Multiple Routes to the Last Mile

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Measuring Access and the last mile in Nepal

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The Problem

• Like many social marketing organizations, CRS has relied on numbers of outlets and outlets opened as their sole measure of access.

• “Number of Outlets opened” is not a reliable measure of availability in given areas due to variations in the concentration of outlets and consumers.

• Once an outlet has been “opened” with a sale, it is added to the cumulative number of existing outlets, but there is usually no mechanism to verify that outlets opened continue to sell the products.
The Problem

- CRS, like most SMO’s, has no parameters for deciding how many outlets is enough or where the last mile ends.
- The result is unfocused distribution efforts and inefficient use of resources for distribution efforts that may not be needed.
- The objective of increased access has not been balanced by efficiency objectives.
How much of a barrier is the lack of product availability to increasing the use contraceptives?
Other factors seem to be more important than lack of access

### Discontinuation

<table>
<thead>
<tr>
<th>Reasons for discontinuation of FP methods</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access Reasons</strong></td>
<td></td>
</tr>
<tr>
<td>Lack of access/ Too far</td>
<td>0.70%</td>
</tr>
<tr>
<td>Cost too much</td>
<td>0.10%</td>
</tr>
<tr>
<td><strong>Other reasons</strong></td>
<td></td>
</tr>
<tr>
<td>Husband away</td>
<td>46.90%</td>
</tr>
<tr>
<td>Side effects/health concerns</td>
<td>18.30%</td>
</tr>
<tr>
<td>Became pregnant</td>
<td>5.10%</td>
</tr>
<tr>
<td>Wanted more effective method</td>
<td>5.90%</td>
</tr>
<tr>
<td>Inconvenient to use</td>
<td>2.90%</td>
</tr>
<tr>
<td>Husband disapproved</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

### Non-use

Reasons for non use of FP methods in Nepal:
(Among women not using a contraceptive NDHS2016)

<table>
<thead>
<tr>
<th>Access Reasons</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know no source</td>
<td>0.26%</td>
</tr>
<tr>
<td>Lack of access/too far</td>
<td>0.51%</td>
</tr>
<tr>
<td>Costs too much</td>
<td>0.15%</td>
</tr>
<tr>
<td>Preferred method not available</td>
<td>0.27%</td>
</tr>
<tr>
<td><strong>Other Reasons</strong></td>
<td></td>
</tr>
<tr>
<td>No or infrequent sex</td>
<td>17.05%</td>
</tr>
<tr>
<td>Menopause/infertility</td>
<td>8.37%</td>
</tr>
<tr>
<td>Postpartum/Breastfeeding</td>
<td>13.73%</td>
</tr>
<tr>
<td>Fear of side effects</td>
<td>11.96%</td>
</tr>
<tr>
<td>Husband away</td>
<td>45.73%</td>
</tr>
<tr>
<td>Husband opposed</td>
<td>3.88%</td>
</tr>
<tr>
<td>Interferes with my body processes</td>
<td>2.63%</td>
</tr>
</tbody>
</table>
GGMS KAP: Perceived availability of contraceptives is lower among non-users

FP Availability: Percent who agree with each statement by type of user
(Among all respondents)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Modern users</th>
<th>Traditional users</th>
<th>Non users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms are always available*</td>
<td>65.6</td>
<td>72.2</td>
<td>61.9</td>
</tr>
<tr>
<td>Pills are always available*</td>
<td>77.3</td>
<td>75.8</td>
<td>69.3</td>
</tr>
<tr>
<td>Injectables are always available*</td>
<td>80.3</td>
<td>76.4</td>
<td>74.3</td>
</tr>
</tbody>
</table>

Modern users N=1003; Traditional users N=343; Non-users N=1947
* Difference is statistically significant (p<0.05). See notes for which differences are significant.
GGMS KAP: Perceived availability of contraceptives is lower among poorer women

FP Availability: Percent who agree with each statement by SES
(Among low and high SES respondents)

- **Condoms are always available***: Low SES 58.3%, High SES 82.8%
- **Pills are always available***: Low SES 68.3%, High SES 86.9%
- **Injectables are always available***: Low SES 73.7%, High SES 88.4%

Low SES N=1768; High SES N=923
* Difference is statistically significant (p<0.0001)
SHOPS Plus proposed solutions

• Rather than counting outlets cumulatively, analyze product access in outlets in defined target areas at specific points in time.

• Set a standard for number of outlets in defined areas and see which areas meet that standard for coverage.

• Use that result to target distribution efforts to areas that are below the standard.

• This approach can be applied for coverage of hot zones as well as for remote areas (hill and mountain districts).
SHOPS Plus proposed solutions

• Repeat the outlet coverage surveys (DISCOMs) every 12 months to monitor progress in coverage.
• Review and revise the coverage standards periodically with reference to consumer perceptions of availability.
• When coverage standards are met distribution efforts should be reduced to monitoring and basic channel management.
• Use this approach to focus distribution and promotion efforts more selectively in remote/underserved areas.
Progress to date: Hot zone DISCOM

- First retail outlet survey used for hot zones
- Results showed coverage for condoms in hot zones was generally good.
- Availability measured as having at least one outlet within 100 meters of a hot spot.
- CRS used results to reduce outlet targets in covered areas and increase targets in the one area below standards.
- Finding of low visibility of products and POS lead to greater investment in POS.
Distribution of hotspots in and around East-West Highway and nearby major cities, Nepal, 2016

- Jhapa: 1152
- Dhanusha: 2484
- Kathmandu: 3351
- Kaski: 725
- Banke: 603
- Kailali: 393
- Total Hotspots: 8708
Hotspots within 100m distance from outlets
Condom availability in hot zones meets target, except in Dhanusha

Indicator 1. Coverage: % of hot zones where # of outlets selling condoms meets standard

Baseline is % of all hot zones that meet standard

Coverage Standard: 1+ outlet selling any CRS brand/any condom per 5 hotspots
Condom visibility of CRS brands consistently below target

Indicator 3. Product Visibility: % of outlets with any CRS/any brand condoms visible

Condom visibility of CRS brands consistently below target.
Condom promotional material visibility very low in all areas both for CRS and non-CRS brands

Indicator 4. Promotional Material Visibility: % of outlets with any CRS/any brand condom promotional materials visible

93% of retailers* would be willing to display CRS promotional materials if provided

*Asked to all retailers except grocery stores
Progress to date Hill and mountain DISCOM

- Standard used: 1 outlet stocking the CRS product per ward.
- Note: Wards in hill and mountain areas have less than 100 households.
- Travel and logistics for finding and surveying of outlets was much more difficult.
Map of GGMS Supervision areas and outlets

Green dots are outlets
Study approach

- For this study, all standards are “at least 1 outlet in a ward”
- GGMS areas have few outlets, but reasonable to expect at least 1 outlet per ward to have product
Current stock low for all products, both CRS and other brands

Indicator 1. Current Stock: % of wards with at least one outlet stocking any brand or CRS brand of product (N=114 wards)
Coverage of hill and mountain areas

• Poor performance is largely due to the lack of pharmacies in the wards that were selected (only 30 pharmacies out of 672 outlets surveyed and 89 wards without pharmacies).

• CRS distribution system is heavily dependent on pharmaceutical distributors and many of CRS products cannot be sold outside pharmacies.

• The opportunity to open new outlets is very limited even with increased selling efforts.
SHOPS Plus recommendations

• Lower population density and fewer outlets in hill and mountain districts necessitates changing the coverage standard from the one used in the baseline study.

• New standard will be based on the number of outlets in each new ward. All new wards have at least one pharmacy.

• Urban and rural standards should be different for different consumer expectations. Qualitative research planned on this issue.

• CRS distribution strategy must also take account of government distribution through rural clinics and female health volunteers.

• CRS should still try to give more specific guidance to sales staff to balance access with efficiency.
Conclusions

• Continuous outlet opening and resupply may be the wrong way to think about “the last mile” and serving remote groups.

• Finding outlets in the smallest community at the end of the last (unpaved) road is difficult, inefficient and expensive.

• It is better to think of covering areas and how much coverage is needed given the size of the area, the size of the population and their purchasing habits.
The Long Road to the Last Mile: How can we foster the private sector to serve rural and underserved populations?

Andrea Bare
The William Davidson Institute at The University of Michigan
How to foster private sector provision of family planning (FP) products to rural and underserved areas, to prepare countries like Malawi for the future?

- MDAWG seeks to facilitate change that allows for movement ‘up’ the value chain to non-subsidized products and wider commercial activity

- Private sector has historically not served poor and/or rural clients with the method choice and quality available in other segments

- This project proposed to consider how to strengthen commercial distributor channels, a potential market gap which is not currently a focus of other FP funders

- Study Malawi as a representative country, and identify other-country success stories
Our project had four major goals:

1. **Better understand Malawi’s wholesaler/distributor channel**

2. **Consider what prevents greater development of the FP private sector in a low-income country such as Malawi**

3. **Identify working models from other, formerly-donor dependent countries with successful private sector markets for contraceptives**

4. **Engage with in-country Malawi stakeholders to identify and concept-test potential solutions.**

*This project activity is not included in today’s presentation*
Methods

1. Conduct landscape assessment of private sector distributor sector
   - Desk research
   - In-country interviews w/ 30 stakeholders
   - Analysis of interviews for challenges, successes, and potential solutions

2. Develop & test solution set for fostering increased involvement of commercial sector
   - 15 concepts developed through interviews
   - Follow-up interviews via Skype w/ 10 stakeholders
   - Likert testing (5-point scale) for feasibility & impact
### 30 stakeholders were interviewed in Lilongwe and Mponela, Malawi between September 18-28, 2018

<table>
<thead>
<tr>
<th>Stakeholder Type</th>
<th>Sample Organizations</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturers</td>
<td>SADM</td>
<td>1</td>
</tr>
<tr>
<td>Wholesaler/Distributors</td>
<td>Action Medeor, Artemis, Intermed, PharmaVet, Sunrise Pharma, Worldwide Pharmaceuticals, Pharmachemie, Ritechem</td>
<td>9</td>
</tr>
<tr>
<td>Policy &amp; Regulatory; CMST</td>
<td>CMST, MOH Reproductive Health Unit, PMPB</td>
<td>4</td>
</tr>
<tr>
<td>Private Sector Providers</td>
<td>Including LifePlus Pharmacy, Mitch Pharmacies, PharmaCare Pharmacies</td>
<td>8</td>
</tr>
<tr>
<td>(Retailers, Clinics; Pharmacists, Nurses, MDs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public / SMO Providers</td>
<td>BLM (Marie Stopes Int’l), CHAM, FPAM, PSI</td>
<td>6</td>
</tr>
<tr>
<td>Other Key Actors</td>
<td>Imperial Logistics, Pharmaceutical Society of Malawi</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>
Malawi is a highly donor-dependent country with an under-developed private health sector, particularly in FP

Population of 19 million, 83.2% of which are rural and majority are poor

- High percentage of youth, average age is 17 years old
- Low purchasing power due to high poverty rates
- High rate of population growth

80% of FP provision is through public sector, but increasing use of private sector

- 4% Christian Health Association of Malawi (CHAM)
- 6% Private Facilities
- 8% BLM
- 2% Other

100% of government contraceptive supply sourced through donations

- No in-country manufacturing of contraceptives
- Generally poor infrastructure
- Historically low level of entrepreneurism
Family Planning Product Pathways in Malawi*

*Figure only displays the pathways used for Family Planning products, not other pharmaceuticals or other medicines.
While there are over 60 registered wholesalers in Malawi, a few key players dominate the market.
Despite the small size of the private contraceptive market, a variety of products and brands were found in retail outlets

**Oral Contraceptives:**
- Microgynon Fe
- Safeplan (PSI)
- Yasmin
- Diane

**Emergency Contraception:**
- Unosure 72
- Today-Pill
- Back Up (MSI)
- Option 2

**Injectable Contraception:**
- Safeplan (PSI)

**Variety of commercial and socially market condom brands**
Malawi wholesalers currently focus a majority of their business on public sector and FBO tenders

- 6 predominant wholesalers w/ 25 year presence, majority Indian-owned
  - Several serve other SSA and Asian markets

- Few wholesalers are consistently reaching rural and remote areas, due to lack of customers not logistics challenges

- Their primary source of business for non-contraceptive products is the CMST
  - But, their private sector customer base is rapidly growing, many new pharmacy retailers (urban) and drug stores (peri-urban, rural) are opening

- Limited current business in contraceptives, because it is a donor and social marketing dominated sector
  - 5 out of 10 interviewed wholesalers were selling contraceptives
  - Emergency contraception is a noted exception, wholesalers expressed a strong interest in this product because it is fast-selling and high volume
Emergency Contraception (EC) presents an example of private sector expansion to fill a key gap in FP product provision

EC was described by all wholesalers as a fast-moving and high demand product. Two wholesalers noted they are in process of gaining regulatory approval for this product due to the high market opportunity. Retailers said this product brings in customers everyday.

Public facilities are often out of stock of EC or refuse to sell the product to younger women due to stigma. Due to this, the private sector has become the primary source for EC.

But many women still remain uneducated about EC, its uses, and its side effects. Because it is often not found in the public sector, there are few informational campaigns. Interviewees said there may be over-usage and improper usage of the product.
A sample of wholesaler viewpoints and challenges:

“PSI is buying overseas in mass quantities and supplying the same product at a subsidized price, so how do we compete?”

“We can get the products, that’s not the issue. It’s that we assume that PSI and BLM will dominate the market.”

“The retailers and drug stores are adding 100% margins or more, because there is no price regulation in Malawi”

“Malawi is 20 years behind Sri Lanka. There’s lots of misunderstanding about use of contraceptives. Take the misuse of emergency contraception, which is a huge market. We felt that we should not carry EC for this reason.”

“Promotion & information is a prime gap, from the manufacturer to the end user. Information relay from doctors to patients is very limited.”

“People see pharmacies as first point of health contact, although less so for reproductive health. But there’s a lack of complementary services in the pharmacy.”

• Subsidized products dominate and discourage wholesaler participation

• Absence of price regulation in Malawi can result in high end-user prices, which further incent use of public sector

• Information needs are high but not currently served by the private sector

• Pharmacists are not licensed to provide the services required for LACs
Information availability is a major barrier in FP market creation - for consumers, suppliers and policy makers

**Demand Side**
- Information distributed to rural women is limited to what is available from donor funds; so does not generate awareness or demand for private sector products
- A history of misinformation about FP and contraceptives
- Unique information needs for Malawi’s very young population, as well as for other potential segments

**Supply Side**
- No marketing efforts by the private sector due to the market being govt tender/donor dominated
- Multiple outlet types that could serve as information sources
  - Pharmacies, clinics, drug shops
- Wholesalers, retailers and other actors do not have data regarding the market potential in rural areas of the country
  - Willingness to pay, potential volumes
Commercial health insurance, a key payer in private markets is not creating funded demand for FP

- Limited purchasing in Malawi, but...
- Irony in that those who can pay, are ‘incentivized’ to use the public sector
Taking a closer look at the last mile in northern Malawi - we used geo-mapping to look for potential gaps in contraceptive availability

- Geo-mapping exercise* for Malawi’s Northern Region
  - Still in process, sharing preliminary results today
  - Selected due to being most rural, better availability for facility coordinate data

- What’s included
  - Static points of access (no outreach & community based efforts, i.e. HSAs)
  - Missing facilities are primarily drug shops, but also some pharmacies, government, and NGO facilities

- ‘Contraceptive availability’ for purposes of this exercise =
  - The method is legally permitted for sale and/or commonly found at specified facility type
  - Due to issues of stockouts in Malawi (particularly in government facilities) actual contraceptive availability is likely much lower than what is displayed here

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**Total Facilities Mapped by this Activity**

<table>
<thead>
<tr>
<th></th>
<th>Total Facilities</th>
<th>Facilities w/ Coordinates</th>
<th>% of Facilities Mapped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>117</td>
<td>63</td>
<td>54%**</td>
</tr>
<tr>
<td>Public</td>
<td>166</td>
<td>160</td>
<td>96%</td>
</tr>
<tr>
<td>NGO/FBO</td>
<td>43</td>
<td>38</td>
<td>88%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>326</td>
<td>261</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Other 46% not mapped due to lack of location & geographic coordinate data; hypothesized to be predominantly medicine/drug shops

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* Completed with technical consulting from Auriel Fournier, Porzana Solutions
The mapping shows:

- Private, public, FBO & NGO health facilities
- Each ring displays 5km catchment area
- Facilities overlaid on population density
- Darkest areas designate National Parks & protected land with likely no population

Malawi’s most Northern Region
These two views demonstrate gaps in potential availability of pills & injectables versus EC.

Pills & Injectables

Emergency Contraception
Preliminary Takeaways from our Mapping Exercise:

• This mapping shows that a large percentage of facilities offering contraceptive methods are heavily concentrated in a few major areas
  • The area surrounding Mzuzu contains *more than 30% of all facilities* in the Northern Region
• There are many people who can access *some but not all* contraceptive methods within 5km of where they live
  • A smaller group who lack access to *any* contraceptive method within 5km
• Emergency contraception is extremely difficult to access in the Northern Region due to the scarcity of private facilities
• IUDs are extremely hard to access in the Northern Region due to their primary provision in public hospitals, NGO/FBO clinics, & private clinics
• Need to understand the interplay between static facilities & community outreach:
  • How much of the gap in access is covered by outreach?
  • Could a mapping like this help prioritize areas for outreach to target?
Challenges to the Private Sector FP Market and Solutions Developed from Stakeholder Input and WDI Analysis
# Market Challenges / Opportunities and Potential Interventions

<table>
<thead>
<tr>
<th>#</th>
<th>Challenge / Opportunity</th>
<th>Potential Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Injectables available for purchase in pharmacies, but customers must take to clinic for administration</td>
<td>Pharmacists authorized and trained to administer injections</td>
</tr>
<tr>
<td>2</td>
<td>Limited access to providers in rural areas creates need for self-managed contraception, successful rural Mangochi Sayana Press (SP) pilot</td>
<td>Sayana Press approved self-injectable for sale in pharmacies, Prioritize SP for rural women</td>
</tr>
<tr>
<td>3</td>
<td>Delayed payments to wholesalers from CMST tenders</td>
<td>Bridge financing</td>
</tr>
<tr>
<td>4</td>
<td>Unregulated retailer margins may result in high prices &amp; disincentivize consumers from using the private sector</td>
<td>Conduct nationally representative retail pricing audit</td>
</tr>
<tr>
<td>5</td>
<td>The Malawi PMPB has insufficient capacity to appropriately monitor the entire private sector</td>
<td>PPP to extend the PMPB’s regulatory capacity</td>
</tr>
<tr>
<td>6</td>
<td>Perception of insufficient market volume and consumer willingness to pay</td>
<td>Nationally representative willingness to pay study</td>
</tr>
</tbody>
</table>
## Market Opportunities / Gaps and Potential Interventions

<table>
<thead>
<tr>
<th>#</th>
<th>Gaps</th>
<th>Potential Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Pharmacy is a rapidly growing profession in Malawi with high growth rates of retail pharmacies in urban and peri-urban areas, but not in rural &amp; remote areas</td>
<td>Pilot business model of mobile pharmacy via a wholesaler partnership</td>
</tr>
<tr>
<td>8</td>
<td>EC market is growing in the private sector, and may serve as an analogue regarding women’s preferences</td>
<td>EC information campaign</td>
</tr>
<tr>
<td>9</td>
<td>Govt is receptive to private sector, includes in planning documents, but little formal inclusion in efforts</td>
<td>Include private sector in existing FP working groups</td>
</tr>
<tr>
<td>10</td>
<td>Low levels of health care literacy, insufficient access to information and high levels of misinformation regarding FP use, effectiveness</td>
<td>Private sector based contraceptive information campaign</td>
</tr>
<tr>
<td>11</td>
<td>Lack of qualified healthcare human resources (HR) in most rural and remote areas of Malawi</td>
<td>Incentivization program for HR in rural areas</td>
</tr>
<tr>
<td>12</td>
<td>FP services and contraceptives are not covered by Malawi’s existing health insurance systems</td>
<td>Include FP products &amp; services in health insurance</td>
</tr>
</tbody>
</table>
Stakeholder Solutions Testing Results
Malawi stakeholders rated the feasibility & impact of each intervention from 1-5 and selected their top three

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Avg. Feasibility Score</th>
<th>Avg. Impact Score</th>
<th># of Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists authorized to provide injections</td>
<td>3.6</td>
<td>3.0</td>
<td>3</td>
</tr>
<tr>
<td>Self-injectable Sayana Press approved for sale in pharmacies</td>
<td>4.0</td>
<td>3.8</td>
<td>3</td>
</tr>
<tr>
<td>Bridge financing to cover late payments for tenders</td>
<td>2.7</td>
<td>2.7</td>
<td>1</td>
</tr>
<tr>
<td>Nationally representative retail pricing audit</td>
<td>3.8</td>
<td>3.2</td>
<td>1</td>
</tr>
<tr>
<td>Incentivizing local production of contraceptives w/ Buy Malawi</td>
<td>2.6</td>
<td>3.1</td>
<td>0</td>
</tr>
<tr>
<td>PPP to increase PMPB’s regulatory capacity</td>
<td>3.6</td>
<td>3.6</td>
<td>4</td>
</tr>
<tr>
<td>Nationally representative willingness-to-pay evaluation</td>
<td>4.3</td>
<td>4.1</td>
<td>3</td>
</tr>
<tr>
<td>Pilot business model for a mobile pharmacy</td>
<td>3.6</td>
<td>3.8</td>
<td>4</td>
</tr>
<tr>
<td>Utilize Sayana Press for rural women favoring self-managed FP</td>
<td>3.9</td>
<td>4.2</td>
<td>1</td>
</tr>
<tr>
<td>Emergency contraception information campaign</td>
<td>4.6</td>
<td>4.1</td>
<td>1</td>
</tr>
<tr>
<td>Addition of private sector to cross-sector contraceptives WG</td>
<td>4.0</td>
<td>3.8</td>
<td>0</td>
</tr>
<tr>
<td>Create a program that parallels the ART service provision work</td>
<td>3.4</td>
<td>4.0</td>
<td>1</td>
</tr>
<tr>
<td>Private sector based contraceptive information campaign</td>
<td>4.7</td>
<td>4.0</td>
<td>2</td>
</tr>
<tr>
<td>Incentivization programs for human resources in rural areas</td>
<td>3.1</td>
<td>3.7</td>
<td>3</td>
</tr>
<tr>
<td>Incorporate FP products/services into insurance</td>
<td>3.2</td>
<td>3.3</td>
<td>0</td>
</tr>
</tbody>
</table>
Top interventions vary by the rating and ranking provided by stakeholders:

**Top 5 Feasibility Scores**
- Private sector based contraceptive information campaign - 4.7
- Emergency contraception information campaign - 4.6
- Nationally representative willingness-to-pay audit - 4.3
- Self-injectable Sayana Press for sale in pharmacies - 4.0
- Addition of private sector to cross-sector contraceptive stakeholder working group - 4.0

**Top 5 Impact Scores**
- Utilize Sayana Press for rural women favoring self-managed FP - 4.2
- Emergency contraception information campaign - 4.1
- Nationally representative willingness-to-pay audit - 4.1
- Private sector based contraceptive information campaign - 4.0
- Create program that parallels ART service provision work - 4.0

**Top 6 Chosen Interventions**
- Pilot business model for a mobile pharmacy - 4 votes
- PPP to increase the PMPB’s regulatory capacity - 4 votes
- Pharmacists authorized to provide injections - 3 votes
- Self-injectable Sayana Press for sale in pharmacies - 3 votes
- Nationally representative willingness-to-pay audit - 3 votes
- Incentivization programs for HR in rural areas - 3 votes
Key Takeaways and Observations:

Malawi Findings

- Wholesalers (+ others) describe multiple market conditions constraining FP private sector potential in general, as well as some more unique to last mile
- Developing the private sector requires several interventions which can be staged over time
- Potential interventions span policy realm + investments in information collection and dissemination
- Geo-Mapping is a valuable tool that can inform public & private strategy development

The Process

- In-country colleagues and buy-in were essential to project execution
- Stakeholders were engaged and interested
- Yielded a robust set of initial ideas, plus a few later additions
- 2-stage process was beneficial
- Likert scoring exercise likely to be easier in-person
Our remaining steps for project completion

- Incorporate examples of private sector development from other countries to document success stories and best practices

- Further conceptualize and build-out 2-3 potential interventions and propose for advancement

- Continue engaging with colleagues in global FP space for feedback and success story examples

- Final report development for RHSC, reporting back to Malawi stakeholders and results dissemination
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Thank you

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