



## SENEGAL

Improving access to reproductive health information, products, and services through social marketing

### PROGRAM OBJECTIVE

The primary objective of the Commercial Market Strategies (CMS) project in Senegal is to increase access to and use of reproductive health products and services in the private sector.

## SENEGAL AT A GLANCE

<b>Population</b>	<b>9.8 million</b>
Growth rate	2.6%
Under 20	57.7%
Below poverty line	53.9%
Per-capita income	\$500
<b>Health</b>	
Fertility rate	5.2
CPR* (1997)	12.9%
CPR, modern (1997)	8.1%
Maternal mortality	510/100,000
Infant mortality	63/1,000
Life expectancy	53 years
HIV prevalence	1.4%

\*Contraceptive prevalence rate.

## DISSEMINATING BEHAVIOR-CHANGE AND HIV/AIDS PREVENTION MESSAGES

CMS/ADEMAs promotes abstinence, fidelity, and partner reduction, as well as condom use for high-risk groups. CMS/ADEMAs partnered with Family Health International to organize a series of traveling road shows that disseminated HIV/AIDS prevention messages. There were 51 road shows nationwide.



## CONTEXT

Senegal has experienced sustained economic growth since emerging from economic difficulties in the 1990s. Despite the encouraging growth rate, however, more than half of Senegalese families still live in poverty.

Senegalese women bear an average of 5.2 children, and the annual population growth rate is 2.6 percent. Although contraceptive awareness is high, use of family planning remains low. In 1997, the contraceptive prevalence rate (CPR) was 12.9 percent (8.1 percent for modern methods). An estimated 33 percent of couples not currently using contraceptives say they are interested in family planning. Many factors limit the use of modern contraceptives, including frequent stock outages, a shortage of urban providers, lack of information, strict regulations inhibiting promotion of health products, and religious and cultural barriers.

The HIV prevalence rate is low in Senegal, due in part to high awareness of this infection and ways to prevent it. Awareness of other sexually transmitted infections (STIs), however, is very low. Only 5 percent of men and 17 percent of women are aware of gonorrhea, the most common STI.

CMS implements its activities in Senegal in partnership with the Agency for the Development of Social Marketing (ADEMAS), a local non-governmental organization (NGO) with 14 years of experience in socially marketing reproductive and other health products. To improve private-sector provision of family planning products and services, CMS also provides technical assistance to ADEMAs in the areas of organizational development and financial sustainability.

## PROGRAM COMPONENTS

- **Social marketing** — to promote knowledge and use of condoms, with a focus on *Protec* (ADEMAS's brand), through distribution, public relations, and education campaigns
- **Expanding choice** — to develop and introduce *Securil*, a low-cost oral contraceptive
- **Health financing** — to explore the feasibility of developing a health insurance plan for a 90,000-member union

## SOCIAL MARKETING: PROTEC CONDOMS

*A focus on accessibility.* CMS/ADEMAs markets *Protec* condoms in Senegal through retail outlets. To improve consumer access, CMS/ADEMAs expanded *Protec's* distribution beyond pharmacies (which typically are closed at night and on weekends) to non-traditional outlets, such as nightclubs, gas stations, and grocery stores.

CMS/ADEMAs recruited and trained 10 *Protec* sales staff, who visit potential outlets and encourage them to stock the product. Partly due to these efforts, *Protec* outlets have grown from 550 pharmacies in 1999 to more than 3,000 outlets (pharmacies and non-traditional outlets) in 2003.

*Protec* originally was launched as a family planning product, but CMS/ADEMAs positioned it also as an STI and HIV-prevention product. CMS/ADEMAs launched a public relations campaign targeting wholesalers and retailers and trained more than 1,500 outlet staff on such topics as condom use, STIs and HIV, inventory management, interpersonal communication, and service quality. In addition, CMS/ADEMAs is working with the Union of Pharmacists to update training manuals for pharmacists and counter clerks. Competitions and incentive programs further stimulate interest in the product.

*Behavior-change communications and education campaign.* To promote awareness of *Protec* condoms, CMS/ADEMAs created a comprehensive behavior-change communications and education campaign. The campaign slogan was “Abstinence, Fidelity, if not *Protec*.” (Abstinence, Fidelity, if not *Protec*). Youssou Ndour, a popular local singer, supported the campaign with a series of concerts in which he delivered AIDS-prevention messages highlighting the importance of condom use. He also appeared in *Protec* radio and television ads, and emphasized campaign messages in newspaper interviews. In addition, CMS/ADEMAs organized promotional campaigns for special events, such as the International Day Against AIDS and the Soccer World Cup.

In August 2001, CMS/ADEMAs partnered with Family Health International, Peace Corps, and the Senegalese Ministry of Health to produce a series of road shows around the theme “AIDS: I care...do you?” The shows reached more than 100,000 people nationwide and combined plays, skits, games, songs, and *tassous* (slogans repeated by the audience) to deliver HIV/AIDS prevention messages. The goals of the road shows were to

- disseminate HIV/AIDS prevention messages
- promote voluntary HIV testing and HIV/AIDS health providers
- encourage positive behavior change
- promote the use of condoms
- raise awareness about non-traditional condom sales outlets

Heavy media coverage, radio shows, and 430 radio spots publicized the road shows and disseminated key messages. Targeting high-risk groups, ADEMAs organized a series of educational sessions with grass-roots organizations and reached an additional 14,000 people.

The campaign’s closing ceremony featured a 3,000-person march in Dakar. Following the march, such local artists as Youssou Ndour, Omar Pène, and Diarra Gueye addressed the audience and repeated the key messages of the campaign. National media covered the ceremony, and video footage was aired on the evening news.

As a result of improved distribution, behavior-change communications, and education campaigns, *Protec* sales increased 66 percent between 1999 and 2003.

### EXPANDING CHOICE: SECURIL ORAL CONTRACEPTIVES

CMS/ADEMAs introduced an affordable oral contraceptive (OC), *Securil*, in April of 2002. The primary objective of the *Securil* program was to reduce Senegal’s high maternal mortality rate by providing women with a safe and reliable way to space births. At the time of *Securil*’s launch, only 3.3 percent of Senegalese women used OCs, and there were no low-cost OCs available through the private sector. *Securil* targeted low- to middle-income married urban women.

To ensure that *Securil* would be affordable to the target audience, CMS/ADEMAs set the price based on an ability-to-pay analysis. CMS explored procuring the pills through a partnership with a pharmaceutical manufacturer, but the manufacturer could not reduce its prices sufficiently. CMS/ADEMAs finally opted to overbrand *Securil* on the USAID-donated pill *Duofem*, to ensure that the pill was affordable.

CMS/ADEMAs conducted 28 focus groups in three large urban areas to guide the development of culturally appropriate promotional materials. The focus groups found that rumors linked pill use to stomach and lower back problems, increased chances of having twins, reduced fertility, sterility, difficult deliveries, and even death. The key messages of the campaign aimed to dispel these myths, address concerns about side effects, share accurate information about the product and its use, and direct interested individuals to health providers for more information.



“Everyone is going to have to fight in order to ensure that the AIDS infection rate...does not increase,” said Youssou Ndour in a 2000 interview with Senegal’s *Le Matin*.

## EDUCATING POTENTIAL *SECURIL* USERS

The consumer brochure for *Securil* features an urban, middle-class family. The husband, a secondary target of the marketing campaign, says: "The pill for my family's well-being." The tag line reads: "A simple method for spacing births. For the good health of mother and child." The brochure goes on to dispel common myths and rumors about oral contraceptives.



## INNOVATIVE PROMOTIONAL CAMPAIGNS

In an innovative publicity campaign — the first public transportation postering ever implemented in Dakar — branded and generic pill posters were mounted on 140 buses. Bus drivers and the *coaxeurs* (people who help passengers onto a bus) boosted the campaign by wearing *Securil* T-shirts.



Advertising and promotion for *Securil* highlighted the product's proven safety record while addressing public fears surrounding the pill. CMS/ADEMAs developed promotional and educational materials to build consumer confidence in OCs in general, and in *Securil* in particular. CMS/ADEMAs produced generic radio spots, posters for buses, brochures for providers and clients, and such promotional items as pens and T-shirts. In collaboration with women's groups and clinics, CMS/ADEMAs also held numerous grassroots educational sessions.

To minimize adverse reactions to the launch of Senegal's first socially marketed OC, ADEMAs held public relations events to inform partners and stakeholders about the campaign. The *Securil* campaign benefited from positive press coverage stemming from an ADEMAs-organized press conference and a journalists' workshop called "Contraception: A Factor of Well-Being."

**Provider outreach and education.** Pharmacies in Dakar began stocking *Securil* two months before the official launch in early 2002. By that time, a CMS/ADEMAs team of five medical detailers and a product manager already had visited 90 percent of the city's pharmacies and had begun visiting outlets in semi-urban areas to ensure broad geographic coverage. Over the course of the year, the team conducted 9,811 medical detailing visits, reaching obstetricians and gynecologists, general practitioners, midwives, nurses, and pharmacists. Detailers educated medical personnel about *Securil* and distributed materials (posters, pens, mobiles, prescription pads, and brochures) to promote high visibility for the product. The team reported enthusiastic responses from both pharmacists and providers. In addition, CMS/ADEMAs introduced *Securil* to major medical organizations, such as the Association of Gynecologists and Obstetricians and the Association of Midwives.

In the public sector, doctors, midwives, senior medical technicians, and nurses' aides can prescribe OCs once they receive special training. In the private sector, however, only doctors and midwives can prescribe OCs, as there is no government-approved training for other medical staff. CMS/ADEMAs developed a training curriculum for private providers that focuses on quality of care, interpersonal communication, and side-effect management in hopes that the government will expand the range of private providers allowed to prescribe OCs.

**Policy and advocacy.** Senegal's pharmaceutical sector is highly regulated. Even changing the color of a product's packaging can invalidate government certification. Also, it is illegal to advertise a specific prescription product. To guide the *Securil* campaign, CMS/ADEMAs conducted an in-depth assessment of the laws and precedents governing the prescription, delivery, storage, and promotion of hormonal contraceptives. CMS/ADEMAs worked with the Ministry of Health to create a technical committee of opinion leaders and both public- and private-sector representatives that would review the marketing strategy and support *Securil's* launch. The committee carefully vetted all promotional materials and activities, ensuring that they were on target and culturally appropriate.

## HEALTH FINANCING

The major market vendors' union in Senegal, the Union Nationale Des Commerçants et Industries du Senegal (UNACOIS), was considering the possibility of developing a health insurance plan for its 90,000 members. Uncertain whether a plan with reasonable benefits would be affordable or marketable to its members, UNACOIS asked CMS to fund and implement a feasibility study. CMS conducted a willingness-to-pay survey to test the marketability of policies with different benefits and premiums. Ninety-five percent of UNACOIS members said they were interested in coverage, but the willingness-to-pay survey suggested that a low-cost, lower-

benefit option would be necessary to obtain a reasonable market share. Upon consideration of CMS's research and estimated costs, UNACOIS decided to proceed with the creation of a *mutuelle* (community health insurance scheme), which was developed with technical assistance from USAID's Partners for Health Reform *plus* project.

## PROGRAM CHALLENGES

*The private sector is challenged by a highly regulated environment.* The availability of contraceptives in the private sector is restricted by laws that prohibit counseling for, prescribing, and dispensing contraceptives in the same private facility. In particular, hormonal contraceptives are highly regulated by the government. Obtaining the authorization to import and distribute hormonal methods requires a lengthy and difficult process through the Direction de la Pharmacie et du Medicament, the nation's pharmaceutical regulatory agency. In addition, high taxes and markups increase the consumer price of products and limit the number of users who can afford them. Last, there are laws against brand-specific advertising for prescription items, including hormonal products.

*Cultural factors inhibit use of contraceptives.* Senegal's conservative cultural and religious norms limit the information received by the public on STIs, HIV, and family planning. CMS/ADEMAs has reached out continually to Muslim leaders to discuss the aims of social marketing programs. CMS also held a conference called "Family Planning and Islam" before the launch of *Securil*. Another issue is that men (more so than women) are reluctant to use family planning — only 9 percent said that they want to limit the number of children in their families. The CMS/ADEMAs poster for *Securil* encourages men to view family planning as a means to their family's well-being.

## PROGRAM RESULTS

*CMS/ADEMAs significantly increased access to condoms and ensured that Protec condoms were widely available to the Senegalese population.* The *Protec* distribution network expanded from 690 outlets at the end of 1998 to 3,627 outlets at the end of June 2003. According to the nationally representative mid-term survey conducted by CMS/ADEMAs, 70 percent of male users said that they can access a *Protec* outlet within 15 minutes.

*CMS/ADEMAs successfully promoted Protec condoms as the brand of choice.* Preliminary data indicate that 72.5 percent of men who usually use condoms use the *Protec* brand. *Protec* condom sales increased by 66 percent from 1998 to 2000 (2,351,410 sold in 1998; 3,909,900 in 2002).

*Information, education, and communication, along with behavior-change communications activities, contributed to an increase in the population's knowledge of HIV/AIDS transmission and prevention.* In 1997, 30.9 percent of women aged 20 to 24 cited condom use as one of the main HIV/AIDS prevention means, while 28.1 percent cited abstinence. In 2002, 38.3 percent cited condom use, and 45 percent cited abstinence (this increase, however, cannot be attributed exclusively to CMS/ADEMAs).

*CMS/ADEMAs successfully promoted the key messages of abstinence and condom use to prevent HIV/AIDS.* Compared to the 1997 *Demographic and Health Surveys*, condom use among men rose from 16.5 to 18 percent; abstinence rose from 1.4 to 3.7 percent; and intention to use condoms among unmarried men rose from 42.8 to 69.5 percent.

## PROMOTING POLICIES THAT EXPAND ACCESS TO CONTRACEPTIVES

### Condoms

In October 2001, a new law was enacted that removed the 18 percent value-added tax (VAT) exemption for condoms, increasing their price. In response, CMS/ADEMAs mobilized USAID, its contacts at the Ministries of Finance and Health, and the Association of French Investors to advocate the re-establishment of the VAT exemption. This advocacy work was effective. One month later, the exemption was reinstated.

### Injectables

Currently, Senegalese women who desire injectables must first visit their doctor to get a prescription, go to the pharmacy to obtain the product, and then return to their doctor for the injection. This burdensome procedure hinders access. ADEMAs and CMS are conducting a study on the complex regulatory framework related to prescribing and promoting hormonal contraceptives. The study examines the feasibility of launching an injectable contraceptive that would be delivered through a "one-stop shop" provider network.

*The launch of Securil, a new, affordable OC sold in pharmacies throughout the country, helped increase contraceptive choice in Senegal.* Securil also increased the number of couple years of protection (CYPs) provided by CMS/ADEMAs. During the first half of 2003, CMS/ADEMAs contributed 21,250 CYPs, a 23 percent increase over the first half of 2002. More than 21,700 cycles of Securil were sold in 2002, and 22,511 were sold during the first half of 2003, making Securil one of the leading OC brands in the commercial market.

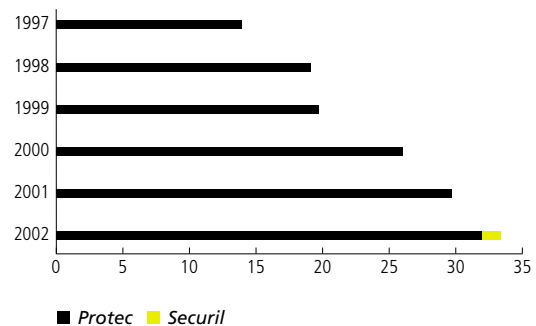
### LESSONS LEARNED

*Even in a country with low HIV/AIDS prevalence, condom sales can increase significantly.* Condom sales have increased since the ADEMAs sales team expanded distribution of condoms beyond pharmacies. Greater access, in addition to various communication and promotional activities, had a positive impact on sales. The question of cost-effectiveness of some of these activities may have to be addressed as the program continues to work toward opening new outlets.

*Pricing and ability to pay are key elements in deciding whether to partner with a pharmaceutical manufacturer in a low-income country.* Manufacturers often are unable or unwilling to sell their products at prices affordable to low-income users. When developing the Securil program, CMS worked with a manufacturer to market an existing commercial brand. The two sides, however, were unable to agree on a price that would satisfy both the manufacturer's commercial interests and CMS's public health objectives. The manufacturer acknowledged that the lowest price they could offer was likely to be beyond what a large number of consumers could pay. Consequently, CMS opted for a subsidized approach and used OCs donated by USAID. This example illustrates that pricing and ability to pay are key determining factors in choosing a social marketing model.

*Continually monitoring the environment for potential obstacles or opportunities and collaborating with influential partners and decision-makers are essential for success in a challenging environment.* This is especially true for conservative countries such as Senegal. In an effort to anticipate and curtail opposition to the launch of a new pill, CMS/ADEMAs vetted all key decisions

Figure 1 ■ ADEMAs/CMS CYPs (in thousands)



CYPs supplied by CMS/ADEMAs have sharply increased since the introduction of Securil in 1999.

with a technical committee that included representatives from the Ministry of Health, as well as pharmacists, physicians, and midwives. The committee agreed to a branded advertising approach — a first in Senegal — that an earlier CMS/ADEMAs study determined to be legal. Despite these proactive efforts to build support, the project experienced a setback when some members of the technical committee reversed their support for branded advertising. The project was forced to suspend its advertising campaign until the Ministry of Health intervened.

CMS/ADEMAs faced another challenge when a new policy to harmonize VAT and customs levels in West Africa waived the existing VAT exemption for condoms in Senegal. Without the VAT exemption, prices for the CMS socially marketed condoms would have increased by 18 percent. Through a quick-response lobbying effort and various contacts with high-level representatives from the Ministries of Finance and Health, the exemption for condoms was reinstated. Although proactive efforts to anticipate problems do not always succeed, continually monitoring the environment and developing close relationships with key stakeholders can help to overcome serious obstacles.

## ADDITIONAL RESOURCES

*Senegal Demographic and Health Survey.* Available at [www.measuredhs.com/countries/country.cfm?ctry\\_id=36](http://www.measuredhs.com/countries/country.cfm?ctry_id=36).

"USAID/Senegal Health and Family Planning Fact Sheet." Available at [www.usaid.gov/regions/afr/sdbriefs/senegal.pdf](http://www.usaid.gov/regions/afr/sdbriefs/senegal.pdf).

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*Cover photo:* CMS/Senegal.

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Commercial Market Strategies (CMS) is a USAID-funded project that aims to increase access to and demand for reproductive health and family planning products and services in developing countries through the private sector.