Social Marketing:
Leveraging the private sector to improve contraceptive access, choice, and use

April 13, 2017
Martyn Smith, FP2020, Facilitator

Martyn Smith serves as the Managing Director for Family Planning 2020. He has extensive leadership experience in the family planning and reproductive health sectors, including social marketing, in both Africa and Asia across the last 10 years, with a further 10 years of international experience in both the private and NGO sectors across three continents. Martyn led and transformed Marie Stopes International organizations in India and Sierra Leone and has also worked with PSI in Namibia on bed net and condom social marketing programs.
• Welcome and Introduction
• Presentations
• Q & A
• Closing
HIPs: Critical Role of HIPs in Achieving Country FP2020 Goals

• Knowledge and evidence one of four FP2020 pillars
• Working with countries to identify key strategic points to integrate high-impact practices
  • Commitments, costed-implementation plans, and action plans
• Establishing HIPs Advisor role to strengthen engagement with FP2020 country focal point structure (government, donor, and civil society focal points)
What is the proven high-impact practice?

Support distribution of a wide range of contraceptive methods and promotion of healthy family planning behaviors through social marketing.
Background

Social marketing makes contraceptive products accessible and affordable through private-sector outlets, such as pharmacies and shops, while using commercial marketing techniques to achieve specific behavioral goals.
Importance

- Can be used to promote a wide range of methods
- Improve access by using large private-sector networks
- Reduce geographic and other disparities in FP
- Reach underserved young people
Impact

• Increases contraceptive use
  – At least three systematic reviews have found that SM has positive impact on clients’ knowledge of and access to contraceptive methods and condom use

• Reaches youth effectively
  – Can be effective in changing attitudes and sexual behavior if SM program communicates through multiple channels, reaches large portion of young people, and makes contraceptives widely available

• Helps sustain family planning gains
  – Evidence of contraceptive use continuing to increase after social marketing program ends
Social Marketing Models

- **NGO Model**
  - More likely to focus on achieving health impact and serving the poor
  - Greater control over full marketing mix
  - Greatest impact on increasing access among most vulnerable populations

- **Manufacturers Model**
  - Partnership between product manufacturers or suppliers that control the product and brand and the donor that supports demand-creation efforts to grow overall market
  - Support expansion of commercial distribution brands into distant areas
  - Often includes negotiation of lower-priced commercial brands or price reductions

- **Hybrid Model**
  - Blends aspects of NGO and manufacturer’s model to better meet sustainability and family planning objectives
  - Works well in context where strong commercial presence and distribution but insufficient market potential for manufacturer’s model
Key Considerations

• Match the social marketing model to program objectives and country context
• Ensure coordination among key players for effective market segmentation
• Conduct research to ensure appropriate social marketing program design and implementation
• Use the power of social marketing to introduce and scale up access to and use of new contraceptive products and brands
• Invest in behavior change communication
• Plan for sustainability at the beginning
True Overholt, DKT International

Mr. Overholt is a Senior Program Advisor at DKT International in Washington, DC. True spent two years with DKT Ghana directing donor-supported projects, where he worked on projects such as the No Yawa youth program. True advises DKT’s country offices how to maximize health impact while achieving financial sustainability. His professional interests include social entrepreneurship and market-based solutions to poverty.
DKT International: Approach to Social Marketing

TRUE OVERHOLT
SENIOR PROGRAM ADVISOR
DKT INTERNATIONAL
Outline

1. Scope and Growth of Social Marketing
2. DKT: Cost-Recovery and Sustainability
3. DKT: Value of Branding

Educating youths on condoms on World AIDS Day in Dakar
Scope and Growth of Social Marketing

- Tremendous growth
  - # of SM programs in world: 54 in 1995, 83 in 2015
  - # of CYPs delivered by SM: 13.9 million in 1995, 67.8 million in 2015

- Increased sophistication
  - Not just condoms: clinical methods (IUDs, implants), OTCs, DMPA subQ, etc.

- Delivering results in challenging places
DKT: Cost-Recovery and Sustainability

- DKT is unique in its cost-recovery; historically ~ 70%

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<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
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<tbody>
<tr>
<td>Sales Revenue (net discounts)</td>
<td>$104.8 million</td>
<td>$103.1 million</td>
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<tr>
<td>Total Expenses &amp; Losses</td>
<td>$159.3 million</td>
<td>$148.2 million</td>
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<tr>
<td>Coverage Ratio (Sales Rev. / Exp.)</td>
<td>65.8%</td>
<td>69.5%</td>
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- **What are benefits of cost-recovery?** Donor efficiency, stability (esp. poor markets), self-funded expansion.

- **How does DKT achieve cost-recovery results?** Cross-subsidization, across DKT programs and in-country.
DKT: Value of Branding

- Higher price point brands enable cross-subsidization
- Identifiable brands enable mass-media advertising (umbrella brands)
- Brands appeal to emotion, not logic
Using Sex to Grow the Market for Contraception
Pierre Moon, Population Services International

Pierre Moon is the Director at PSI of USAID program Support for International Family Planning Organizations (SIFPO2). Prior to moving to DC in 2014, Pierre spent the previous decade delivering SRH programs in East & Southern Africa, including social marketing programs in Tanzania and Angola.
PSI’s Approach to Social Marketing for Improved Contraceptive Access, Choice and Use

- Pierre Moon, Director @ PSI of USAID’s Support for International Family Planning Organizations (SIFPO2)
- Alysha Beyer, Chief of Party, PSI Tanzania Social Marketing Program

April 13th, 2017
PSI and social marketing: What’s the story?

1. PSI works in more than 60 countries, empowering consumers across all sectors, public, private and not-for-profit.

2. Social marketing has evolved.

3. We attempt to answer this question: *Where are the market shortcomings that prohibit consumers from accessing the health services and products they need and want?*

4. *Total Market Approaches*

5. This approach can grow the health market.
The consumer and the market
In 2017, PSI provides comprehensive family planning services in 32 countries.
- These services are typically integrated with other health services such as HIV testing & counseling, cervical cancer or STI screening and treatment.

Back in 2008... PSI distributed LARCs in only 10 countries, with services actually provided in only 5 countries.
PSI’s social marketing impact: 2012 to 2016

From 2012 through 2016:
- PSI provided more than **100 million CYPs globally**
- Averted approximately **176,000,000 DALYs**

In 2016:
- 4.2 million unintended pregnancies averted
- Over 10,000 maternal deaths averted.
- 18.6 million CYPs delivered
Alysha Beyer, PSI - Tanzania

Alysha Beyer is a public health / private markets specialist with over 15 years of experience in Africa and Asia. She is currently the Chief of Party of PSI’s Tanzania Social Marketing Program. She was formerly the Deputy Director of AHME, the African Health Markets for Equity Partnership at Marie Stopes International. Alysha’s experience in Health Market Systems includes total market approaches/ market shaping to social marketing, social enterprise development, health financing, and social franchising for health.
PSI’s Approach to Social Marketing for Improved Contraceptive Access, Choice and Use

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April 13th, 2017
OCPs in Tanzania

Market Analysis

Segmentation

5 A’s (Activities)

Outcomes/ Challenges
OCPs in Tanzania

Market Analysis

Segmentation

5 A’s (Activities)

Outcomes/ Challenges
Use/Need

**Rural**
- 4.69 million currently married women, 15-49
- 25.2% modern CPR married women
- 2.7 million married women need
- 1,187,404 women
  - 44% use

**Urban**
- 1.65 million currently married women, 15-49
- 34.1% modern CPR married women
- 560,658 women
  - 52% use
- 1.0 million married women need

Sources: DHS 2010, Census 2012
Use of modern and traditional FP methods

Sources: married women, DHS 2010, Census 2012
Use by method mix

Sources: Married women, DHS 2010, Census 2012
Use by wealth quintile

Sources: DHS 2010, Census 2012
Key findings

High Unmet need, particularly in Rural Areas

Shift to LAPMs, but still 65% STMs (80% STMs for Adolescents)

Higher CPR by wealthy, urban woman, including traditional
OCPs in Tanzania

Market Analysis

Segmentation

5 A’s (Activities)

Outcomes/ Challenges
Urban
Najma

- Married, 21 years old.
- She has been pregnant (60% by age of 20).
- She’s often trying to prevent pregnancy (46% any method).
- She has tried STMs and has discontinued (because of side effects, availability or husband disapproval).
- Her peers have encouraged her to use a traditional method (19.7% Dar, 14.5% Kili).
- She’s educated (15% can’t read a sentence). High smart phone use.

**PLACE:** She uses the private sector more than her rural counterpart (particularly Pharmacies and ADDOs) for pills. She believes that FP is always available in her community (85%).

**PRODUCT:** She believes more than her rural counterpart that an IUD is not appropriate for her (71% believe not appropriate). Prefers not to use the public sector. Values confidentiality more than older women.

**PRICE:** She has a cell phone and can afford talk time. She can afford more than an OC for $.25 month or an injectable for Approx $2/ quarter.

**PROMOTION:** She knows about family planning and believes that it is safe (69% and a good choice 68.6%). Her husband knows (89%) and she considers it normal to talk to him (81%).

Najma knows what she wants and she wants to plan her family. But she’s discontinuing STMs and often using traditional methods. By the age of 21, she needs methods that she believes are right for her. Because she has some education, she can get information in many different ways.
Rates of pregnancy by age 15 among rural girls is 6 times higher than urban girls

Early marriage associated with poverty and illiteracy

PLACE: She believes that MFPM is always available in her community (84%). She goes to the public clinic for her other health care needs, but fears stigma and rejection when going to public or private.

PRODUCT: Unlike her urban counterpart, she believes that the IUD is right for her (62%). Injectable is her preferred method because it is short term and can easily be ‘hidden.’

PRICE: She is very price sensitive for MFPM. She is used to buying Ocs for approximately $.25

PROMOTION: She knows about family planning, but fears that it will make her infertile. She may have access to a cell phone shared in the home, but access to information is limited, and she relies on her peer network. Her husband knows (87%) and she considers it normal to talk to him (85%)

Rural Fatuma

• Fatuma is only nineteen years old with limited education.
• She is married.
• She’s been pregnant (52% by age of 19, 72% by 20).
• She’s not using any form of contraception (Modern- 25%, Traditional - 5.4%)

Behavior: By the age of 19, after she has had her first child, she needs post partum family planning counseling and informed choice. Unlike her urban counterpart, she needs to be convinced to use any family planning.

Use: 1,019,000
Need: 2,700,000

44%
OCPs in Tanzania

Market Analysis

Segmentation

5 A’s (Activities)

Outcomes/ Challenges
LARCs

Franchise

• 179 Private Providers

Outreach (public/private)

• 20 Mobile Teams

In 2016: 126,000 IUDs and 100,000 Implants
43% of all PSI generated CYPs in Tanzania
Increase in implants from 1.8% to 6.7% (2010-2015)
Developing a Marketing Plan: Flexi P

<table>
<thead>
<tr>
<th>Product</th>
<th>Repositioning the brand/ bring in a new product</th>
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<tbody>
<tr>
<td>Price</td>
<td>Increasing Price for Flexi P, cost efficiencies for Social Marketing, Managing P&amp;L</td>
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<tr>
<td>Place</td>
<td>Medical detailing, focus on secondary sales</td>
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<tr>
<td>Promotion</td>
<td>Limited (focus on trade)</td>
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# Developing a Marketing Plan

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<tr>
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<td>Place</td>
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<td>Awareness</td>
<td>Promotion</td>
<td>Limited (focus on trade)</td>
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<td>Appropriate Design</td>
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OCPs in Tanzania

Market Analysis

Segmentation

5 A’s (Activities)

Outcomes/ Challenges
Outcomes from HIP Paper

Through social marketing efforts, **contraceptive use** is increasing
- Increase in DHS 2010 to 2015
- PSI CYPs approximately 38% of all TZ CYPs
- Increase in Implants from 1.8% to 6.7% (7.6% of method mis to 20.9%)

Social marketing programs are **reaching youth**
- Early days, but some promising innovations.

Social marketing programs help to **sustain family planning goals**
- PSI capacity building a local SMing entity tasked with increasing the cost recovery of Flexi P
- Shift in source to Private sector
- Improved understanding by GOT of total market approach
Tanzania FP Market Landscaping:
Market Barriers analysis: Priority actions identified include:

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<th>MANUFACTURERS</th>
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<td>2. MSD not serving the public sector adequately</td>
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<td>4. Lack of Product Options</td>
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5. Lack of Provider Training, Counseling & support
Thank you
Asante
Social Marketing:
Leveraging the private sector to improve contraceptive access, choice, and use

Q & A

April 13, 2017
Recording and presentation available at:

https://www.fphighimpactpractices.org/content/high-impact-practices-family-planning-webinars

&

https://channel.webinar.com/channel/965084607443925509
For more information, please visit:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU