

# **UNDERSTANDING THE PUBLIC-PRIVATE SECTOR STAKEHOLDERS' PERSPECTIVE ON THE FAMILY PLANNING TOTAL MARKET LANDSCAPE IN OSUN, NIGERIA: EVIDENCE FOR ACTION**

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## **Background**

Nigeria's current family planning commitment (FP) is to increase FP access and choice from 12% mCPR to at least 27% via scaling up evidence-based, high-impact practices through a total market approach by 2030. However, Nigeria continues to face the complexities in achieving this target due to market dynamics and economic inclusivity, especially in the area of sexual and reproductive health, particularly family planning despite global commitments and local investments in improving the SRH needs of women of reproductive age. The Strengthening Equitable Market Access (SEMA) project in Osun state endeavored to create a more equitable and inclusive market environment, to transform the sexual and reproductive health (SRH) market to expand sustained access to comprehensive, quality, and affordable SRH products. To achieve this, an understanding of the FP landscape is imperative to give context to the situation. Hence, this research article explored the perceptions and perspectives of the public and private sector stakeholders regarding the family planning total market landscape in Osun state. The primary focus is to understand the barriers that hinder equitable market access across the entire value chain and identify market gaps, drivers, and opportunities while leveraging existing structures in the state to create a sustainable market framework.

## **Methodology**

The research adopted an explanatory sequential design incorporating desk reviews, and key informant interviews. The desk review sought to gather insights from government, non-governmental, and private sector databases such as reproductive health policy documents, guidelines, and databases to help identify important information needs that have not been addressed through previous research. Eligible stakeholders across sectors in Osun state (donor agencies, public and private sector governance, health providers, (primary to tertiary level), consumers, social marketing organizations (SMOs), Osun State Drug Management Supplies agencies, and specific family planning implementing partners were mapped and interviewed. Seventeen (17) Key Informant Interviews (KIIs) were scheduled using the SEMA assessment guidance questionnaires and interview guides. Qualitative data followed the thematic analysis approach where themes will reflect the objectives and other emerging themes from the KIIs. This was presented with supporting verbatim quotes from respondents where necessary.

## **Key findings**

The finding revealed that multisectoral funding was available; Osun State procurement is facilitated through interventions such as the BHCPF and the Saving One Million Lives Initiative to supplement the federal government's contributions. However, there is a lack of substantial private-sector financing, except for certain Social Marketing Organizations (SMOs) that offer subsidized commodities to hospitals and pharmacies within the state. Also, the inclusion of family planning in the state health insurance scheme as a minimum package offered by the health insurance scheme and state equity fund. Insufficient data

availability and analytics pose challenges in comprehensively understanding the landscape of sexual and reproductive health (SRH) commodities, services, and accessibility. Complementary private-sector service delivery was available, low demands were largely still observed by providers due to maldistribution, e.g. rural areas, lack of knowledge and cultural beliefs, and high dispense pricing because of high mark-ups through the supply chain especially in the private sector of up to 50%. There is available policy and regulatory infrastructure, however, domestication of these policies is lacking in practice. The free and subsidized community are available in the public sector and the complementary procurement of commodities and consumables through the basic health care provision fund (accounting for 5% of the total fund).

Market management was in place but had limited operational plans due to a lack of finance towards their operational capacity. Some key market institutions are in place, but others are missing or require strengthening to support markets that meet consumer needs. Analytical tools and systems were in place in Osun state that are used to understand Market dynamics such as DHIS2 and forecasting and quantification tools, but only focused on the public sector. State policies and plans are overtly focused on the public sector, partly due to the lack of private sector and market data availability. There was insufficient financing to meet system demand and the overall system is far from meeting the needs of consumers across geographies and channels. Poor commodity logistic supply chain leads to frequent stockouts and a lack of information on the skill and population of health workers in specific child-related services. Family planning commodities are not regulated by Government regulations and policies to ensure affordable access in the state. Consequently, this means that the mark-ups in the supply chain of family planning commodities will continue to increase. Despite the availability of multisectoral funding, stockouts still exist. Last-mile distribution was poor as the supply chain and logistics were unequipped due to poor funding. Shortage of skilled personnel is evident in staff attrition and a high turnover rate (for instance e.g. 58% of trained LARC providers out of 19 facilities). Challenges related to products and services included high cost of commodities and cost of consumables borne by clients. There was no existence of demand forecasting per channel. In public health facilities, commodities are offered free of charge. While this is advantageous in terms of affordability and increase in demand, it puts the market at risk of sustainability of supply.

### **Conclusion**

The study supported the state in understanding its SRH market and identifying market shortcomings and opportunities by creating valuable insights into the challenges of equitable market access in Osun, Nigeria. It emphasized the importance of collaboration between public and private sectors to enhance family planning services in Osun, Nigeria. Through collaborative efforts and targeted interventions, to address key challenges hindering the FP market landscape, findings offer the opportunity to address these existing challenges, hence, the government must revise the process across the FP value chain, develop contingency plans to ensure the supply chain for FP commodities is optimized, and create a sustainable roadmap toward optimizing the market for FP commodities.