



ZAMBIA TOTAL MARKET APPROACH (TMA) LANDSCAPE ASSESSMENT

Contraceptives and Condoms
June 2017

TMA Assessment Team:

Tanvi Pandit-Rajani, JSI; Cindi Cisek, Palladium Group; Caitlin Dunn, JSI;
Dr. Michael Chanda, JSI; Harriet Zulu, Palladium Group



Acknowledgements

The TMA Landscape Assessment Team would like to acknowledge USAID/Zambia's Health Team and the Zambian Ministry of Health for their support and inputs into the assessment findings. We appreciate the valuable contributions and insights from Barbara Addy-White (Palladium Group), Mika Bwembya (JSI), Dr. Muka Chikuba-McLeod (JSI), Andrew Fullem (JSI), Dr. Stephen Mupeta (UNFPA), and Emily Stammer (JSI). And finally we would like to thank the more than 30 respondents across the government, donors, implementing partners and private health providers who provided valuable time to share their thoughts and information to inform the TMA assessment findings and recommendations.

Recommended Citation: Pandit-Rajani, Tanvi; Cindi Cisek, Caitlin Dunn, Michael Chanda and Harriet Zulu. June 2017. *Zambia TMA Landscape Assessment*: Boston, Massachusetts: USAID | DISCOVER-Health Project, JSI Research & Training Institute, Inc.

Cover Photo: Liv Unni Sodem/ Flickr/ CC BY

Table of Contents

4

ZAMBIA HEALTH
OVERVIEW

12

OVERVIEW OF
USAID DISCOVER-
HEALTH PROJECT

17

TOTAL MARKET
APPROACH

20

TMA LANDSCAPE
ASSESSMENT
PURPOSE, SCOPE &
PROCESS

25

TMA LANDSCAPE
ASSESSMENT
FINDINGS

26

FINDINGS: MALE
CONDOMS

44

FINDINGS: ORAL
CONTRACEPTIVES

60

FINDINGS:
INJECTABLES

74

FINDINGS: SUMMARY

1 Zambia Health Overview

Demographic & Health System Overview

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.

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

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

Photo: Alex Berger/ Flickr/ CC BY



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

IN URBAN AREAS, APPROXIMATELY 99% OF HOUSEHOLDS ARE WITHIN 5 KM OF A HEALTH FACILITY, COMPARED TO 50% IN RURAL AREAS¹.

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.

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](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

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.

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

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%

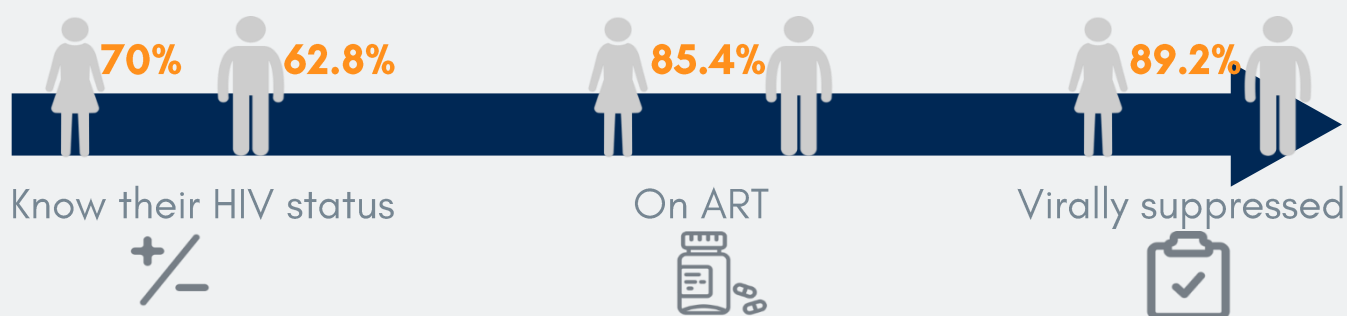
**Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International*

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 PLHIV reside.¹

Zambia has made progress towards 90-90-90 as of the 2016 Zambia Population-Based HIV Impact Assessment. (see below). 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

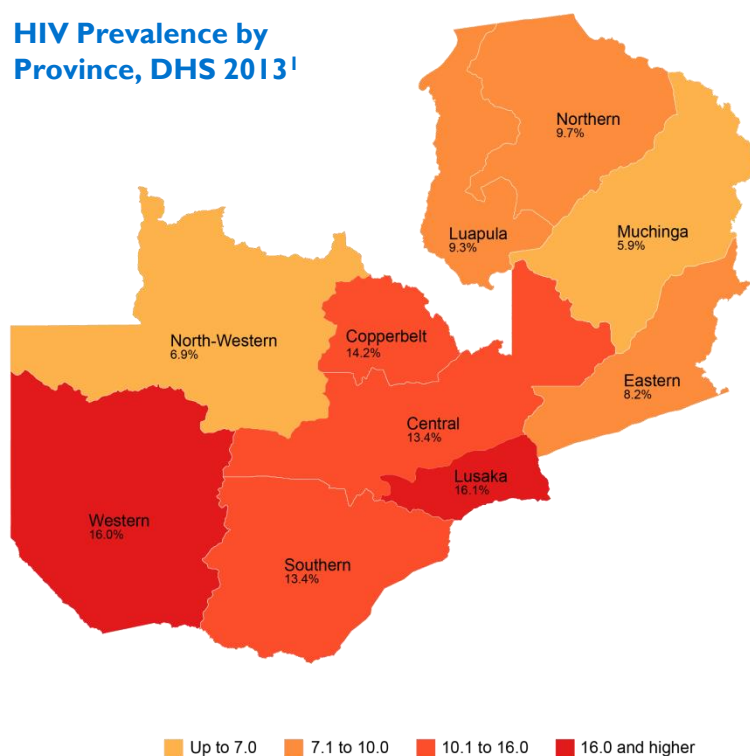


¹ U.S. Department of State. PEPFAR. *Zambia Country Operational Plan (COP) 2016 Strategic Direction Summary*. U.S. Embassy in Zambia, Web

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 2013¹



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% compared 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 its 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

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

+ Table statistics from DHS 2007¹ and 2013-14²

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 ages 15 & 19 have begun childbearing) which may, in part, result from barriers young and unmarried women face in accessing FP.³

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 Commitment Update Questionnaire response. <http://www.familyplanning2020.org/zambia>.

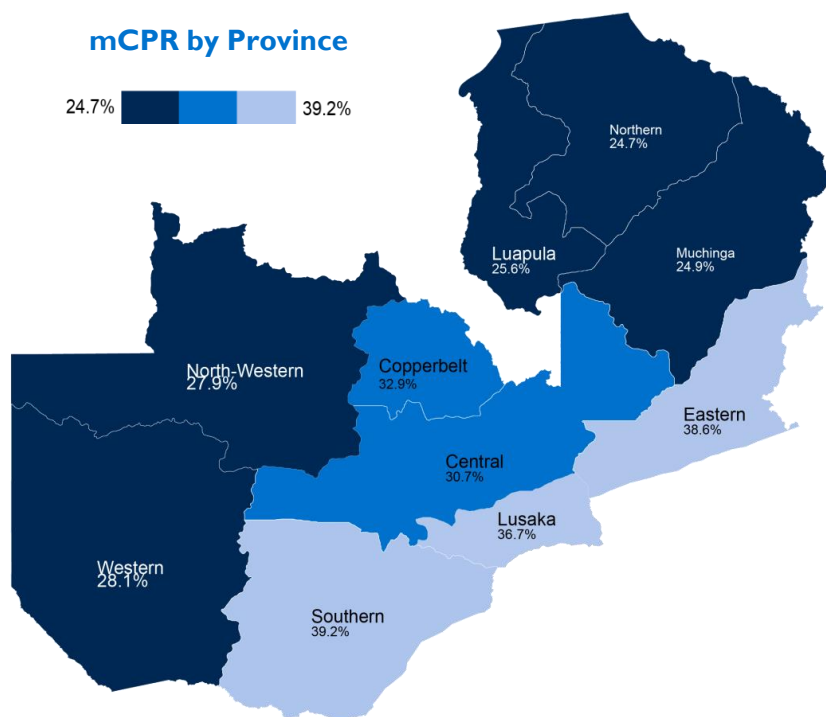
Family Planning Scale-Up Plan

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?

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.

APPROACH

Health
Service
Delivery

Product
Marketing &
Distribution

Total
Market
Approach

USAID DISCOVER-Health



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.

APPROACH

Health
Service
Delivery

Product
Marketing &
Distribution

Total
Market
Approach

USAID DISCOVER-Health



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.

APPROACH

Health
Service
Delivery

Product
Marketing &
Distribution

Total
Market
Approach

USAID DISCOVER-Health

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*
- ✓ *Family Planning & Reproductive Health*
- ✓ *Malaria*
- ✓ *Maternal, Newborn & Child Health*

APPROACH

Health
Service
Delivery

Product
Marketing &
Distribution

Total
Market
Approach

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.
- ✓ **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.

TMA Landscape

4 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.

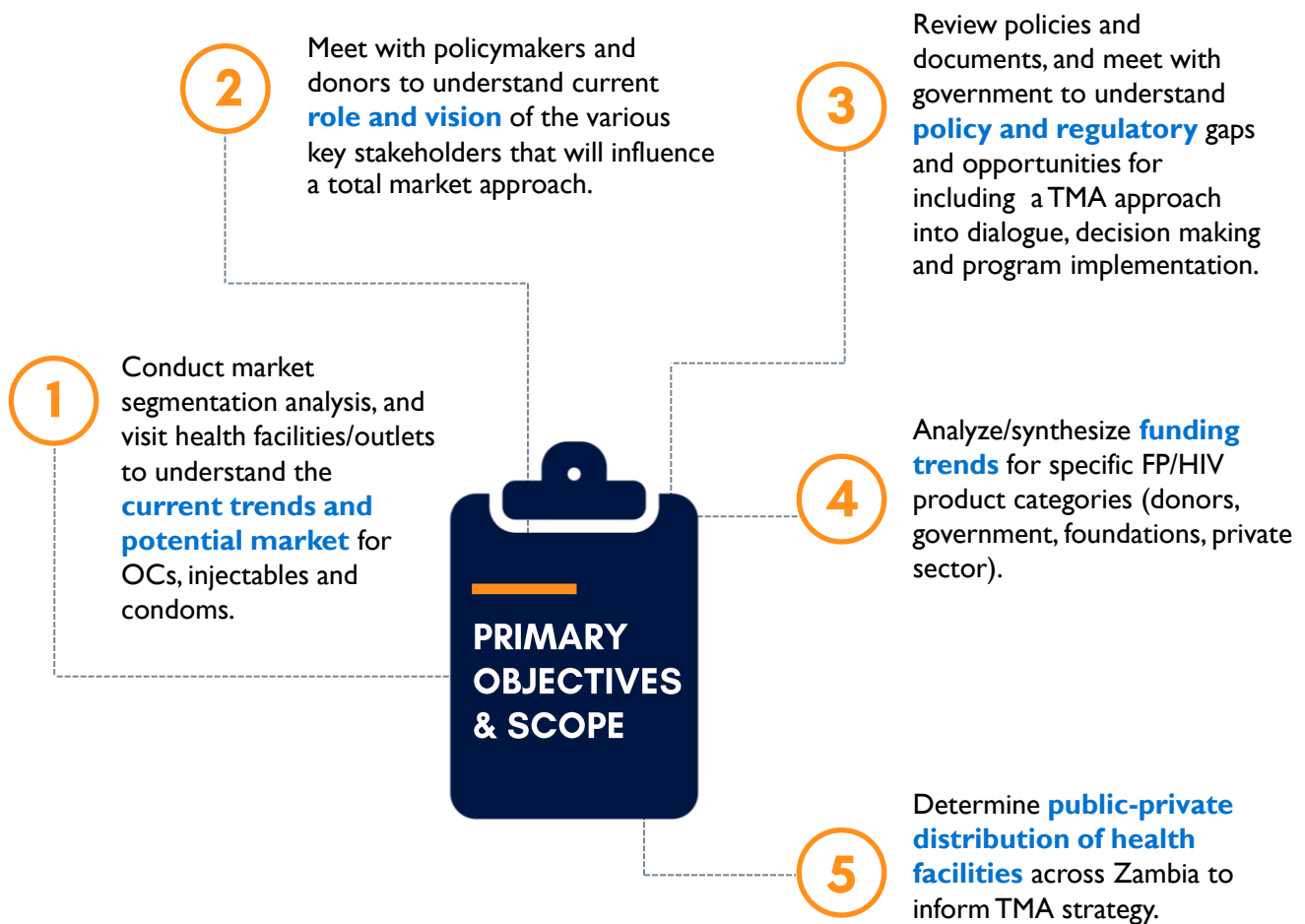
The information gathered through this effort primarily aims to guide the project's TMA strategy, which supports government and donor investment areas in condom, FP and other health program areas. This assessment comes at an opportune time when the government and development partners

are 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



TMA Landscape Assessment Process

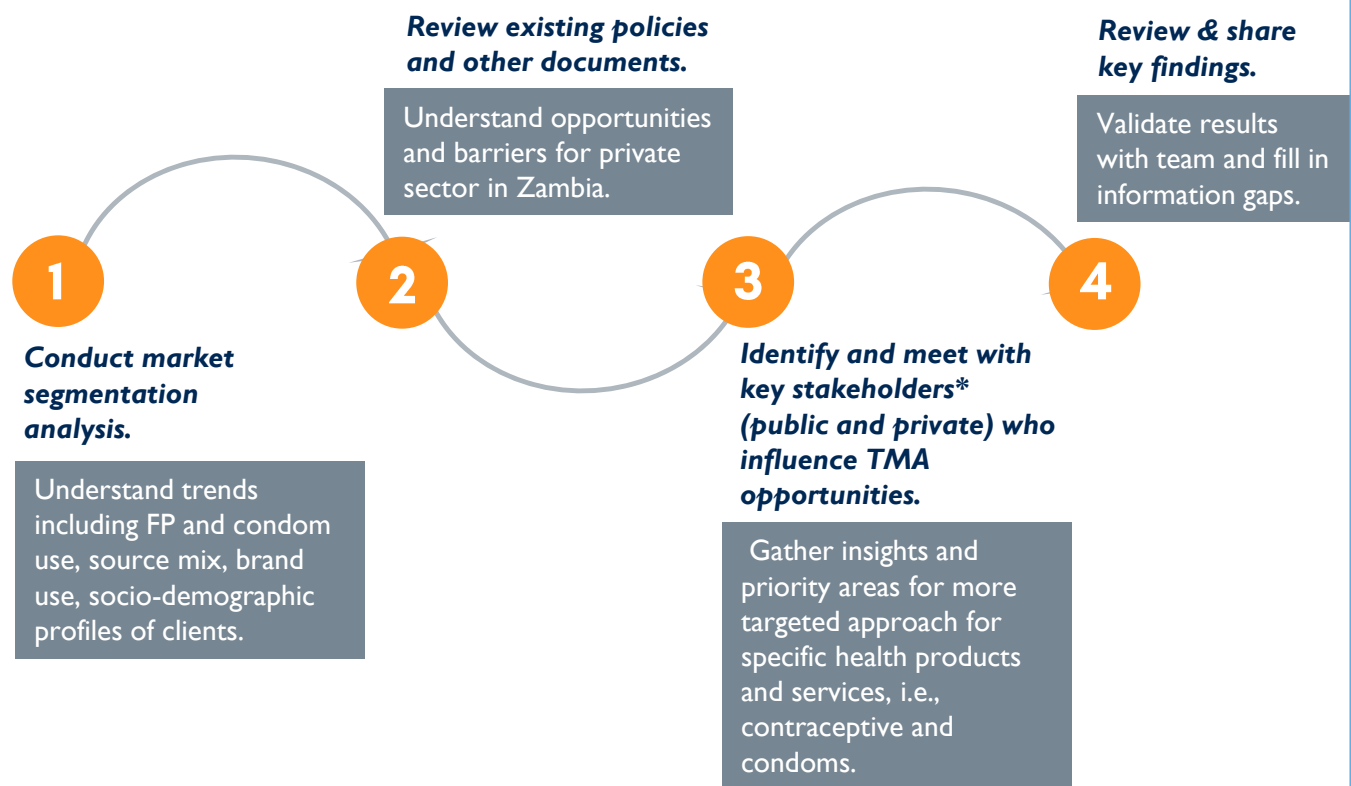


Photo: Caitlin Dunn/ JSI



Key Stakeholder Interviews

GOVERNMENT

- Ministry of Health
 - Director of RH Services
 - Directorate of Clinical Care and Diagnostic Services (DCCDS)
 - 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
- Marie Stopes Zambia
- Planned Parenthood Association of Zambia
- Society for Family Health (SFH)
- National AIDS Council
- Sancare (Health Insurance)
- YASH Pharmaceuticals and other importers
- Private hospitals (Fairview & Lusaka Trust)
- Pharmacies/drug stores

DEVELOPMENT PARTNERS

- Development for International Development (UK)
- European Union
- UNAIDS
- UNFPA
- USAID | AIDSFree Project/JSI

5 TMA Assessment Findings

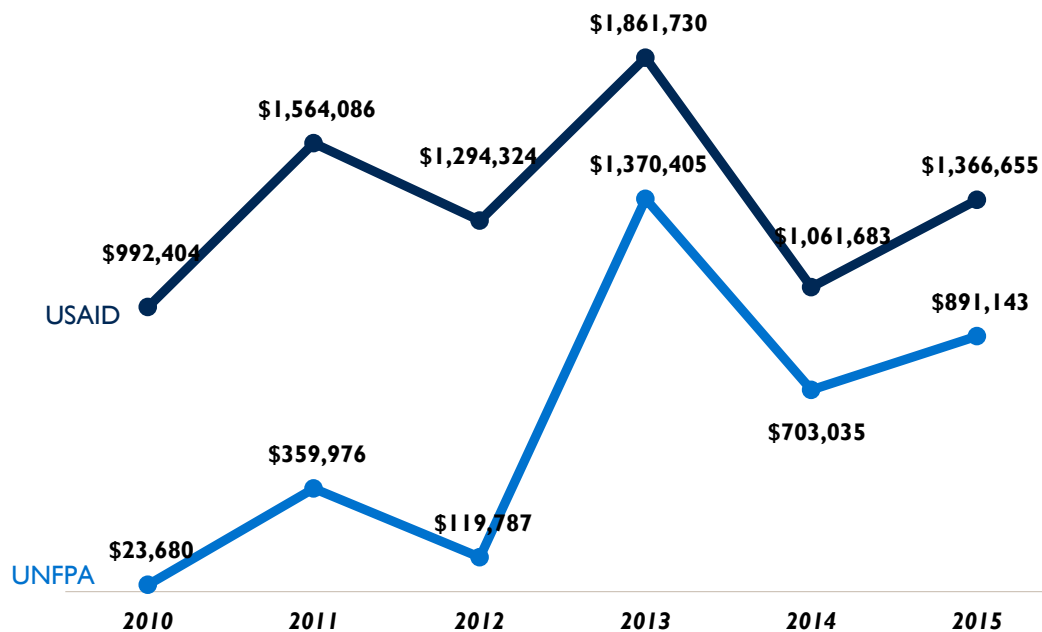
Findings: Male Condoms

Donor Funding Trends

Donors have played an important role in condom programming in Zambia. USAID condom purchases supported the socially marketed *Maximum* brand condom and the public sector; UNFPA procured condoms for the public sector. Since quantification exercises are done on an annual basis, MOH was uncertain about longer term commitments for donor procurement of condoms.

**CUMULATIVE FUNDING
OVER THE LAST 5
YEARS WAS \$11.6
MILLION.**

TRENDS IN CONDOM FUNDING IN USD 2010-2015

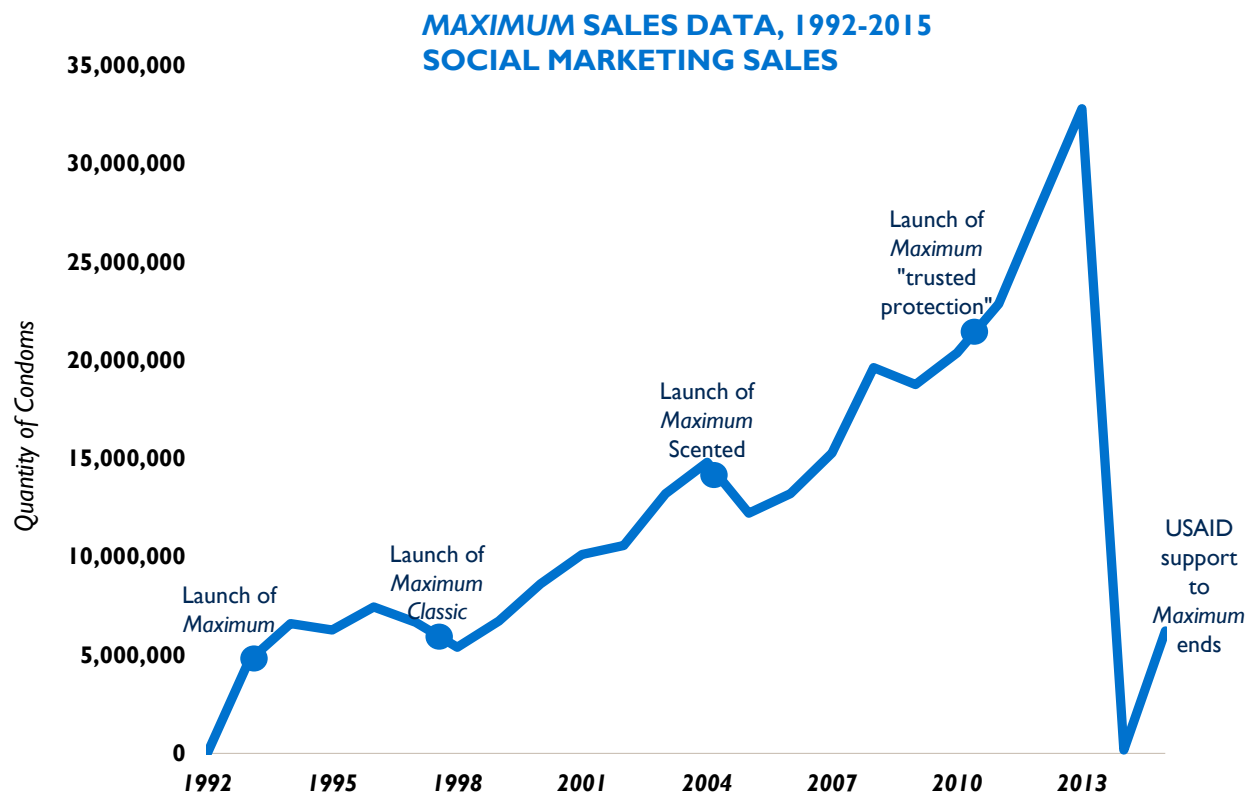


United Nations Population Fund Procurement Services, RHInterchange open access database. <https://www.unfpaprocurement.org/rhi-home>

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 the USAID-funded PRISM project implemented by SFH closed. As seen in the graph below, without USAID support, *Maximum* virtually

disappeared from the market for approximately 2 years (2014-2016). USAID procured *Maximum* condoms for the purposes of social marketing however, since SFH owns the *Maximum* brand, JSI has a sub-agreement with SFH to market and distribute *Maximum* condoms under the USAID DISCOVER- Health Project. It remains a question whether *Maximum* users switched to another commercial brand, switched to public sector condoms, or stopped using condoms altogether.



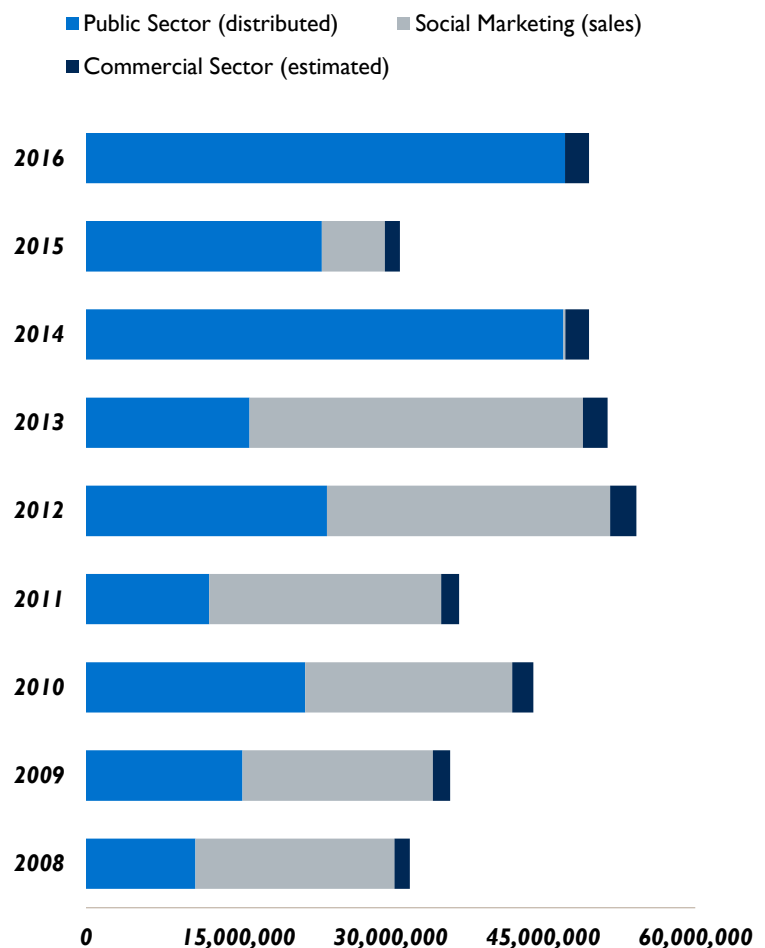
DKT International. Social Marketing Contraceptive Statistics. (2015). <http://www.dktinternational.org/publications-resources/contraceptive-social-marketing-statistics/>

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.

¹ Estimates based on USAID | DELIVER Project contraceptive projections.

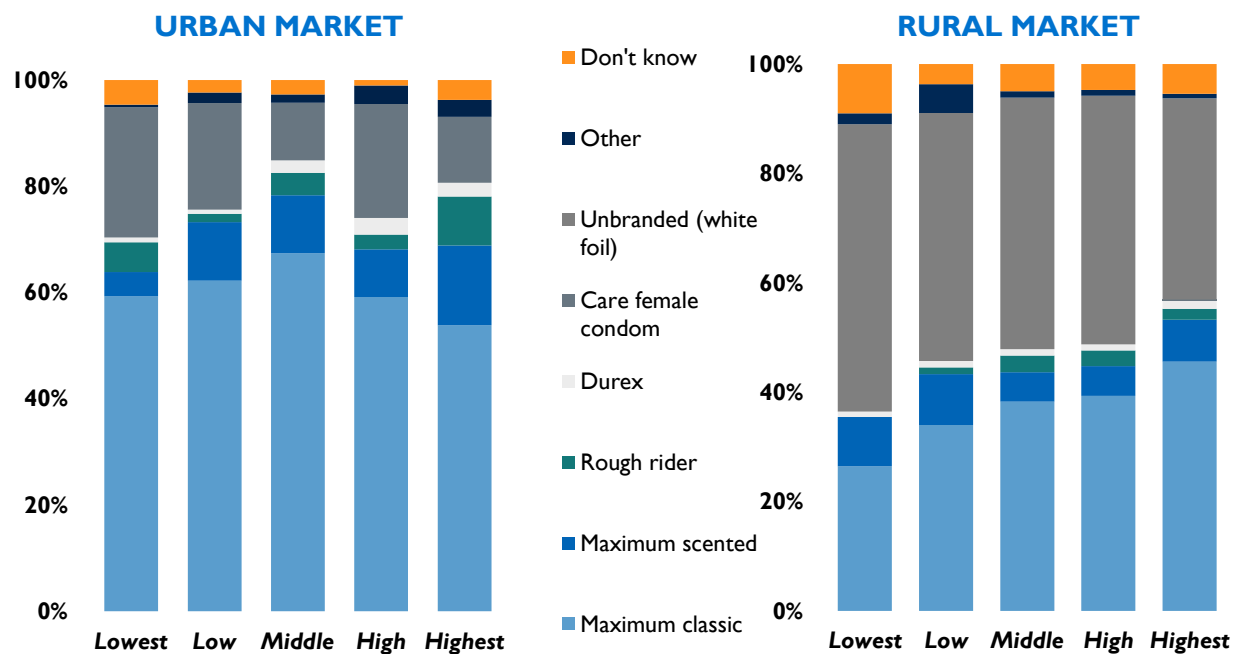
ESTIMATED CONDOM MARKET, 2008-2016



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

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* had a strong presence.



Based on secondary analysis of the ZDHS 2013-14



Photo: Caitlin Dunn/ JSI

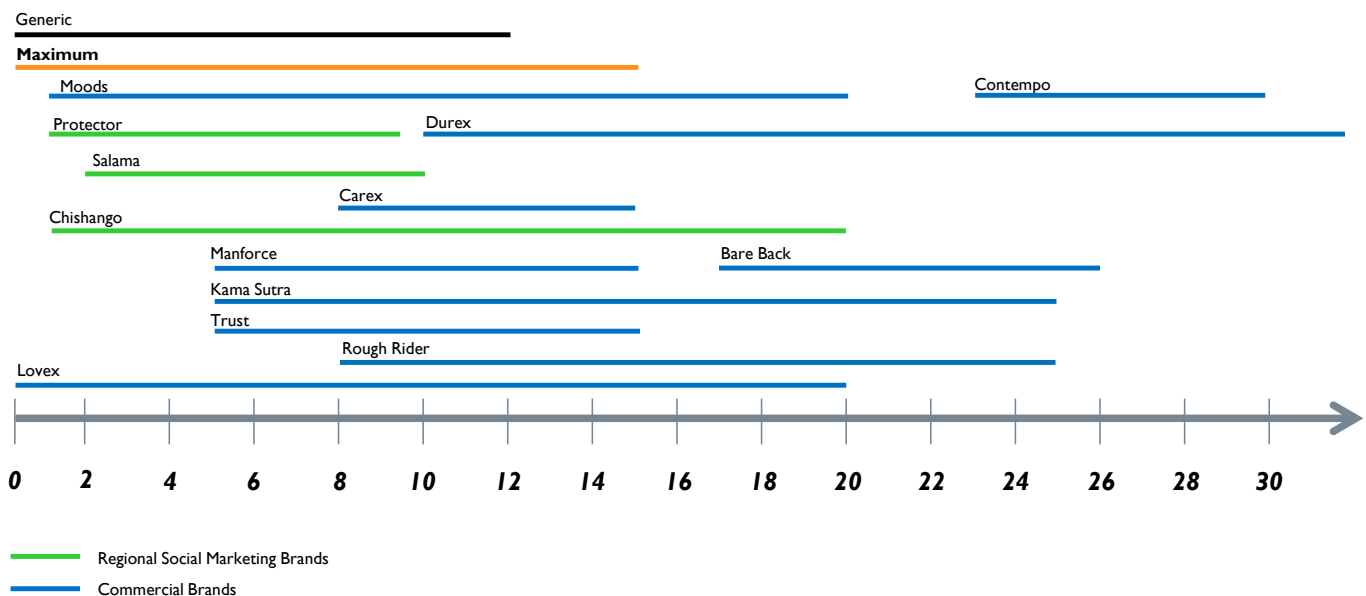
In the two years without condom social marketing support, **what happened?**

- ✓ No marketing and distribution support for *Maximum* brand; 30 million USAID-procured condoms stockpiled.
- ✓ More than 15 commercial brands available at various price points, suggesting commercial sector has likely grown.
- ✓ Qualitative research suggests commercial brands are gaining **brand visibility/** market share.
- ✓ Public sector significantly increased free distribution in 2014 and 2016.
- ✓ USAID DISCOVER-Health negotiated sub-license with SFH to reinstate distribution of *Maximum* stockpile.

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 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 its original price of three Zambian Kwacha per 3 pack.



Site visits in Lusaka and Choma; USAID DISCOVER-Health Market Listing Survey in Lusaka & Copperbelt

Policy Regulation



Photo: Tanvi Pandit-Rajani/ JSI

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 issued 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.

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

Stewardship & Coordination

Findings	Recommendations
MOH restructuring and subsequent staff turnover, left few, if any, champions to coordinate and steward TMA efforts.	<ul style="list-style-type: none"> In collaboration with the MOH and NAC, identify government departments and champions to steward condom TMA.
TMA in concept is generally understood but policy and programmatic decisions may undermine opportunities for sustainable condom market growth, particularly for the commercial sector. Support and technical assistance is needed to deepen stakeholder understanding and build government capacity for applying TMA principles to program strategy.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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 a common goal.
Condom projection, sales, distribution and market data are fragmented across programs and sectors, making it difficult to quantify the condom market and overall growth.	<ul style="list-style-type: none"> 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 create a potential for overlap but also offer an opportunity to align and leverage efforts across programs.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Share findings and coordinate with other regional USAID missions/donors to minimize leakage of brands across borders.

SWOT Analysis

STRENGTHS

- The social marketing program built a strong urban market accustomed to private sector sourcing of condoms, 60% of condom users, across all wealth quintiles, sourced condoms from the private sector. *Maximum* was the market leader in urban areas.

WEAKNESSES

- Hiatus in social marketing support created a market gap; *Maximum* lost significant market share.
- Social marketing brand, *Maximum*, is registered and owned by a third-party.
- Social marketing brand dominated the highest quintile, possibly crowding out the commercial sector.

OPPORTUNITIES

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

THREATS

- Without its own social marketing brand, USAID has limited influence to target and reach key populations according to its HIV strategic priorities.
- Inadequate market segmentation of socially marketed brands will create market inefficiencies. Investment timelines for cost-recovery for all social marketing brands needs to be clear.



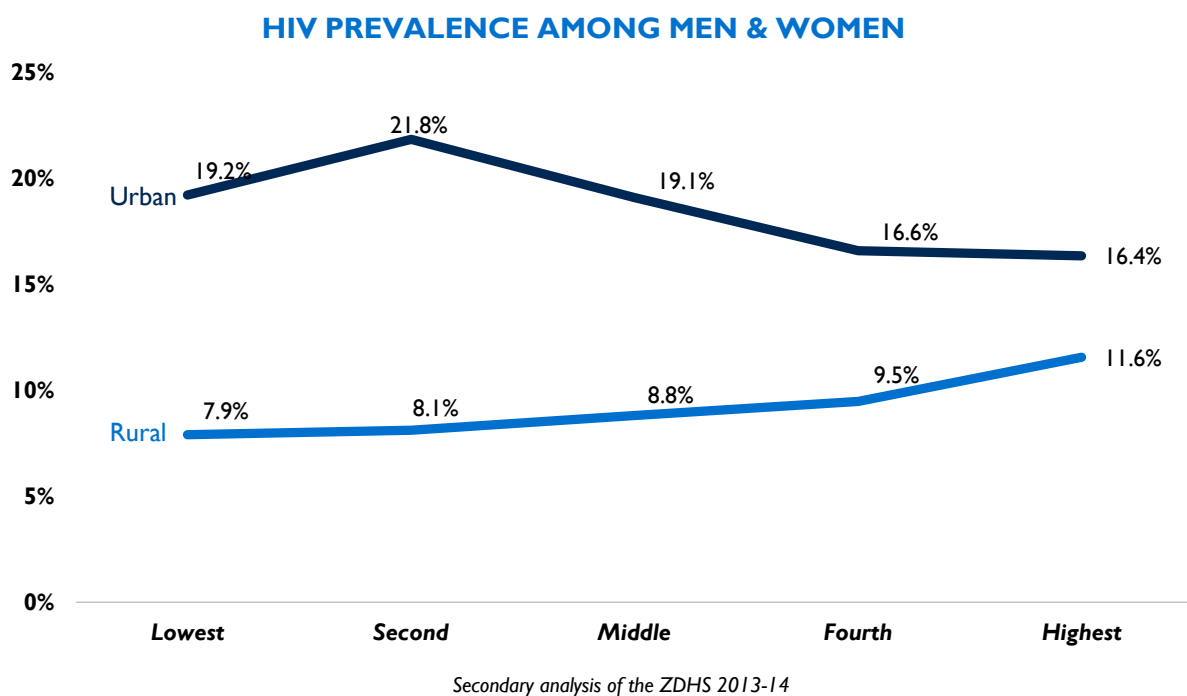
Where to target subsidized condom programming without undermining the commercial market and achieve optimum public health impact?



Photo: Simon Berry/ Flickr/ CC BY



HIV prevalence by geography & wealth

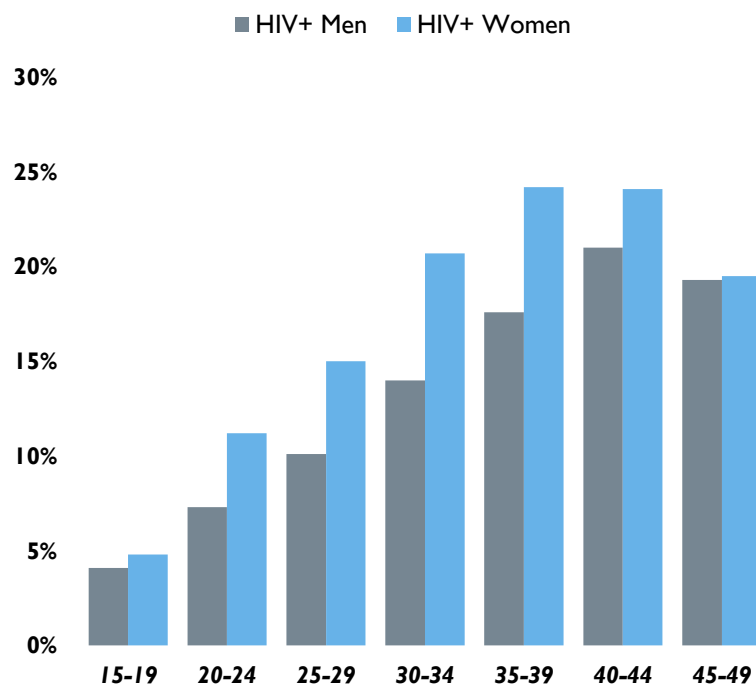


Secondary analysis of the ZDHS reveals patterns for HIV prevalence. Disaggregation of the national wealth quintiles by geographic area shows HIV prevalence is more than double among urban poor (lowest and second quintiles) versus the rural population and significantly higher compared to other urban wealth 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.

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. Reaching young men is especially critical as they tend to have lower levels of viral load suppression, increasing the likelihood of transmission.

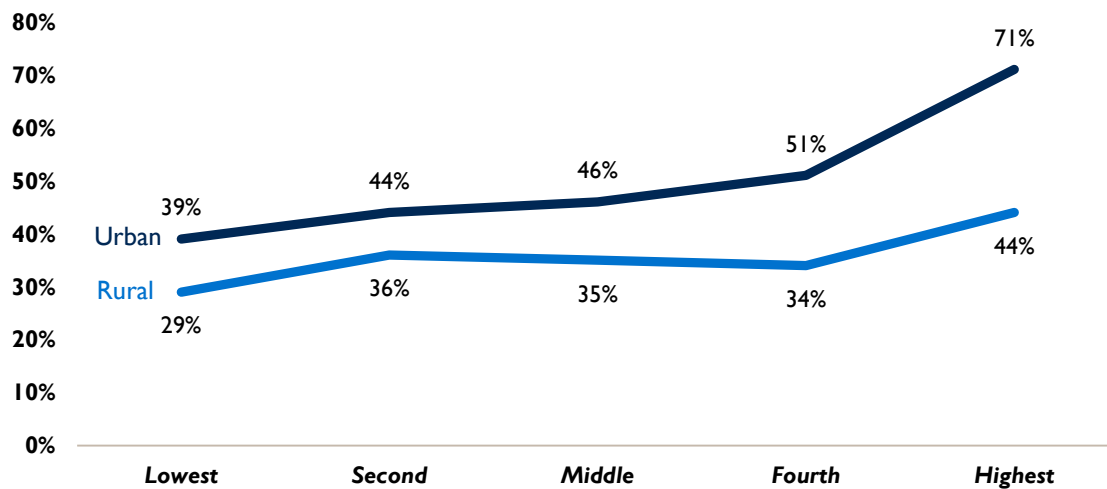
HIV PREVALENCE BY AGE



Secondary analysis of the ZDHS 2013-14

Condom use by geography & wealth

CONDOM USE AMONG SEXUALLY ACTIVE MEN 15-24



Secondary analysis of the ZDHS 2013-14

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.

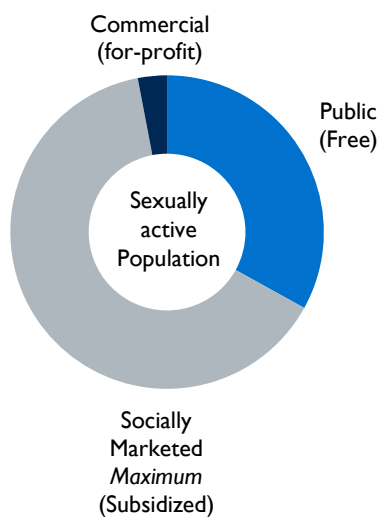
Photo: Caitlin Dunn/ JSI



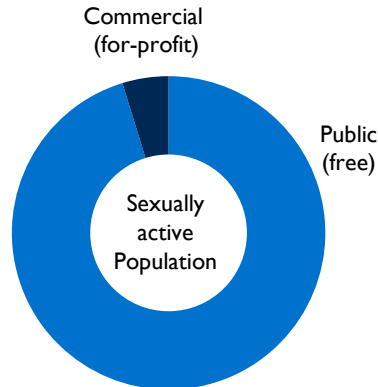
TMA Efforts Aim for Better

- ✓ *Leveraging of all sectors*
- ✓ *Equity in access*
- ✓ *Sustainability*
- ✓ *Effective use of limited resources*

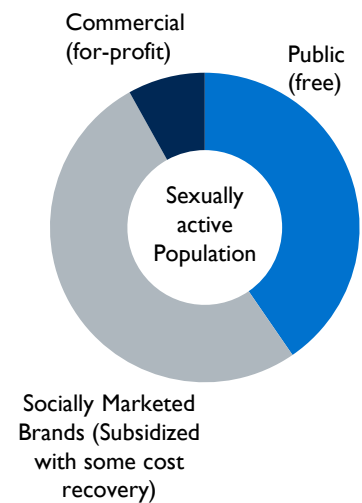
ESTIMATED CONDOM MARKET 2013



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		<ul style="list-style-type: none"> Variety of regional socially marketed brands are on the market but are not registered. Improve donor coordination in the region to minimize leakage. 	<ul style="list-style-type: none"> 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 <i>Maximum</i> – medium cost recovery	Fully-sustainable; commercially viable

Program Scenarios for Condom Social Marketing

	<i>Maximum Only</i>	<i>Maximum + Ultimate Socially Marketed Brands</i>	<i>Ultimate Only</i>	<i>Commercial Condom Brands Only</i>
Brand Ownership	Society for Family Health (SFH)	<i>Maximum</i> – SFH <i>Ultimate</i> – USAID	USAID	NA
Target Market	Urban/peri-urban middle wealth quintile	<i>Maximum</i> – Urban/peri-urban middle wealth quintile <i>Ultimate</i> – 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)	<i>Maximum</i> – 5 ZMK <i>Ultimate</i> – 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.	<ul style="list-style-type: none"> Partial cost-recovery by end of USAID DISCOVER-Health project (both brands). <p>Different goals for each brand:</p> <ul style="list-style-type: none"> <i>Maximum</i>: higher cost recovery means higher price targeted to more “upstream” market. <i>Ultimate</i>: 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	<ul style="list-style-type: none"> Not clear whether brand will achieve full cost-recovery. Brand ownership by third-party may create unforeseen challenges. 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> > Potential for commercial market growth. Develop commercial partnerships to expand access to priority populations.

Strategic Considerations for Condom Programming



Photo: Viktor/ Flickr/ CC BY

- ✓ Ensure that urban, lower-wealth quintiles (where HIV prevalence is highest) have continued access to quality, affordable brands.
- ✓ Develop a clear market segmentation strategy for condom social marketing brands that does not impede the mid-market commercial brands.
- ✓ Establish clear & realistic timelines for cost-recovery and donor investment.
- ✓ Encourage increased commercial sector participation in a growing condom market.
- ✓ Incorporate TMA metrics into condom social marketing portfolio, e.g. market size, access, equity, sustainability.

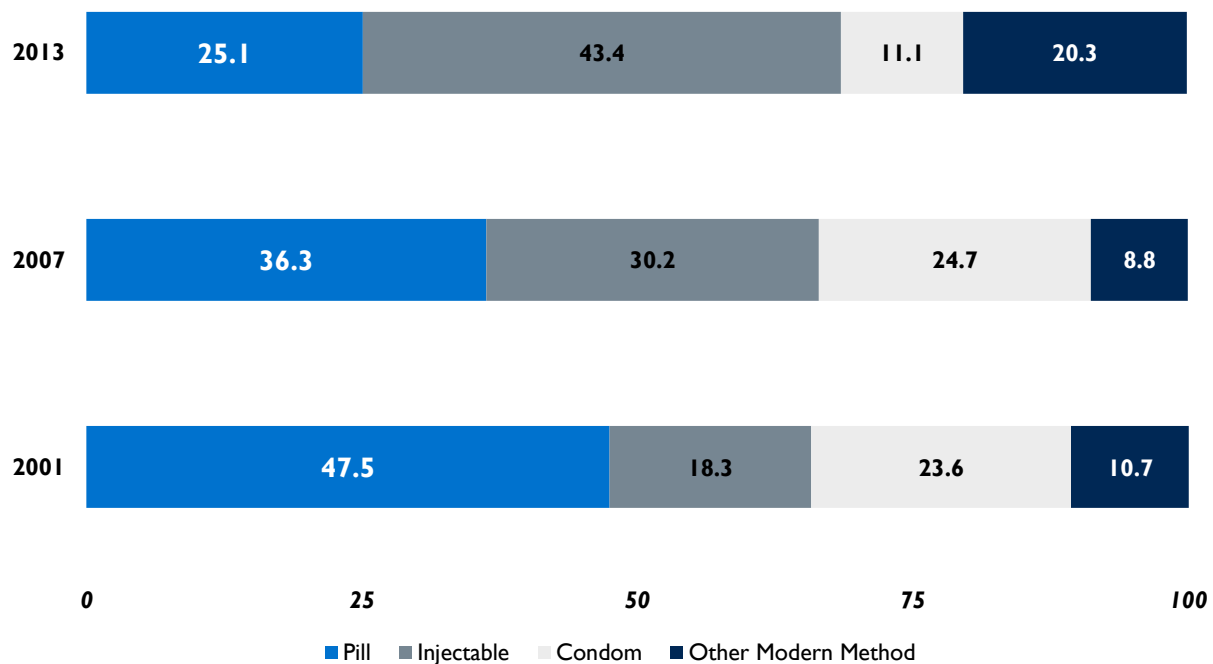
USING A TMA APPROACH TO ACHIEVE SUSTAINABILITY AND PUBLIC HEALTH IMPACT WILL REQUIRE DIFFERENT STRATEGIES AND MEASURES OF SUCCESS VERSUS TRADITIONAL SOCIAL MARKETING APPROACHES.

Findings: 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 47 percent to 25 percent. These OC use trends are observed before the previous socially marketed program ended in 2015.

MODERN FP USES (ALL WOMEN)



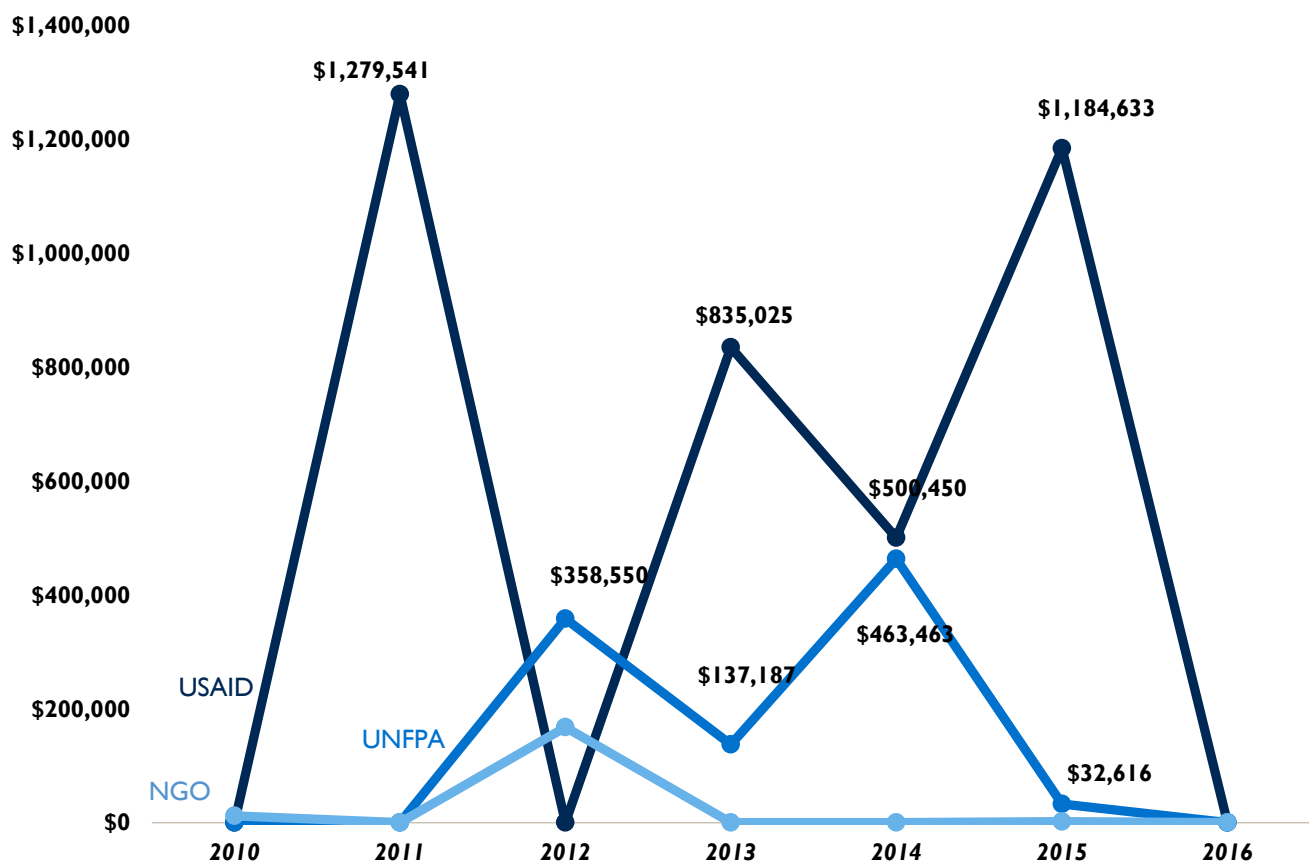
Zambia Demographic and Health Surveys 2001, 2007, 2013-14

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 procures product for the socially marketed *SafePlan* OC brand and the public sector; UNFPA OC procurements support the public sector; and some NGOs may independently procure product for their own program. Since quantification exercises and donor commitments are done on an annual basis, it is difficult 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.**

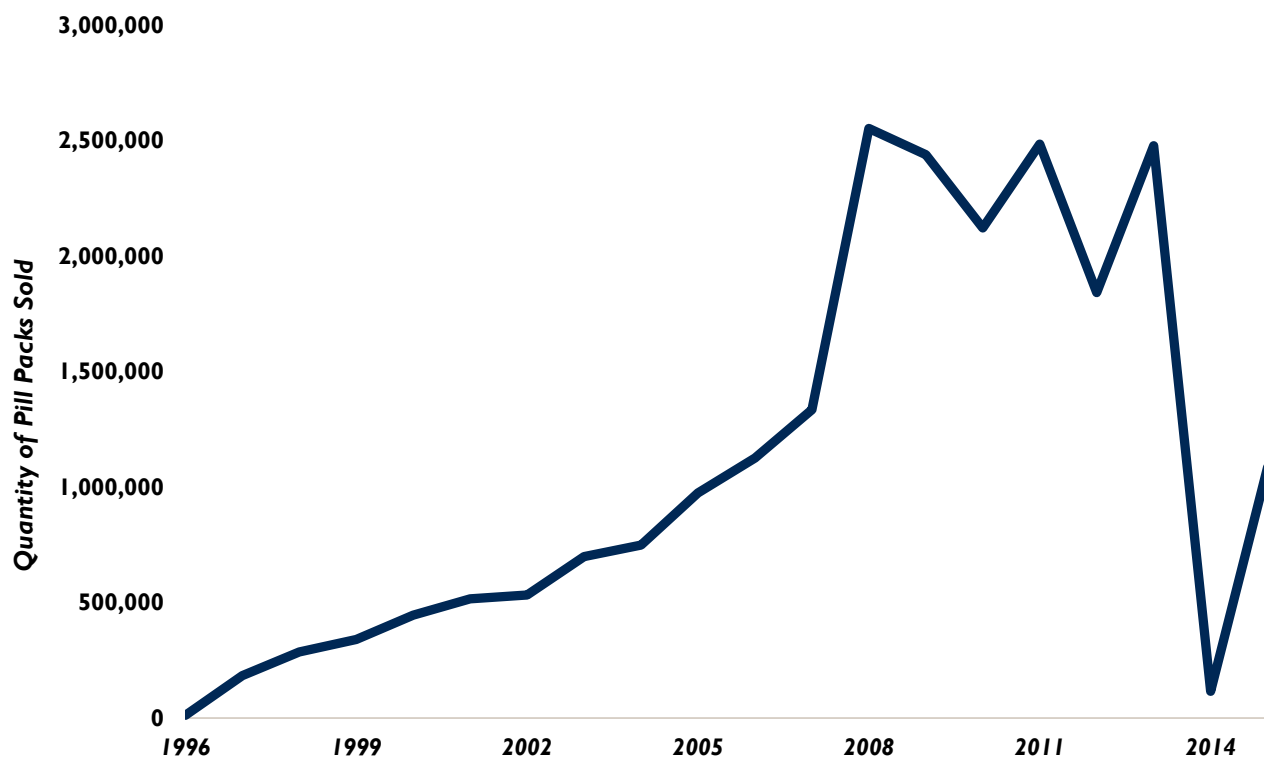
TRENDS IN ORAL CONTRACEPTIVE FUNDING, IN USD \$



SafePlan Sales Trends

The **SafePlan combined oral contraceptive brand** has been on the market since 1996 and sales increased steadily up until 2008. Between 2008 and 2014, there were significant fluctuations in the market until USAID funding to the PRISM Project, implemented by SFH, closed. Between 2014 and the start-up of USAID's DISCOVER-Health project in 2016, *SafePlan* was out of the market. SFH owns the *SafePlan* brand, and USAID's DISCOVER-Health is distributing *SafePlan3* under sub-license to SFH. It remains a question whether *SafePlan* users, switched to another brand, switched to another FP method or stopped using contraceptives at all.

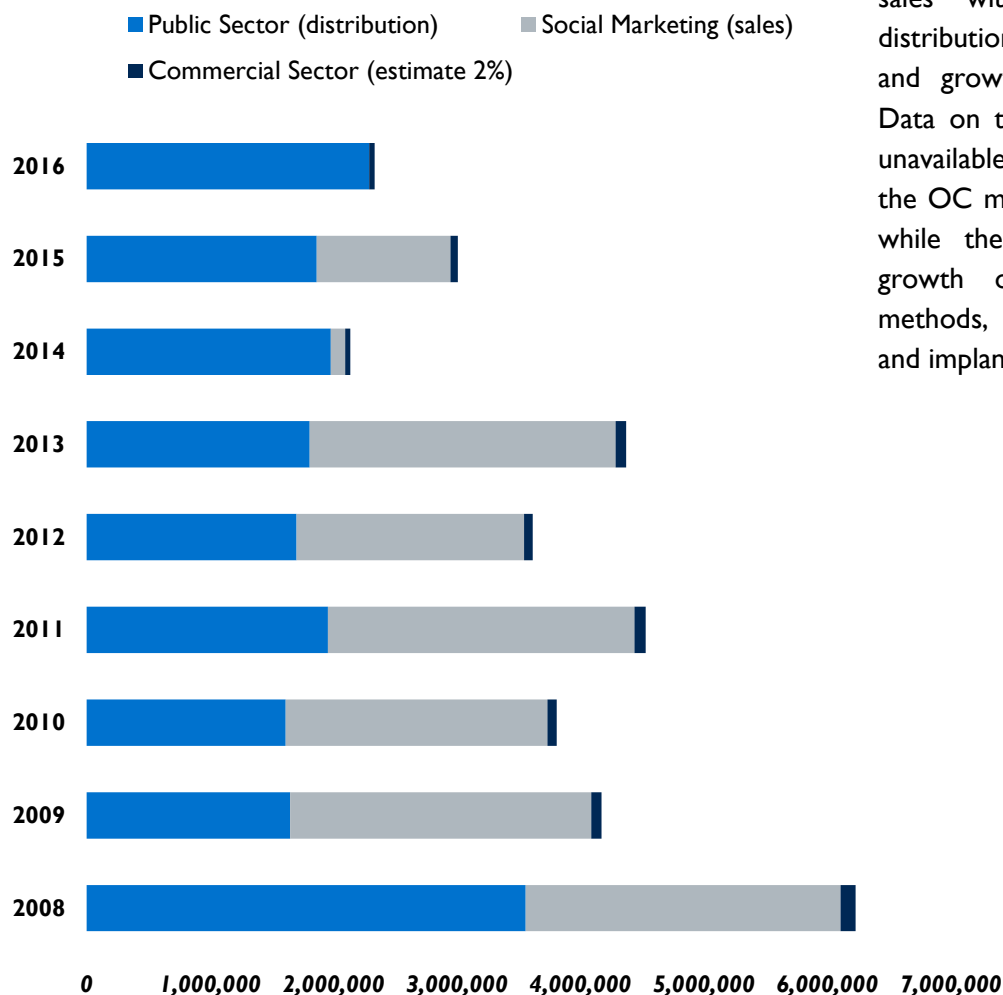
SOCIAL MARKETING SALES IN PILLS IN ZAMBIA, 1996-2015



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

ESTIMATED ORAL CONTRACEPTIVE MARKET, 2008-2016

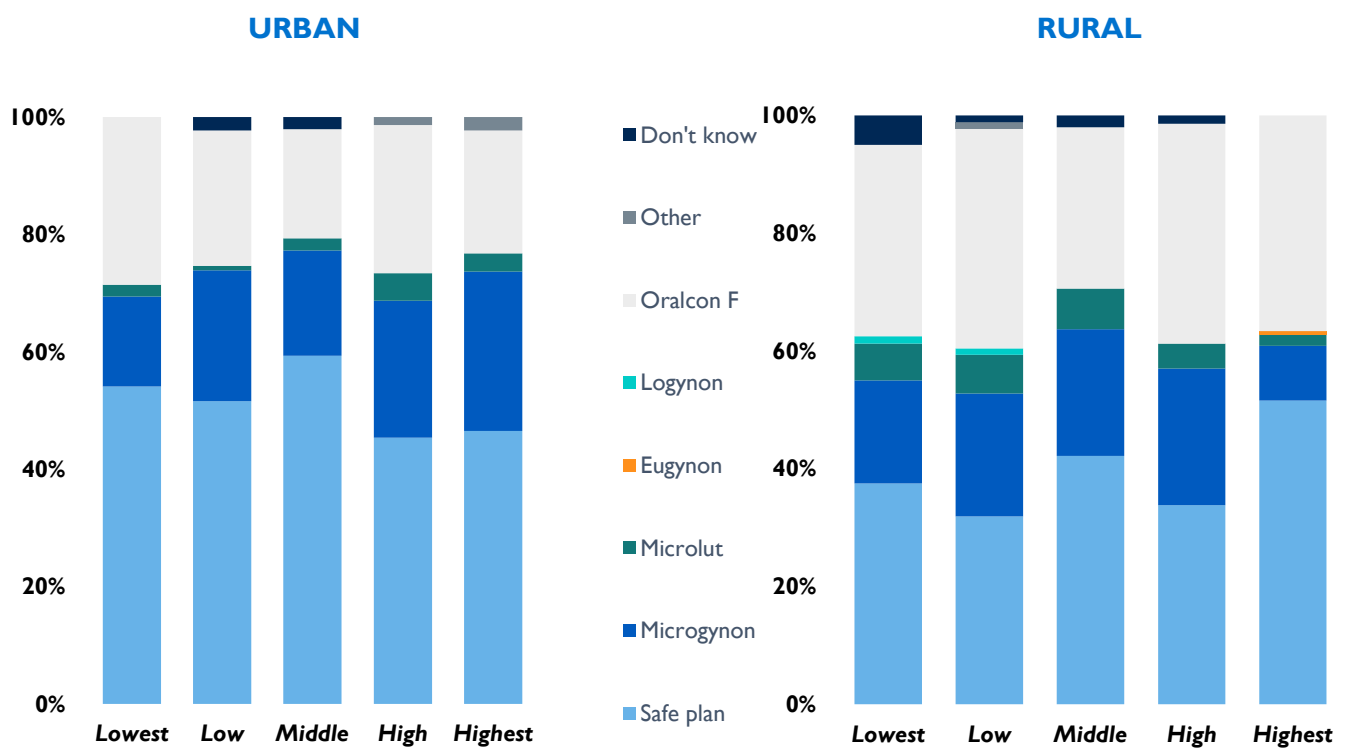


This graph combines *SafePlan* OC sales with public sector OC distribution data to estimate size and growth of the OC market. Data on the commercial sector is unavailable. Since 2008, the size of the OC market has been declining, while there has been a steady growth of other contraceptive methods, particularly 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 the lowest three wealth quintiles in urban areas. *Microgynon* and *Oralcon F*, represent the next highest market share; both brands are sourced through the 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 among women in the highest quintile.



Secondary analysis of the ZDHS 2013-14



Photo: Parenting Patch/ Flickr/ CC BY

In the two years without social marketing support to OCs, **what happened in the private market?**

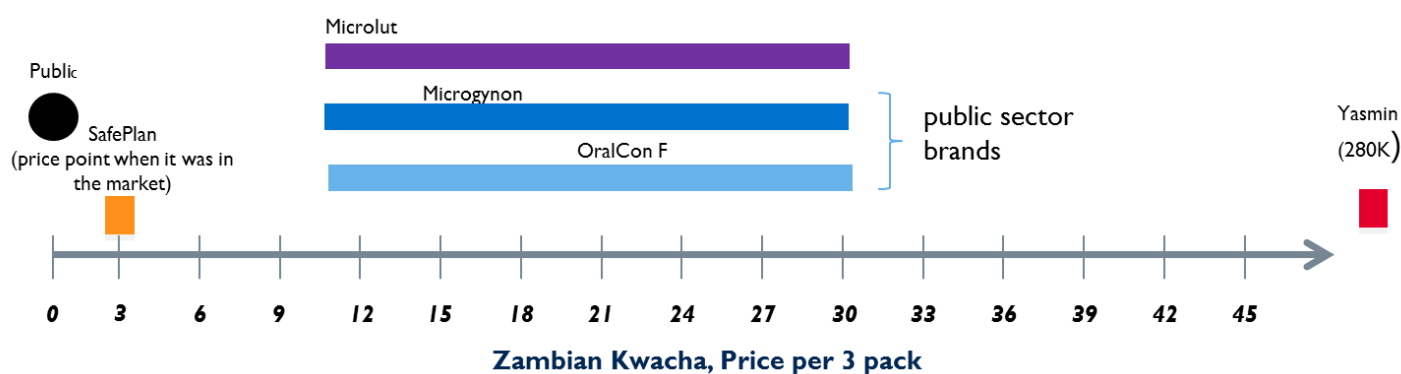
- ✓ No OC social marketing brand in the market; USAID-procured OCs were stockpiled.
- ✓ Microgynon® ED Fe and Oralcon-F (*likely public sector procured brands*) are being sold in pharmacies at 30K per pack (3-cycles).
- ✓ Few commercial brands available and are targeted toward high-end consumers e.g. Yaz at 240K.
- ✓ USAID DISCOVER-Health entered into a sub-license agreement 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. This information was augmented by findings from a Market Listing Survey conducted in Lusaka and Copperbelt. A small range of OCs were available at each pharmacy. Most OCs were priced within 10-30K for a 3-pack, although some may be public sector brands. Yasmin was the highest priced brand, selling at 280K.



Photo: Tanvi Pandit-Rajani/ JSI



Site visits in Lusaka and Choma; USAID DISCOVER-Health Market Listing Survey in Lusaka & Copperbelt

Policy/Regulation

PHARMACIES

Microgynon ED Fe, a donated commodity, was being sold for 30K per pack. This product was available in all urban-based pharmacies visited by the assessment team. Oralcon-F 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 private for-profit facilities, indicated that private facilities can also access government OCs. NGOs typically have a memorandum-of-understanding in place with the government to access free commodities. 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.



Photo: Cindi Cisek/Palladium Group

**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, sales or distribution, by NGOs and private facilities.
Lack of clarity among MOH and other FP stakeholders about whether FP commodities are authorized for distribution to private for-profit facilities.	Review guidelines and provide clarification on private sector use of public sector commodities.
Lack of data on existing commercial OC brands and the total size of the private, for-profit market.	Include commercial sector estimates into commodity quantification exercises. Collect importation data and engage commercial importers/distributors.
Stakeholders suggest that FP TWG is the most appropriate platform for discussing TMA strategies for FP products.	Identify appropriate stakeholders and champions for TMA within FP TWG.
Other TMA activities for family planning and UHC create potential for overlap but also offer an opportunity to 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

- The social marketing program built a strong urban OC market accustomed to private sourcing of pills. *SafePlan* was a clear market leader in urban areas.

WEAKNESSES

- The hiatus in social marketing support created a market gap; *SafePlan* lost significant market share.
- Social marketing brand, *SafePlan*, is registered and owned by a third-party.

OPPORTUNITIES

- With a two-year hiatus in social marketing, governments/donors may seek to transition OC users in the upper quintiles to the private sector to allow for more strategic targeting of subsidized OCs 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 has been declining since 2008 while injectables and implants have gained in popularity.
- Leakage of public sector OC products into the private sector (pharmacies and facilities) may hinder development of the private OC market.
- Policy allowing free OC provision to private, for-profit facilities may also be “crowding out” the commercial market.





Photo: Caitlin Dunn/ JSI

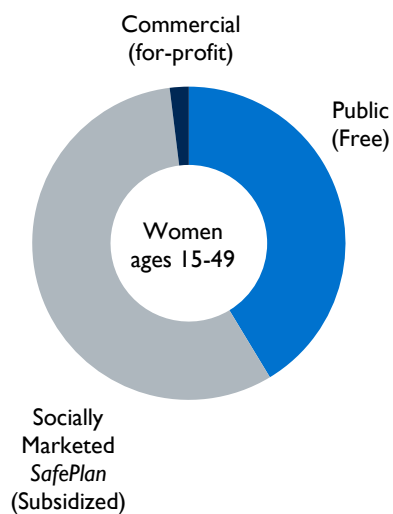
Where to **target a subsidized OC brand that will **expand choice** and reach women with an unmet need for family planning?**



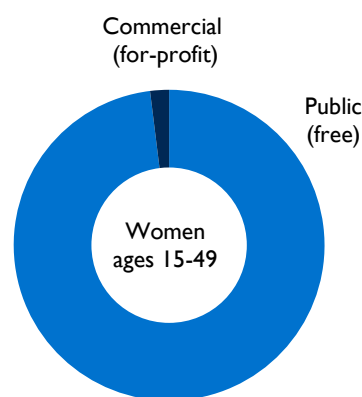
TMA Efforts Aim for Better

- ✓ *Leveraging of all sectors*
- ✓ *Equity in access*
- ✓ *Sustainability*
- ✓ *Effective use of limited resources*

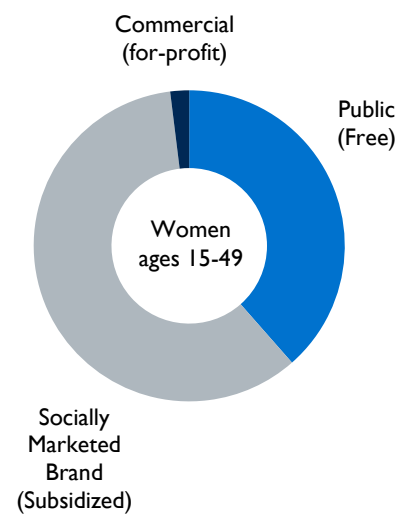
ESTIMATED OC MARKET 2013



ESTIMATED OC MARKET 2016



WHAT WILL IT TAKE TO DIVERSIFY THE MARKET?



TMA for OCs

The overall market for OCs is gradually decreasing from more than 6 million units in 2008 to approximately 2.5 million in 2016—reflecting a regional trend with the increasing popularity of injectables and implants. Investments in OCs should focus on better targeting of free, subsidized and commercial brands to improve overall market sustainability, while also ensuring a full range of contraceptive options for all women.

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 OC distribution through health shops.	Expedited registration for new product presentations; no current commercial brands affordable to the “middle” income segment.
Procurement	USAID, UNFPA, and MOH	USAID	Commercially procured
Target Market	Lowest quintiles (Q1), urban and rural	Q1-3 urban, peri-urban, rural	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 <i>SafePlan</i> only	Introduce <i>Ultimate OC</i> and continue with <i>SafePlan</i>	Continue with <i>Ultimate OC</i> 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	<ul style="list-style-type: none"> Not clear what the cost-recovery strategy is for SafePlan. Brand ownership by third-party may create unforeseen challenges. 	<ul style="list-style-type: none"> Potential for brands to compete. Little incentive for commercial sector participation with two social marketing brands. > cost to manage multiple brands. 	<ul style="list-style-type: none"> > Investment + timeline to launch new brand. USAID determines in the short-term that it will no longer support OC social marketing. 	<ul style="list-style-type: none"> Not clear whether commercial sector's interest. Free commodities available in for-profit private sector will further impede private sector market.
Opportunities	<ul style="list-style-type: none"> Ability to move a previously supported USAID OC brand toward cost-recovery. 	<ul style="list-style-type: none"> > Influence on strategic positioning of two OC brands. 	<ul style="list-style-type: none"> > Influence on priority targeting to reach program goals. 	<ul style="list-style-type: none"> 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 revisit the policy which allows 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** requires a 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**.

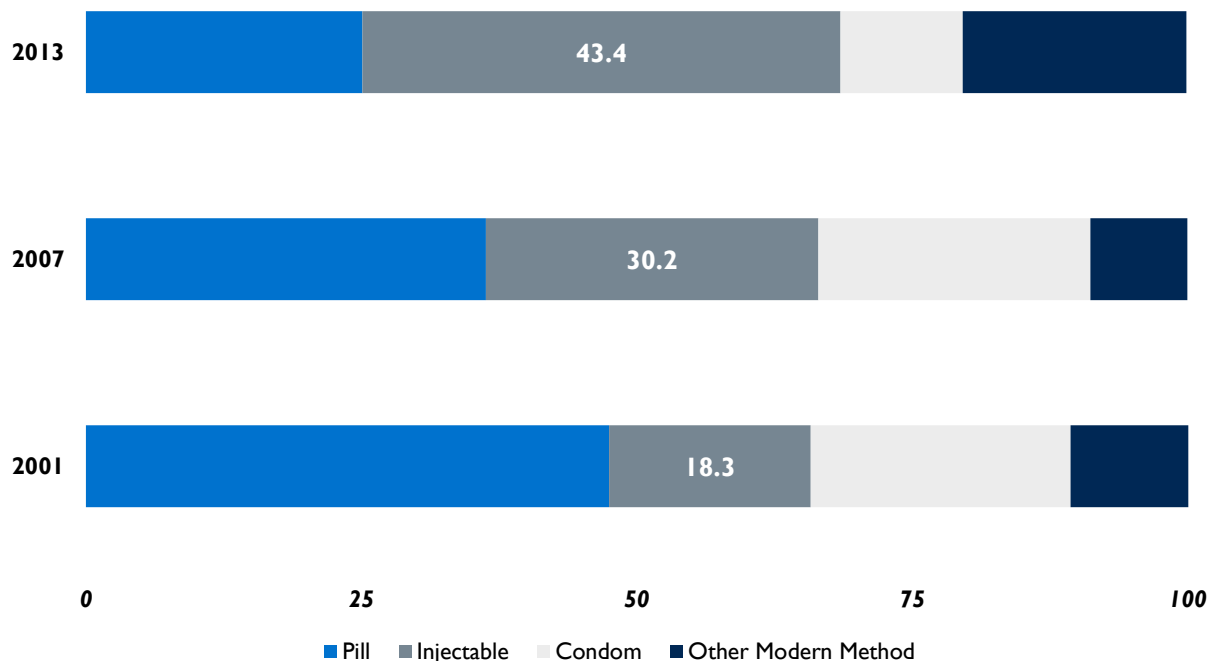
Findings: Injectables

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 market growth in 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 & 2013.**

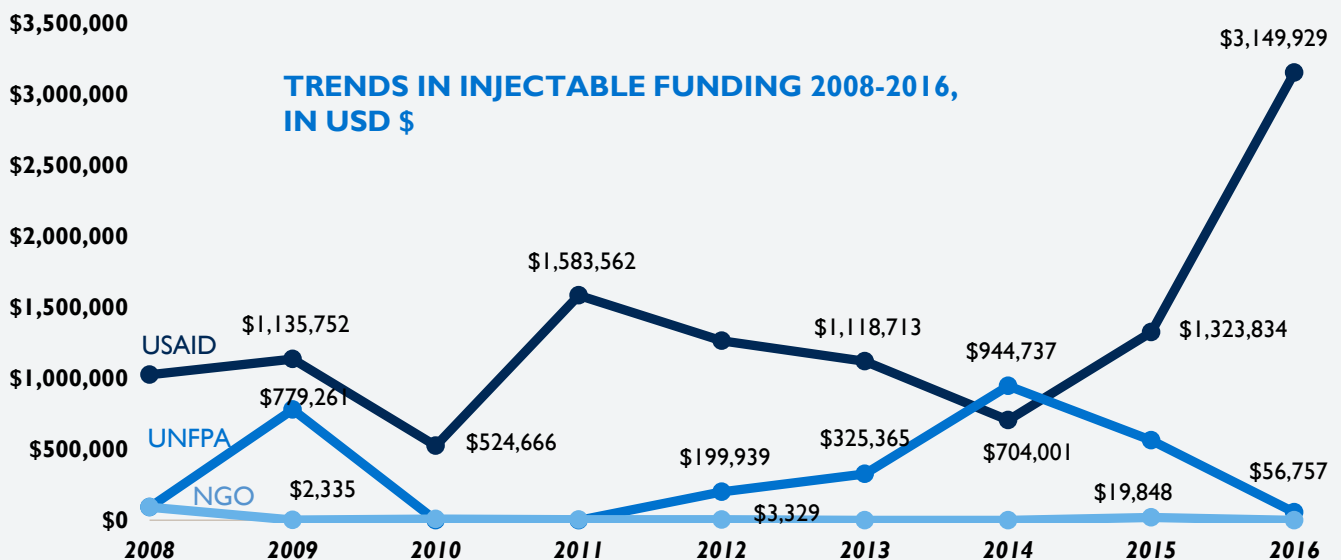
MODERN FP USES (ALL WOMEN)



Zambia Demographic and Health Surveys 2001, 2007, 2013-14

Donor Funding Trends

Funding for injectables has significantly increased in recent years to keep pace with the rising popularity and demand for this contraceptive method.

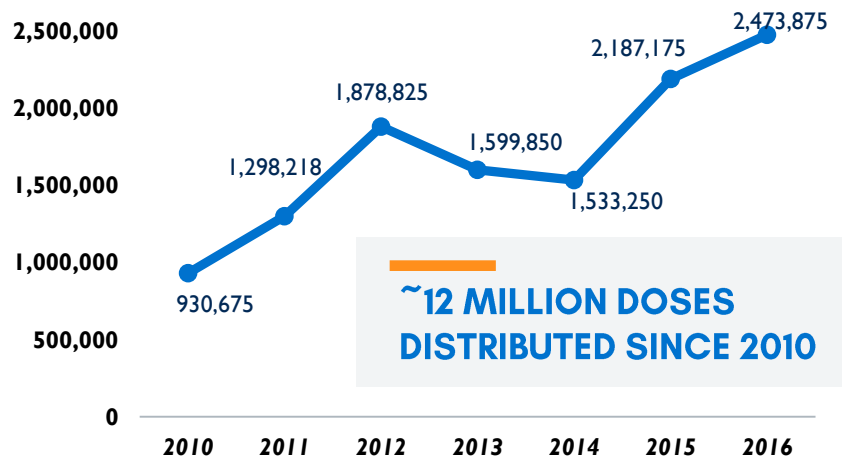


United Nations Population Fund Procurement Services, RHInterchange open access database. <https://www.unfpa.org/rhi-home>

Public sector distribution trends

There is an upward trend in the total quantity of injectable doses supplied through public sector, particularly over the last few years. Between 2010 and 2016, total quantities of injectables distributed almost tripled.

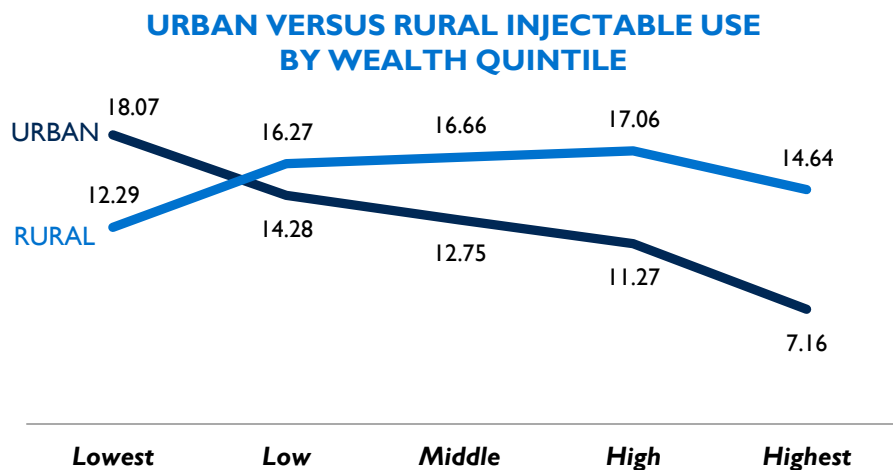
TOTAL UNITS OF DEPO-PROVERA DISTRIBUTED BY YEAR



Zambia Ministry of Health, Logistics Management Information Systems, 2017

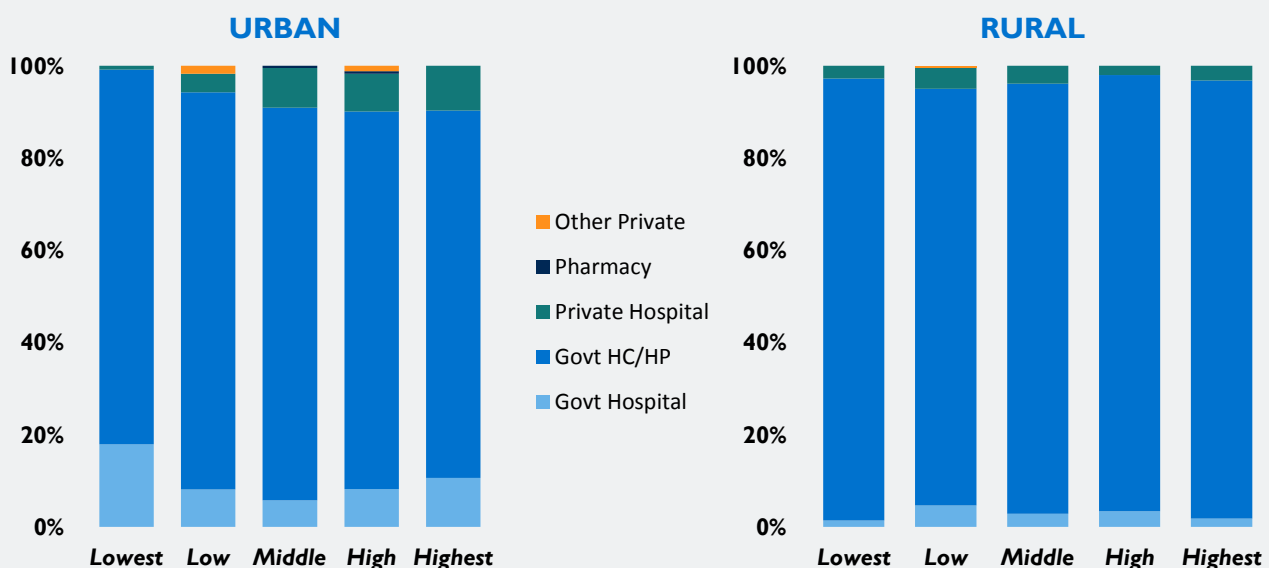
Use and Source of Injectables by Geography & Relative Wealth (2013/2014)

The assessment team conducted secondary analysis of the Zambian 2013-14 DHS to analyze patterns in injectable use that may otherwise be obscured by national level trend data. Disaggregating urban and rural and comparing relative wealth within each geographic category reveals that injectable use is higher in rural areas compared to urban for almost all wealth quintiles, and use is lowest among urban women in the highest wealth quintile.



Secondary analysis of the ZDHS 2013-14

Findings further revealed that the public sector (government hospitals, health centers and health posts) is the predominant source for injectables, irrespective of wealth category. Over 85% of urban women in the top two wealth quintiles source their injectables from the public sector. Because injectables are the fastest growing contraceptive method in Zambia, there may be a need to diversify channels of service delivery, particularly through the private sector, to not only meet demand but also to reduce pressure on the government to provide for all.



Secondary analysis of the ZDHS 2013-14



Photo: Borgen Project/ <https://borgenproject.org/sayana-press-contraception/>

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

- ✓ Understand women's willingness to pay for Sayana® Press and the private sector implications for free provision in the public sector
- ✓ Expand promotion & private provision of SP to reach new users & shift clients willing to pay from the public to private sector.
- ✓ Develop and implement plans that consider public-private mix (all levels) to increase FP options for women across all wealth and geographic segments.
- ✓ Consider private sector self-injection pilots to help build a foundation for a more sustainable injectable market

Sayana Press®

IN ZAMBIA...

- **Will Sayana Press® replace or be co-positioned with DMPA-IM?**
- **Will Sayana Press® be offered through public sector, private sector channels, or both?**
- **How to ensure private Sayana Press® product doesn't compete with "free" public sector product?**
- **What are the pricing, marketing considerations for private provision of Sayana Press®?**
- **What are the policy considerations for Sayana Press® and self injection? Who is allowed to sell? Who is allowed to administer? What is the guidance for safe disposal?**
- **What are the provider and client training considerations for self-injection?**

Sayana Press® 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, 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 self-injection (SI), a game-changing innovation which can help overcome major access barriers to reach new contraceptive users. Zambia has introduced Sayana Press® 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



Photo: Yahui Lin/ Flickr/ CC BY

REGISTRATION

Since Sayana Press® is already registered in Zambia, it can be readily introduced in the private sector.

PROVIDER POLICIES

Current policy allows physicians, nurses, and CHWs to inject. Pharmacists are not allowed to administer injections.

FREE PRODUCTS IN THE PRIVATE SECTOR

Private for-profit private providers can access free public sector injectables; they do not charge the client for the product but can charge for the service. Free injectables offered in the private sector will likely impede the private market for Sayana Press®.

COORDINATION

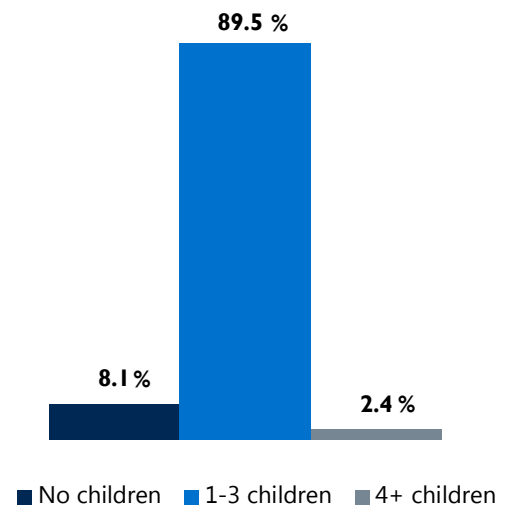
Need a clear, centralized coordination mechanism between government and implementing organizations to harmonize efforts and avoid fragmented programming for Sayana Press® scale-up.

INTRODUCTION OF SAYANA PRESS® WILL NEED TO ADDRESS A VARIETY OF POLICY/REGULATORY ISSUES AND A DISTRIBUTION STRATEGY THAT CONSIDERS PUBLIC AND PRIVATE SECTOR OPTIONS.

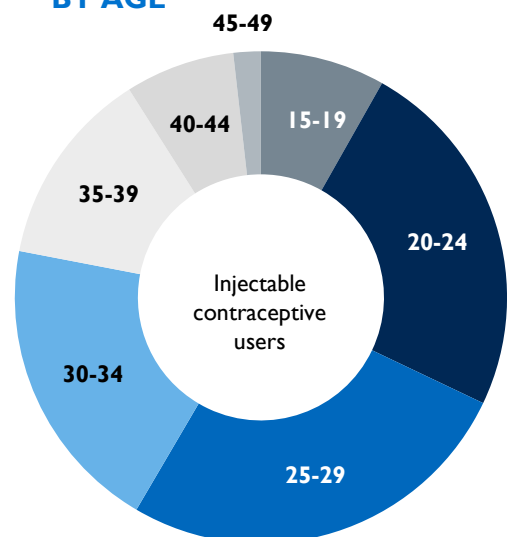
Profiles of Women Using Injectable Contraceptives

Current plans under USAID DISCOVER-Health include introduction of Sayana Press® through the private sector. The assessment team conducted additional DHS analysis to understand the current injectable market, and the future possibilities private provision of Sayana Press®. 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 Sayana Press®. With an eye towards growing and sustaining family planning use in Zambia, introduction of Sayana Press® 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

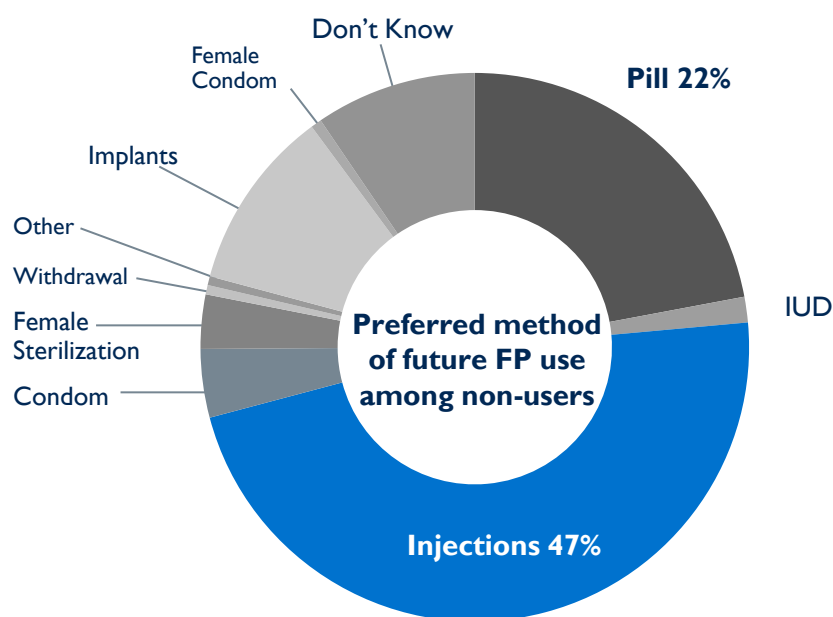


Zambia Demographic and Health Survey 2013.



Photo: DFID/ Flickr/ CC BY

Among non FP users, **injectables** are the **future method** of choice.



Source: Zambia Demographic and Health Survey 2013/4

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.
- Self-injection is the game-changing feature of Sayana Press® that can expand FP choice, access and use.

WEAKNESSES

- Sayana Press® scale-up will require sufficient training resources and follow-up, particularly for self-injection.
- Public sector dominates the market; potentially “crowds out” private sector.

OPPORTUNITIES

- Targeted marketing and distribution can increase demand and access for Sayana Press® among clients who are willing to pay, thus allowing government to strategically target public sector resources.
- At the onset, USAID DISCOVER-Health can build cost-recovery plans into the sale and distribution of Sayana Press® through the private sector.
- Private sector provision can lay the groundwork for training and counseling requirements for self-injection of Sayana Press®.

THREATS

- Strategy to introduce Sayana Press® through CHWs is underway; plans for scale-up and private sector role are unclear.
- Inadequate planning/coordination around co-positioning DMPA-IM and Sayana Press® and public/private distribution may lead to confusion in the market.
- Pfizer is the only manufacturer of Sayana Press®; Zambia scale-up 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 FP2020 goals and more sustainable development, private provision of Sayana Press® 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 below table 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 private sector injectable will facilitate targeting of public sector resources to lower-wealth quintiles in hard-to-reach areas by moving higher wealth quintiles from public to private sector in urban areas.

Strategic Targeting	Public Sector	Private Sector
Regulatory/ Policy	<ul style="list-style-type: none"> Clarify positioning strategy for Sayana Press® vis-à-vis DMPA-IM (co-position vs. replacement). Determine training and dispensing requirements for injectable contraceptives. 	<ul style="list-style-type: none"> Determine requirements for marketing, pricing and distribution of Sayana Press®. Advocate for injectable distribution and sale 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	Hospitals Health facilities/clinics CHWs	Private hospitals Health facilities/clinics Pharmacies Health Shops 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 supports social marketing introduction of Sayana Press without any overbranding.	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	<ul style="list-style-type: none"> • Weak or absent coordination across sectors/programs can lead to market and supply chain inefficiencies. • > Investment and timeline to develop/shape private injectable market. 	<ul style="list-style-type: none"> • < 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	<ul style="list-style-type: none"> • Expands access through new private sector channels. • > Market diversity/growth. • Better targeting of resources as willing clients shift from public to private sector. 	<ul style="list-style-type: none"> • 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 Sayana Press® Programming

-  **Develop a centralized coordination mechanism** to harmonize efforts and avoid leadership conflicts among donors, government, and implementing organizations for the introduction of Sayana Press®.
-  **Develop a joint TMA operational plan** for Sayana Press® scale up that considers: distribution channels (public, private), pricing, sourcing (of DMPA IM vs Sayana Press®).
-  **Ensure policy guidelines reflect who can provide/sell injectables** (CHWs, pharmacies, shops), who can counsel on self-injection, and sourcing of free public sector commodities through private for-profit providers.
-  **Consider TMA metrics** to ensure continued overall growth across public and private sector.
-  **Coordinate forecasting and demand generation** activities and with global efforts, to ensure adequate supply to meet global and country demands (only one manufacturer of Sayana Press®).
-  **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
MOH through the FPTWG will lead coordination of Sayana Press®, strategy development, program implementation, M&E.	<ul style="list-style-type: none"> Identify MOH TMA champions to lead cross-cutting FP and HIV activities that include the private sector. Organize a sub-committee/task force of the FP TWG to coordinate and focus Sayana Press® scale-up across the health system, including the private sector.
USAID DISCOVER-Health Project currently has plans to introduce Sayana Press® through the private sector.	<ul style="list-style-type: none"> Support MOH to develop a joint strategy for Sayana Press® scale-up. Ensure activities are coordinated across public and private sector.
Sayana Press® is being offered by CHWs through small scale community-based NGO programs and through selected health facilities as part of a pilot study.	<ul style="list-style-type: none"> Identify and bring together all programs involved in family planning and potentially Sayana Press® to share country and global experiences and lessons to inform scale-up efforts.
Other TMA activities for family planning and UHC creates potential for overlap but also offers an opportunity to align and leverage efforts.	<ul style="list-style-type: none"> Identify points of intersection across other TMA/UHC government initiatives and align activities to minimize duplication and “piecemeal” efforts.

Findings: Summary

Strategic Highlights




Photo: Caitlin Dunn/ JSI

- ✓ **Increasing interest in TMA provides an opportunity to improve coordination** across government, donors and partners, particularly around specific products and services.
- ✓ **The Zambian marketplace requires better targeting of condom and OC social marketing brands** as well as increased commercial sector engagement to improve access and use of products and services.
- ✓ **Private sector introduction of Sayana Press®** 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 and efficiency of the total health market, 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 develop a strategy for Sayana Press®** introduction and scale-up that considers the total overall market and health system, i.e., public and private.
- ✓ **Initiate advocacy on policies and regulatory issues** that affect market development.
- ✓ **Explore partnership opportunities with commercial sector** to help expand access to and use of specific products.
- ✓ **Develop clear TMA metrics** to understand and quantify:
 - *Market size* - overall total market growth (including commercial sector) for specific products and services;
 - *Market accessibility* – knowledge of source and availability of product;
 - *Market sustainability* – number of brands, product subsidy, and cost-recovery targets;
 - *Market equity* – product and brand use by wealth quintile.
- ✓ **Introduce a new socially marketed condom brand** and Sayana Press® through expanded private channels and ensure plans 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.



44 Farnsworth Street
Boston, MA 02210
www.jsi.com

Incito Office Complex
45/5/B Reedbuck Road
Lusaka, Zambia