Total Market Initiatives for Family Planning

PATH, Abt Associates, and Marie Stopes International

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Total Market definition

Government coordination and support of public and private stakeholders to leverage their comparative advantages to enhance equitable, sustainable family planning.

Why?

• To increase/sustain contraceptive prevalence and reduce/prevent unmet need.
• To enhance financial sustainability of public-sector funding.
• To increase family planning access for the most vulnerable, underserved groups.
What we mean by “private sector”

- **Commercial:** 
  *Individual doctors, pharmacists, clinics, manufacturers, and distributors.*

- **Social marketing:** 
  *Supplies are donated or subsidized.*

- **NGOs:** 
  *Nonprofit agencies.*
Objectives of panel

- Describe TMIs in different country contexts.
- Characterize different country environments.
- Summarize steps to engage the total market.
- Document prioritization and capacity-building processes.
Implications of TMI?

- Do they improve equity, access, and quality?
- Do they increase sustainability or efficiency of services?
Enhancing Equity and Sustainability of Public-Sector Family Planning

Vietnam and Nicaragua

Janet Vail
Senior Program Officer
Reproductive Health
Country Environments

- Diminished donor funds
- Insufficient government budgets to continue to free FP services to all
- High or increasing demand for FP
- Evidence that some users have ability to pay for services and products
Country Environments

- Government RH strategy exists but no clear plans for its implementation
- Ministry of Health interest to build their role as the lead coordinator and steward of total market
- Private sector providers exist for family planning
Government Engagement

- Public-private partnerships for service delivery
  - Not just about ‘engaging private sector’
  - Not just about product delivery
- Key concepts:
  - partnership
  - government leadership
  - total market planning
- Lack of engagement between public and private sectors hampers the effectiveness of public health interventions
Steps to a Total Market Initiative

- Obtain agreement with government (MoH) to build their leadership in total market coordination and planning
- Analyze stakeholders
- Gather and apply evidence
- Choose priorities
- Develop action plan
- Implement and monitor
Network analysis and perceptions survey

• Purpose
  – Understand capacity and readiness for a TMA
  – Involve key stakeholders in planning for a TMA

• Objectives
  – Identify key stakeholders, frequency and purpose of interactions
  – Appraise power of stakeholders
  – Identify opinions about TMA and how to implement it
  – Develop strategies to improve TMA feasibility
Network Map: Vietnam
Stakeholder inputs

• Main potential obstacle is perception of government opposition; in fact, government expressed strong support for TMA
• Nearly all stakeholders identified need for coordination mechanism and clear regulations of private sector participation
• Information gathering and research needed
Evidence applied

- Projections of future use and users
- Method use by wealth and source
- Commercially available methods and prices
- Ability and willingness to pay
Prioritization Process

- Method gaps (injectable in Vietnam)
- Regional gaps (Atlantic coast in Nicaragua)
- Shifting those who can pay to the private sector
- Protecting the poor
- Targeting adolescents
- Maximizing existing insurance (SS in Nicaragua)
Action Plan Characteristics

• **Specific:** Uses analyses and information relevant to family planning goals, strategies, market, and systems to maintain quality, availability and affordability.

• **Action-driven:** Will enable practical implementation based on agreed priorities

• **Realistic:** Identifies roles and responsibilities, timeline, capacity-building needs, measures of success
Total Market Action Plan

- Targeting and Supply
  - Providers matched to target consumers
  - Supply chain

- Government Stewardship
  - Regulatory Policies
  - Financing Mechanisms

- Monitoring/Evaluation
  - Timeline for implementation
  - Success Measurement

- Capacity-Building
  - Coordination
Vietnam total market operational plan

- Approved June 27, 2011
- Serves as action plan for RH strategy to:
  - Prioritize free services for poor and vulnerable groups; introduces fee for others
  - Diversify method mix
  - Prioritize social marketing (2011-2015)
  - Increase commercial provision (2020 - )
Capacity Building Needs

• Coordination between different government agencies and within Ministry of Health
• Financial transfers from the public to non-state sector
• Improving service quality of both public and private sectors
• Advocating to include FP in national health insurance or other insurance plans
• Advocating for FP to national assembly/legislature
Evaluation

- Modern CPR of the poorest
- Poorest receiving publicly-funded services
- Richest receiving privately-funded services
- Inclusion of FP in insurance plans
Thanks from the team at PATH

- Mona Byrkit
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- Henry Espinoza
- Matt Havlik
- Amy Heyden
- Luu Huong

- Jane Hutchings
- Yann Lacayo
- Nga Nguyen
- Minh Pham
- Margarita Quintanilla
- Chutima Suraratdecha
Amélioration de l’Accès au Planning Familial à Madagascar :
Une Approche Total du Marché

Présentée par: HANITRINIAINA Odile
Auteur: Soumitro Ghosh, HANITRINIAINA O.
Madagascar en bref en 2009…

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<tr>
<td><strong>Taux de fertilité</strong></td>
<td>4,8 enfants par femme</td>
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<td><strong>Taux de prévalence contraceptive</strong></td>
<td>Méthodes générales: 40%</td>
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<td>Méthode moderne: 29%</td>
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<td><strong>Besoin non satisfait en PF</strong></td>
<td>19% des femmes mariées âgées de 15 à 49 ans</td>
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<td><strong>Taux de mortalité infantile</strong></td>
<td>48 décès sur 1000 naissances vivantes</td>
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<td><strong>Ratio de Mortalité Maternelle</strong></td>
<td>498 décès sur 100 000 naissances vivantes</td>
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Source: données DHS Madagascar 2009
Contexe

• Population en **croissance rapide**, ce qui a un impact sur le développement et la prospérité économiques;

• **Engagement** important du gouvernement pour le PF et la SR:
  - Programme de PF en plein succès;
  - Demande et usage de PF en augmentation.

• Le **secteur public domine** l’offre de services de PF;
• Inquiétudes concernant la **sécurité contraceptive**.
Environnement politique du PF

- Mise en place d’un Secrétariat Exécutif pour le Planning Familial;
- Création d’un comité directeur du Planning Familial;
- Ajout du planning familial au document stratégique sur réduction de la Pauvreté à Madagascar (DSRP);
- Collaboration importante avec les bailleurs et les partenaires d’exécution.
Changement de Politique

• Jusqu’en septembre 2007, le gouvernement de Madagascar faisait payer les clients (montant proportionnel au coût d’ l’acquisition du produit et du transport);
• En septembre 2007, le gouvernement de Madagascar a déclaré que tous les contraceptifs du secteur public allaient être fournis gratuitement;
• L’initiative PAIS a amélioré l’approvisionnement et la distribution de tous les médicaments essentiels, y compris les contraceptifs.
Diminution du Taux de Fertilité Total


Nombre de naissances vivantes par femme

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<th>Année</th>
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Diminution des Besoins non Satisfaits

Source: DHS Madagascar 2004 et 2009
Défis

• Financement insuffisant pour que le gouvernement de Madagascar puisse satisfaire les besoins en planning familial;

• Les CSB doivent payer les coûts de transport depuis la pharmacie du district jusqu’aux CSB (approvisionnement non sécurisé dans le secteur public);

• Baisse dans la distribution et la vente de contraceptifs dans le secteur privé (dépendant des districts).
Gains du Secteur Public, mais au détriment du Secteur Privé

Source: données DHS Madagascar 2004 et 2009

2004
- Public: 59.07%
- Private: 33.0%
- Other: 7.93%

2009
- Public: 73.11%
- Private: 20.25%
- Other: 6.64%
Compréhension du marché en PF :
Quelles Opportunités Peuvent Augmenter le Rôle du Secteur Privé?
Mix de Méthodes Contraceptives Modernes Parmi les Femmes Mariées

- Norplant: 5.32%
- Pill: 20.79%
- Injectables: 61.87%
- Condom: 3.65%
- Female Sterilization: 3.84%
- Male Sterilization: 0.28%
- LAM: 0.11%
- Female Condom: 2.82%
- IUD: 1.32%

Source: DHS Madagascar 2009
Usage de Contraceptifs Injectables en Augmentation dans le Secteur Public parmi les Groupes Socioéconomiques les Plus Elevés

Source: DHS Madagascar 2004 et 2009

% Femmes Mariées

Quintiles de richesse

2009

2004
Le Secteur Public: Une Source Encore Importante dans les Groupes Socioéconomiques les plus Elevés

Sources de Planning Familial pour les Femmes Mariées par Indice de Niveau de Vie

Source: données DHS Madagascar 2009
Résumé du Marché du PF

• Un pourcentage important de clients qui peuvent payer utilisent les produits du secteur public.

• Les clients qui n’ont pas la capacité de payer utilisent les produits contraceptifs du secteur privé.

Il existe des opportunités d’augmenter le rôle du secteur privé! Cependant...
Les barrières pour le Secteur Privé dans l’offre de services/produits du PF

• Manque de coordination entre les secteurs public et privé;
• Mise en place incohérente de lois/politiques sur les taxes ;
• Le prix! Les contraceptifs du secteur public sont gratuits;
• Restrictions sur les publicités pour les contraceptifs.
Recommandations

1. **Augmenter les fonds** pour le secteur public en ce qui concerne l’obtention de produits contraceptifs; 

2. Evaluer **l’impact des taxes** sur les contraceptifs sur l’usage par les consommateurs; 

3. **Simplifier** les processus et les inscriptions officielles (AMM) des médicaments et des contraceptifs ; 

4. Cibler les clients ayant le besoin le plus important de produits contraceptifs gratuits; cibler ceux qui **peuvent payer** pour les produits du **secteur privé** 

5. **Faciliter le partenariat public/privé.**
Initiative Total du Marché Madagascar Merci!
“TMI Lite” A Low Cost Approach to Total Market Initiative in a low data setting

Jeff Barnes
Abt Associates
Country Context

- **Ivory Coast 2010:**
  - Situation of political-military crisis
  - Weak central government
  - CPR estimated around 11%
  - HIV prevalence estimated about 7%
  - MOH, UNFPA, Kfw, World Bank funding reproductive health activities
  - Local social marketing organization, AIMAS providing about 30% of couple years of protection

Military conflict
Background

- Abt Associates providing technical assistance to AIMAS, local social marketing agency which has a mandate to increase sales, improve cost recovery and sustainability.

- MOH leadership is weak, but there are several players involved in supply of contraceptives (NGO, government, commercial, UNFPA, World Bank, etc.)

- Need for coordination is felt by AIMAS and others due to impact of UNFPA funded condoms being distributed in urban areas.
Strategy

- Promote principle of Total Market approach to all RH stakeholders
- Catalyze interest in creating a forum for coordination and exchange and transfer ownership to government
- In absence of data and in depth understanding of consumer segments, use sales data, operational and financial capacity and geographical presence as a basis for coordination.
Activity

- Abt and AIMAS organize one day workshop on Total Market Approach
- Participation from MOH, AIDS Ministry, public sector procurement division, UNFPA, AIBEF, Care, commercial importers and distributors
- Discussed total market approach and principles of serving different segments.
- Exchanged information on past and planned procurement, distribution and promotion of RH commodities.
Results

- AIBEF decided to cancel an order for injectables with its headquarters upon learning that the government had a large supply of injectables at risk of expiring.

- Global Fund principal recipient decided to coordinate grants for condom distribution with AIMAS to avoid duplication and target underserved areas.

- Informal working group was established to continue exchange of information and coordination of strategies. Working group has continued to meet 3-5 times per year in spite of political crises.
Outstanding Issues

- Lack of evidence to show whether improved coordination has lead to increased coverage, use or equity for RH products and services.

- Ownership of the coordination forum by the government is still inadequate.

- Informal coordination discussions have been helpful but have not lead to a strategic plan for RH that embraces the Total Market Approach.
Thank you.
Total Market Successes: The Paraguay Story

International Family Planning Conference
Dakar, Senegal
December 1, 2011

SHOPS is funded by the U.S. Agency for International Development. Abt Associates leads the project in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, O’Hanlon Health Consulting.
Paraguay – Trends in Family Planning

- Rapid growth in CPR in last 10 years
- Now on par with many developed countries at 79.4%

Paraguay – Trends in Family Planning

- Major decline in TFR in recent years
- Gap between rural and urban is closing

![Decline in TFR Total, Urban and Rural](image)

Paraguay - background

- USAID/Paraguay commissioned the SHOPS project to conduct a Private Sector Assessment (PSA) of the contraceptives market in 2010

- **PSA Purpose**: to determine whether rapid growth in the public sector had negatively impacted the private sector

- **PSA Methodology**: in-country key informant interviews with over 2 dozen stakeholders and pharmacy shops and secondary analysis of 2004 & 2008 DHS data, as well as IMS data and a commissioned condom market study

- **Larger context**: the PSA was performed in preparation for the closing of USAID’s Health Office in Paraguay (March 2012) and to inform SHOPS’ programming to assist the country in preparing for responsible graduation
Starting Point: Growth in the Public Sector

- Public sector grew from 28% to 36%
- Private sector’s relative proportion of contraceptive sourcing decreased from 65% to 55%
New users in 2008 were predominantly from:

- Rural areas – no gap in CPR between urban/rural in 2008
Paraguay – Effective Public Sector Targeting

New users in 2008 were predominantly from:

- **Poor & Poorest wealth quintiles**

![Bar chart showing changes in user population by wealth quintiles from 2004 to 2008.](chart)

- Two lowest wealth quintiles were only 28% of overall user population in 2004
- In 2008, these two quintiles represent 44% of user population
- Two wealthiest quintiles decrease from 50% of user population to 36%
Market Segmentation at its Best!

- **Method choice**: 5 methods at or above 10% prevalence (condoms, pills, injectables, IUDs, and sterilizations)

- **Healthy mix**: No one predominant method

- **Brand choice**: 3 – 6 pills, condoms & injectables brands available throughout country in private pharmacies

- **Price options**: Products are available at high, medium, and low price points

![](piechart.png)
Sourcing by SEC became even more rational as the public sector grew – a larger proportion of poorer users sourced from the public sector & a larger proportion of middle & upper quintiles sourced from the private sector.

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Principal Findings from the PSA

- Improvements in public sector FP program achieved what it intended to: **reach previously underserved populations** – new users in 2008 came from rural areas and lowest two wealth quintiles.

- **No evidence of shifting from private sector to public sector** - private sector still grew in absolute terms from 2004 to 2008

- **Market segmentation refined further** as public sector grew because of effective targeting – overall segmentation is very strong

- **Private sector still dominant channel**; Paraguay has a vibrant commercial sector market with multiple brands at various price points

- **Graduation process is on-track**; however there is a need for an actor to assume the role of USAID after graduation, most logical entity is the contraceptive security committee

- There is **one remaining market inefficiency**: Social Security’s market share in FP is still low (3%) relative to the fact that 18% of Paraguayans are covered by Social Security. The Institute is privately and well-funded and needs to increase its role in FP
USAID programs (JSI/DELIVER and a locally-managed national social pharmacy project) contributed to substantial improvements in the public sector, including:

- Removing user fees
- Decreasing stock-outs from 82% (2005) to 48% (2008)
- Protected line item in national budget
- Regulatory change which allows clients in rural areas to receive more contraceptives per visit (ex: from 1 to 3 cycles of pills, from 10 to 30 condoms)
- Commitment to providing FP at all of MOH SDPs
Paraguay – Preparing for Graduation

The PSA concluded that Paraguay is indeed ready for graduation from FP support; therefore current SHOPS’ activities are designed to prepare for imminent graduation in March, 2012

• **CS Committee**: support the Contraceptive Security Committee to assume an oversight role of the Whole Market

• **Social Security Institute**: Strengthen the FP program at the Institute
TMI Takeaways

• **Paraguay’s public sector succeeded in increasing prevalence** by effectively targeting rural non-users and by implementing measures that improved economic and geographic access.

• **This resulted in a rational market segmentation that did not crowd out the commercial sector**

• **An organizing body that promotes dialogue among all stakeholders is key to sustaining gains**
Thank you!

www.shopsproject.org

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