





Enhancing Access to Sexual and Reproductive Health Products in Nigeria

Pharmaccess' SEMA Initiative

#### The Problem

Sexual and reproductive health (SRH) is a critical aspect of overall health for women, affecting their quality of life and well-being throughout their lifespan.[1] Sexual and reproductive health (SRH) is fundamental to sustainable development and closely tied to gender equality, education, employment, inclusive and sustainable economic growth, and poverty eradication. It is also pivotal in realisation of Universal Health Coverage (UHC) and gender equality as outlined in SDG 3 and 5 respectively. Access to affordable sexual and reproductive health products is therefore imperative and must be prioritized.

Nigeria's total fertility rate is high, at 5.3, and is expected without intervention, to reach 400 million by 2050, from 222 million currently, increasing its population by over 100 million and making it one of the most populous countries in the world.[2] In addition to the high population rate, high maternal mortality remains a challenge with 1047 deaths per 100,000 live births as of 2020.[3] Unsafe abortions stemming from unintended pregnancies are one of the key contributing factors to maternal mortality rates, making consideration of contraceptive care necessary.

78.3% of married women aged 15-49 years do not use any contraceptive method. Of the 21.7% who use contraceptive methods of any kind, 3.5% use traditional conceptive methods (prone to higher failure rates) while 18.2% use the modern contraceptive method.[4] Although better progress has been made in recent years, with over 6 million women using modern contraception methods, leading to the prevention of 2.3 million unintended pregnancies, 822,000 unsafe abortions, and 15,000 maternal deaths, Nigeria still needs to intensify its efforts to reach the 2030 target of a 27% modern contraceptive prevalence rate (mCPR).[5] To achieve this, access to safe, high-quality contraception is imperative.

The barriers to accessing safe, affordable, and quality-assured SRH products often arise from several factors: insufficient financing, inconsistent distribution, and ineffective regulation.

The high costs of SRH products, such as contraceptives, menstrual hygiene, and maternal health medicines particularly for those in low-income households often limit access. Cultural norms stigma, and gender inequality rooted in patriarchy also adversely affect women's autonomy in making decisions about their bodies. In addition to these, inadequate supply and distribution of SRH products, and lack of or limited knowledge of SRH products and services amongst others, impede access and use of SRH products.[6] Women in rural and underserved communities are disproportionately affected by these barriers, with lower literacy, poverty, weak health infrastructure and long distances to health facilities coupled with poor transportation infrastructure playing significant roles.

Improving the distribution and access to high-quality contraceptives and other SRH products must therefore be prioritised. Unfortunately, as the already cited data indicates, this remains a challenge. PharmAccess is working to address this challenge through its SEMA initiative as described below.

# **Contraception for Nigerian Women: Situation and Challenges**

Globally, of the 1.9 billion women of reproductive age (15–49 years) 1.1 billion required family planning. Of these, 874 million have access to modern contraceptive methods, while 164 million have an unmet need for contraception. Nigeria's Contraceptive Prevalence Rate (CPR) among women aged 15 to 49 years is one of the lowest in the world at 18% [7] while the country's total fertility rate is among the highest globally.[8] Due to early marriages, Nigeria loses an estimated \$7.6 billion annually in earnings and productivity.[9]

Family planning involves the use of modern contraceptives or natural techniques to control the number and timing of children in a family.[10] Modern methods of contraception include contraceptive pills, female and male sterilisation, IUD, injectables, implants, male and female condoms, diaphragm, lactational amenorrhea methods, withdrawal and fertility awareness-based methods and emergency contraception.

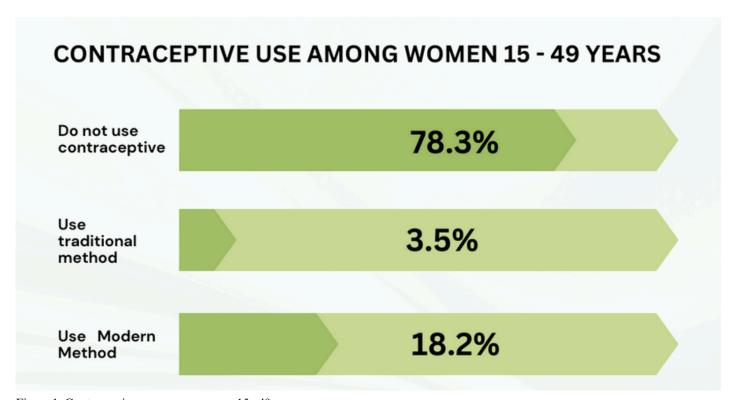


Figure 1: Contraceptive use among women 15 - 49 years Source: Enhancing Access to Sexual and Reproductive Health Products in Nigeria: Pharmaccess' SEMA Initiative

Traditional methods include periodic abstinence, withdrawal and folk methods.[11]

Certain barriers however still hinder many Nigerian women from taking advantage of any of the methods mentioned above and they include; limited access to healthcare services, lack of information and education on contraceptive use, especially for young, poorer, and unmarried individuals; fear or experience of side effects; cultural and religious beliefs; poor quality of available services; biases from users and providers against certain methods; and gender-based barriers to accessing services.[12]

Lack of access to contraception also contributes to unsafe pregnancies, poor maternal and newborn health outcomes, increased maternal mortality, unplanned births, teenage pregnancies, increased spread of HIV and other sexually transmitted diseases, poor menstrual health increasing risk of women to infections, and ultimately impacting their physical, emotional and mental health amongst others.

For women and girls living with HIV, using effective contraception reduces the risk of mother-to-child transmission of HIV by preventing unintended

pregnancies and allowing for the planning and safer conception of desired pregnancies, thereby achieving better health outcomes for mothers and children.[13]

Condoms offer dual protection for men and women who do not desire pregnancy and seek protection from STIs. Antenatal, delivery and post-partum care that includes attention to the specific needs of HIV-positive pregnant women and their infants.[14]

Inadequate access to contraceptive care has many impacts beyond health. While inhibiting women and girls from making informed decisions about, and taking concrete steps for their reproductive health, it perpetuates gender inequality, impacting their ability to work, promoting absenteeism and productivity, thus making women more dependent, and more vulnerable to sexual violence and other forms of gender-based violence.[15]

On the other hand, adequate access to SRH products offers great benefits to the health and overall well-being of women empowering them to make informed decisions about their reproductive health.

Research has shown that for every dollar (1400 naira) spent on contraceptive services beyond the current level, three dollars (5,200 naira) is saved in the costs of maternal, newborn, and comprehensive abortion care. This is because the use of contraceptives significantly reduces the number of unintended pregnancies.[16] Similarly, unplanned pregnancies would be reduced by 6 million if adolescent girls were provided with contraceptives in LMICs like Nigeria.[17]

Also, access to contraceptive products improves women's overall well-being by helping to manage pregnancy-related complications, reducing maternal death, ensuring population control and contributing to economic growth as women and girls are more productive.[18]

It is imperative therefore that access to contraceptive care be guaranteed for Nigerians. Not only would this address well-being as described above, but it would also support women in exercising their freedom of choice, maximising their right to work and education, and aid population management in addition to the already-stated health benefits.[19]

#### The SRH Products Markets in Nigeria

In Nigeria, the public sector is the leading provider of modern contraceptive methods, especially for long-acting reversible contraceptives and injectables, delivering 54% of all family planning (FP) services. Specifically, the public sector provides 75% of female sterilisations, 79% of intrauterine devices (IUDs), 93% of implants, and 74% of injectables. These services are distributed through tertiary, secondary, and primary healthcare centres. Conversely, the private sector accounts for 40% of all FP services.

It predominantly provides 81% of male condoms, 80% of emergency contraception, and 67% of oral pills. The public sector's market share has grown significantly, from 20% of modern method users in 2003 to 27% in 2013, and then to 50% in 2018. Meanwhile, the private sector's share has declined to below 40%. Given the ongoing challenges of making these contraceptive products available, ensuring a greater private sector role is crucial. This is why SEMA, a private sector initiative is partnering with governments, global stakeholders, donors and local manufacturers to deliver a new model of sexual and reproductive health that promptly delivers SRH products to those who need them.[20]

In remote or underserved areas with limited public health facilities, contraceptives are often more accessible through the private sector. In these areas, 61% of emergency contraception, 51% of male condoms, and 34% of pills are primarily obtained from private chemists and patent medicine stores. [21] This is largely due to frequent stockouts and supply chain issues at public health facilities, which result in inconsistent availability of contraceptives. Additionally, the long distances and transportation challenges to reach these facilities, their limited operating hours, long waiting times, perceived lower quality of care, and privacy concerns further drive women to seek contraceptives from private providers.

To address the challenges with the supply of SRH products, **SEMA** is implementing robust management practices which include better forecasting. procurement, and inventory management to ensure a steady and reliable supply of reproductive health products.

# THE SRH PRODUCTS MARKETS IN NIGERIA 54% 40% The public sector is the leading provider of modern contraceptive methods, especially for long-acting reversible contraceptives and injectables, delivering 54% of all family planning (FP) services. The private sector accounts for 40% of all FP services. It predominantly provides 81% of male condoms, 80% of emergency contraception, and 67% of oral pills.

Figure 2: The SRH products markets in Nigeria Source: Enhancing Access to Sexual and Reproductive Health Products in Nigeria: Pharmaccess' SEMA Initiative

The initiative also promotes decentralised distribution models that bring products closer to the end-users, reducing the challenges associated with transportation and distance. This includes utilising community-based distribution channels and local pharmacies.[22]

BARRIERS TO THE **USE OF** CONTRACEPTIVES 1. LIMITED ACCESS TO HEALTHCARE **SERVICES** 2. LACK OF INFORMATION AND EDUCATION ON CONTRACEPTIVE USE 3. CULTURAL AND RELIGIOUS **BELIEFS** FEAR OR EXPERIENCE OF SIDE EFFECTS 5. POOR QUALITY OF AVAILABLE SERVICES BIASES FROM USERS AND PROVIDERS AGAINST **CERTAIN METHODS** 

Figure 3: Barriers to the use of contraceptives Source: Enhancing Access to Sexual and Reproductive Health Products in Nigeria: Pharmaccess' SEMA Initiative

# The SEMA Project

To address the contraceptive gaps in Nigeria, PharmAccess in conjunction with the Private Health Sector Alliance of Nigeria (PSHAN) has since August 2022 executed the SEMA project. SEMA (Shaping Equitable Market Access) is a pioneering partnership designed to revolutionize sexual and reproductive health (SRH) markets, ensuring that individuals worldwide have ongoing access to comprehensive, high-quality, and affordable SRH products (contraceptives, hormonal IUD, injectables, and medical abortion).[23]

Launched in July 2021 in France, during the Generation Equality Forum, SEMA includes country governments from Burkina Faso, Nigeria, and Uganda.

SEMA's goal is for the markets for contraceptives, hormonal IUDs, injectables and medical abortion in low-and middle-income countries (LMICs) to be healthy, equitable and resilient so that women and girls can access the SRH products they need.

PharmAccess, in conjunction with other collaborators, has been able to identify market challenges that hinder access to SRH products in Nigeria, analyse and make recommendations on how to address the identified challenges and to drive efforts to transform private and public markets to meet SRH needs more effectively.[24] To facilitate the goal of the SEMA project which is aiding market access to SRH products, the Healthy Markets Framework (HMF) was developed for assessing the health of national SRH product markets using different qualitative and quantitative indicators.

### **SEMA's Impact**

Since its introduction in 2022, the SEMA project has supported improving market access to SRH products in Nigeria through a robust market which involves working with policymakers, healthcare providers, and community leaders to create a favourable environment for the distribution and acceptance of SRH products. It has also partnered with local and international manufacturers and distributors, to ensure a more reliable and consistent supply of SRH products, reducing stockouts and ensuring that essential items like contraceptives and maternal health supplies are readily available to those who need them. It introduced innovative financing mechanisms to make SRH products more affordable by working with insurance schemes and exploring subsidy options to reduce the cost burden on individuals seeking SRH services. The project also leveraged data and digital tools which has allowed it to monitor the distribution and usage of SRH products, ensuring that the right products are available in the right places at the right times. This data-driven approach helps in identifying gaps and addressing them promptly.[25]

# **DIMENSIONS OF HEALTHY MARKETS**

Adequate supply capable of meeting funded demand and to ensure a range of products are available at the service delivery point

Resilient financing that meets system demand, which in turn meets consumer demand

Ability to meet consumer demand and preferences across the product mix

Prices that ensure a sustainable level of affordability and equity across all channels, geographies and social groups while maintaining manufacturer economic viability

High product quality

An effective product adoption pathway for introducing innovations in a timely and rational manner

Adequate market foundations for market management, regulation, procurement and market data and analytics

Figure 4: Dimensions of healthy markets

Source: SEMA Nigeria Assessment and Recommendations Summary - October 2023

The SEMA project has demonstrated significant usefulness, as state ministries have utilised insights from the Healthy Markets Framework (HMF) to create the first multi-year sexual and reproductive health (SRH) market strategies. When implemented by States, these strategies would increase market access to the reproductive market since they outline action plans, roles and responsibilities of market players, and support states to mobilise additional resources to support their markets.[26]

SEMA through its various assessments, studies and research has provided better data, consumer insights and information needed for Nigeria to steward its SRH market, expand it and meet the SRH needs of its populace. The SEMA project has demonstrated that collaboration between the private and public sectors can enhance the availability and distribution of SRH products as the private sector's efficiency and innovation complement the public sector's reach and accessibility.

The project has also shown that effective forecasting, procurement, and inventory management are crucial for ensuring a steady and reliable supply of SRH products.

Hence, investing in these areas can significantly reduce stockouts and improve service delivery. To ensure the sustainability of its interventions and initiatives, SEMA invests in training and capacitybuilding programs for healthcare providers, supply chain managers, and local communities. enhancing the skills and knowledge of these key stakeholders, the initiative ensures that local systems and improve maintain SRH independently over time. Also, SEMA's partnership with the Federal Ministry of Health helps to ensure the continuous supply of SRH products and services even when external funding or support fluctuates. For instance, SEMA partnered with Lagos, Osun, Ekiti, Kaduna and Niger States in its planning and implementation of SRH programs which fosters a ownership and responsibility. sense of involvement ensures that initiatives are culturally appropriate and locally accepted, leading to sustained use and support of SRH products.[27]

| HMF Element         | Findings  | Recommendations   |
|---------------------|---|---|
| Market Data         | Limited availability of and access to SRH market data (consumer insights, price, consumption trends, supplier diversity, etc.), especially in the private sector.   | Strengthen coordination and integrate the private and public sector data reporting platforms; enhanceSRH data infrastructure throughprovision of harmonized data tools, capacity building and robust monitoring and evaluation. |
| Market Analytics    | Insufficient resources and clear hub for market analytics (strategic demand forecasting, assessing supply risks and guiding procurement strategies, monitoring price equity, defining equitable financing policies and frameworks, etc.). | Strengthen planning and analytics related to SRH commodities; integrate public and privatesector quantification.  |
| Market Management   | No clear established organization or forum exists for monitoring the state of public and private markets, designing solutions and driving coordinated action.   | Exploreestablishing locusfor market monitoring and coordination issues.   |
| Market Institutions | Clear institutional leads and processes exist for many supportive market institutions (e.g., supply chain/ distribution, legal and regulatory frameworks, policy planning process).   | Strengthen market institutions; engage additional partners (private sector, tech and data agencies, research).  |
| Financing           | High dependency on donors; insufficient and unreliable funding undermines financial resilience; need to expand how to incorporate SRH into inclusive and equitable financing strategies for vulnerable groups.                            | Enhance advocacy to increase government commitments; incorporate into broader financial planning and operations.  |
| Supply              | Over reliance on imported SRH products creates supplyrisks.   | Create an enabling environment for local or regional manufacturing; diversify registered suppliers to manage supply risks.  |
| Consumer Demand     | Limited focus on understanding of consumer preferences to inform procurement and program design; limited awareness of options in the public sector and cultural bias against some options.  | Strengthen effortsto improve monitoring of consumer demand trends; explore demand-based forecasting approaches.   |
| Price               | Heavily subsidised products in the public sector may deter the commercial market; lack of pricing frameworks to ensure equitable access in public and private sector channels.  | Explore tax policy on end user prices; mainstream SRH into benefit packages to ensure equitable pricing.  |
| Quality             | Limited oversight of private sector product quality.  | Explore cost-effective strategies to supportmonitoring of product quality given limited resources.  |
| Product Adoption    | Nigeria has successfully introduced new products in recent years; however, product introduction processes are complex and challenging to manage across multiple products with limited financial resources.                                | Enhance coordination in product adoption process; integrate consumer research into productadoption policy decisions.  |

 $Figure \ 5: The matter \ short comings \ and \ recommendations \ at \ national \ and \ subnational \ levels.$  Source: SEMA Nigeria Assessment and Recommendations Summary - October 2023

In addition, by building local supply chain capacity and reducing reliance on international suppliers, SEMA helps to create a more self-sufficient system that can withstand external shocks and disruptions.

The Project's approach to ensuring that SRH products are more affordable and accessible through various financial mechanisms, such as subsidies and insurance schemes helps guarantee that women can consistently access the products they need.[28]

#### **Key Takeaways**

Perhaps, SEMA's most important contribution to date is key analyses providing important insights set out in the SEMA Nigeria Assessment and Recommendations Summary (2023) developed in partnership with the Federal Government and the Ekiti, Kaduna, Lagos, Niger and Osun State governments. It provides an extensive assessment of the SRH market and barriers, providing a useful landscape analysis. The recommendations made provide intervention points and tools for further intervention for government and other actors.

Assessment conducted across five states in Nigeria namely, Ekiti, Kaduna, Lagos, Niger, and Osun using various metrics like, market data, market management, market analytics, financing, demand, price and supply indicated that all the States performed poorly across the metrics.

What this means is that broader work needs to be done across the country to address these metrics. It is not unexpected that this will be the case in other States not assessed. To strengthen and sustain the impacts of SEMA, it is imperative to expand the geographic coverage of SEMA's interventions to reach more remote and underserved areas where access to SRH products and services are limited. The framework for assessment will be helpful for a comprehensive assessment and analysis of the situation in other States, prioritization, intervention design, stakeholder engagement and roadmap development.

#### Conclusion

Access to SRH products is fundamental to women and girls' wellbeing, and has impacts for life expectancy, sexual and reproductive health outcomes, quality of life, gender equality, productivity, and population control.

The SEMA project provides a key intervention from private sector activities, with sustainable impacts across national and subnational levels as described. In essence, a leveraging of the work and impact of SEMA, and other initiatives, offers a possibility of building on efforts that engage private sector, and strengthen public sector efforts.

From a policy perspective, placing contraceptives and SRH products at the centre of UHC efforts and interventions, including the recent Sector-Wide Approach in health (SWaP), funding interventions such as the Basic Healthcare Provision Fund (BHCPF), basic minimum packages under the State Health Insurance Schemes, the Vulnerable Group Fund. is crucial. The metrics, issues recommendations indicated under SEMA should increasingly be more explicitly addressed in the implementation of these interventions. Private sector development partners who support these interventions also need to be engaged on these metrics.

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