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Strengthening Health Outcomes  
*through the Private Sector*

# Meeting Demand for Modern Contraception: Role of the Private Sector



**“Every year**, there are more than 80 million unintended pregnancies, and every day more than 800 women die from preventable causes related to pregnancy and childbirth. Improving access to family planning is critical to improving these health outcomes and requires engagement of all sectors, public and private. In much of the developing world a large number of clients rely on the private sector as their source of family planning, but the level of that involvement is often not fully appreciated. By private sector I’m referring to a wide range of providers who are at the front lines of providing health care to millions in the developing world. They range from traditional practitioners to nurses, midwives and doctors in solo or group practices to drug sellers and pharmacists. This brief seeks to shed light on the extent of utilization of private sector for family planning over time and highlights the diversity of the private providers that serve men and women around the world. By doing so we hope to encourage public health program planners to consider the critical role the private sector can play in achieving family planning goals.”



**Susan Mitchell, Director**  
***Strengthening Health Outcomes***  
***through the Private Sector Project***





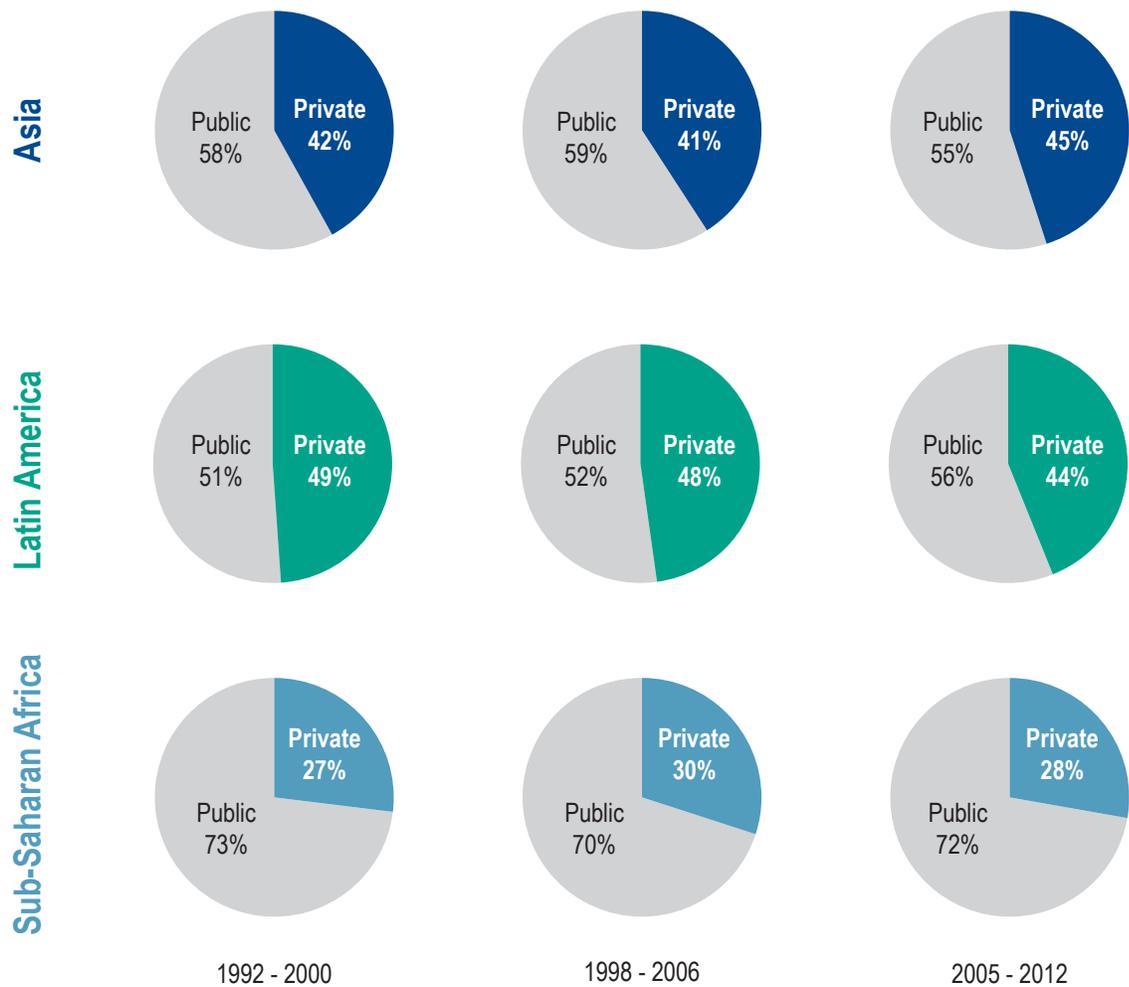
“I counsel couples in my community on family planning. I offer many services, so I also talk to them about family planning when they come in for other services. They come to me because over the years, I have earned their trust. I am close to their homes and they know I provide quality services.”

– *Dr. Oni, private doctor and clinic owner, Nigeria*

# Worldwide, private providers are key partners in the provision of family planning products and services.

For over 20 years, the private sector has consistently provided a substantial proportion of modern contraceptives.<sup>1</sup>

## Modern contraception users who obtained method from private sector (%)<sup>2</sup>



Source: DHS

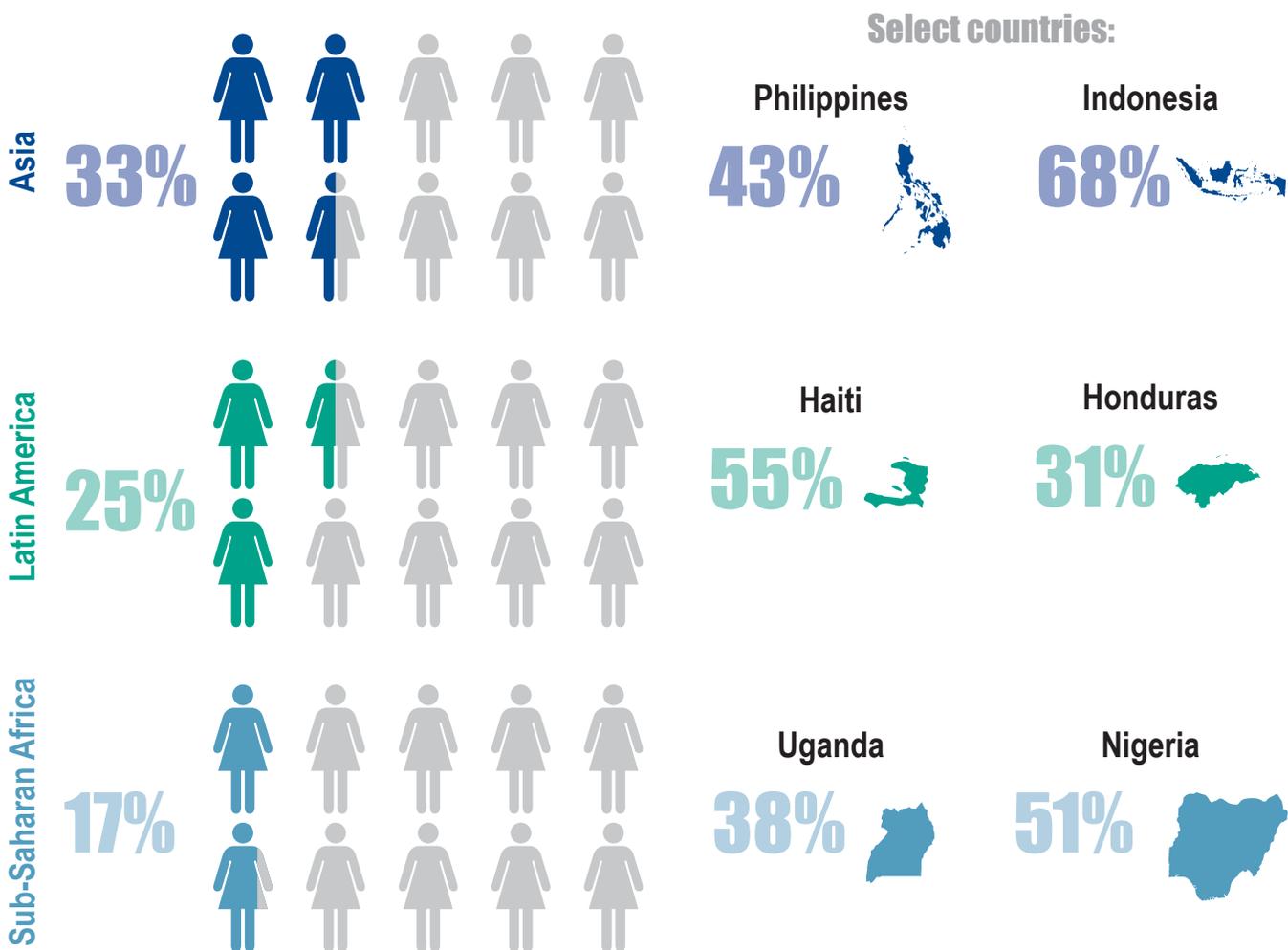
1. The private sector includes private clinics, private hospitals, private doctors, private pharmacies, and NGO facilities. The public sector includes government clinics and hospitals, government health centers, public family planning clinics, social security programs, and public field workers.

## In most countries, both poor and rich women obtain their modern family planning methods from the private sector.

While there are regional differences in terms of the use of the private sector by the lowest income quintiles, in all regions a substantial proportion of poor women obtain their family planning from the private sector.

### Use of the private sector by two lowest-income quintiles (%)<sup>3</sup>

(among women of reproductive age, married and in union)



2. Regional data includes countries for which at least three Demographic and Health Survey or Reproductive Health Survey data were available between 1992 and 2012—eight from regions of South Asia, Southeast Asia, and Near East (referred to here as Asia), and 10 from Latin America and the Caribbean (referred to here as Latin America), and 18 from sub-Saharan Africa.

3. DHS data 2005–2012.

“I belong to the community here. People have known me for long. They call me ‘Didi’ (meaning sister)... Most women from slums here are uneducated and even fear meeting a provider. My presence makes them comfortable when visiting a provider the first time.”

– *Sheela, private paramedic, India*



## Contraceptive use is increasing globally.

Over the past 20 years, use of short-acting methods has driven global increases in modern contraceptive prevalence rate. The private sector has played a major role in the provision of short-acting methods<sup>4</sup> in Asia and Latin America, with a smaller, but increasing, role in sub-Saharan Africa.



Note: Regional averages were estimated using a two-step process. First, individual country estimates were obtained using the proper weights built by the Demographic and Health Survey for “all women of reproductive age, married or living in union” as the unit of analysis. Then, regional averages were calculated averaging those country estimates, but assigning all countries the same weight.

4. Methods are divided into short-acting methods (which include injectables, contraceptive pills, male condoms, diaphragms, sponges, and spermicides), long-acting and reversible contraceptives or LARC (which include IUDs and implants), and permanent methods (including female and male sterilization). LARC and permanent methods are referred to here as LA/PM.



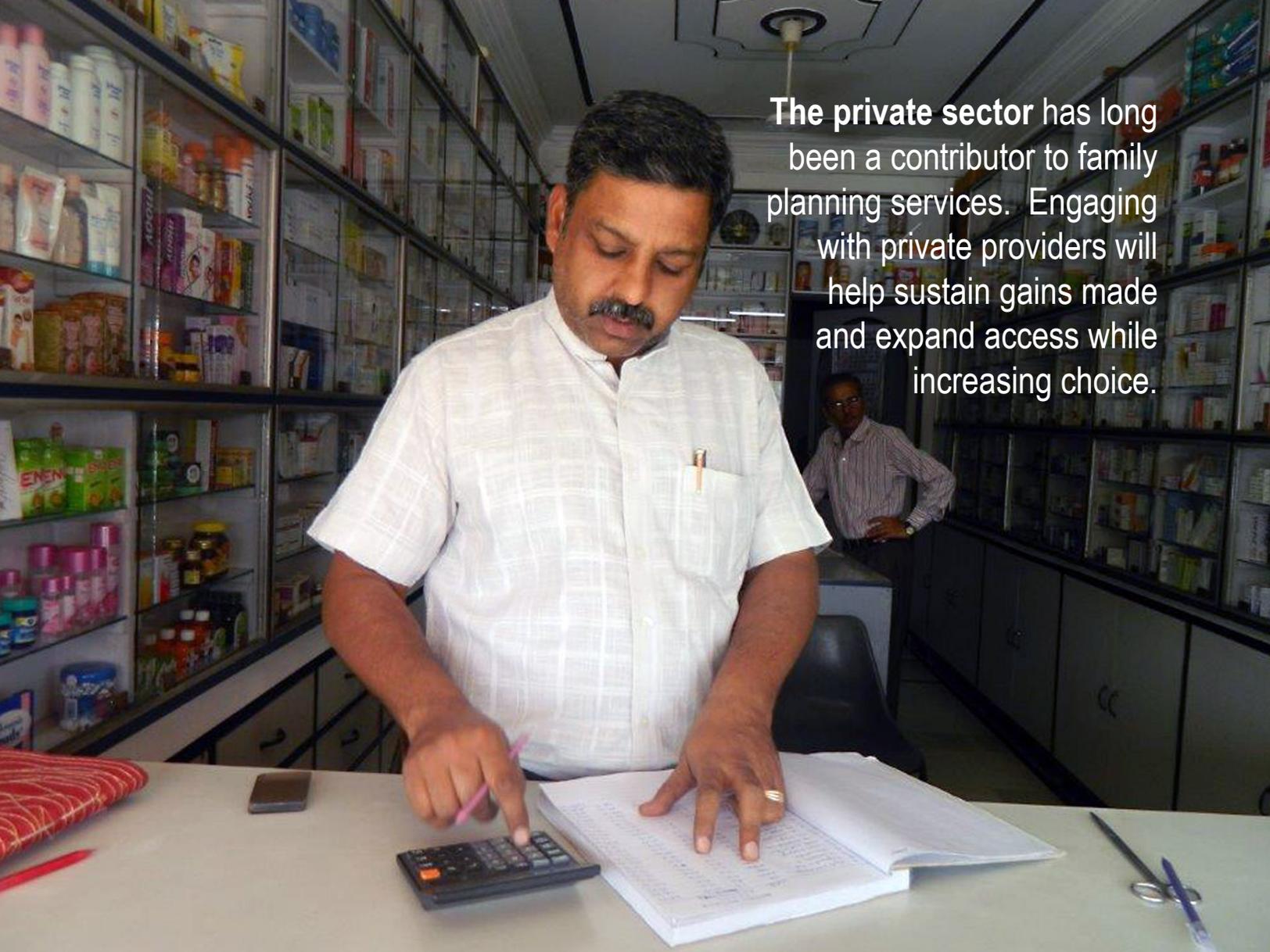
**In sub-Saharan Africa**, the public sector has been a major driver behind the increase in the modern contraceptive rate. From 1992 to 2012, the use of injectables as a proportion of short-acting methods increased from 32 to 50 percent. Opportunities exist to broaden access to this method by identifying and addressing barriers to private sector provision.



“With all honesty, I will say to my friend or family member to go to a private facility to get family planning because there is privacy, you don’t waste time, the people are well trained and you can visit them any time you have issues with the IUD.”

– Client, Nigeria





The private sector has long been a contributor to family planning services. Engaging with private providers will help sustain gains made and expand access while increasing choice.

The **Strengthening Health Outcomes through the Private Sector** project is the flagship private health sector initiative of the United States Agency for International Development. The five-year project focuses on increase availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV, and other health areas through the private sector.

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This summary is based on research conducted by the SHOPS project. For the full report, contact [info@shopsproject.org](mailto:info@shopsproject.org).

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