



Scaling-up Market-based Approaches in Health through SHOPS

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USAID-funded Market-based Approaches in India

- Market-based Partnerships for Health (MBPH) project (October 2008 May 2012)
 - To forge commercially sustainable partnerships with the private sector on a range of public health issues
- Strengthening Health Outcomes through the Private Sector (SHOPS) project (June 2012- September 2014)
 - To refine and scale-up 5 successful partnership models tested in MBPH
- Models implemented under SHOPS:
 - **Dimpa (FP), ITC eChoupal (FP, CS),** ORS Rural Health Initiative (CS), and Advanced Cook Stoves Initiative (CS)





Snapshot: MBPH/SHOPS models

Intervention Type	Programs	Description
Distribution and Demand	ITC eChoupal & ORS Health Initiative	Commercially viable rural distribution and demand generation models to increase access to health products
Distribution, Demand and Financing	Advanced Cook Stoves (ACS) Initiative	A model to increase awareness, access, and affordability of ACS in rural areas through commercial partnerships
Private Provider Focused	Dimpa network	Expanding access & demand for injectable contraceptives through the private sector & advocating for expanded contraceptive choices





The Dimpa Network

Promoting DMPA through a network of private sector providers in UP





Dimpa Network

Situation in 2002:

- Low sales, limited availability
- Pfizer the only marketer of DMPA, relatively high price
- Low knowledge among providers and consumers
- Activist groups questioning safety and quality of provision
- Not part of the basket of methods in the Govt. FP program

Strategy:

- Promote DMPA as a contraceptive option through a network of private providers: The Dimpa Network
- Capacity Building & Quality Assurance, Mass media and IPC outreach, helpline, product partnerships





A Dimpa Clinic







Program Evolution

- Has expanded from a three-city pilot in 2003-05 (105 clinics) to a network covering all large and medium population towns in UP, Uttarakhand and Jharkhand (1600 clinics)
- Activities have expanded from informing and training private providers on provision DMPA to a holistic program covering supply, demand and follow-up





Key Results from MBPH

- DMPA on the threshold of being a widely accepted method in project area
 - Significant increase in use of DMPA among currently married women aged 15-49 years
 - Large network of providers offering DMPA with high QoC
 - No backlash from activists in spite of national mass media advertising
 - Market catalyzed: Increased number of marketers, reduced price
 - Increased donor interest in supporting DMPA in India
- Outbound calls from helpline to users (Careline) increases continuation rates: from ~40% to ~85%





The Dimpa Program in SHOPS

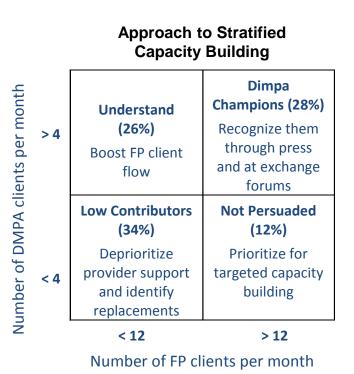
- Project Objective: Expand contraceptive choices available to couples in urban Uttar Pradesh through promotion of injectable contraceptives
- Stratified and targeted support to private providers (from June '13)
- Scaling-up Careline to 34 towns of UP; plan to enroll and support 10,000 users
- Support Advocating Reproductive Choices (ARC) in collating market and user data





Capacity Building of Private Providers

- Training for doctors
 - Introductory training: WHO guidelines
 - Dimpa Exchange Forum: Interactive meetings with network members; quarterly newsletter
 - One-on-one meetings with project's medical specialist
 - Training of paramedics on FP counseling skills and record keeping skills
- Reactivated 1229 providers in 33 towns of UP
 - 80 new providers identified to replace low contributors
- The private network served 21,861 FP clients average/month







Careline & Advocacy

- Careline went live (restarted) for testing; has already registered 240 women; full operations began June 3rd
- SHOPS supports the Advocating Reproductive Choices group to begin tracking market and user data for DMPA nationwide
- Rajsamand district in Rajasthan has requested DMPA procurement from PHSI; SHOPS will provide training to Public Health Centers



Screening and counseling at a network providers clinic



Example of in clinic marketing materials





ITC eChoupal Health Initiative

Integrating health products and services into ITC's eChoupal platform





The eChoupal Initiative

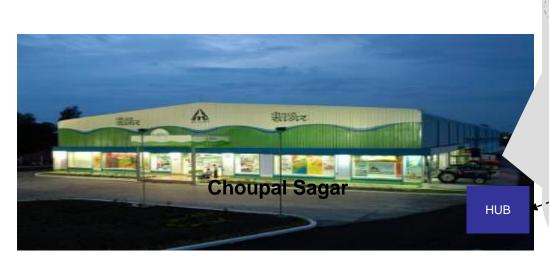
- Program objective: Increase sustainable access to information and supplies of FP/CH products to BoP population
- The eChoupal network is ITCs *agri-procurement* platform: to procure commodities such as wheat, soya beans from villages
 - The hub (Sagar): At a district HQ, where the commodities are delivered to, stored
 - The spokes (eChoupals): At the village, manned by an influential farmer; mobilizes farmers to sell to ITC
- ITC wanted to utilize the procurement platform to sell health products to the villages
- MBPH's role was to design intervention, find commercial health partners willing to buy into the model and support implementation

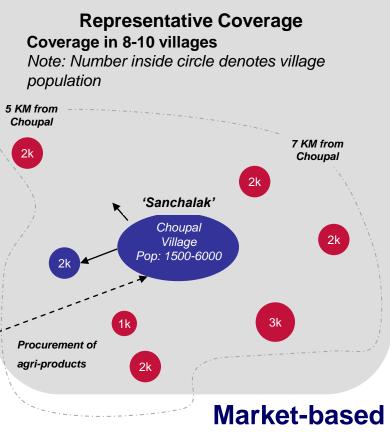




Coverage of eChoupal Network

- 68 hubs across 10 states currently
- 6500 eChoupals (spokes) that cover over 40,000 villages.



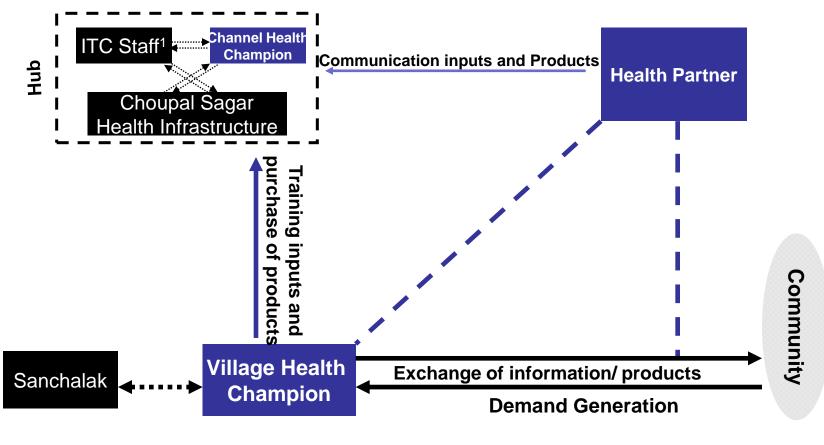


Partnerships for Health





The Health Initiative Model







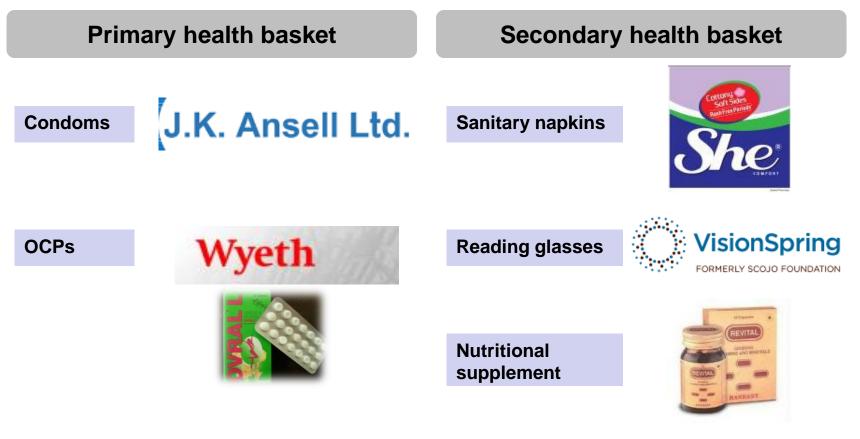
Key Features of the Health Initiative Model

- Two new cadres added
 - Village Health Champion (VHC): An entrepreneur, earns from margins of product sales; one in each village
 - Channel Health Champion (CHC): An ITC employee, supervises VHCs, coordinates inputs of health partners
- ITC's ask from health partners
 - Channel access fee: \$1000 / product for each hub annually
 - Commitment to provide marketing inputs and material to the hub
- Products of interest
 - Core demographic: women 18-34 years
 - Willing to invest in developing a new market
 - Products are health "positive" or health "neutral"





Product Basket during MBPH







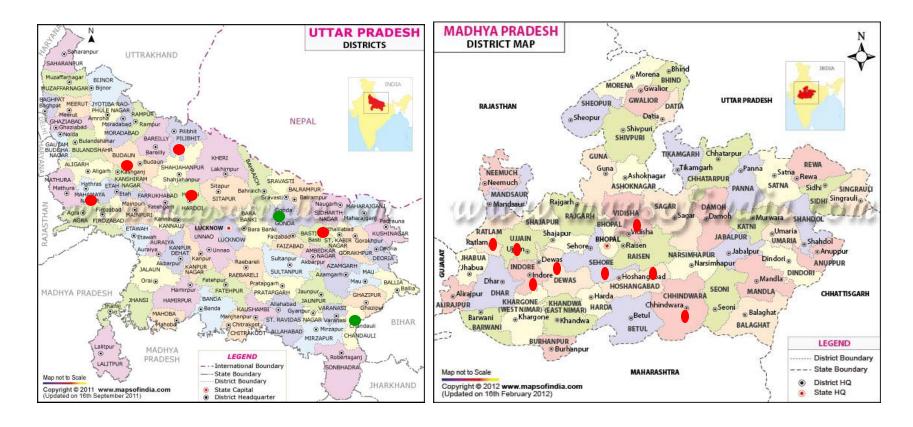
New Partners Being Signed-on

Company	Products
Bella	Sanitary napkins
	Baby diapers
FDC	ORS
	Antiseptic powder
PharmaSynth	ORS
	Zinc
MeraDoctor	Telephonic consultation with a doctor
Population Health Services International	Pregnancy test kits
	Ovulation kit
	Iron Folic Acid
	Pain-relief balm





Scaling-up from 2 to 15 hubs in UP and MP







Pathway to Commercialization

1. Prototyping <i>MBPH</i> (2008 – 2012)	 Partners interested in rural markets & willing to pay access fee exist Rural consumers willing to pay for commercially priced products VHCs accepted as a source of health products & information; revenue from sales attractive to VHCs
2. Pre-testing SHOPS	 Commercial viability for ITC and health partners demonstrated Standard Operating Procedures for recruitment and training
(2012 – 2014)	 Standard Operating Procedures for recruitment and training of VHCs and CHCs, selection of health partners, coordinating market activation developed and handed-over to ITC Model's ability to generate new customers demonstrated
3. Scale-up	 ITC's Board reviews results; commercializes model in all 68 hubs





Thank You