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SHOPS
Strengthening Health Outcomes *through* the Private Sector

Partnerships for a Product Introduction

The History and Future of Injectable Contraceptives in India

Market-based Partnerships for Health

Genesis of the *Dimpa* Program

- DMPA – a 3-monthly injectable contraceptive – cleared for marketing by Drug Controller General of India in 1993
- Despite evidence on the safety and efficacy of DMPA, the product is mired in controversy, and not part of the basket of contraceptives offered by the public health system

Govt. rules against use of injectible contraceptives

By Lalita Panicker/TNN

New Delhi: Reacting to concerns raised by women activists about the health impact on users, the government has given an assurance that it would not introduce injectible contraceptives in state-mandated family planning programmes.

Health secretary P K Hota assured a delegation of women activists led by Brinda Karat, CPM politburo member and member of the All India Democratic Women's Association (AIDWA). The activists are urging the health ministry to stop ongoing clinical trials of the contraceptive Depo Provera because of its severe side-effects.

The US Food and Drug Administration recently mandated that Depo carries a 'black box', the agency's most severe warning. The new label should inform users of Depo's adverse effects. Depo causes a significant decrease in mineral bone density and its use should be limited to two years, unless other forms of birth control are insufficient.

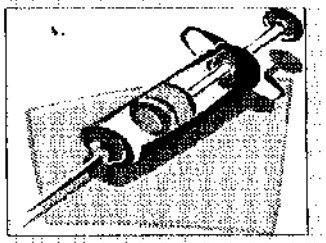
But what is more alarming is that other studies show that Depo users are at an additional risk of contracting sexually transmitted infections. A joint study funded by the National Institute of Child Health and Human Development and USAID found that the use of Depo increases three fold a woman's chance of contracting chlamydia and gonorrhea.

A study published in the January 2004 issue of The Journal of Infectious Diseases found a correlation between taking hormonal contraceptives, both injectable and oral, and acquiring HIV. The study further concluded that the use of Depo at the time of HIV transmission hastened the rate of disease progression. With the rise in HIV infection levels, the recent findings that Depo increases the risk of contracting STIs and hastens HIV are critical.

Concerns over the promotion of Depo as a 'viable contraceptive choice have been voiced by women's groups and health groups for the past 15 years. Its severe side effects are well documented.

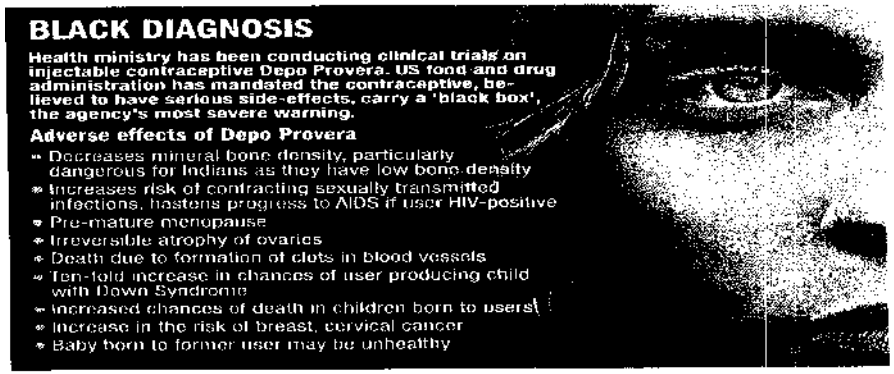
However, in the light of new research, women's groups and health groups feel that it would be unethical to continue clinical trials on Indian women. The average Indian woman is of poor health and that she has low bone density is a recognised problem. The manufacturer Pfizer itself has pointed out the risk of decreased bone density

DANGERS OF DEPO PROVERA



- Significant decrease in mineral bone density
- Increasing risk of contracting sexually-transmitted infections, hastens HIV
- Pre-mature menopause
- Irreversible atrophy of the ovaries
- Death due to spontaneous formation of clots inside blood vessels
- Ten-fold increase in the birth of Down Syndrome babies in users
- Increased chances of death in children born to users
- Increase in the risk of breast and cervical cancer

Centre to stop promoting injectable contraceptives



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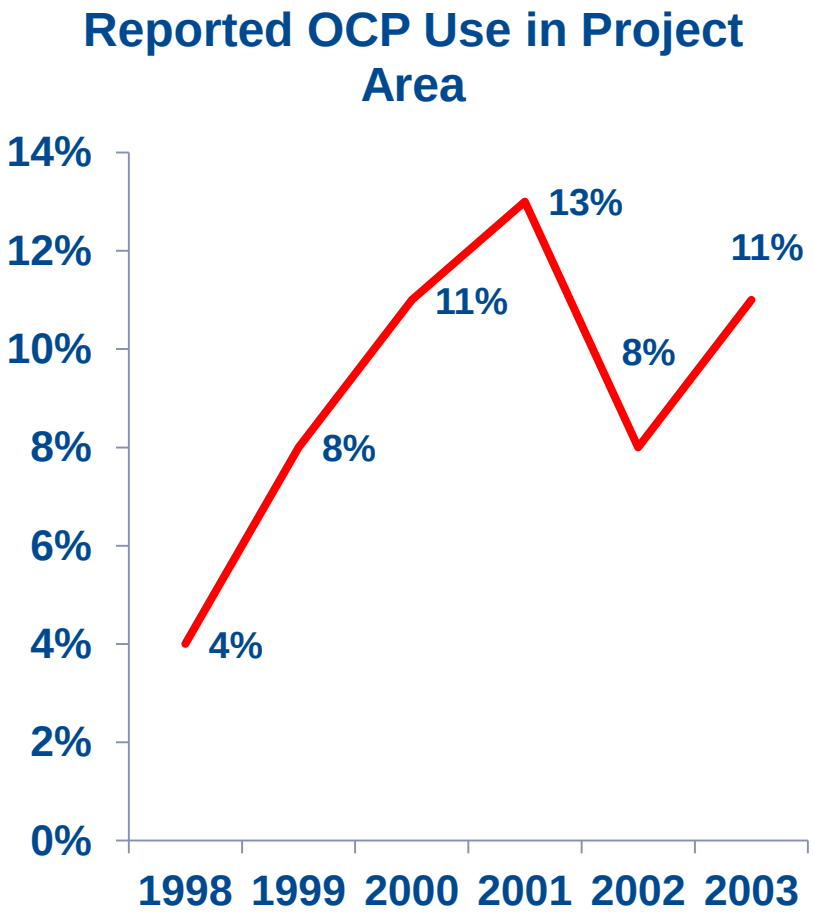
- Continuing USAID's commitment to expanding contraceptive options available to couples in India:
  - Decision to support introduction of DMPA through the private sector
  - Project to demonstrate the feasibility of providing DMPA and consumer acceptance; build evidence to support inclusion of DMPA in the national program
- Building on the lessons learned from "manufacturer's model" of market development: *Goli Ke Hamjoli* (Friends of the Pill)

Partnership with Marketers Catalyzes Product Use & Market Structure

The Goli Ke Hamjoli Experience



Impact on Market Structure

- Increased industry investment
  - New low dose OC's, new manufacturing facilities
  - Begin advertising to consumers
- More products made non-prescription
- High-dose formulation withdrawn

Project Approach

Challenges

- Interest groups with entrenched positions, possibility of backlash to the project
- Low awareness among clients *and* health-care providers

Response

- Shared ownership through a network of qualified health care providers; focus on ensuring high quality of care

Phases of the *Dimpa* Program

I

- **Demonstrate feasibility:** Does training of private providers and product linkages result in an expanded basket of contraceptives being offered to clients?
- **Pilot:** 3 towns, 105 clinics; *2003-04*

II

- **Develop mechanisms for scale:** Can we maintain the same quality at scale? What management processes are required?
- **Scale-up:** 19 towns, 505 clinics; *2004-07*

III

- **Test demand generation themes and platforms:** Test communication themes and platforms, check if these evoke reactions from interest groups
- **Intervention coverage:** 45 towns, 1200 clinics; *2007-09*

IV

- **Identify and develop solutions for high discontinuation rate:** Can rapid increase in mobile phone usage offer an opportunity for client follow-up and reassurance?
- **Intervention coverage:** 45 towns, 1200 clinics; *2010-13*

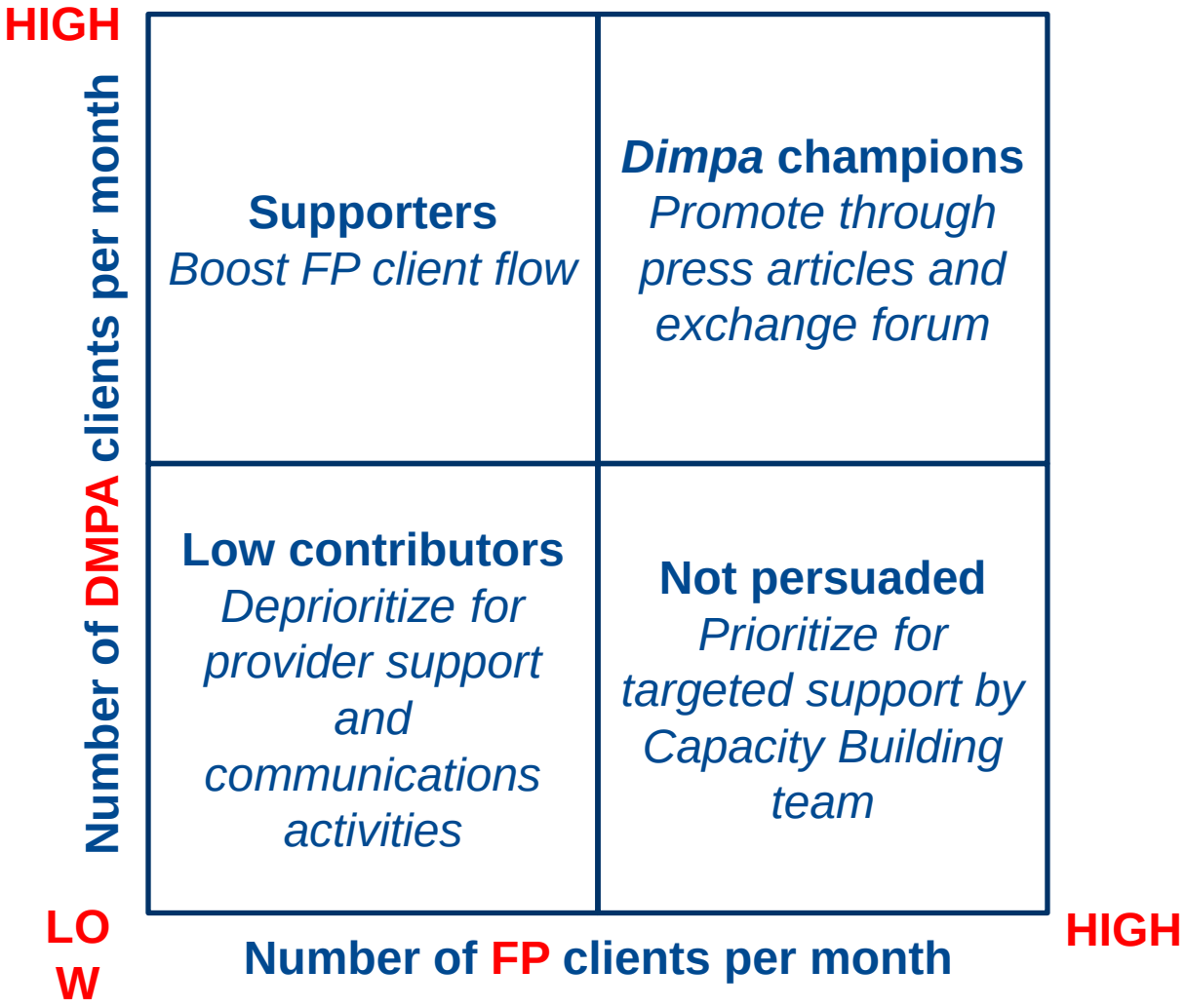
The *Dimpa* Clinic

- Private practitioners (mostly Ob-Gyn, female GPs) who agree to offer DMPA as one of the contraceptive options to their clients
- Trained on provision of DMPA (WHO eligibility criteria, counseling)
  - Paramedics too trained on counseling
- FOGSI: Endorsement of DMPA
- Training through experts from FPAI

Evolution in Capacity Building Strategies

- Stage 1: ‘Class-room’ training led by expert FP trainers (FPAI)
- Stage 2: Increased focus on interactive methods, supplemented by targeted one-on-one support
  - Exchange Forum: A peer learning and experience sharing platform to discuss practical challenges and how they can be addressed
  - Targeted support: Segmenting providers, and providing segment-appropriate inputs

Targeted Support to Providers



Evolution in Capacity Building Strategies

- Stage 1: ‘Class-room’ training led by expert FP trainers (FPAI)
- Stage 2-4: Increased focus on interactive methods, supplemented by targeted one-on-one support
  - Exchange Forum: A peer learning and experience sharing platform to discuss practical challenges and how they can be addressed
  - Targeted support: Segmenting providers, and providing segment-appropriate inputs
- Stage 3-4: Increased emphasis on training of paramedics:
  - Have more time to counsel,
  - In many cases, doctors ask patients to clarify further with the paramedic

Evolution in Communication Strategies

- Stage 1-2: Low key, low intensity, clinic promotion adverts
  - Directed to network members to increase value of being in the network
  - Direct clients to network clinics

Clinic Promotion

अधिक जानकारी के लिए निम्नलिखित में से किसी भी डिम्पा डॉक्टर से मिलें।

- **जमुना सेवा सदन**– शिवपुर थाने के पीछे, शिवपुर, वाराणसी, फोनः 2281684
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- **उपहार नर्सिंग होम**– आकाशवाणी के सामने, महमूर गंज, वाराणसी, फोनः 2360400

Evolution in Communication Strategies

- Stage 1-2: Low key, low intensity
  - Directed to network members to increase value of being in the network
  - Direct clients to network clinics
- Stage 3-4: Higher intensity, integrated campaign
  - **Media and outreach:** Increase knowledge of DMPA as an effective alternative for ‘3 months of freedom’
  - **Contraceptive counseling hotline**: Counsel potential clients on contraceptive options, refer them to appropriate clinics

Why excuses every day – worried about pregnancy?
Now, one injection gives you freedom from excuses for three months!

An integrated campaign: TV, press, radio, outreach

Evolution in Communication Strategies

- Stage 1-2: Low key, low intensity
  - Directed to network members to increase value of being in the network
  - Direct clients to network clinics
- Stage 3-4: Higher intensity, overtly consumer-oriented
  - Increase knowledge of DMPA as an effective alternative for ‘3 months of freedom’
  - Contraceptive counseling hotline: Counsel potential clients on contraceptive options, refer them to appropriate clinics
- Stage 4: Added component of user-support
  - Contraceptive users **not only** require counseling before/at the time of adopting a method, **but also** when they begin to experience side-effects
  - Proliferation of mobile phones an opportunity to provide this support

Telephone-based Support to FP Users

- **Pilot test shows significant increase in continuation to the second injection**

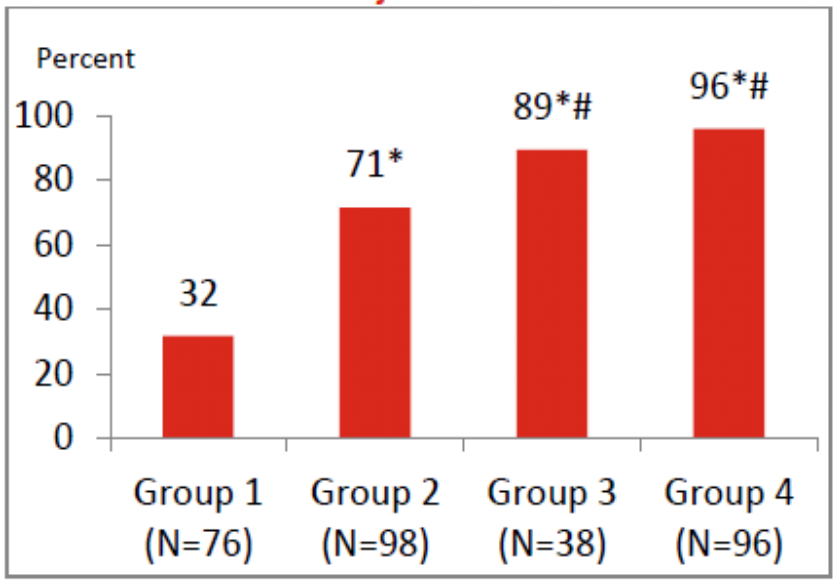
Group 1: First time users who did **not** receive any call.

Group 2 (one call) : Received a reminder call two weeks before the due date of the next injection.

Group 3 (two calls): Received, in addition, a counseling call one month after their injection

Group 4 (three calls): Received, in addition, a reassurance call one week after their injection

Figure 1: Reported having taken Second Injection



* indicated significantly different from Group 1 (p≤0.05) # indicated significantly different from Group 2 (p≤0.05)

Scale-up with Self-registration System

[2,000 users in 4 months]

Register for this free service by giving a ‘missed call’

IEC materials

Dimpa User

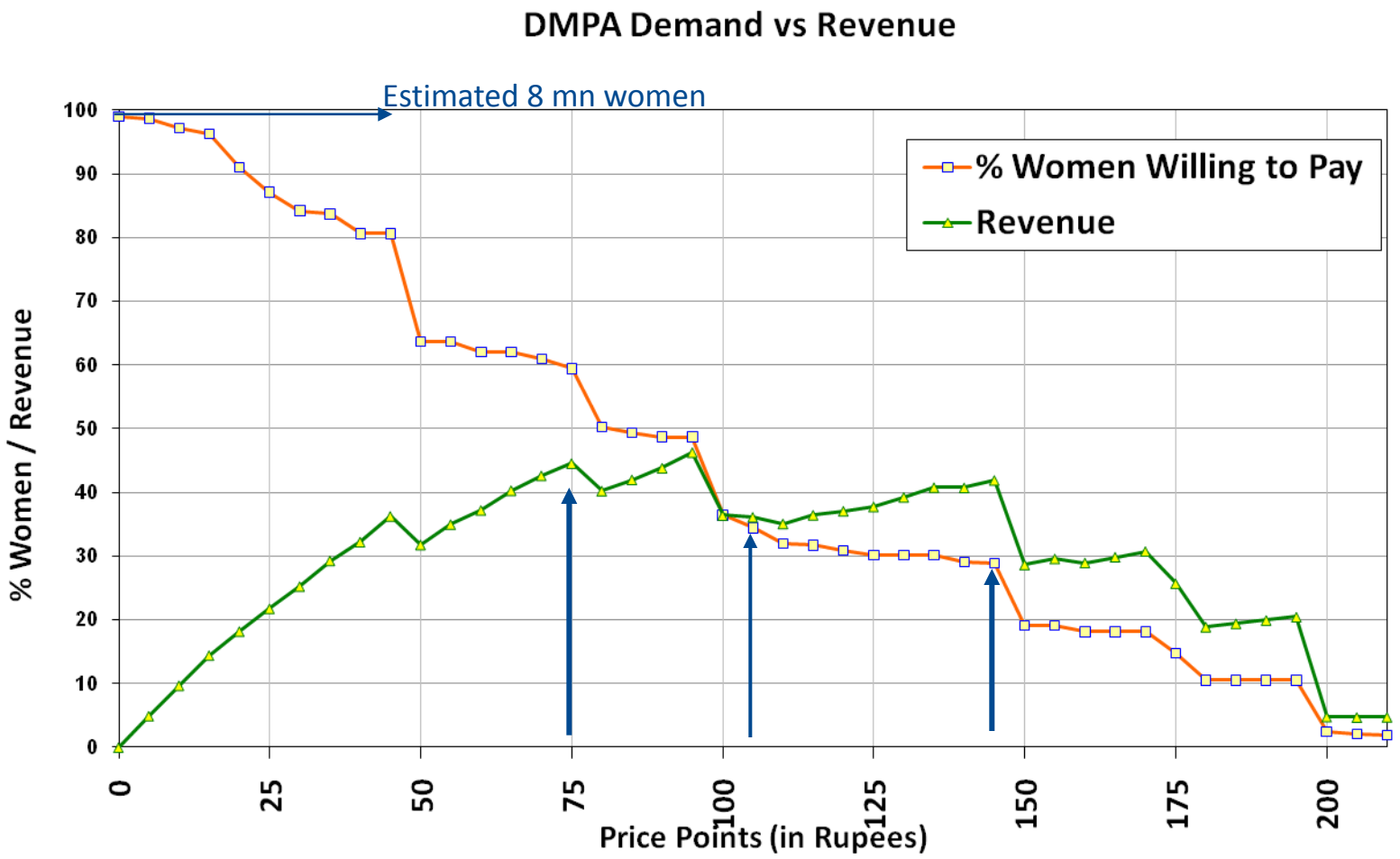
Community Outreach

Counseling at provider clinic

Evolution in Partnerships

- Begun with:
  - Collaboration with FOGSI, letter of endorsement on DMPA
  - Negotiating distribution and price with one pharmaceutical manufacturer

Negotiating Price with Revenue Projections



Evolution in Partnerships

- Begun with:
  - Collaboration with FOGSI, letter of endorsement on DMPA
  - Negotiating distribution and price with one pharmaceutical manufacturer
  - Small group of FP experts as spokespersons in case of negative media reportage
- Expanding partnerships:
  - Entry of more marketers of DMPA → collaboration with all marketers, fostering linkages between marketers and the network
  - FP expert group formalized as Advocating Reproductive Choices (ARC)
  - More FP programs offering DMPA: Training-support to other implementing agencies, sharing tools, communication material, approaches
  - Institutionalizing FP modules in training curricula of private paramedic training institutions

Summary of Achievements

- 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

BMGF-Packard Market Assessment

- Private-sector approach to expanding method mix the only option available
- DMPA seems to be at a tipping point
  - Steep growth in DMPA sales every year over the last 5 years
  - A dynamic market with interested marketers
- Tools and know-how for rapidly growing the category now available
  - Capacity building, demand generation, user-support

Our Approach

- Expand coverage in urban areas of Bihar and UP
  - Increase mCPR by 8% and Inj. Use by 5% in project areas,
- Adopt a category promotion approach: inclusive partnerships
- Deploy a set of available tested tools
  - Creative campaigns, user helplines, training manuals, outreach innovations
- Learn how to address emerging challenges
  - Service fee as a larger price barrier
  - Service delivery beyond urban areas
- Understand feasibility and effectiveness of private provider networks as a platform to introduce new technologies
- Build momentum and confidence among users, providers and policy makers to move DMPA past the tipping point

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SHOPS
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Thank You

Ramakrishnan Ganesan ram@abtindia.net

Anand Sinha Anand_Sinha@gatesfoundation.org

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