



गोली के हमजोली

GOLI KE HAMJOLI

Promotion of Oral Pills in Urban North India

foreword

Foreword

India has made rapid strides in economic growth in the last decade. Today, India is recognized as a world leader in many areas including highly-skilled human capital, technology and innovations; at the same time India is still coping with vast public health challenges that stretch available preventative and curative health infrastructure. This unique status presents an opportunity - to leverage the vision, leadership, commitment and entrepreneurship of a vibrant and highly developed private sector in India to provide and promote appropriate health technologies to the millions of people who need them.

The private sector is not seen as a natural stakeholder in the health status of its population. However, by working in partnership with the private sector, health programs can overcome one of the fundamental problems in development assistance – that of sustainability. Working with the private sector also often brings innovation and the best expertise in addressing a health problem. In such a case, external development assistance is best deployed towards developing and commercializing technologies that can be further expanded as a core business by the private sector or by offering innovative programs for continuation through the public health system.

It is with this vision that United States Agency for International Development (USAID) and ICICI Bank came together more than a decade ago to work to address key reproductive health, child health and HIV/AIDS issues in India. Recognizing that addressing these health challenges at a large scale and in a sustainable manner requires substantive increases in access to appropriate, high quality health technologies as well a public desire to use them, USAID and ICICI Bank initiated the Program for the Advancement of Commercial Technology - Child and Reproductive Health (PACT-CRH) in partnership with the Government of India.

Implemented by ICICI Bank and funded by USAID, this program supported the introduction and commercialization of reproductive and child health and

HIV/AIDS technologies. The program took a two-pronged approach: it helped the private sector develop the capabilities to supply relevant quality products and services; and created public demand for products and services through marketing and behavior change activities.

PACT-CRH supported three integrated communication and marketing campaigns in urban areas of North India characterized by poor maternal health, child health and family planning indicators. These include the Goli ke Hamjoli Campaign (The Friends of the Pill Campaign) to promote the use of low dose oral contraceptive pills, the Saathi Bachpan Ke (The Friends of Childhood Campaign) to promote use of oral rehydration salts and home diarrhea management and the Yahi Hai Sahi/Condom Bindaas Bol Campaign (This is the right choice/Just say it Campaign) to neutralize the negative image of condoms.

These campaigns have demonstrated the power of the private sector in India and the potential for such partnerships to successfully achieve health goals hand-in-hand with market growth. This document shares the experience of the Goli ke Hamjoli Campaign over the past eight years of the program in India and highlights the partnerships, the innovations, the results achieved and the lessons learnt.

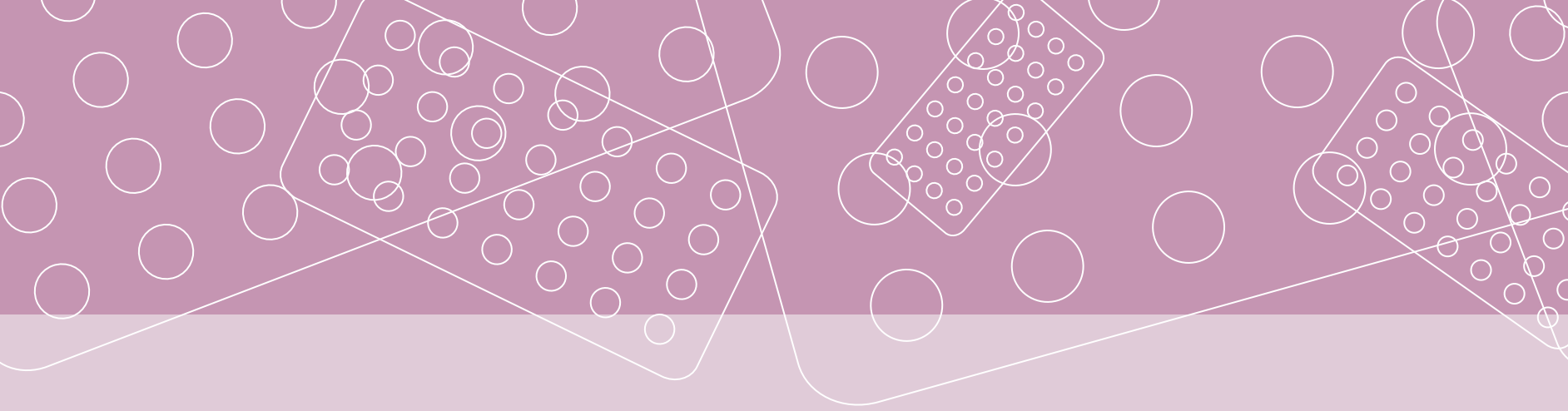
We hope that this publication will be of value to your work and inspire further creative approaches with the private sector in the health field.



Mr. George Deikun
Mission Director
USAID India



Dr. Nachiket Mor
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executive summary

Executive Summary

The Goli ke Hamjoli (Friends of the Pill) is an oral pill category promotion program, under the USAID funded Program for Advancement of Commercial Technology - Child and Reproductive Health (PACT-CRH). Technical assistance was initially provided by the SOMARC project until October 1998, and then by the Commercial Market Strategies project (CMS) until the Goli ke Hamjoli (GkH) project ended in mid-2004. This report was prepared under the Private Sector Partnerships-One project and summarizes the activities and results of the GkH program, and traces changes in the market and industry, two years after its completion

Background

The GkH program was conceptualized and developed on the basis of analysis of the National Family Health Survey (NFHS - 1) 1992-1993 and (NFHS - 2) 1998-1999 that showed that India had a high unmet need for spacing methods, and market data that showed a stagnant market but a strong preference for health services from the private sector.

The NFHS report showed that within those who had unmet need Oral Contraceptives (OCs) were reported to be the most preferred method among those who intended to adopt a method in the next 12 months. However, even in urban areas where they were easily available across a wide range of prices, their use was very low at just 2.1%. Furthermore, since 78% of Indian couples consulted private doctors and chemists for health advice and majority of users of spacing methods sourced it from the private sector, it was clear that the private sector could potentially play a crucial role in helping expand the use of OCs.

The GkH program therefore engaged the commercial sector, and applied marketing strategies to re-energize and expand the use of all commercially

available low-dose OCs. The objectives of the campaign were to create a supportive environment for OC use and increase the use of all OCs with special focus on the commercial sector brands. The GkH program did not promote any specific OC brand and encouraged all manufacturers of quality, low-dose OCs to promote and distribute their commercial brands widely. Wyeth, Organon and German Remedies - the three commercial sector marketers of OCs in India - were partners on this program, albeit they joined the program at different time periods.

The program objectives were to:

1. Improve consumer and provider attitudes towards OCs
2. Increase urban OC sales in North India by 12-15% per year
3. Increase industry interest and investment in OCs

The program focused its activities on the urban areas of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan and Delhi, which are jointly characterized by poor health indicators (including low Contraceptive Prevalence Rate (CPR) and lower socio-economic development levels. These states contribute to 42% of India's population, and continue to have high fertility and infant mortality rates. The program targeted women in upper to middle lower socio-economic categories, their families and their healthcare providers.

Campaign Elements and Progression

The GkH program used a multi-pronged integrated communication and marketing approach, including public relations and consumer outreach activities, provider training and detailing, advocacy with professional health associations and a mass media advertising campaign.

Figure I Multi-pronged Campaign Implementation

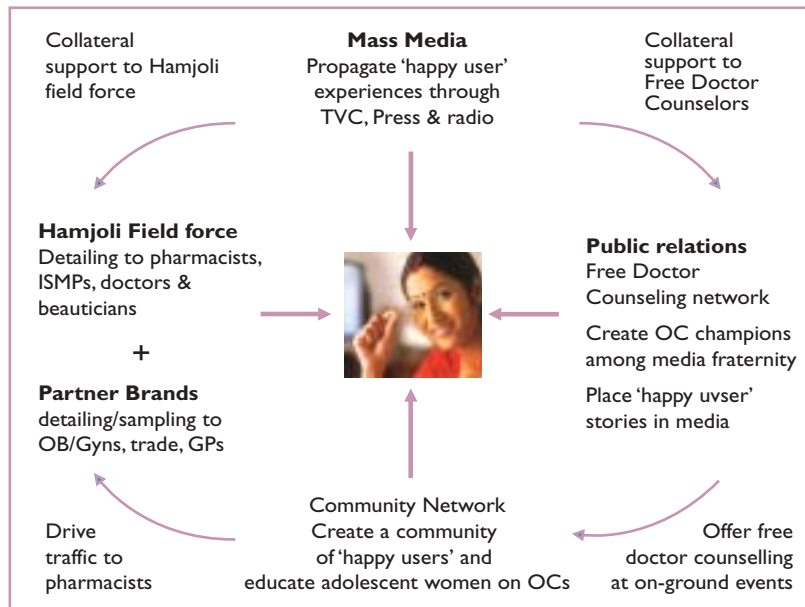


Figure I Multi-pronged Campaign Implementation

The entire program was dynamic in its implementation, with continuous adjustments and fine-tuning of the strategy to ensure maximum responsiveness to consumers' needs. GkH used marketing research to first of all understand the consumer and develop program elements accordingly and then through tracking studies closely followed the program's progress and informed the development of subsequent phases. Through this yearly process of review and refinement the campaign progressed from a focus on creating a demand for contraception in the first year to communicating about benefits of OCs and testimonials towards the end of the program.

Table I Progression of the Goli ke Hamjoli Program

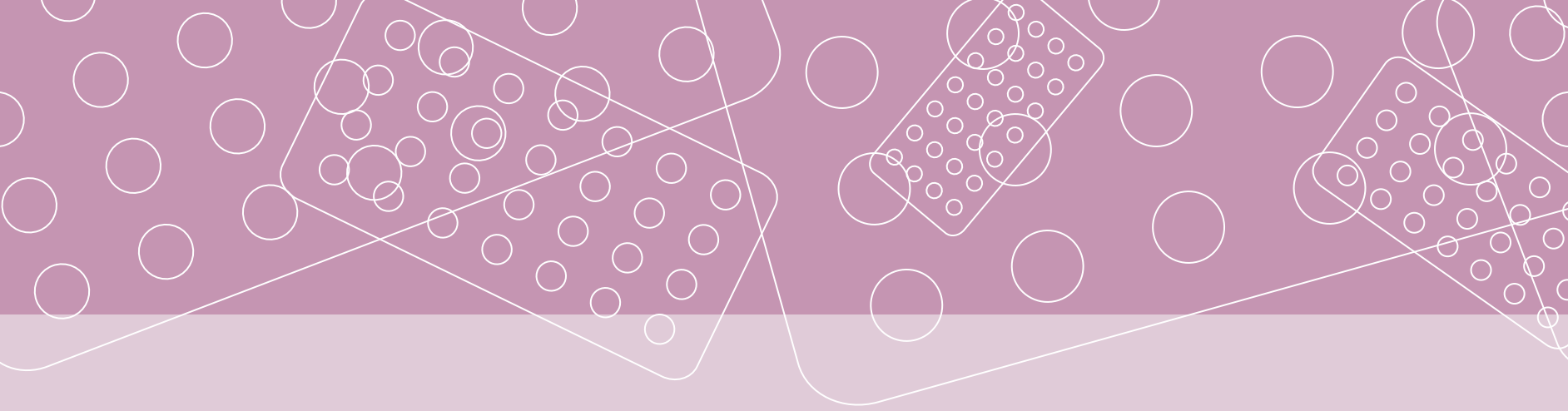
| Communication Objectives | Communication Strategy |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Year 1-2 To overcome the block by creating relevance for the OC in her life Create awareness about OCs and GkH Promote women's empowerment via use of OCs Key messages; spacing, safety, reversibility</p> | <p>Bringing OC to their Attention OCs are a woman's partner helping her fulfill her many family responsibilities Ensure that ISMPs /chemists have more information about OCs Communication to address fears Clarify the misconceptions and rumors Use women and doctors to convey the message</p> |
| <p>Year 3 Address the safety concerns</p> | <p>Credibility and Activation Celebrity endorsements to say that OCs are a safe contraceptive and can make women tension free. That OCs brings women closer to their husbands Involve/inform consumer and influencers through outreach and ground level activities</p> |
| <p>Year 4 Need to address joint decision and promote other benefits of OCs</p> | <p>Creating a Positive Image Establish a larger, more aspirational role for the OCs in women's lives. Talk about the benefits to motivate women to use OCs Position OCs as enabling intimacy with husband while remaining in 'control' of births</p> |
| <p>Year 5 Normalize OC use Need to accelerate the pace of category growth. Need to devise specific activities to increase commercial brands growth.</p> | <p>Show that there are Many Users Promote OC champions both on and off air Focus on commercial brands Synergize on-air and on-ground messages Open new avenues (women's college programs)</p> |

Results

Results

Significant behavior and attitude changes in women were achieved through the program.

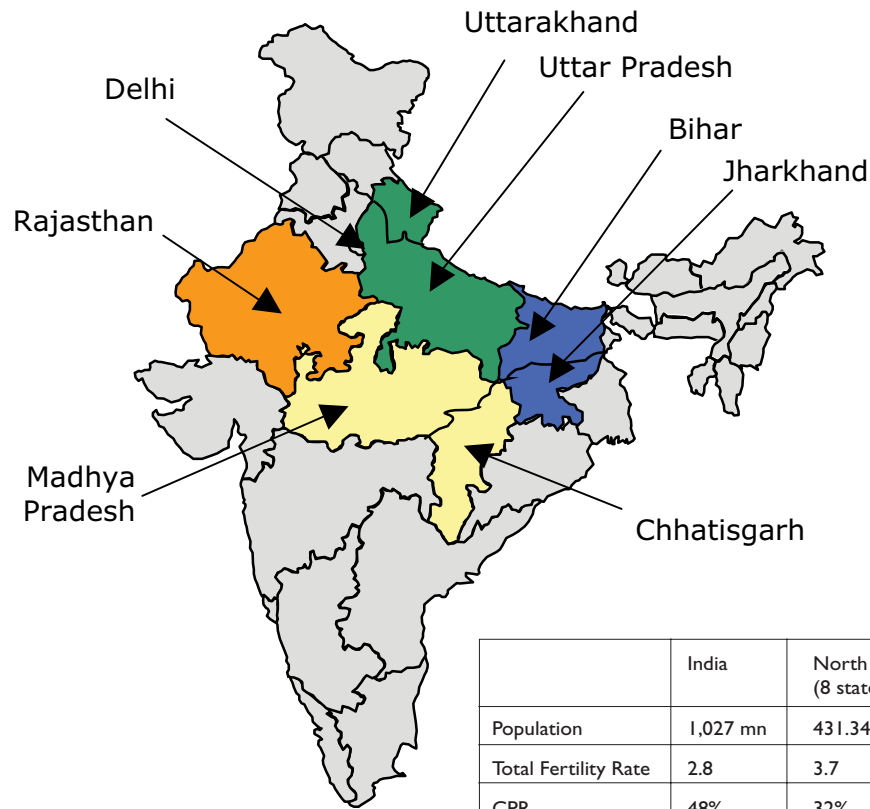
- Healthcare providers' concerns and barriers were addressed through training programs that used an evidence based approach and the latest scientific and technical updates.
- Program research also showed significant attitudinal shifts among women.
 - Positive attitude shifts included a reduction in the perception that consulting a doctor before taking the pill is necessary (reduced from 94% of women agreeing with this in 2000, to 87% in 2003).
 - More women agreed that OCs can be used for a number of years (increased from 47% in 2000 to 62% in 2003)
 - Growing agreement that OCs regularize the menstrual cycle (up from 48% in 2000 to 58% in 2003).
- An increasing proportion of women believed that OCs do not cause any long term side effects, but concerns about remembering to take OCs everyday remained one of the significant barriers to increasing usage.
- Commercial sector OC marketers launched new brands and invested in OC promotion.
- Professional bodies like the Federation of Obstetricians and Gynaecologists Societies of India (FOGSI) and National Association for Reproductive and Child Health Care of India (NARCHI) provided supportive environment for continued promotion.
- Use of OCs increased significantly in the target audience from 4% in 1998 to 11% in 2003 with a corresponding 46% increase in sales volumes.





target areas & target audience

Target Areas and Target Audience



Source: Census 2001
NFHS-2: 1998-1999

Program Target Area

The project area for the program was identified as the urban areas of the eight North Indian states, Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan (now commonly referred to as the EAG - Empowered Action Group states) and Delhi. This area is treated as a homogenous planning unit for many large scale interventions as it accounts for almost 42% per cent of the total India population and has relatively poor health indicators, especially maternal and child health and fertility indicators. These states are also culturally homogenous and most people in these eight states speak Hindi. This area also covers the priority states for USAID India for Family Planning / Maternal and Child Health (FP/MCH)

GkH Project Target Audiences

- The primary audience for the program was young, married women of socio economic category (SEC) A to D, (or all groups except for the poorest of the poor) in the age group 18-29 yrs who lived in urban areas of North India and who wanted to space or delay their next pregnancy.
- The secondary audiences included husbands, influencers and gatekeepers such as mothers-in-law and sisters-in-law and advisors and providers such as doctors and chemists.
- To create a positive environment the program also targeted local and national media and other influencer groups such as local civic groups and community organizations

Primary market research among these groups and also review of secondary data helped draw up a list of the key barriers to OC use. While some of these concerns were common across more than one category of the target audience, some of these were stronger among specific groups.

| Target Groups | Attitude to Contraception/OCs |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Women | <ul style="list-style-type: none">• She needs to prove her fertility right after marriage.• She knows OCs exist but lacks specific knowledge on use• Mistrust and has heard many myths regarding safety and efficacy• Feels vulnerable and has little control within the family over childbirth• Birth spacing not a priority; largely relies on traditional methods• High pressure to be responsible home maker• Pressure to produce 'male child' leads to repeated childbirth or abortions |
| Husbands | <ul style="list-style-type: none">• Number of children is a sign of manliness• They are seemingly indifferent to contraception and feel it is a woman's responsibility |
| Doctor | <ul style="list-style-type: none">• Lacks updated evidence-based information about low-dose OCs;• Strong negative bias based on experience with older high-dose OCs' side effects and also stemming from concerns about use of hormones and steroids• Does not encourage prolonged use beyond 12 months |
| Chemist | <ul style="list-style-type: none">• Lacks information to guide the consumer on OCs• Opts for dispensing condoms or directing consumer to doctor |
| Media | <ul style="list-style-type: none">• Very prone to reporting poorly researched negative articles about OCs• Were not aware of references and sources where they could check facts before reporting |

PRIMARY TARGET AUDIENCE

Young, married women (18-29 yrs) in
urban North India (middle class)
who want to space or delay their
pregnancy



Husbands |

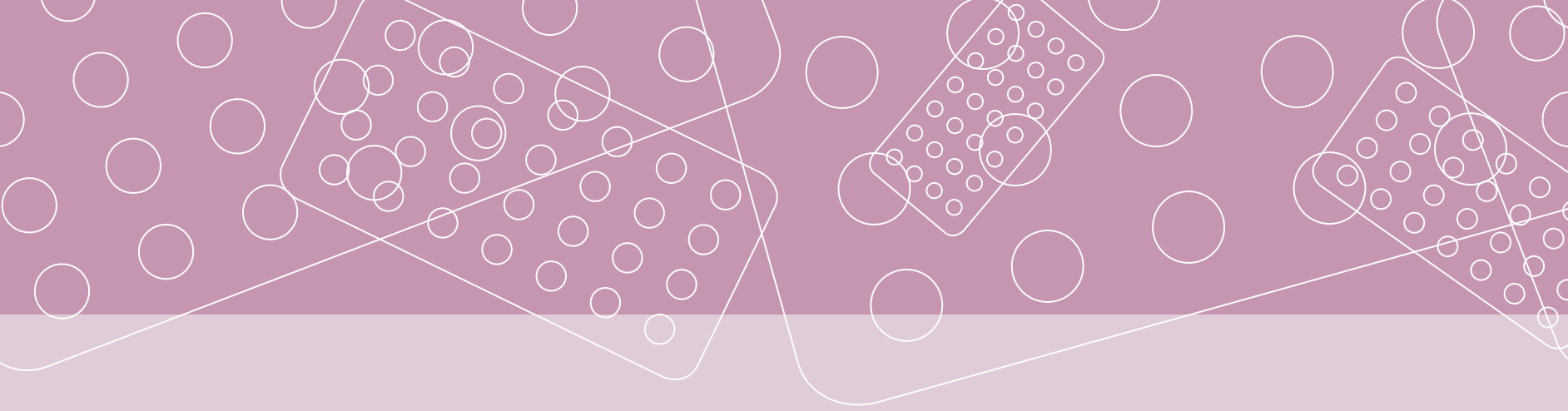
Providers - Doctors, Chemists |

Media and other influencer groups |

Local civic groups |



SECONDARY TARGET AUDIENCE





GKH program partners and roles

GkH Program Partners and Roles

The Goli ke Hamjoli project was managed by ICICI Bank under the USAID funded PACT-CRH program. Technical oversight was provided by SOMARC in its launch phase in 1998 and then subsequently by the CMS project. ICICI Bank contracted Ogilvy and Mather to implement the program and MoUs were signed with all the three major OC manufacturers to partner in this program.

| <u>GkH Partner Agencies</u> | <u>Key responsibilities</u> |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICICI Bank | <ul style="list-style-type: none"> Financial management under PACT-CRH project Contracting communication agency (Advertising, PR and Outreach) Have MoU with pharmaceutical partners |
| USAID/India | <ul style="list-style-type: none"> Provide technical oversight Program funding agency Determined health priorities and target areas |
| Commercial Market Strategies (CMS) Project | <ul style="list-style-type: none"> Provided strategic and technical direction and program management Oversee and contract all market research Provide training/detailing for healthcare providers through its field team Liaison with pharmaceutical partners |
| Ogilvy and Mather Ltd. (Communication Agency) | <ul style="list-style-type: none"> Developed all advertising and communication materials Responsible for media planning and placement Conducted PR and outreach activities |
| Commercial Manufacturers: (Wyeth, Organon, German Remedies) | <ul style="list-style-type: none"> Strengthen detailing efforts to promote OC pills Provide free OC samples for use by GkH program Provide sales data to CMS to validate research results |

The GkH steering committee consisting of ICICI Bank, USAID and PSP-One prepared the scope of work for the program and selected an advertising agency. The steering committee then met on a regular basis (usually quarterly) to review program progress and approve plans for subsequent phases. These review meetings were usually conducted with the participation of the advertising agency. Separate meetings were held periodically with partner manufacturers, USAID/India and ICICI Bank representatives.

OC Manufacturing Partners

OC Manufacturing Partners

All three commercial manufacturers and marketers of OCs in India joined as partners in the GkH project. Wyeth was the first partner in 1999. The other two manufacturers were initially reluctant to join the program as they were not clear what the expectation from them would be and also at that point they did not see any particular benefit from this partnership for a product that was of low priority in their portfolio. It was only after the first two years of GkH implementation that Organon India and German Remedies saw the benefits of the partnership and agreed to join the project.

| Company | GkH Partner since | OC Brand on Indian market |
|--------------------------|-------------------|---------------------------------------------------------------------------|
| Wyeth | 1999 | Ovral L (Wyeth added the Loette brand which was introduced in 2002) |
| Organon (now Azko Nobel) | 2000 | Novelon (shifted this brand to Schedule K to be able to partner with GkH) |
| German Remedies | 2001 | Bandhan (launched this mid-priced brand to partner with GkH) |

The Hamjoli Field Force

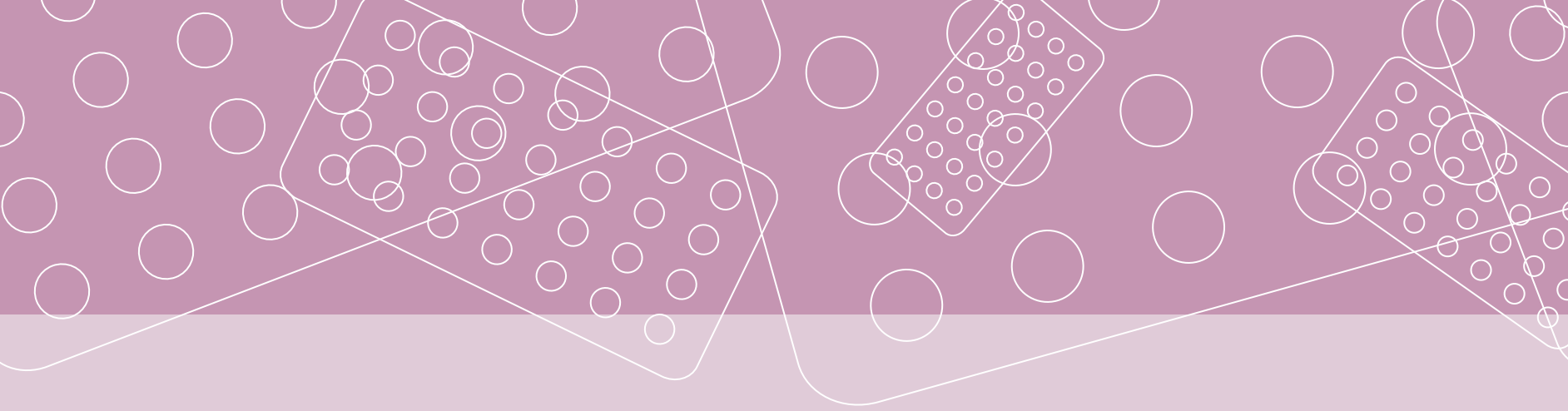
The Hamjoli Field Force

The Hamjoli Field team consisted of 115 Hamjoli Field Representatives (HFRs) that operated in 25 towns and cities in the project states. They were hired, trained and managed by CMS and they formed the grassroots-level core force of the GkH campaign. They supported the mass media campaign by interacting directly with providers and consumers. Through the long-term relationships they developed with Indian System of Medicine Practitioners (ISMPs) and chemists they executed training and detailing programs, ensuring product availability and coordinating partner activities.

Characteristics & Responsibilities of the Hamjoli Field Representatives

| | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who are they? | <ul style="list-style-type: none">- 115 people based in 25 headquarter towns- Team consists of local people inclined to do “social work” (teachers, trainers, activists, sales, non-medical and non-typical NGO people) |
| What do they do? | <ul style="list-style-type: none">- Maintain relationships with ISMPs and chemists (visit each 4-5 times a year)- Detail, train, follow-up with providers, place information and display materials- Execute new program activities, with fresh detailing scripts every two months- Ensure promotional materials are visible- Improve partner brand availability at outlets- Ensure local coordination with other GkH partners- Conduct periodic validation studies- Attend monthly field team meetings (5 regional meetings) |
| How are they organized? | <ul style="list-style-type: none">- Each state has a State Manager- Each state is supported by Training Managers- Operate in teams of 3-4 of men and women and cover nearby satellite towns- Each HFR has 700 providers to visit; 15 visits/day- HFRs are supported by Team Leaders (supervisors)- HFRs are monitored and supported by Quality Assurance Coordinators |
| Key contribution to GkH | <ul style="list-style-type: none">- Trained over 60,000 providers about OCs (28,360 ISMPs and 34,012 chemists) |







the GkH program

Objectives and Strategy

Objectives and Strategy

The GkH program was launched in 1998 with the objective of increasing the use of low dose OCs available in the market, in the urban areas of North India. This objective was quantified through a target of increasing total OC sales in the project area by about 12-15% per year. Other sub-objectives were to improve consumer and provider knowledge and attitudes towards OCs and also to increase commercial sector participation and investment in OC marketing and promotion.

Accordingly, the program strategy and components were designed in close collaboration with the steering committee and the advertising agency. This largely consisted of building a positive environment and image of OCs and growing demand, enabling the providers to be able to promote and support OC use and by increasing commercial participation in the category. All of this was supported and monitored through intensive research as an integral part of the program.

GkH Program Strategy

1. Build consumer demand
2. Neutralize negative attitudes among providers
3. Create positive environment for all audience.
4. Train and promote OCs to providers
5. Link with commercial products
6. Monitor and evaluate

GkH Program Components

1. Advertising - TV, Press, Radio, Outreach
2. Seminars, IEC to providers, POS materials at chemists, promotion to ISMPs
3. Public Relations - Print and electronic media and inter-personal communication
4. Training and Detailing – Chemists, ISMPs, Beauticians
5. Product availability - promotion and detailing
6. Tracking surveys, Mystery clients, Knowledge, Attitude and Practice (KAP) studies

The Goli ke Hamjoli Brand / GkH Project Progression

The Goli ke Hamjoli Brand

To bring these pieces together it was important to create a memorable and easy to understand overarching brand identity. This was the first task of the advertising agency that came up with the name “Goli ke Hamjoli”. The GkH branding attempted to package OCs as more than just a contraceptive method. Thus, the OC pill is a woman’s friend, confidante, a strong ally and active helper in her demanding role as a responsible homemaker, mother and wife. The pill is a dear friend, helping to juggle all these demands, ultimately bringing benefits to both the couple and family.

GkH Project Progression

To communicate to women, the GkH campaign began with mass media and public relations to improve the environment for the pill and to start addressing providers. Next it adopted outreach activities to be more interactive and responsive to the needs of women. Concerted efforts were made to support the campaign with the interpersonal communications on the ground. Following systematic market research and tracking studies, the project kept looking for better, more effective entry points and avenues to reach women and to convey messages about the pill – sensitive to attitude changes every step along the way.

The five year campaign was not conceived in its first year but was pragmatically developed and changed based on results of each year. Therefore, in the first year the focus was on increasing awareness about OCs and on building the image of the campaign as a trusted advisor. Through the subsequent years it progressed to addressing specific safety concerns, creating a positive image by talking about the many benefits of OCs and finally to promoting the many champions of OCs.



गोली के हमजोली

Goli ke Hamjoli Brand Identity

THE GOAL

To increase the use of low dose Oral Contraceptives available in the market, in the urban areas of eight North Indian states.

Behavioral: Change consumer and provider attitudes about OCs.

Sales: Increase urban OC Sales in North India by 12-15% per year.

Increase industry interest and investment in OCs.

THE OBJECTIVES

Progression of the Goli ke Hamjoli Program

Table 2 Progression of the Goli ke Hamjoli Program

| Communication Objectives | Communication Strategy |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Year 1-2</p> <ul style="list-style-type: none"> - To overcome the block by creating relevance for the OCs in her life - Create awareness about OCs and GkH - Promote women's empowerment via use of OCs - Key messages; spacing, safety, reversibility <p>Year 3</p> <ul style="list-style-type: none"> - Address the safety concerns <p>Year 4</p> <ul style="list-style-type: none"> - Need to address joint decision and promote other benefits of OCs <p>Year 5</p> <ul style="list-style-type: none"> - Need to accelerate the pace of category growth. - Need to devise specific activities to increase commercial brands growth. | <p>Bringing Oral Contraceptive pill to their Attention</p> <ul style="list-style-type: none"> - OCs are a woman's partner helping her fulfill her many family responsibilities - Ensure that ISMPs /chemists have more information about OCs - Communication to address fears - Clarify the misconceptions and rumors - Use women and doctors to convey the message <p>Credibility and Activation</p> <ul style="list-style-type: none"> - Celebrity endorsements to say that OCs are a safe contraceptive and can make women tension free. - That OCs brings women closer to their husbands - Involve/inform consumer and influencers through outreach and ground level activities <p>Creating a Positive Image</p> <ul style="list-style-type: none"> - Establish a larger, more aspirational role for the OCs in women's lives. - Talk about the benefits to motivate women to use OCs - Position the OC as enabling intimacy with husband while remaining in 'control' of births <p>Show that there are Many Users</p> <ul style="list-style-type: none"> - Promote OC champions both on and off air - Focus on commercial brands - Synergize on-air and on-ground messages - Open new avenues (women's college programs) |

The Integral Role of Consumer Research

The Integral Role of Consumer Research

The campaign progressed from addressing contemplation and saliency of OCs to building credibility, promoting benefits and maintaining positive behavior. This progression was a result of annual tracking studies that reviewed program progress and helped identify new or existing barriers that needed to be addressed in the subsequent year.

After every burst of advertising over a 6-8 month period, a tracking study (with a consistent sample frame and questionnaire) was conducted. Specific elements were continuously assessed: ad recall, comprehension and appeal, consumer attitudes and opinion, intention levels, behavior change, media habits and opportunities. Some examples of inputs from the tracking studies incorporated into the GkH campaign are:

Example 1: The tracking study done in the first year of the campaign showed that women wanted to space their children but were unsure of what method to use. Awareness regarding OCs was very low. Her new life and changes that marriage and first child bring, were compounded by women feeling a lack of control in their lives.

GkH Response: Position OCs as a small pill in your own hands which goes a long way to ensure complete happiness and control over your own health and your family's.

Example 2: The tracking study done in Year-3 showed that despite the communication about safety of OCs, there were still questions regarding very specific side effects in most women's minds.

GkH Response: Involve doctors in the adverts and PR to support long term use of OCs and to clarify specific concerns and questions through FAQs on initial side effects, length of use and weight gain.

Example 3: The Year-4 tracking study showed that women considered an intimate relationship with husband as highly aspirational and could motivate them to adopt OCs.

GkH Response: Showed how the pill can help to improve relationship between husband and wife and therefore increase intimacy.

Example 4: Tracking study done in Year-5 showed that despite increasing levels of awareness about OCs and correct knowledge about its use, women were still hesitant to use OCs. Most of their concerns and information needs had been addressed and it appeared that more women felt that there were no strong rational barriers to OC use. However, an increasing number of women were simply saying that they felt that OCs were not for them.

GkH Response: This prompted the campaign to try the route of testimonials, of showing 'every day happy user' both on-air and on-ground to normalize OC use, and also to talk about the other non-contraceptive benefits of OCs.

Market Research provided the basis for every campaign element. It was an integral component of the GkH program, and was used in the design and testing of all elements and also to track the progress of activities. It constantly monitored all key interventions, all creative advertising items, merchandising, training, detailing and contact programs, knowledge and attitudes among providers, contraceptive use shifts, and tracking sales of OCs.

The Integral Role of Consumer Research

Reasons for not using OCs

| | 2002 | 2003 |
|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| Base: All reported no follow up action on OCs and not saying "I want a child, or am happy with other method" | 470 | 557 |
| | % | % |
| Did not think it was safe | 24 | 14 |
| Worried about side effects | 18 | 19 |
| My husband does not think it is a good method | 18 | 14 |
| I cannot remember daily to have OCPs | 13 | 18 |
| Felt It is not meant for me | 9 | 23 |
| Worried about weight gain | 7 | 9 |
| Worried about vomiting/nausea | 6 | 6 |
| Was still worried about effect on fertility | 1 | 5 |
| Takes a long time to overcome side effects | 5 | 10 |
| Doctor advised me not to use OCPs | 6 | 4 |
| Only used them for menstrual problems and irregularities | 3 | 6 |
| Did not know which brand to buy | 2 | 3 |
| No real reason | 0 | 21 |

Source: Annual Consumer Tracking Studies 2002 & 2003

The Mass Media Campaign

The Mass Media Campaign

Advertising was the largest component of the campaign in terms of both visibility and spends. The advert development process started with a review of the tracking study and decisions on strategic direction. Based on this the advertising agency would be briefed and would develop multiple creative concepts in line with the overall strategy. At this stage these were really broad concept statements and not story ideas. Based on the consumer response one or two concepts would be short-listed for further refinement wherein they would be developed into storyboards and scripts for consumer testing. Discussion would start with the film maker once the strongest script had been identified. This was a valuable process as we found that good film producers were always able to add substantial value to the script as they translated the idea into a film. Following film production the final film would be tested, most often using standardized advert testing and prediction models like Millward Brown's Link, ADvantage and Preview. These helped to rank the adverts against a bank of existing ones and also predict the likely outcomes in terms of recall, comprehension and persuasion.

The GkH adverts were mostly produced by some of India's leading advert film makers who primarily work on mainstream consumer adverts. This helped ensure high production values.

Although the concepts and advert stories changed in every annual burst there was an effort to ensure some consistency across adverts and wherever possible they tried to:

- Be clutter breaking concepts for mass appeal and engagement
- Have a warm tone, with aspirational and high emotional appeal
- Address primary concerns in an easy to understand manner but couched within an emotional context
- Refer to doctors as a credible information source
- Use celebrities for endorsements
- Ensure that the generic nature of the campaign was maintained

The Mass Media Campaign

Over the span of the campaign over 15 television commercials were produced by Ogilvy & Mather to address different barriers and communication needs.

| Year | Advert | Messages and content |
|-----------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1998-1999 | Shaadi Bidai | Create saliency about OCs. Depicts a women talking about her new life after marriage and how OCs helped her through those changing roles |
| 1999-2000 | Welcoming the new baby Kite flying Celebrity endorsements (five) | Talked about the need for spacing, and joint decision making Woman's many roles and OCs The celebrities endorsed OCs and talked about their reasons for using OCs and reassurances about common concerns |
| 2000-2001 | Train Acrobat | Missing the pill and regimen Concerns about unwanted pregnancies and peace of mind with OCs |
| 2001-2002 | Bahana (Excuses) | How OCs can bring couples closer and increase intimacy and non-contraceptive benefits |
| 2002-2003 | Honeymoon, Regimen, Superwoman and Non-contraceptive benefits | Advocacy through OC users about long terms use, regimen, non-contraceptive benefits and helping balance work and family responsibilities. |

Efficient Media Planning

The main thrust of the GkH campaign was through mass media advertising as it was the most efficient way of reaching the large target population. Advertisements on television were placed on both the national terrestrial channel (Doordarshan) and satellite channels (such as Zee, Star and Sony). Although the media planning focus was on North India, the actual reach of the adverts was nationwide due to the national footprint of most leading television channels. The adverts were primarily aired in evening and afternoon prime time slots since data on television viewing behavior suggested that this is when most women have free time and watched “soap opera” serials.

Mass media spends was the largest single budget item for the program and the media planning team was tasked with leveraging the maximum visibility for the given budget. Planning also needed to ensure that the campaign could maintain a continuous media presence, dominate high rating programs for maximum impact and should be synergized to support on-ground activities.

Leveraging Mass Media Support

| | Outlays Rs. lakhs | Visibility Rs. lakhs | Visibility to spends ratio |
|-------|----------------------|-------------------------|-------------------------------|
| 98-99 | 457.7 | 1102.8 | 2.4 |
| 99-00 | 600.5 | 1207.9 | 2.0 |
| 00-01 | 277.5 | 976.7 | 3.5 |
| 02-03 | 356.0 | 854.0 | 2.4 |

| Channel | FCT ¹ in seconds | Spends in Rs lakhs | Visibility worth Rs lakhs | No of Episodes or Movie Sponsorship |
|--------------|--------------------------------|-----------------------|------------------------------|----------------------------------------|
| Star Plus | 13,320 | 160 | 349 | 64 |
| Zee TV | 15,420 | 61 | 156 | 38 |
| Sony | 4,405 | 57 | 252 | 48 |
| Aaj Tak | 6,010 | 21 | 21 | |
| Zee Cinema | 8,000 | 20 | 24 | 15 |
| Set Max | 11,110 | 20 | 27 | 17 |
| Zee News | 11,330 | 17 | 25 | |
| Total | 69,595 | 356 | 854 | 182 |

Source: GkH Steering Committee presentation by Ogilvy and Mather, April 2003

With diligent planning and negotiations the GkH campaign was continuously able to garner visibility worth almost twice the amount actually spent. For example in 2002-03 the campaign managed to negotiate over 69,000 seconds of free airtime. So while the total spends for the burst of advertising were about Rs.356 lakhs (US\$ 791,000), the visibility actually delivered at market rates was worth almost Rs.854 lakhs (US\$ 1.9million).

This successful leveraging was partially due to the 'social campaign' appeal that was made to media companies, but also because the media planning unit of Ogilvy & Mather was one of the largest media buying houses in India and was therefore able to use their existing relationship with television companies for the benefit of the GkH campaign. In some cases these discussions led to Sony television network producing a number of OC adverts with actors from their serials and airing these all free of cost. Star Plus also provided a number of their celebrities for adverts and messages.

नियमित माहवारी, खून की कमी और त्वचा में सुधार...
गर्भनिरोधक गोली से मुझे ये सब फ्री मिला।



गोली के दानजोली

बिना पैसे के गोली के गोली आपको भी मुक्त करेगी. अपनी संरक्षा में चुनिये।





कहीं गोली खाने से मेरी माँ बनने की क्षमता पर असर तो नहीं पड़ेगा ?

बहीं, जांच-शोध से ये प्रमाणित हुआ है कि खाने वाली गर्भनिरोधक गोली से बच्चे पैदा करने की क्षमता पर असर नहीं पड़ता है. जब आप बच्चा चाहें तो गोली खाना बंद कर दें. महीने दो महीने में आपका शरीर फिर गर्भधारण के लिए तैयार हो जाएगा.



इस विज्ञापन में गोली के नाम का उल्लेख नहीं है. गोली के प्रकारों, और औरों पर, डॉ. बिन्नी, 11111111

मेरी के गोली

Public Relations Activities / Community Outreach - New Initiatives

Public Relations Activities

Public relations was used to neutralize negative attitudes towards OCs primarily among the media and journalists and also to use leading doctors to advocate OCs within both the healthcare provider community, media and community organizations.

In the first year of the GkH program the PR unit had produced a number of print adverts that were placed in women's magazines, however as the tracking results showed very low recall of these adverts, the approach shifted to a focus on editorial and information content in these magazines wherein the PR team regularly produced and placed different types of articles (information, scientific, lifestyle, news) on contraception and OCs in popular magazines and newspapers.

In this early phase the GkH program also initiated media launches in major urban areas to announce the start of the program and plans and also to seek support in projecting OCs as a safe and efficacious method. For these launch conferences, GkH sought the support of local government officials and civic groups and coverage in the press.

To increase awareness and correct knowledge about OCs among journalists, GkH organized workshops for key journalists, especially the health columnists from the vernacular press in UP and Bihar. These workshops were addressed by well known media personalities who often opened the session by talking about the need for responsible reporting and validating information. This was followed by a technical presentation on contraception and OCs by a local technical expert such as a FOGSI

member. For greater relevance to the journalists it was important to provide town or state level information and statistics on population and contraception.

Following through on these workshops, contact was also established with senior editors of key publications and the first set of positive (i.e., evidence-based and informative) articles on pill were published in a number of popular magazines and papers.

Community Outreach - New Initiatives

Apart from mass media advertising GkH explored different ways to reach and influence potential users. Some of the outreach innovations that were tried under the program included:

Beauticians: Research showed that 50% of the targeted women regularly visited beauticians and discussions with women suggested that during these visits there was openness to talk to both the beautician and other customers about the most intimate subjects. The GkH program therefore decided to cover a number of beauticians in the campaign. This started with training over 6,000 beauticians on OCs and providing them with OC display materials inside the parlor that would help to initiate dialogue on contraception and OCs. However, continuous monitoring of these initiatives by the field team found that only about 1,500 were effectively conveying these messages and that many beauticians shy away from talking about contraception and so this approach was eventually scaled down.

Community Outreach - New Initiatives

NGO Networks: This approach was tried in three cities in 2001 with the thought that “door-to-door” communication would be most effective utilizing the existing NGO networks that were present in the area rather than deploying a direct marketing team. Through this effort nearly 200 Hamjoli Kendras² were set up and trained Hamjolis³ conducted group meetings, counseling, referrals and direct sales to women. However, since NGOs traditionally target the lowest socio-economic groups, it became clear that this was not the most appropriate audience for the private commercial sector brands, missing its intended niche market. Consequently, these networks and contacts were handed over to social marketing firms.

GkH City Awareness Weeks: This was a multi-pronged and intensive effort using a number of on-ground approaches with on-air support through local and national mass media, the aim being to maximize the exposure to GkH and OCs via multiple channels in specific cities. The on-ground elements included; street plays, inserts/handouts to potential users, Ob/Gyns providing free counseling, special programs with nursing homes⁴, media coverage of local Ob/Gyn conferences, local press and cable interviews with spokespersons, GkH information and signage at Ob/Gyn clinics, ISMP Clinics, chemist outlets, beauty parlors and select nursing homes, posters, consumer brochures and local media promoting the free counseling by partner doctors. This initiative helped to create significant buzz and awareness at the city-level, however sales reports from partner manufacturers and retailers suggested that there had been no significant increase in sales of OCs.

Hamjoli BaatCheet⁵ Sessions: These were interactive group meetings and conversation sessions that were organized between potential users

and satisfied OC users (this was piloted in Aug 2003). Satisfied users were identified and recruited as local coordinators and trained by the Hamjoli field team. These women in turn conducted local level group discussion sessions in groups of 10-20 women (3-4 sessions/per week) with the target audience (current or prospective users). They discussed usage, safety, and other health benefits of the pill and talked about how they had first decided to use OCs and the initial problems that they may have faced. Wherever possible a local doctor attended the meeting to provide detailed information and counseling. Hamjoli field staff were involved in monitoring the sessions and provided regular feedback to these Hamjolis. Monitoring showed that even though invitation processes were not targeted exclusively at potential users, but was an open invitation to all women in the locality, self selection by participants meant that the audience mostly included women who could potentially use OCs or who wanted to find out about them for their daughters-in-law or younger sisters-in-law. The other key finding was that trial and usage of OCs was significantly higher in sessions where a doctor had participated in the groups and filled out prescriptions to interested users.

Hamjoli Anju, Jaipur - “Lots of people ask me why I became a Hamjoli, why I tell other women about the pill. My journey started 3 years ago on Diwali night. I was watching TV with my husband and we came across the Goli ke Hamjoli advert. My baby was 1 year old and everyday the tension of becoming pregnant again was eating me up. I had heard so many things about the pill. The advert told me to contact my doctor and both my husband and I went the very next day. I was stunned by what the doctor told me about the pill. The advantages and the many benefits! Even then I was a bit apprehensive – what if I forget to take the pill. But thankfully with my husband’s help I became a regular pill user. It helped me not just physically by making my periods regular, but also by making my life completely tension free from unwanted pregnancy. Then when I got the opportunity to tell other women in my city – how could I not spread the same peace that I had found.”

² Hamjoli Kendras = community based NGO centers where information about OCs are given

³ Hamjolis = literally means “friends” and was the name given to women trained by GkH who fulfilled the role of advocacy and CBD workers.

⁴ Nursing home in India refers to a small private clinic/hospital (few beds available).

⁵ BaatCheet Sessions = Hindi for conversation

Influencing the Health Providers – Ob/Gyns

Women's college program: This was a pilot effort in 30 colleges of eight large towns and cities and began in August 2003 in association with the Family Welfare Committee of FOGSI. Once again, looking for creative ways to reach young women, CMS decided to use colleges as an entry point to target younger women (15-20 yrs). At these venues CMS would organize an educational session with 150 - 200 participants during which a local Ob/Gyn would talk about reproductive health, sexuality and contraception, with emphasis on low-dose pills (girls were given an accompanying brochure). Although many college principals were hesitant to allow these activities in their colleges, the fact that it was supported and conducted by FOGSI member doctors helped gain access as did the fact that the program was positioned as a means to fill the gap of RH education in most of these institutes. Monitoring was done among participants and non-participants through post session quizzes and results indicated 52% attendance and positive attitude shift among those women who attended compared to those who did not attend.

Influencing the Health Providers - Ob/Gyns

At the start of the GkH project, research was conducted with providers to assess their opinions about the OC pills since Indian consumers rely so heavily on doctor's opinion and advice. For the most part doctors had a negative bias towards OCs largely based on their knowledge of the old generation, high-dose pills. Since they were the key opinion makers within the medical community and they were the key influencers of the public opinion, this perception needed to be addressed from the very start.

To build doctors support over 400 leading local Ob/Gyns from 21 target cities across the project areas were co-opted into providing free

counseling for patients interested in finding out more about contraception. This service was advertised in local press and on city cable networks and direct mailers to potential clients with information about where and when clients could seek free counseling under the GkH program. Materials such as technical updates and detailing aids were developed for the participating doctors and simple user pamphlets were produced to support their interaction with clients along with free OC samples from partner manufacturers. This initiative was useful not only in providing free information and prescriptions to intending users through leading practitioners, but the participating doctors also served as role models and simply by their association with the program helped to neutralize concerns among the wider group of doctors.

Well-known doctors were trained as spokespersons for media interviews and technical briefing sessions and medical college lectures. They were empowered with evidence based technical updates and training on counseling and collateral material to disseminate to their consumers. These key spokespersons also served as speakers at meetings that GkH organized with local civic groups active in healthcare such as Lions Club, Rotary, Inner Wheel and All India Women's Conference. These training modules and collateral developed for doctors were also shared with the OC partner manufacturers and based on this the manufacturing partners strengthened their detailing to doctors by making it more evidence based. GkH also provided considerable support to the partners in terms of access to references and evidence based medicine (EBM) experts.

Influencing the Influencers – Chemists and ISMPs

The most influential group through which one can both reach and influence Ob/Gyns is FOGSI (Federation of Ob/Gyns Societies of India). GkH built a close relationship with FOGSI and continuously lobbied with FOGSI to garner greater support for OCs. GkH engaged a number of city level FOGSI chapters to support college program adolescent health promotion in eight cities. GkH also persuaded them to issue official statements that OCs are safe for long term use. A consensus statement on safety of long term use of hormonal contraceptives including OCs was finally issued by FOGSI in 2004.

Influencing the Influencers – Chemists and ISMPs

The role of chemists and ISMPs also became clearer following consumer and provider research. Pharmacist were the ones who sold the product to users and research showed that although very few women actually asked chemists for advice on method selection, they would ask for specific information on product usage or seek reassurance on a new method. This point of interaction therefore was important not only to provide usage instructions and clarification, but also to reassure clients that they had made the correct choice. The fact that most chemists had either no knowledge or held strongly negative opinions about OCs meant that they were either reluctant to provide any information about the OCs or would dissuade users from adopting OCs.

In 1999 the GkH program identified ISMPs as a crucial group that needed to be covered by the program. By their very nature they saw a greater number of patients than other more formally qualified doctors. Since their business depended more on the basis of relationships with their clients rather than on their qualifications, there was a greater potential for these providers to counsel their clients. And finally many of these providers had no or little formal health education, were not provided any product or

medical updates by medical representatives of pharmaceutical companies, nor had any access to continuing medical education. Therefore there was both a need to train and detail this group as this group had a great potential in promoting OCs among middle and lower income clients.

Over the period of the program, the Hamjoli Field Team trained and detailed 28,360 ISMPs and 34,012 chemists. The training program focused on imparting information about contraceptive choices, correct information about OCs and usage based largely on WHO technical guidelines. The training was a half day event organized for a group of about 20-30 providers with a trainer from the Hamjoli field team. There were subsequent regular visits to these health care providers and also to those who had not attended the training programs every 1-2 months to detail them and refresh their knowledge and provide technical updates or program information.

A training assessment study among ISMPs showed that:

- Training had covered over 52% of the universe of ISMPs in the designated areas.
- Overall knowledge level about OCs was high across all ISMPs (especially on side effects).
- Trained ISMPs showed consistently better knowledge than non-trained ones.
- Those who were only detailed and did not attend the training program showed just marginally better knowledge and behavior as compared to untrained ISMPs.
- Follow-up on training is strong with 53% ISMPs reporting at least monthly visits by the Hamjoil teams.

Influencing the Influencers - Chemists and ISMPs

Dr. D.P. Singh, Pandeypur, ISMP, Varanasi - *“When the program was started, we were not very concerned or interested in the Pills, because we felt why should we take too much interest in it, as the Government is anyway running the program. But your regular visits to us, and the material that you gave us, aroused a lot of curiosity among women and as they started asking more and more questions (on seeing the posters, etc. that Hamjoli Field team had put up) we also started taking more interest and started telling women about it. In this, regular visits by the field staff also helped us clarify more and more of our doubts as and when they kept coming up. They told us, in great detail about the advantages and that there are no side effects and this made us more confident about telling women about the pills and more confident about handling whatever fears they had. Your visits made us aware that this product is good and we started concentrating on issues and areas that we had never paid attention to before and we started talking about it with more interest to more women. This information and all the material has made it easier for us to also convert those people, who had run away from the pill, initially, thinking that there were side effects. But now armed with all the information, we get more encouraged to convince these people, because we now know that worldwide people are using it.”*

Influencing the Influencers - Chemists and ISMPs

GkH organized similar special training seminars, through which chemists were provided with knowledge and updates on OCs, information on OC brands and variations and updates about the GkH program. They were further detailed by field teams and provided with signage, chemist guides, ready reckoners and other merchandising for increased OC visibility.

Baseline KAP and follow up surveys showed that after these trainings:

- 79% chemists knew that OC side effects usually disappear within a few months, versus 54% in the baseline in 1998.
- A total of 86% said OCs were very effective in preventing pregnancy versus 79% in the baseline.
- 73% chemists knew that OCs help to regulate menstrual cycle versus 49% in the baseline.
- Additionally the percentage of chemists who knew that OCs lessen the risk of some types of cancer increased from 16% to 54%.

Anand Medical Store, Lucknow "Regular visits by the field staff means that we get information material regularly and they also give us necessary information, not only about the product, but also about the doctors near our chemist shops, who are prescribing it. The information that they keep giving us, helps us give better advice to women who ask us, instead of doctors. They give us all the cooperation. And because they keep visiting us, the products stay top most on our minds. And when they see the posters, etc they ask us about the pills. Especially so in the case of the men who come here. They come, they see the posters and then they ask us about the pills. These materials have meant that more and more people ask about them and that means that our sales increase. And when they get satisfied with the product, they start trusting us and the products in our shop also!"

शुक्र है गर्भनिरोधक गोली का,
चार साल से हमारा हनीमून जारी है.



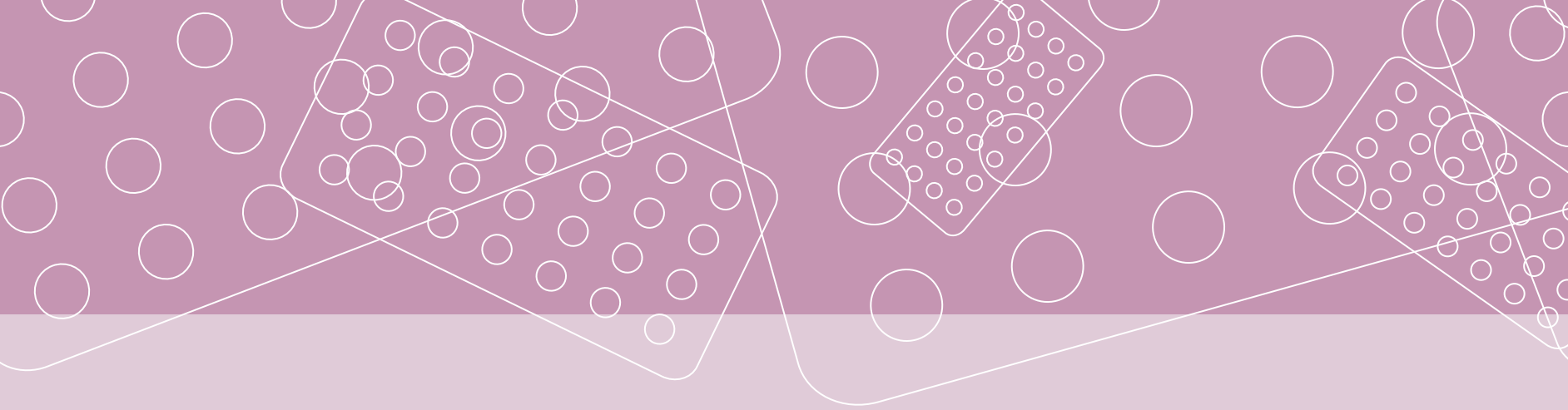
नोली के दमजोली

किसी न किसी केव भी गोली लगावो तो पूरा करवो. जल्दी सोचवो न सुनवो.





Goli Ke Hamjoli
friends of the pill





the OC market

Oral Contraceptive Pills

Oral Contraceptive Pills

Highly researched, new generation low-dose (30 micrograms or less of estrogen) combined oral contraceptives are a safe, effective, totally reversible method of contraception, and widely used worldwide. Additional benefits of the pill include regularizing menstrual cycle, possibly reducing the effects of anemia, and reducing risk of endometrial and ovarian cancers and allowing a woman greater control over her fertility.

Two other types of OCs, Phasic pills and Progestin Only Pills (POPs) are also available in India, but these were not included in the GKH program as they are not as easily available, nor used as widely, and also belong to a different schedule in the Indian Pharmacopoeia as compared to combined OCs. The low-dose combined OCs belong in the Schedule K category of products in the India Pharmacopoeia so these can be sold in pharmacies over the counter without a prescription while Phasic and Progestin only Pills belong to prescription only category.

OC Use in India

Although OCs were highly researched and proven to be very safe, only 2.1% of Indian women use them (2.7% in urban areas - NFHS-2, 1998-1999), as compared to 15-20% usage in other countries. Through primary and secondary research on contraception and OCs, a picture emerged of the Indian women as someone who wanted to have greater control over her fertility and wanted to space births. She was aware of OCs, but did not use them because she lacked specific knowledge about usage and also because of fears and myths about OCs that she had heard from her peers or sometimes even from healthcare providers. Most of these misperceptions were likely to be persistent negative impressions

from people who had experience with the older high-dose pills. There was also a historical emphasis on sterilization and strong provider bias towards permanent methods.

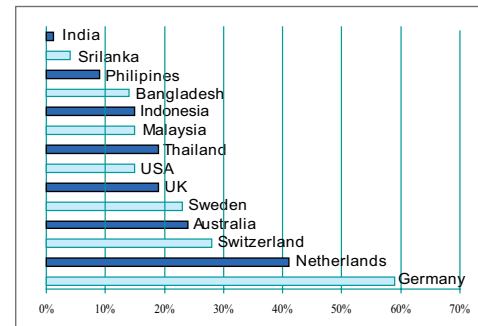


Figure 1 OC Use in Other Countries

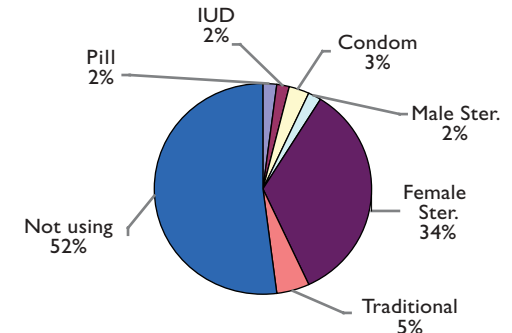


Figure 2 Contraceptive Method Use in India (NFHS-2, 1998-1999)

Influencing the Influencers – Chemists and ISMPs

OC Market in India

The Indian hormonal-contraceptive market has three components: free distribution, social marketing, and commercial distribution. Both social marketing and commercial brands were widely available in the market primarily through pharmacy outlets as an OTC product. There are over 20 brands of OCs available in a price range from Rs.2 to Rs.70 per cycle.

Free Distribution: Mala N is procured by the government and freely distributed through the public health system. In 2002-03 almost 57.4 million cycles of Mala N were made available in India.

Social Marketing: The government of India launched the Social Marketing Scheme of OCs in 1987. Under this scheme, the government procures Mala D from the indigenous manufacturers and supplies them to social marketing organizations (SMOs) at subsidized rates. Distributing companies i.e. SMOs are also permitted to market OCs under their own brand name. A promotional incentive of Rs.0.25 per cycle of OCs sold is

also provided to the SMOs. The Ministry of Health Family Welfare (MoHFW) coordinates the free distribution and contraceptive social marketing programs, compiling demand estimates, contracting with manufacturers, and supporting social marketing efforts with product and promotional subsidies. At the start of the project in 1998 about 5.1 million cycles of OCs were sold through SMOs. Mala D, the government social marketing brand, accounts for almost 52% of this. The other leading socially marketed brands are Pearl, Choice, Arpan, Apsara and Ecroz. All social marketing OCs are low dose COCs and come under the schedule K classification.

Commercial Distribution: The total market for commercial OC brands in the project areas was estimated at about 2.8 million cycles per year with Wyeth (Ovral L, Loette) being the largest marketer in this category, followed by Organon (Femilon, Novelon) and German Remedies (Bandhan).

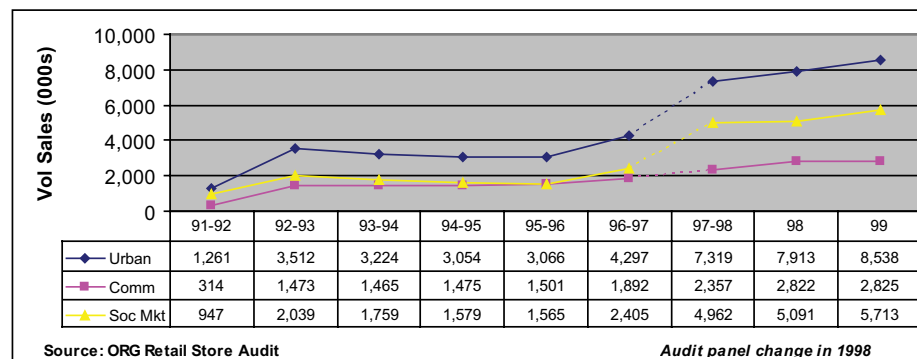


Figure 3 OC Volume Sales Trends in Urban Areas of Project States

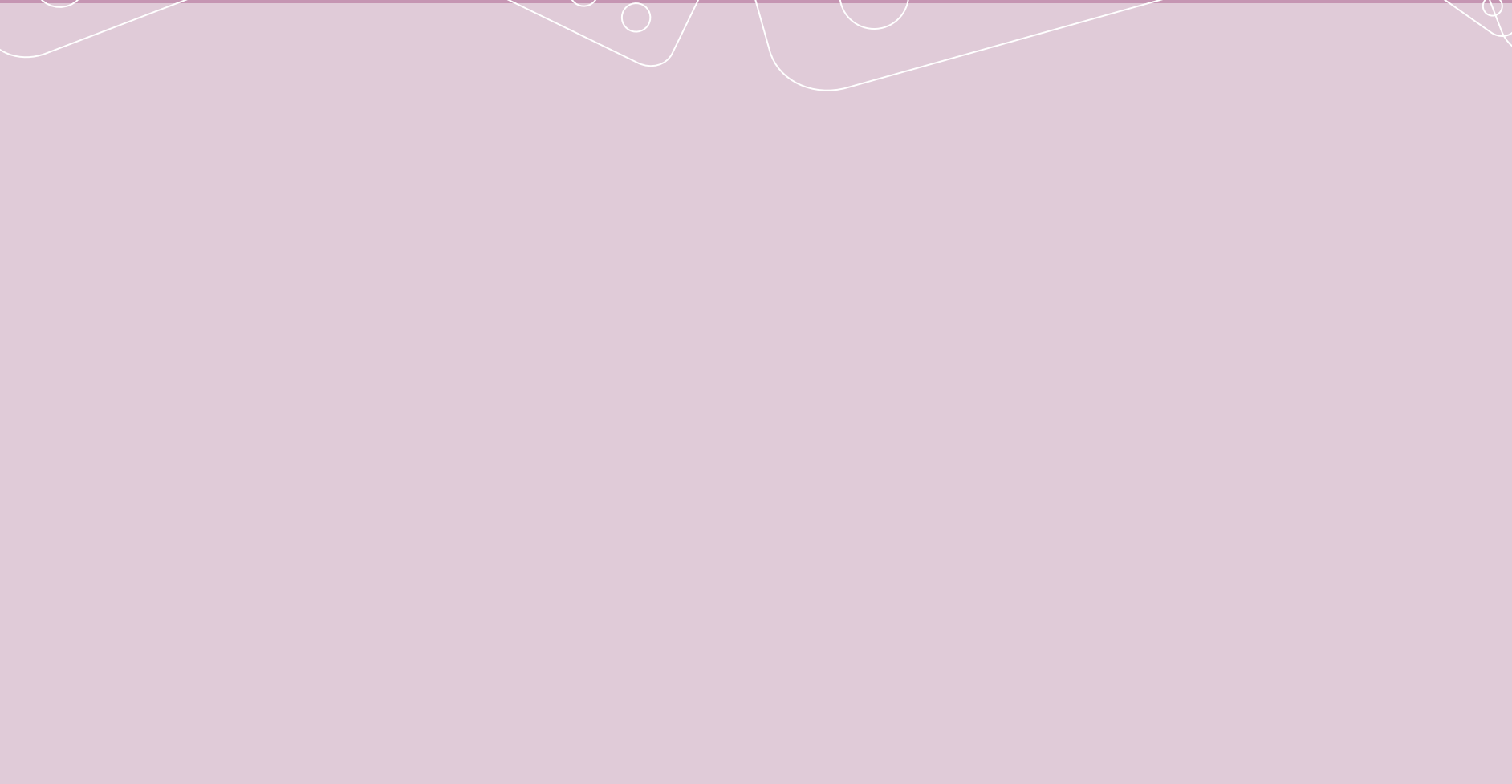
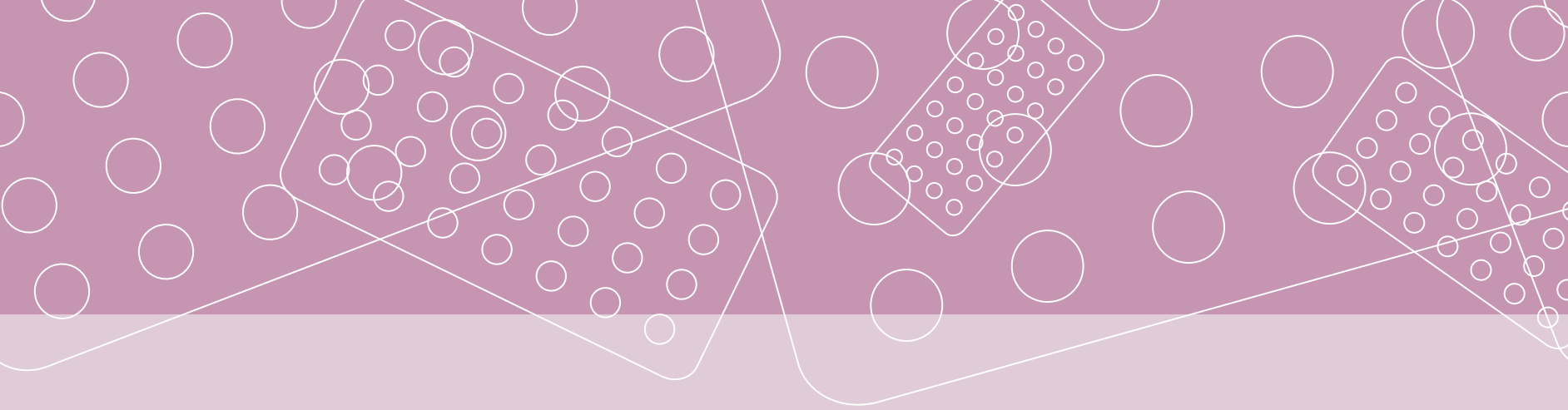


किसी न किसी ब्रैंड की गोली
आपको भी सूट करेगी,
अपनी डॉक्टर से पूछिये.



किसी न किसी ब्रैंड की गोली
आपको भी सूट करेगी,
अपनी डॉक्टर से पूछिये.





The background features a purple-to-white gradient. The top portion is a darker purple and contains several overlapping white-outlined rectangles. Inside these rectangles are various patterns of white circles, some of which are also scattered outside the rectangles. The text 'commercial partnerships' is centered horizontally in the white section of the gradient.

commercial partnerships

Partner OC Marketers

Partner OC Marketers

It is important to note that at the start of the program all the three commercial sector OC marketers had low interest in the category as their large portfolio of other products vied for attention and investment. Therefore, persistence and persuasion was required while talking to pharmaceutical companies about a product that they felt had limited prospects for growth and revenue yield. Even though they were presented with data about the high levels of unmet need and intending OC users, they often felt that the large demand would be most likely catered to by the government and social marketing companies and in fact considered themselves to be operating in a different market to the social and free distribution sector and that their target segment was entirely fuelled through prescriptions from leading Ob/Gyns.

Wyeth: Based on their collaboration with USAID in Bangladesh and other countries, Wyeth was the first partner to join the GkH program. As part of their MoU they provided pill samples to doctors enrolled in the project, increased distribution of their product from 50% to over 76% of chemists and made OCs one of the products promoted by their field representatives in all calls to doctors with family planning clients (about 25% of their call list). In the later stages of the campaign as the GkH branding gained recognition and credibility Wyeth placed the program logo on their display materials and informed doctors of their association with GkH. As Wyeth was the largest commercial OC manufacturer and was seeing significant growth in OC sales, they adopted a strategy of increasing prices

to accelerate revenue growth. PACT-CRH argued that this was not in their benefit as each price increase was slowing down volume growth and also not in the benefit of market growth as consumers were price sensitive in this category. Wyeth however countered that OCs were a low revenue earning product category and therefore brand promotion had been very limited, but that if they could increase their revenues they could increase their investment in the OC category.

This increased investment and interest in the category was borne out by two significant changes. Firstly, Wyeth began branching out from the traditional focus of marketing to doctors to advocacy to consumers and also started to place some adverts in magazines. They even started an internal debate about whether they should promote directly to consumer rather than to doctors. This was a big step for a pharmaceutical company that previously believed strongly in the need to communicate only to doctors who they saw as their end consumers and promoter.

Secondly in 2002 Wyeth introduced a new ultra-low dose brand called Loette which was the first new OC brand launched in the market in over a decade, and discontinued production of Ovral G (their high dose pill that was primarily prescribed for menstrual regulation). Eventually, Wyeth set up a marketing team to focus on women's and child health products and while the focus of this group was initially on hormone replacement therapy, this gradually moved to a greater focus on contraception.

Organon: Organon approached the PACT-CRH team to join the GkH program in late 2000 after the campaign had started to make an impact on market growth. As partnership to the GkH program required that the partner brand be registered as OTC products, Organon took the initiative of re-registering their low dose Novelon brand as an OTC product. They branded their POS materials with the GkH campaign logo and over the period of the program their sales increased steadily from a very low base. They also introduced their ultra low-dose OC brand Femilon shortly after joining the OC campaign.

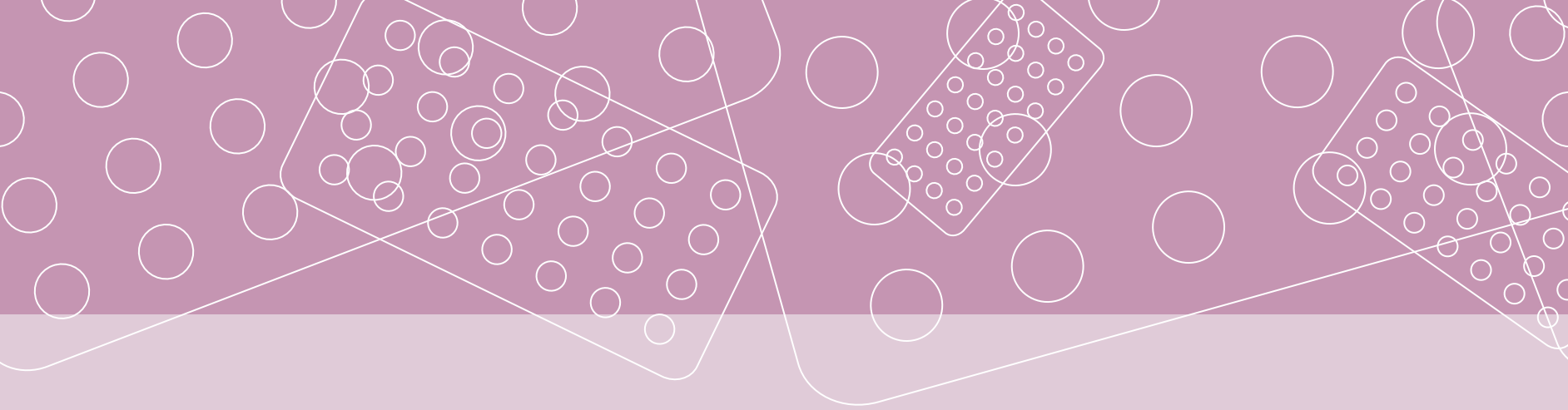
German Remedies: Shortly after Organon joined the program, German Remedies introduced a low dose brand in 2001 called Bandhan and requested partnership in the program. Bandhan was the first mid-priced commercial OC brand in India at Rs.18. This brand was launched primarily to participate in the GkH program in North India.

As a new management (Schering) reorganized the firm in 2002, there was a cut in detailing funds and decreased product distribution. The MoU was eventually discontinued due to non-availability of product in the project areas.

Social Marketing Firms: There are a number of leading Social Marketing firms active in India, including Population Services International (PSI), DKT, Hindustan Latex Limited (HLL), Janani, and Parivar Seva Sansthan (PSS). All these firms sell the government subsidized OC brand, Mala D and their own brands subsidized by Gol with prices ranging from Rs. 2 for

Mala D and between Rs. 3 to 7 per cycle for other social marketing brands. As the GkH program was focused on the commercial sector it did not enter into any MoUs with the SMOs so there was both competition and collaboration with social marketing organizations. In some cases they worked as close informal partners in the GkH program by providing CMS with their internal sales data and market research findings, providing lists of ISMPs and providers they covered, ensuring field team coordination with Hamjoli Field Force and collaborating on NGO/community outreach programs. In 2002-03 when PSI had significant unspent funds under the USAID funded Chayan project, they opted to dedicate these resources to airing the GkH spots as they felt that these were more effective adverts for promoting OC use.

Some SMOs however also took unfair advantage of the GkH campaign by associating their brand with the GkH category campaign. DKT for example aired a series of adverts claiming that their OC brand Choice was the “sachchi Hamjoli” (your true Friend) and Hindustan Latex launched a brand of OC in some markets in East India called Hamjoli, and PSI in many markets over-branded the GkH display materials at retail outlets with Pearl stickers. While these attempts at association recognized that the GkH program was having a positive influence on OC use, it was something that PACT-CRH discouraged as it could damage the credibility and generic nature of the campaign.





measuring results

Sales Results

Total MAT OC Sales Volume in Urban North India (Old and Adjusted New Panel Data)

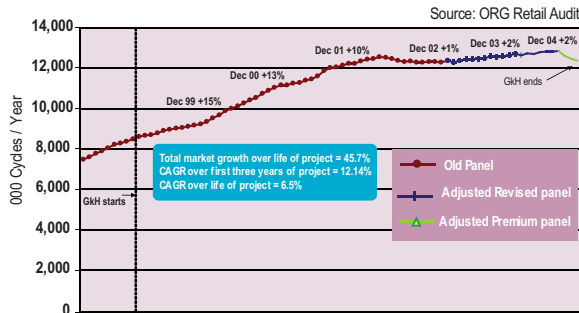


Figure 3 Total Moving Annual Total OC Sales Volume in Urban North India (Old and Adjusted New Panel Data)

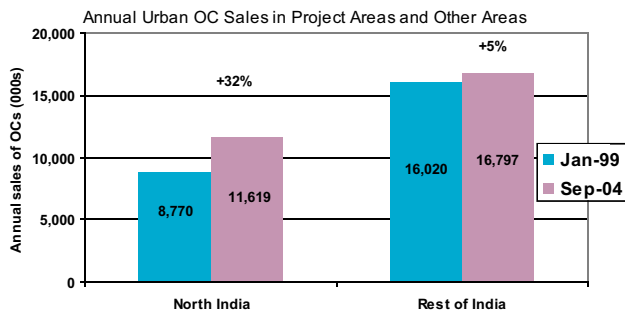


Figure 4 Annual Urban OC Sales in Project Areas and Other Areas
Source: ORG Retail Store Audit – Urban Markets

Sales Results

Sales results for OCs were tracked based on the ORG retail store audits. As this audit underwent panel changes and projection changes every three to four years sales data from different panels had to be adjusted to allow for a smooth trend analysis. These results show that against the objective of growing OC sales by 12-15% per year, sales grew at a rate of 12.1% CAGR (Compounded Annual Growth Rate) over the first three years of the project. However, in the later phases of the project the sales growth stagnated and total growth in OC sales over the six year project came to 46% over the base year and 6.5% CAGR.

Comparing sales result for the project areas versus rest of India serves as a means of attributing any differences to the GkH campaign. Looking at unadjusted sales audit data we see that total sales growth was significantly higher (32% increase) in project areas as compared to the rest of India which increased by just 5% over the entire period (see figure 4). So while the project states accounted for about 35% of all India urban sales in 1998, by the end of the project these areas now accounted to over 41% of all India urban sales.

Sales Results

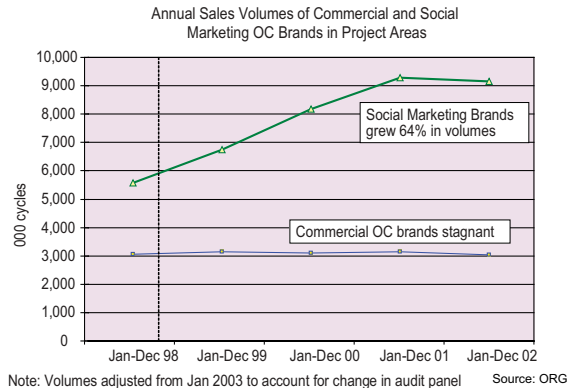
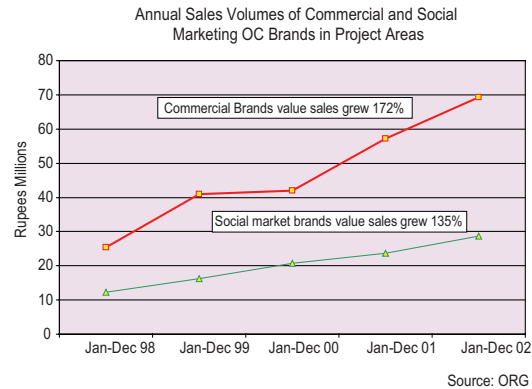


Figure 5 Annual Sales Volumes of Commercial and Social Marketing OC Brands in Project Areas



Note: Volumes adjusted from Jan 2003 to account for change in audit panel

Figure 6 Annual Sales Values of Commercial and Social Marketing OC Brands in Project Areas

Both the SMOs and commercial partners benefited from the GkH program. The SMOs were the ones who saw the largest volume growth as the overall market expanded, and in the first three years of the campaign SMO sales grew by 64% accounting for almost the entire volume growth in the total OC market. Commercial marketing brand sales trends, according to the ORG sales audit reports, remained stagnant although this was largely accounted for by the decline in sales of their older high dose brands, and internal sales data from the partner manufacturers suggested that the low dose brands had seen a growth of 61% in the first four years of the program.

In spite of the stagnant commercial brand volume sales, during this same time the commercial sector brands saw a value growth in sales of almost 172% while the social marketing brands which had experienced significant volume growth also saw value growth of about 135%.

Changes in Consumer Attitudes and Behavior

Changes in Consumer Attitudes and Behavior

The campaign resulted in a more positive attitude towards OCs among the primary target audience with higher association of OCs as a tension-free method, greater acceptance that OCs can be used for any number of years and knowledge of additional non-contraceptive benefits such as regular periods and prevention of anemia. Hindering factors such as concerns about side effects, beliefs that OCs should not be used after a certain age or that it could be used for a limited duration declined significantly. More women also understood how to use OCs and knew what to do if they missed a pill, however remembering to take a pill daily continued to be a barrier.

The annual tracking studies showed that there was high recall of the campaign in 2003 with 74% recalling the campaign. OC use among the target group had also increased from 6% in 1999 to 11% in late 2003. It also showed a marginal decline in OC drop outs towards the last two years of the program and an increase in the proportion of OC intenders. While 50% of respondents did not use any FP method, 24% among them said they intend to try OCs. Most intenders were non-contraception users or current users of condoms. Among current users of OCs, intention to continue remained extremely strong (88%). By 2003 most women who did not intend to use OCs did not mention fear of side effects or the need for more usage information as a reason for this decision.

Changes in Consumer Attitudes and Behavior

Table 3 Tracking OC Use, Intention and Drop Out

| Year | 1999 | 2000 | 2001 | 2002 | 2003 |
|----------------------------|--------|--------|--------|--------|--------|
| All Respondents | (2448) | (2118) | (2262) | (2770) | (2493) |
| Started OCs in last 1 year | 1% | 3% | 4% | 1% | 4% |
| Continuing users | 5% | 7% | 9% | 7% | 7% |
| Current users | 6% | 9% | 13% | 8% | 11% |
| Dropped out in last 1 year | 2% | 3% | 1% | 2% | 1% |
| OC Intenders | 8% | 6% | 6% | 6% | 12% |

Source: Annual GkH Tracking Studies

The typical OC user profile was a woman aged 24-29 years in SEC B or C, married for 5 years with two children. Most non-users did not want to adopt any method of contraception and those who wanted to adopt a contraceptive method said they intended to adopt female sterilization as their first choice, with OCs as the most preferred spacing method.

Other positive results:

- Mala-D (the Govt of India social marketing brand) changed formulation to the newer generation Levonogesterol (possibly as a result of GkH project PR efforts).
- More brands of low-dose pills were available in India than ever before and more companies wanted to use the GkH logo on their program materials.
- The GkH campaign was awarded the best Healthcare PR campaign in Asia in 2000.

Lessons Learnt

Lessons Learnt

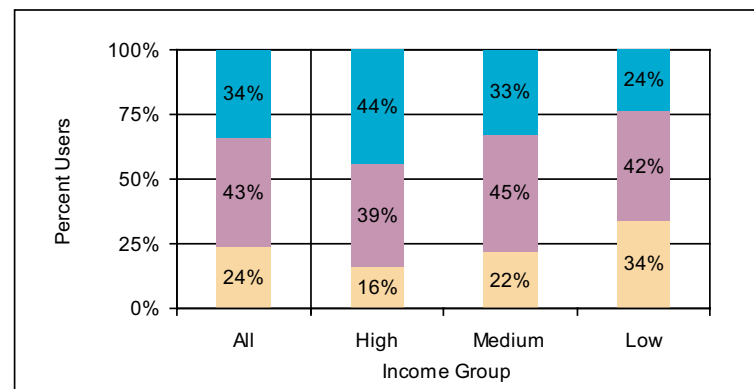
- Sales and usage growth is sharp at the onset of a category campaign, especially if no other significant efforts have preceded them. The ability to harvest the fence sitters or low hanging fruits quickly in the first few years also means that objectives and strategies will have to change dramatically as the campaign matures.
- Lower priced products will be the largest gainers in terms of volume growth if a category growth effort is supported. Commercial, higher priced brands, can gain volumes and significant value growth which can lead to greater investment in the category. However, MoUs with pharmaceutical partners should attempt to put some limits on price increases to ensure that volume growth is not sacrificed for value growth.
- Commercial partners are usually reluctant to join or support generic campaigns till they have seen some results of the campaign. There is however also a tendency of becoming a lazy partner if their expected investment and roles are not clearly stated to them at the start of the partnership.
- Advertising agencies tend to have a greater focus on doing good mass media advertising and often pay less attention to the quality of execution of on-ground activities. Program managers need to therefore pay special attention to the implementation of on-ground activities and it is preferable to have a dedicated team if training and detailing is required on highly technical issues.
- Advertising needs to be thoroughly researched to be effective:
 1. Understand the consumer and have feedback on their ideas
 2. Make sure they reach the right people
 3. Get consumers' attention to deliver the message
- Category campaign branding need to clearly distinguish themselves from product brands. In the case of GkH many viewers of the campaign perceived GkH to be a brand of OCs, and in some cases the GkH adverts were identified with the largest OC brand, Mala D. This is a concern because at best the benefits of GkH program may accrue to only Mala D and at worst, the GkH program may get associated with the historical negatives of high dose OCs.
- One time intensive training of providers is more effective than just regular brief detailing in increasing knowledge and changing attitudes. However, using both these approaches together has even greater impact, but requires considerable resources.
- Pharmaceutical companies are hesitant to invest in marketing efforts unless they lead to immediate and clearly attributable benefits for their brand. Therefore, they may support promotions that are localized to their brand, and that will lead to short-term sales increases. However, they are reluctant to invest in brand building and consumer awareness activities that may take a longer time to yield returns. This basis for

Lessons Learnt

assessing marketing investment also means that investments in mass media promotion are unlikely, as are investments in direct to consumer efforts as pharmaceutical companies fear that this may lead to a loss of doctors' support. Marketing innovations need to be appropriately pitched to pharmaceutical partners.

- Donor supported programs also need to have realistic expectations of commercial sector investment in category or even in their own brand marketing campaigns. The total increase in value sales of commercial OCs over the duration of the GkH campaign was about US\$ 970,000. If we assume that manufacturers had margins even as high as 30% then they would have had a total of US\$ 290,000 to invest in the category over the entire campaign period, just a fraction of the investment made in the GkH campaign by USAID.

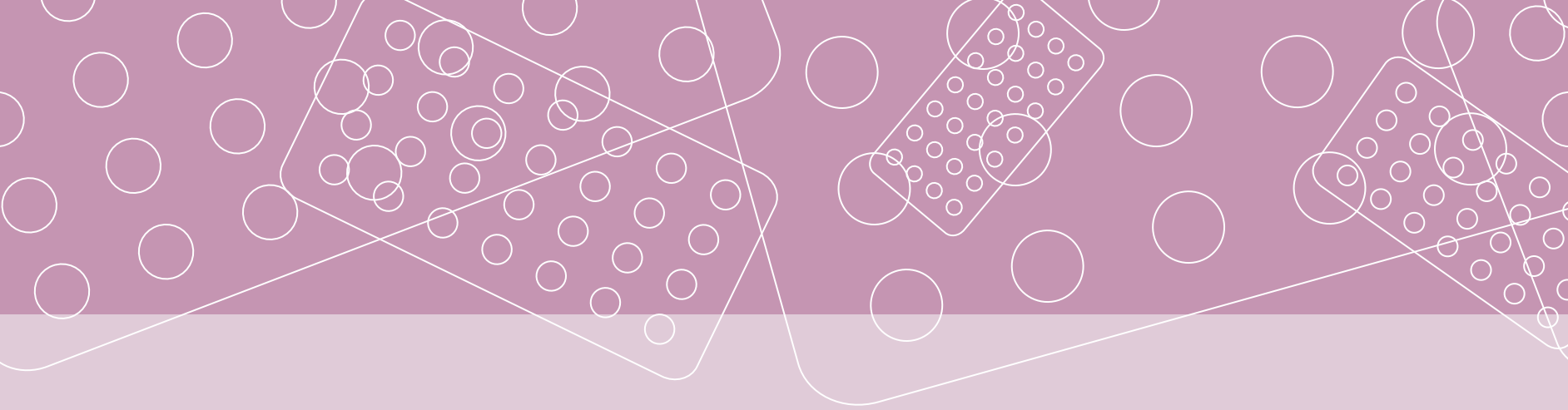
The category model is good at growing the total market. However one of the goals is to ensure not only greater use of OCs but also that the poor are adequately served with free and affordable social marketing products. Looking at the OC use data from the tracking studies and segmenting this by socio-economic status of the user we see that over 55% of the highest income group OC users use free and social marketing products, and that in the lowest socio-economic group almost one fourth of users used commercial (high priced) products. Therefore, better targeting of these brands to the appropriate segments is needed and could lead to significantly higher levels of use. The social marketers should be encouraged to target rural areas and position their brands to lower income groups, and commercial marketers should expand promotion of OCs beyond doctors since it appears that consumers treat OCs as a commodity or have no brand differentiation between differently priced OC brands.



Source: NFHS-2, 1998-1999

Figure 7. Price Category of OCs by different income groups.







post-campaign market
status of OCs : 2006

Greater Commercial Sector Interest

The PACT-CRH managed Goli ke Hamjoli project came to an end in mid-2004 and the results mentioned above show that the campaign did have an impact on the OC market. However the question of long-term or continued impact has been examined in this section of the report which looks at the changes in the OC market almost three years after the end of the campaign.

Greater commercial sector interest:

During the GkH campaign, PACT-CRH made substantial efforts to encourage commercial manufacturers to participate in the project. They were initially skeptical about the benefits of this partnership and it was only after the program had achieved significant visibility in the first few years that Organon and German Remedies joined the program. Commercial interest continued to grow over the duration of the campaign. All three companies launched new brands and set up dedicated marketing and management teams for women's and reproductive health products.

As the program ended the concern was that this commercial interest and investment would start to wane as donor resources in category growth were withdrawn. However, what has been seen is that commercial partners have continued and increased their investment in the category since the end of the GkH project.

PR Campaign by Organon - Organon (now a subsidiary of Azko Nobel) started an aggressive PR campaign to promote hormonal contraceptives that focus on OCs and injectables as well as implants. Through this campaign they have developed a bank of articles and placed them in popular Hindi women's magazines. These articles follow similar formats and placements as those developed by the GkH campaign. The articles also do not talk of any specific brand of OCs but promote the overall category, and promote the lifestyle and convenience benefits rather than just the reproductive health benefits.

Glaxo Marketing New OC Brands - Another indicator of growing

commercial interest has been the Organon and Glaxo Smithkline (GSK) marketing agreement in late 2005 for marketing of OCs. While GSK has no OC brands in its product portfolio, it has one of the largest pharmaceutical sales distribution and marketing divisions in India. Organon on the other hand manufactures some of the highest quality OCs in India. Combining their relative strengths GSK now markets and distributes two OC brands under this agreement – Elogen and Zerogen, both manufactured by Organon.

Wyeth Considering Direct to Consumer Promotion - Over a series of meetings with Wyeth over the last 18 months it has emerged that Wyeth is actively considering Direct to Consumer marketing of OCs. This thinking has largely been led by the growth of the OC category in their product portfolio. At the start of the GkH campaign OCs was their fifteenth largest product category, and in 2007 it was their second largest revenue earner. Much of this growth happened during the GkH campaign and Wyeth is keen to rekindle that growth.

As Wyeth manufactures and markets two low dose OCs (Ovral L and Loette) they are considering switching one of these brands to an OTC brand and maintain the other as a prescription brand. This is a significant step as pharmaceutical companies in India have traditionally been reluctant to make the switch and transition a successful prescription brand into a OTC brand with direct to consumer promotion. Marketers are concerned that doctors' support for a brand is more important than consumer promotion and the fear (and the experience in some cases) has been that as brands are more aggressively promoted directly to consumers many doctors tend to withdraw support for that brand as it becomes a "non-medical" product. This often leads to a short-term dip in sales. However, if there is effective and consistent direct to consumer promotion this dip can be corrected. Due to the risks involved, this is often a strategy for more mature pharmaceutical brands that are approaching the end of their current lifecycle.

FOGSI Consensus Statement

The Family Welfare Committee of FOGSI has added considerable support to the promotion of OCs by issuing a consensus statement in support of hormonal contraceptives in early 2005 saying that these methods must be provided within the WHO guidelines. The statement has been passed by FOGSI in its managing committee meeting where office bearers of FOGSI and representatives of the Obstetric and Gynaecological societies affiliated to FOGSI were present. This was partially a result of the lobbying done with FOGSI through the GkH campaign. The GkH campaign created an enabling environment to initiate dialogue among FOGSI members.

Government of India Support to Continue GkH Advertising

Table 4 Largest Indian Advertisers and Airtime on TV

| Advertiser | Duration in (secs) | % Duration share |
|-------------------------------|--------------------|------------------|
| Hindustan Lever Ltd | 13434130 | 7 |
| Paras Pharmaceuticals Ltd | 4516735 | 2 |
| Reckitt Benckiser (India) Ltd | 4011305 | 2 |
| L'Oreal India Pvt Ltd | 3091320 | 2 |
| Colgate Palmolive India Ltd | 2753700 | 1 |
| Unspec-miscellaneous | 2490169 | 1 |
| Coca Cola India Ltd | 2434655 | 1 |
| Procter & Gamble | 2317800 | 1 |
| Nokia Corporation | 2309255 | 1 |
| Emami Limited | 2208510 | 1 |
| Pepsi Co | 2051815 | 1 |
| Cadburys India Ltd | 1798075 | 1 |
| Brooke Bond Lipton | 1701530 | 1 |
| Smithkline Beecham | 1682805 | 1 |
| Nestle India Limited | 1662095 | 1 |
| Parle Products | 1536720 | 1 |
| Tata Motors Ltd | 1533900 | 1 |
| Unspec-social advertisements | 1521484 | 1 |
| MoHFW / NRHM | 1463021 | 1 |
| Others | 128944507 | 70 |

Source: TAM ADEX (MAP 3.0) Jan – Sept 2006

Government of India Support to Continue GkH Advertising

With a large bank of audio-visual adverts and print communication materials produced in the life of the program, one of the efforts has been to see if these could continue to be used by development partners, or marketers. One significant opportunity presented itself in mid-2006 with the National Rural Health Mission (NRHM) that has considerable resources allocated for a health communication campaign. USAID proposed that the NRHM consider airing some of the existing materials already developed under the PACT-CRH program. After reviewing these TV adverts and some radio spots the GOI decided to air two of the GkH adverts (the Train and the Acrobat adverts) with NRHM branding.

The simple fact that NRHM is the largest social advertiser in India and the 19th largest advertiser among all advertisers in India, means that the level of airtime dedicated to the GkH may be equal to, or greater than the amount it received during even its most intensive phase from 1998 to 2002.

OC Sales Trends

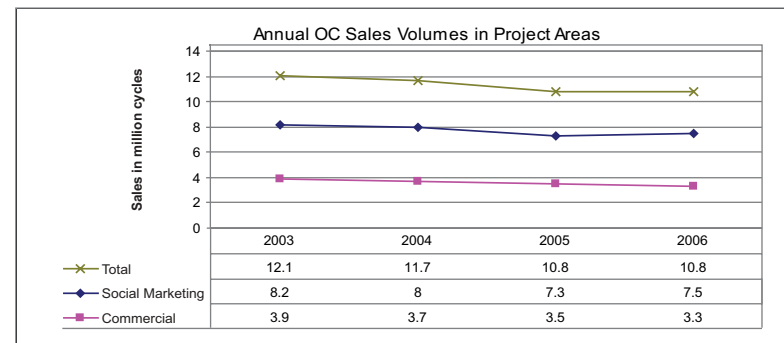
OC Sales Trends

As ORG has updated its panel and data projection methodology from June 2005 it is only possible to trace the current sales trends back till the period 2003 (sales audit data before that period has not been recalibrated and therefore would not be comparable with 2006 data).

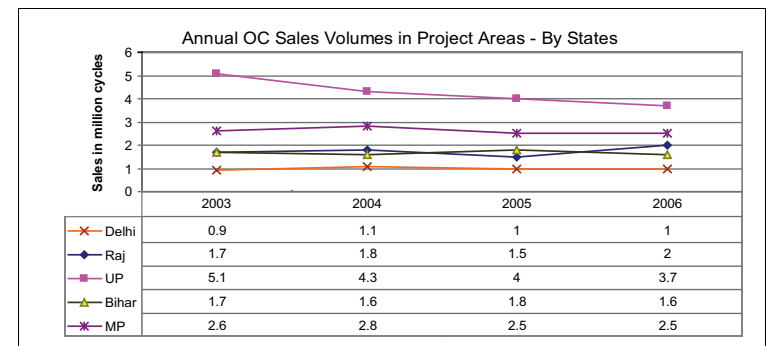
This recent data shows that there has been a marginal decline in the total OC market in the project areas since the end of the project in mid 2004 by about -4% CAGR and this decline has been equally contributed to by both commercial (-5% CAGR) and social marketing brands (-3% CAGR).

However, looking specifically at the individual project states it becomes clearer that the decline has not been across all project areas and that it is almost entirely accounted for by a sharp decline in OC sales in UP. While sales in Delhi and Rajasthan have increased by 4% CAGR and 6% CAGR respectively, and they have been stagnant in MP and Bihar, OC sales declined sharply in UP in the post campaign period by -10% CAGR.

Therefore, while it is clear that the growth momentum created by the GkH campaign has stagnated (in fact this started towards that last two years of the campaign) it is important to note that the sales levels have not declined to pre-project volumes, but rather that there has been an isolated decline in UP that may be connected with other reasons such as close down of a number of large social marketing programs in the state, or possibly due to large scale method switches (the NFHS-3 shows a sharp increase in condom use from 4% in 1998-1999 to 8.7% in 2006).

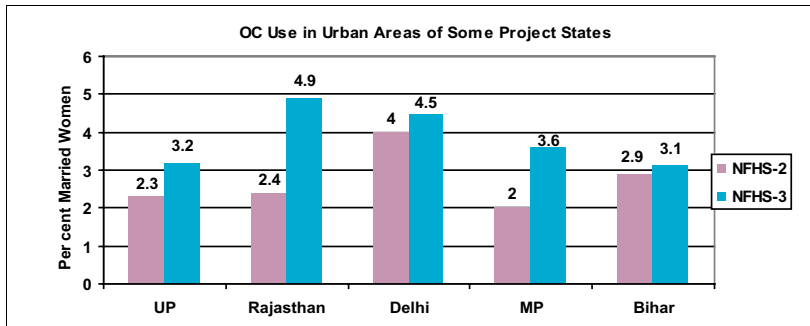


Source: ORG Retail Store Audit – Urban Markets



Source: ORG Retail Store Audit – Urban Markets

NFHS - 3 Results



Sources: NFHS -2 (1998-1999) and NFHS - 3 (2005-2006)

NFHS - 3 Results

The NFHS-3 was conducted in 2005-06 while NFHS-2 was conducted in 1998-1999, just before the start of the GkH project. Therefore the results from NFHS-3 serve as a good means of tracking overall increase in OC use through a rigorous population based survey.

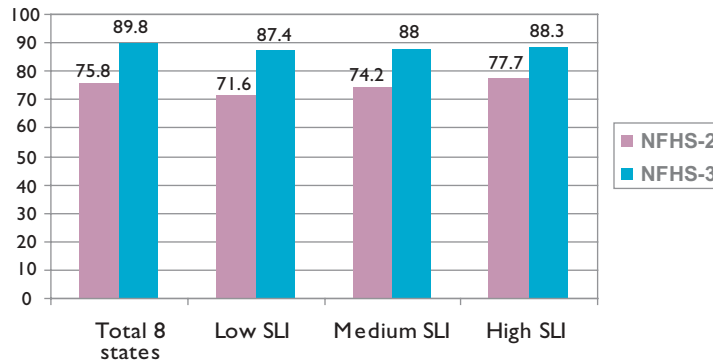
Looking at these results for urban areas of UP (combined UP and Uttarakhand), Rajasthan, Delhi MP (MP and Chhatisgarh) and Bihar (Bihar and Jharkhand) we see that there has been significant increase in OC use in all these areas in this period with almost a twofold increase in Rajasthan, 50% increase in MP and a 40% increase in UP since the start of the GkH project which coincided with the NFHS-2 survey in 1998-99

The withdrawal of donor funding for the high visibility GkH category campaign has therefore not ended up in a situation where OC use is declining. In fact the impact of the campaign seems to be quite sustained with sales levels remaining at the high levels that were achieved during the life of the campaign. It has also significantly increased commercial sector interest in the category and to a great extent has also helped pharmaceutical companies observe and then explore some the strategies that they could adopt.

Source of Supply for OC Pills in Project Area by Private Sector

Source of Supply for OC Pills in Project Area by Private Sector

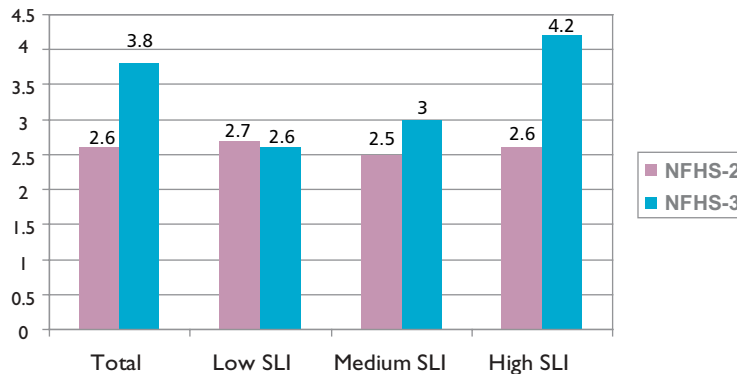
Percentage among currently married women (age 15-49) in urban areas



Sources: NFHS -2 (98-99) and NFHS - 3 (2006)

The NFHS data on source of supply for OC Pills in the designated project areas show that among currently married women in the age group of 15 to 49 years of all the three Standard of Living Indices (SLI), over 71% is by private sector. The increase from > 71% to > 87% in all the 8 states and also in all 3 SLI's also justifies GkH decision to work with the private sector to achieve better results.

Pill usage in project area by SLI



Sources: NFHS -2 (98-99) and NFHS - 3 (2006)

The NFHS 2 and NFHS 3 figures for OC Pill usage in the project area among married urban women in the age group of 15 to 49 years shows an overall increase of 46% during the project phase. This was particularly evident amongst the Medium and High SLI, corresponding to the SEC A,B,C,D that was the primary target audience for the pills.

Abbreviations and Acronyms

| | |
|------------------|-----------------------------------------------------------------------------------------------|
| <i>CMS</i> | - <i>Commercial Market Strategies (project)</i> |
| <i>CPR</i> | - <i>Contraceptive Prevalance Rate</i> |
| <i>DM</i> | - <i>Direct Marketing</i> |
| <i>EAG</i> | - <i>Empowered Action Group states</i> |
| <i>GkH</i> | - <i>Goli Ke Hamjoli (Hindi for 'Friends of the Pill')</i> |
| <i>HFR</i> | - <i>Hamjoli Field Representatives</i> |
| <i>IEC</i> | - <i>Information Education and Communication</i> |
| <i>ISMP</i> | - <i>Indian Systems of Medicine Practitioner</i> |
| <i>KAP</i> | - <i>Knowledge Attitude Practice (studies)</i> |
| <i>NRHM</i> | - <i>National Rural Health Mission</i> |
| <i>MoU</i> | - <i>Memorandum of Understanding</i> |
| <i>NFHS</i> | - <i>National Family Health Survey</i> |
| <i>Obs/Gynae</i> | - <i>Obstetricians and Gyanecologists</i> |
| <i>OCP</i> | - <i>Oral Contraceptive Pill</i> |
| <i>PACT-CRH</i> | - <i>Program for Advancement of Commercial Technology – Child and Reproductive Health</i> |
| <i>PBM</i> | - <i>Partner Brand Manufacturers</i> |
| <i>POS</i> | - <i>Point Of Sales</i> |
| <i>PR</i> | - <i>Public Relations</i> |
| <i>PSP-One</i> | - <i>Private Sector Partnerships-One</i> |
| <i>QAC</i> | - <i>Quality Assurance Coordinator</i> |
| <i>SEC</i> | - <i>Socio Economic Category</i> |
| <i>SMO</i> | - <i>Social Marketing Organisations</i> |
| <i>STI</i> | - <i>Sexually Transmitted Infection</i> |
| <i>TG</i> | - <i>Target Group</i> |
| <i>USAID</i> | - <i>United States Agency for International Development</i> |

The Goli ke Hamjoli Program would not have been successful without the valuable contributions and support of the following organizations and people. The Program would especially like to thank:

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Sapna Singh
Lisha
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Arjun Gowrisariya
Abhijeet "Dadu"
Niti Gowrisariya

Celebrities

Shefali Chayya
Mandira Bedi
Archana Puran Singh
Pallavi Joshi
Ashwini and Nitesh Kalsekar

FOGSI

Dr. Sadhana Desai
Dr. Duru Shah
Dr. Mandakini Parihar
Dr. Rohit Bhatt
Dr. Alka Dhal

CMS

Don Levy
V G Krishnan
Dr. Fried Tudiver

PSP-One

Rita Leavell
Anand Veradhan Sinha
Sashwati Banerjee
Ramakrishnan Ganesan
Rishi Kaushik
Mahesh Kalra
Aveek Roy
Rajeev Shukla
Ekta Chandra
Entire Hamjoli Field Team

The 350 Doctors who provided free counselling to make GkH a success across 19 cities

The Rotary, Lions and Inner Wheel! Clubs in Rajasthan, UP, MP & Bihar

The background is a solid light purple color. It features a repeating pattern of white outlines representing pill packs and individual pills. The pill packs are rectangular with rounded corners and contain various arrangements of small circles representing pills. The pills themselves are scattered across the background, some overlapping the pill pack outlines. The overall aesthetic is clean and medical-themed.

friends of the pill



गोली के हमजोली

