



GHANA

**Working through
the private sector to
improve access to
family planning and
combat HIV/AIDS**

PROGRAM OBJECTIVE

In Ghana, the Commercial Market Strategies (CMS) project works to improve family health by helping ensure long-term access to reproductive health products and services, supporting community-based health financing, and developing corporate HIV/AIDS programs.



"Abstinence allows me to know those who genuinely love me," reads a GSMF brochure targeting youth. GSMF fights HIV/AIDS by empowering youth to make healthy decisions about their sexual behavior.



As forecasted by CMS's study, sales of GSMF's popular *Champion* condom remain high, even after prices were increased.

PROGRAM CONTEXT

Ghana is considered a role model for political and economic reform in West Africa. Ghana's population of approximately 20 million people is growing at a rate of 2.2 percent per year. Ghana's total fertility rate in 2000 was 4.3 children per woman, down from 6.4 in 1988. This reduction in fertility is partly due to an increase in the contraceptive prevalence rate, from approximately 5 percent in 1988 to 13 percent in 2002. The pill is the most popular contraceptive method, followed by condoms and injectables. Although Ghana has made progress in improving reproductive health, 34 percent of married women still have an unmet need for family planning, and 37 percent of all births are unplanned.

The HIV infection rate in Ghana is relatively low — 3 percent at the end of 2001. The Ghanaian government is attempting to contain the epidemic through behavior-change communications that target high-risk groups. This approach, however, is limited by a lack of resources and capacity. The burden on the public health system can be reduced by private-sector involvement in preventing and treating HIV.

PROGRAM COMPONENTS

CMS improves family health in Ghana by working in three areas:

- **Non-governmental organization (NGO) sustainability** — improving the long-term sustainability of GSMF International (previously known as the Ghana Social Marketing Foundation), one of Ghana's largest contraceptive providers
- **Health financing** — helping the Nkoranza Community Health Plan to analyze the options for adding a normal-delivery benefit and to determine the cost, acceptability, and demand for such an enhancement
- **HIV/AIDS** — addressing HIV/AIDS through the private sector by improving and developing workplace awareness and prevention programs, and an anti-retroviral (ARV) therapy initiative

NGO SUSTAINABILITY

CMS has helped GSMF International, an indigenous Ghanaian NGO, become more sustainable. GSMF provides 43 percent of the contraceptives used in Ghana. It promotes and distributes nine socially marketed products, including pills, male and female condoms, vaginal foaming tablets, and injectables. Technical assistance from CMS has included strategic planning, feasibility assessments, revenue diversification, and institutional development (including help with leadership and governance).

With CMS's assistance, GSMF assembled a detailed, short-term sustainability plan for 2002 to 2004. The objectives of the plan were to diversify sources of funding, increase revenue-generating activities, sharpen managerial skills, and improve the effectiveness and efficiency of the organization. In May 2000, CMS contracted with a local consulting firm to conduct feasibility studies for five products that GSMF could market profitably. The study identified an opportunity for GSMF to generate revenue: Sell condoms targeted to upper-income consumers. The revenue would cross-subsidize other products and services. A loan from CMS's Summa Foundation facilitated the sourcing, design, and launch of two high-end condoms. In October 2001, GSMF introduced the new condom brands: *Aganzi Classic* and *Aganzi Wildfire*. Between 2001 and mid-2003, GSMF sold more than 322,000 *Aganzi* condoms.

To diversify GSMF's funding base, CMS conducted two proposal-writing workshops for GSMF managers and helped them to prepare proposals for international donors. After receiving a proposal to increase condom distribution in non-traditional outlets, the UK's Department for International Development (DFID) awarded GSMF 1.5 million British pounds. The idea for this proposal arose after CMS arranged two study tours in which GSMF management visited successful Latin American social marketing organizations. GSMF learned about non-traditional distribution of commodities, marketing, and the organizations' efforts toward sustainability.

To help GSMF recover the costs of its socially marketed contraceptives, CMS conducted a study to see whether people would be willing to pay more for these products. The study found that GSMF could raise prices without losing sales. For almost all products, more than 75 percent of clients said they were willing to pay at least 50 percent more than they currently paid. Fewer than 10 percent of current family planning clients said they would stop using contraception if prices were raised too high for them to afford — instead, they would switch methods, switch sources for their method, or use a new brand. Based on the study's findings, GSMF successfully increased the price of its *Champion* condom brand.

CMS's technical assistance and support has helped GSMF become more sustainable: From October 2001 to September 2003, GSMF recovered 32 percent cumulatively of the costs associated with its social marketing programs. CMS is producing a case study of GSMF that identifies and documents the factors that contributed to GSMF's growth and sustainability level. Other NGOs can learn valuable lessons from GSMF's evolution into one of Africa's leading social marketing organizations.

HEALTH FINANCING

Medical fees in Ghana not only present a barrier to health care, but also may drive families further into poverty as households tap savings and sell productive assets to pay fees. To meet the population's health needs, the Ghanaian government supports community-based health insurance initiatives. Community health insurance plans pool resources to help families share the risk of health care costs. The Nkoranza Community Health Plan is one of the largest such plans and was founded in 1992 by the Catholic Diocese of Sunyani. Approximately 37 percent of the 130,000 residents of Nkoranza, a rural district in western Ghana, are members of the plan.

The Nkoranza insurance plan provides coverage for inpatient services at Nkoranza Hospital — the major provider of services in the area. The plan's members frequently

request that the plan cover normal deliveries, as only Caesarian sections currently are included. In response to these requests, Nkoranza management asked CMS to help it assess the feasibility of extending coverage to normal deliveries. CMS conducted a study to determine the cost of normal deliveries and then developed a model to project that cost under a variety of scenarios. The model projected that to add the normal-delivery benefit, the plan would need to increase its premium by a maximum of about 15 percent (3,000 cedis).

CMS commissioned a study of insured and uninsured women of reproductive age to determine their willingness to pay higher premiums for a normal-delivery benefit. The response to the potential benefit was overwhelmingly positive. Less than 10 percent of enrollees said they would drop out if the premium increased by the maximum amount proposed, and 67.3 percent of unenrolled women said that they would be willing to pay the maximum amount for a plan that covered normal deliveries.

CMS trained Nkoranza staff and board members in how to use and adapt the costing model, set premiums, and add plan benefits. The board training culminated with a presentation by CMS of the willingness-to-pay study results and a request to consider adding the normal-delivery benefit. Despite the successful training and the positive study, the board was unwilling to add the benefit because of concerns about the impact on the plan's small surplus, and the fact that premiums for the year had already been set and collection begun. Board members also were concerned about losing members because of the higher prices, especially since men, who most often pay the premiums, were not included in the willingness-to-pay study.

CMS recommended that the Nkoranza plan's sales representatives receive training to ask members paying their premium this year (including men) if they would be willing to pay an additional 3,000 cedis next year to cover a normal-delivery benefit. Nkoranza management could use this information to reconsider adding the benefit when the annual premium is set.

CMS helped the Nkoranza Community Health Plan to analyze the options for adding a normal-delivery benefit and to determine the cost, acceptability, and demand for such an enhancement.

GSMF developed customized materials for the Unilever *Life Check* HIV/AIDS education campaign.



Peer education is a key element of best practice HIV/AIDS workplace programs. Emmanuel is the head peer educator at Unilever's Twifo palm plantation.

HIV/AIDS

The commercial sector can play a valuable role in containing and reducing HIV/AIDS. CMS works through the private sector to address HIV/AIDS by

- improving workplace programs, including introducing innovative approaches and state-of-the-art models and guidelines
- creating commercial-sector demand for HIV/AIDS programs through such tools as costing models
- building the capacity of local organizations to provide HIV/AIDS workplace services
- increasing private-sector provision of ARV therapy

Improving workplace programs. CMS's first HIV/AIDS workplace intervention in Ghana was with Unilever, a major multinational company. Unilever had an HIV/AIDS education program for its employees, but it did not include many recognized best practices.

CMS contracted with GSMF to implement a new program at Unilever. The *Life Check* program increases knowledge about HIV/AIDS to reduce transmission among employees and in their communities. GSMF conducted advocacy for the program with Unilever management, held four major sensitization sessions for workers and their communities, trained 94 peer educators, produced and disseminated promotional and informational materials, and distributed 8,000 condoms.

The program, conducted at Unilever's headquarters in Tema and at two palm plantation sites, has reached 2,100 Unilever employees and approximately 100,000 people in the surrounding communities. The Unilever program showcased an HIV/AIDS awareness and prevention program to the Ghanaian business community and was a catalyst in getting companies interested in responding to HIV/AIDS.

To cost-effectively scale-up HIV/AIDS workplace programs, CMS worked through industry associations whose member companies employ significant numbers of workers at moderate to high risk for HIV/AIDS infection. High-risk industry sectors identified by CMS include mining, timber, hotel and tourism, manufacturing, and ports and harbors.

Anecdotal evidence of the relatively high HIV-prevalence rate among miners and the fact that Ashanti Goldfields Company (the largest mining company in Ghana) already had initiated a well-publicized AIDS awareness program for its employees, made the mining sector an obvious candidate for developing CMS's first sector-wide workplace program. A CMS assessment of the Chamber of Mines' membership revealed that many mining companies have some form of HIV/AIDS prevention program, but most fall short of best practices, which should include the following:

- development of an HIV/AIDS workplace policy
- advocacy and education at all levels in the company
- peer education
- condom promotion and distribution
- voluntary counseling and testing (VCT)
- treatment of sexually transmitted infections (STIs)
- community outreach
- monitoring and evaluation

CMS developed HIV/AIDS policy guidelines for the Chamber and will assist each member company in adapting the guidelines.

CMS also linked the Chamber of Mines with GSMF International to help each of the member companies develop and implement a program tailored to its needs and resources.

The expectation is that individual mining companies will pay GSMF to implement best practice programs for their employees. The program could reach 18,000 high-risk miners and 200,000 community members.

Creating commercial-sector demand for HIV/AIDS programs. Because the rate of HIV infection in Ghana is still relatively low, one of CMS's greatest challenges is convincing companies that workplace HIV/AIDS programs are worth undertaking. To demonstrate the potential financial benefit of prevention programs in a tangible manner, CMS developed an advocacy tool — a simple model that estimates the costs versus the benefits of investing in HIV/AIDS prevention programs. A treatment component is being added to the model to demonstrate the cost and benefit of providing ARV therapy. CMS and the firm that developed the model taught local HIV/AIDS organizations how to use it to advocate for workplace HIV/AIDS programs. CMS also subcontracted with two local organizations to conduct workplace HIV/AIDS program advocacy sessions with 14 companies employing around 33,000 workers.

Building the capacity of local organizations to provide HIV/AIDS workplace services. CMS provides financial support and training to C&J Medicare, a commercial health services provider, to enable it to provide better HIV/AIDS workplace services for companies. C&J contracts with 54 Ghanaian and multinational companies to provide health care for more than 11,000 employees and their dependents. The Summa Foundation gave C&J a \$200,000 loan, on the condition that C&J promote family planning and VCT for HIV and other STIs to companies. The loan was used to open a new hospital with expanded inpatient and outpatient capacity, with two consultation rooms dedicated to family planning VCT. To support C&J in meeting the loan criteria, CMS trained C&J staff in family planning and HIV-related services and procedures.

Increasing private-sector provision of ARV therapy. CMS works through the private sector to address the urgent need for AIDS treatment in Africa. In collaboration with PharmAccess International (PAI), a Netherlands-based NGO, CMS is developing private treatment sites that offer VCT, ARV therapy, and treatment of associated infections. The initiative uses ARV drugs that recently became available in Ghana at a moderate price. Treatment is offered through three private clinics in Accra, all of which operate according to strict national guidelines. The clinics already offer a broad range of medical services, so individuals seeking treatment there cannot be identified as AIDS patients. CMS trained staff members to administer VCT, and PAI trained medical personnel from these sites in ARV treatment. PAI also provides technical assistance to a laboratory (MedLab) in monitoring viral loads and performing CD4 T-cell counts to support the treatment sites.

CMS and PAI are encouraging Ghanaian employers to offer ARV therapy to their employees. Ashanti Goldfields considers HIV/AIDS a priority and likely will sign an agreement with PAI to provide treatment. CMS also helped Ghanaian health insurance firms develop an ARV rider — an optional supplement to their standard benefits package that would cover AIDS treatment. After the pilot phase is completed in December 2003, CMS and PAI will expand the ARV therapy program to additional clinics in high-HIV/AIDS-prevalence areas. At the end of the CMS project in March 2004, PAI will continue to support existing sites and will expand the program with a two-year grant from the Royal Netherlands embassy in Ghana.

TARGETING INDUSTRY SECTORS FOR HIV/AIDS PREVENTION: HOTELS AND TOURISM, PORTS AND HARBORS

In collaboration with the Ministry of Tourism and the Ghana AIDS Commission, CMS conducted five workshops in areas with high concentrations of hotels to create awareness about HIV/AIDS and its impact on the hotels and tourism sector, obtain commitments from hotels to implement HIV/AIDS programs, and determine roles and levels of intervention for hotels. More than 300 hotel owners and managers participated in the workshops, and most agreed to explore workplace programs further.

To follow up the successful workshops, CMS conducted a qualitative study to understand the role of hotels in the transmission of HIV/AIDS. CMS organized a national-level meeting to disseminate the results; link hotels with resources for condom procurement, educational materials, and training; and determine the next steps to implementing HIV/AIDS awareness and prevention programs. The program targeted about 200 hotels and should reach 6,000 workers.

GSMF International is implementing an HIV/AIDS workplace program for the ports and harbors sector. CMS assisted the program by identifying high-risk groups in this sector and determining knowledge, attitudes, and practices related to HIV/AIDS. The findings were presented to key stakeholders, such as the Ghana Ports and Harbors Authority, and will guide the design of GSMF's ports and harbors program.



Workers in ports and harbors are at moderate to high risk of HIV/AIDS. GSMF is conducting a program that aims to prevent the spread of the infection.

CMS counters companies' lack of understanding the long-term impact of AIDS by using a costing model that demonstrates the benefits of investing in HIV/AIDS prevention and treatment programs.

PROGRAM CHALLENGES

In a low-HIV-prevalence country like Ghana, companies have yet to see the impact of AIDS on their bottom lines, so investing in programs for employees is not a priority.

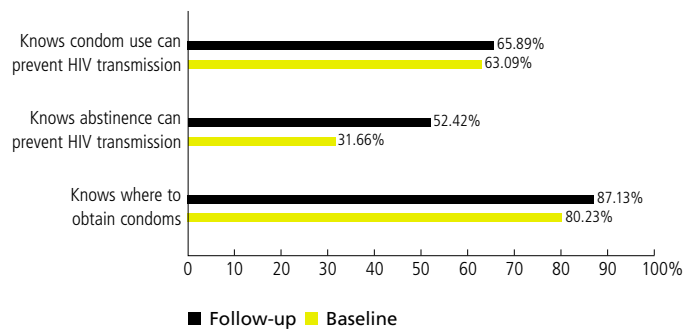
Implementing HIV/AIDS workplace programs in a relatively low-HIV-prevalence country like Ghana is challenging. If HIV prevalence escalates, however, negative financial impact will be inevitable. AIDS affects productivity and profits through turnover in labor, reduced output, time spent attending funerals, absenteeism, increased recruitment and training costs, and higher health and burial costs and death benefits. CMS counters companies' lack of understanding the long-term impact of AIDS by using a costing model that demonstrates the benefits of investing in HIV/AIDS prevention and treatment programs. If it is difficult to make the case financially, however, it is always possible to use the social responsibility case — arguing that a company may accrue non-monetary benefits that outweigh the costs of providing ARV therapy to employees.

Donors can create an environment in which it is difficult for NGOs to achieve self-sufficiency. Although donor funding remains critical to the survival of most NGOs, providing organizations with grants also can undermine sustainability goals. Because of GSMF's proven competency and the lack of equivalent competitors, donors continue to provide large grants to GSMF, rather than exploring mechanisms such as loans to encourage self-sufficiency. While organizations can use grants to achieve positive health impacts, certain kinds of financial incentives may hamper efforts toward sustainability in the long run.

It is difficult to leverage commercial-sector funds for historically donor-funded activities.

Donors have created the expectation that areas traditionally classified as development initiatives, including reproductive health, always will be supported by donor funding. It can be difficult to leverage commercial-sector funds for HIV/AIDS activities when companies assume that donor funds are available.

Figure 1 ■ Increase of Unilever employee awareness of HIV-prevention methods after a GSMF educational program



Unilever employee awareness of HIV-prevention methods increased after a GSMF educational program.

PROGRAM RESULTS

CMS's technical assistance and support has helped GSMF make progress toward sustainability. The cost-recovery rate of GSMF's social marketing programs was 32 percent cumulatively between 2000 and 2003, and has demonstrated an overall positive trend. Another indicator of GSMF's progress toward sustainability is its progressively diversifying funding base. Down from 95 percent in 2000, GSMF currently receives 65 percent of its total funding from USAID and expects to diversify its funding base further so that 50 percent of its total funding comes from USAID; 35 percent, from other donors; and 15 percent, from income-generating initiatives.

CMS's support of Unilever's HIV/AIDS program has improved workers' knowledge of HIV/AIDS. A survey to evaluate the knowledge, attitudes, and behaviors of Unilever employees conducted before and after implementation of the enhanced program revealed an increased proportion of respondents who had accurate knowledge of HIV/AIDS prevention and transmission measures. For instance, 52 percent knew that abstinence could prevent AIDS transmission, compared with 32 percent at baseline. Furthermore, 87 percent knew where to obtain condoms, compared with 80 percent at baseline; and 66 percent knew that condom use could prevent AIDS transmission, compared with 63 percent at baseline. This knowledge will result in reduced HIV transmission among Unilever employees and in their communities (see Figure 1).

Despite the challenge of working in a low-HIV-prevalence country, CMS mobilized companies to invest in HIV/AIDS workplace programs. For instance, Unilever contributed about 32 percent of the funding for its workplace program. Using CMS's costing model, C&J convinced two firms to initiate HIV/AIDS workplace programs, and its long-term client, Coca-Cola, to enhance its existing program and add a VCT center. Participants in the preliminary hotel and tourism workshops are exploring the possibility of implementing workplace programs that could reach about 6,000 workers.

LESSONS LEARNED

NGOs can meet their social goals while implementing measures to achieve sustainability. GSMF demonstrated that NGOs can continue to achieve positive health impacts while increasing their sustainability through revenue diversification, institutional strengthening, and other strategies. GSMF's challenge will be to balance the goals of increasing use of contraceptives and achieving financial sustainability.

NGOs must understand and use private-sector approaches to work effectively with the commercial sector. CMS was able to form successful partnerships on HIV/AIDS workplace programs with two commercial firms (C&J Medicare and BDC, a management consulting firm) and GSMF, which is unique among NGOs because it has a business-oriented management culture and uses private-sector approaches. For instance, GSMF's Lifeshield Unit, which is key to its sustainability plan, generates revenue by partnering with companies to implement workplace HIV/AIDS programs. NGOs that lack knowledge of business-oriented approaches find it difficult to form effective partnerships with the commercial sector.

Willingness-to-pay studies are useful tools to plan for sustainability and gauge the accuracy of assumptions about how much people will pay for products and services they value. Based on the findings of CMS's willingness-to-pay study, GSMF successfully raised the price of *Champion* condoms. The increased revenue from the sale of *Champion* will help GSMF recover costs and contribute to its sustainability. The willingness-to-pay study that CMS conducted for GSMF showed that contrary to expectations, sometimes even the poorest groups are willing to pay more for contraceptives. The study found that across all income groups, a roughly equivalent proportion of people were willing to pay more for two GSMF condoms.

Indigenous support and lobbying are essential for policy change on reproductive health matters. Despite strong evidence to support the addition of a normal-delivery benefit to the Nkoranza Community Health Plan, the board was unwilling to add the benefit because, among other reasons, there were no women of reproductive age on the board to lobby for the benefit. On the other hand, an essential element of CMS's successes in initiating HIV/AIDS workplace programs was support for the management of the organizations with which CMS works.

Working through industry associations is a cost-effective way of scaling-up workplace programs. HIV/AIDS prevention and awareness initiatives with individual companies are not cost-effective, as they do not reach enough high-risk people. While considered a success, the Unilever intervention reached only 2,100 employees. Working with industry associations whose member companies employ significant numbers of moderate-to high-risk workers is more cost-effective. CMS's work with the Ghana Chamber of Mines could reach 18,000 high-risk miners and 200,000 community members.

The private sector is interested in and has an important role to play in providing ARV therapy for treatment of HIV infection. In assessing sites to support ARV treatment, CMS and PAI found that interest was high in learning how to provide quality ARV therapy. Several companies already were prescribing ARVs, and at least three employers (Coca-Cola, Barclays Bank, and Heineken) had made commitments to provide ARV treatment for their employees in the future. With the cost declining, more companies will be able to afford ARV therapy, and the importance of building capacity will increase.

ADDITIONAL RESOURCES

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PAI website: www.pharmaccess.org

GSMF website: www.gsmf.com.gh

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COMMERCIAL MARKET STRATEGIES NEW DIRECTIONS IN REPRODUCTIVE HEALTH

Commercial Market Strategies
1001 G Street NW, Suite 400W
Washington, DC 20001-4545
Telephone: (202) 220-2150
Fax: (202) 220-2189
Web: www.cmsproject.com



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