah. I will now move into discussing a few examples from Tanzania and ideally, I would like to demonstrate how we in Tanzania have used both the Private Sector Counts to as well as the FP Market Analyzer tool for programming. And I'll be talking about some of the ways in which we have worked with stakeholders to apply both these tools to influence commodity programming and decision making amongst government stakeholders, development partners and different market actors as well as to influence how market system influences. So we're going to start by broadly discussing how we in Tanzania use the Private Sector Counts to examine our method mix data.

So most recent DHS have been in Tanzania was completed in 2016. And we are currently in the process of preparing for over a follow on demographic health survey. So according to this 2016 data, injectables are the most commonly used method of contraception in Tanzania with about 10 percent of women of reproductive age opting for this method. Now the Private Sector Counts tool also allows us to compare user patterns across different years.

So in my slide right now, you'll see that preceding the 2016 DHS and 2010, similarly, injectables were the most commonly used method amongst women. But between these two years, you will see demonstrated growth in use of injectables from 8.5 percent in 2010 to 10 percent in 2015, 2016. Throughout this presentation, I'm going to be using an example of injectables to demonstrate how we used these two tools.

So again, this is from the Private Sector Counts too, and this demonstrates the public sector share versus the private sector share as sources of modern contraceptive methods. Now in Tanzania, the public sector, as you can see, is the dominant source family planning. But when you look across the different DHS years, you realize that both these sectors have increased since 2010. And this is evident from this growth that the private sector have contributed to the overall increase in modern contraceptive prevalence rate in Tanzania from 22 percent to 27 percent, between these two years. So this slide here shows that in Tanzania private sector sourcing of modern contraception method is in the 30 percentile, with an average of one in every three women sourcing their method of choice from the private sector.

So this still within the Private Sector Counts to, I would like to put our lens back on injectables. So at the bottom there, we now see that the role of private sector and public sector for injectables mirrors the overall sourcing pattern, with one in every three injectable users sourcing this method from the private sector. So further to this, the Private Sector Counts tool allows us to assess the contraceptive sourcing patterns by world quantile. Currently at the bottom, we compare sourcing data for the poorest versus the wealthiest injectable users in the country. And we see that 23 percent of the poorest injectable users rely on private sector sources, compared to 39 percent of the wealthiest injectable users in the country.

So, you know looking at this several assumptions can be drawn from this. One assumption that might inform this relatively high use of private sector among women of lower social economic status could be the ease of access to private sector platforms. And this is more so in rural areas. This data may also be indicative of the willingness to pay for private sector efficiencies, even amongst women of low economic status. I think another interesting data that has

interesting aspects that this data brings to play, is that amongst the wealthiest of Tanzania's injectable users, up to 59 percent still obtain this method from the public sector. And this might say a number of things depending on your circumstances or the country you're looking at. So one of the things it might point towards might be the need to further assess targeting of our public sector resources.

Or, in some instances, you might say it might point to the need to improve private provider access to commodities or private provider capacity to provide these methods. It's actually also safe to say that this might also prompt a project like SHOPS Plus, to look into any price constraints that might be existent at private sector platforms. So, earlier on, Michelle showed us the scenario generator from the SP Market Analyzer. So, in the next few slides, we will look at how Tanzania used the build your own scenario feature to model out two future scenarios from the FP Market Analyzer tool.

We will further discuss how these scenarios have been used to question and make decisions on family planning commodity market as well as the service delivery aspects of family planning in the country. So, this first scenario models out a possible shift of injectable users from the private sector to the public sector. And this might happen in different countries for different reasons. Particularly Tanzania, we felt that this was a realistic scenario. Because you know, in the past our private sector injectable market has typically been stopped by one socially marketed brand, which because of various reasons, has not been in the market for the past 18 months. So this would mean that in Tanzania if necessary action is not taken, it is possible that the 32 percent of injectable users that were previously sourcing this method from the private sector are likely to shift to the public sector.

So we go a step further and ask ourselves what this shift might mean for Tanzania's overall injectable market. And it is evident as shown by my slide that this would result in an increased burden to the public sector. So, this next slide further puts a lens on what does shift in burden to the public sector might look like. So in 2017, the 67 percent of injectable users that were sourcing this method from the public sector are representative of about 936,000 women. If injectable users were to shift from the private sector to the

public sector, this would amount to an additional 428,000 women going to the public sector for injectables.

This is quite a dramatic change in a span of three years. So when we use this scenario feature from the FP Market Analyzer with different stakeholders in Tanzania, at this point, we usually pause and ask a few questions, as well as allow for discussions and deliberations. And you know, the project poses a few questions to guide this discussion. So we asked stakeholders to make considerations on if the public sector has resources, especially human resources as well as commodities to absorb this shift. We also ask their opinion on whether this potential burden to the public sector might be mitigated if the private sector were to deliberate appropriately.

If yes, and usually it is yes, we ask them to consider the kind of support and investments that would need to be made by different actors. For example, what would the public sector as stewards of the total market needs to do? Apart from that, what would donors need to consider when making donations and locations for commodities? And what about the private sector? What is their role in all of this? And how do we bring them to the table? Once these questions have been discussed, we then you know, use the project expertise to work with stakeholders to identify various bottlenecks and barriers that will need to be addressed in order to attain a rational injectable market.

So, in forums where SHOPS Plus have used these two tools, it has been unanimously agreed that one of the strategies that Tanzania needs to employ in order to attain a rational injectable market is to facilitate an increased role for private sector in the provision of this method, and two goals usually motivated this. One is the need to increase injectable access through private sector platforms. And secondly, is the need to ease the burden or any potential additional burden to our public sector resources.

So the SHOPS Plus project in Tanzania have used these opportunities to work with market actors and development partners, as well as to work with our Ministry of Health to think through approaches that will result in an increased private sector role in the provision of injectables. And I'd like to share some modalities that have been employed as a result of this discussion. So there is support for market

entry for Tanzania's first ever commercial injectable brand. And since we understand the importance of diversifying prices at which injectables are available within our private market, we have gone further under simultaneously supporting a local social marketing organization to support an injectable grant through its social enterprise.

Apart from that, the project supports the use of data to help stakeholders to recognize the role of other sectors in ensuring sustainable access to injectables in Tanzania, as well as other methods. SHOPS Plus also works with our reproductive health teams to build the capacity of private providers to provide this method. Apart from that, the team is also working with local distributors at sub national levels in the country who will facilitate regional distribution of injectables in the private market after their launch.

So as we work to increase availability of injectables within Tanzania's private market, we figured that it would be worthwhile and strategic to actually couple these efforts with some policy work, in particular, policy work that would allow provision of injectables at private retail pharmaceutical outlets. And this brings me to the second scenario that I would like to highlight. So this scenario is being used by the SHOPS Plus team to build a case for the likely need for task shifting policies that will allow for provision of injectables by pharmaceutical cadres. So that way commercial injectables could be available not only through private clinics and private hospitals, but have options to be available through private pharmaceutical platforms.

And this makes sense for Tanzania because these pharmaceutical outlets number one, form large private health outlet footprints. And number two, they allow platforms both in urban and rural settings. My next slides will demonstrate how some of the scenarios from the FP Market Analyzer that we plan to use during this year in collaboration with a pharmaceutical association to have this advocacy conversations with different stakeholders in country. So here, the FP Market Analyzer tool aids us to look at the potential private sector market for injectables. So we see that the bar presents 2017, users in 2017, and users in 2020. So in this slide, we actually make an assumption that the private sector injectable market by 2020 will grow to be the same level as that of pills.

So you can see here that the share of users that source the injectables from the private sector increases from 32 percent to 47 percent. So let's zoom in further and use the FP Market Analyzer tool to look closely at injectable users. So the tool estimates that in 2017, there were around 450,000 private injectable users. With the increase to 47 percent, this would increase to nearly 800,000 users sourcing injectables from the private sector in 2020. This increase in Tanzania is actually likely to be driven by several factors. One includes the anticipated increase in modern contraceptive prevalence rate, and the other is population growth. So this scenario could be helpful in a number of ways.

So it can help us think through what policy support is needed by private providers, which is how SHOPS Plus is planning to apply that scenario. This scenario also aids in discussions on what capacity building needs exist in the private sector to enable them to respond and to absorb this anticipated potential growth. It also gives us basically tools to build a case for the need for task shifting to allow pharmaceutical cadres to offer injectables. And also interestingly, I think it's important to mention, that this scenario can be used to give commercial actors a sense of what the potential injectable market looks like. And drawing from this scenario I just pointed out, it's about 341,000 additional private sector injectable users by 2020.

So to further focus on using this scenario to advocate for task shifting, we can take this one step further and put a lens on the number of visits. And this is important since injectable users need to make several visits to a facility over a year, in order for them to remain on the method. So the FP Market Analyzer tool demonstrates that the number of private sector visit for injectable would increase to about one million. So with this in mind, they need to make considerations about the human resource needs and the training needs that are needed to appropriately prepare the private sector in Tanzania for this increase in injectable users.

So task shifting in this case to include pharmacists will be very strategic in order to increase the number of private sector platforms, absorbing the anticipated almost three, you know total three million injectable visits in 2020. It's

also important to remember that these increasing private sector injectable visits will alleviate the burden from the public sector. And such results usually allow, you know, basically targeted use of public sector resources to focus on those most that need or other priorities. So further to these two scenarios, the SHOPS Plus program is applying the Private Sector Counts tool and the FP Market Analyzer tool in other ways. So we applied these tools to increase the recognition and understanding of the role of private sector in attaining a rational family planning market in the country.

We also use these tools to enhance the stewardship capacity for TMA amongst our public sector employees, and partners. Apart from that, the project is applying these two tools to help to inform and cost correct our own project implementation. These tools have also provided better data that inform market entry for new private sector players, including social marketing players and commercial players. And finally, the project is using these tools to work with partners to prepare and to think through the human resource and commodity needs that are required to accommodate any anticipated market growth and commodity sourcing shifts in the country. And with that, I'd like to pass this back to Sarah Bradley to take this forward.

*Sarah Bradley:*

Thank you so much, Maureen. That was amazing. I love hearing you talk about this. It warms my little data driven heart to hear how people are actually using data to make programmatic decisions and how your team is helping transform data into action. Thank you. So you can see both of our tools shown here, they are both live, they are both living. So we've designed Private Sector Counts, for example, to be very quick and easy to update. So DHS just released the Mali 2018 survey and those data are already live on private sector accounts. I also want to draw your attention, if you're working with stakeholders who are not big data visualization people, and maybe want a little bit more guidance, we have country briefs.

These are just little four page briefs on each of these priority countries, and those are available at [shopsplusproject.org/sources-family-planning-materials](https://shopsplusproject.org/sources-family-planning-materials) and you can also find links to both of those two tools there. So with that, I think we are open for questions that I'm going to ask my colleague Tess Chiras to guide us through



some of the questions that we've been getting. Thank you for sending those and please continue to send those in.

*Tess Shiras:*

Great, thanks, everybody. Yes, we've gotten some great questions, please continue to send them through the chat. The first question we have is for Maureen. You've clearly had a lot of great applications in Tanzania. But could you explain a little bit more about the process for how you've shared and disseminated data from these tools with various public and private stakeholders?

*Maureen Ogada-Ndekana:*

Thank you for that question. So, in Tanzania, we were very strategic about how we sort of used and disseminated this data and the use of these tools, and I would like to say we were very systematic. So for us, it started with basically building the capacity of one key public sector stakeholder, and that is the commodity security national officer from the public sector office. So we worked with that stakeholder for, you know, a number of months through various sessions, working through this data and helping them basically use this data to question their decisions, their programming decisions and their commodity allocation decisions.

And also using this data to help them realize the role and contributions of the private sector, you know, both social marketing and commercial, and as well as helping them to ask questions about, you know, where is this sector? Basically receiving the necessary support it needs to, for it to continue to serve the number of women it serves in Tanzania, which, like I mentioned before, is one in every three women. And then you know, from that we then moved to working with the reproductive and child health section of the ministry to sort of analyze this data and help them, and develop mechanics through which they could use this data to make decisions. And then after that, we then worked with that particular office to engage a larger audience of family planning stakeholders in the country in the use of this data.

*Tess Shiras:*

Thank you, Maureen. The next question we have is for Sarah. Someone is asking what is the difference between the data available on Private Sector Counts as compared to the stat compiler tool?

*Sarah Bradley:*

Great, thank you. Yeah. So just so everybody's aware, StatCompiler.com is an amazing website that has interactive data visualization for a whole bunch of indicators even beyond just family planning and sick child care. There are two kind of key differences with what we're showing. One is that we take a more expansive view of what the private sector comprises on Private Sector Counts. So if you look at the percentage that is reported as private sector on Stat Compiler, you'll see that in most cases it's smaller, and that's because private sector, and that's because Stat Compiler focuses on the private medical sector, and it excludes from private shops and markets, which, as we know, for example, in East Africa are a really huge source for condom users, for example.

So we include that in private sector and we also include non governmental and faith based organizations as part of our broad view of what the private sector comprises. Another key difference is that we have broken down all of the information by demographic characteristics and that's not something that's available on Stat Compiler for source information. So for a total market approach, it's really important to have data for these different population segments. And as we saw earlier, women who are younger, women who are more urban, as Maureen showed, women who are wealthier tend to go to the private sector much more than women who are more poor, who are more rural. And something else that's really interesting is that we see that even among the poorest, many of those women are still going to private sector sources. And that's something that Private Sector Counts allows you see very easily that you don't necessarily find in a DHS report or Stat Compiler.

*Tess Shiras:*

Thanks, Sarah. For Michelle, about the SP Market Analyzer, does the policy scenario consider the likelihood of sharing government policy on private sector involvement in the health sector? So for example, a national health insurance scheme.

*Michelle Weinberger:*

Great. Thanks, Tess. So I think this is a really great question and opportunity to say – so we know the Market Analyzer isn't meant to be a predictive tool, right? So it's not meant to tell us kind of how we think changes will happen, but rather it's more of this exploratory tool to help look at these potential changes. And so what I would say is that you could, you know, think about what changes like

introducing the national health insurance scheme that covered the private sector, you could think about what those changes might mean, in terms of the expected changes, both around both source mix and method mix.

But that it wouldn't directly look at that, and that through building different scenarios that would help think about some sort of high level questions to get those discussions started. But of course, if a country was exploring something like adding private sector providers to a national health insurance scheme, you know, Private Sector Counts, I think – sorry, FP Market Analyzer would be a good starting place to think about that, but that there would have to be additional analysis to really delve into that more deeply in country.

*Tess Shiras:*

Thanks, Michelle. This next one I think I will pose to Maureen. So a question about understanding how lower level private sector channels and cadres such as drug shops, retail shops, maybe ADDO's in Tanzania that sell condoms, more recently injectables in some places such as Uganda, how can those channels be integrated into this platform?

*Maureen Ogada-Ndekana:*

Thank you very much. I think that's a great question. So, one of the ways through which, you know countries such as Tanzania, where such platforms that are not necessarily currently being fully explored in the provision of basically various family planning methods – so, such countries can definitely use the FP Market Analyzer, especially through the policy scenario, to make the case for a few things. And one of the examples that I drew from my presentation is you know, the anticipated use of the FP Market Analyzer to draw the scenario basically to advocate for task shifting for pharmaceutical cadres, to basically participate in the issuance of injectables.

And I think it's also important to also couple this, with the fact that, as we work mostly on the sort of commodity side to ensure that there is increased availability of commodities within the private sector, it's also important to realize that access is very important. And I think one of the advantages that this channel such as pharmacies, or accredited drug dispensing outlets, or other drug shops in other countries, one of the advantages that they offer is that usually, this channel is characterized by the fact that they are last mile,

they are a fast entry point into the health system for a lot of people who are seeking help. They are also mostly located, at least in the case of Tanzania, in rural areas. So, these are platforms that would definitely go a long way towards increasing access, and therefore, we might say if we coupled access with some of the commodity facing work that is being done in the various countries, then you're looking at a potential increase in utilization of this method.

*Tess Shiras:*

Thanks, Maureen. For Michelle, could you provide some additional detail on how the NCPR modeling or projection works in the FP Market Analyzer?

*Michelle Weinberger:*

Sure. So this – again, it's not something we've created under SHOPS Plus, but it's data that's published by FP 2020 in their annual progress report, and so updated data is going to be published next month. So take a look out for that. And these come from projections that are developed by the Track 20 Project that uses a statistical model that takes information about what's happening in a country from surveys and in some countries also from service statistics, routine data to project both current levels of NCPR and how that's expected to continue to change into the future. And so it's sort of using everything we know about how contraceptive prevalence changes in a country to make the best estimate of where countries are and where they're most likely going into the future.

*Tess Shiras:*

And one more question about the modeling, Michelle. Does the tool consider the distribution of private versus public sector facilities, for example, the fact that private facilities are likely more common to be in urban areas?

*Michelle Weinberger:*

So the tool doesn't directly consider that, partly because we wanted to make this tool really something that was online and easily accessible. So we were limited to drawing from data sources that are sort of globally accessible, and so information like that is often not as easily gathered at a global level. But I think this is where that feasibility question comes in. So what the tool can tell you is that making this change would require you know, 100 more women to be served by the private sector in rural areas. And that could then be cross checked against what's known in the country about the distribution of private sector facilities to think about the feasibility of actually making that change. And so I think the tool gives you a part of the

answer, and then that can be coupled together with information in country to really understand that.

*Tess Shiras:*

Great, thanks, Michelle. That makes sense. Sarah, I think you can take this next one. Are these tools available to us free of charge? The answer is yes. And do we provide any additional guidance or support?

*Sarah Bradley:*

So thank you. We would love to support any way to get these tools used. So there's a couple of different things I can point you to. One is if you look on the data page of either tools that we both have like an about this data tab, that gives you a lot more detail for things that you're interested in for kind of FAQs that you might be facing as you're trying to, for example, download a graph in image form. We can also – can you go to the next slide that shows our email addresses?

Because I think we're all very happy to provide as much support as we can one on one and to – this information is also available in a couple of different modeling briefs, and those four page briefs that I talked about before, there will be a global brief coming out soon. And I also want to point out that we want to – we're trying to figure out the best ways to make these tools accessible in French. And so what we're going to do for right now is this whole webinar will be translated into French with French slides and we will send that out to everybody who is registered for this site.

*Tess Shiras:*

A question for Maureen specifically about task-shifting injectables. Has Tanzania been able to do that yet to, to task-shift injectables provision to pharmacists and the private sector? Where are you in that process? What approaches have you been using?

*Maureen Ogada-Ndekana:*

Thank you very much. Another great question. So no, Tanzania has not yet reached the end of that road where pharmaceutical cadres are allowed to offer injectables in the country. However, what I was hoping to do is use these tools to basically demonstrate how we are utilizing them in country to make a case for the need of that. So any – Tanzania has a sense that if private sector supply of injectables were to increase, which is going to the entry of the to private sector players, with the commercial sector players, as well as the social marketing player – so if and when that happens, then they'll definitely need to couple

that with like I mentioned before, increasing access, and actually even mean, basically opening this further to pharmaceutical cadres.

Because as you saw in my slides, this translated to around three million additional visits to the private sector. Now, we know that private sector facilities and hospitals might not be able to absorb that. So what might be strategic is for Tanzania to basically support task shifting policies that will allow for pharmacists and pharmaceutical cadres to be able to offer that method, therefore easing the burden on that sector, especially on the service delivery facilities. So yeah, so we are using these tools to advocate for that shifting. We're still on our journey. And we're happy to share our learnings as we sort of go through the process. Thank you very much.

*Tess Shiras:*

Thanks, Maureen. And I think we will have one final question. Maureen I think I'll end with you again, though Sarah and Michelle, if you have anything to add please do so. Does anything in these two tools really surprise you or your team, or stakeholders that you've shared these data with?

*Maureen Ogada-Ndekana:*

Thank you very much. Thank you very much. That's a great question. So yes, I would say the - a lot of the data in the tool had a lot of learnings that we have basically picked from and programmed for, both for the project itself, as well as for stakeholders in country. But I'll say the one thing that keeps surprising us is basically this whole thing amongst the wealthiest contraceptive users in Tanzania and the fact that that is skewed, or still skewed towards, the public sector with more than half in general of our family planning or contraceptive users, the wealthiest contraceptive users, still relying on the public sector for their methods. And for us, this really, I felt basically provided a platform for further discussion and further questioning among stakeholders.

So we asked ourselves what the problem was right? Was it that commodities were not available within the private sector? And in some cases it is yes. So then it's provided stakeholders with opportunities to then work towards bridging that gap. We also basically – it also basically led us to investigate whether there was sufficient capacity within the private sector or amongst the private sector

providers to offer these services, and also this is for longer term services. The answer in this case was no, and there are lots of efforts currently ongoing in country also to bridge that gap and to basically develop the capacity of private sector providers to offer these methods.

That data also pointed at the direction of sort of looking at all investigating or targeting those public sector providers. Who are we targeting well, right? What is basically the dependence of the wealthiest women on the public sector? Sort of a block for the most need to be able to access these commodities. Apart from that, finally, it also led us to look at pricing constraints or to investigate any potential pricing constraints that might be existent within private sector platforms for basically access to these family planning commodities. Thank you.

*Tess Shiras:*

Thanks very much, Maureen. I will turn it back over to Sarah to wrap things up.

*Sarah Bradley:*

Great, thank you all so much. Thank you to Maureen, and Michelle, and Tess, and thank you to the more than 100 people who have joined us this morning. So, to wrap this up, I guess I would say go to our website, right, [shopsplusproject.org](http://shopsplusproject.org). Check out our true tools and send us feedback. If you want to learn about the upcoming webinar that we'll have for the global brief, and for where this stuff is available in French, please sign up for our mailing list at Shops Plus Project, and thanks everybody. Have a great rest of your morning, afternoon, and evening.

*[End of Audio]*