COMMERCIAL MARKET STRATEGIES
NEW DIRECTIONS IN REPRODUCTIVE HEALTH

Country Profile

Commercial Market Strategies

MOROCCO

Improving access to private-sector reproductive health products and services

PROGRAM OBJECTIVE

The objective of the Commercial Market Strategies (CMS) project in Morocco is to increase the use of private-sector family planning and child health products and services. CMS worked toward this goal by socially marketing health products and supporting private providers.

Country Profile ■ MOROCCO

October 2003

MOROCCO AT A GLANCE

Population	**29.7 million**
Growth rate	1.7 percent
Per-capita income	$3,450
Health	
Total fertility rate	3.1 children
CPR* (modern)	60 percent
Maternal mortality	228/100,000
Infant mortality	52/1,000

Contraceptive prevalence rate.

CMS distributed this leaflet about modern contraceptives in clinic waiting rooms. The cover shows the *Al Hilal* family of products.

CONTEXT

Morocco is a middle-income country with a population of nearly 30 million. Over the past three decades, the country has made significant gains in both the use of modern contraceptives and in maternal and child health. The contraceptive prevalence rate (CPR) rose from 19 percent in 1978 to 60 percent in 2000, and the total fertility rate declined from 7 children in 1980 to 3.1 in 1997.

Despite increased use of contraceptives, the need for quality family planning services is great. More than half of current non-users say they want to use contraceptives. Oral contraceptives represent more than 63 percent of the method mix. Use of long-term methods remains limited, in part due to misperceptions and fears about side effects.

The public sector dominates the provision of contraceptive products and services. More than 60 percent of all modern contraceptive users obtain their methods from public clinics, which provide free services to all clients. A CMS survey found that 35 percent of upper-income women use the public sector for family planning supplies and services. As donors are reducing or withdrawing support for family planning programs, the public sector may soon face shortfalls in funding and supplies. One way to strengthen the sustainability of contraceptive programs in Morocco is to increase the role of the private sector.

The Moroccan private sector is underutilized, in part due to the competition from the public sector. In addition, many private providers lack training in modern contraceptive methods (especially long-term methods, such as IUDs and injectables). Primary care providers and general practitioners (GPs) have a poor reputation among the population at large, who tend to prefer specialists.

PROGRAM COMPONENTS

In Morocco, CMS strengthens private-sector provision of affordable, high-quality reproductive health care. Program components include

- **Social marketing** — to strengthen the sustainability of socially marketed commercial-sector reproductive and child health products
- **Private provider support** — to improve the viability of general practitioners by exploring group practices and developing a medical education program with a focus on family medicine

SOCIAL MARKETING

The Moroccan Ministry of Health (MOH) launched the country's first contraceptive social marketing program in 1989. The goal of the program was to use the commercial sector to bring affordable and sustainable contraceptives to low- and middle-income consumers. The program was established with USAID assistance, first through the Social Marketing for Change (SOMARC) project and then through CMS. From 1998 to 2003, CMS managed and coordinated the *Al Hilal* family of products.

Through a local coordinator, CMS

- conducted and analyzed market research data
- developed agreements for the sustained supply of affordable products with contraceptive manufacturers
- designed and implemented marketing plans on behalf of the manufacturers
- developed media and public relations campaigns
- contracted with advertising, public relations, and media companies
- coordinated activities among all players, including the MOH

Oral contraceptives. In 1992, SOMARC launched *Kinat Al Hilal* (Pill of the Moon) oral contraception, which is an umbrella brand for two existing pill brands: Wyeth's *Minidril* and Schering's *Microgynon*. Although Moroccan law generally prohibits advertising for branded pharmaceuticals, the MOH authorized the USAID project to promote *Kinat Al Hilal*, and negotiated discounted commercial time with television and radio stations. In exchange for the promotional support, Wyeth and Schering lowered their prices by 20 percent.

CMS also negotiated contributions from Wyeth and Schering to fund the production and airing of a new advertising campaign. Launched in April 2002, the campaign targeted women in rural areas, where there is highest unmet need. The campaign resulted in a 16 percent increase in sales of *Kinat Al Hilal* between 2001 and 2002 (see Figure 1).

Social marketing of the *Kinat Al Hilal* pill has made a significant contribution to the development of a commercial market for oral contraceptives. Schering and Wyeth remain committed to maintaining the brand, keeping prices down, and continuing demand-creation activities after the end of the CMS/Morocco project in September 2003. To accomplish this, ownership of the *Kinat Al Hilal* brand will have to be transferred to a non-commercial entity, since advertising of contraceptives by private companies is not permitted. CMS is currently brokering ownership discussions with the manufacturers, USAID, a local NGO, and the MOH.

Long-term methods. To expand the range of affordable contraception, the Moroccan social marketing program introduced the *Lawlab Al Hilal* IUD and the *Hoqnat Al Hilal* injectable in the commercial market in 1997. However, sales were very slow. CMS inherited both programs in 1999 and worked to increase the acceptability of these methods.

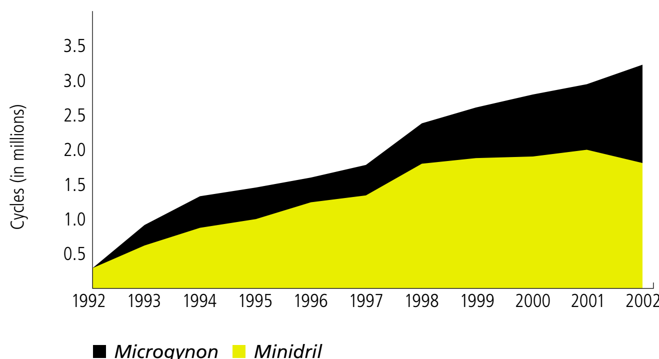
Barriers to long-term methods include the high cost of IUD insertion at private facilities (in contrast to free service at public clinics) and resistance to injectables among providers and the public. Even among current users of long-term methods, more than 70 percent believe that injectables can negatively affect their health, and nearly half believe that injectables can cause sterility. Among the same group, 35 to 50 percent believe that IUDs can negatively affect health and/or cause sterility. Moreover, 64 percent of GPs and 91 percent of gynecologists disapprove of the injectables (in large part because of side effects).

MAHALLAS: REACHING WOMEN THROUGH COMMUNITY EDUCATION

In July 2001, CMS utilized the tradition of *mahalla* (community) meetings to help address misconceptions regarding contraceptives — especially IUDs and injectables. At the meetings, women met with providers to discuss issues around family planning. Women were able to ask questions and voice their concerns about the methods and receive straightforward answers.

CMS conducted a total of 74 such sessions in three target regions, bringing family planning information to more than 5,360 women.

Figure 1 ■ *Kinat Al Hilal* sales: 1992–2002



Sales of *Kinat Al Hilal* have increased from 2.4 million cycles in 1998 to 3.3 million cycles in 2002.

CMS placed this advertisement for the *Hoqnat Al Hilal* injectable in a popular medical journal, alongside an article about how effective counseling on side effects reduces discontinuation rates.

A crowd watches a video about diarrhea prevention and oral rehydration therapy on a specially equipped van with a large-screen television.

Women attend an educational session about hygiene and childhood diarrhea.

To address the misperceptions about long-term methods, CMS trained GPs in IUD insertion and in managing the side effects of the injectable. The training sessions also included information on general reproductive health issues, treatment of sexually transmitted diseases, and pregnancy management. To address women's concerns, CMS held *mahalla* meetings in which women could discuss family planning methods with physicians.

CMS began airing advertisements for the *Al Hilal* line of contraceptives in early 2000. However, the advertisements met with negative reactions from prominent gynecologists, and CMS halted the campaign. CMS then conducted a survey of provider concerns, and designed a new campaign based on the findings. To educate providers, CMS placed articles on product efficacy and on counseling for side effects in prominent medical magazines, held panel discussions, and set up booths at health events. CMS also designed radio and TV ads and a public relations campaign featuring popular radio programs and women's magazines.

Unfortunately, the new campaign was not approved by the MOH until January 2003. Once finally under way, however, the campaign resulted in an increase in sales for the *Hoqnat Al Hilal* injectable. Nevertheless, this increase does not reverse the generally downward trend in injectable contraceptive sales over the previous five years.

CMS expanded the promotion of the *Lawlab Al Hilal* IUD by developing an agreement with the product's distributor, Reacting. CMS agreed to provide training and public relations, and in exchange, Reacting would increase its detailing activities to urban pharmacists and physicians, especially in the three regions targeted by CMS.

Despite substantial training and promotional efforts, demand for both IUDs and injectables has been disappointing. Sales of the injectable showed only a marginal increase from 2002 to 2003, and sales of the IUD peaked at under 6,000 units in 1999 — and dropped to half that by 2003.

CMS is currently working with Reacting and other stakeholders to assess the potential for maintaining the communications campaign for the *Lawlab Al Hilal* IUD after the CMS/Morocco program concludes. The manufacturer of the *Hoqnat Al Hilal* injectable has signed a memorandum of understanding with CMS to increase its detailing efforts, especially in the three target areas.

Biosel *oral rehydration salts.* Infant mortality is high in Morocco, and a leading cause of death is dehydration due to diarrhea. To combat infant mortality due to diarrhea, CMS socially marketed *Biosel* and worked with the manufacturer, Cooper-Maroc, to ensure the sustainability of the brand.

Since it was introduced by Population Services International (PSI) in 1990, *Biosel* has been one of the few ORS products available in Morocco. By 1999, increased sales allowed Cooper-Maroc to resume production of its own private-sector ORS, *Diarit*, after nearly 3 years of inactivity. However, in 2001 complications with the co-production of *Diarit* and *Biosel* in the same ORS machine resulted in a temporary stock-out of *Biosel*. In response, CMS and PSI signed an agreement with Cooper-Maroc to restructure *Biosel*'s production to ensure uninterrupted availability of *Biosel*. Cooper-Maroc also agreed to set aside 15 percent of the wholesale price for consumer-oriented promotions and advertising. CMS designed radio spots to promote *Biosel* and educate the public about diarrhea prevention and treatment. To reach people in remote areas, CMS used a mobile large-screen video unit.

In August 2002, CMS and PSI signed a *Biosel* licensing agreement with Cooper-Maroc and transferred full management of the product to the company. The licensing agreement guarantees

- production of at least 360,000 *Biosel* packets to be sold in private-sector pharmacies
- compliance with World Health Organization quality standards
- a 2.75 percent yearly cap on price increases

PRIVATE-PROVIDER SUPPORT

There are approximately 5,370 doctors in Morocco, of whom 42 percent are GPs. Despite their substantial share of the physician population and the fact that they tend to charge lower fees than specialists, GPs in Morocco are underutilized. To strengthen quality of care and improve the reputation of GPs, CMS (1) explored implementing group practices and (2) developed a continuous medical education (CME) program focused on family medicine for GPs.

Group practices. In 2000, to demonstrate the effectiveness of private-provider networks and group practices, CMS organized two study tours for Moroccan doctors and health officials. The first traveled to Washington, DC; Canada; and Bolivia, and met with the American Academy of Family Physicians, the Quebec Federation of Private Providers, and the PROSALUD network of clinics. The second tour, to Pakistan, focused on the Green Star clinic network. At a follow-up session, tour participants discussed the structure of group practices and health care networks and how these models could be applied in the Moroccan context. Participants agreed that family health group practices would be beneficial to both GPs and patients, and asked CMS to conduct a feasibility study.

CMS commissioned a team of legal consultants to examine regulations regarding group practices, organizational issues, and promotional possibilities. The study found that the country had no multi-specialty group practices and that only 3.5 percent of private-sector doctors (mostly radiologists, due to the need for sizable capital investment) had ever been in same-specialty group practices. The study found that there was no clearly defined legal framework for doctors' associations, even though current law allows the creation of non-commercial professional corporations. There are several non-commercial statutes and association structures that could be used for family health group practices. However, group practices would not be able to promote their services, since advertising by medical providers is against the law.

The legal team recommended policy changes, including mandatory health insurance and government support for GP group practices, that would lead to a more favorable environment for establishing private group practices. The study also recommended that the MOH contract with private GPs to provide priority health care services.

CMS presented the results of the study to a meeting of stakeholders in November 2001, where several regional associations of GPs expressed interest in taking part in a group practice pilot project. However, the MOH was unexpectedly reluctant to support technical assistance to GPs and asked CMS to limit its intervention to producing and disseminating a manual on how to establish a private-sector medical group practice. CMS therefore produced and distributed 1,500 copies of the manual and plans to publish it on the MOH web site.

Continuous medical education program. The concept of family medicine has never been widely recognized in Morocco. To improve the quality and reputation of GPs, CMS developed a course to upgrade GPs' skills and to help them include family planning and reproductive health among their services. After assessing the interest and capabilities of several competing universities, CMS decided to establish the program at the Marrakesh University Faculty of Medicine. University staff and a specialist in family health helped develop the training modules and held the first training session in April 2003. The program garnered such interest that shortly afterward the university solicited and received funding for a scaled-up version of the training from a donor agency.

CMS also developed a quality assurance program to strengthen the skills of GPs. Twenty-seven doctors from three target regions attended the sessions. The doctors then returned to their respective regions to hold similar sessions at home. To ensure the sustainability of the program, the teaching module for the quality assurance program has been incorporated into the CME program at the university.

By promoting private medical groups, CMS has opened the door to the expansion of affordable private-sector health care.

PROGRAM CHALLENGES

Free provision of reproductive health products and services in public facilities makes it difficult for the private sector to compete. As many as 95 percent of women who use injectables or IUDs in Morocco obtain their method through the public sector. Segmenting the family planning market would encourage higher-income women to use the private sector, while ensuring that public-sector services remain available to others. Although CMS and other contractors have discussed market segmentation with the MOH on several occasions, the MOH has been reluctant to pursue this strategy.

Advertising for private health products and services is highly restricted and subject to a lengthy approval process by the MOH. Burdensome government regulations on marketing private health products and services slowed the implementation of advertising campaigns for socially marketed products. These regulations also limit the potential impact of private group practices, which would not be able to advertise their services.

Market-driven mergers and acquisitions hampered social marketing. Because new authorizations are required whenever a new distributor takes over a product — even one that is already being marketed — there were shortages and delays when the two oral contraceptive manufacturers changed distributors. The injectable program faced similar roadblocks when ownership and manufacturing was twice transferred: first from Upjohn to Pharmacia, then from Pharmacia to Pfizer. CMS and SOMARC could not always ensure that the transition team would honor agreements made with previous partners.

PROGRAM RESULTS

CMS has increased total couple years of protection (CYPs). CYPs grew from 181,129 in 1998 to 233,843 in 2002 (see Figure 2). This increase is largely attributable to a 38 percent increase in sales of the *Kinat Al Hilal* pill (from 2.4 million cycles to 3.3 million).

Biosel *has contributed to public health objectives in Morocco.* Between 1990 and 2000, the *Biosel* program helped reduce mortality among children under 5 from 112 per 1,000 to 53 per 1,000. This coincided with an increase in the use of ORS for children with diarrhea from 14 percent in 1992 to 19 percent in 2000. General awareness of ORS increased from 74 percent in 1994 to 87 percent in 2000.

Provider support increased for long-term contraceptive methods. According to preliminary results, education sessions for providers have increased provider knowledge of injectables and IUDs and lowered resistance to injectables. Among those who participated in the sessions, only 55 percent expressed reluctance to recommend injectables, as opposed to 69 percent among a control group.

By promoting private medical groups, CMS has opened the door to the expansion of private-sector health care. The CMS-led feasibility study charted a path for low-cost, high-quality group practices. CMS believes that the group practice concept will continue to make progress in Morocco, especially after the distribution of 1,500 group practice manuals.

CMS initiated activities to increase the quality of private-sector health services. Prior to CMS's work in the area, CME and family health training were unavailable in Morocco. CMS worked with the Marrakesh University Faculty of Medicine to develop a much-needed family health CME program for GPs.

LESSONS LEARNED

A well-researched and well-designed marketing strategy can successfully recruit target groups. After extensive research, CMS redesigned and retargeted the marketing strategies for both the oral and injectable contraceptive products, focusing on new target groups. Also, adding rural women to the target audience for the oral contraceptives contributed to a clear increase in sales.

Programs based on partnerships with manufacturers are difficult to sustain after donor phase-out. In light of laws prohibiting commercial entities from advertising prescription health products, the ownership and management of the *Al Hilal* line of products must be transferred to NGOs after the CMS/Morocco program concludes. In the case of the two long-term methods, free public-sector services further compound the difficulty of maintaining the brands. Low sales volume through the private sector decreases the incentives of manufacturers and distributors to invest in detailing and promotional activities.

ADDITIONAL RESOURCES

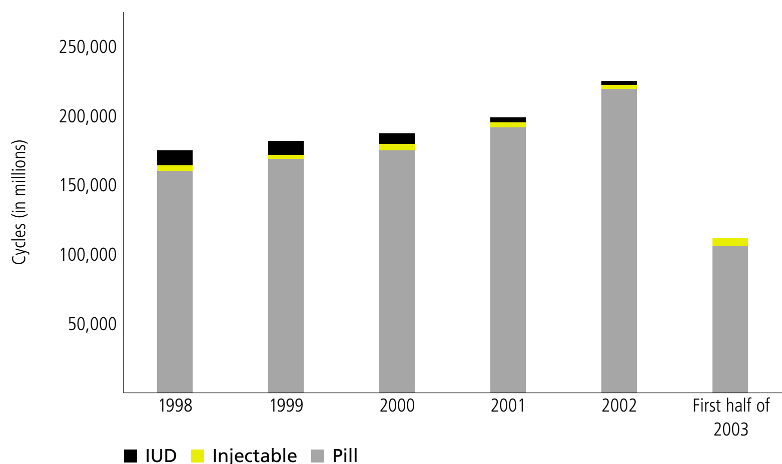
Commercial Market Strategies Project. 2002. *Group Medical Practice in Morocco: Regulations, Options, Obstacles, and Constraints*. Washington, DC: USAID/ Commercial Market Strategies Project.

Abdelhadi, C; M Bessaih; M Boubkry; M Steffen; and W Winfrey. 2002. *Private-Sector Health Care Providers in Morocco: Family Planning Attitudes and Characteristics*. Washington, DC: USAID/Commercial Market Strategies Project.

Bessaih, M; M Boubkry; K Smith; and W Winfrey. 2002. *CMS/Morocco Reproductive Health Baseline: Mobilizing Data and Indicators for Effective Private-Sector Program Interventions*. Washington, DC: USAID/Commercial Market Strategies Project.

Cover photo: Lauren Goodsmith, courtesy of Photoshare, a service of USAID's Information and Knowledge for Optimal Health (INFO) project.

Figure 2 ■ CYPs in Morocco: 1998–2003



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