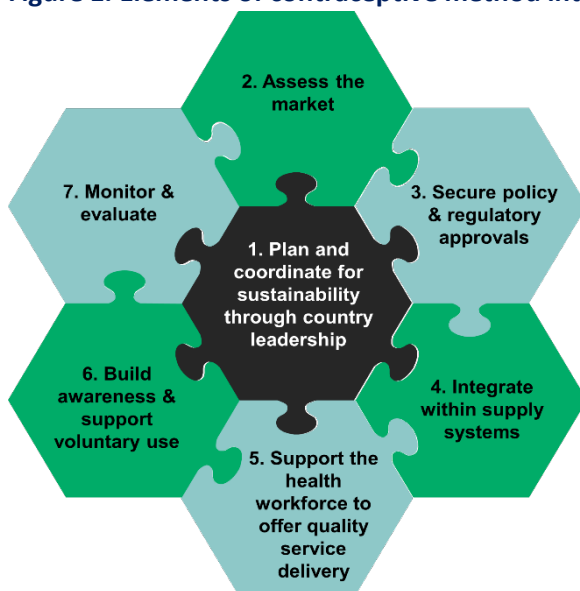


This Strategic Planning Guide is intended to lead program managers, planners, national policy makers, and other stakeholders through a strategic process to coordinate the introduction of contraceptive methods through public and private access channels. The guide was developed through consultation with technical experts and summarizes guidance from [key resources for method introduction](#). It provides an overview and links to other resources for more depth and detail. Successful contraceptive introduction efforts typically include the seven elements in Figure 1. These elements are not listed as linear steps because the process is often iterative; revisiting and adapting approaches is often necessary to set the stage for scale-up.

Introducing new contraceptive options, including multiple products within a method category, into a health system and market can contribute to broader efforts to meet individuals' needs and desires throughout their reproductive lives.

New method introduction efforts should always align with the rights-based [Principles Underpinning High Impact Practices for Family Planning](#).

**Figure 1. Elements of contraceptive method introduction**



### **Element 1: Plan and coordinate for sustainability through country leadership.**

Decisions about if and how to introduce contraceptives should be based on end-user needs and preferences, with stewardship by Ministries of Health. Introduction requires intentional planning and coordination between public and private sector actors at the global, national, and sub-national levels,<sup>1</sup> including Ministries of Health, normative bodies, national regulatory authorities, donors, procurers, suppliers, distributors, service delivery organizations, technical assistance partners, advocates, providers, and end user communities, especially [adolescents](#) and others without [equitable access](#) to family planning.

Country leadership can help ensure sustainability, especially because requirements for future large-scale implementation need to be accounted for in the design of initial introductions.<sup>2</sup> Clear coordination mechanisms are needed to provide oversight and support.<sup>3</sup>

#### Implementation tips:

- Through local leadership, develop and periodically revisit costed **introduction plans** (such as this [template](#)<sup>4</sup> for DMPA-SC introduction plans, and these examples of [tools for costing plans](#)<sup>5</sup>). Plans should identify clear **roles and responsibilities** (making sure to address all groups listed above), **risks and mitigation strategies**, and **adequate financing sources** for all activities.
- Establish clear mechanisms for **coordinating** introduction on an ongoing basis. See these [examples](#)<sup>6</sup> of how to integrate new method introduction activities within existing technical working groups or create dedicated, time-limited task forces or subcommittees linked with broader mechanisms.
- Link **national/subnational** introduction activities with **global or regional efforts** to ensure translation of evidence across countries. Coordination should support alignment of national demand and available global supply. [Global market shaping](#)<sup>7</sup> can help address barriers faced by manufacturers.

## Element 2: Assess the market.

Assessing the present state of the family planning market, including both the public and private sectors, helps to identify and understand potential clients, providers, and other actors. [Market assessments](#),<sup>8</sup> which can include desk reviews and primary research looking at constraints and opportunities, provide information to guide the other elements of introduction.

Implementation tips:

- Evaluate the **broader context** of the family planning market, such as [equity](#), gender norms (e.g., gender analysis, [male engagement](#)), the political context, and health financing (e.g., [domestic public financing](#)).
- Identify the method's **value proposition**,\* **market segments**, and **insights** about what influences contraceptive use and method choice of potential clients.
- Map the **supply chain** that brings contraceptive products to people. For each type of market actor (e.g., manufacturers, wholesalers), identify the barriers and motivations relevant to the new contraceptive method.
- Healthy markets for family planning offer consumers a wide range of products at different price points and locations, enabling subsidies to reach the market segments who need it most. For access through private sector channels, develop a **pricing** strategy that balances consumer affordability, provider margins, program costs, and sustainability. In the early introduction phase, consider extending negotiated access pricing to private local suppliers/wholesalers to engage the private sector in the product's coordinated introduction.

## Element 3: Secure regulatory and policy approvals.

Contraceptive method introduction typically requires national regulatory approvals of products and new or updated [policies](#) that enable introduction. National regulatory authorities review safety, efficacy, and quality information from the manufacturer to determine if a product will be allowed on the market (see [guidance for supporting product registration](#)).<sup>9</sup> It is important to map a country's policy landscape and plan for advocacy efforts, ideally driven by local leadership. This [illustrative list](#)<sup>10</sup> provides policies related to method introduction.

Implementation tips:

- Meet with national authorities to identify relevant **regulatory** requirements and provide this information to product manufacturers and distributors. While manufacturers are typically responsible for submitting **registration** applications with relevant authorities, some may benefit from technical assistance and information from partners.
- Integrate new methods into key **policies** (e.g., national family planning guidelines, service delivery guidelines, essential medicines list), **plans** (e.g., costed implementation plans, national health insurance plans, procurement plans), and **tools** (e.g., training guidelines and curricula, information systems as described below).
- Review whether changes are needed to policies affecting access through different service delivery points (e.g., [task sharing](#), community-based distribution, pharmacies, drug shops), as well as whether a **prescription** is required for use and whether the method can be **self-administered**.

## Element 4: Integrate within supply systems.

It is important to address [supply chain](#)<sup>11</sup> considerations and requirements early in the planning process for new method introduction to ensure an uninterrupted supply of products to clients. New products ultimately need to be

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\* A value proposition is a reason why a client might choose a particular method (e.g., convenience, effectiveness, few side effects).

integrated into existing supply systems, including distribution and monitoring systems, and processes for reordering. Forecasting and supply planning are critical; however, these quantification steps can be complicated for new products because no historical data are available. This [guide](#)<sup>12</sup> offers considerations specific to forecasting for new contraceptive methods.

Implementation tips:

- Develop an initial **forecast** by aligning on assumptions about the realistic scope and timing of training and rollout. Routinely update forecasts and supply plans to integrate new program or supply chain data. Countries may consider smaller, more frequent shipments initially, as one way to manage the uncertainty inherent in new method introduction.
- Plan for adequate **initial stocking** of service delivery points so that there is enough stock available until facilities can report data and be resupplied. Plan for stock needed for provider trainings as well. Create a **distribution plan** and revisit it frequently as the method becomes available at a greater number of facilities and to more clients.
- Equip public, private, and non-traditional access points (including community health workers) with **essential supplies and equipment**<sup>13</sup> to offer the method, including those needed for insertion, removal, resupply, and/or management of side effects, if relevant.
- When the national **logistics management information system (LMIS)** is reviewed, add new products to ensure they are included in this essential reporting system linked with procurement.

## **Element 5: Support the health workforce to offer quality service delivery.**

As new contraceptive methods are introduced in the system, it is vital to expand capacity for family planning providers and support and motivate the health workforce. Services may be offered in multiple channels including in public health care facilities, private clinics including [social franchises](#), [pharmacies and drug shops](#), and community-based settings, including via [mobile outreach](#) and [community health workers](#). Integrated service delivery approaches across health areas can help expand equity and access. In the case of self-administered methods, clients themselves may need information and support at multiple time points.

Implementation tips:

- Develop or adapt a **training package** to support method introduction; tailor materials to the context, as needed. Interactive training approaches with frequent, supervised practice (with both anatomical models and real clients) are vital to build the confidence and competence of providers in offering the new method. See the [Training Resource Package for Family Planning](#)<sup>14</sup> for curricula to train new or in-service providers on family planning in general and specific methods.
- Refresh providers' skills for **counseling on the full range methods** and emphasize client rights, choice, and person-centered care, which may help to prevent provider bias toward the new method.
- Leverage post-training mechanisms such as **supportive supervision** and **mentorship**.
- Integrate training on the new method into **pre-service** and **continuing** medical education systems.
- **Track training** with health workforce information systems software to coordinate use of resources.
- Identify and support opportunities for **service integration** (e.g., with [childbirth care](#), [postabortion care](#), [HIV services](#),<sup>15</sup> and [immunization services](#)) to expand access and service utilization.

## **Element 6: Build awareness and support voluntary use.**

Understanding potential clients' needs and preferences, ensuring that they are aware of the products and services available to them, and supporting their decision making and access to products and services, is critical to successful programming. Communication activities can raise awareness of quality-assured contraceptive products, highlight their benefits as well as correct misconceptions, foster social norms supportive of voluntary use, and facilitate referrals to services. Further, social media and other in-person and digital platforms can support two-way

communication to increase responsiveness, support decision-making, and ensure that services are tailored to clients' needs and preferences. See this [implementation kit](#)<sup>16</sup> for guidance.

Implementation tips:

- Use **market research** to inform strategies focused on meeting clients' diverse needs and preferences.
- Engage potential end-users like youth as **co-creators** of marketing campaigns. Identify consumer insights, create diverse client profiles, develop ideas, build prototypes to test concepts quickly, and iterate to improve ideas before launching large-scale communication campaigns.
- Create messages about the new method that highlight its unique **value proposition** within the context of voluntarism and informed choice (e.g., through the promotion approaches used in [social marketing](#)).
- Follow **local regulations**, which typically do not allow mass media marketing of pharmaceutical products, including most family planning methods. Consider **channels of communication** that regulators typically allow, such as:
  - Interpersonal communication with individuals or [small groups in communities, using job aids](#).
  - Testimonials by satisfied users and potentially their partners.
  - [Mass media](#) and [digital technology](#) communication about family planning in general.
- **Coordinate** element 6 with other elements, aiming to ensure that supply and service availability keep pace with demand.

## Element 7: Monitor & evaluate.

Throughout the introduction and scale-up process, the Ministry of Health should convene stakeholders to regularly review data and use the results to inform key decisions such as when to adjust course and how to approach broader scale-up. National health management and information systems (HMIS) contain health service utilization data and often track client visits by method and type of outlet or provider. Data typically flow from registers at facilities to aggregate forms to an electronic national platform such as the District Health Information System. Client satisfaction data comes from other sources, such as exit interviews.

Implementation tips:

- Identify which **data** are feasible to collect and most critical for making decisions given that data systems in many countries are already overburdened. Align with stakeholders on top priority indicators.
- Establish a clear **process** for routine monitoring to drive data-based decision making and course correction during rollout, leveraging existing information systems as much as possible.
- Plan when to integrate new methods into LMIS and HMIS **data collection systems**. Most countries only make updates to their HMIS tools every 3–4 years since revisions require extensive investment.
  - Integrate the method into tools and systems that capture data from the **private sector** as well.
- Add questions about the method to additional **data sources**, such as the Demographic and Health Surveys or Performance Monitoring for Action surveys, to supplement routine data.
- Work with stakeholders to identify **research questions** and to co-create, prioritize, and refresh learning agendas. **Evaluations or small special studies** may be needed but often require dedicated funding. Collaborate on data collection approaches and share results across settings and countries.

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