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ASSESSMENT OF COMMERCIAL PARTNERSHIP OPPORTUNITIES IN RUSSIA

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PSP-*One*
PRIVATE SECTOR PARTNERSHIPS FOR BETTER HEALTH

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ASSESSMENT OF COMMERCIAL PARTNERSHIP OPPORTUNITIES IN RUSSIA

CONTENTS

ACRONYMS

BCC	Behavior Change Communication
CPR	Contraceptive Prevalence Rate
DMPA	Depot Medroxyprogesterone Acetate
DTC	Direct-to-Consumer
FP	Family Planning
JSI	John Snow Incorporated
HRF	Healthy Russia Foundation
HR 2020	Healthy Russia 2020 Project
IFH	Institute for Family Health
IPC/C	Interpersonal Communication/Counseling
JHU/CCP	Johns Hopkins University/Center for Communication Programs
MCH	Maternal and Child Health
MCHI	Maternal and Child Health Initiative
OCs	Oral Contraceptives
PP	Postpartum
PA	Post Abortion
PSI	Population Services International
PSP-*One*	Private Sector Partnerships-*One* Project
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
R&D	Research and Development
STI	Sexually Transmitted Infection
TOT	Training of trainers
USAID	United States Agency for International Development
WIN	Women and Infant Health Project
WRHP	Women's Reproductive Health Program

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EXECUTIVE SUMMARY

Contraceptive use in Russia is relatively recent and despite a rapid decline in recent years, abortion is still a preferred family planning method. Among modern methods, intra-uterine devices (IUDs) are the most widely used, followed by condoms. Hormonal contraceptives have not reached full acceptance in Russia, although the sales of these products have reportedly increased by 160% since 2002.

USAID/Russia has been implementing reproductive health and family planning (RH/FP) projects in close collaboration with Russia's Ministry of Health since the mid 1990s. The agency supported the Women's Reproductive Health Program (WRHP), the Women and Infant Health (WIN) project, and is currently supporting the Maternal and Child Health Initiative (MCHI), and Healthy Russia 2020 (HR 2020). These projects focus on large-scale training of providers in several health areas, including RH/FP.

Concurrently with public and donor-funded efforts, a healthy market for contraceptive products has been developing in the private sector since the 1990s. Distributors have been importing contraceptive products in response to growing consumer demand, and manufacturers have invested in a wide range of provider and consumer-directed marketing activities.

Although contraceptives are overwhelmingly provided through private distribution networks in Russia, there have been limited attempts at collaboration between RH/FP programs and the private sector. As a precursor to possible collaborative activities, USAID/Russia requested an assessment of the availability and quality of modern contraceptives as well as recommendations on expanding the method mix among the general population. The PSP-*One* assessment team approached this assessment as a multi-sector analysis and sought to identify common ground between public health goals and private sector interests.

PRIVATE SECTOR CONTRACEPTIVE SUPPLY

Russia's pharmaceutical industry is one of the largest and fastest growing in the world. The Soviet-style centralized drug distribution system has been replaced by a free-market model where supply is primarily determined by consumer demand, and heavily influenced by the marketing choices of pharmaceutical companies. Manufacturers typically influence demand through provider-directed activities, such as conferences, continuing education, "detailing", and training.

Russia has a highly effective, fairly concentrated distribution network. In contrast with manufacturers, distributors generally focus on maximizing volume sales and "moving" products. Marketing efforts by distributors are usually limited to short-term discounts and other promotional schemes directed at their clients (pharmacies).

The hormonal contraceptive market is comparatively small, but is growing at an impressive pace. Hormonal contraceptives are almost exclusively supplied by three foreign manufacturers with representative offices in Russia: Schering AG (Germany), Gedeon Richter (Hungary), and Organon (Netherlands). Other manufacturers selling hormonal contraceptives in Russia include Pfizer (the maker of *Depo Provera*) and Janssen Cilag, which markets the contraceptive patch *Evra*.

The Russian contraceptive market is increasingly becoming a "pill" market, with 26 brands of oral contraceptives (OCs) currently sold in pharmacies. These products appear to be easily available over

the counter, as well as through different websites operated by pharmacy chains. Commercial sales data indicate that the fastest-growing brands are third generation OCs, which are the most expensive, though older and more affordable formulations are still in high demand.

Other contraceptive methods include the contraceptive patch *Evra*, which is still a marginal method, *Depo-Provera, and the* hormone-releasing vaginal ring. *Norplant* is not registered and therefore no longer available in Russia. A good range of IUDs is available at different prices on the Russian market, including copper-bearing devices produced by Schering, Organon and Finishing Enterprises, and at least five different types of Russian-made IUDs.

The marketing efforts of contraceptive manufacturers are directed at two target audiences: service providers and potential users. Schering and Organon invest heavily in direct-to-consumer (DTC) communication through mass media campaigns, websites and product hotlines. Gedeon Richter tends to invest in low-cost continuing education programs and technical material for doctors, often in cooperation with public sector and donor-funded programs. In the current pro-natalist political climate, manufacturers have learned to rethink the way they market contraceptives, positioning them as a healthier alternative to abortion with proven non-contraceptive benefits.

USAID-FUNDED PROJECTS

The PSP-*One* assessment team met with the staffs of two USAID-funded projects for the purpose of sharing insights into the contraceptive market, assessing efforts to increase demand for modern methods, and documenting past and current linkages with pharmaceutical companies.

The MCHI project, implemented by John Snow Inc (JSI), aims to strengthen provider skills and technical capacity, and improve MCH standards and practices at targeted health facilities in 16 regions. A recent evaluation of the project found that MCHI is doing much to strengthen provider skills needed to increase contraceptive prevalence. Nevertheless, the PSP-One assessment team believes that more work of this nature is required to supplement provider knowledge of hormonal methods.

The HR 2020 Project, awarded in 2002 to the Johns Hopkins University/Center for Communication Programs (JHU/CCP), is carrying out a broad-based program of health education, communication and mobilization in several health areas. Among those programs most likely to influence contraceptive behavior is the "Couple's Campaign". Mid-term evaluation data suggest that this campaign was effective at communicating messages about RH/FP to target audiences.

Both MCHI and HR 2020 have attempted to reach out to pharmaceuticals by proposing joint activities with mixed results. The MCHI project has used material paid for by Gedeon Richter in trainings, events, and presentations and during doctors' visits. HR 2020 is currently forging linkages between pharmaceutical companies, federal and regional authorities toward collaboration around a Youth-Center Model. Possible barriers to collaboration cited by project staff ranged from differences in vision and priorities to fears of a political backlash.

FINDING COMMON GROUND

The investment choices made by pharmaceutical companies are guided by profitability and growth potential. High-margin products in high demand receive the most attention. Beyond market considerations, companies may also decide that contraceptives are not a profitable or timely investment area and choose not to register or promote the brands they own.

Influencing corporate strategies in a market the size of Russia would require considerable investments in targeted demand-creation strategies. Moreover, the strategies implemented by the leading contraceptive manufacturers appear to be working very well for them. Expensive, patented new brands are growing fast and providing the most revenue for the manufacturers, which is their primary goal.

PSP-*One* recommends that USAID seek common ground with pharmaceutical companies by focusing on hormonal methods. This strategy satisfies both public health and corporate objectives by encompassing both low-cost and high margin products, and by allowing all suppliers to benefit from market growth. There is also widespread consensus (both in the public and private sector) that persistent misconceptions about hormonal methods are a key obstacle to increases in contraceptive prevalence. Generic efforts to promote hormonal contraception are likely to strengthen current RH/FP programs, while going above and beyond what pharmaceutical companies are currently doing.

In the absence of substantial new funding, a partnership initiative should focus on leveraging current USAID-funded efforts. Established programs within the public sector can help increase opportunities for the private sector to promote hormonal methods in clinical settings and reach consumers through providers. In return, pharmaceutical representatives might increase efforts to promote the benefits of these methods in trainings, conferences, roundtable discussions, etc.

PROPOSED STRATEGY

The PSP-*One* assessment team recommends basing a public/private partnership on the following key priorities:

Repositioning hormonal contraception. A repositioning strategy implies communicating with potential users about the safety, efficacy, and health benefits of hormonal methods. This might be done through a generic DTC campaign, if collaboration and cost sharing can be achieved with pharmaceutical companies. Repositioning efforts might also focus on addressing provider bias by disseminating evidence-based information on hormonal formulations sold on the Russian market. In particular, it is important to communicate to doctors that expensive new OCs are not "better" or "safer" than older formulations containing 50mcg Ethinyl estradiol and/or second-generation progestins such as levonorgestrel.

Developing a mechanism for collaboration. The PSP-*One* team proposes the formation of a public/private Advisory Group that will meet several times a year to share research findings, develop common projects, and report on progress. Depending on available resources, the Advisory Group may help develop and approve demand creation initiatives such as a DTC communication campaign. The Advisory Group will also be charged with accessing the scientific evidence on hormonal contraception and identifying appropriate dissemination channels.

Establishing regional linkages. The magnitude of the Russian market and the high costs associated with consumer advertising call for a regional approach. The synergies obtained through sustained coordination between pharmaceutical representatives, health authorities, and USAID project staff can substantially increase demand for contraceptives and increase supply at local pharmacies. Therefore, every effort should be made to link regional RH/FP projects with local representatives of pharmaceutical companies.

Monitoring product access. Manufacturers as a rule are confident that the distribution system in Russia can efficiently respond to consumer demand, and that average users can afford their products. Exceptional supply-driven strategies at the national level are beyond the control or resources of a

USAID-supported program. This does not preclude however, monitoring of product availability at the regional level, or negotiating discount programs for local health facilities. In a fast-growing, innovation-driven market context, such targeted and time-defined price reductions make more sense to manufacturers than permanent price cuts.

Evaluating progress. Population-based research may prove prohibitively costly for the project, but proxy indicators such as provider attitudes, commercial sales of hormonal methods, and product availability can be used to monitor the effectiveness of partnership activities. Changes in provider attitudes can be measured with a survey, product availability by purchasing regional retail audits, and commercial sales of through reports by pharmaceutical companies, or by purchasing data from a local research firm.

1. BACKGROUND

1.1 FAMILY PLANNING IN RUSSIA

Contraceptive use in Russia is relatively recent. Under the Soviet Union, condoms were both in low demand and hard to find, while Hungarian and East German contraceptive pills tended to be used ineffectively as emergency contraception (Ismailov 2003). IUDs enjoyed relative acceptance, but abortion remained a preferred means of birth control until the 1990s.

In 2005, the Population reference Bureau estimated contraceptive prevalence (CPR) in the Russian Federation at 67% for all methods, and 49% for modern methods[1]. According to surveys conducted by the Centers for Disease Control (CDC) and ORC Macro in three urban Russian sites in 1996 and 1999, the contraceptive prevalence rate in select urban Russian sites was 73%, with 53% of respondents using a modern method. The IUD was the most popular method, followed by condoms. Hormonal methods are not yet widely accepted in Russia, as evidenced by the low CPR for this method (8%).

Relying on10-year old demographic data, however, underestimates recent gains in hormonal contraceptive use, which are more appropriately reflected in commercial sales. According to the research company IMS Health, the sales of hormonal contraceptives have increased by 160% (in cycle units) and have more than tripled in value ($ sales) since 2002 (IMS 2002, 2006).

TABLE 2. PERCENTAGE DISTRIBUTION OF CURRENT CONTRACEPTIVE METHODS AMONG WOMEN IN RUSSIA[2]

Current contraceptive method	*(%)users*
Using any method	*73*
Using a modern method	*53*
IUD	*25*
Condoms	*16*
Oral contraceptives	*8*
Female sterilization	*2*
Spermicide	*3*
Using a traditional method	*20*
Withdrawal	*8*
Periodic abstinence	*12*
Using no method	*27*
Total	100.0

Although more women use modern contraceptives today than a decade ago, relatively few use hormonal methods. These methods are still associated with numerous side effects (Remennick 1993)

[1] Source: Population Reference Bureau – 2005 World Population Data Sheet and 2005 Women of our World Data Sheet
[2] Source: H. Goldberg and F.Serbanescu, 2001. Relationships Between Abortion and Contraception in Republics of the Former Soviet Union, Division of Reproductive Health, CDC. Prepared for the XXIV General Conference of the International Union for the Scientific Study of the Population, Salvador, Brazil, 18-24 August, 2001. (Data used from the surveys conducted by CDC and ORC Macro in three urban Russian sites (Yekaterimburg, Ivanovo, and Perm) in 1996 and 1999)

even though these side effects are less likely to occur with today's low-dose formulations. In addition, there is a rather strong belief among physicians that women prefer to have abortions than use a FP method (Visser AP 1993). By all available accounts, a large proportion of doctors fail to provide patients with information on modern contraceptives because they have limited access to method-specific material or lack patient management skills.

Several donor-funded and government initiatives have attempted to address physician attitudes and behaviors. USAID/Russia has been implementing RH/FP projects in close collaboration with Russia's Ministry of Health since the mid 1990s. The agency initiated and supported the WRHP Program from 1994 to 1999, and its follow-on, the WIN project, until 2002. USAID/Russia currently supports the MCHI project, a successor of the WIN project, HR 2020, and a joint project with UNICEF to strengthen youth-friendly RH/FP services. These initiatives focus on large-scale training of providers in the areas of maternal and child health, counseling, and provider/patient communication skills. One project, Healthy Russia 2020, also encourages couples to seek RH/FP counseling through a mass media campaign, the "Couples Campaign".

Concurrently with public and donor-funded efforts, a healthy market for contraceptive products has been developing in the private sector since the 1990s. Distributors have been mostly importing contraceptive products in response to growing consumer demand, but manufacturers are now investing in medical representatives, provider trainings, and DTC communication campaigns. In 1993, for example, the Dutch company Organon founded the Information Center on Human Reproduction to train doctors on contraceptive gynecology.

In recent years, however, RH/FP programs have become the target of conservative groups opposed to abortion and family planning. Articles and television programs denouncing attempts to depopulate Russia, together with political pressure, resulted in the halting of federally supported family planning programs. Global pharmaceutical companies have also found themselves under attack and have scaled down their collaboration with public health and school education programs, directing their efforts to doctors and consumers (Ismailov 2003).

1.2 PSP-*ONE* SCOPE OF WORK AND METHODOLOGY

Although contraceptives are overwhelmingly provided through private distribution networks in Russia, there have been limited attempts at collaboration between RH/FP programs and the private sector. For example, Population Services International (PSI) implemented a USAID-funded social marketing project in Yekaterimburg in partnership with three pharmaceutical manufacturers in the late 1990s. This project included the creation of a contraceptive information hotline that is still privately funded today.

USAID/Russia is expressing renewed interest in expanding the use of contraceptives and improving the current method mix through social marketing and public/private partnerships. As a precursor to possible collaborative activities, USAID/Russia requested an assessment of the availability and quality of modern contraceptives as well as recommendations on expanding the method mix among the general population. USAID/Russia also expressed interest in identifying barriers to market entry and expansion for underutilized methods such as injectables and implants.

The PSP-*One* assessment team approached this assessment as a multi-sector analysis and sought to identify common ground between public health goals and private sector interests. In order to obtain a comprehensive picture of current efforts to promote modern contraceptive methods, the team met with at least 25 key informants during nine days from October 9th to 19th. Persons interviewed included representatives of pharmaceutical companies, non-profit Russian foundations, cooperating agencies

funded by USAID and the United Nations, as well as Russian national and regional level public health bodies. The team also conducted extensive internet-based research on product availability, consumer and provider attitudes, and marketing activities by pharmaceutical companies in Russia.

One team member attended a 2-day Conference organized by Healthy Russia 2020 in Vologda from October 13th-14th. This assessment drew from the presentations given by 25 presenters from 10 regions and interviews with several providers from 5 regions. In addition, PowerPoint presentations and mid-term reports from the campaign "Listen to Each Other" (a.k.a. "Couples Campaign") were used to assess potential impact on the demand for RH/FP services.

2. PRIVATE SECTOR CONTRACEPTIVE SUPPLY

2.1 THE RUSSIAN PHARMACEUTICAL MARKET

Russia's pharmaceutical industry is one of the largest and fastest growing in the world. In 1993, the Soviet-style centralized drug distribution system was transformed into a free-market model where supply is primarily determined by consumer demand and heavily influenced by the marketing choices of pharmaceutical companies. The following market information was obtained from publicly available reports by the DSM Group, a research firm specializing in the pharmaceutical industry (DSM 2005).

The Russian market ranks 12th worldwide, before Australia, with a $7.2 billion wholesale turnover in 2005, or a 35% increase over 2004. The proportion of imported drugs is high (around 69% of $ value) though domestically produced drugs (mostly generics) account for more than 65% in volume. Pharmacy market growth in Russia has been directly influenced by the federal Beneficiary Drug Program, which covers the cost of prescription drugs sold by pharmacies to select population groups. Best selling drugs include alimentary tract and metabolism treatments, followed by cardiovascular, respiratory, and nervous system drugs. Systemic hormonal preparations, which include gynecological and contraceptive products, represent only about 1.1% of the market in monetary value.

Russia has a highly effective, fairly concentrated distribution network. Local distributors account for 53.7% of all imported drugs, with two companies (Protek and SIA international) holding a 50% market share. Many foreign companies also have a local presence and handle the importation and distribution of their own products. Sales realized by foreign representative offices represent 34% of the market in value. Both manufacturers and distributors purchase retail audits from research companies in order to monitor the availability of key products in pharmacies. The DSM Group for example conducts monthly audits of more than 3,000 pharmacies in 13 regions of Russia.

At the retail level, pharmacy networks have been actively expanding. Six major networks opened new retail outlets in 2005. Although most openings occurred in Moscow and St. Petersburg, major chains have begun to absorb smaller chains in other cities, notably Samara, Novosibirsk and Yekaterinburg. The concentration of distribution generally suggests growing pressure on wholesale price and more streamlined purchasing and shipping systems.

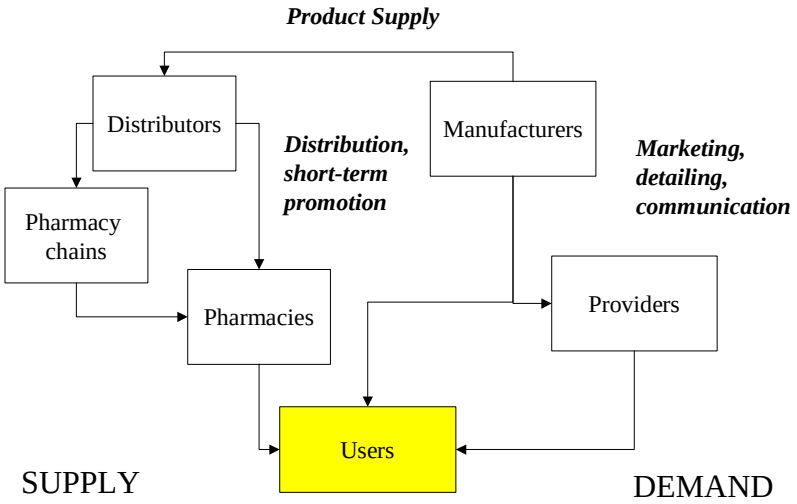
2.2 SUPPLY AND DEMAND

Product supply in Russia is essentially driven by demand, which is heavily influenced by marketing decisions and investments made by pharmaceutical companies and their distributing partners. Investment in "demand creation" is mostly done by foreign Research and Development (R&D) manufacturers, such as Pfizer International, Novartis, and Sanofi-Aventis. As a result, the brands imported by foreign representative offices receive the most marketing and promotional support.

Manufacturers typically influence demand through provider-directed activities, such as conferences, continuing education, and training. Another widely used approach is "detailing", whereby company staff with a medical background visit health providers on a regular basis. Detailing involves very limited general training and focuses on sharing technical information about the company's newest brands. Detailers also play an important role in helping prescribing doctors manage patients who use the company's brands.

In contrast with manufacturers, distributors generally focus on maximizing volume sales and "moving" products. Distributors make money by ensuring adequate supply of products, especially those in highest demand. Marketing efforts by distributors are usually limited to short-term discounts and other promotional schemes directed at their clients (pharmacies). Some distributors have marketing departments that develop more elaborate programs (including detailing and consumer advertising) for select brands that they sell in exclusivity.

FIGURE 1: SUPPLY AND INVESTMENT FLOWS IN THE PRIVATE SECTOR



2.3 THE CONTRACEPTIVE MARKET

Recent information on the contraceptive market is available from local market research firms such as the DSM Group, though it is usually costly. Pharmaceutical manufacturers routinely buy research data from research firms and also conduct their own studies, typically focusing on users of their own brands and those of their competitors. Data obtained from the market research firm IMS Health (IMS 2002, 2006) suggests that the contraceptive market has begun an impressive growth in the hormonal category. Sales of condoms and IUDs are not tracked by IMS and therefore could not be obtained for this assessment.

Contraceptive products do not all share the same consumer demand, distribution and investment patterns. Condoms can be sold through a wider variety of outlets than ethical drugs, and they can be purchased without a prescription. Condom brands can also be legally advertised to consumers, which is not allowed for hormonal contraceptives. IUDs are considered slow-moving, professional products and are usually sold in the medical device section of the pharmacy. They are usually not actively marketed

because they carry low margins and are often supplied by generic manufacturers that do not invest in marketing. One notable exception is *Mirena*, a hormone-releasing IUD that is heavily promoted by Schering.

The hormonal contraceptive market is comparatively small - about US$ 46 million, or 0.6% of the overall pharmaceutical market in wholesale value - but is growing at an impressive pace (+170% since 2002 in volume sales). Hormonal contraceptives are almost exclusively supplied by three foreign manufacturers with representative offices in Russia: Schering AG (Germany), Gedeon Richter (Hungary), and Organon (Netherlands).

Schering AG is one of the fastest growing companies in Russia with a reported 35% increase in sales between 2004 and 2005. According to the company's representative, a large portion of this growth was realized through contraceptive sales. In contrast, contraceptives are a smaller business for Gedeon Richter (the 5th largest manufacturer in Russia), which produces a wide range of generic drugs. Organon is a smaller manufacturer with a large contraceptive business, which appears to be focusing the bulk of its investment on *NuvaRing*, a hormone-releasing vaginal ring.

Other manufacturers selling hormonal contraceptives in Russia include Pfizer (the maker of *Depo Provera*) and Janssen Cilag, which market the contraceptive patch *Evra*. These two companies are no longer investing in contraceptives, though a lack of investment doesn't imply that they intend to remove them from the market. Every major pharmaceutical company maintains products in its portfolio that are not promoted but merely supplied to pharmacies on demand.

2.4 CONTRACEPTIVE PRODUCTS

2.4.1 HORMONAL CONTRACEPTIVES

The Russian contraceptive market is increasingly becoming a "pill" market, with 26 brands currently sold in pharmacies. These products are apparently easily available over the counter (a representative of Organon estimated that approximately 70% of OC sales are made over-the-counter), as well as through different website operated by pharmacy chains. OCs sold in Russia belong to the following categories:

Monophasic combined pills, which provide a fixed combination of ethinylestradiol (an estrogen) in doses of 20-50 mcg and a type of progestin. High-dose combined pills (containing 50 mcg or more of estrogen) are still available in Russia under the *Ovidon* and *Non Ovlon* brand names but are no longer recommended for regular contraception. The most-commonly found OC formulation worldwide is ethinylestradiol 30mg/llevonorgestrel 0.15mg, which is recognized as safe and effective by the international medical community (IPPF 2002). In Russia, two brands are based on this formulation: Schering's *Microgynon* and Gideon Richter's *Rigevidon*, which is the lowest priced brand on the market (as low as RUB 33 per cycle).

Monophasic pills containing newer progestins (such as gestodene and desogestrel), known as "third generation" OCs and more recent formulations with the progestins drospirenone and dienogest. These products, sold under the brand names *Logest, Yarina* and Jeanine are much more expensive than older formulations. Despite their high prices, these newer formulations are very popular in all developed markets and receive the most marketing support from pharmaceutical companies.

Multiphasic (Biphasic and triphasic) pills, which provide different doses of progestin and estrogen throughout the cycle. Such formulations have a low hormonal dosage and, according to manufacturers, provide a close match for the body's natural menstrual cycle. These OC formulations are especially popular in developed markets (USA, Canada, EU) and are actively marketed by pharmaceutical companies. *Tri-Regol*, made by Gedeon Richter, is the most popular multiphasic brand, with 1.7 million cycles sold in 2005.

Progestin-only pills (POP), which contain a low, uninterrupted daily dose of a progestin and no estrogen. These OCs are recommended for women who are breastfeeding or cannot take combined pills. There are three brands of POP on the market, *Exluton, Microlut,* and *Cerazette*. These brands retail between RUB 200-300.

Emergency Contraceptive Pills (ECP), available under the brand names *Postinor* and *Escapelle.* Both are made by Gedeon Richter. Nearly 5 million units of *Postinor* were sold in 2005, or more than twice the number of cycles of *Rigevidon*, the best-selling oral contraceptive on the market. Retail prices for ECPs range between RUB 150-265.

Commercial sales data (see Table 2) indicate that the fastest growing brands are third generation OCs such as *Yarina, Novynette*, and *Lyndinette*, which are the most expensive. Popular brands such as *Marvelon, Logest, Regulon*, and *Tri-Regol* are still market leaders, though users are increasingly adopting newer formulations. At the other end of the price spectrum are older formulations of OCs, such as *Rigevidon* and *Microgynon*, which are continuing to grow (13% and 8% respectively in 2005). The dominance of emergency contraception appears to be declining. Although *Postinor* sales are stable at 5 million units sold in 2005, the brand's relative share of the volume market fell from 32% in 2004, to 12.5% in the same year.

TABLE 2. BRANDS OF ORAL CONTRACEPTIVES SOLD IN RUSSIA

Monophasic	Formulation	Manufacturer	Price range per cycle (RUB)	2005 sales (cycles)
Rigevidon	Levonorgestrel 0.15 mg + EE[3] 30 mcg	Gedeon Richter	33-55	2,073,000
Regulon	Desogestrel 0.15 mg + EE 30 mcg	Gedeon Richter	107-137	1,639,000
Novynette	Desogestrel 0.15 mg + EE20 mcg	Gedeon Richter	128-146	1,616,000
Logest	Gestodene 0.075 mg + EE 20 mcg	Schering	275-352	885,000
Marvelon	Desogestrel 0.15 mg + EE 30 mcg	Organon	249-321	588,000
Mercilon	Desogestrel 0.15 mg + EE 20 mcg	Organon	291-370	559,000
Jeanine	Dienogest 2 mg + EE 30 mcg	Schering	389-450	495,000
Microgynon	Levonorgestrel 0.15 mg + EE 30 mcg	Schering	146-200	384,000
Yarina	Drospirenone 3 mg + EE 30 mcg	Schering	445-598	328,000
Lindynette 20	Gestodene 0.075 mg + EE 20 mcg	Gedeon Richter	N/A	315,000
Femoden	Gestodene 0.075 mg + EE 30 mcg	Schering	316-374	144,000
Ovidon	Levonorgestrel 0.25 mg + EE 50 mcg	Gedeon Richter	N/A	130,000
Cilest	Norgestimate 0.25 mg + EE 35 mcg	Janssen Cilag	215-230	104,000
Non-Ovlon	Norethisterone acetate 1mg + EE 50 mcg	Gedeon Richter	N/A	63,000
Minisiston	Levonorgestrel 0.125 mg + EE 30 mcg	Gedeon Richter	N/A	51,000
Belara	Chlormadinone acetate+ EE 30mcg	Grunenthal	N/A	21,000
Diane 35[4]	Cyproterone acetate 2 mg + EE 35 mcg	Schering	365-390	N/A

[3] EE: Ethinyl Estradiol
[4] Not reported by IMS Health

Multiphasic				
Tri-Regol	Levonorgestrel 50/75/125 mcg + EE 30/40/30 mcg	Gedeon Richter	58	1,719,000
Tri-Merci	Desogestrel 50/100/150 mcg + EE 35/30/30 mcg	Organon	N/A	369,000
Triquilar	Levonorgestrel 50/75/25mcg + EE 30/40/30mcg	Schering	192	235,000
Trisiston	Levonorgestrel 50/75/125 mcg + EE 30/40/30 mcg	Jenapharm	145	128,000
Progestin-only				
Exluton	Lynestrenol 0.5 mg	Organon	403	117,000
Microlut	Levonorgestrel 0.03 mg	Schering	185-250	33,000
Cerazette[5]	Desogestrel 0.075 mg	Organon	445	N/A
Emergency Contraception				
Postinor	Levonorgestrel 0,75 mg	Gedeon Richter	150-185	4,676,000
Escapelle	Levonorgestrel 1.5mg	Gedeon Richter	194-265	36,000

Other hormonal contraceptives include the contraceptive patch *Evra*, which is still a marginal method with about 50,000 units sold in the first half of 2006. Janssen Cilag briefly considered creating a women's health franchise with this brand, supporting a consumer information hotline and detailing efforts in 2004-2005. Although the brand sold well and is still growing, Janssen Cilag chose to discontinue marketing support and reprogram resources towards other products in its portfolio. The company has no plans, however, to discontinue the brand, as long as there is demand for it in pharmacies. This product retails between RUB 400-500.

The only injectable contraceptive registered on the Russian market is *Depo-Provera* also known as Depot Medroxyprogesterone Acetate (DMPA), which retails for about RUB 200. IMS-reported sales for *Depo-Provera* were 74,000 units, a 4% decrease from 2004 sales. Internet-based research of pharmacy sites suggests that this brand is available in different regions of Russia and may also be purchased through pharmacy websites. As a marginal method unsupported by pharmaceutical investments and allegedly unpopular with providers and users (according to various informants), it is likely to be much less widely available than OC brands.

Norplant is not registered and therefore no longer available in Russia. Schering's representative stated repeatedly that the company does not wish to re-introduce it because it is not prepared to invest in the intensive provider training required by this method. The representative also explained that the current pro-natalist climate is not favorable to the promotion of long-term methods like implants.

In contrast, sales of *NuvaRing,* Organon's hormone-releasing vaginal ring, reached 124,000 units in the first year. This is one of the most expensive methods on the market at a retail price of RUB459-600. It is also still under patent, which provides Organon with a monopoly on this method. Because it is a high-margin, seemingly popular product requiring frequent re-supply, *NuvaRing* has become the main focus of Organon's marketing efforts.

[5] New product, replacing *Excluton*

2.4.2 IUDS

A good range of IUDs is available at different prices on the Russian market. Copper-bearing devices, which are the most widely used worldwide, include Organon's *Multiload* Cu 375 (also produced by this company's subsidiary, Multilan), Schering's *Nova-T*, and the TCu 380A, made by Finishing Enterprises. At least five different types of IUDs are produced in Russia by Simurg Medical Enterprise. These IUDs range in prices from RUB 50-100. Simurg's Yunona Bio-T Ag., a ring-shaped IUD is marketed as a long-lasting IUD (7-8 years) and recommended by the manufacturer for post-abortion insertion. The most expensive IUD on the market is *Mirena*, which is sold at an average retail price of about RUB 7, 000 (US$ 265.00). *Mirena* is also the only IUD actively marketed by a pharmaceutical manufacturer in Russia.

TABLE 3. BRANDS OF IUDS SOLD IN RUSSIA

Brand	Manufacturer	Country	Price (RUB)
Yunona Bio T	Simurg Medical Enterprise	Belarus	50-100
Gaine T 200	Ortho Pharaceutical	Canada	N/A
Copper T Cu 380A	Finishing Enterprise	USA	N/A
Nova T Cu 200-Ag	Lieras	Finland	280-300
Nova T Cu 200-Ag	Schering AG	Germany	268-500
Fincoid 350	Fexsima	Finland	300
Multiload Cu375	Organon	Netherlands	600-700
Multiload-Cu 250	Multilan	Switzerland	1150
Mirena	Schering AG	Germany	6,800-7,500

2.5 MARKETING STRATEGIES

The marketing efforts of contraceptive manufacturers are directed at two target audiences: service providers and potential users. Manufacturers perceive provider attitudes and practices as being the main barrier to a large-scale development of the contraceptive market. "Fear of hormones", "addiction to abortion", "antiquated ideas" were frequently mentioned during interviews. Russian doctors need scientific and technical information in order to prescribe new drugs appropriately, distinguish between different brands, and manage patient complaints and questions. Pharmaceutical companies provide much of this information through detailing, which is carried out by their medical representatives.

Schering and Organon also invest heavily in DTC communication through mass media campaigns, web sites, and product hotlines. Achieving credibility, however, is a challenge for these companies, as they are sometimes perceived as having only their own commercial interest at heart. Another significant barrier is the high cost of promoting consumer products in Russia. Gedeon Richter, for example, tends to invest in low-cost continuing education programs and technical material for doctors rather than expensive DTC campaigns.

The current pro-natalist political climate does not appear to deter pharmaceutical companies from investing in the contraceptive market. Manufacturers, however, have learned to rethink the way they market these products. Hormonal contraceptives in particular are positioned as a healthier alternative to abortion because they provide non-contraceptive benefits and allow a quick return to fertility.

R&D pharmaceutical companies, such as Organon and Schering, tend to focus their efforts on patented, high-margin products, and often do so with remarkable persistence. For example, Schering created IUD insertion training schools for gynecologists when its hormone-releasing IUD, *Mirena*, encountered resistance from doctors. Gedeon Richter appears more interested in promoting hormonal contraception to a larger population of doctors and users. As a generic manufacturer, this company needs to build volume sales by recruiting as many users as possible in order to make up for lower margins.

At the other end of the spectrum are companies that have essentially given up on contraceptives. Janssen Cilag for example, stated that it would take a major increase in demand to motivate the company to renew detailing and monitoring efforts for the contraceptive patch. According to the company's representative, this increase would require an intensive DTC campaign, at an estimated cost of US$ 3 million. It should be noted that the PSP-*One* team experienced difficulty in obtaining an interview with Janssen Cilag. In the case of Pfizer, it proved impossible. The company's representative indicated that it is currently "not investing in contraceptives" and declined PSP-*One*'s request for a meeting.

2.6 CONCLUSIONS

Pharmaceutical supply networks in Russia are highly sophisticated and designed to allow for the efficient delivery of products to meet existing demand. There is evidence that various contraceptive methods can be found in many Russian regions, particularly OCs and IUDs. Web site purchasing may also allow users to obtain products that are not available in pharmacies. As a result, the PSP-*One* team concludes that OC and IUD product supply is adequately ensured by the private sector.

There is very limited information on willingness and ability to pay for contraceptives by different socio-demographic groups and therefore no evidence that prices are a significant barrier to use for most Russians. Second-generation OCs are available for as little as RUB 33 and IUDs for about RUB 50. Low-cost brands are apparently still in high demand and therefore are in no danger of being discontinued. In the absence of consumer-based research, it is difficult to assess the relative affordability of newer methods such as the hormonal patch, vaginal ring, and Levonorgestrel IUD. These products are still under patent and represent a growing portion of the market. As a result, there is little incentive for their manufacturers to lower prices and no immediate opportunity for a cheaper competitive product to be introduced.

Hormonal contraceptives benefit from intensive marketing by Schering, Organon and Gedeon Richter. These companies invest considerable resources in provider-directed activities in order to influence counseling and prescribing practices. However, because pharmaceutical companies have limited resources and must generate short-term return on investment, they tend to concentrate their efforts on a few high-margin brands with growth potential. This strategy makes sense in the profit-oriented private sector but has the unfortunate result of gradually marginalizing those methods (i.e. injectables) that are deemed unprofitable.

Attempting to change the way private sector suppliers approach the contraceptive market is unlikely to succeed without considerable investment in programs that can influence consumer demand and provider behavior. The primary goal of a public/private partnership should therefore be to find common ground between corporate investment priorities and public health objectives.

3. USAID-FUNDED PROJECTS

The PSP-*One* assessment team met with the staff of two USAID-funded projects for the purpose of sharing insights into the contraceptive market, assessing efforts to increase demand for modern methods and documenting past and current linkages with pharmaceutical companies.

3.1 THE MATERNAL AND CHILD HEALTH INITIATIVE

3.1.1 BACKGROUND

The MCHI project, implemented by JSI, aims to strengthen provider skills and technical capacity and ensure the adoption of internationally recognized MCH standards and practices at targeted health facilities in 16 regions. Prior to the MCHI project, JSI provided technical and programmatic support to the WIN Project (1999-2003), which was designed to improve maternal and newborn health care including the provision of FP services with a focus on postpartum and post abortion (PP/PA) patients

The MCHI project (2003-2006) established the Institute for Family Health (IFH), which promotes MCH innovations, and aims to reduce the rate of abortion by increasing modern contraceptive prevalence in targeted regions. The project also introduced comprehensive RH services for youth in at least 2 regions, and worked to improve access to RH/FP services for PP/PA clients and men.

Specific MCHI activities have included trainings for health providers in contraceptive technology, clinical and counseling skills; development of training materials for providers; development of print and video materials to strengthen client-provider interaction and to increase client knowledge of family planning methods; follow-up visits by experts to assess and strengthen family planning practices; implementation of household and facility-based surveys; and mass media and policy development.

MCHI has also addressed youth reproductive health issues through organization of the Interregional Youth Reproductive Health Working Group, provision of youth-friendly services trainings to regions and development of the Youth Reproductive Health Programming Guidelines.

Key results of MCHI work in family planning presented in the MCHI Final Technical Report to USAID include:

- Reduction of abortion per 1,000 women of reproductive age (from 46 in 2003 to 41 in 2005)
- Reduction of unplanned pregnancies among pregnant and postpartum women (from 34% in 2004 to 20% in 2006)
- Increase in prenatal clients (from 47% in 2004 to 55% in 2006), postpartum (from 44% in 2004 to 73% in 2006) and post-abortion clients (83% in 2004 and 96% in 2006) who report that a provider discussed contraception prior to discharge from a facility

Under an anticipated three-year program, the IFH is expected to continue implementing similar projects and add at least ten additional regions to its scope of interventions.

3.1.2 INSIGHTS INTO THE CONTRACEPTIVE MARKET

According to the MCHI mid-term evaluation, supplies of certain modern contraceptive methods are sufficient: "...OCs, IUDs, condoms and emergency contraception seem widely available although access for rural populations is more restricted" (Cappa A. 2005). MCHI representatives supported this with the assertion that "OCs are everywhere" [in Russia.] They added that *Depo Provera* is not generally sold in Russia, and that even though it was re-registered recently, only 73,000 cycles of *Depo* were sold in 2005. The same MCHI evaluation asserts: "….Norplant is also not registered…[and] age and parity restrictions limit access to female sterilization nation-wide." (Cappa A. 2005). MCHI also stated that "some regional governments are purchasing contraceptives for MCH programs," and that they have a list of regions doing this.

According to MCHI, condoms are very popular and "…are seen as primarily a contraceptive of the young," (Cappa A. 2005). MCHI representatives added that "the IUD is widely supported by women due to provider support," and that "there is some unmet demand for *NuvaRing* and the *Evra* contraceptive patch." They stressed the need to clarify misconceptions and fears about OCs because "up to 40% of women have negative attitudes toward OCs/hormonal methods."

3.1.3 LINKAGES WITH PHARMACEUTICAL COMPANIES

MCHI representatives said that of the three major manufacturers in Russia, they have the best relationship with Gedeon Richter. MCHI has used print materials paid for by this company in trainings, events, and presentations and during doctors' visits. MCHI has realized over $20,000 in savings in print materials and supplies for training as a result of its collaboration with Gedeon Richter. MCHI staff acknowledged that pharmaceuticals have been likely to establish their own longer-term relationships with providers through detailing, conferences, and roundtables.

MCHI attempted to reach out to pharmaceuticals by proposing "joint activities, including building an information campaign for promoting FP methods to the public but only got a favorable response from Gedeon Richter. MCHI cited several possible barriers to collaboration:

- Collaboration might be considered "additional trouble" for some pharmaceutical companies
- Companies may fear a political backlash and may avoid association with the US Government
- These companies have a "short term vision"
- They "have their own marketing ideas" and "do not need advice"
- They favor expanding the Moscow market rather than investing in regions
- While it would be "legal" to have a generic OC campaign, " barriers would include cost, and possible political backlash"
- It is "important for doctors to disassociate from the private sector"

3.2 HEALTHY RUSSIA 2020

3.2.1 BACKGROUND

The HR2020 Project was awarded in 2002 by USAID to JHU/CCP to carry out a broad-based program of health education, communication and mobilization in the areas of healthy lifestyles, HIV/AIDS, and RH/FP. HR 2020 is about to become the Healthy Russia Foundation (HRF). Regional partners include oblast health authorities, vice governors, departments of health and MCH care in 15 regions.

HR2020 objectives related to FP/RH include: 1) Addressing FP/RH with a focus on young couples and involving men in FP/RH; 2) Improving young couples' attitudes and behavior concerning accessing MCH//FP/RH services, with emphasis on increasing use of modern contraceptives and reducing abortions; 3) Increasing the quality of communication and counseling of health care and social welfare providers with their clients; 4) Developing youth-friendly and couple-friendly facilities for HIV/AIDS testing and for MCH/FP/RH services (Source: JHU/CCP website).

3.2.2 INSIGHTS INTO THE CONTRACEPTIVE MARKET

HRF staff asserted that OCs are easy to obtain without a doctor's prescription, and felt that this method is most likely to grow its market share. They also felt that *Depo Provera* "failed" because of a lack of support and follow-up with health care providers. This was compounded by the fact that providers continue lack sufficient capacity to communicate sensitively and effectively with Russian women.

HRF staff confirmed that popular modern methods among women of reproductive age in Russia include condoms (most popular among adolescents), OCs (popular among younger women (18-25)), and IUDs (most popular method among women over 30). These assertions were further confirmed during presentations by providers at the Vologda Conference.

3.2.3 BEHAVIOR CHANGE COMMUNICATION (BCC) AND DEMAND CREATION ACTIVITIES

JHU/CCP has developed and implemented effective BCC interventions around RH/FP for over 11 years in Russia. From 1995-1999, JHU/CCP implemented the *Care for Health* campaign under the USAID-funded WRHP Program. The campaign evaluation measured significant increases in use of modern contraceptive methods. For example, use of modern methods in one program site, Yekaterinburg, rose from 46% in 1996 to 58% in 1998.

HR2020. Since 2002, HR2020 has developed and implemented a wide range of BCC materials and activities, including peer education TOT addressing life skills for youth, gender equity, rape and relationship skills; provider training and print materials to support IPC/C; special events; mass media including TV and radio spots, as well as call-in/talk shows, public relations, and the use of popular musicians as "champions" for FP method promotion.

Provider Training in IPC/C . According to HRF, Russian providers tend to be more interested in technical issues and less in how to talk to people. HRF representatives also asserted that Russian gynecologists have a tendency to prescribe treatment without providing counseling. Prior to launching the Couple's Campaign, HRF trained approximately 400 providers in IPC/C to improve the quality of client-provider interaction at FP/MCH sites.

The Couples Campaign. The "Couple's Campaign" or "Listen to Each Other" (Phase I) was launched in October 2005 for six months in four regional sites (Irkutsk, Orenburg, Vologda, and Vladivostok). Additional sites will launch in November 2006. The campaign is intended to reach women and men 18-35 and aims to normalize discussion of sexual relationships. The campaign includes three main goals such as to raise awareness and knowledge of RH/FP methods, to increase communication between men and women, and to increase the quality of communication between providers and clients at facilities. Campaign activities to increase demand for RH/FP services have ranged from thematic discos," debates, videos, TV/radio programs, counseling at events, print materials development and distribution, outreach among members of the military, movie theater events, contests, hotlines, roundtables, town meetings, lectures and other community events.

Results. Mid-term evaluation data suggest that the Couple's Campaign was effective at communicating messages about RH/FP to target audiences. A majority of respondents surveyed understood what the campaign was about and discussion of RH/FP increased among of those who had been exposed to campaign messages. In addition, the campaign indirectly addressed potentially sensitive topics (FP, contraception and RH) in ways that were acceptable to political, religious, and other stakeholders. Presentations and conversations with participants at the Vologda conference made it clear that HRF earned strong support from a variety of stakeholders at the regional level.

Mid-term surveys of 1200 respondents in two pilot regions (Orenburg and Irkutsk) identified positive communication effects and increased uptake among target populations. In particular, a majority of respondents (69%) knew that the campaign was about increasing use of modern contraceptives or discussing reproductive health with their partners. In Vologda, 78% of women in one survey recently discussed RH/FP with a partner. In Orenburg and Irkutsk, those exposed were more likely than those not exposed to talk to their sexual partner/spouse, a medical provider, and/or a friend. And in Tyumen, half of patients attending counseling came as couples.

Of particular relevance for this assessment is the fact that *only 5%* of respondents in Vladivostok said that abortions take place because of a lack of free contraceptive methods.

Funding permitting, a second phase might be developed and launched that could address specific methods. Possible regional sites for phase two could include Yekaterinburg; Khabarovsk, Vladivostok, Krasnoyarsk, and Irkutsk.

3.2.4 LINKAGES WITH PHARMACEUTICAL COMPANIES

JHU/CCP, through the *Care for Health* campaign and HR2020, has maintained relationships with the three major pharmaceutical manufacturers, Gedeon Richter, Schering and Organon since the mid 1990s. Under *Care for Health*, the three companies donated "nearly 4,000 cycles of hormonal pills and 300 IUDs to Ivanovo and Tver oblasts." (JHU/CCP Care for Health Final Report).

Prominent JHU/CCP staff under *Care for Health* went on to play leading roles during HR2020. As part of its current activities, HR2020 has received support from Johnson and Johnson under social responsibility funding to develop HIV/AIDS pre- and post-test counseling materials. HR2020 has also collaborated with Gedeon Richter, and has been invited to their annual conference. According to HRF, Gedeon Richter is "interested in a long-term relationship [with HRF] to include RH/FP."

Youth centers linked to universities could be an effective mechanism for reaching young adults under a proposed "Youth Center Model." This model, however, is not without potential barriers. The PSP-*One* team encountered conflicting views on the sustainability and success of Youth Friendly centers in

Russia. The selection of regional sites for the campaign will need to carefully assess the potential viability of local youth centers.

3.3 CONCLUSIONS

Although the purpose of this assessment was not to evaluate existing USAID-funded projects, the PSP-*One* team sought to identify those activities most likely to help increase demand for contraceptives and provide leveraging opportunities when engaging pharmaceutical companies.

MCHI is doing much to strengthen provider skills needed to increase contraceptive prevalence. The JSI Mid-Term Evaluation, March - April 2005, asserts that MCHI is "doing much to integrate family planning services broadly into MCH care; that the program's "cascade training" approach "appears to be functioning well in the three regions visited. Most MCHI courses include counseling and communication components." However, the same report cautions, "more attention needs to be given to developing providers' basic fund of knowledge regarding contraceptive methods." (Cappa A. 2005).

While concrete data are not yet available concerning the impact of MCHI activities on contraceptive prevalence, it was clear from discussions with MCHI that the program is in tune with current client attitudes toward contraception, particularly OCs. The program can therefore be a valuable source of information about client concerns and preferences as collaboration with pharmaceutical companies is strengthened.

The HRF has well-established capacity to develop and implement campaigns promoting modern contraceptive methods in Russia. Mid-term evaluation data from two Couple's Campaign sites show positive communication effects, which may lead to changes in contraceptive behavior over time. The results of evaluations of the Couple's Campaign could be effective tools to convince pharmaceuticals to support future partnerships with public sector RH/FP programs. HRF is currently forging linkages between pharmaceutical companies, federal and regional authorities toward collaboration around the Youth Center Model, a model that could be used as part of programs to promote hormonal methods.

4. FINDING COMMON GROUND

Private sector manufacturers, public sector institutions and donor-funded program do not always have the same priorities, as described in the previous sections. They do however, have shared interests, as illustrated in Table 4.

TABLE 4. COMPARISON OF PUBLIC AND PRIVATE PRIORITIES AND COMMON AREAS OF INTERESTS

	Pharmaceutical Sector Priorities	Shared Interests	Public Sector Priorities
General	Sell high margin products with high growth potential	Increase use of hormonal methods	Decrease reliance on abortion; increase use of modern methods; expand method mix
Target groups	Urban women 18-35 with low sensitivity to price	Urban women ages 18-35	All women of reproductive age
Geographical focus	Increase market share in high-density urban areas	High-density regional urban areas	Maximize access for all population groups, particularly under-served users
Client–directed strategies	Promotion of "star brands" through DTC and service delivery channels	Promotion of hormonal methods through DTC and service delivery channels	Generic promotion of all modern methods in public service delivery channels
Provider-directed strategies	Recruit "champions" for company brands among gynecologist population	Recruit champions for hormonal methods among all prescribing doctors	Strengthen technical capacity and communication skills in the public sector
Collaboration strategies	Work through provider associations and select RH/FP programs	Collaborate with regional authorities, leverage existing programs	Partner with regional and federal authorities in implementation of RH/FP programs

4.1 METHODS AND PRODUCTS

The investment choices made by pharmaceutical companies are guided by profitability and growth potential. If demand is predicted for a particular method or product, and if a company owns exclusive patented brands in that therapeutic area, high investments by that company can be expected. Throughout the post-Soviet region, contraceptive manufacturers have been overwhelmingly investing in hormonal methods, including OCs, the hormone-releasing vaginal ring (*NuvaRing)*, and the Levonorgetrel IUD (*Mirena*).

In contrast, methods for which there is low demand that also carry low margins (such as injectables) are not likely to receive much attention, and some products may not ever be registered (as is the case for *Norplant*, and Organon's three-month injectable, *Megestron*). Methods for which there is still high demand (such as copper T IUDs) but low profit margin and no exclusive patent are typically brought in on demand by local distributors.

Beyond market considerations, companies may also decide that contraceptives are not a profitable or timely investment area and choose not to register or promote the brands they own. The contraceptive patch (*Ortho-Evra*) initially received support from its manufacturer (Janssen-Cilag) but is no longer expected to be actively promoted. This is not the result of low demand but rather a decision led by the company's internal opportunity/cost analysis.

Influencing corporate strategies in a market the size of Russia would require considerable investments in targeted demand-creation strategies, such as a national campaign to increase the use of injectable contraceptives, or large-scale training of providers in inserting and removing implants. Moreover, the strategies implemented by the leading contraceptive manufacturers appear to be working very well for them: sales of hormonal contraceptives have more than doubled in the past three years, led by OCs and new methods. Expensive, patented new brands are growing fast and providing the most revenue for the manufacturers, which is their primary goal.

PSP-*One* recommends that USAID seek common ground with pharmaceutical companies by focusing on hormonal methods. Hormonal contraception offers a range of indications that are not available through other birth-control methods. Indeed, manufacturers promote the dermatological, cancer-preventing, and gynecological benefits of hormonal contraceptives because they are aware that promoting effective birth control alone is not an efficient strategy in Russia's pro-natalist environment.

Promoting hormonal contraception (which includes low-cost products as well as high-margin and innovative products) can satisfy both public health and corporate objectives. Injectables, for example, can be included in efforts to de-stigmatize and mainstream hormonal contraception, even in the absence of corporate investment in this method. Similarly, the newest generation of contraceptives, *Nuva Ring* and *Mirena*, will benefit from efforts to promote hormonal contraception, even though they may not be the focus of donor-funded programs. Generic (unbranded) promotion also allows all players to benefit from market growth, including lower-cost generic manufacturers such as Gedeon Richter.

4.2 TARGET GROUPS

Pharmaceutical companies that invest in the marketing of contraceptives naturally focus their efforts on the most likely users of these products. In Russia, these users are located in urban areas and have both the means and the inclination to adopt modern contraceptive methods. Pharmaceutical representatives describe their target consumer as being relatively young females (18-35), single or married, who want to avoid an abortion, and are able to seek advice from a variety of sources.

Unlike condom manufacturers, pharmaceutical manufacturers do not consider adolescents to be a primary target group. This group is less likely to adopt hormonal methods and increases the risk of political controversy for pharmaceutical companies. From a public health standpoint, adolescents are also more likely to have non-monogamous relationships and be at risk of STIs, which makes them a better target group for programs focusing on condom use rather than hormonal contraception.

Service providers are another key target group that is already the focus of USAID-funded in interventions and private sector marketing efforts. Opportunities to leverage existing programs are likely to be concentrated on this group.

4.3 GEOGRAPHIC AREAS

Private sector suppliers focus their efforts on high-density urban areas such as Moscow and St. Petersburg, where incomes are high and both consumers and providers have the highest level of information. It was not possible to get a precise account of private sector investment in various regions. One company stated that it has 300 representatives around the country. Another provided a list of 50 cities where it has at least one local representative, which is a good proxy for private sector investment. Many of those cities are included in the MCHI and HR 2020 programs.

Although there is considerable geographic overlap between private and public efforts to promote contraception, the pharmaceutical executives interviewed for this assessment were unaware of USAID-funded activities, with the exception of Gedeon Richter. Local representatives, however, may be aware of those programs at the regional level. Pharmaceutical companies expect local representatives to meet sales quotas and manage local distributors but allow them much leeway in collaborating with local health authorities. Linkages between public and private players may actually exist in many regions but they need to be documented.

4.4 COMPLEMENTING PRIVATE SECTOR EFFORTS

Investment by pharmaceutical companies may be the single most important factor behind recent increases in the use of modern methods, as evidence by the rapid growth of new OC brands. This assessment also aimed to identify what the private sector is *not doing* to increase overall demand. All pharmaceutical companies agree that persistent misconceptions about hormonal contraception are the biggest obstacles to overall market growth. Each company attempts to address these misconceptions through industry-sponsored events and detailing but all three admit that they need help identifying credible "champions" in the medical field.

Contraceptive manufacturers are also limited in their scope by the need to devote the bulk of their investment to "star" brands. Hormonal contraceptives are rarely promoted as a method (say as an alternative to condoms or IUDs) but as a substitute for another company's brand. Consequently, private sector efforts tend to focus on existing users, or in the case of providers, current prescribers, and aim to switch them to a particular brand. This is a strategy of market share building, as opposed to overall market building. Any effort to promote hormonal contraception as a method therefore is likely to go above and beyond what pharmaceutical companies are currently doing.

4.5 LEVERAGING USAID-FUNDED PROGRAMS

The MCHI project has done much to strengthen provider capacity and systems at technical/clinical level. This project collaborates with Gedeon Richter on provider training, and additional opportunities pharmaceutical companies can be explored. MCHI's established systems and activities with public sector providers can help increase opportunities for the private sector to promote hormonal methods in clinical settings, and to reach consumers through providers. In return, pharmaceutical representatives might increase efforts to promote the benefits of specific hormonal methods in trainings, conferences, roundtable discussions, etc.

MCHI youth-focused activities in some regions could also be leveraged, particularly if the Federally-mandated Youth Center Model is pursued as a means to attract pharmaceutical companies to promotional campaigns. The Guidelines for Advocacy for Youth Reproductive Health Programs, published by MCHI could be utilized in bringing public and private sector partners into discussions about a potential Youth Center Model.

The HRF project reported that pharmaceuticals have expressed interest in collaborating on the selection of "champion doctors", and on increasing consumer knowledge about specific brands. HRF is willing to seek a compromise arrangement that would work for pharmaceutical companies and has already begun discussions with Gedeon Richter. HRF also sees the Youth Center Model as an opportunity to leverage common interests between the Federal Government, regional government and medical administrations, pharmaceutical companies and USAID.

5. PROPOSED STRATEGY

5.1 REPOSITION HORMONAL CONTRACEPTION

The three major manufacturers systematically emphasize the health benefits of hormonal contraception in their communications with providers and consumers. This approach is consistent with strategies favored by the USAID/Russia mission and constitutes a common goal with pharmaceutical companies.

Increasing demand for hormonal contraception in a significant way will require addressing user concerns and information needs through a variety of channels. One way to communicate with these potential users is to encourage them to seek counseling at a family planning center or women's consultation, a key aspect of the USAID-funded *Couples Choice* campaign. It may also be a good strategy for a partnership with the private sector, provided that it can be successfully leveraged. In other words, the private sector partners must *believe* that this is an effective strategy in order to support such efforts.

A "repositioning" strategy could also focus on providers who can help convey the non-contraceptive benefits of hormonal methods to their patients. There is a need for generic information on hormonal contraception for doctors to be comfortable about prescribing these methods. Pharmaceutical representatives also felt that sustained efforts are needed to create "champions" for hormonal contraception who can have an influence on the provider community.

5.1.1 COMMUNICATE WITH POTENTIAL USERS

Many women appear to be obtaining hormonal products in pharmacies without a doctor's prescription. Potential users who bypass doctors may not get the benefit of counseling and are more susceptible to seeking non-professional advice. Research conducted by pharmaceutical companies and the Healthy Russia 2020 Project cites friends, the Internet and the mass media as common sources of information. DTC approaches are widely used by certain pharmaceutical companies but require substantial investment. Collaboration at this level would require consensus building on a strategy to increase overall demand for hormonal contraception. Pharmaceutical companies are much more likely to help fund a consumer campaigns if they are involved in its development from the beginning.

A detailed description of a proposed campaign directed at consumers and health provider is provided in Annex A. Its implementation is subject to the availability of funding for mass media activities.

5.1.2 ADDRESS PROVIDER BIAS

Both the public and private sector are currently implementing training and continuing education programs. USAID-supported programs tend to focus on overall technical skills, reproductive health knowledge and counseling. The team found little evidence, however, of method-specific material, and limited information about patient management. In contrast, private sector detailing of gynecologists is exclusively focused on hormonal contraception, with strong emphasis on the latest product introductions.

Addressing provider bias also implies researching and disseminating evidence-based information about different OC formulations sold on the Russian market. Pharmaceutical companies naturally focus marketing efforts on the latest brands but it is important to communicate to doctors that these newer formulations are not "better" or "safer" than older formulations.

Possible approaches to address provider bias include technical training, detailing, conferences, workshops, and articles in medical publications. The team recommends leveraging existing programs while increasing the focus on hormonal contraception. This approach would not aim to overly emphasize hormonal methods but would specifically address persistent misconceptions affecting demand for these methods.

5.2 DEVELOP A MECHANISM FOR COLLABORATION

Partnering with the private sector requires regular communication in order to identify common strategies, develop joint activities and leverage resources. Unlike global corporate social responsibility programs and international procurement tenders - which tend to be managed at worldwide headquarters - commercial partnerships are typically managed at the local level. A mechanism is needed to ensure sustained collaboration between USAID-funded projects, public sector partners, and the representative offices of private sector companies. This mechanism should promote the free exchange of ideas between different players for the purpose of developing a common strategy. It should also maximize the participation of those players whose resources and time are to be leveraged.

The PSP-*One* team proposes the formation of a public/private Advisory Group that will meet several times a year to share research findings, develop common projects, and report on progress. Depending on available resources, the Advisory Group may help develop and approve demand creation initiatives such as a DTC communication campaign. The Advisory Group will also be charged with accessing the scientific evidence on hormonal contraception and identifying appropriate dissemination channels.

5.3 ESTABLISH REGIONAL LINKAGES

The magnitude of the Russian market and the high costs associated with consumer advertising call for a regional approach. Because supply and demand strategies must go hand-in-hand, it makes sense to concentrate resources and efforts in those regions where USAID's implementing partners and pharmaceutical companies are most active. The synergies obtained through sustained coordination between pharmaceutical representatives, health authorities and USAID project staff can substantially increase demand for contraceptives and increase supply at local pharmacies.

Local linkages are particularly important for monitoring, reporting and addressing occasional product availability issues, which may not get much attention at the head office level. Every effort should be made to compile a list of local pharmaceutical representatives who may be contacted when supply problems are suspected. Pharmaceutical headquarters, however, will only volunteer information about their local representatives if they are confident that the information is used appropriately, hence the need to build a trusting relationship with these companies.

5.4 MONITOR PRODUCT ACCESS

Pharmaceutical companies, distributors and pharmacy chains in Russia generally make product availability a high priority. Profitability and cost-efficiency considerations, however, may result in some products not

being widely available. These products tend to be those in low demand, such as injectables, or too expensive for certain markets, such as the hormonal IUD and vaginal ring. It is not realistic to expect private sector suppliers to make major changes to their supply strategy, for example by systematically monitoring product availability through distributors report or retail audits. Protek, the largest contraceptive distributor in Russia, indicated that this type of intensive monitoring is only applied to recently introduced brands and not typically sustained over time. Manufacturers as a rule are confident that the distribution system in Russia is able to efficiently respond to consumer demand.

The primary responsibility for ensuring sustained product supply therefore lies with distributors and pharmacy chains. While most products are treated equally, some may receive special attention because they are in the launch period or are the subject of an exclusivity agreement. Protek indicated that brands held in exclusivity benefit from special efforts such as linkages between pharmacies that can ensure quick resupply in case of stock outs. Exclusive agreements, however, are not the norm in Russia and are unlikely to be extended by any of the three major contraceptive manufacturers.

Clearly, exceptional supply-driven strategies at the national level are beyond the control or resources of a USAID-supported program. This does not preclude however, regular monitoring of product availability at the regional level. It is always possible to ask a local pharmacy to bring in a product for which one knows demand exists, or to draw the attention of the local representative of a contraceptive manufacturer to a particular supply issue.

Even with compelling evidence that a price cut would considerably increase sales volume, profit margins are unlikely to be reduced on "star" products, such as *NuvaRing*, *Mirena*, or the latest OC formulations. With high-price brands leading market growth, pharmaceutical companies have little incentive to modify their current strategy, which is to capitalize on high willingness to pay among current users. The best way to increase access to these new methods for low-income users would be the inclusion of contraceptive products in federal health insurance programs, although this prospect is very unlikely in the current political climate. However, the Advisory Group might explore discount or bulk-purchasing programs for local health facilities. Such targeted and time-defined price reductions make more sense to pharmaceutical companies than permanent price reductions in a fast-growing, innovation-driven market context.

5.5 EVALUATE PROGRESS

All partners will want assurance that the goal set by the Advisory Group are worth their time and efforts. This initiative should ideally report progress in both increased demand and supply for hormonal contraceptives in every region of intervention. Population-based research may prove prohibitively costly for the project, but proxy measures can be used to evaluate the effectiveness of USAID-funded and corporate efforts in influencing provider attitudes and product availability.

One of the key measures of success for this project will be the impact of the project activities themselves and not merely process benchmarks such as meetings and strategic plans. Once the various parties agree on a common strategy, they should also agree to jointly fund the monitoring of provider attitudes and prescribing behavior with respect to hormonal contraception, which can be done through a provider survey. Product availability can be monitored by purchasing regional retail audits. It can also be assessed by local pharmaceutical representatives and/or project staff through occasional pharmacy checks. Finally, the project should track commercial sales of hormonal contraceptives, either through periodic submissions of sales results by pharmaceutical companies, or by purchasing data from one of the research firms.

6. NEXT STEPS

6.1 RECRUITMENT OF A LOCAL COORDINATOR

The responsibility of identifying and engaging various stakeholders, and ensuring their sustained contribution to this initiative should be centralized in one coordinating position. The coordinator will need the kind of experience and skills that can help bring together stakeholders with different philosophical approaches and interests. This position will require knowledge of the pharmaceutical industry, and experience in developing public/private partnerships if possible. The PSP-*One* project will provide USAID with a job description and offer technical assistance in the recruitment process. It is advisable to find a "home" for the local coordinator with one of USAID's implementing partners so as to control costs and facilitate synergies with existing RH/FP programs.

Depending on the type of programs developed under public/private partnerships (provider training and communication and/or DTC marketing campaigns), the coordinator should also benefit from the technical capacity of existing projects. The MCHI project has a strong record of improving provider knowledge and capacity, while the HRF is experienced in developing large-scale communication campaigns. PSI, though it currently focuses on HIV/AIDS prevention, has a history of developing successful partnerships with contraceptive manufacturers.

6.2 DEVELOPMENT OF AN ADVISORY GROUP

The Advisory Group's primary function will be to identify common interests, explore new initiatives and take advantage of communication and marketing opportunities. The Group should include representatives from pharmaceutical and distribution companies, though the latter may be more difficult to engage.

It is important to make sure that USAID-supported RH/FP programs are represented because these programs are USAID's main bargaining chip in negotiating with the private sector. Both private and public sector partners can be expected to contribute to this project with time and resources. For example, pharmaceutical companies may be willing to fund communication programs or increase detailing activities if they are confident that public sector initiatives can grow demand for their products. This may imply introducing new training modules on hormonal contraception within existing programs. It may also involve allowing pharmaceutical companies to promote their brands at every possible opportunity.

6.3 AGENDA SETTING

The Advisory Group will initially meet to discuss the following agenda:

- Common goal and intermediate objectives
- Discussion format and frequency of meetings

- Strategic development process
- Mechanisms for information dissemination
- Resource leveraging and fund raising

In subsequent meetings, the Advisory Group will explore new strategies, propose specific activities, and provide input for the development of a work plan and implementation timeline that will be submitted to USAID by the PSP-*One* Project Coordinator.

6.4 BUDGETING OF ACTIVITIES

Because it is difficult to predict the amount of resources that can be leveraged from the private sector until the collaboration process is underway, initial budgeting for this project should be modest. Staffing, communication and meeting costs should be covered for a minimum of one year. Some of the strategies proposed by the Advisory Group may require limited funding if existing programs can be successfully leveraged. Any proposed additional program costs, including communication, campaigns and/or provider training activities, will be assessed and submitted by the Advisory Group to all contributing partners.

ANNEX A: REPOSITIONING CAMPAIGN

BACKGROUND

The PSP-*One* assessment team found that while the supply and distribution of contraceptive methods are more than adequate, certain challenges exist on the demand generation side. Providers generally support the IUD, particularly for women over 30, but barriers to hormonal use are many and include lack of provider understanding and support for hormonal methods, as well as insufficient provider capacity in interpersonal skills/counseling on RH/FP. The fact that approximately 70% of Russian women of reproductive age obtain OCs without a prescription/over the counter supports the notion that women would rather avoid contact with providers. Consumer fears and lack of knowledge about the side effects and benefits of hormonal methods together with consumer fear and discomfort visiting RH/FP service providers are significant barriers.

OBJECTIVES

- Increase use of hormonal contraceptive methods (oral contraceptives and NuvaRing) among women 18-25 in two test regions of Russia

- Increase provider and pharmacists' skills and knowledge of the benefits, side effects and efficacy of hormonal methods

- Increase provider/pharmacists' interpersonal/counseling skills to advise women about hormonal methods

TARGET POPULATIONS

The recommended primary target population for the campaign is young women 18-25 in two priority regional sites (TBD.) There have been a variety of youth-focused reproductive health programs in various regions (Cappa A. 2005) that could be leveraged. Special consideration should be given to sites such as Orenburg and Tyumen, where the Couples Campaign has been launched and where training and university linkages exist. Particular emphasis should be given to sites where university outreach is feasible to capture young people over 18.

Secondary target populations would include male partners of women 18-25, RH/FP service providers who counsel clients at participating facilities, and pharmacists.

STRATEGIC APPROACH

The recommended strategy will position hormonal methods as a safe and effective means of preventing unwanted pregnancy, avoiding abortion and planning a healthy family. Consumer fears about side effects and the efficacy of hormonal methods will be addressed. Prospective clients will be reassured that

participating providers are friendly, knowledgeable, respectful and non-judgmental. In addition, pharmacists may be trained to provide accurate information about hormonal methods and referrals to services where further information and counseling can be obtained. Pharmaceutical companies will be given opportunities to talk about their products through interpersonal and community channels. "Champions" (nationally respected doctors, medical administrators, popular performers, etc.) will increase credibility and raise awareness of the efficacy of hormonal methods. Finally, the strategy could rely on the new, federally mandated Youth Centers to reach the target population if that model could be flexible to reach women (and their partners) 18-25.

Illustrative Barriers – Barriers for campaign development and achievement of campaign objectives for further examination include:

- Pro-natalist attitudes and policies at Federal level
- Anti-abortion activities that associate FP with abortion
- Anti US Government attitudes among political leaders and others
- Lack of Federal champions
- Lack of credible, accurate information sources about hormonal methods among providers and women
- Fears about hormonal methods and pills in general among women
- Reliance on natural methods
- Provider bias and misconceptions about hormonal methods
- Lack of interpersonal communication/counseling skills among providers

Illustrative Facilitating Factors:

- Popularity of hormonal methods (OCs and NuvaRing) among young women
- Desire for accurate, credible information among young women
- Success of MCHI and HRF MCH/FP/RH programs to date: existence of trained providers and cadre of trained trainers
- Desire for "champions" and Federal linkages among pharmaceutical companies
- Federally mandated Youth Centers in all 89 Regions of Russia
- Popularity of the Internet among young adults 18-25 years old

ACTIVITIES AND PROCESS

Specific steps toward development and implementation of the campaign will include:

Hiring a Program Coordinator – A full-time program coordinator will be hired who has knowledge of the RH/FP system in Russia, experience developing FP communication campaigns and skills and experience coordinating provider training.

Identification of Advisory Group Members – An advisory board consisting of key medical providers and administrators, regional political leaders, pharmaceutical representatives, donors and implementing agency partners will be formed to guide and approve the strategy development and implementation process and to ensure sustainability for the project.

Formative Assessment – A rapid formative assessment of providers and consumers in two test regions will be undertaken to assess feasibility of hormonal method-specific promotional campaigns, attitudes of providers and consumers toward hormonal methods, optimal channels, etc. The assessment would include examination of existing quantitative and qualitative data; and additional data collection as needed. For example, a limited number of in-depth interviews with providers (15-20 per region) and focus group discussions or in-depth interviews (as appropriate) with women 18-25 could be carried out by a third party, NOT the program coordinator.

Consensus building with Stakeholders – An ongoing consensus building process will be undertaken by the coordinator in conjunction with advisory board members and other partners. Specific opportunities for building consensus include: review and approval of the formative assessment report, final BCC campaign strategy, materials, activity and monitoring and evaluation plans; data dissemination and launch events, training and opportunities to make public statements through mass media as appropriate/necessary to support campaign objectives.

BCC Strategy Design Workshops – Creative Design Workshops would be implemented to initiate development of the campaign strategy, monitoring and evaluation plans. Participants would include: advisory board members or their representatives; target population members, providers, communication experts and implementing agencies. The deliverable, written communication strategies, monitoring and evaluation plans, would guide material and activity development, campaign implementation, monitoring and evaluation.

Implementation - Implementing partners could include: IFH/MCHI, HRF, Federal and Regional government representatives, providers, regional NGOs and other community groups as appropriate. IFH/MCHI would add additional technical training on hormonal methods to its clinical training curricula; HRF would be a logical partner to lead development of the BCC/campaign strategy in collaboration with local partners. Pharmaceutical manufacturers would be given opportunities to promote specific products at the community level and through interpersonal channels.

Possible Youth-Center Model – Given the recent Federal mandate for 89 Regional Youth Centers nationwide, in addition to HRF's initial discussions with Federal authorities and pharmaceutical companies further exploration into the feasibility and likely effectiveness of a modified Youth Center Model seems appropriate. The key would be to ascertain whether this model could effectively reach the recommended target population of women 18-25. This approach could be attractive to pharmaceutical companies since they have already expressed to the PSP-*One* team that they need institutional backing in the form of Federal-level "champions" as well as activities and forums to promote their brands under an umbrella hormonal method strategy.

Possible Channels and Activities – Formative data would form the basis for selection of appropriate communication channels and activities for reaching targeted populations. Possible channels include regional mass media (TV, radio, outdoor advertising, print press, etc.), a campaign-supported internet

web site with generic information about hormonal methods and links to participating providers and services, as well as pharmaceutical company websites; hotlines to link prospective clients with services, providers and websites; and a variety of community activities, especially activities at universities and other institutions of higher learning. Specific product information could be provided in interpersonal settings.

CAMPAIGN MONITORING AND EVALUATION

- Monitoring and evaluation will stress sales as a proxy for increased demand.
- Clinic service data will measure uptake at services.
- Exit interviews with clients could assess the extent to which hormonal methods are discussed and the quality of interpersonal communication/counseling.
- Current sales figures and/or IMS data, plus clinic service data as well as client surveys could serve as baselines in each site.
- Monitoring and evaluation of training could be carried out through pre/post-training assessment to assess provider technical and communication skills.

ANNEX B: PERSONS CONTACTED

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