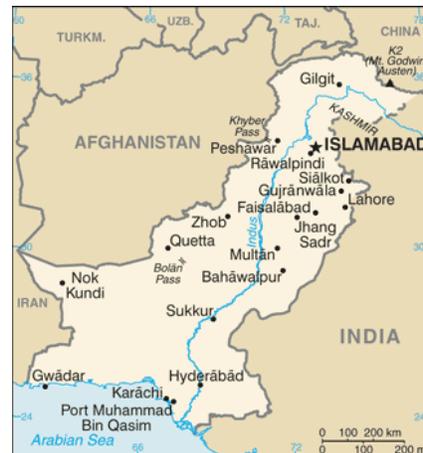


Pakistan Initial Country Assessment Executive Summary

Country background

With a population of 180.8 million people, Pakistan is the sixth most populous country in the world. Thirty-six percent of Pakistanis live in urban areas. Pakistan's average fertility rate of 4.1 children per woman is one of the highest in South Asia. The Ministry of Population Welfare (MOPW) established an explicit Population Policy in 2002 with a goal of achieving replacement level of fertility by 2020.

Pakistan's overall contraceptive prevalence rate (CPR) is 29.6 percent. The country's CPR for modern methods is 21.7 percent, with a relatively low injectable contraceptive CPR of 2.3 percent. The unmet need for family planning services among married women in Pakistan is 25 percent, 11 percent of which represents a need for spacing and 14 percent of which represents a need for limiting.



Service delivery and supply systems

Two government ministries share responsibilities for Pakistan's public-sector family planning service delivery. The MOPW is the main implementing agency of the national family planning program. The Ministry of Health (MOH) integrates family planning services into all of its service outlets in collaboration with the MOPW.

Under the MOH, the National Programme for Family Planning & Primary Health Care, commonly known as the Lady Health Worker (LHW) Programme, delivers basic health services at the community level and covers approximately 70 percent of the population. The objective of the LHW Programme is to reduce infant and maternal mortality rates and increase CPR, immunization coverage, early initiation of breast feeding, and deliveries by skilled birth attendants. The program employs approximately 96,000 LHWs, each of whom provides services to 1,000 people or 150 households. The provincial departments of the MOH and MOPW are linked with both the MOH's LHW Programme and the MOPW's Family Welfare Centers.

After the government, Greenstar Social Marketing Pakistan (GSMP) is the country's second-largest family planning provider. The GSMP social franchise program distributes 19 family planning products and services through 80,000 retail outlets and more than 18,000 private male and female physicians, female paramedics, and pharmacists. GSMP markets three types of injectable contraceptives, which are sold to end-users at subsidized prices. Our initial assessment did not determine the number of units of injectable contraceptives delivered through GSMP. Two major nongovernmental organizations (NGOs) collaborate with the government to provide family planning services nationally in Pakistan: Rahnuma-Family Planning Association of Pakistan (Rahnuma-FPAP) and Marie Stopes Society (MSS). MSS's services are accessible to

approximately 40 million people in Pakistan, while Rahnuma-FPAP's services are provided through 11 Family Health Hospitals, an extensive network of Family Health Clinics, and mobile services. MSS also runs a community-based distribution (CBD) program, with ten CBD workers in each of its 49 operating districts.

Community-level family planning services provided by LHWs include counseling, referrals to Family Welfare Centers, and the distribution of condoms, injectable contraceptives, and oral contraceptives. In March of 2008, LHWs began training to administer intramuscular depot medroxyprogesterone acetate (DMPA) injections. Current policy permits LHWs to administer only follow-up intramuscular DMPA injections; a client's first injection must be administered in a health facility.

Public-sector records indicate that total injectable contraceptive procurement for 2009 reached 5.1 million units of intramuscular DMPA, with 3.5 million units procured by the MOH and the balance procured by UNFPA. Contraceptive commodities for MOPW programs have been funded by both the Ministry and donors, with UNFPA as the primary donor. The total LHW Programme forecast for contraceptive injectables for 2010 is over 2 million vials. USAID has not yet participated in contraceptive procurement but is currently considering future contraceptive donations to the MOPW and MOH.

All MOPW contraceptive commodities are shipped to and stored at the Central Warehouse in Karachi and later distributed to the provincial District Stores. From the District Stores, they are distributed to Reproductive Health Service Centers, Family Welfare Centers, and Mobile Service Units. Contraceptives are also distributed to private NGOs, such as Rahnuma-FPAP, at subsidized rates.

Until 2008, the MOPW provided all contraceptive commodities to MSS at subsidized rates; in 2009, however, most of MSS's commodities were procured through MSI. MSS also purchased injectable contraceptives locally from Pfizer and from Zafa, a Pakistani pharmaceutical manufacturer. MSS has forecasted 100,000 units of injectable contraceptives for 2009 and 200,000 units for 2010. Between 2008 and 2009, Rahnuma-FPAP received 392,484 units of injectable contraceptives.

Stakeholder perspectives

Stakeholders interviewed in Pakistan recognized the potential advantages of depo-subQ provera 104TM¹ in the UnijectTM² injection system (depo-subQ in Uniject) compared with the current intramuscular presentation of the product, specifically highlighting improved safety and infection prevention, logistics benefits, and easier disposal and administration. Most stakeholders believed that depo-subQ in Uniject may facilitate injection by lower-level, trained health workers, including LHWs, Family Welfare Workers, and equivalent providers in NGO settings.

¹ Depo-subQ provera 104 is a trademark of Pfizer.

² Uniject is a trademark of BD.

Stakeholder concerns included questions about whether subcutaneous injections would be easier to use for providers who are already trained to deliver intramuscular injections. Other concerns included questions about subcutaneous injection sites: while providers have been trained to administer injections in the arm and gluteal region, most injections are administered in the arm to protect client privacy. The arm would therefore be the preferred, more culturally acceptable injection site for depo-subQ in Uniject in Pakistan. Lastly, product pricing was a significant concern among all informants. Stakeholders were doubtful that a shift from intramuscular to subcutaneous injections would present significant enough advantages to justify a price increase and motivate clients to shift to a new product.

System requirements in Pakistan may delay initial introduction of the product, particularly through government channels. The MOPW requires a clinical trial prior to product introduction—a process that may take as long as 24 months. Although senior MOH officials support introduction of depo-subQ in Uniject into the LHW Programme, LHW program managers have decided to postpone introduction of all new products and services until 2012. In addition, the MOH requires completion of a pilot study for introduction of a product in the LHW program—a requirement that would add both time and cost.

Conclusions and recommendations

Key findings of the initial assessment include:

- The highest-impact opportunity for eventual scale-up of depo-subQ in Uniject appears to be through the government system, where relatively high volumes and increased community access appear to be most achievable.
- At the same time, early introduction in the public sector may not be feasible due to the requirements and constraints outlined above.
- The high level of injectable contraceptive use in the private social marketing and NGO sectors, as well as interest in depo-subQ in Uniject expressed by stakeholders in these sectors, make early introduction in these two sectors feasible. The private NGO sector may be the more suitable channel for initial introduction of depo-subQ in Uniject given the interest of MSS, CSM, and Rahnuma-FPAP and potential involvement of GSMP.
- Experience, evidence of acceptability, and demonstrated effectiveness of product introduction in these programs may then catalyze subsequent product introduction in the LHW and MOPW programs.

MSS is anticipated as a key in-country partner for depo-subQ in Uniject introduction planning. Widespread interest in depo-subQ in Uniject, as well as the renewed focus on family planning by both the MOH and MOPW, suggests that this is an opportune time to initiate product introduction planning to increase access to family planning in Pakistan. Introduction planning in the private NGO sector can also help pave the way for subsequent introduction in the LHW program, which may be the most effective distribution channel for the product to achieve significant scale and thereby increase access to family planning.