



Total Market Success: The Paraguay Story

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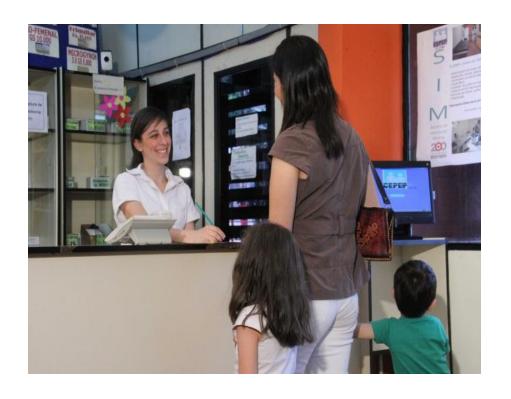
SHOPS is funded by the U.S. Agency for International Development. Abt Associates leads the project in collaboration with

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SHOPS Agreement Overview

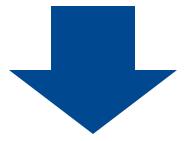
Strengthening Health Outcomes through the Private Sector – USAID's flagship global program for working with and supporting the private health sector

- Leader with Associates
 - Cooperative Agreement
 - September 30, 2009 –
 September 29, 2014
- Implementing Partners
 - Banyan Global
 - Jhpiego
 - Marie Stopes International
 - Monitor Group
 - O'Hanlon Health Consulting
- \$95 million ceiling for leader
- Activities in 20 countries
- Paraguay was first country program under SHOPS



Paraguay - background

- High CPR, continued growth from 2004 to 2008 (73% to 79%)
- Slated for graduation from USAID health programming in March 2012
- Vast improvements in public sector driving CPR growth



IS THIS SUSTAINABLE?

Paraguay - background

- USAID/Paraguay commissioned the SHOPS project to conduct a Private Sector Assessment (PSA) of the contraceptives market in 2010
- PSA Purpose: to determine whether rapid growth in the public sector had negatively impacted the private sector and if current segmentation is rational
- PSA Methodology:
- in-country key informant interviews with over 2 dozen stakeholders
- pharmacy shops
- secondary analysis of 2004 & 2008 DHS data
- IMS data
- Privately-commissioned condom market study

What is the "Total Market"?

- The total market in reproductive health is the collection of suppliers and financers from across sectors - public, non-profit, and commercial
- A total market approach addresses how the collection of actors can best serve different segments of the market such that consumer demand is met in an equitable, efficient and sustainable manner

Market Segmentation

The SHOPS Paraguay PSA looked at segmentation in terms of the following:

- Wealth quintile
- Geography
- Method Choice
- Brand & Price Choice

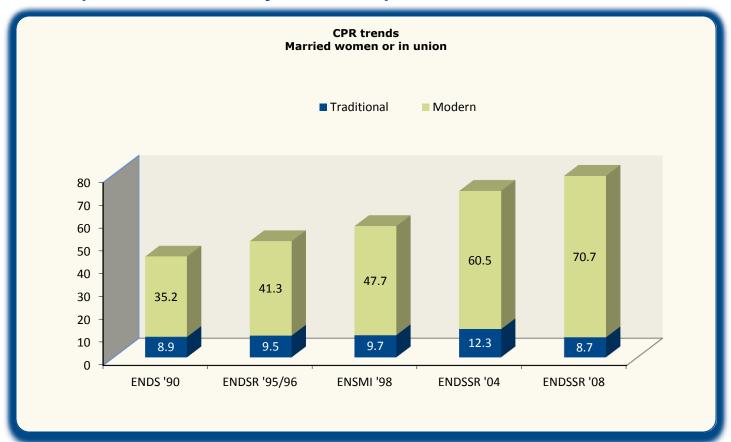
Simple Se	gme	ntat	ion k	y W	ealth Quintile		
Wealth quintile 5		Commercial Sector					
Wealth							
quintile 4	Nior	Non mustit muivata asatau (NG)					
Wealth quintile 3	Non-profit private sector (No religious organizations, etc. and Social Security						
Wealth							
quintile 2							
Wealth quintile 1		of Health					

Principal Findings from the PSA

- Improvements in public sector FP program achieved what it intended to: reach previously underserved populations – new users in 2008 came from rural areas and lowest two wealth quintiles.
- No evidence of shifting from private sector to public sector private sector still grew in absolute terms from 2004 to 2008
- Market segmentation refined further as public sector grew because of effective targeting – overall segmentation is very strong
- Private sector still dominant channel; Paraguay has a vibrant commercial sector market with multiple brands at various price points
- Graduation process is on-track; however there is a need for an actor to assume the role of USAID after graduation, most logical entity is the contraceptive security committee
- There is one remaining market inefficiency: Social Security's market share in FP is still low (3%) relative to the fact that 18% of Paraguayans are covered by Social Security. The Institute is privately and well-funded and needs to increase its role in FP

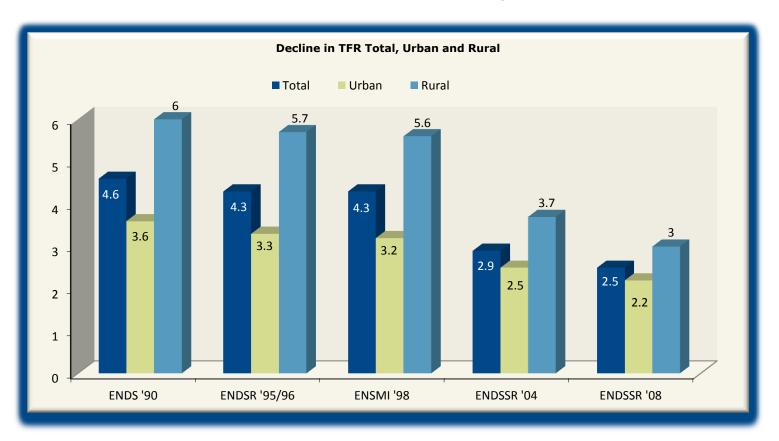
Paraguay – Trends in Family Planning

- Rapid growth in CPR in last 10 years
- Now on par with many developed countries at 79.4%



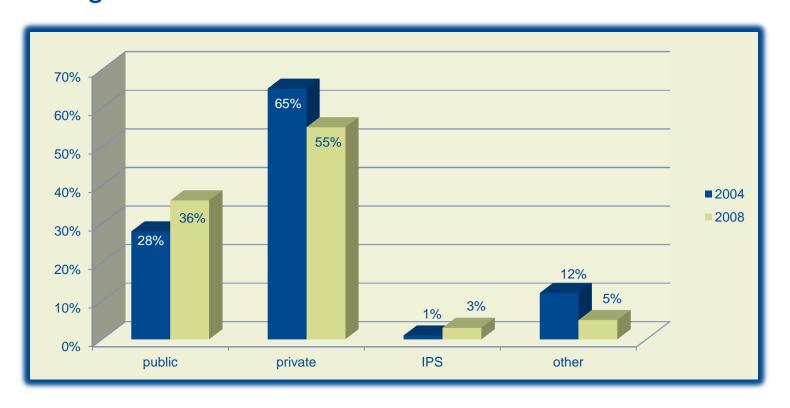
Paraguay – Trends in Family Planning

- Major decline in TFR in recent years
- Gap between rural and urban is closing



Starting Point: Growth in the Public Sector

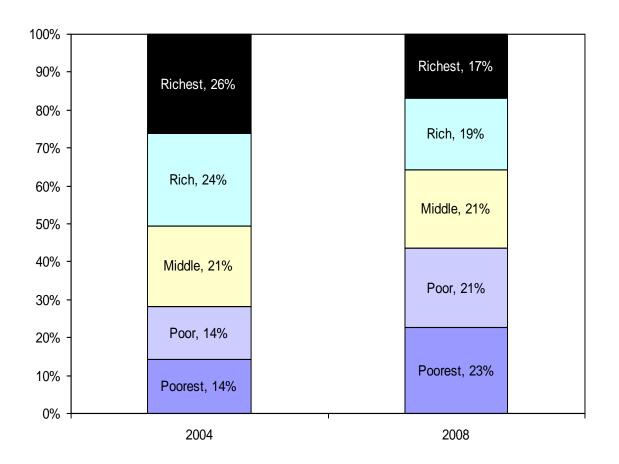
- •Public sector grew from 28% to 36%
- •Private sector's relative proportion of contraceptive sourcing decreased from 65% to 55%



Paraguay – Effective Public Sector Targeting

New users in 2008 were predominantly from:

Poor & Poorest wealth quintiles



- •Two lowest wealth quintiles were only 28% of overall user population in 2004
- •In 2008, these two quintiles represent 44% of user population
- •Two wealthiest quintiles decrease from 50% of user population to 36%

Segmentation Improved as Public Sector Grew

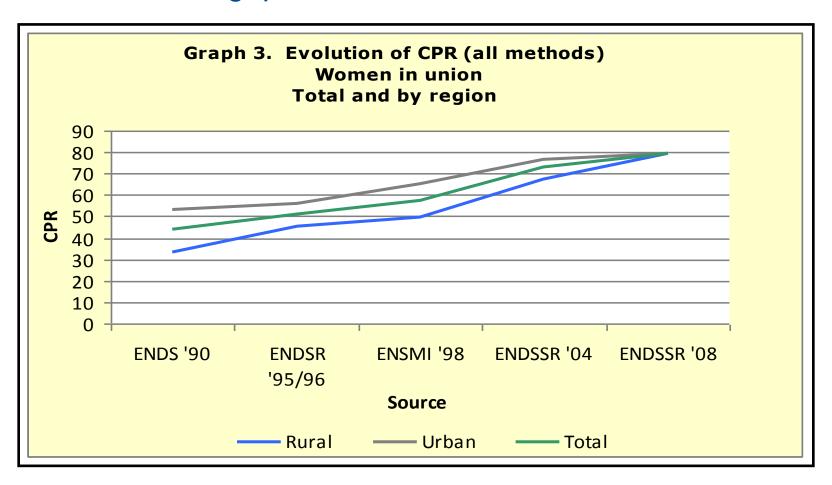
Sourcing by SEC became even more rational as the public sector grew – a larger proportion of poorer users sourced from the public sector & a larger proportion of middle & upper quintiles sourced from the private sector

Source of current	Pod	rest	Po	oorer	Mic	ddle	Ric	her	Rich	nest
method	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008
Public	45	68	40	46	30	27	20	19	12	12
Private for-profit	6	6	8	6	7	8	14	10	24	17
Private non-profit	1	0	1	0	1	1	1	1	1	0
IPS	0	0	1	2	3	2	3	4	3	5
CEPEP	0	0	1	0	2	1	2	1	2	2
pharmacy	29	22	41	39	49	54	54	60	55	59
Other	19	3	10	7	8	7	6	5	4	6
Total	100	100	100	100	100	100	100	100	100	100

Paraguay – Effective Public Sector Targeting

New users in 2008 were predominantly from:

Rural areas – no gap in CPR between urban/rural in 2008



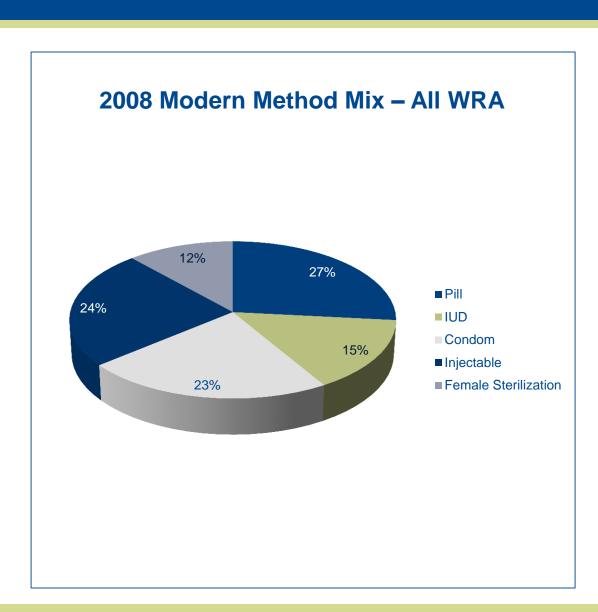
Paraguay – How did the Public Sector Grow?

USAID programs (JSI/DELIVER and a locally-managed national social pharmacy project) contributed to substantial improvements in the public sector, including:

- Removing user fees
- Decreasing stock-outs from 82% (2005) to 48% (2008)
- Protected line item in national budget
- Regulatory change which allows clients in rural areas to receive more contraceptives per visit (ex: from 1 to 3 cycles of pills, from 10 to 30 condoms)
- Commitment to providing FP at all of MOH SDPs

Segmentation at its Best: Method Choice

- Method choice: five methods at or above 10% prevalence WIU:
- -condoms (13%)
- -pills (18%)
- -injectables (17%)
- -IUDs (12%)
- -sterilizations (10%)
- Healthy mix: No one predominant method



Segmentation at its Best: Brand & Price Choice (commercial sector)

- Brand choice: 3 6 pills, condoms & injectables brands available throughout country in private pharmacies
- Price options: Products are available at high, medium, and low price points

	Low	Moderate	Elevated
	C	ONDOMS	
Control			Gs 5,000 to 6,000
Pantera		Gs 4,000	
Preventor			Gs 5,000 to 7,500
Sultan			Gs 7,000
Sure	Gs 3,000		
Playboy	Gs 2,000 - 3,000		
	INJI	ECTABLES	
Perlutal		Gs 13,000 - 17,000	
Neolutin		Gs 13,500 - 17,000	
Clinomin	Gs 10,000		
Selene	Gs 10,000 - 13,000		
Femonin	Gs 12,000		
Norges	Gs 10,000		
Mesigyna			Gs 23,000
Cyclofem	Gs 10,000 - 12,000		
Jnigalen	Gs 12,000.00		
	PI	LDORAS	
Yaz (30)			Gs 73,000 - 80,000
Yazmin (30)			Gs 76,000 - 80,000
Diane (35)			Gs 64,000
Microgynon (30)	Gs 14,000 - 17,000		
Neogynon (50)	Gs 13,500 - 15,000		
Triquilar		Gs 20,500 - 23,000	
Segura (30)	Gs 5,000 - 9,000		
Linosun (Prog-only)		Gs 40,500	
		PAE	
Pronta	Gs 17,500		
Control Uno		Gs 30,000	
	СО	NSULTAS	
Consulta	Gs 30,000 - 40,000	Gs 50,000	Gs 70,000 - 100,00

Paraguay – Preparing for Graduation

The PSA concluded that Paraguay is indeed ready for graduation from FP support; therefore current SHOPS' activities are designed to prepare for imminent graduation in March, 2012

- <u>CS Committee</u>: support the Contraceptive Security Committee to assume an oversight role of the Whole Market
- Social Security Institute: Strengthen the FP program at the Institute
- <u>CEPEP</u>: Improve CEPEP's market positioning in order to increase self-sufficiency

Lessons learned for broader application

- Paraguay's public sector succeeded in increasing prevalence by effectively targeting rural nonusers and by implementing measures that improved economic and geographic access.
- This resulted in a rational market segmentation that did not crowd out the commercial sector
- An organizing body that promotes dialogue among all stakeholders is key to sustaining gains





Thank you!

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