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# **MEDICAL ABORTION (MA) ACCESS CHANNELS AND PRICING: A LANDSCAPE ASSESSMENT FOR KENYA, UGANDA AND NIGERIA**

**PRESENTATION TO THE RHSC  
SAFE ABORTION SUPPLIES  
WORKSTREAM**

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**MANN GLOBAL HEALTH**

**COMMISSIONED BY CIFF**

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**Objective:** *a landscape assessment of MA pricing, access channels, and interventions to inform design, testing and scaling of promising solutions for equitable and affordable access.*

### Key questions:

- *What has changed since the 2018 RHSC landscaping—including in the context of the COVID-19 pandemic?*
- *What is the price variability of MA versus other options?*
- *What mechanisms or interventions exist to keep MA margins reasonable, particularly at the retailer and end-consumer side of the value chain?*
- *What is the user's journey when she is not supported by interventions, versus with support?*
- *What opportunities for innovative MA distribution strategies should be considered for testing and/or for scale?*

**Limitations:** This is not a comprehensive retail audit; no data was collected from end-users; there is a skew toward safe options.

# INTERVIEWS: Thank you to all below who contributed to this report with their time and sharing of data and relevant studies.

Name	Organization
<b>Commercial Distributors</b>	
Bhavesh Kotecha	Sai Pharma, Kenya
Thomas Anthony	Sun Pharma, Kenya
Sachin V.M.	WorldWide, Nigeria
Festo Mwebaze	Delmaw, Uganda
Karim Shabuddin	Royal Pharma, Uganda
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Manuelle Horwitz	IPPF
Karthik Srinivasan	IPPF
Catherine Kilfedder	IPPF
Marcel Van Valen	IPPF
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Chituru Alerechi	DKT Nigeria
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Kenneth Buyinza	RH Uganda (IPPF)
Lawrence Were	CHAI Uganda
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<b>Community Based Organizations/Provider Networks</b>	
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Sybil Nmezi	GIWYN/Miss Rosy, Nigeria
Denis Kibira	HEPS, Uganda
Moses Mulumba	CEHURD, Uganda

Name	Organization
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<b>Innovators</b>	
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Steven Harsono	IQVIA
Jonathan Jackson	DiMagi

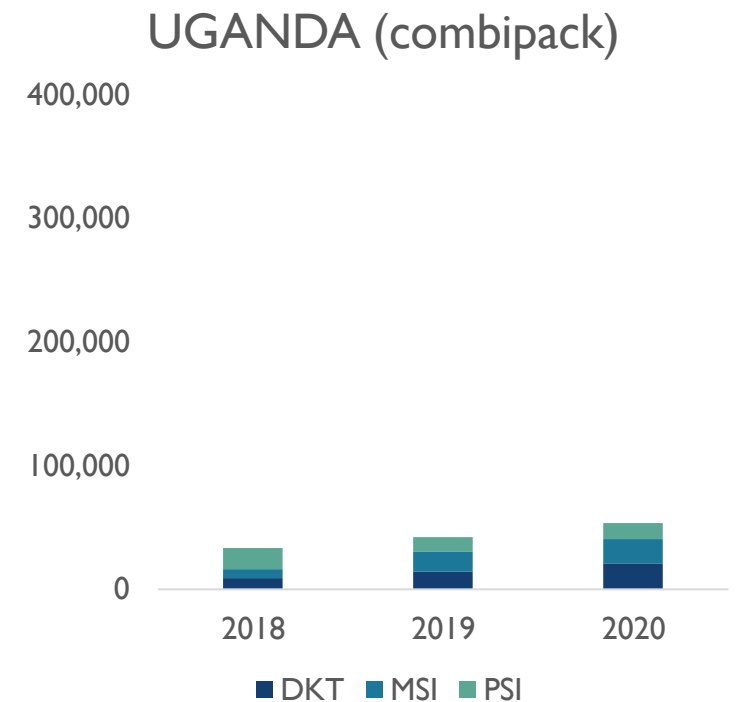
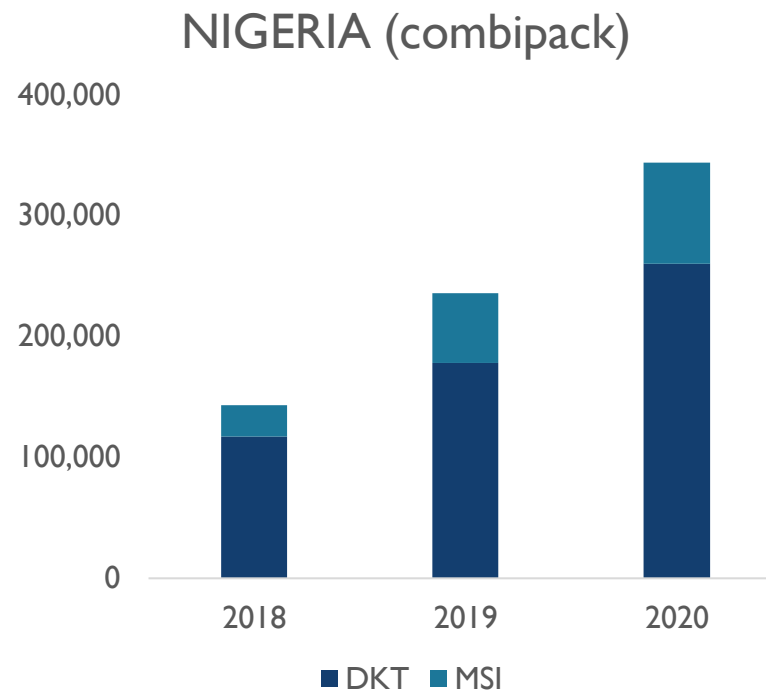
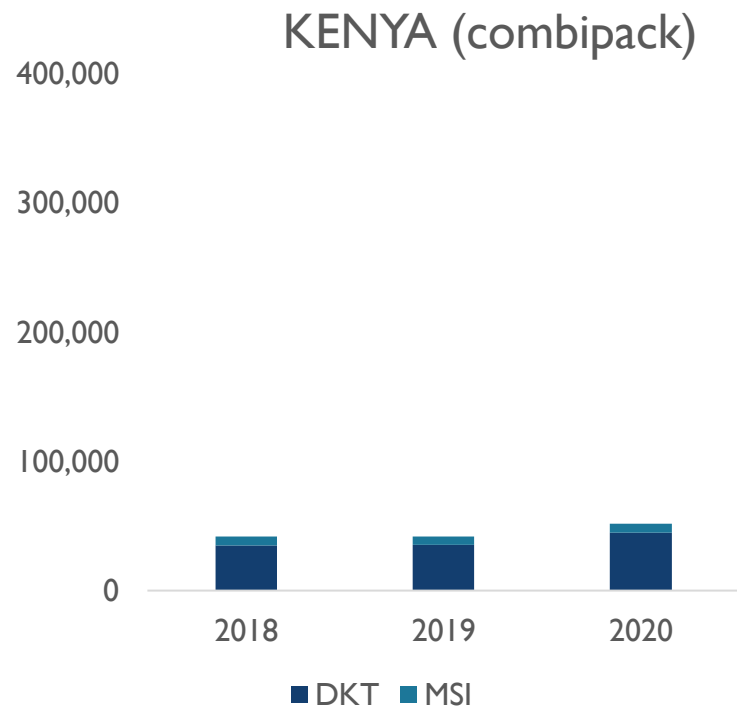
## BACKGROUND

- First and foremost, the contributions of the Social Marketing Organisations such as DKT, MSI and PSI have been game changing for medical abortion access in the 3 countries in this assessment and many beyond. If not for the SMOs, there would not be growing quality-assured combipack MA and misoprostol availability in these countries.
- The sales figures on the following slide represent a huge achievement, especially given the challenging country contexts. Comparing to the total potential need in these countries, there is more to be done.
- Now that the SMOs have created markets for MA, expanded access and brought prices down, our intention is to challenge our sector to do better when it comes to the next stage of market development for MA: advancing equity, expanding rural access, and sustainability.
- This abbreviated version of our assessment is for dissemination and focused on combipack MA at the request of CIFF. The full version of the report also included misoprostol, which is critical to have in these markets especially when there is risk of combipack distribution being stopped.
- Our recommendations are intended to be additive to the foundation built in these countries in order to generate market data to guide decision making across the value chain, provide timely and correct information to users, and ultimately increase equitable access to affordable, quality-assured MA products.

# SMO DISTRIBUTION: COMBIPACKS

*There is a fragmented importer and distributor landscape, despite a modest –when compared to need- MA market in each country. Sales are divided by the SMOs. This needs to be assessed: pros are commodity security and market competition, while cons are potential inefficiencies of scale and barriers to entry for commercial brands.*

*Combipack distribution has been increasing steadily, especially in Nigeria, due to highly commendable SMO efforts, and continuing despite the pandemic.*



Note: 2020 sales are projections from when this assessment was conducted in autumn of 2020.



## KEY INSIGHTS

### QUALITY

### ACCESS

### END USER PRICING

- **QA products** are typically **more expensive**
  - IPPF survey: QA combipacks were \$0.76 higher than non-QA
- Lack of easy mechanisms to access **QA products**
- **No mechanism to track market share** of QA drugs over time
- **“End users don’t care about PQ”** so providers/vendors can sell what makes the most margins; This won’t change until consumers know what to look and ask for. Pharmacists care about quality but not QA standards.
- Misoprostol **not packaged for correct MA dosage** (which is a regulatory barrier, and not necessarily a negative as it provides cover for MA use); **poor storage and sold in wrong dosage by retailers**
- **Preference for misoprostol** due to lower price/ higher volume potential and lower risk, though detailing helps



# KEY INSIGHTS

QUALITY

ACCESS

END USER PRICING

- More product launches → more competition → more choice for women and girls → drives prices down
- Highly fragmented supply chains, limited efforts to disintermediate and offer value-added B2B services
  - **SMOs continue to fight for market share**, especially in urban areas; this has intensified. This is not necessarily a negative as it has a downward pressure on prices. The question is how long this takes, and to what extent it is being subsidised.
  - **Commercial distributors and wholesalers** see no point in entering a small value, subsidized market. While some distributors may not have interest in combipacks for abortion, we heard from several who would be, provided there was a business case. While less likely for combipack, commercial distributors have entered the market for miso and EC once volumes increased in many countries.
  - **Distributors can't go direct to drug shops**, even if these shops are licensed
- **Provider/ retailer bias and judgment:** assess clients on personal story, appearance; different prices for same product at same outlet
- **Lack of prescription → higher price or refusal to dispense** → delayed care seeking, especially for adolescents
  - Difficult to obtain prescriptions
  - Can lead to treatment delay until 2<sup>nd</sup> trimester
- Awareness of safe abortion law and where to access safe products still low; **a climate of fear persists**
- **CBOs and hotlines keep a low profile and are usually small scale, e.g. RHK and Miss Rosy**



## KEY INSIGHTS

### QUALITY

### ACCESS

### END USER PRICING

- Retail-level **price gouging widely prevalent: high prices are seen as the “cost of doing (risky) business”**
- **Lack of comparable, consistently collected pricing and margins data**
- **SMOs benchmark prices** against competitors and/or affordability thresholds
  - **Intermittent approaches to verify price**, e.g. mystery client surveys but no MA
- Some CBOs ask about price in follow up calls; **not well documented**
- **Lack of creative thinking** to use existing price verification methods and technologies
- **Trade margins are high** across all levels of the supply chain, especially for combipack
- **Poor efficiencies of scale.** Lack of a business incentive to address affordability.
- **In-person detailing adds significant costs** for SMOs
  - COVID sparked some remote detailing approaches, e.g. DKT Nigeria
- **Lack of awareness of RRP** disempowers consumers, hits adolescent girls hardest
- **Major gap in scalable affordability mechanisms**



# HOW DOES MA CONSUMER PRICING COMPARE TO OTHER METHODS AND BY CHANNEL?

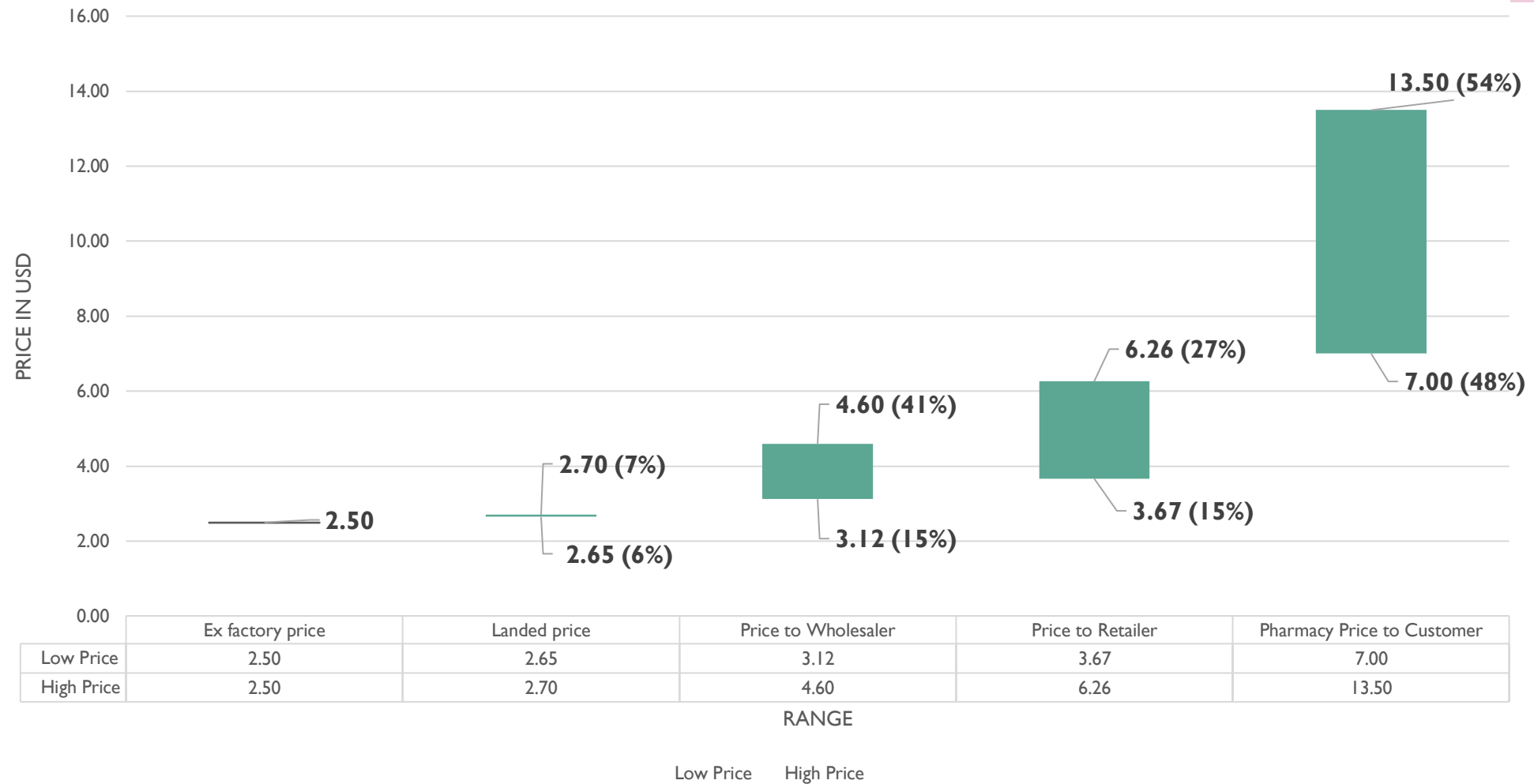
*We found wide variability in pricing for MA. The lower end pricing in pharmacies is reasonable, but CBOs are reporting the higher end prices. More investigation is necessary to determine how common the highest prices are.*

Method	Kenya		Nigeria		Uganda	
	Pharmacy	Provider	Pharmacy	Provider	Pharmacy	Provider
<b>Misoprostol</b> (assumption: 12 tabs; often sold in smaller quantities)	\$2.76-13.32 <sup>1</sup>	\$100 <sup>1</sup>	\$2.16-31.08 <sup>1</sup>	\$30 plus <sup>1</sup>	\$2.64-32.40 <sup>1</sup>	\$40 plus <sup>1</sup>
<b>Combipack</b>	<u>\$7.29-50<sup>1,2</sup></u>	<u>\$100<sup>1</sup></u>	<u>\$5.22-30<sup>1,2</sup></u>	<u>\$30 plus<sup>1</sup></u>	<u>\$5.36-40<sup>1</sup></u>	<u>\$40 plus<sup>1</sup></u>
<b>Simple PAC or surgical abortion</b> (MVA is typically cheaper than D&C)	-	~\$45-182 <sup>2</sup>	-	\$68-103 <sup>2,3</sup>	-	~\$22-81 <sup>2</sup>
<b>PAC with complications</b> (Assumption: many cases stem from unsafe abortions or not taking full MA dosage)	-	Mild: \$31 <sup>5</sup> Moderate: \$41 <sup>5</sup> Severe: \$94 <sup>5</sup>	-	\$112-132 <sup>3,4</sup>	-	\$49 <sup>6</sup>

Note: This data comes from our key informant interviews; data provided by SMOs; and safe abortion studies/websites; Not a retail audit.

## MA Combipack Retail Trade Margins: Uganda

MA from provider can cost \$40 or higher\*



\*This typically includes provider service fee, pregnancy test, and sometimes ultrasound costs

Sources: (1) Key informant Interviews, 2020. (2) Market Dynamics and Capability Assessment of Private Health Products Wholesalers and Distributors, Uganda, October 2019. Partnership for Supply Chain Management.

# HOW CAN WE FOCUS INTERVENTIONS TO ENHANCE HER JOURNEY AND REDUCE PRICE?



# KEY OPPORTUNITIES ACROSS THE VALUE CHAIN

IMPORTERS

DISTRIBUTORS & WHOLESALE

RETAILERS

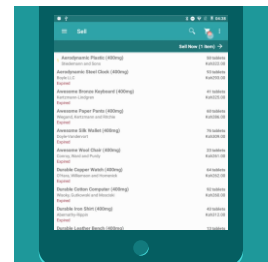
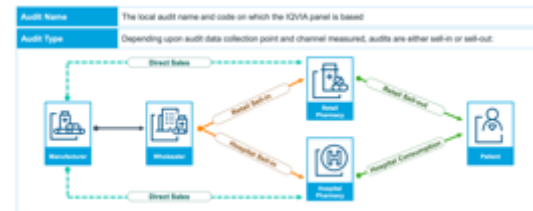
CONSUMERS

*Defragment and coordinate regional/national markets; strengthen market data*

*Disintermediate across the value chain and test innovative distribution models.*

*Apply behavioral economics and test innovative delivery models*

*Inform and go direct to consumers*



“  
Matsha Meds app has greatly simplified my work. I can easily manage my inventory and monitor sales of my shop without interfering with my productivity at work. I also love the app's user interface, it is straight forward and user friendly.”

OLEUSCHAEKOTENO PHARM  
Tobacco Pharmacy

- Spread Ally™**: Trade loyalty solution for distributors and retail points to earn and redeem gratifying rewards for promoting your brands.
- Spread Champion™**: Mobile driven & sales enablement solution for on-pack consumer promotions, with built-in fraud protection.
- Spread Defender™**: Point-of-sale product verification solution that protects consumers from counterfeit products and pinpoints location of fakes.
- Spread Informer™**: Robust track and trace plus reverse logistics solution to secure, monitor and make rapid decisions across global supply chains.



*At the upstream level, defragment and coordinate regional/national markets;  
strengthen market data*

- **One SMO or other organization per country** to play an upstream **market facilitation role** that is coordinated across safe abortion funders. (This does not mean that there should be only 1 SMO per country.)
- **Reduce data gaps:** Require any beneficiary of donor funding or preferential pricing to report data to a control tower.

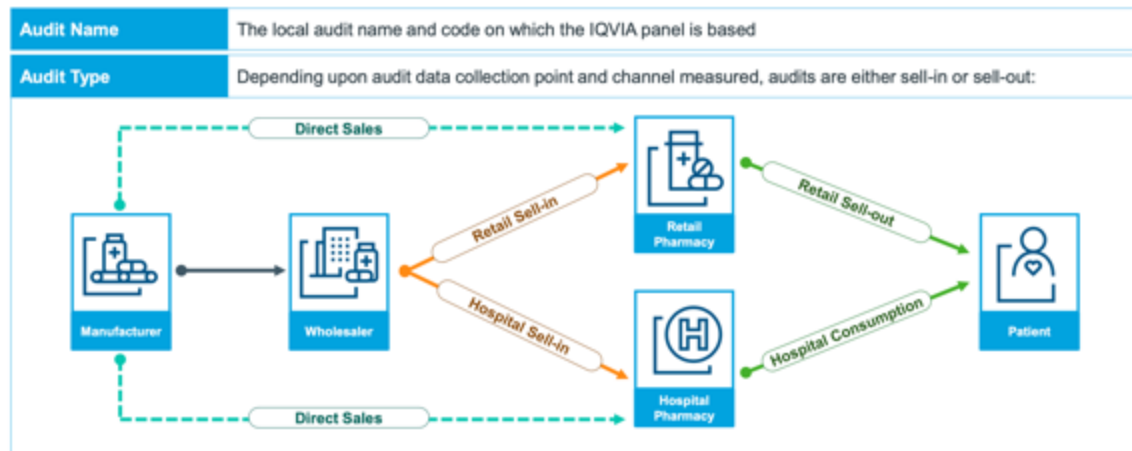


# KEY OPPORTUNITIES: DISTRIBUTORS AND WHOLESALERS

*Disintermediate across the value chain and test innovative distribution models.*

Test the relative efficiency, coverage, scalability, and cost-effectiveness of **disintermediation** and **related B2B interventions**

**Reduce data gaps:** Consider IQVIA or similar **retail supply chain/ prescription audit** approach



Sell Now (1 Item) →	
Aerodynamic Plastic (400mg) Stedman and Sons	50 tablets K&N322.00
Aerodynamic Steel Clock (400mg) Style L.L.C	50 tablets K&N393.00
Expire!	
Awesome Bronze Keyboard (400mg) Katzman-Lidgren	41 tablets K&N325.00
Expire!	
Awesome Paper Pants (400mg) Wegand, Kattmann and Reche	60 tablets K&N386.00
Expire!	
Awesome Silk Wallet (400mg) Dyke-Vanderhart	76 tablets K&N309.00
Expire!	
Awesome Wood Chair (400mg) Covey, Wood and Purdy	33 tablets K&N341.00
Expire!	
Durable Copper Watch (400mg) O'Hara, Williams and Hernandez	64 tablets K&N342.00
Expire!	
Durable Cotton Computer (400mg) Woody, Gutkowski and Moscoso	92 tablets K&N348.00
Expire!	
Durable Iron Shirt (400mg) Kozmarby-Rippin	40 tablets K&N312.00
Expire!	
Durable Leather Bands (400mg)	55 tablets

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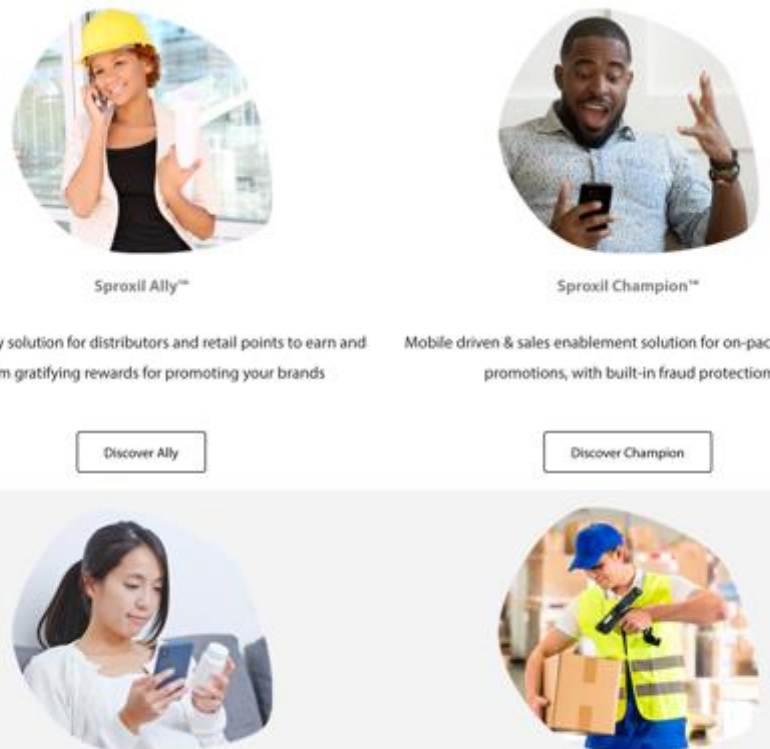
Maisha Meds app has greatly simplified my work. I can easily manage my inventory and monitor sales of my shop without interfering with my productivity at work. I also love the app's user interface, it is straight forward and user friendly.

OLETUSOHAMBOOTIENQ PHARM  
Habemus Pharmacy

*Apply behavioral economics and test innovative delivery models*

Consider a **preferred retailer approach**

**Reduce data gaps:** Use **price verification solutions** that are being used for other product categories.



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*Inform and go direct to consumers*

**Educate CBOs on RRP and which are QA products** as if they are consumers.

**Link CBOs more effectively and more widely** to provider networks and telemedicine.

**D2C distribution** where permitted.





**To move to more affordable pricing (e.g. \$7) and increased accessibility for QA combipacks, we will need to:**

- **Change the status quo:** Now that SMOs are building healthier MA markets, can they focus more on market coordination?
- **Invest in market data:** Don't wait for perfect data collection system- use existing solutions to get a baseline and measure change.
- **Scale promising innovative distribution models:** Several already exist.

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**For any questions, please email Nora Miller**  
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**Thank you to CIFF for sponsoring this important work, and to the  
RHSC SAS Workstream for dissemination.**