Applying a Total Market Approach to DMPA-SC

As a safe, effective, and easy-to-use “all-in-one” injectable, DMPA-SC is poised to increase access to family planning and improve the method mix for women around the world. DMPA-SC can be provided through community-based services, pharmacies, or drug shops—and even by women themselves through self-injection, increasing their control over contraceptive needs. With so many different stakeholders potentially interested in DMPA-SC, its introduction and integration can benefit from a total market approach (TMA) to improve coordination, implementation, and scale-up. TMA has gained global traction as a process to understand and coordinate the actors providing family planning products and services—and to influence market-shaping interventions among the public and private sectors.1

What Is a Total Market Approach (TMA)?

TMA is an evidence-based process to identify market players and understand how they can contribute to improved access to information, products, and services for family planning. As illustrated in Figure 1, the process uses data to understand market trends, recognizes the comparative strengths of various sectors, and uses market-shaping strategies to influence positive sustainable growth of the market.1 The goal is to create greater equity, increase health impact, and improve sustainability of family planning markets through investments made by all sectors.

Why is TMA Important for DMPA-SC?

In the complex and dynamic family planning markets that exist today, TMA can help DMPA-SC achieve balanced and sustainable growth. The approach examines cross-cutting trends in use, sourcing, and economic/geographic access to understand how markets are evolving and to capitalize on and build momentum. For DMPA-SC, strategic coordination will help ensure that both public and private sectors are maximizing their comparative advantage and contributing to sustainable access.

1 The private health sector refers to a large and diverse community comprising both for-profit and not-for-profit entities that lie outside the public health sector. The private sector covers a wide range of health sector entities, including individual private practitioners, clinics, hospitals, and laboratories and diagnostic facilities; nongovernmental organizations; faith-based organizations; shop-keepers and traditional healers; pharmacies; and pharmaceutical wholesalers, distributors, and manufacturers.
What are Key TMA Actions for DMPA-SC Introduction and Scale-Up?

Consider How Introduction and Scale-Up of DMPA-SC will Impact and Benefit from Existing Markets

For injectable contraceptives, there are different trends across regions and countries in terms of the overall market. Every country tells its own unique story, and it is critical to understand the big picture as well as regional- and district-level trends. For example, over the past three decades, injectable prevalence in Latin America increased from 3.7 to 9.9 percent and provision shifted dramatically from the private sector (72 percent) to the public sector (63 percent). In Asia, injectable use increased from 9.1 to 19 percent, while the public-private mix largely stayed the same. In sub-Saharan Africa, injectable prevalence increased from 5.1 to 10.3 percent, with the public sector share decreasing slightly from 72 to 68 percent. It is important to consider how the existing market can benefit introduction and scale-up of DMPA-SC as well as how scale-up will impact the market, in any given context. For DMPA-SC, in particular, consider the following questions:

- Is DMPA-SC being introduced in a high-, medium-, or low-injectable prevalence market?
- What percentage do injectables represent in the overall method mix?
- What inequities exist in terms of geography (urban versus rural) and socioeconomic status?
- Is there an existing private sector market for injectables?

Ensure that Coordination for DMPA-SC Includes All Sectors

There is excitement and interest around DMPA-SC among donors, governments, and implementing partners. As governments gain more understanding of the value of this...
approach, they are increasingly prepared to lead coordination efforts, establish TMA working groups, and convene stakeholders in different forums. There is an opportunity to bring DMPA-SC into these efforts and ensure that efforts are complementary:

- What government agency is best positioned to lead TMA in your country?
- Who are the various actors (such as donors, government, nongovernmental organizations, and the private sector) that should be involved with DMPA-SC’s introduction in the short and long term?
- What coordination issues among the public and private sectors should be addressed?

**Consider the Private Sector’s Potential Role for DMPA-SC**

TMA advocacy is deliberate in its efforts to bring the private nonprofit, social marketing, and commercial sector players to the table alongside the public sector. For DMPA-SC, this means having a clear vision for the private sector’s role during planning, introduction, and scale-up. It also means knowing whether there will be social marketing and commercial introductions, how those distribution channels and marketing strategies will be different than the public sector, and what policy issues need to be addressed to allow for private sector expansion. In general, the private sector’s comparative strengths include increased participation and market reach.

**Figure 2. Country Examples of TMA Consideration and Potential Actions**

**Senegal:** Injectables represent the largest share of modern contraceptive prevalence (38%) and sourcing is dominated by the public sector (93%). From 1997 to 2015, prevalence of injectables increased from 2.8 to 5.8% for all women. How will the integration of DMPA-SC influence these trends? Is there an opportunity to increase the private sector’s participation to create a more balanced market?

**Uganda:** Injectables represent more than half of modern contraceptive prevalence (52%) and private sector sourcing is increasing. From 1995 to 2011, prevalence of injectable contraceptives increased from 2.0 to 10.7%, with private sector sourcing increasing from 37 to 60%. How will the scale-up of DMPA-SC influence these trends? How will public and private sourcing patterns be affected? How can the country build on the private sector’s existing participation to ensure long-term sustainability?

**Nigeria:** Sayana Press (Pfizer’s DMPA-SC) was launched in 2014 by DKT International with distribution through hospitals, clinics, pharmacies, and community health extension workers. To date, more than 650,000 units have been distributed and 4,000 providers have been trained. Most users are 25–34 years of age (56%) and 35–44 years of age (31%), with only 9% under 25. Approximately 29% are new users and 29% switched to DMPA-SC from another injectable. What type of coordination exists between public and private sectors? Is there any overlap among distribution channels?

**Kenya:** The commercial sector’s participation in family planning was previously underestimated. After an analysis of IMS Health retail data, the size of the commercial market was estimated at 6% rather than the previously estimated 1%. This information was used by the Ministry of Health to update its national family planning commodity quantification exercise to better account for the role of the for-profit commercial sector in addressing the family planning commodity funding gap. What type of mechanisms exist to monitor market changes?
access/convenience, establishment of private sector markets, and increased cost-recovery/sustainability. If a social marketing or commercial sector introduction is considered, coordination of public and private sectors should address questions such as:

- Will branding and marketing be differentiated across public and private sectors?
- Is there potential overlap in distribution channels across public and private sectors, such as through community-based distribution?
- What policy issues may affect private sector introduction or roll-out? For example, which providers or service-delivery points can offer the method? What training is required (if any) for community-based distribution?
- How does cost-recovery, pricing, and procurement affect sustainability? Is the product donated or purchased by a social marketing agency?

### Ensure Sufficient Mechanisms to Monitor Market Changes in both Public and Private Sectors

TMA stakeholders advocate for better monitoring, reporting, and sharing of market trends and other data across sectors. Yet, government stakeholders often do not have established mechanisms for monitoring product distribution and service delivery by social marketing agencies or nongovernmental organizations. In addition, they have little knowledge of the commercial sector’s family planning data. Given that DMPA-SC is likely to be introduced through multiple channels, it will be important to establish comprehensive monitoring and reporting systems that capture the contribution from all sectors. Questions to ask include:

- What is the current mechanism for family planning reporting and monitoring?
- Does it include all market players such as social marketing and commercial sectors?
- What additional monitoring and market research is needed?

### References


