



Total Market Initiatives: A systemic approach

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

Banyan Global Jhpiego Marie Stopes International Monitor Group O'Hanlon Health Consulting

Total Market Initiatives Primer

- Output of Reproductive Health Supplies Coalition's Market Development Working Group:
- Focus on reproductive health and on supplies
- Joint publication of Path and Abt Associates for SHOPS project
- Addresses the Total Market Concept
- Proposes a Total Market Policy Process
- Captures a wide range of Total Market experiences
- Addresses issues of monitoring and evaluation
- http://www.shopsproject.org/resource-center/total-marketinitiatives-for-reproductive-health

The Total Market Initiative Concept

 A TMI is a process in which the suppliers and financers of health products and services from all sectors (public, non profit, commercial) develop a common strategic framework for maximizing use of those products and services to improve equity, efficiency and sustainability in the health system.

Key TMI principles

- Orientation of different suppliers to different market segments on the basis of comparative advantage;
- The role of government in providing stewardship for the development and implementation of a total market plan, establishing policy and coordinating different actors;
- Independence of the non public sector suppliers
- Consumer choice

Two Total Market Initiatives

- Paraguay
 — The "accidental" TMI
- Ivory Coast- The low resource TMI

Paraguay -Background

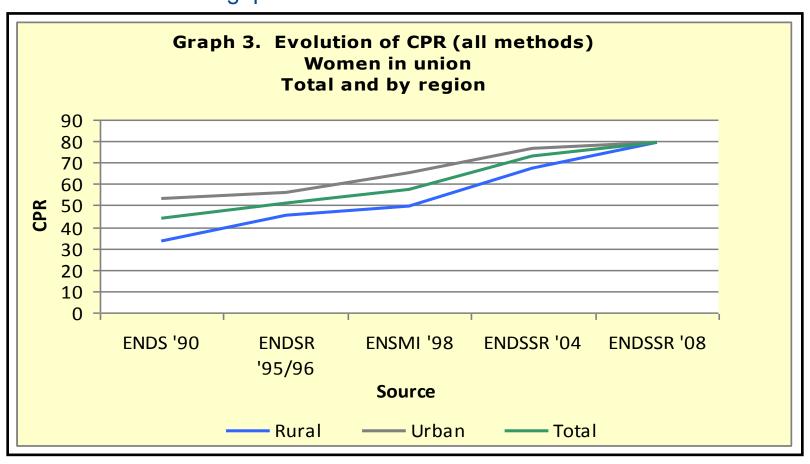
- Public sector lead
- No real engagement of private commercial sector
- Private commercial sector well established due to previous absence of public sector in family planning prior to 2000
- Focus on increasing access in rural areas and low income groups
- Government contracted with NGO for a "Social Pharmacies" Program
- DELIVER helped to reduce public sector stock outs
- Policy change to permit larger quantities of pills and condoms for free distribution in rural areas

Paraguay – Effective Public Sector Targeting

Initiatives grew total market

New users in 2008 were predominantly from:

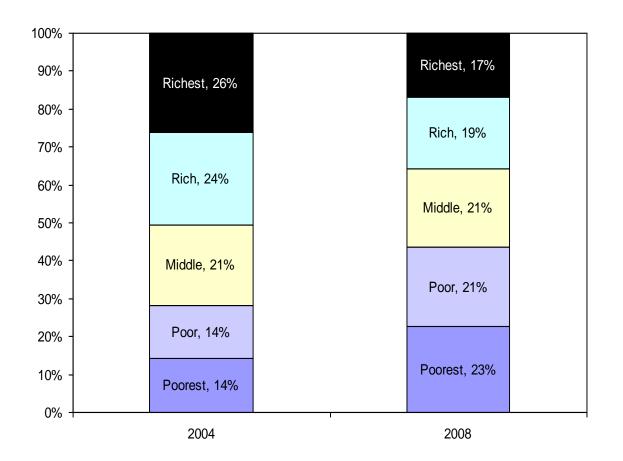
Rural areas – no gap in CPR between urban/rural in 2008



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 method	Poorest		Poorer		Middle		Richer		Richest	
	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

Principal Findings from SHOPS assessment

- 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
- 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

Ivory Coast - Background

Country Context

- Situation of political-military crisis
- Weak central government
- CPR estimated around 11%
- HIV prevalence estimated about 7%
- MOH, UNFPA, Kfw, World Bank funding reproductive health activities
- Local social marketing organization, AIMAS providing about 30% of couple years of protection



Strategy

- In absence of government coordination, local NGO (AIMAS) took coordination initiative to organize a TMI workshop
- Promoted principle of Total Market approach to all RH stakeholders
- Created a forum for coordination and exchange and transfer ownership to government
- In absence of data and in-depth understanding of consumer segments, sales data, operational and financial capacity and geography were used as a basis for matching suppliers with segments.

Results

- During first meeting:
 - AIBEF decided to cancel an order for injectables with its headquarters upon learning that the government had a large supply of injectables at risk of expiring.
 - Global Fund principal recipient decided to coordinate grants for condom distribution with AIMAS to avoid duplication and target underserved areas.
- Informal working group was established to continue exchange of information and coordination of strategies.
- Improved coordination in distribution of RH commodities and targeting of communications, increased efficient use of donor subsidies.

Takeaways

- Systemic approaches considering all market segments and sources of supply have greater potential for improving efficiency, expanding markets and increasing equity.
- Even in low resource, low data settings with imperfect policy processes, positive results can be achieved by applying total market approaches.





Thank you!

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