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

*Summary Presentation of SHOPS Plus  
Market Shaping Analysis in Five Countries*

Françoise Armand, Abt Associates

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प्रेगा न्यूज़  
**Prega News**

One step HCG urine pregnancy test



# Overview

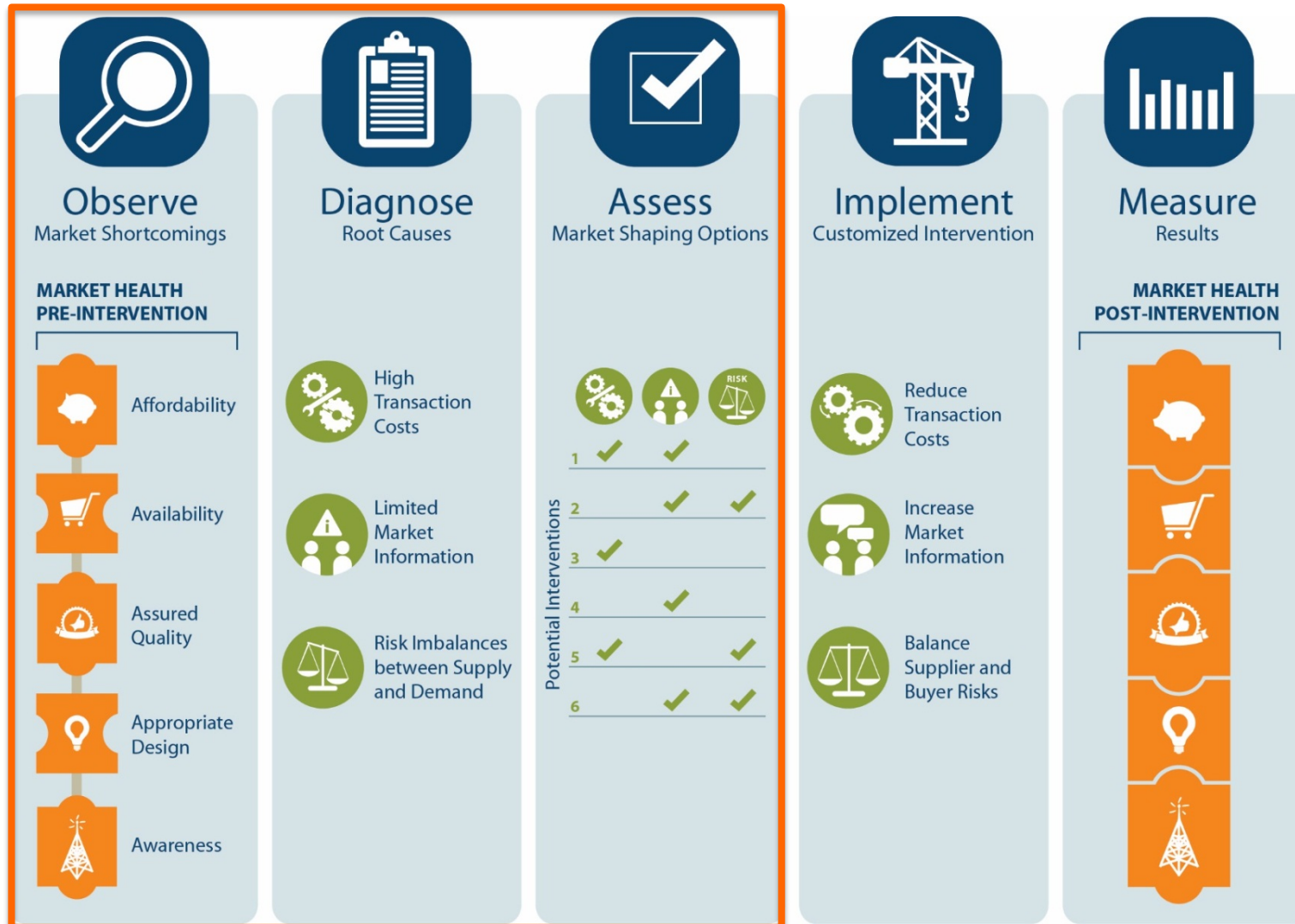
- Premise:
  - Studies conducted in Zambia and Madagascar suggest that increasing access to pregnancy tests (PTs) can improve same-day initiation of family planning
- Purpose:
  - Identify opportunities to improve access to FP services by using a market shaping approach to increase the use of PTs
- Method:
  - Use of the CII market shaping framework
  - Assessments of the PT market and FP service delivery practices in India, Kenya, Madagascar, Malawi, and Zambia
  - Consultative process in the development of recommendations



## Assessment overview

- Key questions:
  - What are market conditions for PTs at the global and local level?
  - What barriers to the use of PTs cause clients seeking a FP method to experience a delay or drop out of the process?
  - What market shaping and other interventions might help improve FP access?
- Caveats:
  - The assessment was qualitative, with a small sample of respondents
  - The geographic scope was limited to urban centers
  - Affordability and quality could not be not precisely assessed

# Using the CII market shaping framework



# Collecting information about the PT market

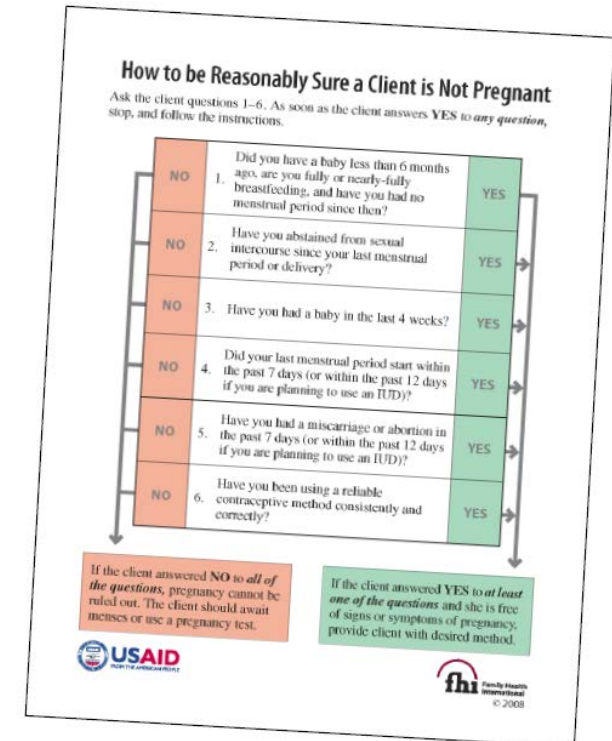
- **Global:**
  - IMS Health, public records
  - USAID procurement records
  - Consultation with PT buyers
- **Local:**
  - IMS Health (India)
  - Local tenders
  - Interviews (MOH, NGOs)
  - Site visits

Country	Number of site visits/interviews				
	Public clinics	Private clinics	Distributors/wholesalers	Retailers	Total
India	13	23	2	8	46
Kenya	3	14	3	7	27
Madagascar	2	7	6	11	26
Malawi	13	24	5	18	60
Zambia	13	7	5	22	47
<b>Total</b>	<b>44</b>	<b>75</b>	<b>21</b>	<b>66</b>	<b>206</b>



## Global-level findings

- WHO has issued guidelines to determine pregnancy status
  - The use of a checklist is recommended in a low-resource setting
  - Pregnancy tests are recommended in specific cases
- There is limited global-level procurement of PTs
  - USAID missions procure PTs from approved wholesalers
  - UNFPA has ordered small quantities for a few countries
- The PT market is highly competitive
  - Large number of manufacturers in multiple countries
  - Low procurement costs (\$0.04 - \$0.40 for dipsticks)



# Country-level Market Findings



## Local PT markets: Many brands, mostly dipsticks



Country	Number of Products identified	Dipstick	Cassette	Midstream	Number of Manufacturers identified
India	19	0	19	0	14
Kenya	14	14	0	0	9
Madagascar	14	7	4	3	8
Malawi	13	12	0	1	11
Zambia	24	13	2	9	11

Sources: IMS/India. All other data collected in-country in public and private facilities, retail pharmacies, and from wholesalers/distributors.



## PTs are available at low starting prices in pharmacies and clinics

Country	PT cost at public clinic	PT cost at retail pharmacy	PT cost at private provider	FP consultation cost at private provider	Other product for comparison (ECP)
India	Free	0.45–0.96	0.75 –1.49	2.99–4.48	0.75–1.49
Kenya	0.99–1.40	0.29–4.17	0.97–1.94	0.99–3.00 <sup>2</sup>	0.99–1.48
Madagascar	PTs not available	0.33–3.45	0.49–0.99	0.99–1.66	0.33–3.25
Malawi	PTs not available	0.28–1.80	0.69 –2.08	0.14–1.39	0.69–2.08
Zambia	Free	0.10–4.50 <sup>1</sup>	Included →	2.00–6.50	0.15

1. Excludes midstream digital test found in two outlets, at a maximum price of \$12.40

2. Typically includes FP method and service

PTs are low-rotation products that typically carry high retail margins, however retail prices remain low

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

\*Relevant price information available for only 1 brand

\*\*Excludes outlier midstream digital test

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

## Comparing SHOPS Plus findings to other studies

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

Outlet type	IFP (US\$, range)			FPWatch (US\$, range)		
	Kenya	Mali	Malawi	DRC	Ethiopia	Nigeria
Private clinic	0.98-5.87	0.41 - 3.28	0.35 - 1.77	0.55 - 1.10	0.10 - 0.21	0.25 - 1.00
Public clinic	0.98 - 4.89	0.82 - 2.46	0.35 - 0.35	0 - 1.10	0 - 0.25	0.25 - 1.00
Pharmacy or drug shop	0.49 - 1.96	1.15 - 2.46	0.35 - 0.88	0.22 - 0.33	0.10 - 0.25	0.25 - 1.00

Sources: IFP / FHI360, SHOPS PLUS, FPWatch

# Policy and Practice at the Country Level

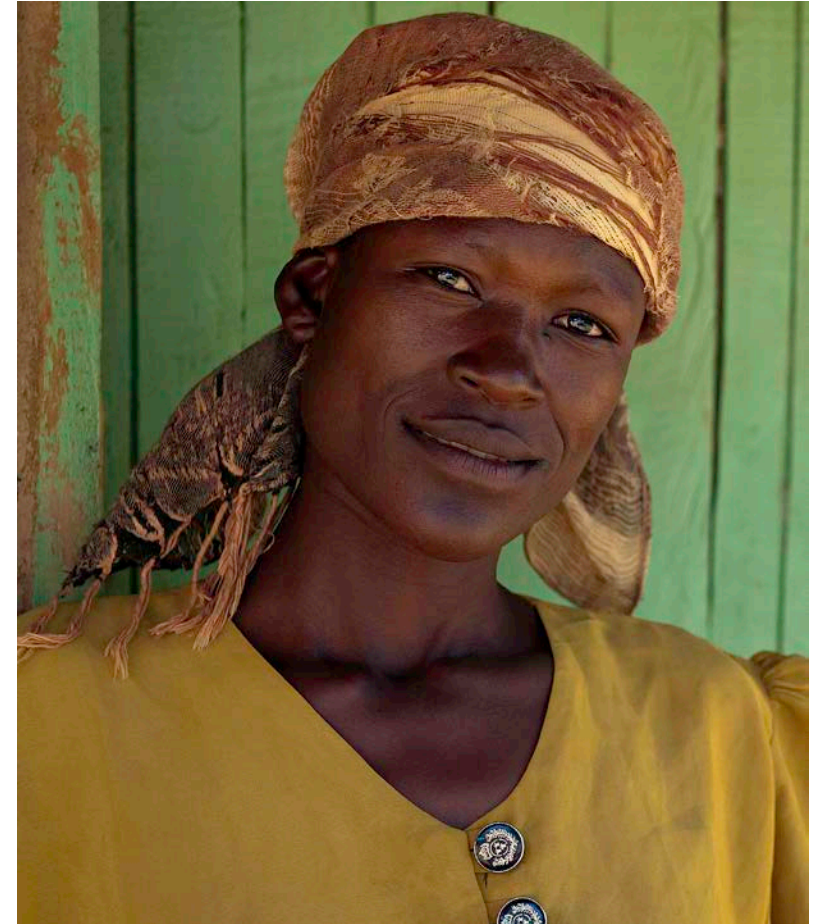
## India: Provider behavior is a key barrier to same-day FP initiation

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



## Kenya: Provider adherence to protocols needs improvement

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



## Madagascar: Low availability of PTs in the public sector

- MOH mandates use of the checklist and has approved the introduction of PTs through the community-based MIKOLO project
- PTs are usually not available for FP services in public clinics and clients are likely to self-delay FP visit until they menstruate
- **Opportunity: Advocate with MOH for improved availability of PTs**



## Malawi: Policy supports the use of PTs but delays still occur

MOH protocols reflect WHO guidelines, but...

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





## Zambia: Appropriate policies but mixed availability in public clinics

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





# Summary

- All countries have a vibrant private market for PTs
  - High availability, wide range of prices
  - Low prices despite higher than average retail margins
- The availability of PTs for FP in the public sector is mixed
  - Three out of five countries routinely order PTs for use in FP services
  - Actual availability is influenced by clinical practice and procurement practices
- Policy and practice barriers were found across countries and sectors
  - There is variable awareness of and use of the WHO checklist
  - Ruling out pregnancy with a PT does not always lead to method initiation

# Conclusions from Market Shaping Analysis



# Conclusions using the market shaping framework

	DEFINITION	SAMPLE METRICS	POTENTIAL MARKET SHORTCOMINGS
 <p><b>Affordability</b></p>	Extent to which the price point maximizes market efficiency between payers and suppliers to support health outcomes	<p>Prices are low enough to make widespread use of the product cost-effective</p> <p>Prices are high enough to incentivize suppliers to remain in the business</p>	<p>High, unaffordable prices or high price variance across geographies</p> <p>Cyclical swings in prices</p>
 <p><b>Availability</b></p>	Capacity and stability of global supply to meet demand; and consistency of local access at service delivery points	<p>Sufficient volumes are produced by a competitive, stable supply base</p> <p>Products are equitably and appropriately dispensed to the end user</p>	<p>Volumes: shortages, stockouts, excess, or cycles of shortage/excess</p> <p>Supply base: few suppliers or supplier exit or failure</p>
 <p><b>Assured Quality</b></p>	Level of evidence that a product is consistently efficacious and safe	<p>Products meet SRA or WHO PQ quality assurance standards</p> <p>Quality control is maintained throughout the production process and in-country supply chain</p>	<p>Substandard or counterfeit products</p> <p>Insufficient information on quality or inadequate quality markers</p>
 <p><b>Appropriate Design</b></p>	Degree to which possibilities of technology maximize cultural acceptability, choice, and ease of use	<p>Products are culturally appropriate for low-income settings</p> <p>Designs meet the constraints of end users, providers, and supply chain managers</p>	<p>Ill-adapted designs for low-income settings</p> <p>Too many variants fragment demand or too few limit choice</p>
 <p><b>Awareness</b></p>	Extent to which end users, healthcare providers, and key influencers can make informed choices about product use	<p>Target markets are educated on product benefits and side effects</p> <p>Healthcare providers are adequately trained in diagnosis and product provision to ensure appropriate and consistent use by patient</p>	<p>Low awareness or misinformation of product or health condition</p> <p>High misdiagnosis rates or overuse (leading to resistance)</p>

# Conclusions using the market shaping framework



## **Availability: No issues related to global or local supply of PTs**

- No observed or reported issues with manufacturer capacity or participation
- Inadequate supply of and use of PTs in public clinics are main cause of delays



## **Affordability: Not a barrier for private sector users**

- Low global procurement prices make the use of PTs affordable to NGOs
- Margins applied at both retail and clinic outlets are not unusual

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

## Conclusions using the market shaping framework



### **Assured quality: No reported concerns or negative outcomes**

- Caveat: PTs were not evaluated against quality standards



### **Appropriate design: Not identified as a potential market shortcoming**

- Several designs available in each country



### **Awareness: Low knowledge of appropriate use of PTs in FP context**

- Knowledge of WHO guidelines found to be low or mixed in all countries and both sectors

## Conclusions relating to programmatic issues

- National policy and provider behavior are key factors influencing the use of PTs according to WHO guidelines
- Inappropriate or confusing protocols lower demand for PTs in the public sector, prevent accurate procurement of PTs, and result in stockouts
- Inclusion of PTs in FP service protocols has not been an area of focus for FP/MNCH programs



# Identifying Interventions to Reduce the Risk of FP Client Loss







## Consultative process

- CII PT workshop at the Reproductive Health Supplies Coalition annual meeting in Seattle (October 2016)
- Consultations with experts through video conferencing and individual calls (December 2016)
- Presentation of assessment results to the RHSC market development approaches (MDA) working group (February 2017)

# Possible interventions for the private sector

Client loss risk	#	Intervention	Type	Drawbacks/challenges	Prerequisites for implementation
Women who use a home PT and get a negative result may not be aware of what to do next	19	Partner with manufacturer or distributors to include “Q&A” printed information in PT packaging		<ul style="list-style-type: none"> <li>Logistically challenging</li> <li>May only be feasible through social marketing program</li> </ul>	Motivated private sector partners Legal approvals
Women who use a home PT and get a negative result may not know how to access FP services	20	Partner with pharmacist association to support customer referrals to FP clinics		<ul style="list-style-type: none"> <li>Logistically challenging</li> <li>May only be feasible through social marketing program</li> </ul>	Supportive pharmacist
Non-menstruating client is turned away because norms prevent dispensing FP services outside menses	21	Partner with professional associations and private facilities to change clinical practice	P	Slow pace of changing clinical practice in the private sector	
	22	Re-train providers to improve the quality of FP services	P	Difficult to implement. May not be possible with independent providers	

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### Intervention Options – Public Sector

Targeted bottleneck and root causes	#	Intervention	Type	Drawbacks/Challenges	Prerequisites for Implementation
Client with inconclusive pregnancy status drops out because: • PTs are not available on premises • Having to buy a PT causes delays and added costs • Client cannot afford PT cost in public clinic	1	Include on-site use of PTs in FP protocols and the regular procurement of PTs	P	Policy change can be slow Possible funding issues since stockouts exist for other products in FP protocols	Funding available for procurement Supply chain is functional
	2	Subsidize or incentivize data reporting on PT usage and improve re-ordering process for PTs	P	Likely not sustainable unless part of an overall effort to improve supply chain	MCH support
	3	Jointly forecast PTs and contraceptives to increase priority of filling PT demand	P	Complicated by multiple FP methods in use	Appropriate formula for forecasting commodity needs
	4	Partner with retail pharmacies to co-locate PTs at public clinics	P	May not be legally possible	MCH staff must handle \$ unless the government buys the PTs
	5	Aggregate demand in the public sector to lower procurement costs	P	May not be consistent with decentralization policies in some countries	Supportive public procurement systems
	6	Aggregate demand and orders across countries that all use the dipstick	P	Does not address high retail margins	Supportive
	7	Use sliding scale payment in clinics that charge for PTs based on client socioeconomic indicators	P	Loss of revenue for clinics	MCH support
Client is turned away because norms prevent dispensing FP services outside menses	8	Provide quick-access pass to clients who have bought a PT elsewhere due to public clinic stockout	P	Loss of revenue for clinic that charge returning clients	MCH support
	9	Advocate for use of Pregnancy Checkups in OH protocols	P	Policy change can be slow	MCH support and cooperation at all levels
	10	Train providers on Pregnancy Checkups and integrate FP services to increase quality of FP services	P	Changing provider behavior may require more than training. Risk aversion not addressed	MCH support and available resources
	11	Remove from product labeling the requirement to wear menses to indicate contraception	P	May require multiple manufacturers to change their labels Slow to implement	Support from manufacturers at the global and local level

\* Intended for exploratory discussion, not being put forth as recommendations

# Ideas for interventions spanned market shaping/programmatic continuum

RESEARCH & DEVELOPMENT

MANUFACTURING

PROCUREMENT

DISTRIBUTION

SERVICE DELIVERY/USER ADOPTION

Market shaping interventions

Global health programmatic interventions

**19** Insert FP information in PT packaging

**11** Change contraceptive product labeling

**6** Aggregate orders across countries

**3** Joint forecasting of PTs and contraceptives

**5** Aggregate demand in the public sector

**15** Pool NGO procurement of PTs

**2** Incentivize data reporting

**14** Retailers to provide low-cost PTs

**13** Channel subsidy to reduce markups on PTs

**16** PT vouchers for low-income clients

**7** Sliding-scale payments for PTs

**4** Co-locate PTs at public clinics

**18** Vouchers for PT buyers to access FP

**1** Include on-site use of PTs in MOH FP protocols

**10** Train MOH providers in pregnancy checklist

**9** Advocate for use of checklist in MOH guidelines

**8** Provide quick-access pass to returning clients

**17** Lower PT fees in franchised clinics

**12** Social marketing of PTS

**20** Pharmacy customer referrals to FP clinics

**21** Change clinical practice in private clinics

**22** Train private healthcare providers

# SHOPS Plus Recommendations





## Selection criteria for proposed interventions

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

## Public sector: Change policy and clinical practice; fund and improve the procurement of PTs

Client loss risk	Intervention	Drawbacks/challenges	Prerequisites for implementation
Non-menstruating clients turned away because PTs are not available	Include use of PTs with WHO checklist in MOH protocols	<ul style="list-style-type: none"> <li>Policy change can be slow and may not result in desired provider behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Support for policy change from MOH and medical institutions</li> </ul>
	Enable regular procurement of PTs for FP services	<ul style="list-style-type: none"> <li>Risk of over-reliance on PTs</li> </ul>	<ul style="list-style-type: none"> <li>Funding for procurement</li> <li>Use of checklist in facilities</li> </ul>
	Introduce joint forecasting of PTs and contraceptives; Possible bundling with IUDs	<ul style="list-style-type: none"> <li>Logistics may be complex</li> <li>Risk of overstock and waste</li> </ul>	<ul style="list-style-type: none"> <li>Forecasting tool</li> <li>Functional procurement and supply chain</li> </ul>
Non-menstruating client asked to come back during menses	Address clinical practice through policy change, provider training on same-day FP initiation	<ul style="list-style-type: none"> <li>Slow pace of changing clinical practice</li> <li>Provider resistance</li> </ul>	<ul style="list-style-type: none"> <li>Support for policy change from MOH and medical institutions</li> <li>Better understanding of provider behavior (e.g. risk aversion)</li> </ul>

## Private sector: Country-level, context-specific interventions

Client loss risk	Intervention	Drawbacks/Challenges	Prerequisites for implementation
Non-menstruating client turned away by provider	Partner with professional associations and facilities to change clinical practice	<ul style="list-style-type: none"> <li>Large number of private facilities</li> </ul>	<ul style="list-style-type: none"> <li>Strong support from local institutions</li> <li>Program mechanism</li> </ul>
PT home users who get negative result lack information about FP	Link PT purchase to information about FP services (e.g. advertise FP services through pharmacies)	<ul style="list-style-type: none"> <li>Likely to be inefficient through pharmacies only</li> </ul>	<ul style="list-style-type: none"> <li>Best addressed through existing MNCH, FP, or youth-friendly programs</li> </ul>
Public sector client drops out because she cannot find or afford PT	Introduce low-cost PTs through existing social marketing/CBD program in underserved areas	<ul style="list-style-type: none"> <li>May not be sustainable without subsidies</li> </ul>	<ul style="list-style-type: none"> <li>Existing SM project with links to community based network</li> </ul>
	Voucher and/or quick-return pass for the purchase PT in pharmacy	<ul style="list-style-type: none"> <li>May have limited impact if clients are willing to pay</li> <li>Management burden</li> </ul>	<ul style="list-style-type: none"> <li>Incentive for pharmacies</li> <li>Funding for voucher program</li> </ul>
	Negotiate lower PT fees from franchised clinics	<ul style="list-style-type: none"> <li>Loss of revenue for clinics</li> </ul>	<ul style="list-style-type: none"> <li>Must be commercially viable</li> </ul>



## Cross-cutting initiatives

- Consider developing new High Impact Practice brief on the use of the checklist and PTs for dissemination to USAID missions and partners
- Support population-based and consumer research to determine affordability and willingness to pay
- Integrate efforts to mainstream the use of pregnancy checklist and PTs in existing FP/MNCH programs



### **Abt Associates**

- April Warren
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- Caroline Quijada

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- Amy Lin
- Janine Hum

### **USAID Office of Population and Reproductive Health**

- Lois Schaefer
- Jasmine Baleva

[Francoise\\_Armand@abtassoc.com](mailto:Francoise_Armand@abtassoc.com)