

# Implementing Total Market Approaches: Family Planning and Beyond

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# Introduction

A Total Market Approach (TMA) is commonly referred to as a process to bring together the public and private health sectors for the purpose of coordinating policies and programs for greater health impact and sustainability. This approach to achieving public health goals, particularly in the area of reproductive health, is increasingly being adopted by donors, governments, and health organizations.<sup>1-4</sup> The TMA literature has been growing rapidly, offering theoretical frameworks, implementation guidelines, and performance indicators<sup>5,6</sup> as well as experiences from country programs.<sup>7,8</sup> Because multisectoral coordination is relatively recent in the context of social marketing programs, TMAs tend to focus on getting the process right in order to generate a plan that all stakeholders can live with, typically using the following steps:

- Market research, particularly market segmentation using population-based data;
- Analysis of the impact of the policy environment

on the provision of products and services by various sectors;

- Stakeholder engagement through a coordinating mechanism; and
- Development and monitoring of a TMA plan.

Moving from planning to practice, however, can be very challenging, particularly when it comes to building incentives for the private commercial sector and a stewardship role for the public sector. Investments in financing, enabling policies, and institutional strengthening may be needed to achieve the goals outlined in total market plans. TMAs are likely to be more successful and sustainable if they are grounded in lessons and best practices from two decades of private sector engagement under family planning and other health programs. This commentary focuses on multisectoral approaches that have been implemented in family planning and in other health areas over the past several decades because they provide relevant lessons learned for today's TMAs.

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## Background

### Contraceptive Social Marketing and the Private Sector

Beginning in the late 1980s, the US Agency for International Development-funded Social Marketing for Change (SOMARC) Initiative (1980-1998) tested and evaluated strategies to leverage commercial networks and investments by pharmaceutical companies with the goal of achieving long-term health impact and sustainability. The SOMARC project identified policy reform as critical to increasing private sector participation in the market and noted the negative impact of fully

subsidized contraceptives on the commercial sector in middle income countries; simply, subsidizing the market can be a major disincentive to private sector investment.<sup>9</sup> This same notion is echoed in today's TMA literature.<sup>5(p6)</sup> In 2005, an analysis of the contraceptive market in former SOMARC countries confirmed the negative influence of competition from subsidized sources on the commercial sector share of the market.<sup>10</sup>

After the SOMARC project had ushered in innovative approaches to leverage the commercial

sector through social marketing programs<sup>11</sup>, a follow-on project, the USAID-funded Commercial Market Strategies (CMS) (1998-2004), used market segmentation analysis to identify optimal roles for the public and private sectors. CMS supported context-specific, social marketing models that included both non-governmental organization (NGO)-based programs and public-private partnerships.<sup>12-14</sup> The CMS project found that donors, through their investment choices, had a significant influence on the supply/demand equilibrium, particularly the number of commercial suppliers willing to enter the family planning market.<sup>15</sup>

The subsequent Private Sector Partnerships-*One* (PSP-*One*) Project (2004-2010) further developed strategies to address diminishing donor support for family planning (FP) in middle income countries. For example, PSP-*One* collaborated with the USAID-funded DELIVER project on several market assessments in the Europe and Eurasia regions, advocating for the use of a “Whole Market Approach” as one of the ten best practices to apply in order to increase the use of modern contraceptive methods. The inclusion of FP commodities and services under insurance schemes was found to be one the most effective and sustainable ways to encourage private sector participation in these markets.<sup>16</sup> Today, the use of demand-side health financing mechanisms to support greater participation of the private sector in health markets has become commonplace. For example, the current USAID-funded Strengthening Health Outcomes in the Private Sector (SHOPS) project uses various health financing approaches to reduce out-of-pocket payments for low-income users of private sector health services.<sup>17</sup>

## Experiences in Other Health Areas

Although they were not labeled as such, multisectoral approaches similar to TMAs and efforts to build markets for prevention products

based on TMA principles have been used since the mid-1990s in the areas of child health, malaria prevention, and HIV/AIDS. In Nepal, the USAID-funded Point-of-Use Water Disinfection and Zinc Treatment (POUZN) program introduced and scaled up the use of pediatric zinc to prevent and treat diarrhea among children under age five through a public/private partnership model that included stakeholder engagement, policy interventions, mass media communication, and capacity-building in both sectors. A critical enabling factor in the success of the program was the strong leadership role of the Nepalese Child Health Division in program design, implementation, and monitoring.<sup>18</sup>

In the area of malaria prevention, USAID supported NetMark, which was a ten-year initiative designed to build sustainable commercial markets for insecticide-treated nets (ITN) in sub-Saharan Africa. The NetMark approach, based on AED’s Full Market Impact™ model, included fostering enabling policies, building trade linkages, creating demand, and supporting public-private partnerships. NetMark refrained from directly subsidizing products, but supported a voucher program in partnership with manufacturers and commercial retailers. NetMark developed functional alliances with 39 international and local commercial ITN suppliers who invested over \$30 million dollars in project-supported country programs. This public/private partnership resulted in increased use of nets among all socioeconomic groups.<sup>19</sup> One of the findings of the NetMark program was “the best way to achieve sustainable malaria prevention is to mobilize all available resources and partners through a coordinated strategy based on the local context.”<sup>20</sup>

The Strategy for Scaling-up ITN Programs in Africa adopted by the Roll Back Malaria (RBM) Partnership in 2002 also supported a multisectoral approach, but further refined the use of subsidies through a targeted system designed to evolve over time as markets matured.<sup>21</sup> The current framework used by the RBM Partnership may offer a glimpse

of what TMAs for reproductive health might evolve into: complex alliances bringing together multiple stakeholders whose “roles” are organized along key social and environmental determinants for a particular health issue.<sup>22</sup>

In the area of HIV/AIDS, TMAs are currently focused on the roles of the public, social marketing, and commercial sectors in meeting the need for male condoms. Multisectoral approaches for HIV/AIDS tend to be broader, typically involving capacity building, accreditation, and/or the use of contracting and health financing mechanisms.<sup>23</sup> As TMAs

evolve beyond health commodities and address the complex universe of healthcare services, more emphasis must be placed on supporting an enabling environment for private service providers. There is already convincing evidence that vouchers are an effective intervention for enabling increased access to long-acting and permanent methods (LAPM) through provider franchises.<sup>24</sup> In addition, strategies used to expand the private provision of HIV/AIDS services could be adapted to support the financing of provider-supported contraceptive methods, such as implants, IUDs, and tubal ligations.<sup>25</sup>

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## Discussion

Although certainly not exhaustive, these examples suggest that the strategies currently referred to as TMAs have been used in one form or another by donor-funded social marketing and private sector programs since the 1990s. These programs have generated a rich legacy of studies and recognized best practices that should be put to use as current programmers seek to move from planning to implementing TMAs. Because reversing or phasing out generous donation policies can be difficult, TMAs are especially needed when a new product (such as zinc) is being brought to market for the first time. In the area of reproductive health and family planning, however, efforts to leverage the private sector were often undertaken at a later stage, when countries and programs were faced with the loss of donor support. Mainstreaming the concept of TMAs in all donor-supported countries at an earlier stage can help build more viable markets for commodities and services in those countries over the long term.

To be successful, a TMA may also have to move beyond the confines of social marketing and draw from other multisectoral models for global health interventions. In the area of services, in particular,

the exercise of defining roles for different sectors under a TMA should be accompanied by policies and financing mechanisms that enable the private healthcare sector to serve a broader client base, instead of only the rich.

## Conclusions

Decades of experiences in the area of family planning, maternal and child health, malaria, and clinical services suggest that effective leveraging of the private health sector requires building an enabling environment through supportive government policies. Therefore, the growing use of TMAs for family planning and reproductive health programs is a welcome phenomenon. TMAs can now facilitate critical government buy-in and build local market stewardship capacity through a process that did not previously exist, a “missing link” that may help achieve viable multisectoral strategies in multiple health areas.

In addition, the POUZN experience suggests that a TMA is especially effective in the case of new products without established segmentation patterns, and particularly when the public sector provides

leadership at all stages of program design and implementation. Finally, a TMA should consider replacing supply-side subsidies with demand-side

financing mechanisms that increase the ability of private commercial suppliers and service providers to serve new population segments.

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