

From Insight to Impact: What MNCH-N Markets Reveal and Why it Matters

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MNCH-N Market Assessment

Summary of findings across Ethiopia, Kenya, and Nigeria

May 2025

The MNCH-N Market Assessment was designed and implemented by Results for Development (R4D), with funding from the Gates Foundation.

R4D partnered with PractHealth Consulting and Maisha Meds in Kenya, and Market Access Africa and PBR Life Sciences in Nigeria to support data collection and analytics.



A special thank you to the following for their engagement and support, without which this assessment would not have been possible.

Ethiopia

- Ministry of Health
- Ethiopian Pharmaceutical Supply Services
- Ethiopian Food and Drug Authority

Kenya

- Ministry of Health
- KEMSA
- MEDS
- Pharmacy and Poisons Board
- Council of Governors
- County Health Departments

Nigeria

- Federal Ministry of Health
- State Ministries of Health and Drug Management Agencies/Logistics Management Coordinating Units from: Bauchi, Borno, Gombe, Kaduna, Kano, Lagos, Nasarawa, Niger, Sokoto, and Yobe

Project Approach



The Opportunity

The MNCH-N Market Assessment identifies market characteristics impacting access to 15 emerging and established MNCH-N products in public health facilities across 3 geographies from 2019-2023.

PRODUCTS

	Emerging (4)	Established (11)
Newborn & Child		<ul style="list-style-type: none"> Amoxicillin (DT/OS)* Gentamicin (inj)* Dexamethasone (inj)*
Maternal	<ul style="list-style-type: none"> Calibrated Drapes Ferric Carboxy Maltose (inj) Heat Stable Carbetocin (inj) Multiple Micronutrient Supplement (UNIMMAP formulation) 	<ul style="list-style-type: none"> Azithromycin (solid oral) Iron Folic Acid (solid oral)*^ Ferrous salt (solid oral or OS)*^ Folic acid (solid oral)*^ Magnesium Sulfate (inj)* Misoprostol (solid oral)* Oxytocin (inj)* Tranexamic Acid (inj)
Definition	New product which needs to gain market share from incumbent product (if one exists)	Mature product which faces stockouts or quality challenges

GEOGRAPHIES



Ethiopia*

National-level



Kenya

National-level* and in 16 priority counties: Bungoma, Garissa, Homa Bay, Kakamega, Kilifi, Kisumu, Kitui, Kwale, Makueni, Meru, Migori, Murang'a, Nairobi, Tharaka-Nithi, Trans-Nzoia, Uasin Gishu



Nigeria

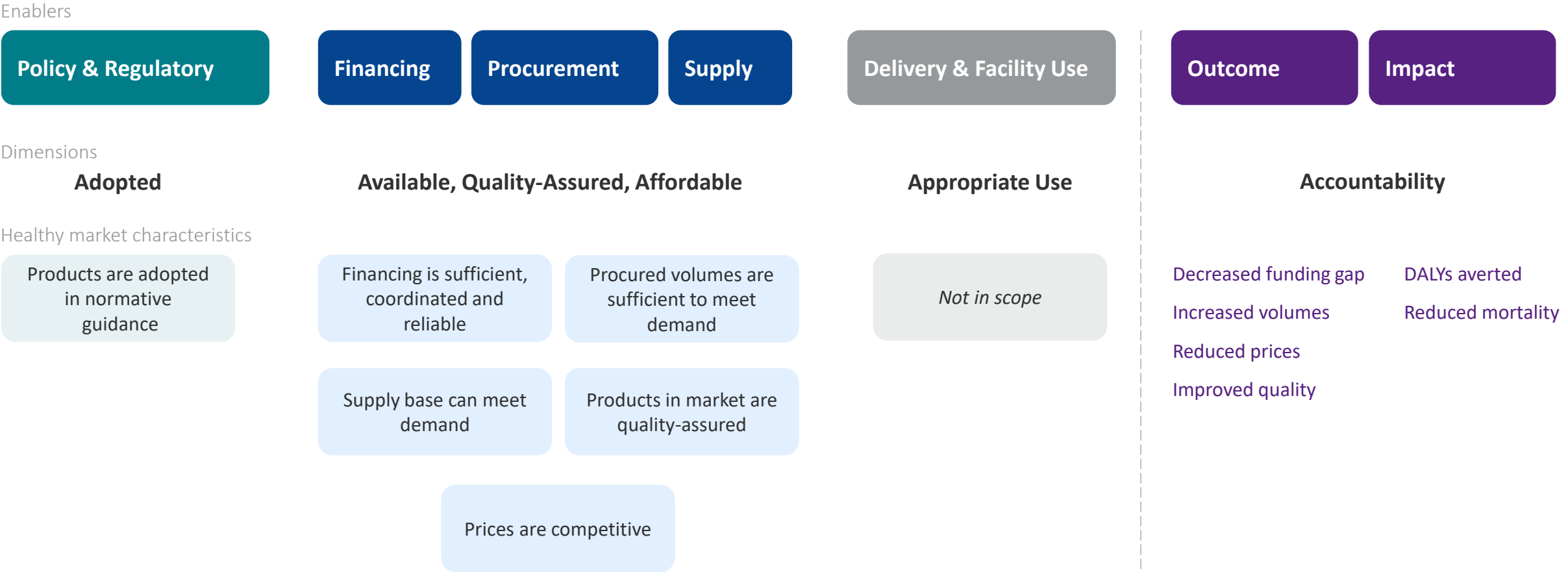
10 priority states: Bauchi, Borno, Gombe, Kaduna*, Kano, Lagos, Nasarawa, Niger, Sokoto and Yobe



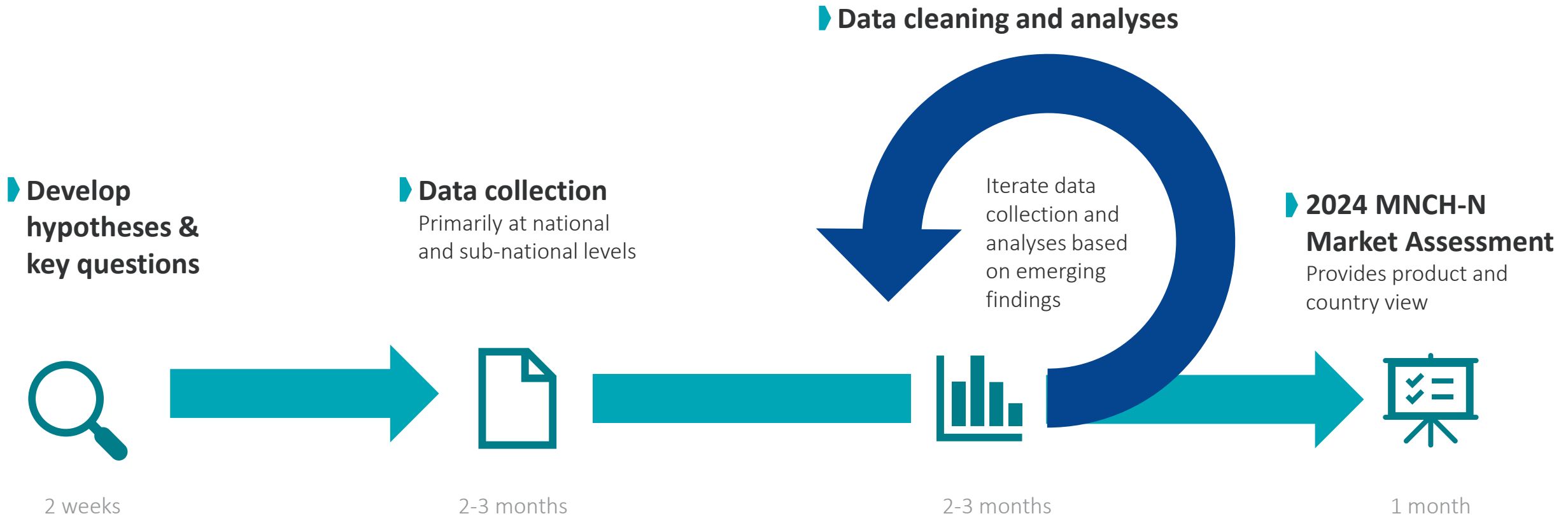
*Products and geographies included in R4D's 2016-2018 MNCH-N market assessment; whenever feasible time series analysis from 2016-2018 will be provided.

^ Markets for IFA, ferrous salt and folic acid assessed as proxies for MMS and/or FCM.

The MNCH-N Market Assessment aims to understand to what extent – and why – healthy market characteristics do or do not exist for MNCH-N products



The 2024 MNCH-N Market Assessment takes an iterative, hypothesis driven approach grounded in primary country data



R4D collected primary market data to develop a first-hand perspective of access to MNCH-N products in public health facilities



DATA TYPE	CONTEXT	Global	Ethiopia	Kenya	Nigeria
		Global heuristics for recommendations, quality and price	Centralized health system Centralized procurement: EPSS procures needs for public facilities	De-centralized health system Fragmented procurement: counties and upper facilities order through KEMSA, MEDS, or open market	De-centralized health system Fragmented procurement: facilities procure through state DMAs and open market (upper facilities)
EML and normative guidance		WHO EML and clinical recommendations	National EML and treatment guidelines	National EML and treatment guidelines	National EML and treatment guidelines + state EMLs (if exists)
Quantified volumes		-	EPSS national quantification	KEMSA and MEDS quantifications	State DMA and donor quantifications
Procured volumes, prices and suppliers		Reference prices sourced from UNICEF, UNFPA, USAID	EPSS purchase order and receipts data	KEMSA and MEDS order and receipts data. <i>Open market procurement to be sourced at county-level in next phase.</i>	State DMA and donor procurement records depict annual volumes, average price and suppliers. <i>Data lacks volume-price-supplier details. Open market data out of scope, accessed through individual facilities</i>
Supplier quality		QA'd suppliers identified from WHO PQ and SRAs	EFDA published registration data	PPB published registration data	NAFDAC published registration data
Import volumes		-	Import volumes and suppliers sourced from Ethiopia Customs Commission	Import volumes, supplier, and price sourced from private sector	<i>Foundation is accessing through separate investment with IQVIA</i>
Point of sales data from private retailers		-	<i>Out of scope</i>	Point of sales data from 1,400 private clinics and retail pharmacies across Kenya	Point of sales data from 298 retail pharmacies across 10 focus states
		Key informant interviews conducted with MOHs, procurers, and regulatory bodies in each geography, as well as key donors and implementing partners. Full list included in annex.			



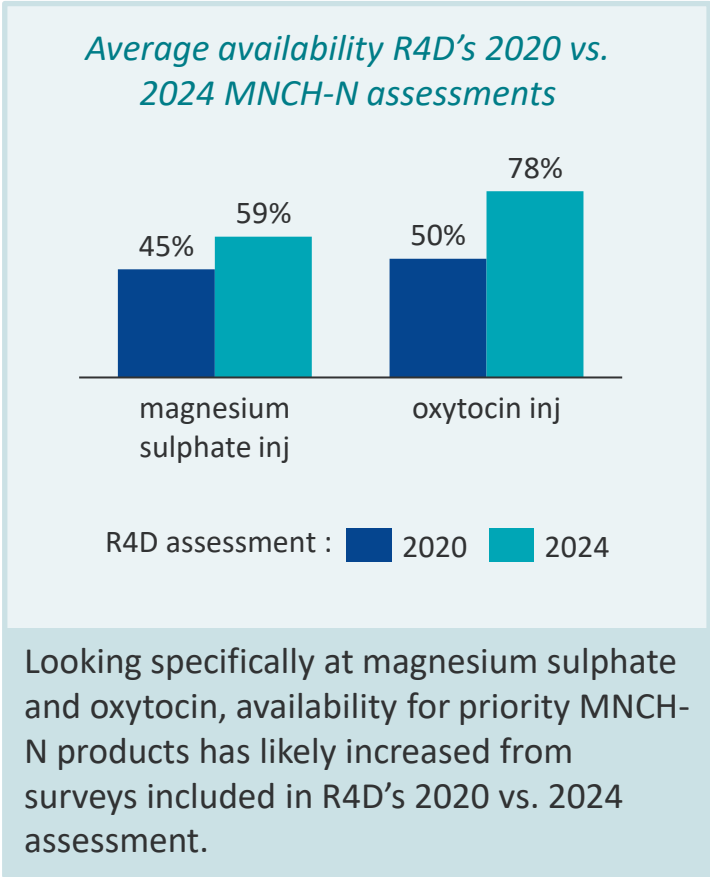
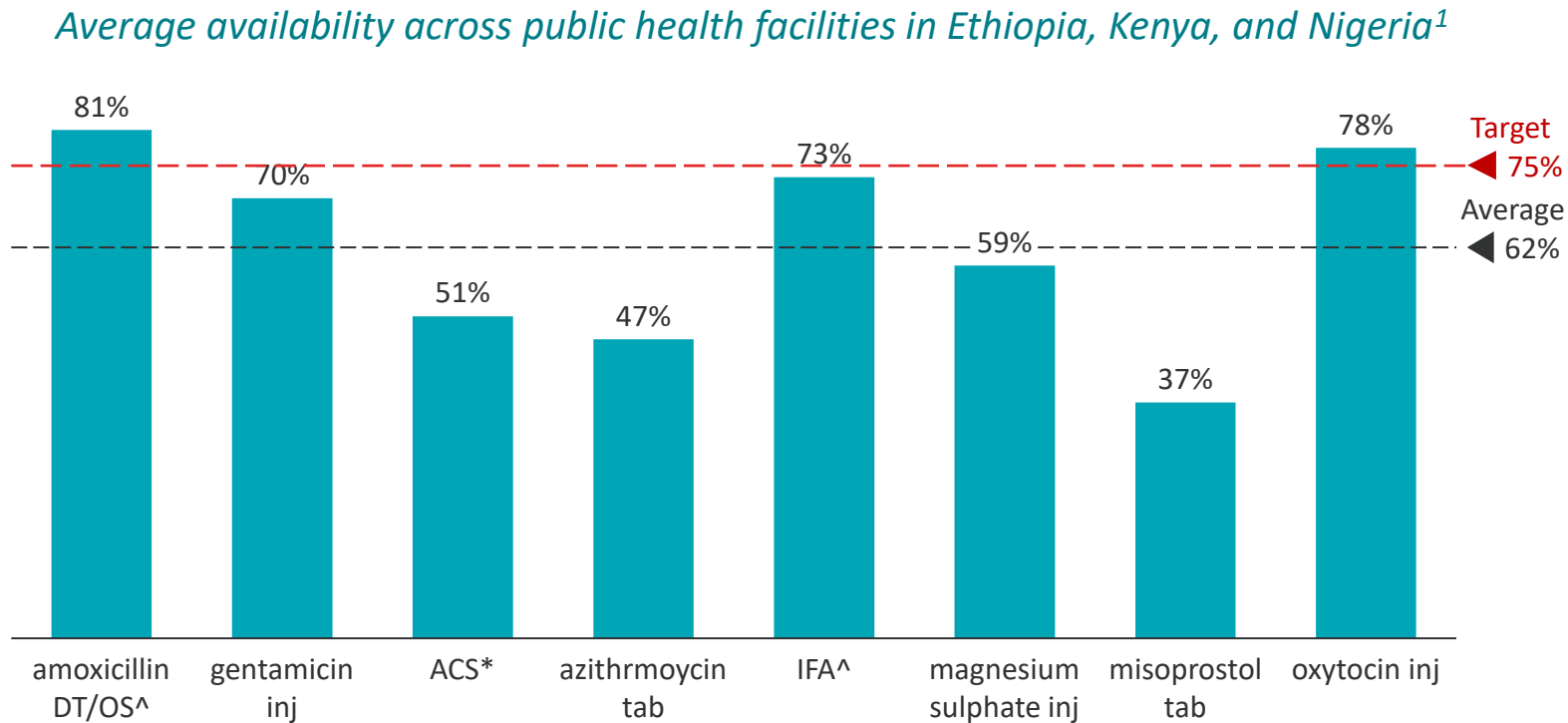
Key Findings



Summary of MNCH-N market characteristics for established products

 Products are adopted in normative guidance	 Normative guidance is largely aligned to global recommendations across countries, but product introduction is a context-specific process requiring significant advocacy.
 Financing is reliable, sufficient, and coordinated	 Majority of MNCH commodity funding stewarded by governments, however the funding resources are unpredictable, insufficient, and unsustainable .
 Procured volumes are sufficient to meet demand	 Volumes are insufficient to meet demand, but root causes vary based on market system structure (i.e. centralized vs. decentralized health systems and size of the private sector market).
 Supply base can meet demand	 Variable supply-side challenges inhibit access ranging from (1) high fragmentation which generates access, quality and affordability challenges to (2) low participation leading to procurement delays.
 Prices are competitive	 Prices are highly variable across geographies , with higher prices associated to more decentralized, fragmented markets.
 Products in market are quality-assured	 Absent evidence-base at country-level to understand the scale of quality challenges and how to prioritize relative to other market barriers.

On average, availability of priority MNCH-N products across public health facilities is around 62%, below the minimum 75% target set by multiple governments



*ACS = antenatal corticosteroid. Country availability surveys group dexamethasone and betamethasone together.
[^]Nigeria does not have a recent availability survey for amoxicillin DT/OS and IFA. Calculated average only includes Ethiopia and Kenya.

1. Average availability across countries was calculated from the most recent published facility surveys in each country as of August 2023. Surveys were published throughout 2021-2023, except for the following products in Kenya published most recently in 2018: ACS, azithromycin, IFA, and misoprostol.
2. Priority MNCH-N products not included in country availability surveys: HSC, TXA, calibrated drape, MMS, FCM



Normative guidance is largely aligned to global recommendations across countries, but product introduction is a context-specific process requiring significant advocacy.



For established MNCH products, country EMLs and treatment guidelines are largely aligned with global recommendations, with few exceptions

Established commodity normative guidance misalignment, 2024

Country	EML Inclusion	Guideline Inclusion
Ethiopia	Misoprostol missing from the EML, but added in 2024	Azithromycin not specified for maternal sepsis
Kenya		Azithromycin not specified for maternal sepsis
Nigeria	Azithromycin missing from most state EML; TXA missing from the Sokoto and Niger EMLs	Azithromycin not specified for maternal sepsis



Degree of new commodity adoption is variable across countries, with each country having its own unique advocacy pathway

■ *General new commodity introduction steps*



Countries have different requirements with regards to the burden of evidence, and particularly local evidence, required for product introduction.



Some countries with established local industry prioritize allowing new commodities that can be quickly and easily locally supplied.



Countries rely on donor financing to different degrees with new commodity introduction, which leads to different financing plans and procurement strategies



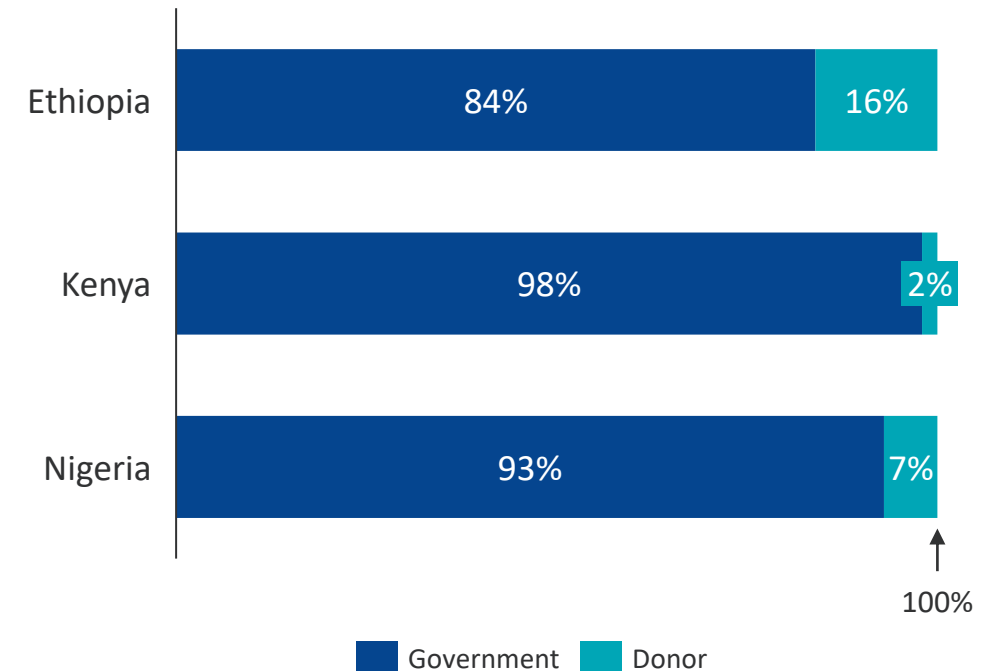
Majority of MNCH-N commodity funding is government-stewarded.



Primary fundings sources through which public facilities procure MNCH products, organized by decision-maker

	Government	Donor ¹
Ethiopia	<ul style="list-style-type: none">• SDG Pooled Fund (donor basket)• Revolving Drug Fund• Ministry of Health allocations	<ul style="list-style-type: none">• Gates Foundation• Unitaid• UNFPA
Kenya	<ul style="list-style-type: none">• County Revenue Fund• Facilities Improvement Financing	<ul style="list-style-type: none">• Global Fund• Unitaid
Nigeria	<ul style="list-style-type: none">• State Drug Revolving Fund• State Free MNCH Program	<ul style="list-style-type: none">• USAID• Unitaid

Average annual MNCH commodity funding stewarded by government vs. donors, 2019-2023¹



1. Only donors coordinating procurements with ministries of health and/or central procurement agencies were included. Additional donors may be procuring and distributing MNCH products directly to points of care in the public sector without coordinating with central government decision-makers.
2. Financing value for MNCH-N products per funding source. Data collected from central procurement agencies and donors.

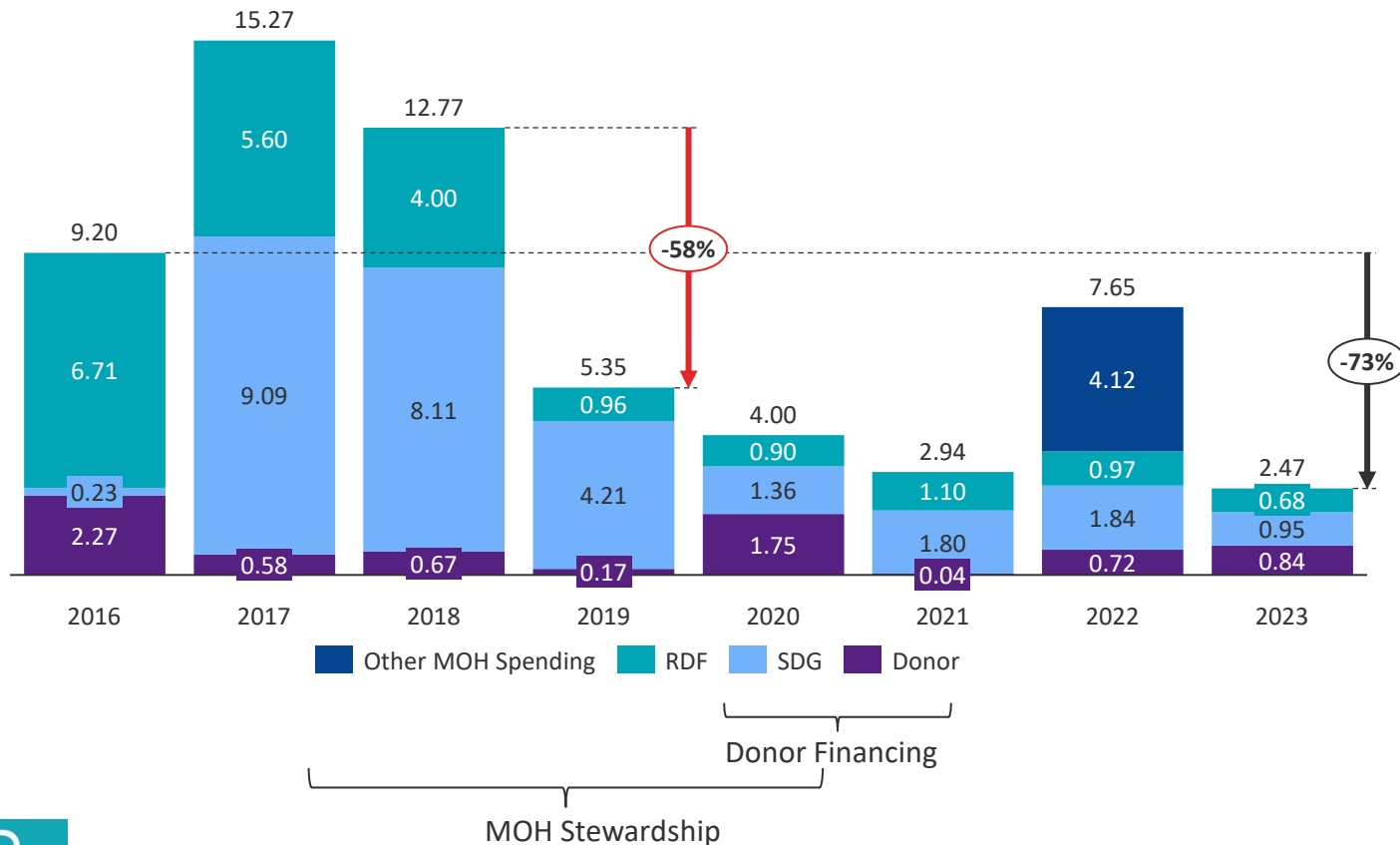


However, funding resources are **fragmented, unpredictable, and unsustainable.**



Country example: Ethiopia

Overall Financing in Ethiopia by Funder Type for Commodities Procured, 2016- 2023 (USD, millions)¹



Since 2016, financing for MNCH-N products has decreased by 73%, and both government and donor financing has declined.

- Of MNCH products analyzed in the R4D 2020 and 2024 market assessments, financing significantly dropped in 2018.
- 58% decrease in financing from 2018 to 2019 preceded the COVID-19 pandemic and political instability in Ethiopia, suggesting broader challenges in prioritization of financing for MNCH products and instability of donor financing



1. Commodities Analyzed: Amoxicillin DT, Amoxicillin OS, Dexamethasone, IFA Ferrous Sulphate, Folic Acid, Gentamicin, Magnesium Sulphate, Misoprostol, Oxytocin. These products were included in R4D's 2020 and 2024 MNCH market assessments



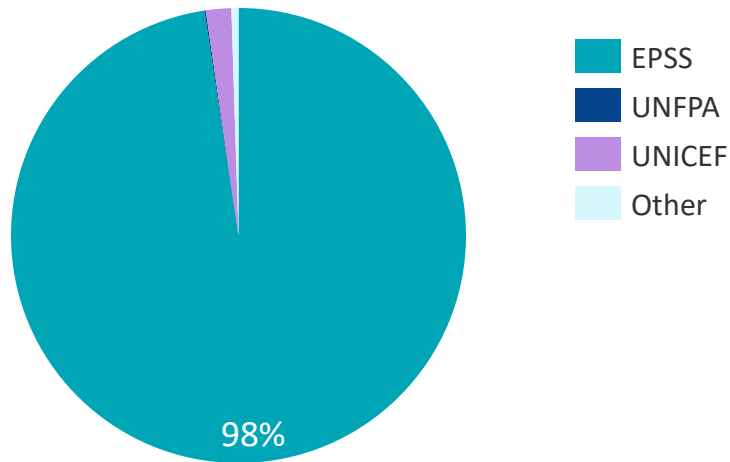
Volumes are insufficient to meet demand: in centralized systems the procurers need capacity strengthening to deliver products

Country example: Ethiopia

In centralized systems, strengthening buying power and market intelligence of the central procurer is critical

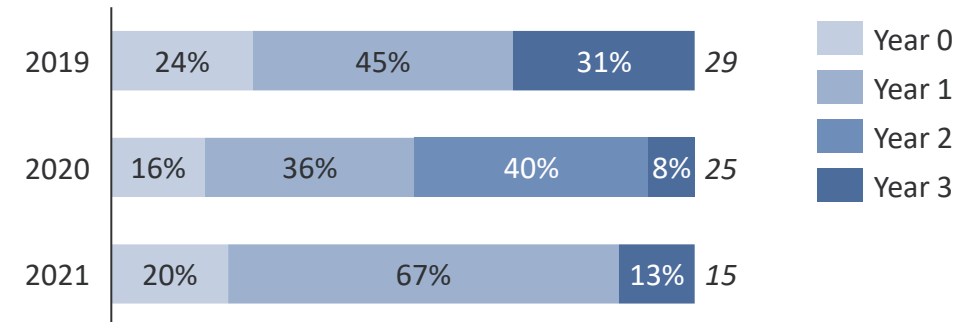
EPSS procures nearly all MNCH-N products delivered to public facilities in Ethiopia

Portion of MNCH-N product by procurement agent, 2019-2023



However, 20% - 35% of MNCH-N purchase orders take longer than 1 year to be fulfilled, disrupting supply plans

EPSS Timeline for MNCH-N PO Order Completion (years after order placed)





Volumes are insufficient to meet demand: in decentralized systems procurement inefficiencies lead to reduced value for money



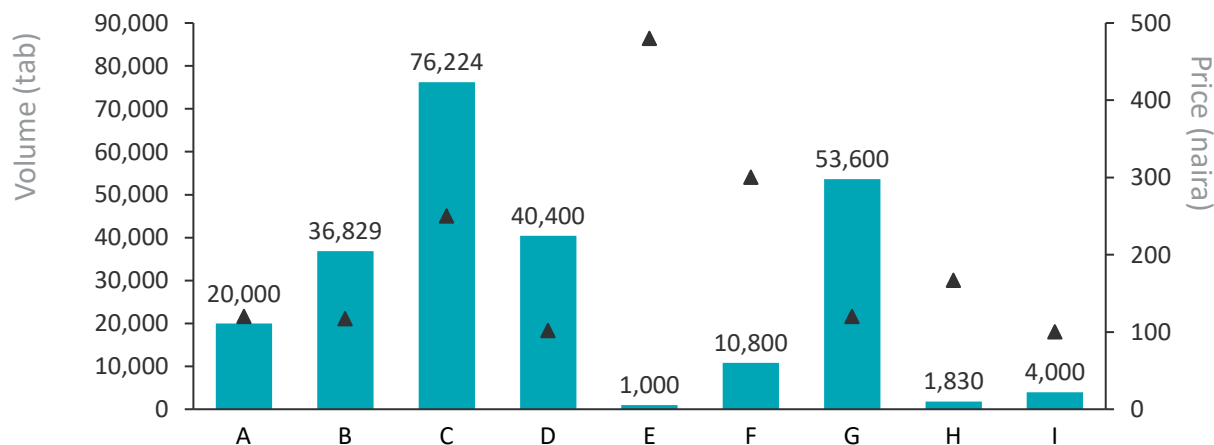
Country example: Nigeria

In decentralized systems greater pooling can generate market efficiencies

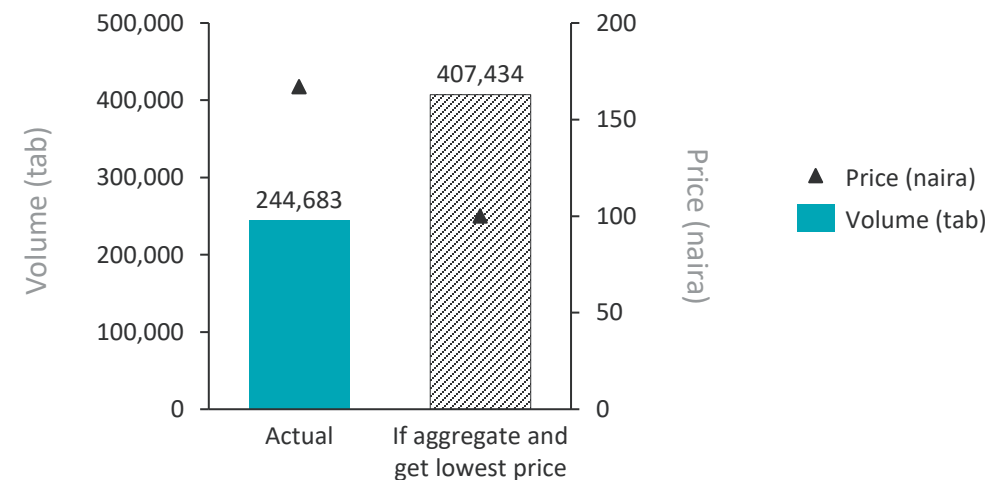
In Nigeria, state-by-state fragmentation of procurement leads to inefficiencies, meaning most states are not leveraging the lowest price.

Pooled procurement could not only allow more states to leverage the lowest price, but ensure much more, product could be purchased with the current fiscal space.

Procurement volume and price across 9 states in Nigeria for misoprostol 200mcg tablets, 2023



Actual vs. hypothetical if aggregate volumes and procure at lowest price for misoprostol 200mcg tablets across the 9 states Nigeria, 2023



1. Actual procurement volumes and price reported by 9 state DMAs/LMCUs in Nigeria.



Variable supply-side challenges inhibit access ranging from (1) high fragmentation to (2) low participation leading to procurement delays.

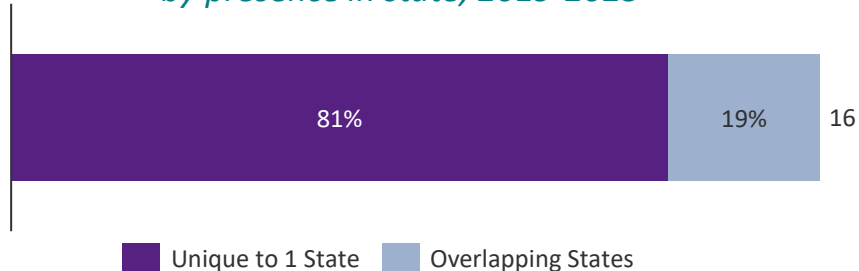
Supply-side fragmentation in Nigeria is contributing to market inefficiencies

Example: Nigeria, Magnesium Sulphate 50%, 10ml inj

National: Only 1 product registered with NAFDAC.

State: This fragments to at least 16 separate distributors/wholesalers supplying to state procurers in 9 states.

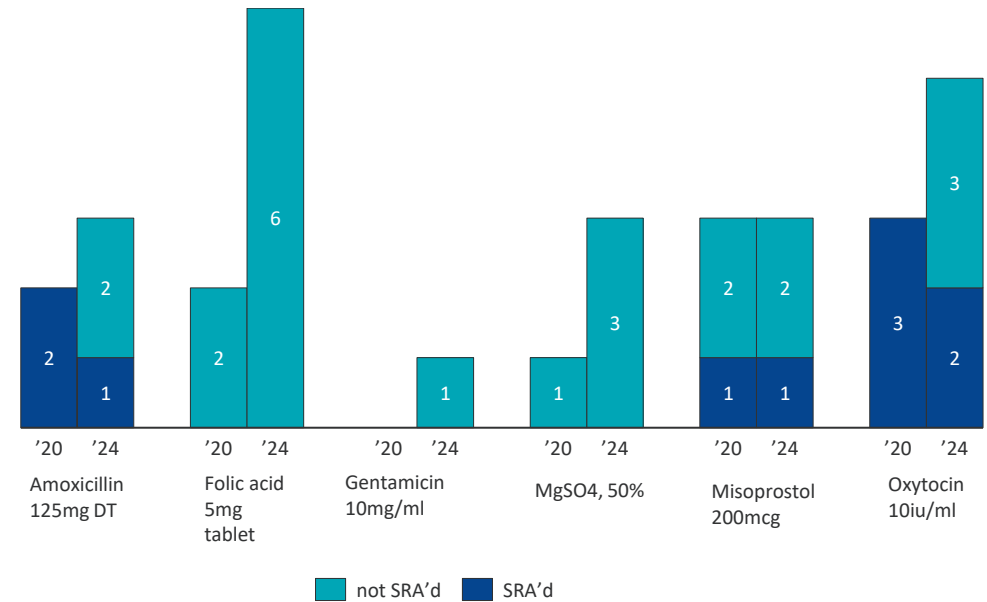
Magnesium sulphate 50%, 10ml injection suppliers by presence in state, 2019-2023¹



1. Suppliers procured from reported by 10 state DMAs/LMCUs in Nigeria.
2. Registered products with EFDA in 2020 and 2024.

Low supplier participation reduces competition and contributes to procurement delays in Ethiopia

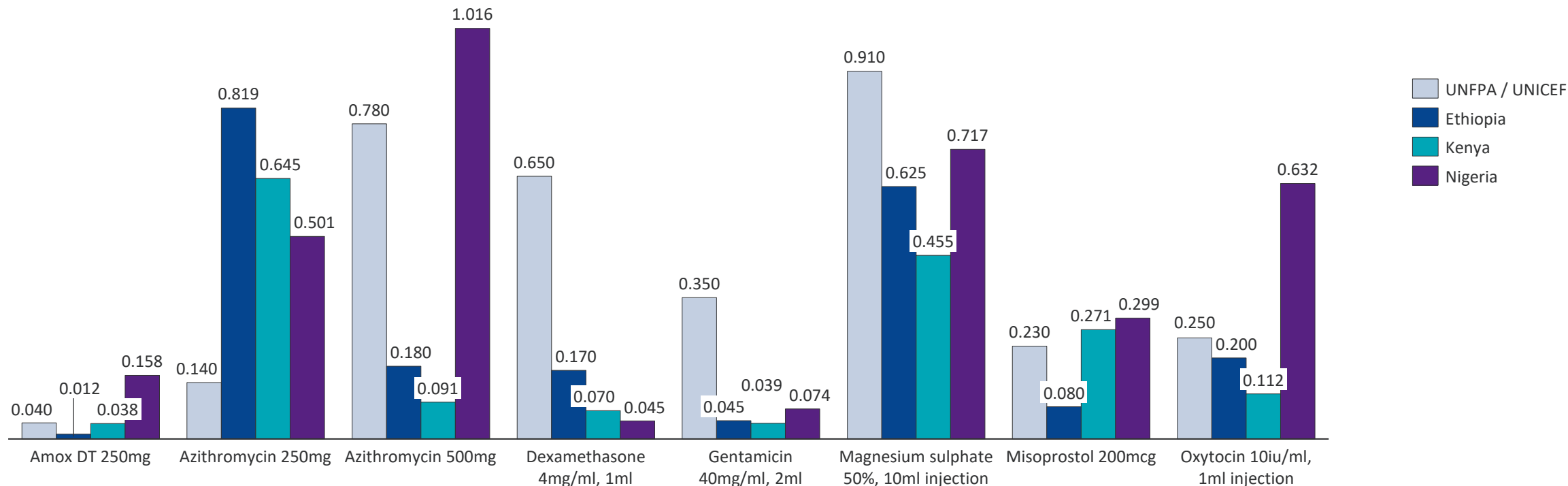
Priority MNCH products with 6 or fewer suppliers registered by the EFDA, 2020 vs 2024²





Prices are highly variable across geographies, suggesting opportunities for market optimization, particularly when country prices are more expensive than UNFPA/UNICEF prices.

Weighted average procurement prices across Ethiopia, Kenya, and Nigeria compared to UNFPA / UNICEF prices, 2019-2023 (USD, SUOM)



1. Weighted average procurement prices were calculated by dividing total volume procured by central procurers by their total spend across 2019-2023, per product. Data sources included UNICEF and UNFPA price catalogs for global prices, and the central procurers in Ethiopia, Kenya, and 10 Nigerian states. MNCH-N products were not included in this analysis if they were not procured across all three countries or if they were not included on UNICEF/UNFPA price catalogs.

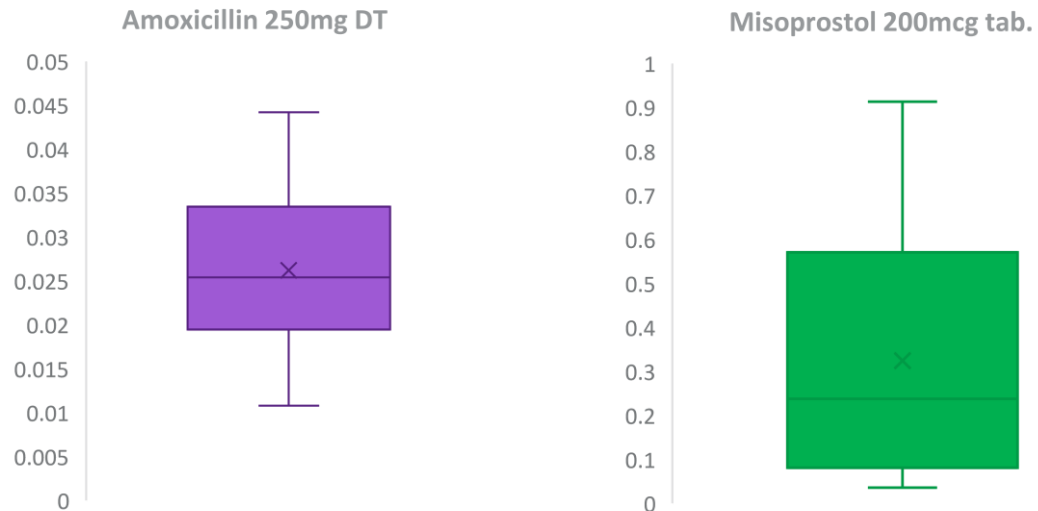


Prices are highly variable, with higher prices associated to more decentralized, fragmented markets and in the private sector.

Country example: Kenya

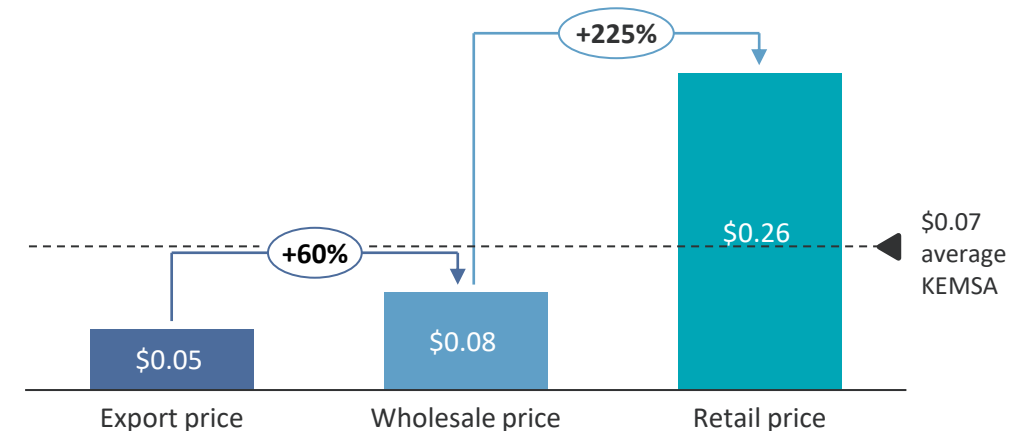
Prices are highly variable across counties in Kenya. This is likely due to differences in procurement channels utilized and order size, thus a symptom of procurement inefficiencies.

Weighted average county procurement price in Kenya, 2022-2024 (USD per tablet)¹



High mark-up prices when purchasing from private sector retailers, where we see mark-ups on average of 82% at the wholesaler level, and on average of 145% at private retailers.²

Dexamethasone 4mg/ml inj median prices per SUOM, 2019-2023 (USD)



1. Price distribution calculated as the weighted average purchase price reported by 16 counties in Kenya.
2. Private sector export, wholesale, and retail prices were sourced and analyzed by Maisha Meds from a third party provider for the following MNCH-N products: amoxicillin 125mg DT, amoxicillin 250mg DT, amoxicillin 125mg/ml OS, amoxicillin 250mg/ml OS, azithromycin 250mg, azithromycin 500mg, dexamethasone 4mg/ml, gentamicin 10mg/ml, gentamicin 40mg/ml, folic acid 5mg, IFA, magnesium sulphate 50%, misoprostol 200mcg tab, oxytocin 5iu/ml, oxytocin 10iu/ml, TXA 100mg/ml. An average of the percent mark-up was then calculated.



Absent evidence-base at country-level to understand the scale of quality challenges and how to prioritize relative to other market barriers.

Few globally QA'd suppliers are directly marketing their products in LMICs; this attributed to:

- Prioritization of local manufacturing initiatives (particularly in Nigeria and Kenya)
- Public sector procurement practices prioritizing cheapest price in bid evaluation
- Globally QA'd suppliers not registering products due to perceived low demand and/or high-risk market

Globally QA'd suppliers registered in countries (2024)

Product Description	No. approved by WHO PQ or SRA	No. registered with WHO PQ or SRA / No. registered		
		Ethiopia	Kenya	Nigeria
Amoxicillin 250mg DT	4	3/12	1/10	0/5
Amoxicillin 250mg/5ml OS	26	0/15	1/12	0/3
Magnesium Sulphate 500mg/ml (50%) in 10ml inj	8	0/3	0/7	0/0
Misoprostol 200mcg tab	11	1/3	3/11	1/9
Oxytocin 10 units/ml, 1ml inj	20	2/5	2/14	0/2



1. Globally quality-assured suppliers defined as having regulatory approval from WHO Pre-Qualification, a WHO-Listed Authorities, Global Fund, UNICEF, or UNFPA.

A photograph of a smiling woman with dark skin and short, curly hair, wearing a vibrant, multi-colored beaded necklace and a patterned shawl. She is holding a young child with curly hair, who is wearing a purple top. They are standing in a lush green savanna landscape with scattered trees and a clear blue sky in the background.

Thank you!



For further information, please contact Samantha Durdock, project lead at R4D (sdurdock@r4d.org).

ANNEX

Country market summaries



Nigeria MNCH-N market overview



Healthy market characteristics

Products are adopted in normative guidance

Financing is sufficient, coordinated and reliable

Procured volumes are sufficient to meet demand

Supply base can meet demand

Products in market are quality-assured

Prices are competitive

Key findings

- ✓ **Normative guidance is largely aligned** to global recommendations and across the federal and state level, except for azithromycin oral solid formulations which is omitted from the national EML and many state EMLs and tranexamic acid which is not included in some state EMLs
- ✓ There is **minimal product fragmentation** across donors and government procurers
- ✗ While gov't – rather than donors – is stewarding funding for MNCH-N products in public facilities, **funding is highly variable and appears to be driven by political prioritization for MNCH-N rather than burden.** Seedstock for DRFs offer a potential avenue to catalyze increased domestic funding for MNCH-N products.
- ✗ MNCH-N product **prices are not competitive** compared to global averages or procurement prices in other LMICs. This is **in part driven by procurement fragmentation across – and within – states.** It may be particularly advantageous to aggregate volumes for MNCH-N products experiencing high variability in price and volume across government procurers.
- ✗ Despite having a robust supply base for MNCH-N products, **high supply-side fragmentation is leading to high prices and limited participation from globally QA'd suppliers.**
- ? The market impact for political prioritization of local manufacturing is currently unclear but could be understood by looking specifically at Emzor and Juhel – which appear to be prominent MNCH-N suppliers across states.



Note: 5 states (Bauchi, Kaduna, Kano, Nasarawa, and Sokoto) included in this assessment readout in September 2024. Remaining states will be included in the October readout.

Ethiopia MNCH-N market overview for established products

Healthy market characteristics

Products are adopted in normative guidance

Financing is sufficient, coordinated and reliable

Procured volumes are sufficient to meet demand

Supply base can meet demand

Products in market are quality-assured

Prices are competitive

Key barriers

- ✓ **Established MNCH-N products are adopted in normative guidance**, except for misoprostol which was removed from the 2020 Ethiopia EML due to technical confusion over duplicity with mifepristone-misoprostol combination – albeit misoprostol procurement has continued
- ✓ **Government is stewarding decisions** on MNCH-N product prioritization, funding and procurement
- ✓ **Prices are either stable or have decreased** since 2016. Dexamethasone, gentamicin, and oxytocin experienced price variability in 2017-2019, but have since stabilized
- ✗ **Unpredictable and insufficient funding** (exacerbated by economic and political turmoil). Total disbursed funding for MNCH-N products ultimately decreased by 73% during the 2016-2023 period.
- ✗ **Over 60% of MNCH-N products are funded through donor resources**, which poses significant sustainability concerns
- ✗ Underutilization of funds, which creates highly variable fulfillment, is driven by:
 - ✗ **Lower than expected demand** complicating supply planning
 - ✗ **Procurement inefficiencies** where long lead times delay tenders. Notably current investments in EPSS are addressing internal process challenges.
 - ✗ **Insufficient supply competition** causing delayed tenders. Only one-third of MNCH-N products have five or more registered suppliers – the required threshold to satisfy EPSS procurement policies
- ✗ While there are no significant quality concerns at the regulator level – except for gentamicin – **globally-QA'd suppliers are hesitant to participate** in the primarily public sector, low profit MNCH-N market, which is exacerbated by unpredictability in demand

















Kenya MNCH-N market overview

Healthy market characteristics

Key findings

 Products are adopted in normative guidance	 Normative guidance is largely aligned to global recommendations for established products, however emerging products require further product introduction regulatory efforts.
 Financing is reliable, sufficient, and coordinated	 Almost all MNCH commodity funding in Kenya is through government resources, but it is fragmented and insufficient .
 Procured volumes are sufficient to meet demand	 Procured volumes are insufficient to meet demand , driven by fragmented quantification processes and multiple procurement agents, which leads to market inefficiencies.
 Prices are competitive	 Prices are highly variable across counties and procurement agents , likely a function of low market information and small order size due to fragmentation.
 Supply base can meet demand	 Kenya has a health supply base for most MNCH commodities , and a robust local manufacturing sector, which likely plays a role in strengthening the national supply base.
 Products in market are quality-assured	 There are few <u>globally</u> quality assured suppliers registered in the country indicating a mismatch of market incentives across these QA'd suppliers and demand in Kenya.