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Private Sector's Potential to Deliver Sexual Reproductive Health: *Increasing access to contraception and safe abortion.*

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ABSTRACT
The private sector plays a critical role in supporting women and men's access to contraception and safe abortion products, services, and technology. It is a key channel for product and service delivery for consumers, as well as the main source of such products to the public sector. Evidence suggests that the private sector is often an overlooked yet highly significant channel through which major health impact is delivered. In addition, the private sector offers value-add to local health systems by reaching young people who may prefer the convenience and ease of accessing care through pharmacies and drug shops. Through registration, distribution, marketing, and education around reproductive health products, the private sector shapes and drives the marketplace for use and expands access.

Keywords:*Contraception, abortion, medical abortion, HIV/AIDS, reproductive health, private sector, social marketing.*

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INTRODUCTION

The contraceptive and safe abortion landscapes in low- and middle-income countries are generally framed in the context of the importance and role of the public sector[1]. Many country commitments supporting FP2020, a global movement focused on increasing access to contraceptives, extol the role of government intervention[2]. Similarly, the Guttmacher Institute's *Global Trends in Family Planning Programs, 1999-2014* (2016) places a high premium on engagement from national and subnational governments and deemphasizes the role of the private sector and non-governmental organizations in moving the needle on reducing unmet need for contraception [3]. Academic literature often references public-sector efforts to improve contraceptive uptake, highlighting the ways in which government clinics and personnel provide services [4, 5, 6]. And indeed, such focus can be warranted. Governments play a large role in bringing contraceptive services to couples around the world; according to SHOPS Plus, the public sector provides some 64% of contraception to women across 36 low- and middle-income countries [7].

However, this public sector orientation within the reproductive health community disproportionally diminishes the important role of the private sector in meeting the reproductive health needs of couples around the world, particularly in the area of safe abortion. A growing body of evidence suggests the private sector is a significant (and in some countries, the primary) channel for contraceptive access. This is even more likely to be true for safe abortion products and technology, or during times of health crises (like the COVID-19 pandemic) when national governments are understandably investing their resources to respond to complex emergencies. In addition, the private sector is often overlooked for the critical responsibility it shoulders in delivering products to the public sector and ensuring their uptake. Failing to fully acknowledge the power of the private sector further downplays women's autonomy in contraceptive choice and obscures the social stigma mitigated by the anonymity afforded by private sector channels.

DEFINING THE PRIVATE SECTOR

The private sector encompasses a broad range of channels through which consumers can access services and products. Leveraging the SHOPS Plus definition, the private sector includes:

- clinical service delivery points (private sector hospitals, private clinics, midwife clinics);
- pharmacies, drugstores, and rural drug vendors;
- supermarkets and mini-markets;

- small shops and non-traditional outlets such as hair salons, entertainment establishments, and commercial sex establishments;
- and non-governmental organizations (NGOs), including mission hospitals, social marketing groups, and faith-based institutions.

In contrast, the "public sector" includes all public resources, including government health facilities and government community health workers [8].

METHODOLOGY / SEARCH STRATEGY AND SELECTION CRITERIA

A review was conducted on literature and reporting pertaining to sexual and reproductive health access and the private sector on PubMed, JSTOR, and Google Scholar. The authors also consulted data collected via Demographic and Health Surveys, the Sustaining Health Outcomes through the Private Sector project (SHOPS Plus), and Performance Monitoring for Action Agile 2020. The authors used free text search terms including "private sector," "contraception," "abortion," "HIV/AIDS," and "public sector." Research was included on the basis of a focus on low- and middle-income countries.

THE PRIVATE SECTOR AS KEY CHANNEL FOR CONTRACEPTIVE SERVICES AND PRODUCTS

A growing body of research leaves little doubt that the private sector plays a formidable role in serving men and women with contraceptive needs [8]. Demographic Health Surveys (DHS) provide consistent and highly-regarded analyses of demographic trends, including contraceptive use. A March 2020 analysis of 36 such surveys in low and middle-income countries revealed that on average some 34% of contraceptive users avail their contraceptives from the private sector [7].In some countries, the role of the private sector was even higher, including in Indonesia (66%), DR Congo (61%), and Pakistan (54%). As highlighted by SHOPS Plus, there is room for confusion in how consumers understand these categories when recording data on sources of contraception. Some health providers are employed in the public sector but also have private practices and some clients may not be clear on whether clinics are government or privately owned. Contraception procured by a partner rather than directly purchased may mean that respondents to surveys provide unclear answers [7].

Table 1: Source of family planning by Country

	Public	**Private**
Indonesia	34%	65%
DRC	31%	60%
Pakistan	43%	53%
Cambodia	47%	51%
Afghanistan	47%	50%
Bangladesh	49%	48%
Haiti	47%	46%
Yemen	53%	46%
Myanmar	54%	44%
Philippines	56%	44%
Egypt	56%	43%
Nigeria	54%	43%
Uganda	59%	40%
Kenya	60%	38%

Source: Table 1 based on findings from SHOPS PLUS *Sources for Family Planning in 36* ***Countries****: Where Women Go and Why It Matters*. SHOPS analyzed DHS findings from 1.85 million women surveyed from 36 low- and middle-income countries. Only percentages were provided in the report. See their full report on shopsplusproject.org.

The notion that the public sector caters to the poorest of the poor and the private sector is restricted to serving only those who can afford it is not the reality in many low- and middle-income countries. Research by the Guttmacher Institute revealed that despite the Peruvian government's best efforts to promote universal access to health services via the public sector, initiatives like these often do not reach their intended audience [9].The connection between poverty and public-sector care is frequently less black and white as governments and stakeholders make it out to be. In Pakistan, for example, SHOPS Plus reported that over 40% of the poorest users and nearly 50% of rural users access contraception via the private sector [10].

While the public sector has historically been an important source of contraception, particularly for women seeking long-acting reversible contraception (LARC) or permanent methods, the private sector plays an outsized role in fostering choice and autonomy through the provision of short-term methods. DHS data confirms the critical importance of the private sector in providing and even increasing short-term contraceptive method use. In Nigeria, where 43% of modern

method users rely on the private sector, a woman's method choice often determines where she accesses her contraception [11]. While most Nigerian women do rely on the public sector for permanent methods (75%), IUDs (79%), implants (93%), and injectables (74%), the private sector is where most users of condoms (81%), emergency contraception (80%), and oral contraceptive pills (67%) access their preferred method [11]. According to India's latest DHS, over half of married women obtain family planning from the private sector when tubal ligation, which is primarily provided in the public sector, is excluded [12]. In DRC, condoms comprise more than half of the method mix and are primarily obtained from private-sector pharmacies [13].In Western Africa, an estimated 49% of modern contraceptive users obtained their method of choice through the private sector [14].

Similar findings were reported by Campbell et al., who analyzed contraceptive use across 57 countries [15]. They found that the private sector share of family planning averaged 37% with a median of 41% overall. In sub-Saharan Africa alone, Campbell et al. found 38% of users availed of private-sector products or services, and that, relative to public facilities, products that required more advanced medical skills to administer were less likely to be accessed by women in the private sector, while pills and injectables were.

These results have been echoed by Performance Monitoring for Action Agile 2020 (PMA 2020), a research project managed by Jhpiego that provides timely dipstick data on contraceptive use. Across multiple such surveys over the course of several years, PMA 2020 tracked similar results to the DHS to determine where women accessed their contraception. In Côte d'Ivoire, for example, more women access modern methods of contraception at private-sector service delivery points (55.2%) than they do from the public sector (44.8%) [16]. This skew is unique but not surprising; Côte d'Ivoire enjoys a robust private-sector infrastructure, composed of wholesalers, private providers, social marketing organizations, and commercial manufacturers. However, it is important to note that provider-dependent methods such as implants, IUDs, and permanent methods make up a small fraction of contraceptive prevalence (each of the aforementioned methods is utilized by 0.1% of family planning users), compared to pills (6.1%) or condoms (5%) [17]. The latter are far more likely to be accessed through the private sector.

Table 2: Source of family planning by country

	Public	**Private**
Nigeria (Rivers)	24%	77%
Nigeria (Lagos)	24%	76%
DRC (Kinshasa)	27%	73%
Cote d'Ivoire	45%	55%
DRC (Kongo Central)	50%	50%
Uganda	55%	45%
Ghana	62%	38%
Kenya	63%	37%
Nigeria (Nasarawa)	68%	32%

Source: Table 2 based on survey findings from Performance Monitoring for Action Agile 2020, supported by Johns Hopkins Bloomberg School of Public Health and Jhpiego. Only percentages were provided in the report. See their full report on the PMA Data Lab.

Pharmacies and drug shops are often the first place women and men visit for a contraceptive method or information on family planning. These outlets afford greater anonymity and ease of access to consumers seeking short-term methods. In Uganda, where 45% of contraceptive users accessed their method from a private service delivery point, the convenience factor of the private sector may override perceptions of costliness for many women [18]. Paying more for a product or service from a private sector outlet might mean cost-savings, less travel, and more reclaimed time. Even higher rates of short-term method use and reliance on pharmacies in DRC are evidenced by SHOPS Plus and PMA 2020 research. In DRC, women who opt for a short-term family planning method (including condoms, pills, and injectables) make up 81% of modern-method users in the country [7]. According to PMA, 73% of modern method users in Kinshasa obtained their method via the private sector; this proportion was lower in Kongo Central, where approximately 50% of women accessed family planning via the private sector including private hospitals, pharmacies, and NGOs [19, 20]. These findings were also corroborated during a mystery client research study that noted that private-sector pharmacies are the primary channel for accessing contraception among family planning users in Kinshasa [21].

Social marketing has also played an important role in strengthening access to contraception. According to the 2020 Social Marketing Statistics published by DKT International, 112 social marketing programs were operating in 68 countries that year, selling and distributing a wide array of products that served an estimated 81.6 million couples [22]. These programs sold nearly 5.1 million IUDs, 1.2 million implants, 29 million injectables, 201.2 million oral contraceptive pills, and nearly 1.6 billion male condoms. The vast majority of these products were sold into private-sector clinics, pharmacies, supermarkets, and shops. In some countries, these products are the main way that consumers

access contraception; SHOPS Plus reports that in Uganda, for example, about 80% of women you use pills as their preferred method and 99% of condom users rely on socially marketed brands [23].

Examining spending on contraception reinforces the importance of the private sector. According to the Reproductive Health Supplies Coalition (RHSC), spending on contraceptive supplies in 135 LMIC in 2019 approximated $3.33 billion [24]. Donors and national government expenditures constituted 5% and 14%, respectively, of these contraceptive supplies. But the vast majority, $2.71 billion (or four out of every five dollars spent), comes from individuals purchasing commodities from private-sector sources, of which just 2% are subsidized. Individuals' out-of-pocket expenditures vary by income brackets; for consumers in low income countries (with income levels of $130 to $1,820), individual private purchases account for 33% of contraceptive spending, versus 64% within lower-middle countries (as defined by RHSC). Efforts to do more in this regard are underway; pharmaceutical company Bayer recently committed to bringing contraception to 100 million women in the developing world by 2030—up from the 40 million Bayer currently reaches [25].

These contraceptive expenditures are not reflective of the proportion of private- and public-sector contraceptive users. According to SHOPS Plus, one third of contraceptive users avail of private-sector products, but these users generate 80% of all spending on contraception. This suggests that individuals have and will continue to source family planning products from the private-sector, a trend that will almost surely continue as per capita incomes increase around the world. Myriad benefits are associated with the ability of consumers to pay for their products, not the least of which is the reduction of unneeded subsidies from government bodies. Price variability within the private sector helps to explain some of the difference between the number of contraceptive users who source products from the private sector and expenditure on these products. More than 80% of private-sector spending is dedicated to oral contraceptives while just 29% of private-sector contraceptive users opt for this method. Spending on condoms, on the other hand, accounts for only 5% of spending, despite being the preferred method for 26% of private-sector users [24].

Price, therefore, is not the sole decision-making factor in contraceptive choices. Other considerations, such as method or brand choice, anonymity, convenience, lack of judgement, and service and product quality take precedence for some couples. Short-term methods are more likely to be available to consumers without having to sacrifice important considerations like confidentiality compared to long-acting and permanent methods. While RHSC reports that 12% of private sector contraceptives are subsidized, the vast majority of customers pay for their products at cost recovery or full price [24].

THE PRIVATE SECTOR AS KEY CHANNEL FOR SAFE ABORTION SERVICES AND PRODUCTS

The private sector is important in facilitating women's access to safe abortion products and services. As abortion remains a controversial topic in many countries, governments are often less-suited to navigate the sensitivities that come with providing such services. In addition, because of the continued stigma associated with abortion, many women prefer the anonymity and privacy afforded by private sector providers (or user-controlled methods obtained in pharmacies or drug shops) [26].

There is a dearth of information in the academic literature regarding how and where women access abortion services. Nevertheless, the evidence that exists suggests that the private sector plays a critical—and even dominant—role in many countries in meeting women's abortion needs. In India, an estimated 73% of abortions were provided outside of medical facilities by women who procured abortion pills in the private sector [26]. According to the Guttmacher Institute, in Ethiopia, some 66% of abortions are provided by the private sector and NGOs, whereas 72% of post-abortion care is treated in the public sector [27]. Such data surely correlates with the increase in availability of the abortion pill in Ethiopia; one-third of women reported using abortion pills for their abortions in 2014—up from zero percent in 2008. In Nigeria, a study by Stillman et al. determined that private sector retailers play an important role in helping women source medication abortion, with high rates of successful self-administration [28].

Medical abortion pills present a viable option for safe abortion care or self-care in many countries [29]. Available both as a combination pack of mifepristone and misoprostol and as misoprostol alone, medical abortion is one of the private sector's greatest opportunities to expand access and opportunity for women. Women who need an abortion can often access this product quickly and conveniently over the counter without the involvement of a physician. In India, the private sector is estimated to have provided over two million facility-based abortions in 2015, but is estimated to have provided over 14 million medical abortions largely purchased through pharmacies and drugs shops [30]. Conversely, the public sector provided around 800,000 facility-based abortions and few medical abortions at all. For-profit and social marketing organization provide the vast majority of medical abortions in India, providing about 11 million of the 14 million medical abortions in 2015. NGOs also provide a large portion of safe abortion care by selling products and providing services [30].

Perception of quality is an important consideration in abortion care. The private sector has been highlighted as a key channel for abortion pills in Nigeria, where adolescent women have described seeking care from private clinics when hospitals were unable to provide abortions or the quality of care they sought [31]. Relatedly, in the rural Indian states of Maharashtra and Rajasthan, women reported a desire to seek care from private-sector providers, despite higher costs, because of a perceived higher quality of care [32]. Women will often pay more for private services, but prefer these for more comprehensive care, easier access, or greater confidentiality.

Sales data from social marketing organizations that distribute and sell abortion pills primarily through the private sector show a steady trend upwards. According to statistics published by DKT International, such programs have registered and launched these pills and contributed significantly to expanding access. As a result, sales of misoprostol and the combination pack that includes mifepristone and misoprostol have grown considerably (see Table 3) [33].

Table 3: Sales of MA combipacks and misoprostol by social marketing organizations

	MA Combipack	**Misoprostol**
2011	1,915,373	13,224,403
2012	177,097	16,952,155
2013	3,326,064	15,213,178
2014	3,996,687	11,392,728
2015	4,592,297	6,761,324
2016	5,384,340	11,201,863
2017	6,672,128	16,414,769
2018	8,115,972	39,417,520
2019	7,964,467	41,463,040
2020	7,300,157	39,183,843
Total	**49,444,582**	**211,224,823**

Source: DKT International Contraceptive Social Marketing Statistics, 2011-2020

Similarly, for manual vacuum aspiration (MVA), a technology employed for miscarriage management, post-abortion care, and safe abortion care, the private sector is the primary channel through which these products are sold and delivered. According to DKT WomanCare, the global distributor and manufacturer on record of the Ipas MVA technology, the overwhelming majority of Ipas MVA sales are made to private sector distributors and partners. In 2019, across the fifteen countries representing DKT WomanCare's largest customers (by volume), the percentage of sales to customers in the private-sectorranged from 10% to 100%. In total, 64% of the sales in these top 15 countries went to the private sector [34].

Table 4: Sale of MVA kits to the private versus the public sector

	Public Sector	**Private Sector**	**Total Sales**	**% of sales to Private Sector**
USA		13,530	13,530	100%
Ethiopia		2,591	2,591	100%
Pakistan		2,547	2,547	100%
Kenya		2,297	2,297	100%
Russia	181	3,163	3,344	95%
Brazil	852	5,784	6,636	87%
Vietnam	810	2,430	3,240	75%
Japan	8,828	20,568	29,396	70%
Nigeria	5,831	9,121	14,952	61%
Mexico	2,160	3,247	5,407	60%
UK	14,561	14,663	29,224	50%
India	8,996	5,499	14,495	38%
Myanmar	1,544	829	2,373	35%
South Africa	4,343	679	5,022	14%
South Korea	1,890	210	2,100	10%
Total	48,106	86,948	135,054	64%

Source: WomanCare sales data. Portugues, R. Email sent to: Christopher Purdy. 9 October 2020.

THE PRIVATE SECTOR AS KEY CHANNEL FOR CONDOMS

The private sector continues to be the primary way that men and women obtain condoms, a key product for HIV prevention and pregnancy prevention. Demographic Health Surveys generally show a strong preference among consumers to access condoms through private sector channels (Table 5).

Table 5: Percent of condom users who rely on private sector

	Private sources
Ghana	94%
Bangladesh	83%
Benin	82%
Senegal	80%
Nigeria	78%
Pakistan	77%
DRC	75%
Togo	72%
Nepal	60%
Haiti	55%
India	52%
Uganda	50%
Malawi	44%
Zambia	38%
Rwanda	36%

Source: Table 5 based on findings from SHOPS PLUS *Sources for Family Planning in 36 Countries: Where Women Go and Why It Matters*. SHOPS analyzed DHS findings from 1.85 million women surveyed from 36 low- and middle-income countries. Only percentages were provided in the report. See their full report on shopsplusproject.org.

In DR Congo, for example, condoms remain the most popular modern contraceptive method (38%), but usage is even more pronounced among young people aged 15-19 and unmarried users [35, 36]. Because no health provider is needed to provide a service, most condom users procure their products at local shops and pharmacies, where purchasing is more anonymous, convenient, and fast, and does not require a long wait at a clinic. For young people, this is especially appealing. An estimated 70% of condom users in DRC obtain them from private-sector sector sources like pharmacies or drug shops [35].

Young people's preference for accessing condoms via the private sector is certainly due in part to convenience and anonymity, but is also influenced by strong HIV/AIDS prevention programming geared toward young people [37, 23]. Strengthening the private sector remains a critical component to combat HIV/AIDS in sub-Saharan Africa. Condoms fill a critical public health niche because of their dual benefits: prevention of unintended pregnancy and HIV/AIDS transmission. Epidemiologists estimate that new HIV infections in Uganda have fallen from 110,000 to 55,000 between 1990 and 2018 [38]. HIV infections are on the rise in Nigeria, which is home to some 1.9 million people living with HIV and a 2.9% adult HIV prevalence rate [38]. Tapping into the strength of the private sector will be a critical component of the national HIV/AIDS prevention strategy in Nigeria, where condom use represents over half of all modern contraceptive prevalence, and 78% of users access condoms via the private sector [13].

Access to socially marketed brands has been important in increasing access to condoms through the private sector. Social marketing programs sold some 1.6 billion condoms in 2020 alone across low- and middle-income markets [22].In fact, in Uganda, an estimated six in 10 women who use condoms rely on a socially marketed brand [39]. Strictly commercial brands have historically focused most of their efforts on more profitable markets like the USA and Europe, but have made major strides in penetrating markets in Latin America, Asia, and Africa. Several large condom manufacturers interviewed for this paper confirmed that a majority of their production is distributed or sold to private sector actors as opposed to fulfilling large government tenders. This appears to be supported by data from RHSC, which suggests that the public sector procured some 1.3 billion condoms in 2018 [40]. Both the for-profit commercial and social marketing sectors play an active role in fostering competition, breeding innovation, and expanding markets. Such efforts increase access and help to ensure affordable pricing—particularly important for young people.

PRIVATE SECTOR AS SUPPLIER TO THE PUBLIC SECTOR

Even where the public sector is the final point of reported delivery for contraception and safe abortion products, it is worth highlighting that the private sector is almost always the original source of these products as very few governments

are in the business of manufacturing contraceptives or safe abortion products. Product development, manufacturing, registration, importing, marketing, and distribution are all roles where the private sector plays an outsized role. Only by building these supply chains are sexual and reproductive health products made widely available to and within the public sector.

DISCUSSION

The private sector plays an outsized role in enabling women and men to access reproductive health care, namely condoms, short-term methods, and medical abortion products. Strengthening product availability via the private sector may be the key to unlocking the full potential of health systems to meet the needs of young people, in particular, who increasingly prioritize convenience, anonymity, and brands with which they can identify. This call-to-action closely follows the launch of FP2030, a renewal of commitments from the FP2020 movement that brought together governments, donors, and other stakeholders to make modern methods of contraception available to millions of women and girls. Re-examining data from sources like DHS suggest persistent unmet need (and continued demand) for contraception that requires support to bolster the private sector to meet the evolving needs of young people. To our knowledge, this is the first article that synthesizes data and findings from DHS, SHOPS Plus, PMA2020, and the contraceptive social marketing statistics.

The data on access to reproductive health products and services is not without its limitations, including temporality, representativeness, and inclusion criteria. Data collection via the Demographic and Health Surveys, for example, is only conducted once every five years. Nonetheless, trends in contraceptive prevalence change modestly over time. While the DHS strives to be nationally representative, other publications and data collection efforts only focus on one particular city or state (funding dependent), not allowing results to be generalizable to the population at national scale. The results of this research are still useful to understand trends in access and uptake, and may ultimately promote competition within the private sector to make reproductive health products more accessible, particularly in urban and peri-urban areas. Lastly and perhaps most importantly, DHS data collection in some countries only include married women, disregarding a sizeable portion of the population that may benefit from accessing reproductive health via the private sector [41]. While these considerations are important, they are beyond the scope of this review. Despite these limitations, the existing body of evidence suggests that greater investments in the private sector can lead to significant gains in reproductive health access.

CONCLUSION

The private sector is critical to ensuring access to contraception and safe abortion products, services, and technology around the world. As reproductive health advocates and practitioners look to the future, we must highlight and remember the private sector's valuable contributions and determine strategies to help sustain these efforts. This is particularly important given resource constraints from the public sector in supporting access to these products and services. Millions of women and girls rely on pharmacies, medical shops, and NGO clinics to obtain contraception and safe abortion. Continued engagement in the private sector will ensure that this access continues for decades to come.

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