Webinar: Can Women Afford Emergency Contraceptive Pills?

Wednesday, 15 March 2016
AGENDA

Presentations:

- **Denise Harrison, USAID**: An introduction to the Total Market Approach that encompasses public sector, NGO, social marketing and commercial/for-profit organization.

- **Elizabeth Westley, ICEC**: Results of a global study on the price of EC in the private commercial sector.

- **Sarah Rich, ICEC**: Case studies of the total market for emergency contraceptive pills in the Democratic Republic of the Congo and Nigeria.

*Discussion utilizing both chat and call-in functions.*
It’s all about women: creating healthy functional markets to address the unmet global need for contraception.

- To put women first and meet their needs and wants, means leveraging all sectors or taking a Total Market Approach (TMA).

- The **TMA** aims to ensure best use of the available resources by strategically engaging each and every actor (especially the poor and vulnerable) that has a stake in the provision of information, products and services in reaching market segments. ([TMA Primer](#))

- Using **4P’s/4C’s marketing** framework, we can meet women’s needs:
  - **4Ps** - product, price, placement and promotion
  - **4Cs** - customer, cost, convenience and communication

*Denise L Harrison, MA, MBA
USAID/GH/PRH/CSL*
What price for peace of mind?
Is access to emergency contraception affordable and equitable for women in developing countries?

Elizabeth Westley, Jamie Bass, Heidi Jones,

RHSC Webinar, March 16, 2016
Acknowledgements and thanks

- RHSC Innovation Fund supported this work through the Market Development Approaches Working Group.
- ForoLAC and Seconaf provided translation and dissemination of survey.
- Consultant Heidi Jones, PhD, was the analyst.
- ICEC and RHSC members generously collected and submitted data.

Thank you!
“Access is not just accessibility. It is also affordability.”

-- Managing Director, online vendor of emergency contraceptive pills, United States
Caveats

- Different number of submissions from different countries – we used an average of the prices submitted
- Not intended to replace rigorous national market surveys – global snapshot to identify trends
- Most data came from capital city
- We received data from US and Europe but did not include it in this analysis
Global survey of price of EC to consumers: Methods

- Survey sent out in English, Spanish, and French to ICEC and RHSC listservs
- Sent two rounds of survey – first was complex and hard to analyze, so we simplified and sent it out again
- Asked key informants for lowest and highest EC prices, place (pharmacy, clinic, etc)
- Added data from ICEC country database re: access in public sector and social marketing sector, number of products registered, existence of a locally manufactured product
Global survey of price of EC to consumers: Methods

- Data received from 72 countries:
  - 21 countries in Africa
  - 15 from Latin America and the Caribbean
  - 17 from Asia (including 4 from the Middle East)
  - 2 from North America
  - 14 from Europe
  - 3 from Oceania

- Converted currency to USD using values on a single day for comparability

- Used GDP data to create measure of “affordability” — national GDP/52 approximates average weekly income (crude but available globally)
Relative prices: Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Actual Price (USD)</th>
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<tbody>
<tr>
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<td>0.84</td>
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## Relative prices: Latin America & Caribbean

<table>
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<th>Country</th>
<th>Actual Price (USD)</th>
<th>GDP (2013)</th>
<th>Relative Price (% weekly income)</th>
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<tbody>
<tr>
<td>Argentina</td>
<td>3.50</td>
<td>14,760</td>
<td>1.45</td>
</tr>
<tr>
<td>Chile</td>
<td>8.39</td>
<td>15,732</td>
<td>3.00</td>
</tr>
<tr>
<td>Guatemala</td>
<td>12.57</td>
<td>3,478</td>
<td>17.82</td>
</tr>
<tr>
<td>Mexico</td>
<td>3.91</td>
<td>10,307</td>
<td>1.99</td>
</tr>
<tr>
<td>Panama</td>
<td>14.50</td>
<td>11,037</td>
<td>6.31</td>
</tr>
<tr>
<td>Peru</td>
<td>5.09</td>
<td>6,660</td>
<td>4.04</td>
</tr>
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</table>
### Relative prices: Asia

<table>
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<tr>
<td>Cambodia</td>
<td>0.85</td>
<td>1,007</td>
<td>4.05</td>
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<tr>
<td>India</td>
<td>1.30</td>
<td>1,499</td>
<td>4.24</td>
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<tr>
<td>Indonesia</td>
<td>1.72</td>
<td>3,475</td>
<td>2.56</td>
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<td>Malaysia</td>
<td>1.62</td>
<td>10,514</td>
<td>0.77</td>
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<tr>
<td>Nepal</td>
<td>1.01</td>
<td>694</td>
<td>7.54</td>
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<tr>
<td>Sri Lanka</td>
<td>0.69</td>
<td>3,280</td>
<td>0.99</td>
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<tr>
<td>Vietnam</td>
<td>0.15</td>
<td>1,911</td>
<td>0.38</td>
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Results: Cost of EC by region and sub-region

Median % weekly income for lowest-cost EC product in private sector relative to GDP per capita

Africa: 14.1%
Anglophone: 20.5%
Central America: 4.5%
LAC: 3.5%
South America: 6.8%
Caribbean: 3.5%
Asia: 2.7%
Central Asia: 2.3%
Southeast Asia: 1.7%
Middle East: 1.7%
**Results: What factors affect EC cost?**

- Countries with a **local EC product** had EC available at a lower cost in the private sector:
  - For countries with a local product, the lowest cost EC product comprised a median of 2.7% of weekly income based on GDP compared to 5.7% for countries without a local product, $p=0.01$
  - Africa does not have locally manufactured products
Results: What factors affect EC cost?

- Availability of a socially marketed product is associated with lower prices in private sector.
- Public sector availability does not seem to be associated with lower prices in the private sector but is important for women who access EC via the public sector.
- African women pay more than women in other regions.
Results: Emergency contraception access by sector and region

% of countries surveyed with:
- locally manufactured EC product
- public sector product
- socially marketed product

- 100% of countries have commercial sector product
- None of the African countries had a local product
After adjusting for presence of local product, social marketing, and public sector product, those in the Africa region had EC prices which required 15 more percentage points of their weekly income based on GDP compared to those in Asia (p=0.002).
Results: Lowest cost of EC in private sector as percent of weekly income relative to GDP per capita

% weekly income
- not in survey
- 0-5%
- 5-10%
- 10-20%
- >20%
Conclusions

- In many settings, EC products in the private sector are expensive as a proportion of income (based on national GDP).
- Affordability is greatly influenced by GDP, not just price in USD.
- Francophone/Lusophone Africa has the most “expensive” products, followed by Central America.
- Markets are currently dynamic and changing.
- Private commercial sector remains an important source of emergency contraceptive pills.
EC supplies and affordability in Nigeria and Democratic Republic of the Congo

Sarah Rich and Elizabeth Westley

RHSC Webinar
March 16, 2016
Methodology

- **Interviews with key informants:**
  - Private sector manufacturers
  - Social marketing organizations
  - Ministry of Health officials
  - Civil society representatives

- **Supported by data from a range of sources:**
  - AccessRH
  - Contraceptive Security Indicators (USAID/DELIVER)
  - Contraceptive Social Marketing Statistics (DKT)
  - Measurement, Learning and Evaluation Project (MLE) for the Urban Reproductive Health Initiative

- Small number of informal pharmacy visits
Lowest cost of EC in private sector as percent of weekly income relative to GDP per capita

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Nigeria
DRC
## Relative prices: Africa

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CASE STUDY: NIGERIA

- **Social marketing sector**: Strong programs selling EC via private pharmacies and drug shops
  - Society for Family Health, DKT

- **Private sector**: Other EC products available in private pharmacies and drug shops
  - Unknown quality products
  - Counterfeit or low-quality products

- Pharmacy/drug shop access to EC varies by city
Case Study: Nigeria

• Public sector: No procurement/distribution of EC
  • Lack of access for sexual assault survivors seeking treatment at public facilities
  • Lower-income women may not be able to afford product in the private sector
  • Security challenges in the NE make it difficult for the social marketing sector to provide product there
  • Can rural women access private pharmacies?
CASE STUDY: DEMOCRATIC REPUBLIC OF THE CONGO

- Substantial supply chain issues
- EC associated with sexual assault and UN Minimum Initial Service Package (MISP) kits
  - Many humanitarian orgs in eastern part of country
- UNFPA & USAID procure EC for public & social marketing sectors
Case Study: Democratic Republic of the Congo

- **Public sector:** Can provide EC but access unclear
- **Social marketing sector:** Smaller EC programs to-date
  - PSI, DKT
- **Private sector:** Other EC products available in private commercial outlets
  - Quality unknown
- Access outside Kinshasa and for low-income women unclear
GLOBAL TOTAL MARKET APPROACH
RECOMMENDATIONS

• Support social marketing sector to invest in EC in more countries
• Focus on quality of products on the market
• Public sector product critical for low-income and rural women, and sexual assault survivors
• Pair with demand gen and raising women’s knowledge of EC