ZAMBIA TMA LANDSCAPE ASSESSMENT

Contraceptives and Condoms

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USAID FROM THE AMERICAN PEOPLE

JSI RESEARCH & TRAINING INSTITUTE, INC.

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1 Zambia Health Overview

Demographic & Health System Overview

ZAMBIA'S MISSION IS TO PROVIDE EQUITABLE ACCESS TO COST EFFECTIVE, QUALITY HEALTH SERVICES AS CLOSE TO THE PEOPLE AS POSSIBLE.

Zambia has a largely rural population of 13.1million (60.5% rural and 39.5% urban), of whom 45% are below the age of 15.[1] Although the population is relatively small, it is geographically scattered across 752,612 Km,[2] making delivery of health services and products, particularly among rural dwellers, challenging. Poverty in Zambia currently stands at 60.9%.[2] In rural areas, 77.9% of residents live in poverty and of these, 89% live in extreme poverty. This is an important determinant in ability to pay for goods and services, including *health* products and services. The guiding principle of Zambia's health system is "the provision of equity of access to cost effective quality health care as close to the family as possible." The health sector in Zambia strives to attain universal health coverage, but the health system faces challenges reaching all Zambians in need.

[1] Central Statistics Office (CSO). 2010 Zambia Census of Population and Housing (2010 Zambia Census)
[2] Central Statistics Office (CSO). 2012.Living Conditions Monitoring Survey Report 2006 and 2010

Health Service Delivery Structure

Zambia's public health services provision is coordinated across four levels: national, provincial, district and community, and comprise the following core health service delivery facilities:

Health Posts & Health Centers | *Community*
Level I Hospitals | *District*
Level II General Hospitals | *Provincial*
Level III Tertiary/Teaching Hospitals | *National*

Policy states that health posts are accessible within a 5km radius and provide basic first aid; health centers provide primary health care services; and three tiers of hospitals (primary, secondary, and tertiary) manage referrals and provide specialized care and training.[2]

While the majority of services are provided through the public sector, the private sector (for and not-for-profit) also contribute to the healthcare marketplace.

IN **URBAN AREAS**, APPROXIMATELY **99% OF HOUSEHOLDS** ARE WITHIN 5 KM OF A HEALTH FACILITY, COMPARED TO **50% IN RURAL AREAS**[1]

[1] Government of the Republic of Zambia and United Nation's Children Fund. 2015. *Health Facility and Health Worker Baseline Assessment for RMNCH and Nutrition Services Final Report*. https://www.unicef.org/zambia/MDGi_HF_final_baseline_assessment_report_(2).pdf
[2] Government of the Republic of Zambia. Ministry of Health. (2012). *National Health Policy*

HIV Snapshot

Indicator	Women	Men	Total
Adult HIV Prevalence	15.1%	11.3%	13%
Young adults prevalence	7.7%	5.4%	6.6%
Urban HIV prevalence	21%	15%	18.2%
Rural HIV prevalence	9.9%	8.1%	9.1%
Adult HCT: ever tested	78.3%	58.9%	-
Adult HCT: tested in past 12 months	46.2%	37.1%	-
2+ partners in past 12 months	1.7%	15.7%	-
2+ partners condom use, last partner	29.7%	29%	-
VMMC	-	21.8%	
Adult eligible on ART	-	-	49%

**Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014.Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International*

Zambia faces a generalized HIV epidemic with prevalence, among adults age 15-59, at 12.3% and annual incidence of HIV at .66%. These statistics translate to approximately 980,000 PLHIV and 46,000 new HIV cases a year. The HIV epidemic is largely driven by concurrent sexual relationships and unprotected sex in Zambia.

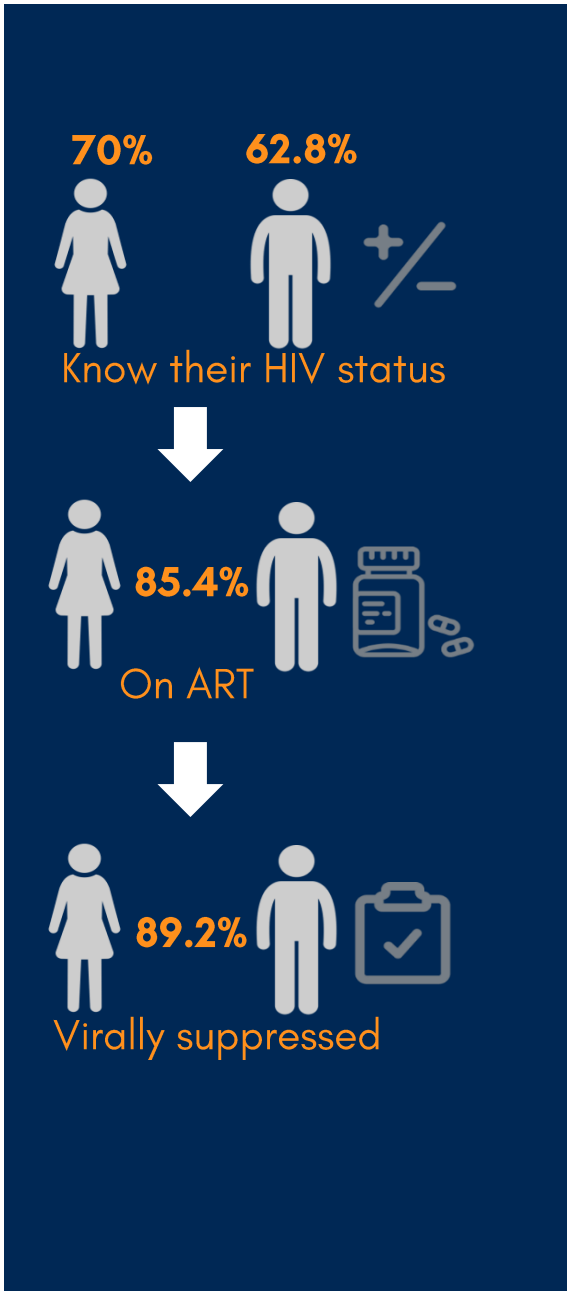
- Disproportionately higher in **women** (15.1%) versus men (11.3%)
- Higher in **urban** (18.1%) compared to rural areas (9.1%)
- 2X higher among **employed** (84%) versus unemployed men (16%)
- **>20% HIV prevalence** among women ages 30-49 and men ages 40-49
- Yet, **only 30%** of those with multiple partners used a condom at last intercourse

Progress Towards 90-90-90

The MOH has adopted the UNAIDS 90-90-90 strategy to reach epidemic control by 2020: 90% of HIV+ persons know their status; 90% of those identified as HIV+ are on ART; and 90% of those on treatment are virally suppressed.

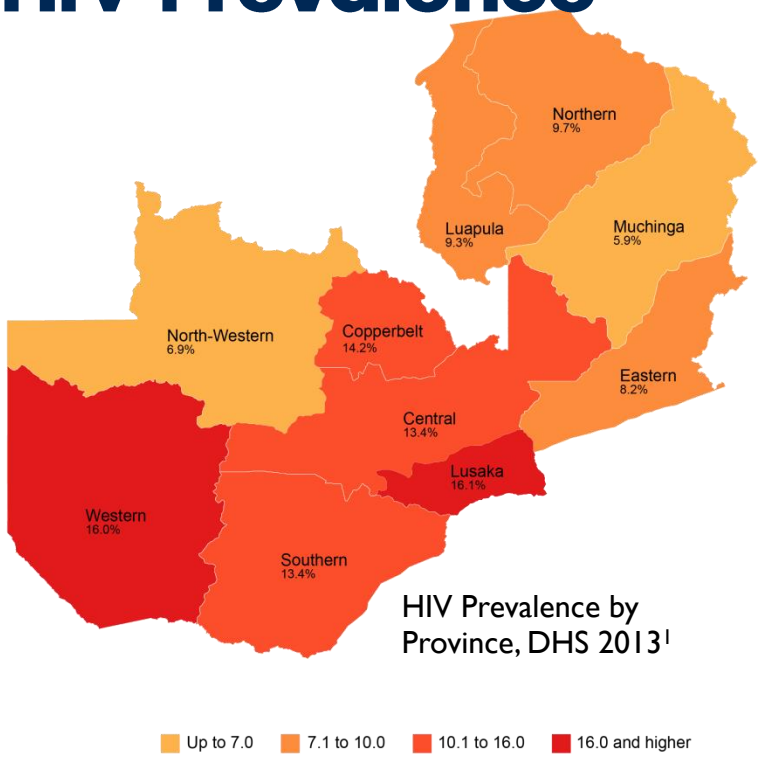
In 2017, Zambia adopted the WHO policy of "test and treat," to immediately put those who test positive on treatment. To support this effort, the MOH and its partners are looking at alternative care models to decongest health facilities and reduce barriers for HIV+ persons to access treatment. Additionally, the MOH and PEPFAR partners are working to strengthen health systems by supporting laboratory services, supply chain management, and task-shifting, as well as targeting priority populations and high burden areas– including 23 PEPFAR "scale-up" districts where an estimated 61% of PLHIIV reside.[1]

Zambia has made progress towards 90-90-90 as of the 2016 Zambia Population-Based HIV Impact Assessment. (see right) .Though significant strides have been made, there are disparities to be addressed: while new HIV infection has dropped 58% since 2004, the incidence among women is three times that of men (1% versus .33); HIV+ young people are significantly less likely to be virally suppressed (~73% among adults aged 45-59 compared to ~35% of those aged 15-24); and within young people aged 25-34 there is a large (~20%) gender gap with men being much less likely to be virally suppressed; moreover, and men's knowledge of their HIV status is comparatively lower than women (62.8% versus 70%).[2]



[1] U.S. Department of State. PEPFAR. *Zambia Country Operational Plan (COP) 2016 Strategic Direction Summary*. U.S. Embassy in Zambia, Web
[2] Zambia MOH and PHIA Project. 2016. "Zambia population-based HIV impact assessment, ZAMPHIA 2015–2016." Lusaka: Zambia MOH.

Significant Disparities in HIV Prevalence



HIV Prevalence by Province, DHS 2013[1]

Zambia has a generalized HIV epidemic, yet large disparities exist based on demographic characteristics. HIV prevalence varies by region, ranging from 5.9% in Muchinga to 16.1% in Lusaka.

Though HIV prevalence has consistently been higher in cities along the line of the rail, the 2015-16 ZAMPHIA survey revealed that prevalence in Western province – a more rural area of the country – has one of the highest prevalence of HIV at 16%.[2]

Females are more susceptible to HIV for a variety of biological and social reasons (annual incidence is 1.03 compared to .33). This **disparity is greatest among adolescent girls who are more than four times as likely to be HIV+ than men their age** (8.6% comparted to 2.1% among 20-24 year olds).[1] While prevalence is higher among women, men are less likely to know their status or be virally suppressed illustrating the need to target men, especially the partners of young women, with condoms and other prevention and transmission reduction methods. The MOH and it's partners are targeting such "hot-spot" areas and key populations.

[1] Zambia MOH and PHIA Project. 2016. "Zambia population-based HIV impact assessment, ZAMPHIA 2015–2016." Lusaka: Zambia MOH.
[2] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

Family Planning Snapshot

At 6.2 births per woman, Zambia has **one of the highest fertility rates in the world** (4.3 in urban and 7.5 in rural areas).[3] Among currently married women, 44.8% are currently using a form of modern contraception – nearly double the 22.6% using in 2001-02. The largest growth has occurred in the use of injectables (from 4.5% in 2001-02 to 8.5% in 2007 to 19.3% in 2013-14) and more recently implants (.4% in 2007 to 5.5% in 2013-14).[2]

Despite the increase in FP uptake, the unmet need for FP is 21.1% among currently married women,[1] **41% of births in Zambia are unplanned,** and approximately 1/3 of gynecological admissions in major hospitals are due to abortion related complications.[2] Zambia also has a very high adolescent birth rate (27.9% between ages15 & 19 have begun childbearing) which may, in part, result from barriers young and unmarried women face in accessing FP.[3]

Indicator	2007	2014
mCPR	24.6	32.5
Method Mix		
Pill	7.4	8.0
IUD	.1	.9
Injectables	**6.2**	**13.8**
Implants	**.3**	**4.2**
Condoms	5	3.6
Sterilization	1.4	1.3
Source Mix		
Public	68.0	81.6
Private	16.5	9.3
Other	15.5	8.8
Unmet Need for FP*	26.5	21.1
for limiting	8.4	4.8
for spacing	12	11.9

+ Table statistics from DHS 2007[1] and 2013-14[2]

[1] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.

[2] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

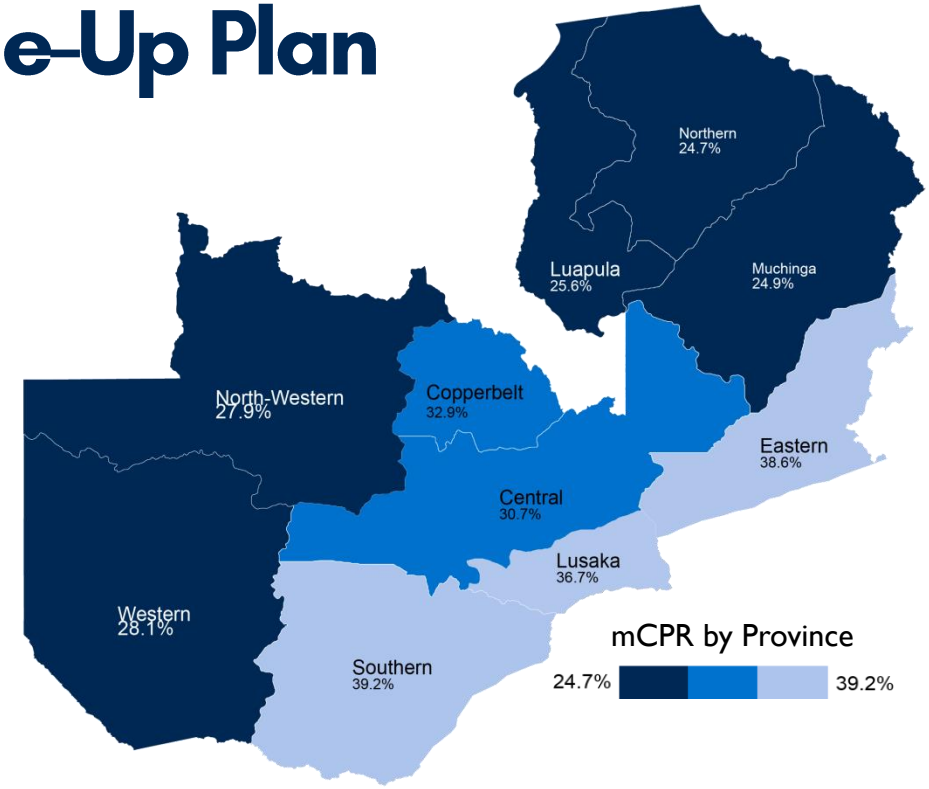
[3] Government of the Republic of Zambia. Ministry of Community Development, Mother and Child Health. *Family Planning Services: Integrated Family Planning Scale-Up Plan 2013-2020.* http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/07/CIP_Zambia.pdf

[4] Government of the Republic of Zambia. 2016 FP2020 Annual Committment Update Questionnaire response. http://www.familyplanning2020.org/zambia.

Family Planning Scale-Up Plan

The Ministry of Health (MOH) aims to increase modern FP use from 33% to 58% by 2020, in line with commitments made at the London Summit on Family Planning.[3] To achieve this objective, the GRZ committed to doubling its budgetary allocation for FP commodities.

The GRZ will also address policy issues, such as task-shifting, to increase FP access and coverage to rural and underserved women. The MOH has since issued guidance on community based distribution of injectable contraception and developed a national training guide to facilitate scale-up of this new strategy.[4]



Though the GRZ has committed to doubling their FP budget, they only met 8% of the need for contraceptives the past four years and still rely on donors to make up the deficit. USAID, UNFPA, DFID, BMGF, and IPPF are the largest supporters of FP programs, while USAID and UNFPA are the main source of FP commodity financing.[3]

As part of their strategic planning, the MCDMCH ranked Provinces by projected population growth. According to these rankings, Luapula has a very high potential growth rate, Muchinga, is high, and NWP, Western, Southern and Northern are moderate.[3] The map above shows the mCPR among all women by region as of the 2013-14 DHS.

[1] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.
[2] Likwa RN, Biddlecom AE and Ball H, Unsafe abortion in Zambia, In Brief, New York: Guttmacher Institute, 2009, No. 3.
[3] Government of the Republic of Zambia. Ministry of Community Development, Mother and Child Health. *Family Planning Services: Integrated Family Planning Scale-Up Plan 2013-2020*. http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/07/CIP_Zambia.pdf

2 USAID| Zambia District Coverage of Health Services Project

What is USAID DISCOVER-Health?

APPROACH

The Zambia District Coverage of Health Services Project (USAID DISCOVER-Health) is a five-year USAID funded project, implemented by JSI Research & Training Institute, Inc. with partner, Palladium Group.

The project supports the Ministry of Health's mission to improve the lives of Zambia's people by ensuring equitable access to and use of high-quality health services and products at both district and community levels. To make progress towards this vision, the USAID DISCOVER-Health's programmatic approach is to maximize the relative strengths of the public and private (for-profit and non-profit) sectors to deliver health products, services, and information that will reach all segments of Zambia's population.

USAID DISCOVER-HEALTH & PEPFAR

USAID DISCOVER-Health contributes to PEPFAR and GRZ effort to achieve HIV epidemic control in Zambia. Through direct service delivery and a predominantly outreach-based service delivery model, the project provides greater access to HTC, HIV treatment (ART), PMTCT, VMMC and other services to pockets of priority populations that static public and private sector health facilities cannot easily serve.

USAID DISCOVER-Health

APPROACH

SERVICE DELIVERY MODEL

Through a 'hub and spoke' model of health service delivery, 13 partner private sector (NGO, FBO, workplace or commercial) health facilities (four) and non-health facility sites (nine) serve as hub sites (operational bases) for USAID DISCOVER-Health outreach services, which are provided through the 200 outreach sites. In addition, the project supports eight non-hub sites for a total of 212 health service delivery sites countrywide. The vast majority of USAID DISCOVER-Health services are provided through outreach (spoke) sites, helping to reduce barriers to access and use of critically needed health services.

HEALTH SERVICE INTEGRATION

USAID DISCOVER-Health services are provided as a package of integrated services that includes HIV, FP/RH and MNCH services. This design allows the provision of quality integrated services that address most of the clients' health needs in one place and in one visit. It also ensures that clients seen in the FP/RH and MNCH service platforms are offered HTS and immediately provided with HIV treatment and/or HIV prevention services as appropriate, while clients seen in the HIV service platform are offered FP/RH and MNCH, where indicated.

USAID DISCOVER-Health

APPROACH

- Health Service Delivery
- Product Marketing & Distribution
- Total Market Approach

HEALTH PRODUCT MARKETING & DISTRIBUTION

In tandem with and integral to health service delivery, USAID DISCOVER-Health ensures high-quality health products (including socially marketed condoms and other contraceptives, water purification agents, and zinc/ORS preparations) are more available, accessible, and affordable. USAID DISCOVER-Health achieves this using an evidence-informed process that allows open market dynamics to work, addresses market distortions and improves efficiencies to sustainably reach all population segments. As part of this process, USAID DISCOVER-Health strengthens product distribution systems, implements targeted marketing strategies and social behavior change support for each specific health product, introduces new health products/brands into the Zambian market, and supports a robust and extensive network of community health agents to reach the less affluent.

USAID DISCOVER-Health

APPROACH

TOTAL MARKET APPROACH

Through a total market approach (TMA), USAID DISCOVER-Health serves as a strategic partner to the Government of the Republic of Zambia (GRZ) at national, provincial, and district levels in providing and delivering equitable and quality health services and products; ensuring a conducive policy environment for service and product delivery; conducting and using market-based research to define market segments so that messages, services, and products can be appropriately targeted; and developing partnerships among and between various sectors to help grow and sustain the overall health market in Zambia.

HEALTH INTERVENTION AREAS

- *HIV/AIDS*
- *Malaria*
- *Family Planning & Reproductive Health*
- *Maternal, Newborn & Child Health*

3 Total Market Approach

Our Approach to TMA

TMA AIMS TO INCREASE EQUITY & ACCESS TO COST EFFECTIVE HEALTH PRODUCTS AND SERVICES BY MAXIMIZING THE COMPARATIVE ADVANTAGE OF ALL THE SECTORS.

The USAID DISCOVER-Health project describes total market approach as *a strategy and process that utilizes and leverages the complementary roles of all sectors to grow the overall market for priority health products and services in a sustainable manner.* This approach helps improve the functioning of the health market by:

- **Better targeting** of free or subsidized products
- **Creating demand** for specific health products and services
- **Reducing supply chain** inefficiencies and overlaps across sectors and programs, and
- **Ensuring policies better enable private sector** entry participation and growth in the health sector.
- **Coordinating market players** (public, private-for-profit, NGO, donors, implementers, etc.)

Under the stewardship of the government, USAID DISCOVER-Health will lead an approach that brings together various health market players to coordinate and help ensure the right conditions are in place to increase overall access and use of priority health services and products.

Why a Total Market Approach?

ENGAGING WITH PRIVATE SECTOR

ENSURING A SUSTAINABLE HEALTH MARKET

UNDERSTANDING MARKET CONDITIONS

Donors as well as national governments are increasingly calling for more strategic engagement, coordination and leveraging of the private sector to help finance and deliver health services to sustain long-term investments and help achieve universal healthcare coverage. Rising healthcare costs, uncertainty in donor funding, and concerns over equity in health access have more recently triggered USAID, UNFPA, and the Bill & Melinda Gates Foundation among others to prioritize and elevate "market-based approaches" into global and country program strategies.

This means understanding the market conditions and key market drivers that influence behavior to help support and ensure a viable, sustainable health market that meets the demands and needs of all population segments. While these issues aren't new, the expectations for how we engage the private sector in a way that is more effective and meaningful are increasingly coming to the forefront in public health policy and programming.

4 TMA Landscape Assessment

Purpose, Scope & Process

TMA Landscape Assessment Purpose

In January 2017, USAID DISCOVER-Health conducted a landscape analysis to understand the potential challenges and opportunities for implementing a total market approach for condoms and contraceptives in Zambia.

The information gathered through this effort primarily aims to guide the project's TMA strategy, which supports government and donor priorities investment areas in condom, FP and other health areas. This assessment comes at an opportune time when the government and development partners are increasingly focusing on strategic partnerships and collaboration with the private sector to expand access, create better efficiencies, and improve sustainability for healthcare in Zambia.

This landscape assessment prioritized condoms, oral contraceptives and injectables – to respond to emerging market opportunities for these product categories.

TMA Landscape Assessment Scope

1

Conduct market segmentation analysis, and visit health facilities/outlets to understand the **current trends and potential market** for specific FP/HIV products: OCs, injectables and condoms;

2

Meet with policymakers and donors to understand current **role and vision** of the various key stakeholders that will influence a total market approach;

3

Review policies and documents, and meet with government to understand **policy and regulatory** gaps and opportunities for including a TMA approach into dialogue, decision making and implementation;

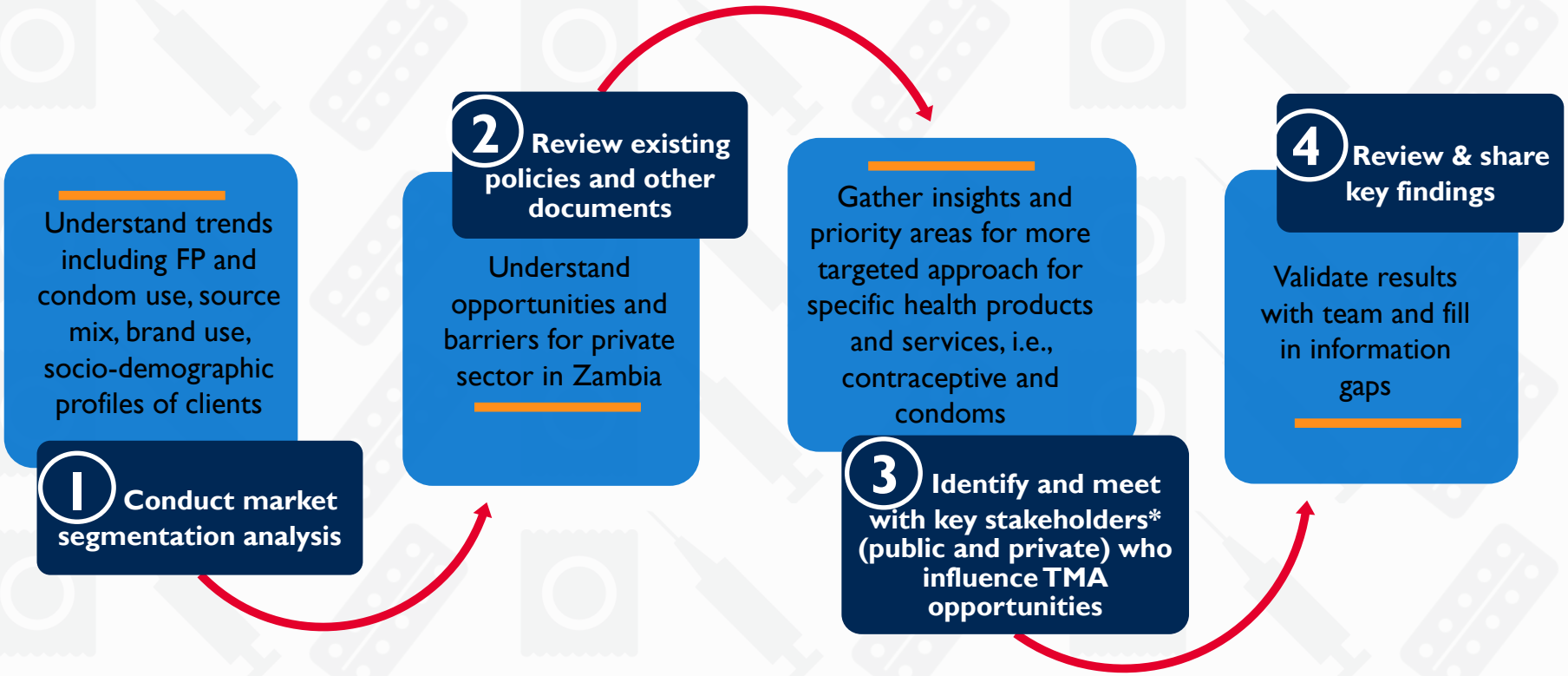
4

Analyze/synthesize **funding trends** for specific FP/HIV product categories (donors, government, foundations, private sector);

5

Determine **public-private distribution of health facilities** across Zambia to inform TMA strategy.

Landscape Assessment Process



Key Stakeholder Interviews

GOVERNMENT

- Ministry of Health
  - Director of FP Services,
  - Director of SRH Commodities
  - Director of Social Insurance Scheme, HIV Unit
- Zambia Medicines Regulatory Authority (ZAMRA)

PRIVATE SECTOR

- Churches Health Association of Zambia (CHAZ)
- Health Professionals Council of Zambia
- National AIDS Council
- Sancare (Health Insurance)
- YASH Pharmaceuticals
- private hospitals (Fairview & Lusaka Trust),
- pharmacies/drug stores

DEVELOPMENT PARTNERS

- Development for International Development (U.K)
- European Union
- Marie Stopes Zambia
- Planned Parenthood Association of Zambia
- Society for Family Health
- UNAIDS
- UNFPA
- USAID | AIDS*free* Project/JSI

5 TMA Assessment Findings

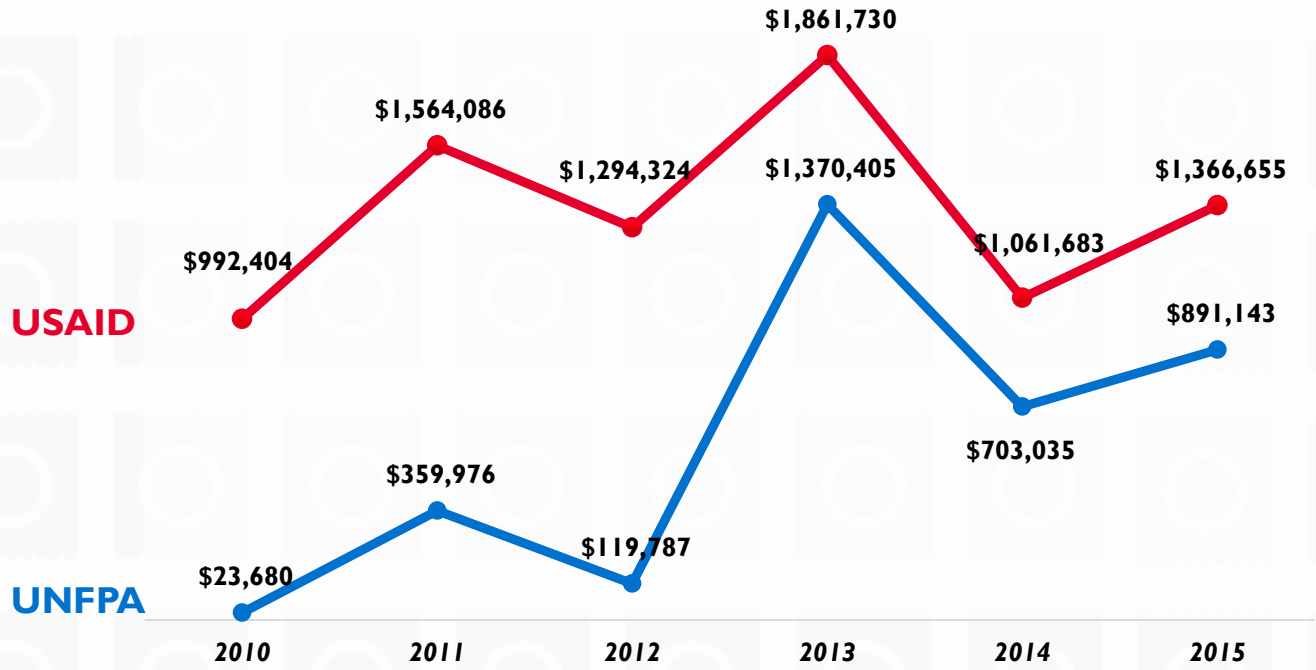
Male Condoms

Donor Funding Trends

Donors have played an important role in condom programing in Zambia. USAID condoms purchases supported the socially marketed *Maximum* brand condom and the public sector; UNFPA condoms provided to the public sector. Since quantification exercises and donor commitments are done on an annual basis, MOH has no knowledge of long-term trends for donor procurement of condoms.

CUMULATIVE FUNDING OVER THE LAST 5 YEARS WAS $11.6 MILLION

TRENDS IN CONDOM FUNDING IN USD 2010-2015

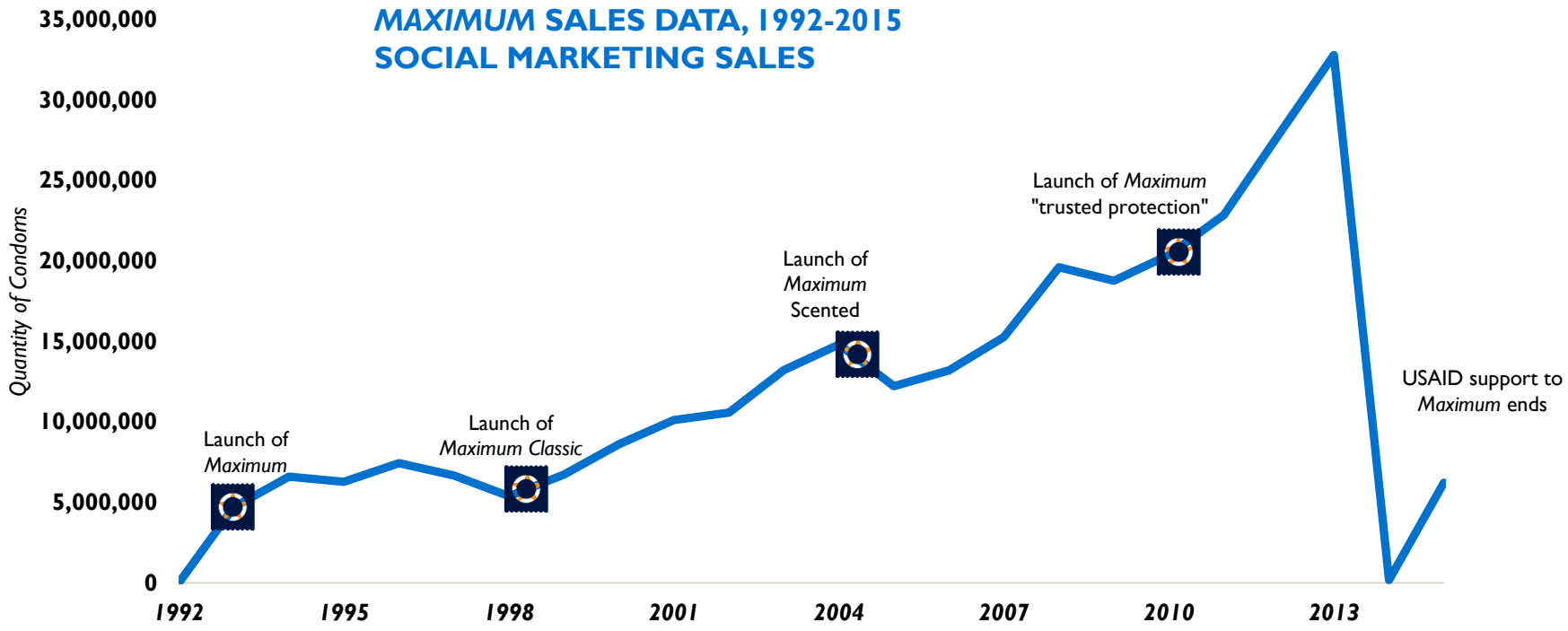


United Nations Population Fund Procurement Services, RHInterchange open access database. https://www.unfpaprocurement.org/rhi-home

Maximum Condom Sales Trends

In the early 1990s, USAID initiated its first condom social marketing program through PSI/Society for Family Health (SFH). The *Maximum* brand condom was launched in 1992 and grew steadily with new product line extensions until 2014, when USAID funding to SFH ended.

As seen in the graph below, without USAID support, *Maximum* virtually disappeared from the market for approximately 2 years (2014-2016). SFH subsequently registered *Maximum* as their own brand, thereby limiting USAID's ability to use the brand without a sub-license.

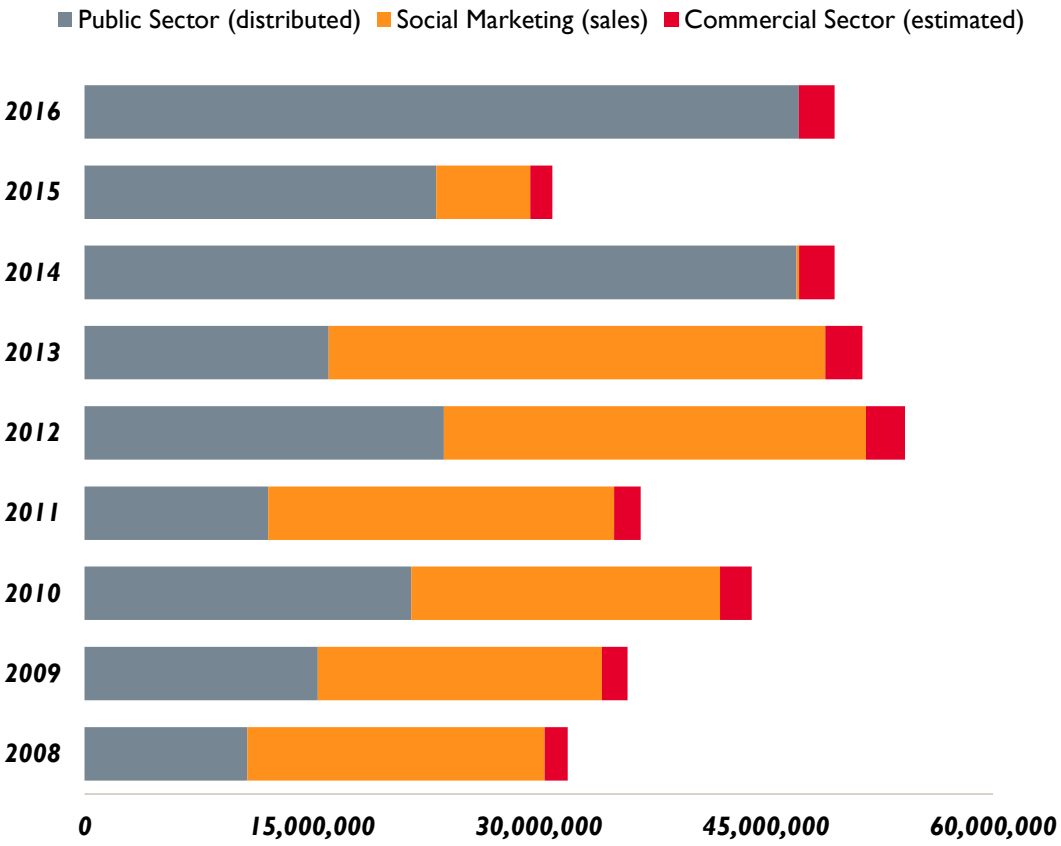


DKT International. Social Marketing Contraceptive Statistics. (2015). http://www.dktinternational.org/publications-resources/contraceptive-social-marketing-statistics/

Estimating the Size of the Total Condom Market

This graph combines *Maximum* condom sales with public sector condom distribution data to estimate size and growth of the condom market. Data on the commercial sector is unavailable, but conservative estimates suggest that it is approximately 5% of the market share.[1] During the period when the *Maximum* brand condom was out of the market, several new commercial sector brands appeared at mid-price points, thus suggesting that the commercial sector market share in 2015-2016 may be larger than estimated. To gauge total market growth, it will be important to develop more precise estimates on the size of the commercial sector market.

ESTIMATED CONDOM MARKET, 2008-2016

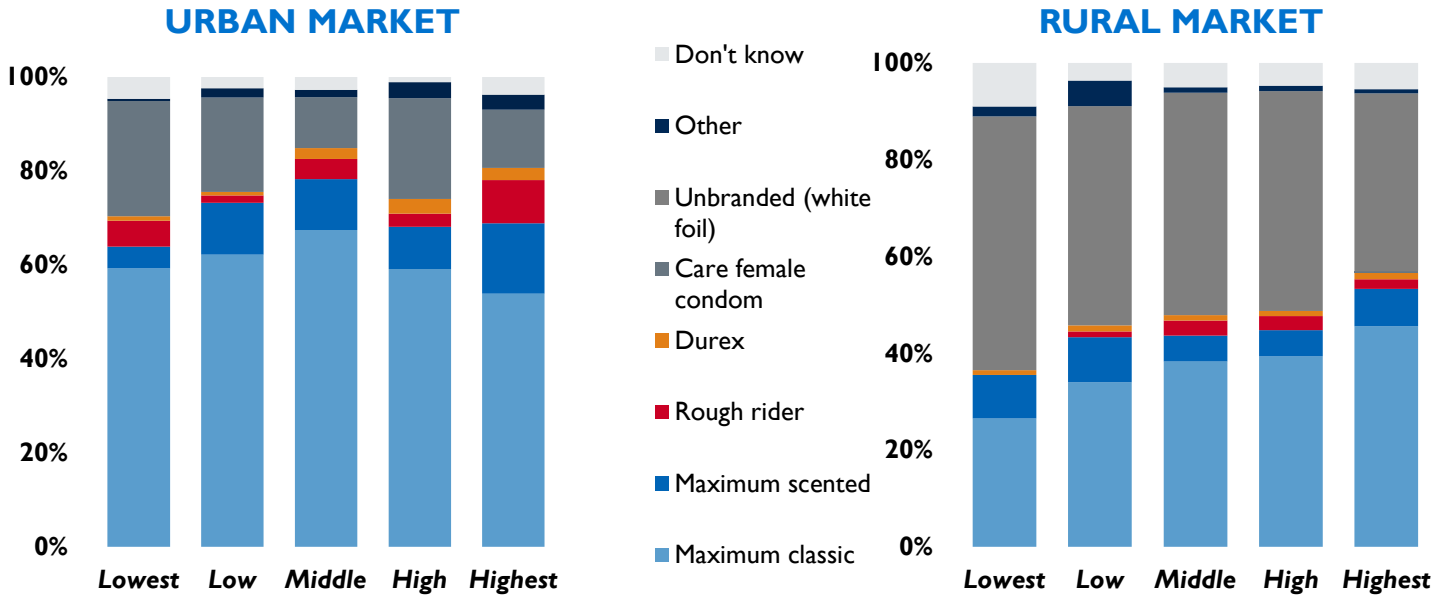


Public sector: USAID | DELIVER Project (JSI), Logistics Management Information System Database
SM Sales: DKT International. Social Marketing Contraceptive Statistics. (2015). http://www.dktinternational.org/publications-resources/contraceptive-social-marketing-statistics/
Commercial: is an estimate

[1] Estimates based on USAID | DELIVER Project contraceptive projections.

Use of condom brands by geography & relative wealth

The assessment team conducted secondary analysis of the Zambian 2013-14 Demographic and Health Survey to analyze patterns in condom use that may otherwise be obscured by national trend data. Disaggregating urban and rural and comparing relative wealth within each respective category addresses the limitations of national-level wealth data to better inform condom targeting efforts. In urban areas, ***Maximum* dominated all wealth quintiles, likely "crowding out" commercial brands for upper quintiles**. In rural areas, public sector dominates most quintiles; nonetheless, *Maximum* has a strong presence.



Based on secondary analysis of the ZDHS 2013-14

In the two years without condom social marketing support, **what happened?**

No condom social marketing brand in the market; 30 million USAID-procured condoms stockpiled.

More than 15 commercial brands at various price points, suggesting commercial sector has likely grown.

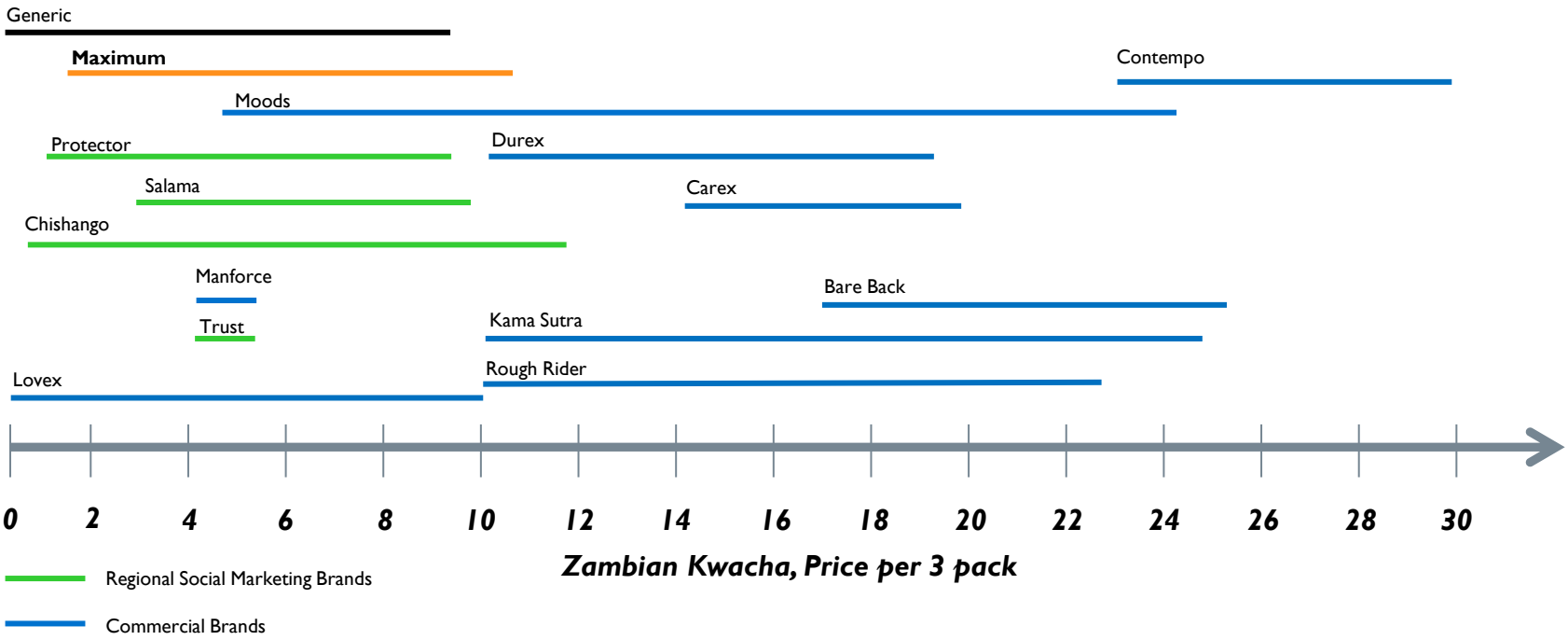
USAID DISCOVER-Health negotiates sub-license with SFH to reinitiate distribution of *Maximum* stockpile.

Public sector significantly increases free distribution in 2014 and 2016.

Qualitative research suggests commercial brands are gaining **brand visibility**/ market share.

Snapshot of Condom Brands & Pricing

The assessment team conducted approximately 10 pharmacy visits across Lusaka, Livingstone and Choma to collect data on available condom brands and pricing. This information was augmented by preliminary findings from a Market Listing Survey being conducted in Lusaka and Copperbelt. The results suggest a wide range of condom brands and prices at pharmacies and other retail outlets—including the entrance of several new commercial brands and filtration of social marketing brands from other countries. In particular, *Chishango,* a socially marketed brand from Malawi has a strong presence in the Zambian market, suggesting an issue of product "leakage." *Maximum* was also selling at a higher level than it's original price of 3 Zambian Kwacha per 3 pack.



Policy Regulation

OVER 15 CONDOM BRANDS AVAILABLE IN ZAMBIA, BUT ONLY ONE WITH MARKET AUTHORIZATION

CONDOMS

As recently as 2013, the Zambian Medicines Regulatory Authority issued policy guidance on condom registration. Nonetheless, only *Maximum* is registered & Trust, a South African, PSI-owned brand is pending. According to ZAMRA, other condoms are being tested, but without marketing authorization because guidelines were not in place. ZAMRA will issue a "call for voluntary registration" in 2017.

HEALTH SHOPS

Health shops are a source for condoms, yet are not formalized or linked to the health system. The MOH is currently working to establish policy guidance to formally recognize health shops and allow for the provision of a limited basket of health products.

Stewardship & Coordination

Findings	Recommendations
MOH restructuring and subsequent staff turnover, have left few, if any, champions to coordinate and steward TMA efforts	• In collaboration with the MOH and NAC, identify government departments and champions to steward condom TMA
TMA in concept is generally understood but few stakeholders, if any, understand what is required to implement a TMA approach. Program investments and lack of coordination can undermine opportunities for sustainable condom market growth, particularly for the commercial sector.	• Sensitize key stakeholders and champions to condom market landscape • Understand capacity gaps and determine specific areas for skills-building in TMA
Inadequate coordination among multiple players involved in condom market: government (MOH, NAC, ZAMRA), donors, program implementers, commercial distributors/suppliers, private providers, etc.	• Revitalize the Condom Working Group, with sub-groups for products that require special consideration • Reach agreement on common vision for condom TMA Ensure programmatic investments/strategies are coordinated and align to common goal
Condom projection, sales, distribution and market data fragmented across programs and sectors, thus difficult to quantify condom market and growth	• Identify data gaps and agree on condom TMA measurements • Share non-sensitive/non-proprietary data to inform policy and program implementation
Other TMA-like activities for family planning and UHC creates potential for an overlap but is also an opportunity align and leverage efforts	• Identify points of intersection across other TMA/UHC initiatives and align activities to minimize duplication and "piecemeal" efforts
Multiple unregistered social marketing brands from the region have "leaked" into Zambia.	• Share findings and coordinate with other regional USAID missions/donors to minimize leakage of brands across borders

SWOT Analysis

STRENGTHS

- Social marketing program builds strong urban market accustomed to private sector sourcing of condoms, 60% across all wealth quintiles source from private sector. *Maximum* was market leader in urban areas.

WEAKNESSES

- Hiatus in social marketing support creates market gap; social marketing brand loses significant market share.
- Social marketing brand, *Maximum,* previously supported by USAID, now registered and owned by third-party.
- Social marketing brand dominates highest quintile, possibly crowding out commercial sector.

OPPORTUNITIES

- Mid-market commercial condom brands now available and gaining popularity (7-15K), indicating opportunity for commercial market growth among upper wealth quintiles.
- With two-year hiatus in social marketing support, donors/governments may influence more purposeful targeting of subsidy to lower wealth quintiles and other priority groups.

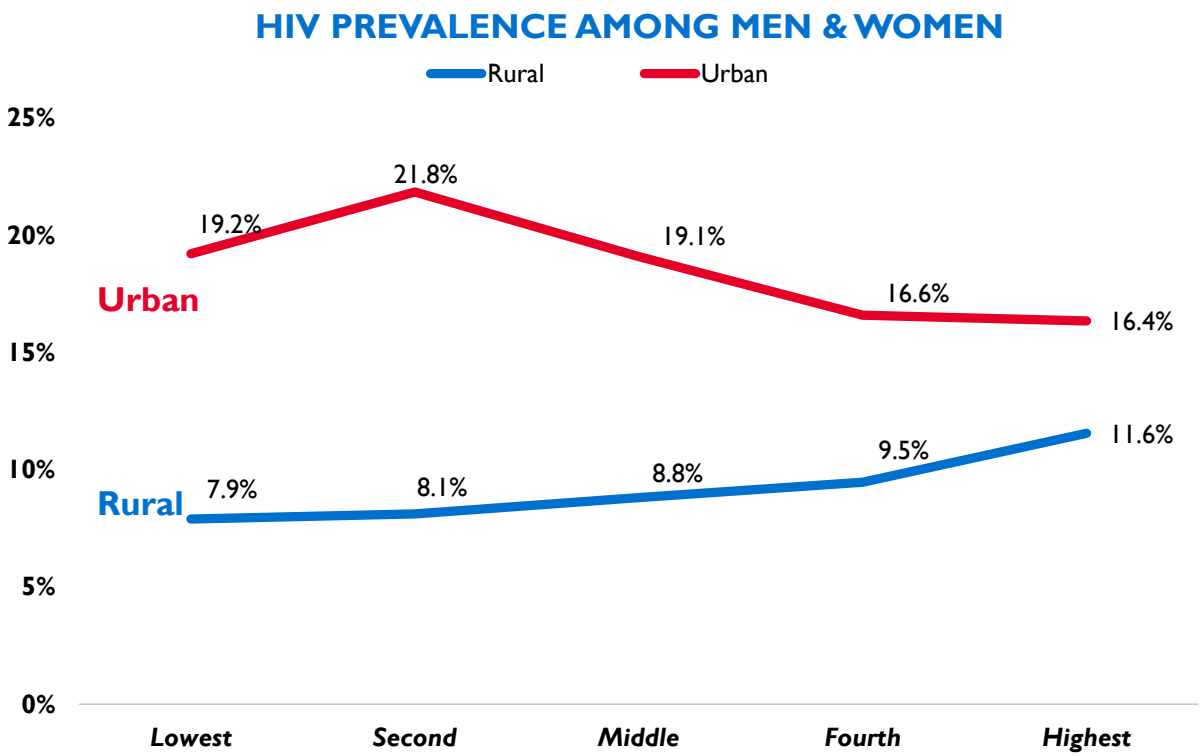
THREATS

- USAID's influence on priority targeting and implementation according to its HIV strategic priorities is limited without its own condom social marketing brand.
- Poor segmentation of socially marketed brands will create market inefficiencies. Investment timelines for cost-recovery for all social marketing brands needs to be clear.

Where to target subsidized condom programming without undermining the commercial market and achieve optimum public health impact?

HIV prevalence by geography & wealth

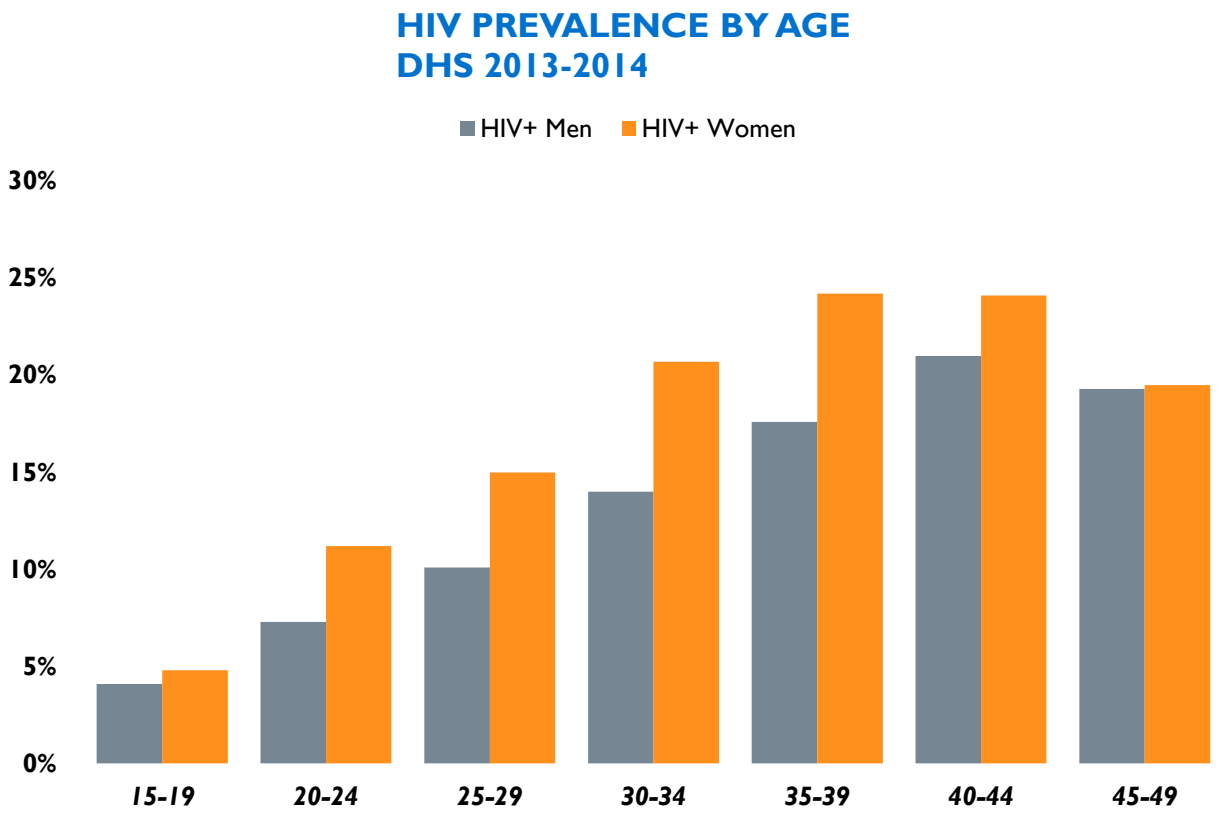
Secondary analysis of the ZDHS reveals patterns for HIV prevalence. Disaggregation of the national wealth quintiles by geographic area shows HIV prevalence is more than double among urban poor (lowest and second quintiles) versus the rural population and significantly higher compared to other urban wealth quintiles. While HIV prevalence is high across all segments, the urban population is disproportionately affected compared to rural populations, with highest prevalence among the middle to lowest urban wealth quintiles.



Secondary analysis of the ZDHS 2013-14

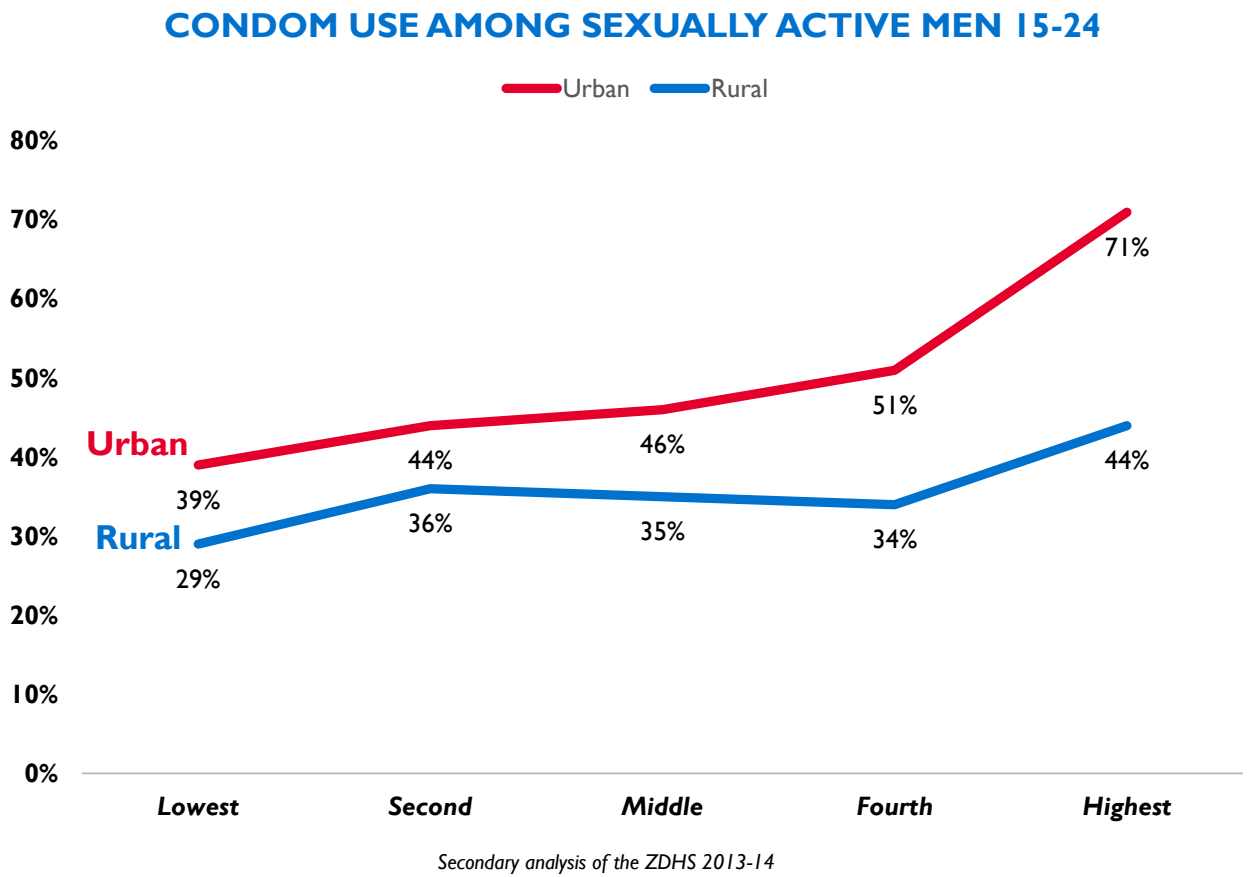
HIV prevalence by age & gender

HIV prevalence for both men and women is lowest among 15-24 age groups, suggesting that HIV prevention strategies are most critical for these age groups. In other age groups where HIV prevalence increases significantly, treatment and transmission reduction strategies are most relevant for these target audiences. The need to target young men is especially critical as they tend to have lower levels of viral load suppression, increasing the likelihood of transmission.



Condom use by geography & wealth

Secondary analysis of the ZDHS reveals significant disparities in condom use patterns among sexually active men 15-24 quintiles in urban and rural areas. In urban areas, there is more than a 32-point gap between the highest and lowest wealth quintiles for condom use. In rural areas, there is a 15-point gap between the highest and lowest wealth quintiles.

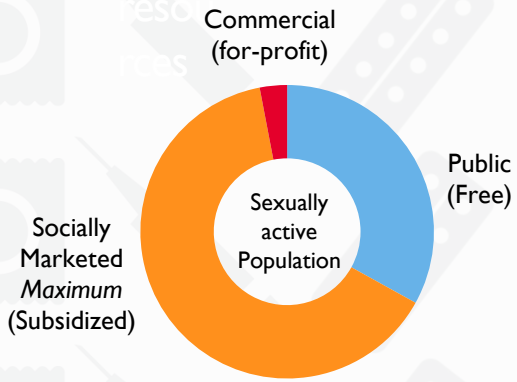


Secondary analysis of the ZDHS 2013-14

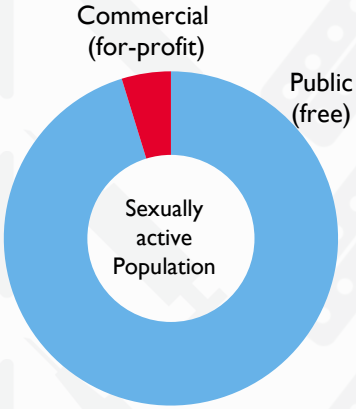
TMA Efforts Aim for Better

Leveraging of all sectors | Sustainability | Equity in access | Effective use of limited resources

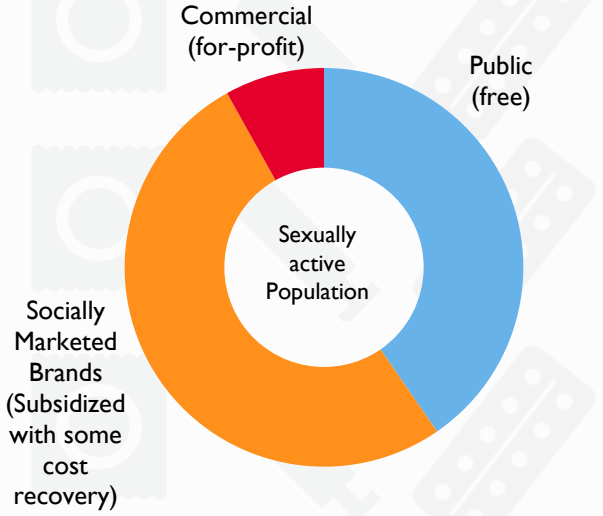
ESTIMATED CONDOM MARKET 2013



ESTIMATED CONDOM MARKET 2016



WHAT WILL IT TAKE TO GROW & DIVERSIFY THE MARKET?



TMA for Condoms

Zambia's shifting condom market landscape offers donors and the government an opportunity to consider new strategies that not only expand access to priority populations, but also support the growing commercial sector condom market – essential for the future sustainability of condom programming. Discussions are underway to create a USAID-owned socially marketed condom brand, *Ultimate* to help influence a market segmentation strategy that will appropriately target and help grow the overall condom market in Zambia, including expanding the role of the commercial sector. The table below summarizes and compares important TMA elements across public sector, social marketing and commercial sector condom brands.

Total Market Approach: Sustain condom market and improve overall market segmentation, focusing public sector resources on lower-wealth quintiles in hard-to-reach areas and moving higher wealth quintiles from public to private sector in urban areas.

Strategic Targeting	Public Sector	Social Marketing	Commercial Market
Regulatory/ Policy		• Variety of regional socially marketed brands are on the market but are not registered. • Improve donor coordination in the region to minimize leakage.	• Variety of commercial brands on the market but not yet registered. • Support government call to register all condom brands by end of 2017
Procurement	USAID, UNFPA, MOH	USAID	Commercially procured
Target Market	Lowest quintile (Q 1 and 2) Rural	Urban/Peri-Urban (Q1 – Q3)	Higher quintiles (Q4-5), Urban
Distribution	Health facilities/CHW	Commercial distribution channels Medical detailers for private facilities/clinics NGO networks Community distribution	Commercial distribution channels
Cost Recovery	None	Ultimate – low cost recovery *Maximum* – medium cost recovery	Fully-sustainable; commercially viable

Program Scenarios for Condom Social Marketing

	Maximum Only	*Maximum* + *Ultimate* Socially Marketed Brands	*Ultimate* Only	Commercial Condom Brands Only
Brand Ownership	Society for Family Health (SFH)	*Maximum* – SFH *Ultimate* – USAID	USAID	NA
Target Market	Urban/peri-urban middle wealth quintile	*Maximum* – Urban/peri-urban middle wealth quintile *Ultimate* – Urban/peri-urban low to middle wealth quintiles	Urban/peri-urban low to middle wealth quintiles	Urban/peri-urban middle to high wealth quintiles (commercial partnerships arrangements)
Price Range	3 ZMK (current) 5 ZMK (by 2018)	*Maximum* – 5 ZMK *Ultimate* – 3 ZMK	5- 7 ZMK	9 - 25 ZMK
Cost Recovery	In early 2017, cost-recovery levels were estimated at 17%, but clear targets for improving cost-recovery need to be developed in coordination with SFH.	• Partial cost-recovery by end of USAID DISCOVER-Health project (both brands); Different goals for each brand: • *Maximum*: higher cost recovery means higher price targeted to more 'upstream" market • *Ultimate*: goal of increasing use among target population means lower cost recovery (mid to low market)	Partial cost-recovery	Commercial brands already priced at full cost recovery
Risks	• Not clear whether brand will achieve full cost-recovery • Brand ownership by third-party may create unforeseen challenges	• Potential for both brands to compete • Potential to crowd-out low/mid priced commercial brands • > cost to manage multiple brands	> investment + timeline to launch new brand	< influence on priority targeting to reach program goals
Opportunities	Ability to move a previously USAID-supported condom brand toward cost recovery	> Influence on strategic positioning of two brands	> Influence on priority targeting to reach program goals > Resources targeted toward USAID's own brand positioning	• > Potential for commercial market growth • Develop commercial partnerships to expand access to priority populations

Strategic Considerations for Condom Programming

USING A TMA APPROACH TO ACHIEVE SUSTAINABILITY AND PUBLIC HEALTH IMPACT WILL REQUIRE DIFFERENT STRATEGIES AND MEASURES OF SUCCESS VERSUS TRADITIONAL SOCIAL MARKETING APPROACHES.

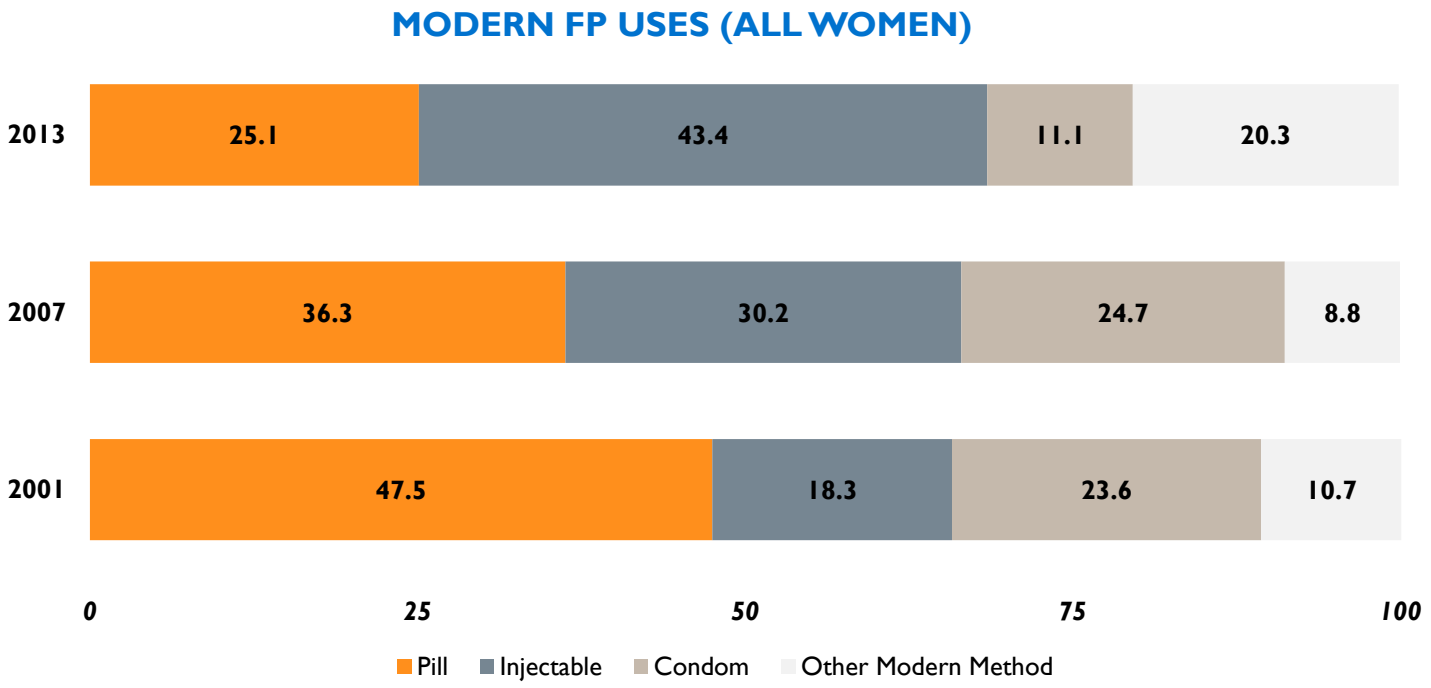
- **Target condom social marketing toward urban and peri-urban areas in low to middle wealth quintiles** to increase consistent condom use. Targeting will help grow the overall market and at the same time, allow commercial brands to thrive.
- **Support the stewardship role of the government to develop an aligned strategy** across donors, program implementers and partners to leverage resources, share data, and maximize supply chain efficiencies to minimize product leakage, and "crowding out" of the commercial sector
- **Develop clear TMA metrics** based on global best practices –
  - market size - overall **total market growth** (all sectors)
  - market accessibility – knowledge of source and stockouts
  - market sustainability – number of brands, market subsidy, and cost-recovery targets
  - market equity – product and brand use by wealth quintile
- **Develop private sector partnerships** to expand reach of commercial as well as social marketing brands.

Oral Contraceptives

Trends in Oral Contraceptive Use

Just over a decade ago, oral contraceptives (OCs) dominated the family planning market. Between 2001-2013, **the use of OCs decreased by almost half** - from approximately 50 percent to 25 percent.

These use trends are observed before the previous socially marketed program ended in 2015. It remains a question whether SafePlan users, switched to another brand, switched to another FP method or stopped using contraceptives at all.



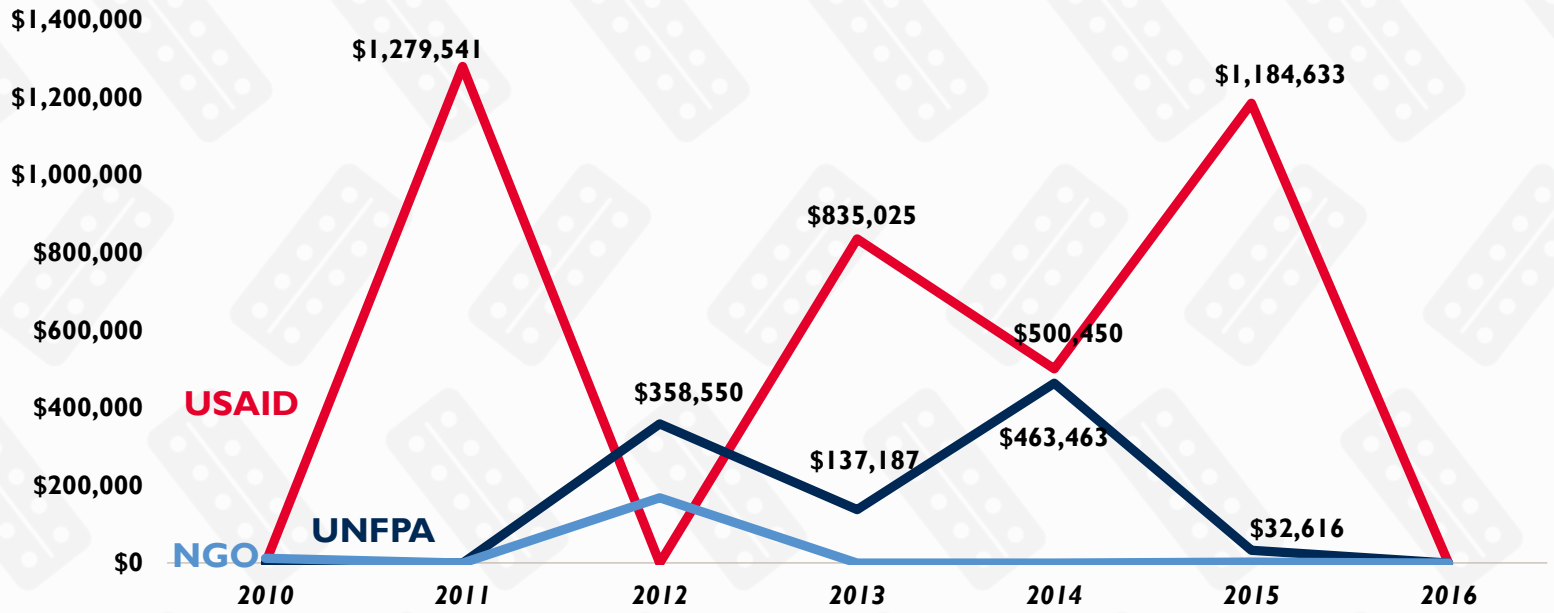
Zambia Demographic and Health Surveys 2001, 2007, 2013

Donor Funding for OCs

Donors have played an important role in providing oral contraceptives as part of broad range of family planning methods in Zambia. USAID purchases supported the socially marketed *Safe Plan* OC brand and the public sector; UNFPA OC procurements support the public sector; and some NGOs may independently procure for their own program. Since quantification exercises and donor commitments are done on an annual basis, MOH may not be able to predict what the long-term future trends for donor procurement of OCs will look like.

CUMULATIVE FUNDING OVER THE LAST 5 YEARS WAS $4.9 MILLION

TRENDS IN ORAL CONTRACEPTIVE FUNDING, IN USD $

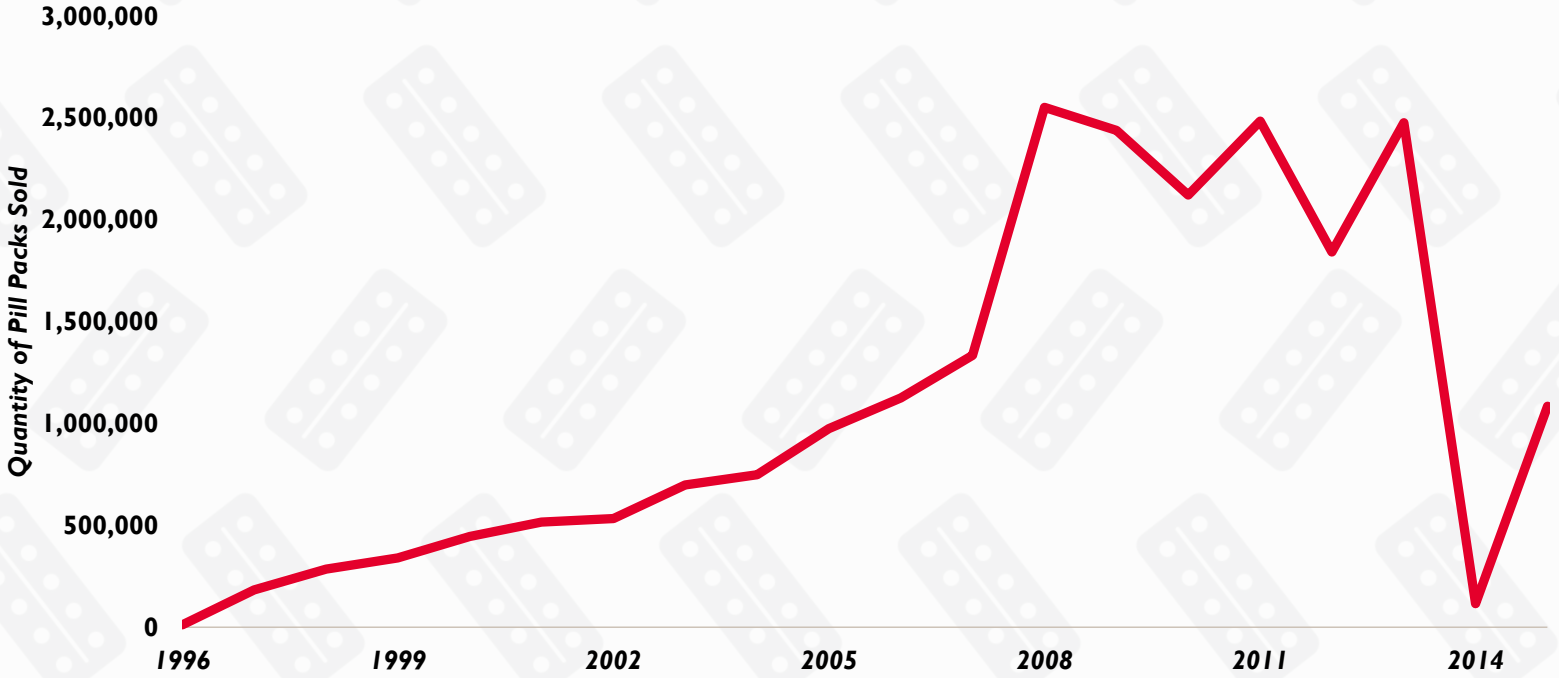


United Nations Population Fund Procurement Services, RHInterchange open access database. https://www.unfpaprocurement.org/rhi-home

SafePlan Sales Trends

The SafePlan combined oral contraceptive brand has been on the market since 1996 and sales have increased steadily up until 2008. Between 2008 and 2014, there were significant fluctuations in the market until USAID funding to SFH for the social marketing program ended. From this time to the start-up of USAID's DISCOVER-Health project in 2016, SafePlan has been out of the market. While SFH retained ownership of the SafePlan brand, USAID DISCOVER-Health will distribute the remaining SafePlan3 stock from the previous project.

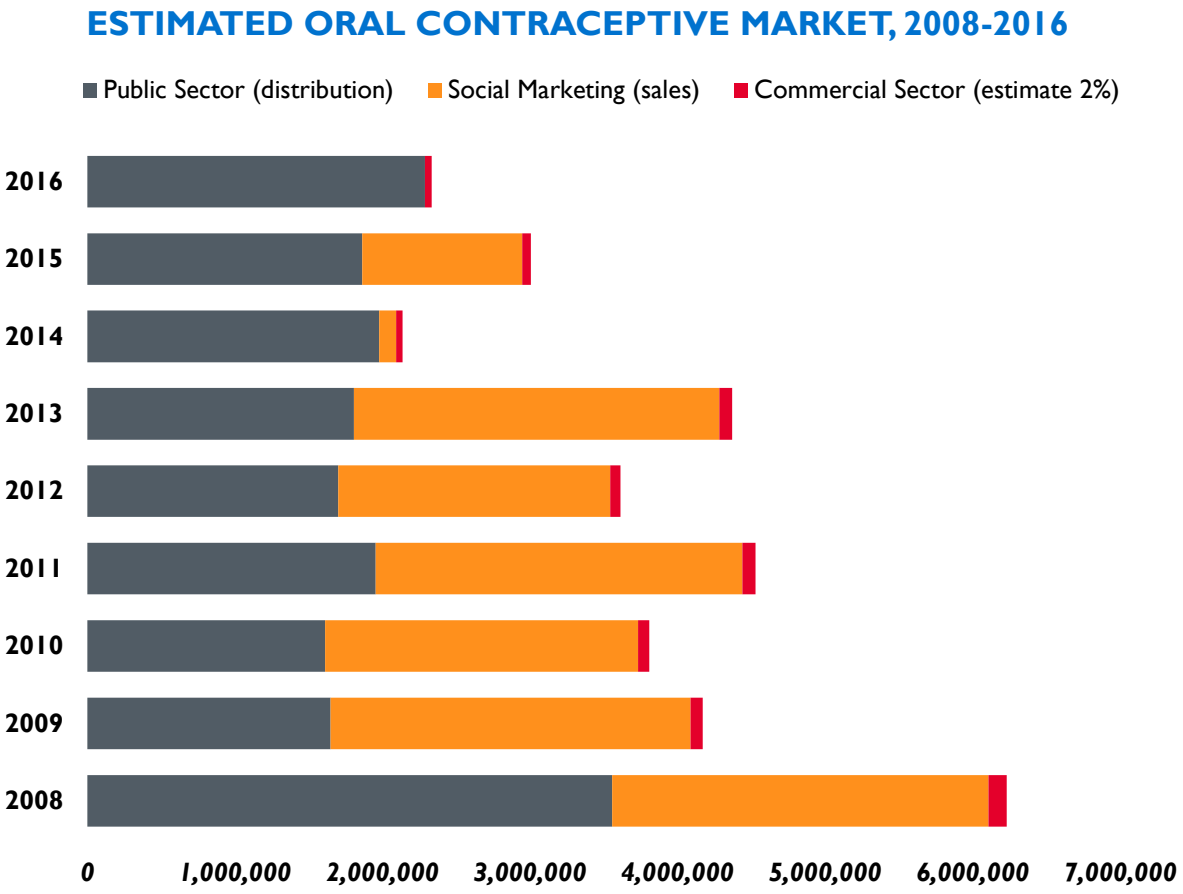
SOCIAL MARKETING SALES IN PILLS IN ZAMBIA, 1996-2015



DKT International. Social Marketing Contraceptive Statistics. (2015). http://www.dktinternational.org/publications-resources/contraceptive-social-marketing-statistics/

Estimating the Size of the Total OC Market

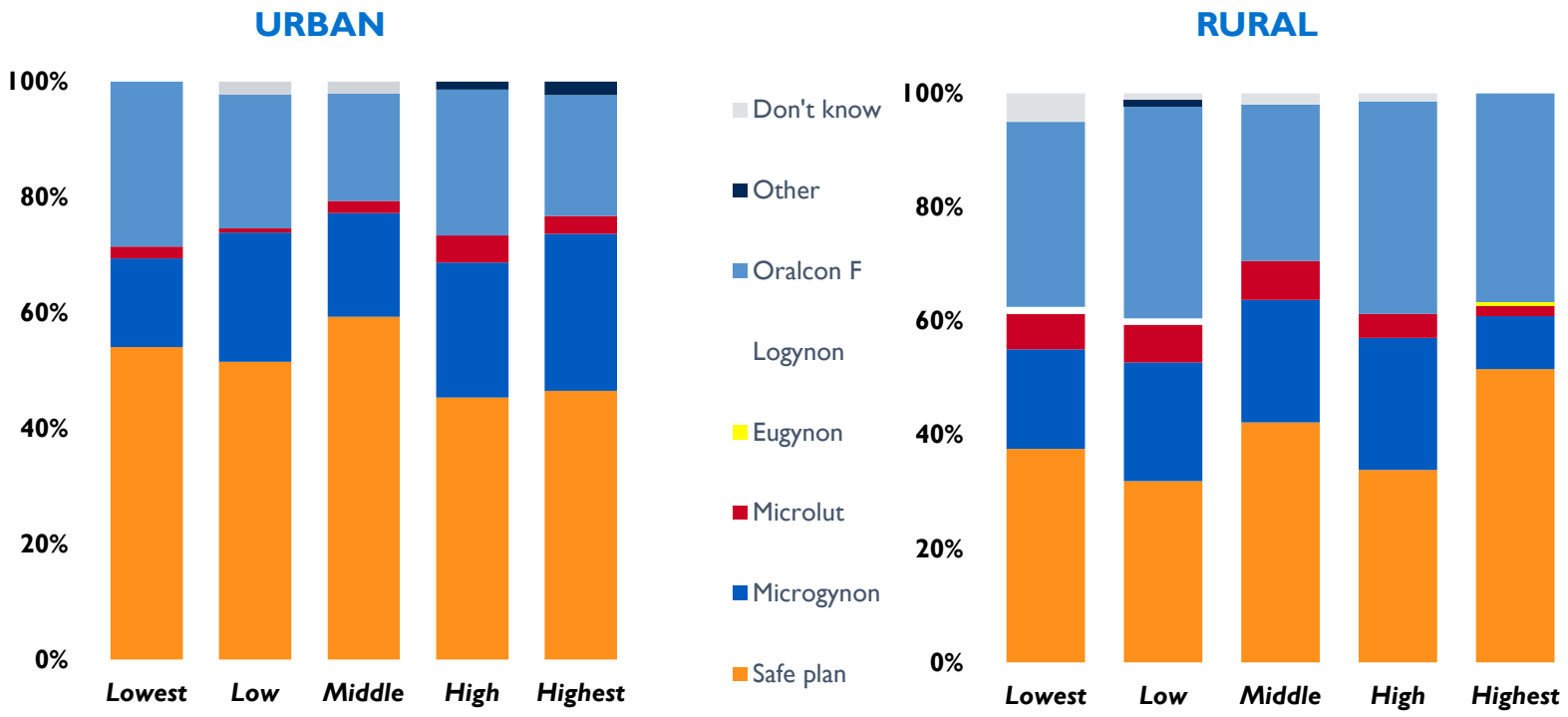
This graph combines *Safe Plan* OC sales with public sector OC distribution data to estimate size and growth of the condom market. Data on the commercial sector is unavailable. Since 2008, the size of the OC market has been declining, while there has been a steady growth of other contraceptive methods, particularly injectables and implants.



Public Sector: USAID | DELIVER Project (JSI), Logistics Management Information System Database
SM Sales: DKT International. Social Marketing Contraceptive Statistics. (2015). http://www.dktinternational.org/publications-resources/contraceptive-social-marketing-statistics/
Commercial: is an estimate

Use of OC brands by geography & relative wealth (2013/2014)

Among oral contraceptive users, SafePlan dominated across lowest three wealth quintiles in urban areas. Microgynon and Oralcon F, represent the next highest market share; both brands are sourced through public sector. Interestingly, public sector brands dominate the two highest wealth quintiles in urban areas. In rural areas, public sector brands dominated most quintiles, but SafePlan also had a strong presence, particularly in highest quintile.



Based on secondary analysis of ZDHS 2013-14

In the two years without social marketing support, **what happened in the OC private sector?**

No OC social marketing brand in the market; USAID-procured OCs are stockpiled.

Microgynon® ED Fe and Oralcon-F *(public sector procured brands)* are being sold in pharmacies at 30K per pack (3-cycles).

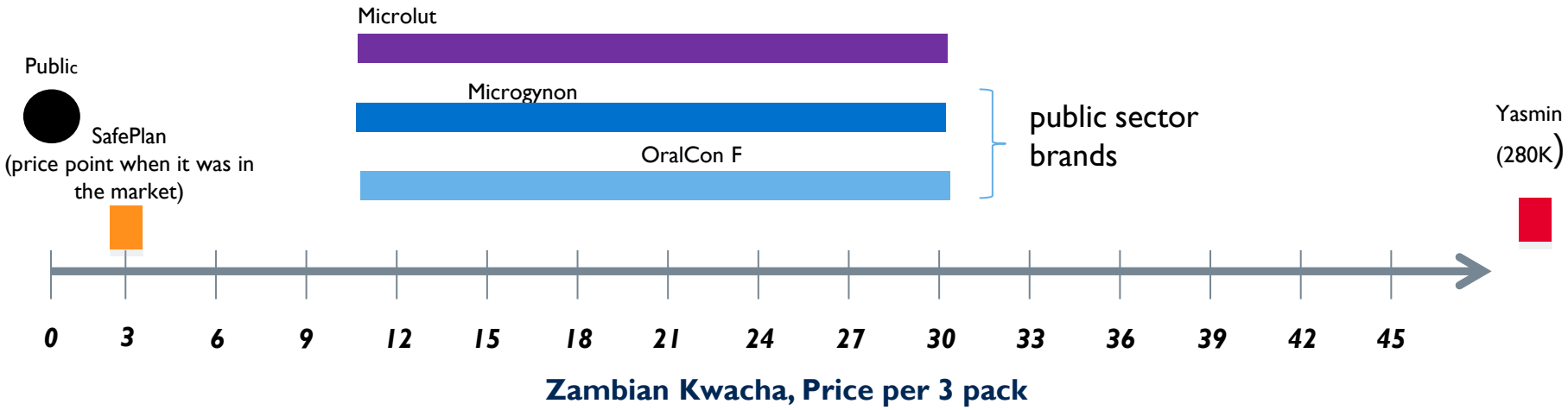
Few commercial brands available, but targeted toward high-end consumer, e.g. Yaz at 240K.

USAID DISCOVER-Health negotiates sub-license with SFH to reinitiate distribution of *SafePlan*.

Snapshot of OC Brands & Pricing

The assessment team conducted approximately 10 pharmacy visits across Lusaka, Livingstone and Choma to collect information on available OC brands and pricing. A small range of OCs were available at each pharmacy. Most OCs were priced within 10-30K for 3-pack, although some may be public sector brands. Yasmin was highest priced brand at 280K.

USAID DISCOVER-Health is currently conducting a Market Listing survey, which will provide price and brand information across a wider range of delivery points starting in Lusaka and Copperbelt.



Policy/Regulation

PHARMACIES

During the assessment, it was confirmed that the Microgynon ED Fe being sold for 30K per pack was a donated commodity. This product was available in all urban-based pharmacies that the project team visited. Oralcon-F product was also found in pharmacies, but the source of this product was not confirmed—although the MOH has also procured Oralcon-F.

PRIVATE SECTOR HEALTH FACILITIES

Interviews with private sector providers, ranging from non-governmental organizations to for-profit private facilities, indicated that private facilities can also access government OCs. NGOs typically have a memorandum-of-understanding in place with the government. Private facilities may request OCs from local medical stores as long as they do not charge the patient for the commodity. Even high-end private facilities (in Lusaka) recognized this policy.

THERE MAY BE LEAKAGE FROM PUBLIC SECTOR TO PRIVATE SECTOR SUPPLY CHANNELS

Stewardship & Coordination

Findings	Recommendations
MOH has limited data on the quantity of OC commodities that are dispersed through NGO and private facilities at the district-level.	Use available data to better understand commodity consumption for NGOs and private facilities.
Lack of clarity among MOH and other FP stakeholders about whether FP commodities are authorized for distribution to for-profit private facilities.	Review guidelines and provide clarification on private sector use of gov't commodities.
Lack of data regarding what commercial OC brands exist and what the total for-profit market size is.	Include commercial sector estimates into commodity quantification exercises. Collect importation data and engage commercial importers/distributors.
Stakeholders suggest that FP TWG may be most appropriate for discussing TMA strategies for FP products.	Identify appropriate stakeholders and champions within FP TWG.
Other TMA activities for family planning and UHC creates potential for an overlap but is also an opportunity align and leverage efforts	Identify points of intersection across other TMA/UHC initiatives and align activities to minimize duplication and "piecemeal" efforts

SWOT Analysis

STRENGTHS

- Social marketing program builds strong urban market accustomed to private sourcing of pills, 50% across all wealth quintiles. *SafePlan* was clear market leader in urban areas.

WEAKNESSES

- Hiatus in social marketing support created market gap; social marketing brand loses significant market share.
- Social marketing brand, *SafePlan,* previously supported by USAID, now registered and owned by third-party.

OPPORTUNITIES

- With two-year hiatus in social marketing, governments/donors may seek to transition upper quintiles to private sector sourcing for a more strategic targeting of subsidy to lower wealth quintiles and other priority groups.
- OC manufacturers (e.g. Bayer and FamyCare) are interested in market-growth strategies for low-priced commercial brands in urban markets.

THREATS

Overall pill use declines since 2001 as injectables and implants gain popularity.

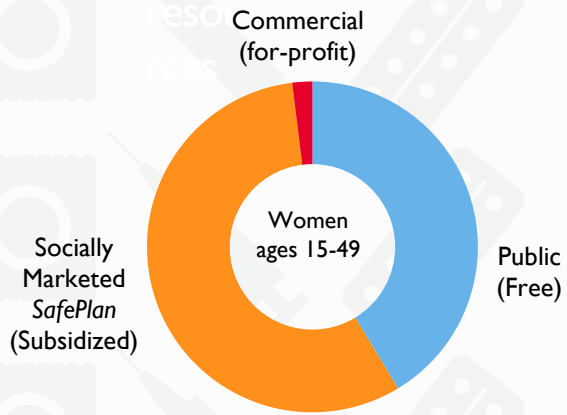
- Leakage of public sector commodities to private sector (pharmacies and facilities) may deter development of private sector market.
- Policy allowing free OC provision to private for-profit facilities may also be "crowding out" commercial market.

Where to target a subsidized OC brand that will expand choice and reach women with an unmet need for family planning?

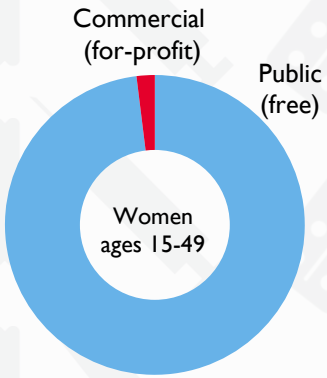
TMA Efforts Aim for Better

Leveraging of all sectors | Sustainability | Equity in access | Effective use of limited resources

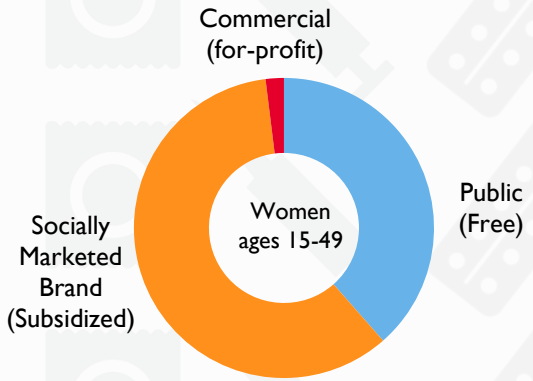
ESTIMATED CONDOM MARKET 2013



ESTIMATED CONDOM MARKET 2016



WHAT WILL IT TAKE TO DIVERSIFY THE MARKET?



TMA for OCs

The gradually decreasing total OC market, from more than 60 million units in 2001 to approximately 25 million in 2016—reflects a regional trend with the increasing popularity of injectables and implants. The opportunity for OCs is to improve overall market sustainability and ensure an effective and efficient targeting across all market players. Discussions are underway to create a USAID-owned socially marketed OC brand, Ultimate Pill., and there may also be opportunities to directly engage the commercial sector.

Total Market Approach: Sustain OC market and improve overall market segmentation, focusing public sector resources on lower-wealth quintiles in hard-to-reach areas and moving higher wealth quintiles from public to private sector in urban areas.			
Strategic Targeting	Public Sector	Social Marketing	Commercial Market
Regulatory/ Policy	Clarify government policy regarding free commodities for private facilities; address leakage to pharmacies.	Advocate for pill distribution through health shops.	Expedited registration for new product presentations; no current commercial brands available in "middle" income segment.
Procurement	USAID, UNFPA, and MOH	*USAID*	Commercially procured
Target Market	Lowest quintiles (Q1), urban and rural	Q1-3 urban and peri-urban	Higher quintiles (Q4-5), primarily urban
Distribution	Health facilities/CHW	Commercial distribution channels Medical detailers for private facilities/clinics	Commercial distribution channels
Cost Recovery	None	TBD	Fully-sustainable; commercially viable

Program Scenarios for OC Social Marketing

Scenarios	Continue with *SafePlan* only	Introduce *Ultimate OC* and continue with *SafePlan*	Continue with *Ultimate OC* Only	Commercial Product Only
Brand Ownership	Society for Family Health (SFH)	SafePlan – SFH Ultimate Pill – USAID	USAID	NA
Target Market	60% urban (all quintiles) 25-40% rural	Urban Poor (lowest quintiles) Rural (Expanded)	Urban and Peri-Urban Lower and Middle Income	Urban
Price Range	4ZMK to be increased to 6ZMK	TBD: need to establish clear segmentation strategy	3ZMK	TBD
Cost Recovery	Need to clarify SFH's cost-recovery vision	Need to clarify USAID's long-term vision for support to OCs	Need to clarify USAID's long-term vision for support to OCs	Full cost-recovery
Risks	• Not clear what the cost-recovery strategy is for SafePlan • Brand ownership by third-party may create unforeseen challenges	• Potential for brands to compete • Little incentive for commercial sector participation with two social marketing brands. • > cost to manage multiple brands	• > Investment + timeline to launch new brand • USAID determines in the short-term that it will no longer support OC social marketing	• Not clear whether commercial sector's interest • Free commodities available in for-profit private sector will further impede private sector market
Opportunities	• Ability to move a previously supported USAID OC brand toward cost-recovery	• > Influence on strategic positioning of two OC brands	• > Influence on priority targeting to reach program goals	• Potential for commercial market growth • Develop partnerships to expand access

Strategic Considerations for OC Programming

- **Coordinate with Ministry of Health** to address possible leakage to private sector pharmacies and policy of allowing all private facilities to access free FP commodities. These activities are likely impeding development of the private market for OCs.
- **Fewer commercial OC brands/manufacturers vs. condom brands** require different strategy for mid/long-term planning
- **Determine USAID (and other donor's) long-term plans** for OC funding and procurement—and intended positioning of social marketing brands.
- Develop clear targeting strategy for OC brand and **develop clear measures** of success that reflect TMA principles.
- **Develop cost-recovery** targets and timeline for social marketing OC brands.
- **Explore private partnerships** with the commercial sector to introduce a **low-priced, sustainable OC**.

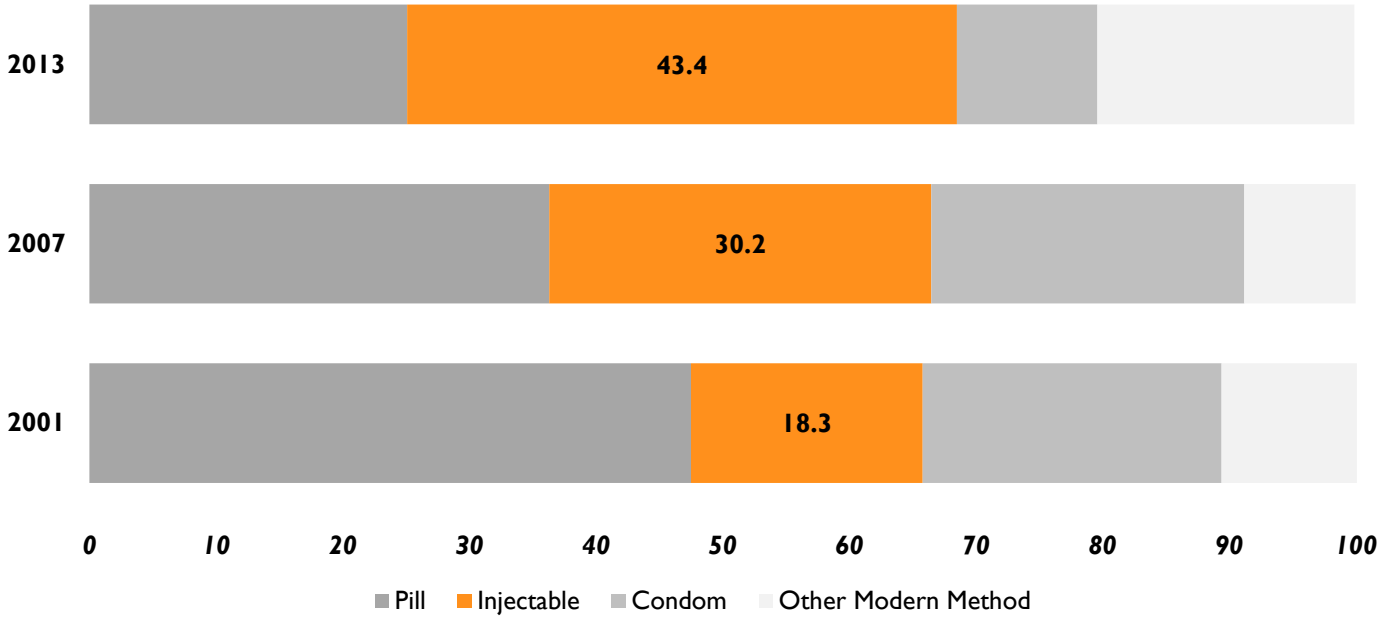
Injectables

Trends in Injectable Contraceptive Use

Use of injectable contraceptives has more than doubled over the last decade. Today, injectables comprise the largest share of the FP market. Increased popularity and growth of this method, followed by implants and IUDs, have contributed to the overall increase in the modern contraceptive prevalence rate in Zambia.

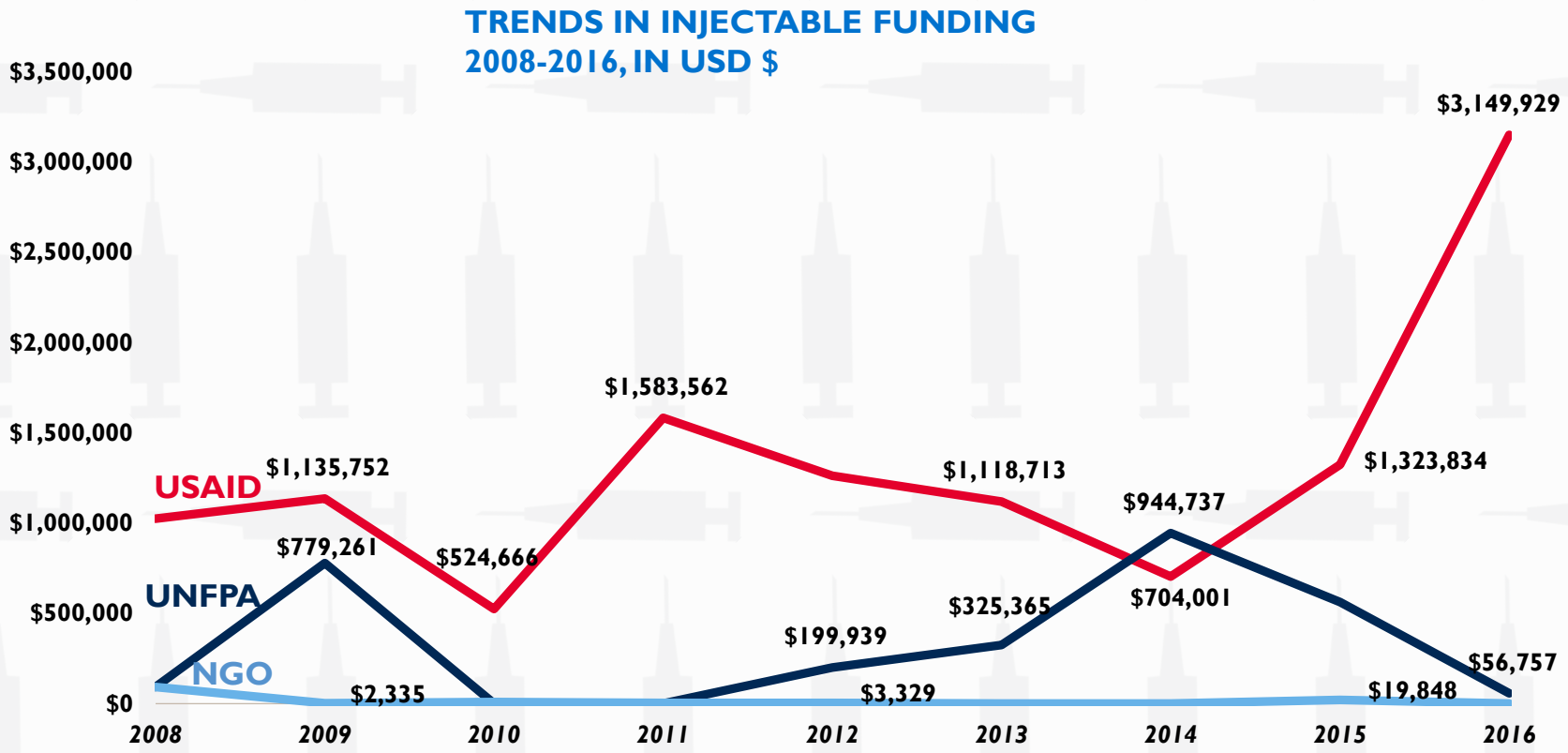
INJECTABLE CONTRACEPTIVE USE HAS MORE THAN DOUBLED BETWEEN 2001 AND 2014

MODERN FP USES (ALL WOMEN)



Zambia Demographic and Health Surveys 2001, 2007, 2013

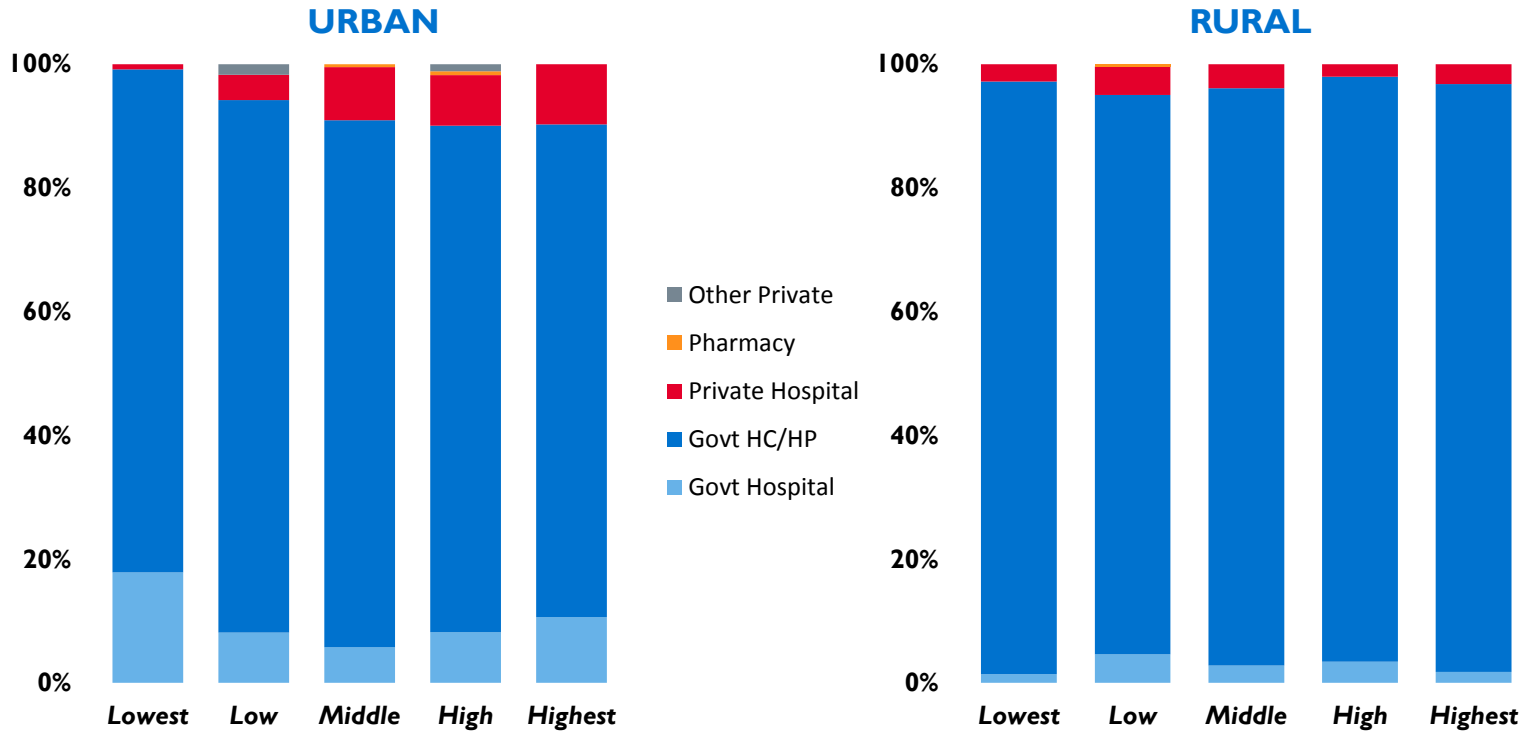
Donor Funding Trends



United Nations Population Fund Procurement Services, RHInterchange open access database. https://www.unfpaprocurement.org/rhi-home

Use of Injectables by Geography & Relative Wealth (2013/2014)

In 2013/2014, the injectable market was dominated by public sector across all wealth quintiles. Currently, there is no injectable social marketing brand and no commercial brands, making the public sector the only source. Given that the injectable is one of the fastest growing methods in Zambia, there is a need to improve access to injectables through additional sources.



Based on secondary analysis of ZDHS 2013-14

©https://borgenproject.org/sayana-press-contraception/

What are the **new opportunities** for growing and sustaining the injectable contraceptive market?

High prevalence injectable use is virtually all public sector, even among upper wealth quintiles and in urban areas.

Opportunity to build foundation for future efforts to expand access through self-injection.

Opportunity to shift willing users to the private sector and improve long-term sustainability of the market.

Expanding promotion and distribution of DMPA-SC through private sector channels can **reach new users**

DMPA-SC

IN ZAMBIA...

- **Will DMPA-SC replace or be co-positioned with DMPA-IM?**
- **Will DMPA-SC be offered through public sector, private sector channels, or both?**
- **How to differentiate private DMPA-SC product to ensure it doesn't compete with "free" public sector product?**
- **What are the branding, pricing, marketing considerations for private provision of DMPA-SC?**
- **What are the policy considerations for DMPA-SC and home/self injection? Who is allowed to sell? Who is allowed to administer?**

DMPA-SC is one of only a limited number of new family-planning products developed in over a decade. It is currently being introduced in over 15 Family Planning 2020 (FP2020) countries and offers women greater access to safe and effective injectable contraception that can be administered in a range of settings, such as health facilities, community outreach, pharmacies, drug shops, and through community health workers. Most notably, it is the first and only injectable contraceptive that can be administered by the user via home/self-injection (H/SI), a game-changing innovation which can help overcome major access barriers to reach new users. Zambia has introduced DMPA-SC through small scale community health worker programs and selected health facilities. Like many countries, national scale-up efforts in Zambia will need to carefully consider and coordinate introduction plans across various programs.

Policy/Regulation

Introduction of DMPA-SC will need to address a variety of policy/regulatory issues and a distribution strategy that considers public, socially-marketed and commercial options.

REGISTRATION

Since DMPA-SC is already registered in Zambia and can be readily introduced in the private sector.

COORDINATION

Need a clear, centralized coordination mechanism between government and implementing organizations to harmonize efforts and avoid fragmented programming.

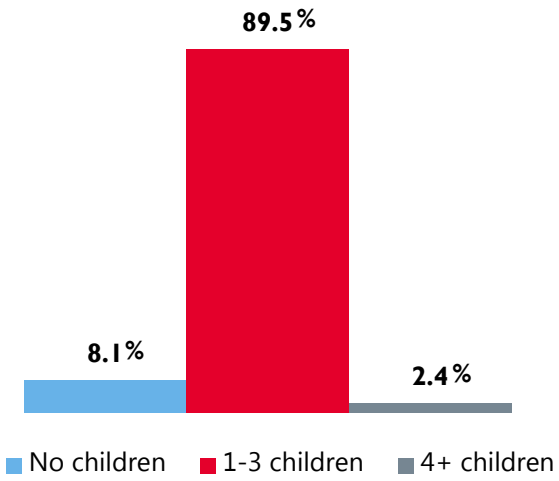
PUBLIC SECTOR COMMODITIES

Access to public sector commodities in for-profit private facilities will likely impede development of a private sector market.

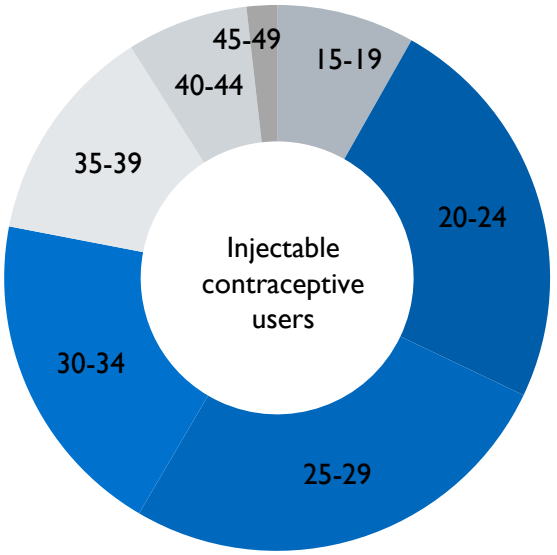
Profiles of Women Using Injectable Contraceptives

Current plans under USAID DISCOVER-Health include introduction of socially marketed DMPA-SC. The assessment team conducted additional DHS analysis to understand the current injectable market, and the future possibilities for a socially marketed brand. Data show that **90 percent of injectable use is among women with 1– 3 children.** Sixty percent of injectable contraceptive users reside in rural areas, compared to 40 percent in urban. No major differences in injectable use were observed across wealth quintiles. When disaggregated by age group, **70 percent of all injectable contraceptive users are between the ages of 20-34 in Zambia**. These data offer some insights into current user profiles to help inform potential targeting strategies for a socially marketed injectable brand. With an eye towards growing and sustaining family planning use in Zambia, introduction of DMPA-SC is an opportunity to diversify the injectable market, reduce unmet need for FP, and allow the government to appropriately target their finite resources to reach poor and underserved women.

BY PARITY



BY AGE



Zambia Demographic and Health Survey 2013.

SWOT Analysis

STRENGTHS

- Injectable contraception is the fastest growing contraceptive method in Zambia in both urban and rural areas. As such, there is likely strong demand for an affordable private sector product that increases access through new distribution channels

WEAKNESSES

- Will require sufficient training resources and follow-up to ensure proper introduction, particularly for home and/or self-injection.
- Public sector dominates the market; potentially "crowds out" private sector

OPPORTUNITIES

- Product diversification (public and private injectable product) expands choice and access
- Purposeful targeting of DMPA-SC reaches clients willing to pay, thus reducing reliance on public sector
- At the onset, can build cost-recovery plans into the socially-marketed brand

THREATS

- DMPA-SC is currently being introduced in the public sector; plans for scale-up and private sector role unclear.
- Inadequate planning/coordination around on co-positioning and product differentiation for DMPA, DMPA-SC, and socially marketed brand may lead to confusion in market
- Pfizer only manufacturer of DMPA-SC; Zambia planning may need to be coordinated with global demand/supply

TMA for Injectable Contraceptives

Over 90 percent of injectable provision occurs through the public sector and is largely financed by government and donors. With an eye towards more sustainable development, socially-marketed DMPA-SC provides a unique opportunity to diversify and grow the private sector market through targeted marketing and new distribution channels that will reach women willing to pay for their injectable contraceptives. The table here summarizes and compares important TMA elements for public sector and social marketing injectable contraceptives.

Total Market Approach: Continue to grow injectable contraceptive market and begin to segment the market by expanding to new, alternative distribution channels. Introduction of a socially marketed injectable will facilitate targeting of public sector resources to lower-wealth quintiles in hard-to-reach areas and moving higher wealth quintiles from public to private sector in urban areas.

Strategic Targeting	Public Sector	Social Marketing
Regulatory/ Policy	• Clarify positioning strategy for DMPA-SC vis a' vis DMPA (co-position vs. replacement) • Determine training and dispensing requirements for injectable contraceptives	• Determine requirements for marketing, pricing and distribution of DMPA-SC • Advocate for injectable distribution through new, expanded channels
Procurement	USAID, UNFPA, donors	USAID
Target Market	Rural (all wealth quintiles) Urban (Q1-Q2)	Urban and Peri-Urban (Q3 – Q5)
Distribution	Health facilities/CHW	Private health facilities/clinics Pharmacies Health Shops NGO networks Community-based distribution
Cost Recovery	None	Partial

Program Scenario for DMPA-SC Social Marketing

Scenarios	Socially Marketed Only	Commercial Sector Product Only
Brand Ownership	USAID owned socially-marketed brand	NA
Target Market	Urban and Peri-Urban (Q3-Q5)	Urban (Q4-Q5)
Price Range	TBD	TBD
Cost Recovery	Partial cost-recovery	Full cost-recovery
Risks	• Weak or absent coordination across sectors/programs can lead to market and supply chain inefficiencies • > Investment and timeline to develop/shape private injectable market	• < influence in programmatic targeting • full commercial price may be out of reach for some population segments • < investment in marketing/IEC, which is particularly important when considering home and/or self-injection • > investment to develop and support new brand
Opportunities	• expands access through new private sector channels • > market diversity/growth • better targeting of resources as willing clients shift from public to private sector	• expands access through new private sector channels • fully commercial brand offers a sustainable option at inception • can develop commercial partnerships to expand access and IEC to specific population segments

Strategic Considerations for DMPA-SC Programming

- **Develop a centralized coordination mechanism** to harmonize efforts and avoid leadership conflicts among donors, government, and implementing organizations for the introduction of DMPA-SC
- **Develop a joint TMA operational plan** for DMPA-SC scale up that considers: distribution channels (public, private), branding,, pricing, placement (of DMPA IM vs DMPA-SC; branded vs. non branded).
- Policies will need to carefully address questions around **provision of injectables (CHWs, drug shops) and sourcing of free public sector commodities** through the for-profit private sector
- **Consider TMA metrics** to ensure continued overall growth of public sector and social marketing brands.
- Ensure appropriate forecasting – Zambia planning may need to be coordinated with global efforts, to **ensure adequate supply to meet global and country demands** (only one manufacturer of DMPA-SC)
- Ensure the **appropriate training resources exist** for public as well as private sector introduction and for all levels of healthcare personnel to be involved.
- **Determine realistic cost-recovery targets** for short-term and long-term planning.
- **Understand donor timelines** for continued commodity support and market development.

Stewardship & Coordination

Findings	Recommendations
Unclear who within the MOH will lead coordination of DMPA-SC procurement planning, strategy development, program implementation, M&E	• Identify MOH TMA champion to lead cross-cutting FP and HIV TMA activities • Organize a sub-committee/task force of the FP TWG to coordinate and focus on DMPA-SC scale-up
USAID DISCOVER-Health Project currently has plans to introduce socially marketed brand of DMPA-SC; scope includes TMA coordination	• Support MOH to coordinate on DMPA-SC scale-up • Support development of introduction/scale-up TMA plans for DMPA-SC
DMPA-SC is being offered by CHWs through smaller scale community-based NGO programs and through selected health facilities	• Identify and bring together all programs involved in provision of DMPA-SC to share experiences and lessons to inform scale-up efforts
Other TMA activities for family planning and UHC creates potential for an overlap but is also an opportunity align and leverage efforts	• Identify points of intersection across other TMA/UHC initiatives and align activities to minimize duplication and "piecemeal" efforts

Summary

Strategic Highlights

- **Opportunity to improve strategic multi-sector coordination** among government, donors and partners as there is increasing interest in TMA principles.
- The Zambian marketplace requires **improved targeting of condom and OC social marketing brands as well as increased commercial sector engagement** to improve access and use of products and services.
- Introduction of **social marketing for DMPA-SC** provides a unique opportunity to diversify and grow the private sector market for women willing to pay for their injectable contraceptives.
- **Key policy and regulatory issues need to be addressed to improve development of total markets,** e.g. leakage of public sector commodities to private sector, regulation of unauthorized products, and leakage of social marketing brands from other countries.
- **TMA metrics** will help government, donors and partners better measure and understand the relationships across sectors and improve targeting to reach the underserved.

Next Steps for DISCOVER-Health

- **Share findings with government, donors and other key stakeholders** to achieve consensus on coordination and TMA principles.
- Support the stewardship role of the government to develop an **aligned TMA strategy** across donors, program implementers and partners to effectively target resources and minimize "crowding out" of the commercial sector.
- Support the FP TWG to **organize a task-force** to coordinate DMPA introduction and scale-up.
- Initiate advocacy on **policies and regulatory issues** that affect market development.
- **Explore partnership opportunities with commercial sector** to help expand access and use for specific products.
- Develop **clear TMA metrics**
  - *market size* - overall total market growth (including data for commercial sector)
  - *market accessibility* – knowledge of source and stockouts
  - *market sustainability* – number of brands, market subsidy, and cost-recovery targets
  - *market equity* – product and brand use by wealth quintile
- Ensure that all new brand introductions have **clear timelines** for donor investment and clear **cost-recovery targets.**

USAID | DISCOVER-Health is a five-year program led by JSI Research & Training Institute, Inc. in collaboration with the Palladium Group, and collaborates and coordinates with other USAID-funded partner organizations and implementing partners working in Zambia on activities related to HIV and TB/HIV, reproductive health/family planning, maternal, newborn and child health, behavior change communication, social marketing and supply chain management.

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