Increasing Same-Day Access to FP through Available, Affordable Pregnancy Tests

Summary Presentation of SHOPS Plus Market Shaping Analysis in Five Countries

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Overview

• Premise:
  – Studies conducted in Zambia and Madagascar suggest that increasing access to pregnancy tests (PTs) can improve same-day initiation of family planning

• Purpose:
  – Identify opportunities to improve access to FP services by using a market shaping approach to increase the use of PTs

• Method:
  – Use of the CII market shaping framework
  – Assessments of the PT market and FP service delivery practices in India, Kenya, Madagascar, Malawi, and Zambia
  – Consultative process in the development of recommendations
Assessment overview

• Key questions:
  – What are market conditions for PTs at the global and local level?
  – What barriers to the use of PTs cause clients seeking a FP method to experience a delay or drop out of the process?
  – What market shaping and other interventions might help improve FP access?

• Caveats:
  – The assessment was qualitative, with a small sample of respondents
  – The geographic scope was limited to urban centers
  – Affordability and quality could not be precisely assessed
Using the CII market shaping framework

**Observe**
Market Shortcomings

**Diagnose**
Root Causes

**Assess**
Market Shaping Options

**Implement**
Customized Intervention

**Measure**
Results

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**MARKET HEALTH PRE-INTERVENTION**

- Affordability
- Availability
- Assured Quality
- Appropriate Design
- Awareness

**MARKET HEALTH POST-INTERVENTION**

- Reduce Transaction Costs
- Increase Market Information
- Balance Supplier and Buyer Risks

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Collecting information about the PT market

- **Global:**
  - IMS Health, public records
  - USAID procurement records
  - Consultation with PT buyers

- **Local:**
  - IMS Health (India)
  - Local tenders
  - Interviews (MOH, NGOs)
  - Site visits

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of site visits/interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public clinics</td>
</tr>
<tr>
<td>India</td>
<td>13</td>
</tr>
<tr>
<td>Kenya</td>
<td>3</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2</td>
</tr>
<tr>
<td>Malawi</td>
<td>13</td>
</tr>
<tr>
<td>Zambia</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

- Collecting information about the PT market
  - **Global:**
    - IMS Health, public records
    - USAID procurement records
    - Consultation with PT buyers
  - **Local:**
    - IMS Health (India)
    - Local tenders
    - Interviews (MOH, NGOs)
    - Site visits
Global-level findings

• WHO has issued guidelines to determine pregnancy status
  – The use of a checklist is recommended in a low-resource setting
  – Pregnancy tests are recommended in specific cases

• There is limited global-level procurement of PTs
  – USAID missions procure PTs from approved wholesalers
  – UNFPA has ordered small quantities for a few countries

• The PT market is highly competitive
  – Large number of manufacturers in multiple countries
  – Low procurement costs ($0.04 - $0.40 for dipsticks)
Country-level Market Findings
Local PT markets: Many brands, mostly dipsticks

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Products identified</th>
<th>Dipstick</th>
<th>Cassette</th>
<th>Midstream</th>
<th>Number of Manufacturers identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>19</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Kenya</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Madagascar</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Malawi</td>
<td>13</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Zambia</td>
<td>24</td>
<td>13</td>
<td>2</td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>

Sources: IMS/India. All other data collected in-country in public and private facilities, retail pharmacies, and from wholesalers/distributors.
PTs are available at low starting prices in pharmacies and clinics

<table>
<thead>
<tr>
<th>Country</th>
<th>PT cost at public clinic</th>
<th>PT cost at retail pharmacy</th>
<th>PT cost at private provider</th>
<th>FP consultation cost at private provider</th>
<th>Other product for comparison (ECP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>Free</td>
<td>0.45–0.96</td>
<td>0.75–1.49</td>
<td>2.99–4.48</td>
<td>0.75–1.49</td>
</tr>
<tr>
<td>Kenya</td>
<td>0.99–1.40</td>
<td>0.29–4.17</td>
<td>0.97–1.94</td>
<td>0.99–3.00²</td>
<td>0.99–1.48</td>
</tr>
<tr>
<td>Madagascar</td>
<td>PTs not available</td>
<td>0.33–3.45</td>
<td>0.49–0.99</td>
<td>0.99–1.66</td>
<td>0.33–3.25</td>
</tr>
<tr>
<td>Malawi</td>
<td>PTs not available</td>
<td>0.28–1.80</td>
<td>0.69–2.08</td>
<td>0.14–1.39</td>
<td>0.69–2.08</td>
</tr>
<tr>
<td>Zambia</td>
<td>Free</td>
<td>0.10–4.50¹</td>
<td>Included</td>
<td>2.00–6.50</td>
<td>0.15</td>
</tr>
</tbody>
</table>

1. Excludes midstream digital test found in two outlets, at a maximum price of $12.40
2. Typically includes FP method and service
PTs are low-rotation products that typically carry high retail margins, however retail prices remain low

<table>
<thead>
<tr>
<th>Country</th>
<th>Total number of products identified</th>
<th>Retail selling price (USD)</th>
<th></th>
<th>Retailer gross margin</th>
<th>Wholesaler gross margin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Min</td>
<td>Max</td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>19</td>
<td>0.45</td>
<td>0.96</td>
<td>69-81%</td>
<td>15-37%</td>
</tr>
<tr>
<td>Kenya</td>
<td>25</td>
<td>0.29</td>
<td>4.17</td>
<td>85%*</td>
<td>12%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>14</td>
<td>0.33</td>
<td>3.45</td>
<td>25-45%</td>
<td>NA</td>
</tr>
<tr>
<td>Malawi</td>
<td>16</td>
<td>0.28</td>
<td>1.80</td>
<td>60-93%</td>
<td>NA</td>
</tr>
<tr>
<td>Zambia</td>
<td>24</td>
<td>0.10</td>
<td>4.50**</td>
<td>15-98%</td>
<td>94-95%</td>
</tr>
</tbody>
</table>

*Relevant price information available for only 1 brand
**Excludes outlier midstream digital test

Sources: Data from products identified by in-country consultants; India number of products supplemented with IMS data. Margins calculated by SHOPS Plus. Country currencies have been converted to USD.
Comparing SHOPS Plus findings to other studies

- Entry-level prices of PTs mostly under US$1.00 in all outlets
- Public clinics charge for PTs in several countries

<table>
<thead>
<tr>
<th>Outlet type</th>
<th>IFP (US$, range)</th>
<th>FPWatch (US$, range)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kenya</td>
<td>Mali</td>
</tr>
<tr>
<td>Private clinic</td>
<td>0.98-5.87</td>
<td>0.41 - 3.28</td>
</tr>
<tr>
<td>Public clinic</td>
<td>0.98 - 4.89</td>
<td>0.82 - 2.46</td>
</tr>
<tr>
<td>Pharmacy or drug shop</td>
<td>0.49 - 1.96</td>
<td>1.15 - 2.46</td>
</tr>
</tbody>
</table>

Sources: IFP / FHI360, SHOPS PLUS, FPWatch
Policy and Practice at the Country Level
India: Provider behavior is a key barrier to same-day FP initiation

- Providers do not apply the checklist but use PTs in case of delayed menses
- A negative PT result does not always lead to same-day FP initiation
- In both sectors, FP clients are asked to come in/return when menstruating
- Client practices: High incidence of home use of PTs
- Opportunity: Address provider behavior through service delivery protocols
Kenya: Provider adherence to protocols needs improvement

- MOH supports the use of a checklist and administration of PTs when indicated but practice varies in both sectors
- Policy mandates the procurement of PTs by counties
- Opportunity: Improve provider behavior through training and/or behavior change program
Madagascar: Low availability of PTs in the public sector

- MOH mandates use of the checklist and has approved the introduction of PTs through the community-based MIKOLO project

- PTs are usually not available for FP services in public clinics and clients are likely to self-delay FP visit until they menstruate

- Opportunity: Advocate with MOH for improved availability of PTs
Malawi: Policy supports the use of PTs but delays still occur

MOH protocols reflect WHO guidelines, but…

- Availability and use of PTs in the public sector is rare
- Clients who need a PT must buy it elsewhere or return during menses
- Franchised FP clinics typically use PTs on premises
- Opportunity: Advocate for public procurement of PTs
Zambia: Appropriate policies but mixed availability in public clinics

• MOH policy supports the use of PTs in the context of FP services
• MOH procures PTs but stockouts occur
• FP clients must buy a PT when they are not available at the public clinic
• Private clinics routinely use PTs to determine pregnancy status
• Opportunity: Improve public sector procurement and supply chains for PTs
Summary

• All countries have a vibrant private market for PTs
  – High availability, wide range of prices
  – Low prices despite higher than average retail margins

• The availability of PTs for FP in the public sector is mixed
  – Three out of five countries routinely order PTs for use in FP services
  – Actual availability is influenced by clinical practice and procurement practices

• Policy and practice barriers were found across countries and sectors
  – There is variable awareness of and use of the WHO checklist
  – Ruling out pregnancy with a PT does not always lead to method initiation
Conclusions from Market Shaping Analysis
Conclusions using the market shaping framework
Conclusions using the market shaping framework

**Availability: No issues related to global or local supply of PTs**
- No observed or reported issues with manufacturer capacity or participation
- Inadequate supply of and use of PTs in public clinics are main cause of delays

**Affordability: Not a barrier for private sector users**
- Low global procurement prices make the use of PTs affordable to NGOs
- Margins applied at both retail and clinic outlets are not unusual

Affordability may be an issue for public sector users and those living in underserved areas, but would need to be further researched at the population level.
Conclusions using the market shaping framework

**Assured quality: No reported concerns or negative outcomes**
- Caveat: PTs were not evaluated against quality standards

**Appropriate design: Not identified as a potential market shortcoming**
- Several designs available in each country

**Awareness: Low knowledge of appropriate use of PTs in FP context**
- Knowledge of WHO guidelines found to be low or mixed in all countries and both sectors
Conclusions relating to programmatic issues

• National policy and provider behavior are key factors influencing the use of PTs according to WHO guidelines

• Inappropriate or confusing protocols lower demand for PTs in the public sector, prevent accurate procurement of PTs, and result in stockouts

• Inclusion of PTs in FP service protocols has not been an area of focus for FP/MNCH programs
Identifying Interventions to Reduce the Risk of FP Client Loss
Consultative process

• CII PT workshop at the Reproductive Health Supplies Coalition annual meeting in Seattle (October 2016)

• Consultations with experts through video conferencing and individual calls (December 2016)

• Presentation of assessment results to the RHSC market development approaches (MDA) working group (February 2017)
### Possible interventions for the private sector

<table>
<thead>
<tr>
<th>Client loss risk</th>
<th>#</th>
<th>Intervention</th>
<th>Type</th>
<th>Drawbacks/challenges</th>
<th>Prerequisites for implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women who use a home PT and get a negative result may not be aware of what to do next</td>
<td>19</td>
<td>Partner with manufacturer or distributors to include “Q&amp;A” printed information in PT packaging</td>
<td></td>
<td>• Logistically challenging</td>
<td>Motivated private sector partners Legal approvals</td>
</tr>
<tr>
<td>Women who use a home PT and get a negative result may not know how to access FP services</td>
<td>20</td>
<td>Partner with pharmacist association to support customer referrals to FP clinics</td>
<td></td>
<td>• Logistically challenging</td>
<td>Supportive pharmacist</td>
</tr>
<tr>
<td>Non-menstruating client is turned away because norms prevent dispensing FP services outside menses</td>
<td>21</td>
<td>Partner with professional associations and private facilities to change clinical practice</td>
<td>P</td>
<td>Slow pace of changing clinical practice in the private sector</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Re-train providers to improve the quality of FP services</td>
<td>P</td>
<td>Difficult to implement. May not be possible with independent providers</td>
<td></td>
</tr>
</tbody>
</table>

* Intended for exploratory discussion, not being put forth as recommendations
Ideas for interventions spanned market shaping/programmatic continuum

**Market shaping interventions**

- Insert FP information in PT packaging (19)
- Change contraceptive product labeling (11)
- Aggregate orders across countries (6)
- Joint forecasting of PTs and contraceptives (3)
- Aggregate demand in the public sector (5)
- Pool NGO procurement of PTs (15)
- Incentivize data reporting (2)
- Co-locate PTs at public clinics (4)
- Vouchers for PT buyers to access FP (18)
- Social marketing of PTS (12)
- Include on-site use of PTs in MOH FP protocols (1)
- Train MOH providers in pregnancy checklist (10)
- Advocate for use of checklist in MOH guidelines (9)
- Provide quick-access pass to returning clients (8)
- Lower PT fees in franchised clinics (17)
- Pharmacy customer referrals to FP clinics (20)
- Change clinical practice in private clinics (21)
- Train private healthcare providers (22)
SHOPS Plus Recommendations
Selection criteria for proposed interventions

- **Justified**: Linked to a demonstrated barrier to access to FP
- **Feasible**: In terms of time, resources, and likely success
- **Cost-effective**: High value, low investment (e.g. through integration in existing programs or systems)
- **Sustainable**: With the potential to be owned and supported by the government or private sector
- **Backed by experts**: Including FP, service delivery, supply chains, and private sector specialists
### Public sector: Change policy and clinical practice; fund and improve the procurement of PTs

<table>
<thead>
<tr>
<th>Client loss risk</th>
<th>Intervention</th>
<th>Drawbacks/challenges</th>
<th>Prerequisites for implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-menstruating clients turned away because PTs are not available</td>
<td>Include use of PTs with WHO checklist in MOH protocols</td>
<td>• Policy change can be slow and may not result in desired provider behaviors</td>
<td>• Support for policy change from MOH and medical institutions</td>
</tr>
<tr>
<td></td>
<td>Enable regular procurement of PTs for FP services</td>
<td>• Risk of over-reliance on PTs</td>
<td>• Funding for procurement • Use of checklist in facilities</td>
</tr>
<tr>
<td></td>
<td>Introduce joint forecasting of PTs and contraceptives; Possible bundling with IUDs</td>
<td>• Logistics may be complex • Risk of overstock and waste</td>
<td>• Forecasting tool • Functional procurement and supply chain</td>
</tr>
<tr>
<td>Non-menstruating client asked to come back during menses</td>
<td>Address clinical practice through policy change, provider training on same-day FP initiation</td>
<td>• Slow pace of changing clinical practice • Provider resistance</td>
<td>• Support for policy change from MOH and medical institutions • Better understanding of provider behavior (e.g. risk aversion)</td>
</tr>
</tbody>
</table>
### Private sector: Country-level, context-specific interventions

<table>
<thead>
<tr>
<th>Client loss risk</th>
<th>Intervention</th>
<th>Drawbacks/Challenges</th>
<th>Prerequisites for implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-menstruating client turned away by provider</td>
<td>Partner with professional associations and facilities to change clinical practice</td>
<td>• Large number of private facilities</td>
<td>• Strong support from local institutions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Program mechanism</td>
</tr>
<tr>
<td>PT home users who get negative result lack information about FP</td>
<td>Link PT purchase to information about FP services (e.g. advertise FP services through pharmacies)</td>
<td>• Likely to be inefficient through pharmacies only</td>
<td>• Best addressed through existing MNCH, FP, or youth-friendly programs</td>
</tr>
<tr>
<td>Public sector client drops out because she cannot find or afford PT</td>
<td>Introduce low-cost PTs through existing social marketing/CBD program in underserved areas</td>
<td>• May not be sustainable without subsidies</td>
<td>• Existing SM project with links to community based network</td>
</tr>
<tr>
<td>Voucher and/or quick-return pass for the purchase PT in pharmacy</td>
<td></td>
<td>• May have limited impact if clients are willing to pay</td>
<td>• Incentive for pharmacies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Management burden</td>
<td>• Funding for voucher program</td>
</tr>
<tr>
<td>Negotiate lower PT fees from franchised clinics</td>
<td></td>
<td>• Loss of revenue for clinics</td>
<td>• Must be commercially viable</td>
</tr>
</tbody>
</table>
Cross-cutting initiatives

• Consider developing new High Impact Practice brief on the use of the checklist and PTs for dissemination to USAID missions and partners

• Support population-based and consumer research to determine affordability and willingness to pay

• Integrate efforts to mainstream the use of pregnancy checklist and PTs in existing FP/MNCH programs
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- Caroline Quijada

William Davidson Institute

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