



## Country Profile

# INDIA

**Partnering with  
the private sector to  
build markets and  
improve health**

### PROGRAM OBJECTIVE

In India, the Commercial Market Strategies (CMS) project works to improve reproductive health and child survival, as well as to increase HIV-prevention behaviors. CMS programs fall under two broad categories: promoting the use of temporary contraceptive methods (pills, injectables, and condoms); and increasing awareness and use of oral rehydration salts. CMS/India implements its programs in partnership with the commercial and private sectors, targeting urban and rural areas in northern India.

Posters from the initial *Goli ke Hamjoli* mass media campaign positioned the pill as a companion and “friend” to urban women aged 18 to 29.



A CMS “promoter” on a detailing visit provides information to a chemist. Over 100 promoters visit doctors and chemists in the project area and answer questions about the new generation of low-dose contraceptives and World Health Organization-approved oral rehydration salts.



*Goli ke Hamjoli* uses this logo as a unifying symbol for all aspects of the campaign. The logo represents all low-dose oral contraceptives, and not a specific brand.

## CONTEXT

India’s population now stands at 1.1 billion. Although awareness of contraception is nearly universal, lack of access to reproductive health services — as well as behavioral and attitudinal barriers — contribute to India’s rapid population growth.

The total fertility rate is 2.85 births per woman, and modern contraceptive use is 43 percent. But in Uttar Pradesh — a key state in north India that contains one-sixth of the country’s population — the total fertility rate is 4 births per woman and modern contraceptive use is much lower, at 22 percent. This regional trend can be seen across a variety of social and health indicators, including maternal and infant mortality. Nationwide, one in eleven children die before they reach age five; in Uttar Pradesh one in eight die before they reach age five. The biggest contributors to child mortality are diarrhea, fever, and acute respiratory infection.

Method mix in India is skewed, with a bias toward female sterilization. Overall, sterilization accounts for three-quarters of total contraceptive use. Current use of temporary and spacing methods — such as oral contraceptives, IUDs, and condoms — remains low, at two to three percent. Injectable use is negligible.

Three-quarters of modern contraceptive users cite a government hospital or other public-sector provider as their contraceptive source; fewer than one in five users cite the private medical sector as their source. Most oral contraceptive and condom users, however, use private-sector sources.

India is a media-rich country. Television has the broadest reach across women, including illiterate women and women living in rural areas, with nearly half watching television at least once a week. In a number of states, however, exposure to family planning messages has remained limited — this is particularly the case in northern states.

Over the past few decades, India’s approach to economic development has encouraged a growing private sector. In the 1990s the

government liberalized foreign investment and import controls, and the national income growth rate has averaged 6.6 percent. The country’s strength in information technology is widely recognized. Nevertheless, a quarter of India’s population remains at the poverty level. The adult literacy rate is 62 percent.

HIV prevalence in India is relatively low, at 0.8 percent. But because of the country’s large population, this rate translates into nearly four million people infected with HIV (the most of any country in the world, according to UNAIDS). To date, the epidemic has been restricted to high-risk groups, but there is increasing concern that it is spreading to the population at large.

## PROGRAM COMPONENTS

Most of CMS’s work in India falls under three projects: the Program for Advancement of Commercial Technology, Child and Reproductive Health (PACT-CRH); the Innovations in Family Planning Services; and a pilot project for injectables.

- **PACT-CRH** — Managed by India’s ICICI Bank as part of its commitment to use the power of the commercial sector to advance national health goals, USAID’s PACT-CRH project aims to improve access to quality reproductive and child health care through the private sector. CMS provides technical and management assistance to PACT-CRH for three social marketing campaigns in urban areas of North India: *Goli ke Hamjoli*, which promotes commercial low-dose oral contraceptives; a campaign designed to increase use of World Health Organization-approved oral rehydration salts; and a dual-protection condom campaign.
- **IFPS** — The Innovations in Family Planning Services Project (IFPS) is a major USAID/Government of India initiative designed to reorient and revitalize family planning services in Uttar Pradesh. Under this project, CMS provides support in private-sector development and social marketing to the State Innovations in Family Planning Services Agency (SIFPSA).

- **Pilot project for injectables** — CMS implements a pilot project to market injectable contraceptives in three cities in Uttar Pradesh.

## GOLI KE HAMJOLI: GROWING THE ORAL CONTRACEPTIVE MARKET

In November 1998, CMS launched *Goli ke Hamjoli* — Hindi for *Friends of the Pill* — a dynamic social marketing campaign designed to increase use of commercially available low-dose oral contraceptives (OCs). *Goli ke Hamjoli* is a generic campaign: it promotes the entire category of low-dose pills, rather than focusing on one specific brand. (This is also known as a “category” campaign.) Program activities focus on urban areas of eight north-Indian states: Madhya Pradesh, Bihar, Rajasthan, Jharkhand, Uttaranchal, Uttar Pradesh, Chattisgarh, and Delhi. These states are home to almost half of India’s population.

*Goli ke Hamjoli* uses an integrated approach — combining advertising, public relations, and large-scale provider training and detailing — to address barriers to OC use and expand the market. The program is based on partnerships with pharmaceutical manufacturers, Wyeth Lederle and Organon, who link their brands to the campaign by “overbranding” their promotional materials with the *Goli ke Hamjoli* logo. As part of the partnership agreement, these firms also intensify the distribution and promotion of their respective brands (OCs are available over-the-counter in India).

The low-dose OC market also includes several subsidized social-marketing brands, including one promoted by the Government of India. Because *Goli ke Hamjoli* promotes the entire category, these lower-priced products also benefit from the campaign. Promoting commercial and social-marketing products improves the availability of a wide range of affordable OC brands — suitable for consumers belonging to almost all socioeconomic groups.

Although awareness of OCs is high in India, use remains low, at 2.1 percent among married women of reproductive age. Pre-campaign focus groups revealed that two primary barriers limit OC use: (1) fear of short-term side effects, such as nausea, weight gain, and dizziness, and (2) concerns about long-term side effects, such as infertility. Even educated, urban women expressed concern — possibly because of the side effects associated with older, higher-dose formulations. Nevertheless, research findings indicated that Indian women want to be able to plan the number and spacing of their children. Research among doctors and chemists also showed high levels of concern about long-term OC use.<sup>1</sup>

Based on these findings, CMS targeted the *Goli ke Hamjoli* campaign to urban women, aged 18 to 29, who intend to use family planning. Secondary audiences include doctors, chemists, opinion leaders, civic groups, and the media. The pill is positioned as a friend to young women and couples, and advertising and public relations messages reassure potential users that side effects are minimal and temporary, while providing detailed information about safety, correct use, and benefits.

Ogilvy and Mather was contracted to develop the advertising, public relations, and other communications components of the campaign. Mass media advertisements address fears and raise awareness about the new generation of low-dose pills. Some feature celebrities talking about how side effects are temporary or how the method is reversible, while others discuss benefits, spacing, joint decision-making, or what to do if one forgets to take a pill. Advertisements are broadcast over major Indian television channels and augmented with billboards and posters. The mass media campaign has been highly successful: 80 percent of women in the target audience are able to recall key messages.

<sup>1</sup> In India, there are very few degreed pharmacists. Pharmacies (that is, stores where one can buy over-the-counter medicine and prescription drugs), are called “chemist shops” and the people who work in them, “chemists.”



A television ad targeting young urban couples. Follow-up research on the first round of *Goli ke Hamjoli* mass media ads revealed that women wanted their husbands to join them in making family-planning decisions.



Focus groups were used at each step to understand needs, fears, and barriers to OC use, identify the target audience, test advertising concepts and prototypes, and monitor the campaign.



Doctors attend a *Goli ke Hamjoli* conference. Public relations activities like conferences and training sessions support the mass media campaign.



An Indian celebrity talks about *Goli ke Hamjoli*. Televised celebrity endorsements address side effects and raise awareness of the ease of use of the new generation of low-dose contraceptive pills.



Cover of the October 2001 Indian issue of *Cosmopolitan*.



The *Cosmo* article highlights the *Goli ke Hamjoli* campaign and outlines the benefits of oral contraceptives.

### PARTNERSHIPS: CONTRIBUTING SOCIALLY AND BENEFITING COMMERCIALY

In a letter to Dr. Rita Leavell, the CMS/India Country Representative, one of the ORS campaign partner manufacturers, Merck, explained how “it was tough fighting to grow the WHO-ORS segment in India” because of “providers’ lack of interest in the category, a very small market, market domination by one single brand, doctors’ preference for other non-essential drugs to treat diarrhea, etc.”

Initially, Merck was skeptical about the CMS campaign but, looking back, they are “extremely satisfied with the outcome . . . *Electrobion* [Merck’s ORS brand] has grown by about 90 percent during the season in 2002, as compared to 2001, in the target states where the campaign is being conducted . . . We are happy that Merck has contributed socially and benefited commercially at the same time.”



Thanks to CMS, Merck’s *Electrobion* sales have grown by 90 percent.

To complement the mass media campaign, public relations and training activities reach consumers, opinion leaders, and providers. For example, CMS enlisted beauticians and trained them to work as peer educators, since beauty shops are popular spots for young women to exchange information. Using this same interpersonal approach, the *Hamjoli Batchet* — “Happy User” — program links interested nonusers to women who use the pill, so that they can discuss experiences and concerns.

*Goli ke Hamjoli* also holds briefings for civic groups such as the Rotary Club and provider groups such as the Indian Medical Association. Similarly, trainings and conferences for physicians help dispel deeply rooted myths about hormonal contraceptives.

Public relations efforts have paid off: To date, over 420 articles on *Goli ke Hamjoli* and OCs have been published in national and northern newspapers and magazines. Almost all of the articles highlight the campaign’s intended messages [see *Cosmopolitan* example, left]. Moreover, *Goli ke Hamjoli* was named the *Healthcare Campaign of the Year* at the 1999 Asian Public Relations Awards and won India’s Abby Award from the Bombay Ad Club for the *Best Social Concern Campaign*.

CMS manages a medical detailing staff of more than 100 promoters who visit doctors and chemists with information about OCs and educate providers about the advantages and differences between the newer generation of low-dose pills and the older, high-dose formulations. Detailers stress benefits and appropriate use. CMS’s detailing activities dovetail with manufacturers’ sales efforts, which increases the equity of their respective brands.

As of September 2003, CMS had trained 34,012 chemists, 28,360 traditional doctors (who practice non-allopathic forms of medicine), and 6,707 beauticians. Fifty-five thousand providers are revisited on a bi-monthly basis with materials and detailing messages, and mailers and technical updates are regularly sent to 27,000 doctors. The

program now has detailing teams in 34 cities, and more than 480 top physicians offer free counseling to women interested in OCs.

*Goli ke Hamjoli* tracking surveys show that pill use is increasing: from 1999 to 2003, pill use increased from 4 to 11 percent among the target audience. Sales of all commercially available brands have increased by 42 percent, and 15 percent more chemists now stock OCs. Surveys also show positive changes in attitude and knowledge among both providers and consumers.

### ORAL REHYDRATION SALTS: AWARENESS & USE

Based on *Goli ke Hamjoli*’s success in growing the oral contraceptive market, CMS was asked to develop a campaign to improve awareness and correct use of World Health Organization-approved oral rehydration salts (ORS) in North India. Diarrhea kills almost 600,000 children under five every year in India — most of these deaths can be prevented with the correct use of ORS.

CMS designed an integrated communications campaign that addresses the two main barriers to effective ORS use: a lack of awareness — by parents *and* physicians — that dehydration from diarrhea can be fatal, and incorrect use. The campaign, launched in April 2002, is a partnership with six Indian ORS manufacturers. It combines mass-media advertising, public relations, community outreach, and provider training and detailing, focusing on urban areas of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Rajasthan, Madhya Pradesh, Chhattisgarh, and Delhi. These states are home to almost half of India’s population. The campaign’s primary audience is urban mothers with children under the age of three; the secondary audience includes providers and key influencers, such as relatives.

Beyond improving awareness and use, the campaign also has a policy component: it aims to get all Indian ORS manufacturers to produce products that conform to the WHO-recommended formulation, which reduces the severity and the length of

diarrhea and vomiting, as well as the need for costly hospitalizations and intravenous fluid treatments.

Partner manufacturers use their field teams to promote WHO ORS to pediatricians, general practitioners, and chemists. In 2003, these teams covered 9,000 providers each, demonstrating correct preparation and distributing generic and branded campaign point-of-sale materials, leaflets, and samples. The manufacturers also produce and distribute generic and brand materials at their own expense — and five out of the six have incorporated the campaign logo on their product packs, making it easier for consumers to identify and purchase a WHO-recommended brand.

CMS/India field teams detail chemists and traditional doctors, demonstrating correct mixing, providing samples (over 100,000 in 2002), and delivering new campaign messages to over 55,000 providers every two months. Through its *Direct Contact Program*, CMS also coordinates community outreach. CMS trained McCann's (a campaign partner, see below) promoters to go door-to-door and visit mothers with children under three. To date, these promoters have visited 77,000 mothers in key cities and delivered campaign messages, demonstrated the correct preparation and use of ORS, and provided samples in case of emergency (over 150,000 samples were distributed in 2003). Another program, *Gift A Life*, encourages traditional doctors to prescribe WHO-ORS brands by providing them with prescription pads.

Other campaign partners include McCann Healthcare, the healthcare communication division of McCann Erickson, who develops and manages the advertising and public relations components (with technical direction from CMS), and the Indian Academy of Pediatrics, who provides medical guidance, endorses advertisements, encourages doctors to prescribe WHO-ORS brands, and participate in outreach activities. For example, academy pediatricians work closely with CMS field teams to set up medical camps and ORS demonstrations in urban slums, as well as to develop skits that illustrate

campaign messages. CMS was also able to convince the Delhi Transport Corporation, a public company, to advertise on about 2000 of its buses. By negotiating similar agreements with local businesses throughout North India — such as asking a bank for its permission to put up campaign posters at all of its ATM machines — CMS engages and leverages the private sector.

Media placements and public relations activities coincide with the diarrhea season (April to September). Messages emphasize the importance of administering ORS as soon as diarrhea begins and again after every stool; correct mixing, frequency, and duration of ORS therapy; the need to stock ORS at home; and the value of WHO-ORS versus other brands and home-made remedies. To date, more than 400 articles repeating intended messages have run in leading Indian newspapers and magazines, and broadcast media have covered events and interviewed key spokespeople. India's most popular soap opera, *Kyunki Saas Bhi Kabhi Bahu Thi*, integrated WHO-ORS messages into one of its episodes, which was viewed by millions in the target audience. The day after the episode aired, a survey of 291 women revealed that 71 percent correctly recalled the campaign messages.

The ORS campaign has increased awareness, use, sales, and availability of ORS in general, and WHO brands in particular. In 2002, mothers reporting use of ORS increased from 26 to 36 percent. And by the end of 2003, half of all mothers surveyed reported using ORS. Increased use has translated into increased sales: in 2002, the first year of the campaign, sales of WHO brands went up by 45 percent and the total market increased by 17 percent. After the 2003 campaign, sales of WHO brands increased by another 20 percent and the total market increased by 9 percent. Share of the WHO-ORS market segment grew to 26 percent, up from 19 percent before the campaign. WHO-recommended brands, only available at 23 percent of pharmacies before the campaign, are now found at 62 percent of target-area pharmacies



WHO-ORS advertisements emphasize proper ORS mixing and administration.



This WHO-ORS poster emphasizes the same message as the mass media advertisement — proper mixing and administration.

FDC, an Indian ORS manufacturer, produced this poster to promote *Punarjal*, its WHO-compliant brand. The poster incorporates the campaign logo.



The ORS campaign logo differentiates WHO-approved brands, positioning them as scientifically proven, doctor-recommended products for treating childhood diarrhea.



## FROM THE FIELD — THE IMPACT OF AN INTEGRATED CAMPAIGN

*Anand Sinha, CMS/India's Director of Research & Strategic Planning, went to Raipur in June 2003 to observe the field work for a tracking study designed to monitor the ORS campaign. This is his story.* Fieldwork was challenging. To avoid the extreme heat most interviews had to be conducted in the early morning or late afternoon. Awareness of ORS and of the adverts appeared to be high and most respondents had good knowledge about mixing and preparation. One interview in particular reflected the cohesiveness of the ORS campaign.

The family lived in a small, two-room house in a line of row houses in the railway colony. The respondent was the wife of a skilled manual worker. We interviewed her as she was preparing lunch. Her mother-in-law was playing with her two-year-old son while watching TV in the front room. Her husband was feigning sleep in the second room.

In May their son had had diarrhea. For two days they treated him with home-made remedies. When they saw that he was not improving they went to see a friend who sometimes practiced as a *hakim* (traditional healer). He advised them to give the child only syrup and some medicines to fight the infection. But the husband recalled seeing a TV advert for ORS. The respondent saw the same advert, but her Hindi was weak (the family spoke Telegu) and she only remembered that WHO-ORS was good for children with diarrhea. So while buying the medicines from the chemist the husband asked about ORS. The chemist advised him to buy WHO-ORS and told him how to prepare it correctly. (We later visited the chemist — he had been trained by a CMS field team.)

The mother felt that ORS was very effective. Her son recovered quickly. When we asked her which brand they had used, she brought out an unopened pack of *Sunitral* and explained that they now kept ORS at home since it could be used any time the child became lethargic or dehydrated, and not just for treatment of diarrhea. As we thanked them for the interview and left the house her husband called us back, gesturing toward the television — the new WHO-ORS advert was showing!

## PRIVATE-SECTOR AND SOCIAL MARKETING SUPPORT FOR SIFPSA

CMS provides technical assistance with private-sector and social marketing initiatives to SIFPSA, the parastatal agency that implements the IFPS project. IFPS, a joint effort of the Indian government and USAID, works in Uttar Pradesh to

- **increase access** to family planning services by strengthening public-and private-sector service delivery and expanding services to the poor through community-based distribution, outreach programs, and social marketing
- **improve the quality** of family planning services by expanding the choice of contraceptive methods, improving the technical competence of personnel, ensuring informed choice through effective counseling, and improving management skills and logistics systems
- **promote** family planning by building support among leadership groups, increasing public understanding, and providing information (or advertising, in the case of social marketing) about contraceptive services and methods

Specifically, CMS helps SIFPSA to develop and monitor social marketing programs for pills, condoms, and other maternal and child health products such as oral rehydration salts, iron folate tablets, and clean delivery kits. Program activities are implemented by local organizations under performance-based contracts — which CMS helps to develop, award, monitor, and evaluate.

For example, in 2000, CMS helped SIFPSA to award a contract to Hindustan Latex Limited for the social marketing of condoms and pills throughout Uttar Pradesh. Before the contract was awarded, CMS helped establish performance targets and evaluate proposals. Then, to guide the program, CMS conducted a survey of rural retail outlets and a willingness-to-pay study for condoms and pills among rural consumers. Within

three years, the program expanded the rural condom market by 80 percent and increased the number of villages in which OCs are available from 18 to 43 percent — an additional 9,000 villages.

SIFPSA and USAID were impressed by the impact of the Hindustan Latex rural marketing contract and SIFPSA has since issued three more contracts. The first is a state-wide contract to market the government's social-marketing brand of condoms and OCs — both products are already showing sales increases. (In fact, Uttar Pradesh is the only state in India with growing rural condom sales.) The other two contracts are regional and promote a basket of family planning and maternal and child-health products.

## EXPANDING CHOICE: INJECTABLE PILOT PROJECT

In March 2003, CMS/India launched an injectable contraceptive pilot project in three Uttar Pradesh cities: Agra, Varanasi, and Kanpur. CMS designed the pilot to test strategies to promote DMPA, a three-month injectable, through private-sector providers. (DMPA, short for depot-medroxyprogesterone acetate, is known commercially as Depo-Provera.) Specific project objectives are to

- **increase awareness**, among women as well as providers and key stakeholders, that injectables are a safe, effective, and reversible contraceptive option
- **improve access** to quality injectables through the private sector

*Context and approach.* At 0.0004 percent, injectable use in India is negligible. Despite this, a 2001 study conducted by CMS among married women of reproductive age in Uttar Pradesh projected that 31 percent — or almost 8.1 million — were likely to use the method. DMPA is particularly suited to the Indian context: it is 99.7 percent effective, reversible, suitable for breastfeeding mothers, and provides an alternative to pills and IUDs. Benefits associated with the method include prevention of iron-deficien-

cy anemia and reduced risk of uterine and ovarian cancers.

However, DMPA can cause changes in menstrual bleeding patterns (irregular bleeding or spotting, prolonged or heavy bleeding, and amenorrhea). And although this side effect is reversible and harmless, it is often cited as a reason for discontinuation. So provider knowledge and service quality are key — providers must understand DMPA's side effects and help users manage them. Efforts to ensure quality, therefore, underscore CMS's approach. The pilot project includes a strong provider training and outreach component, which supports and complements advocacy, advertising, and public relations activities.

**Commercial-and NGO-sector partners.** To implement the injectable pilot, CMS developed a partnership with Pharmacia (now Pfizer), the manufacturer of DMPA, and DKT, an international social-marketing NGO.

Pfizer and CMS agreed to jointly promote use, access, and demand for DMPA, as well as to share the cost of training doctors. Pfizer also agreed to lower the cost of DMPA in the project area.

Under the pilot, DMPA is packaged and sold at two price levels: a lower-cost (socially marketed) product is promoted by DKT, and a fully commercial product is promoted by Pfizer. DKT and Pfizer coordinate the detailing of physicians, with DKT focusing on NGOs that serve lower-income populations. CMS field staff detail chemists.

**Training and quality.** CMS contracted with the Family Planning Association of India (FPAI), which has been providing injectables since 1994, to train doctors and paramedics and address ongoing provider concerns about hormonal contraceptives. Since DMPA is the most widely studied injectable in the world, CMS and FPAI are able to use evidence-based medicine to educate providers about the product's safety. Training sessions use an interactive, dialogue format to provide information about the method, and stress the importance of

- screening and counseling potential clients
- scheduling a return visit to follow up with women who adopt the method
- adhering to safe injection practices

As of August 2003, the FPAI had reached over 500 OB/GYNs and general physicians with the latest WHO-approved technical protocols related to the provision of DMPA. FPAI is also training paramedics on counseling and follow-up skills. By the end of 2003, over 600 paramedics (mostly nurses) will be trained in proper counseling and administration of DMPA. CMS will also detail over 1200 chemist shops to provide information about injectables and encourage stocking of the product.

To ensure quality, CMS conducts mystery client and provider knowledge, attitudes, and practices surveys. All partners — CMS, Pfizer, and DKT — emphasize quality messages during detailing visits. The project also monitors client satisfaction and continuation rates, product availability, and product sales. Based on best practices from the fractional franchise model of service delivery, CMS established a "DIMPA Qualified Clinics" program. (CMS uses the term "DIMPA" because it reads well in Hindi, is easier to say, and is already in common use.) To qualify, providers must sign agreements and follow proper medical protocols for patient screening, counseling, product stocking, injection, and follow up.

**Communications.** Advertising and public relations activities target consumers (women, 20 to 35 years of age, who have at least one child), providers, and key stakeholders, such as opinion leaders and women's groups. CMS develops communications messages with two firms: Ogilvy Health Care, an advertising firm, and the India Public Affairs Network, a leading public relations firm. Examples of tactics include

- creating an advocacy panel to build support among key stakeholders

- placing print and broadcast stories to raise awareness about DMPA and direct women to DIMPA Qualified Clinics for more information and/or services
- developing patient information leaflets and posters, which are disseminated at clinics
- conducting outreach activities, such as user support groups and community meetings where doctors are available to answer questions

Messages highlight the benefits of DMPA and emphasize that the method is safe, effective, and reversible.

## A DUAL-MESSAGE CAMPAIGN FOR CONDOMS

Despite the growing threat of HIV in India, condom market growth has been stagnant for the last two years. CMS/India designed a campaign, which will launch in 2004, to promote condom use across urban areas of North India. The campaign uses a dual-message approach — highlighting pregnancy and STI-prevention benefits — and targets sexually active men aged 20 to 29. These men may be in the early years of marriage and want to space their children, or single, sexually active men who need protection from STIs. A secondary target group will be males aged 30 to 40 who travel and may frequent sex workers while traveling. The campaign will include workplace education programs.

Using the *Goli ke Hamjoli* model, CMS will partner with condom manufacturers to develop a generic condom-promotion campaign. The campaign's objectives are to

- expand the overall private-sector condom market
- increase demand and trial of condoms for reproductive health purposes
- promote positive attitudes and behaviors that will lead to consistent and correct condom use

- increase the value and volume of the urban condom market so that commercial manufacturers will continue to invest in condom promotion

The dual-message campaign will begin with a stakeholder conference to build consensus, followed by research to guide the development of key messages and establish a baseline with which to track program impact. These initial efforts will be followed by mass media advertising, public relations activities targeting providers and vendors, retailer outreach (to reduce feelings of embarrassment about selling condoms), and education programs to familiarize men with condoms and their use.

CMS/India believes that, over a period of over four years, total commercial condom sales in the project area can be increased from 660 to 820 million pieces per year.

## PROGRAM RESULTS

**Pill use increased in the Goli ke Hamjoli target area.** Use of oral contraceptives increased among the target audience — 5.6 million women, aged 18 to 29 years old — from 4 percent in 1999 to 11 percent in 2003. Between 1998 and 2003 total pill sales increased from 8.7 to 12.3 million cycles per year. Since the program began in November 1998, the overall OC market in northern India has grown by 42 percent.

### Improved knowledge about OCs.

The *Goli ke Hamjoli* campaign dispelled deeply rooted myths about OCs. In 1999, only 44 percent of women in the target audience believed that OC side effects were temporary. But in 2002, that figure had increased to 69 percent. Likewise, in the same time period, the percentage of women who believed that pills *do not* cause weight gain increased from 35 to 74 percent and the percentage of women who believed that pills *do not* cause infertility increased from 38 to 81 percent.

**Improved provider knowledge.** Provider knowledge about oral contraceptives has improved in the *Goli ke Hamjoli* target area. Since the start of the project, CMS field staff have trained almost half of all chemists in urban north India. In 2000, 79 percent of chemists knew that OC side effects usually disappear within a few months, versus 54 percent in 1998. And a total of 86 percent said OCs were very effective in preventing pregnancy, versus 79 percent in 1998. Seventy-three percent of chemists knew that OCs can regulate the menstrual cycle, versus 49 percent in 1998. Additionally, the percentage of chemists who knew that OCs lessen the risk of some cancers increased from 16 percent to 54 percent.

**Increased access to condoms and pills.** CMS was successful in assisting SIFPSA to increase access to condoms and OCs in rural areas of Uttar Pradesh. A performance-based sub-contract with Hindustan Latex Limited expanded the rural condom market by 108 percent — from 52 to 110 million condoms sold annually — and more than doubled the

Figure 1 ■ ORS sales in north India

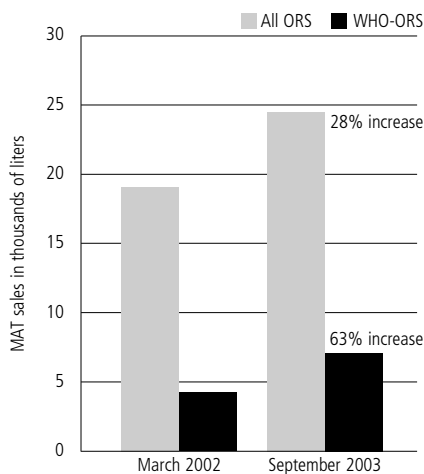
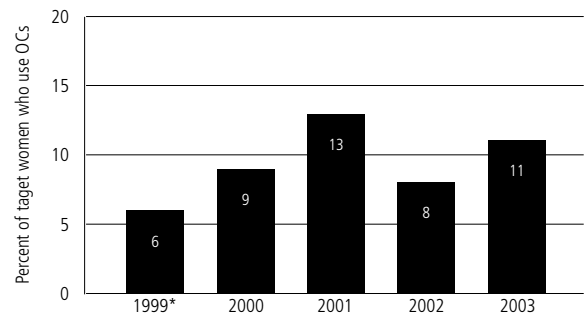


Figure 2 ■ Increase in OC prevalence among target group



\* This figure (6%) is from a CMS tracking study conducted nine months after the first campaign. Use among the target audience before the first campaign was 4 percent, as indicated in the text.



number of villages in which condoms are available — from 12,000 to 26,000 villages. The percentage of small villages in which both condoms and OCs are available increased from 18.5 to 48 percent.

**Increased acceptance of WHO-ORS.** From 2001 to 2002, the percent of chemists in urban North India stocking WHO-approved ORS brands increased from 23 to 55 percent. Similarly, the percent of target mothers reporting use of ORS increased from 26 to 50 percent. Since March 2002, WHO-ORS sales increased by 63 percent in the campaign area and the total ORS market grew 28 percent. Non-project states exposed to CMS-sponsored media also saw sales increases — WHO-ORS sales grew by 26 percent and the total ORS market grew by 21 percent (in the same time frame).

## LESSONS LEARNED

**Generic campaigns are effective.** An integrated generic, or “category,” marketing campaign can expand use of a health or family planning product. It can also increase the volume and the value of the private-sector market for the product. In India, the *Goli ke Hamjoli* and WHO-ORS campaigns succeeded in increasing product awareness, availability, sales, and, most importantly, use. At the same time, CMS’s generic marketing strategy increased private-sector investment and the value of the market, while stimulating market growth.

**The generic approach is adaptable to other health products.** The generic approach — typically used for marketing contraceptives — can be adapted to other health products, such as oral rehydration salts. CMS successfully adapted its OC approach to promote the use of WHO-approved ORS. This has resulted in several positive changes in the ORS industry: Manufacturers have expanded the distribution and detailing of their products, new WHO-formula brands have appeared on the market, and product availability and sales have increased.

**More attention must be paid to market segmentation.** Generic campaigns must consider all products available in a particular category. If the market includes subsidized social-marketing brands, then efforts should be made to segment the market and target products accordingly. For example, there are 10 social-marketing brands on the Indian OC market, including *Mala D*, the Government of India’s brand. As the OC market grows, market segmentation will play an increasingly important role in ensuring that subsidized brands are targeted to lower-socioeconomic consumers and that commercial brands are targeted to higher-socioeconomic consumers.

**An integrated, holistic approach is critical to program success.** A generic campaign must go beyond communications (i.e., mass media advertising and public relations). It must also include networking with media and private-sector leaders; detailing of the category and specific brands to providers (doctors, chemists); advocacy to encourage policy change; coordination with partner pharmaceutical firms; affiliation with professional associations; expansion of market channels; and consumer outreach. Initially, the program should use mass media vehicles to improve product awareness and contemplation. But, as the program develops, its emphasis should shift to encouraging product trial, and use interpersonal approaches to reach out to potential consumers. An integral part of this strategy is to address the environment in which trial and adoption take place, and then to effect changes that will make the environment more conducive to private-sector participation.

**Public relations and advocacy are key.** Public relations, advocacy among professional associations and civic leaders, and networking with the media and other private-sector agencies are essential to improving the environment in which products are marketed, obtaining private-sector leverage, and ensuring future investment.

**Pharmaceutical firms can be encouraged to invest in family planning products.** With encouragement from CMS, commercial manufacturers invested in the OC market and expanded their marketing repertoire. In response to the success of the *Goli ke Hamjoli* campaign — which grew the hormonal contraceptive market — partner firms launched new brands and products (a progestin-only pill, for example), re-organized their detailing teams, paid CMS to conduct training sessions on evidence-based medical detailing, and produced point-of-sale materials for chemist shops and doctors. Pharmaceutical firms, however, will still not advertise widely to consumers because

- despite price increases, profits are not large enough to cover expensive mass media advertising costs
- they still see doctors as their target audience
- they do not have the marketing expertise to effectively reach consumers

**Performance-based targets can improve social marketing results.** By setting performance objectives and then using independent surveys to monitor results — versus relying on internal sales reports — donors can help to focus marketing efforts on priority products, regions, or populations. The use of performance-based contracts with social marketing organizations has increased the use of condoms and OCs in rural Uttar Pradesh, and has also increased availability in rural outlets. In fact, Uttar Pradesh is the only state with increasing rural condom sales.

**Market research is essential.** Continuous market research is essential to track the effectiveness of a mass media campaign as well as training and outreach efforts. Research findings are key when tracking progress, determining the effectiveness of communications messages, and evaluating

the impact of innovative ideas (to see if they are worth scaling up). In the case of India, program monitoring and evaluation were used to make an important correction in the communications strategy — *Goli ke Hamjoli* advertisements were modified to include images of young couples, rather than just women, when follow-on research found that wives wanted to make family planning decisions with their husbands. To be effective, however, research data must be processed in a timely fashion. So commercial market research firms are preferred over university, government, and other groups.

*Converting intenders to users is easier than changing fundamental attitudes and beliefs.*

In the first three years of the *Goli ke Hamjoli* campaign there was a significant and steady rise in OC prevalence among women in the target group, while intention to use declined. This suggests that the campaign quickly converted family-planning intenders to users — but it did not replace the intenders. In the fourth year, OC prevalence fell, which again suggests that there were no new family-planning intenders. Creating new intenders entails changing fundamental attitudes and beliefs — a much more challenging task. Continued emphasis on attitude and behavior change, however, paid off in the fifth and final year. The 2003 tracking survey showed a rebound in both OC use and intention to use. Not only were there continuing users, but new users were now coming from younger age groups as well as from women with no children. True behavior change requires patience and the slow evolution of environmental support.



COMMERCIAL MARKET STRATEGIES  
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