Counting on the private sector to understand the total market
Compter sur le secteur privé pour comprendre le marché total

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Session 7: Counting on the Private Sector to Understand the Total Market

Compter sur le secteur privé pour comprendre le marché total

Considerations for DMPA SC Data Collection, Reporting & Use

Considérations pour la collecte, le rapport et l’utilisation des données relatives au DMPA SC

March 24th, 2021
Welcome!

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Session Objectives

1. Characterize the private sector within the context of the total market for DMPA-SC and other self-care products

2. Describe the current landscape for provision of DMPA-SC self-injection through the private sector

3. Identify the unique considerations and feasibility for collecting private sector data within mixed health systems
Agenda

1. Welcome
2. Setting the stage presentation
3. Moderated panel discussion
4. Collective brainstorm
5. Reflections and wrap-up
Setting the Stage

Presented by: Ariella Bock, JSI
Private Sector
Definitions & Concepts
The private health sector refers to all non-state actors:

➢ Profit & Not-for-profit
➢ Formal & Informal
➢ Domestic & Global

World Health Organization

The private sector is highly diverse and fragmented

- Suppliers, Importers, Distributors
- Hospital & Clinic based providers
- Manufactures
- Informal providers (drug shops, TBAs, CHWs)
- Other formal providers (laboratories, CHWs, midwives)
- Pharmacies
Total Market Approach

TMA aims to increase equitable & sustainable access to health products and services by maximizing the comparative advantage of all sectors.
Data in Mixed Health Systems

Market Data (illustrative)
Self-Care
Definition & Concepts
Self Care: Definitions & FP/RH

DEFINITION

“Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare worker” - World Health Organization

SELF-CARE

Self-Management
Self-medication, self-treatment, self-examination, self-injection, self-administration, self-use

Self-Testing
Self-sampling, self-screening, self-diagnosis, self-collection, self-monitoring

Self-awareness
Self-help, self-education, self-regulation, self-efficacy, self-determination

EVERYDAY LIFE

FP/RH (illustrative examples)

- Self-administered injectable contraception
- Over-the-counter oral contraceptive pills
- Home-based ovulation predictor kits
- HPV self-sampling
- HIV self-testing
- Condoms

Adapted from https://www.bmj.com/content/365/bmj.i688
Self-care interventions allows us to reimagine healthcare delivery & the role of the private sector

*Adapted from WHO's conceptual self-care framework
DMPA SC Self-Injection
Current DMPA-SC Rollout
## Private Sector Delivery Channels

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<tr>
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<th>Provider Administered</th>
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<th>Self-Injection</th>
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Client Journey: multiple options, multiple data considerations

DATA QUESTIONS
Source: public or private?
Administration: provider or self?
Proof of SI proficiency?
Resupply: # units? source? Price?
Public - Private Market Share?

SI= self-injection
PA= provider administered
Moderated Panel
Private Sector Channels Approved for Self-Injection:

- private health facilities
- private pharmacies (not yet introduced)

DMPA SC Introduction Channel

- private facilities (Pilot - Lusaka only)

Introduction Approach/Strategy

**Product source:** Public sector supply

**Administration:** Self-Injection, though provider administration an option

**Units provided/sold to client upon SI proficiency:** 1 unit used during client training and takes 1 unit home. 2 additional units provided at 6 month follow-up visit

**Client Cost:** Free product; charge for service

**Willingness to Pay:** ~ US$2.10 for DMPA SC unit (approx retail price for DMPA IM – US$2.8 - $5.6)
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<tr>
<th>Data Collected/Available</th>
<th>How is Used?</th>
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<tr>
<td>Self-Injection</td>
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<tr>
<td># of units provided to private facilities from public sector (distribution data)</td>
<td>Inform national scale-up plans/design</td>
<td>Policymakers</td>
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<tr>
<td>Service statistics (# trained, # opted for SI, # opted for provider administration)</td>
<td>Inform policy decisions. pharmacies &amp; pharmac technicians approved to</td>
<td>Funders</td>
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<tr>
<td>Client training time for self-injection</td>
<td>1) train women in DMPA SC self-injection and</td>
<td>FP Technical Working Group</td>
</tr>
<tr>
<td>Willingness to pay (WTP)</td>
<td>2) administer DMPA SC and IM injections</td>
<td>ZAMMSA (Zambia Medicines and</td>
</tr>
<tr>
<td>Average retail price for DMPA IM as a proxy</td>
<td>Standardize across public &amp; private</td>
<td>Medical Supply Agency)</td>
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<tr>
<td>Other FP/RH self-care products:</td>
<td></td>
<td>Pharmaceutical Society of Zambia</td>
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<tr>
<td>Condoms &amp; Oral Contraceptives</td>
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<td>sales data by district</td>
<td>Inform targeting/segmentation strategy</td>
<td>Program Managers (Implementers)</td>
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<tr>
<td>Average retail price</td>
<td>Inform other program decisions</td>
<td>Technical Working Groups</td>
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<tr>
<td># of units provided to private facilities from public sector (distribution data)</td>
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Baker Lukwago, PSI Uganda

Private Sector Data Information

Private Sector channels approved for self-injection
Private clinics and Drug shops

Program DMPA SC Introduction Channel
Private Facilities, Drug shops

Introduction Approach/Strategy

Administration (provider, self, both): Provider administration and Self-injection

Units provided/sold to client upon SI proficiency: 2-3 units

Product source: Public sector (but investigating possible private supply)

Client Cost: Free product, only charged for service in the private sector (Rural based facilities charge between USD 0.5 to 0.8; urban based facilities between USD 0.8-1.3 per service/unit)
## Private Sector Data Information

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td># and % of SDPs with at least one trained provider</td>
<td>Understand coverage of the SI intervention</td>
<td>National Drugs Shops Taskforce</td>
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<tr>
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<td># and % of SDPs actively offering SI services</td>
<td>Inform national scale plans</td>
<td>FP Task Force</td>
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<td></td>
<td># and % of SC and FP clients who are self-injecting</td>
<td>Monitor relationship between uptake and stocking levels</td>
<td>Self care Working Group</td>
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<tr>
<td></td>
<td># and % of SC and injectable doses provided for SI</td>
<td>Monitor progress of scale up and contribution of SI to the method mix</td>
<td>Funders</td>
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<tr>
<td></td>
<td># and % of facilities reporting on SI indicators</td>
<td>Inform Policy Decisions, pharmacies &amp; pharm technicians approved to</td>
<td>Project Team</td>
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<td></td>
<td></td>
<td>1) train women in DMPA SC self-injection and 2) administer DMPA SC and IM injections</td>
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<td>Standardize client training model between public and private sectors</td>
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<tr>
<td><strong>Other FP/RH self-care products:</strong></td>
<td># of products sold through distributor outlets</td>
<td>Monitor coverage, penetration and stocking partners for outlets</td>
<td>Project Sales team</td>
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<tr>
<td>Condoms, oral contraceptive pills, &amp; emergency contraceptive pills</td>
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<td>Inform other program decisions</td>
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Other FP/RH self-care products:
- Condoms, oral contraceptive pills
- Emergency contraceptive pills
Victoria Webbe, DKT FWACA, Mali

Private Sector Program Background

Private Sector channels approved for self-injection
- Pharmacies
- Private Health Clinics

Program DMPA SC Introduction Channel
- Private health clinics
- Pharmacies

Introduction Approach/Strategy

Administration (provider, self, both): both; depending on user comfort to self-inject.

Units provided/sold to client upon SI proficiency

Product source: Pharmaceutical wholesalers

Client Cost: 500 - 1500 cfa ($1-3); axx $.40 service charge for the injection (varies by pharmacy)
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<td><strong>Self-Injection</strong></td>
<td># of units provided to private facilities from public sector (distribution data)</td>
<td>used to inform a total market approach</td>
<td>Sales Teams</td>
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<tr>
<td></td>
<td># of outlets stocking DMPA SC</td>
<td>Evaluate performance of sales staff</td>
<td>Program Managers (Training Implementers)</td>
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<tr>
<td></td>
<td>% of pharmacies stocking DMPA SC</td>
<td>Evaluate success of marketing</td>
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<td># providers trained on DMPA SC</td>
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<td>Brand awareness among providers</td>
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<td></td>
<td>Average retail price for DMPA SC</td>
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<tr>
<td><strong>Other FP/RH self-care products:</strong></td>
<td># of units of EC, and condoms sold</td>
<td>Inform targeting/segmentation strategy</td>
<td>Sales Teams</td>
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<tr>
<td>Condoms &amp; Oral Contraceptives</td>
<td># of outlets stocking EC and condoms</td>
<td>Inform other program decisions</td>
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<td>Brand awareness surveys among clients</td>
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Victoria Webbe, DKT FWACA, Mali
Private Sector Program Background
Panel Q&A
Data Brainstorm
Mapping different private sector data needs for different users: Feasibility vs Impact for Decision-making

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