Unmet Need in Vietnam and the Role of Pharmacies

Mona Byrkit, MPH
PATH Country Program Leader
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Background – Family planning in Vietnam

- Total population 86 million
- Young population: nearly 1/3 is age 10-24
- 50 years of family planning
- Modern CPR: 68%
- Total Fertility Rate: 2.0
- High abortion rates
- Skewed method mix: 55% of all users are IUD users
- Youth access still a problem
### Background: Contraceptive method mix

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Intrauterine devices</td>
<td>62.4</td>
<td>61.6</td>
<td>57.0</td>
<td>55.8</td>
</tr>
<tr>
<td>Oral contraceptive pills (OCs)</td>
<td>0.8</td>
<td>5.9</td>
<td>11.4</td>
<td>13.2</td>
</tr>
<tr>
<td>Injectables and implants</td>
<td>0</td>
<td>0.5</td>
<td>0.9</td>
<td>1.3</td>
</tr>
<tr>
<td>Condoms</td>
<td>2.2</td>
<td>5.6</td>
<td>7.5</td>
<td>10.9</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>5.0</td>
<td>8.1</td>
<td>6.9</td>
<td>5.0</td>
</tr>
<tr>
<td>Male sterilization</td>
<td>0.6</td>
<td>0.8</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Other methods</td>
<td>29.0</td>
<td>17.5</td>
<td>15.8</td>
<td>13.5</td>
</tr>
</tbody>
</table>

*Source: Population Change Surveys – General Statistics Office*
Background – Vietnam considers a “Total Market Approach”

• New Population/RH strategy 2011-2020
• From “2 child” to focus on “quality of health and pop”
• Donor-supported contraceptives go from 86% in 2006 to 0% today
• Government sees expanded role for private sector; must introduce new fees and payment scheme
Program intervention: Pharmacies as key providers of health care

- Often first contact with health provider when ill or in health-seeking mode
- Rapidly growing network
- Varying levels of professionals within pharmacies
- Important source of health services and information for poor and young

<table>
<thead>
<tr>
<th>Year</th>
<th># of pharmacies</th>
</tr>
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<tbody>
<tr>
<td>1998</td>
<td>14,000</td>
</tr>
<tr>
<td>2004</td>
<td>23,000</td>
</tr>
<tr>
<td>2009</td>
<td>41,850</td>
</tr>
</tbody>
</table>
Program intervention: Building pharmacy worker capacity to better service clients

• *RxGen, 2003-2005*
  - Validated model of pharmacies as effective source of SRH information and services for youth
  - Focus on EC, ongoing contraception, risk identification and referral for STIs, management of unintended pregnancy

• *Enhancing the Role of Pharmacies, 2008-2012*
  - Training and coaching on primary health care topics, including FP, STI and HIV prevention, counseling
  - Job aids for workers, IEC materials for clients
  - Strengthened referral system
  - Supportive supervision
  - Community education through women’s union and youth union members, population collaborators
Methodology: Data gathered on pharmacies and their role as FP providers

- Midterm review of 4 year project in 2010
- 700+ pharmacies in 5 provinces, catchment area of 1.9 million
- Surveys among pharmacy staff, community and mystery clients; in-depth interviews and focus groups
- Secondary analysis of market research data from IMS
Results/Key findings

- Pharmacy worker knowledge improved
- Counseling skills enhanced
- More clients coming to pharmacy as first stop for OCs and FP info (63% vs 23%)
- Referral mechanism and incentives need to be strengthened

<table>
<thead>
<tr>
<th>Knowledge levels of Pharmacy staff</th>
<th>Total</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Midterm</td>
</tr>
<tr>
<td>Know at least 3 side effects of OCs (%)</td>
<td>27</td>
<td>77</td>
</tr>
<tr>
<td>Know what circumstances to use EC</td>
<td>40</td>
<td>85</td>
</tr>
<tr>
<td>Know time for use of EC after unprotected sex</td>
<td>64</td>
<td>77</td>
</tr>
</tbody>
</table>
Results/Key findings

Improvement in attitudes and practices of pharmacy staff in addressing contraception

- Positive attitude: OR: 2.0 (95%CI:1.4-3.0)
- Inform of side effects: OR: 8.3 (95%CI:5.1-13.6)
- Advise on risks of STIs: OR: 22.4 (95%CI:5.3-94.1)
- Inform of regular contraceptives: OR: 10.4 (95%CI:5.8-18.5)
Results and key findings: private sector sales

OC and EC sales in private sector

<table>
<thead>
<tr>
<th>Year</th>
<th>Monthly OC</th>
<th>EC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>3,500,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2006</td>
<td>3,800,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>2007</td>
<td>4,100,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>2008</td>
<td>4,400,000</td>
<td>3,500,000</td>
</tr>
<tr>
<td>2009</td>
<td>4,700,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>2010 Forecast</td>
<td>5,000,000</td>
<td>4,500,000</td>
</tr>
</tbody>
</table>

SOURCE: IMS Health. Commercial contraceptive market, excluding condoms
Result/Key findings

FP users willing to pay for family planning

Percent of women willing to pay for family planning

Not using  IUD  Injectable  Implant  Pill  Condom  All women

FP users willing to pay for FP by income level

Source: Vietnam Self Paying Survey, 2009
Program implications and lessons learned

• Pharmacies are already major providers of FP counseling and services

• Success of EC through pharmacies shows they have bigger role to play, especially for people looking for alternatives to IUDs (youth, discontinuers, others)

• Pharmacies can do more to educate about non-emergency forms of FP, and refer to health facilities for clinic-based methods
Program implications and lessons learned

- Pharmacies could be considered as an outlet for injectables, but this is probably a long ways off
- HIV/AIDS and FP not integrated; dual protection can be emphasized more in pharmacy work
- With PEPFAR and other donors scaling back in Vietnam, the timing for this is urgent
- Vietnam is promoting Good Pharmacy Practice (GPP), but should take care not to create barriers to access (require prescriptions for EC, etc)
- With a motivated government keen on population stability, there are new opportunities for the private sector and an expanded method mix
Vibrant market, expanded choices!