



KATHMANDU

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Leveraging the role of national distributors to accelerate access to medical abortion (MA) combi-packs in sub-Saharan Africa

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MHG Assessment for RHSG

Deep Dive Countries

We visited:

- Burkina Faso
- Senegal
- Uganda
- Zambia

Remote Interview Countries

We interviewed stakeholders in:

- Ethiopia
- Mali
- Malawi
- Sierra Leone

Limited Investigation Countries

We conducted a limited investigation in:

- Mozambique
- Zimbabwe



Country Selection Criteria

- 1 Legality of abortion
- 2 Environment for Abortion
- 3 Current registration and availability status of all MA products
- 4 Potential for Scale / Ease of doing business
- 5 Availability of national abortion data / research
- 6 Contacts or relationships with commercial distributors
- 7 Potential for regional representation



Deep Dive Countries - Why these?

Burkina Faso

Restrictive abortion law, but positive changes taking place. DKT introduced a combi-pack in October 2018.

Senegal

One of the most challenging contexts for MA, as it has one of the most restrictive abortion laws on the continent, with highly developed regulations and oversight.

Uganda

Commercial distributors close to international standards, while combi-pack sales by SMOs started only in the last year and are slow.

Zambia

One of the most liberal abortion laws, and several combi-packs have been registered and are being sold. Yet sales have not taken off, as requirements for obtaining an abortion inhibit access.



Landscape Assessment Categories

Enabling Environment

Legal status of abortion; current policies and regulations affecting abortion provision; and the status of registrations for medical abortion products. We explored levels of commitment and attitudes towards abortion and practical implications of existing policies and regulations.

Market Dynamics

Current availability of medical abortion products and what might be in the pipeline. We looked at Social Marketing Organizations, the public sector, and commercial players.

Perspectives of Commercial Actors

Views of commercial actors (importers; wholesalers; distributors; pharmacists). Discussed a range of possible market interventions to gauge interest and willingness to engage in market opportunities.



KEY FINDINGS





Key Findings

Commercial distributors are willing to and do stock and distribute medical abortion drugs, and the majority of them make a small profit doing so. While miso is sold commercially, combi-pack distribution largely happens due to partnerships with SMOs.

The reason it works - they are adding MA drugs to a host of other products they are supplying. But their role in supplying MA is a largely passive one, where they make it available but do nothing to push it or grow sales. SMOs do this work for combi-packs in almost all cases we found.

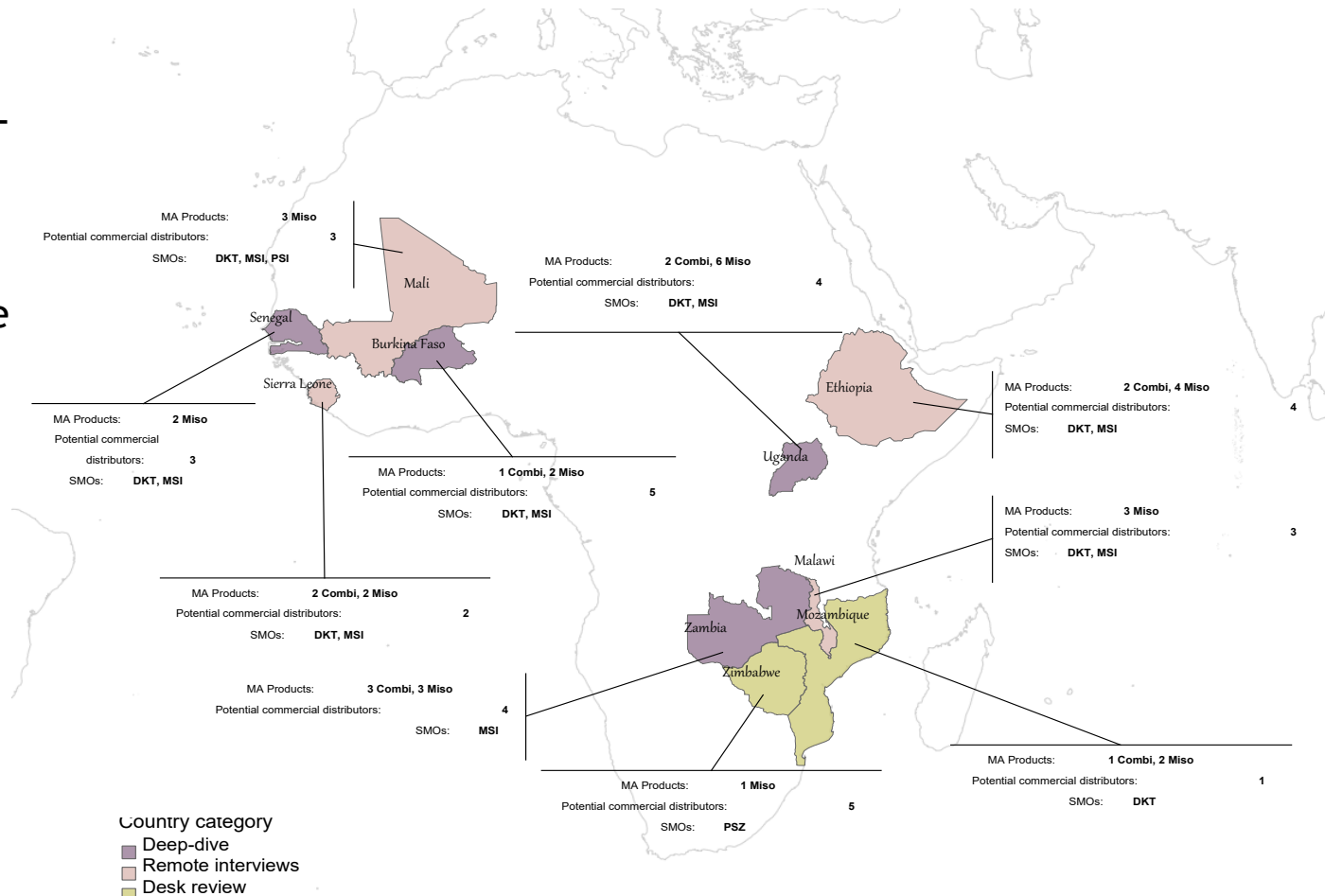
Product availability

	Misoprostol availability	Combi-pack availability	Multiple registered products
Burkina Faso	●	●	
Ethiopia	●	●	●
Malawi	●		
Mali	●		
Mozambique	●	●	●
Senegal	●		
Sierra Leone	●	●	●
Uganda	●	●	●
Zambia	●	●	●
Zimbabwe	●		

Key Findings

Only two countries -
- Zambia and Sierra Leone - have commercial distributors that are distributing combi-packs without involvement of social marketing organizations (SMOs).

Presence of MA products, Potential Commercial Distributors and SMOs in each Country





Key Findings

Commercial distributors we interviewed are not willing to invest in demand creation for MA. Instead they look to the SMOs for this support. Every commercial distributor we interviewed cited product detailing and promotion for MA products as absolutely necessary, to create demand and provide cover.

“Where we really need them (the SMOs) is talking directly to the providers. They are the ones who can persuade them to use the products and teach them how they work.”

- Commercial Distributor in Sierra Leone

“Marie Stopes people give detailed education to the pharmacists so they know how to assess clients, so this decreases the risk of anything going wrong, like some kind of complication.”

- Commercial Distributor in Zambia



Key Findings

Price from the manufacturer is not a major issue in improving the MA market. (USD 3-5)

MA is not purchased for routine or frequent use, and is only purchased when needed. Combi-pack prices, for most markets, compare favorably to other abortion options - surgical, MVA, or even traditional methods. (USD 5-10)



Examples of Profit Margins for Combi-Packs and Miso

Combi Manufacturer/ Partner	Ex-Factory Price in USD (Profit Margin)	Price to Wholesaler/ Distributor in USD (Profit Margin)	Price to Retailer USD (Profit Margin)	Price Range to Client in USD	Comments
ACME (India)/MSI Sierra Leone Mariprist combi-pack	3.5 (42%)	6 (20%)	7.5 (17-38%)	9-12	
Naari (India)/DKT Ethiopia SafetyKit combi-pack	2.45	N/A	Not known	5-100	Upper end is for high-end private clinics; the majority of the volume is at the lower end.
SUN (India)/Yash Pharmaceuticals (Zambia) Medabon combi-pack	4.00 (33%)	N/A	6 (50-94%)	12-100	Yash sells both commercially and to Ipas; upper end client price is without a prescription.
Naari (India) / DKT Burkina Faso	2.45 (32%)	3.6 (31%)	5.2 (25%)	6.9	
Misoprostol Manufacturer/ Partner	Ex-Factory Price in USD (Profit Margin)	Price to Wholesaler in USD (Profit Margin)	Price to Retailer in USD (Profit Margin)	Price Range to Client in USD	Comments
ACME (India) / MSI Senegal Misoclear box of 3 tablets	0.2 (78%)	0.92 (23%)	1.2 (31%)	1.75	Mark up by wholesaler is restricted

Key Findings

Commercial brands of combi-packs will not necessarily be more expensive than SMO brands. For example, Zambia commercial brands are same as SMO price. However, commercial actors aren't motivated to ensure affordable prices as SMOs are.



Image Credit: mtpkit.us



Key Findings

One of the obstacles to greater commercial market activity in MA is the cost of market entry. Commercial distributors view the time required for new product registration as an important barrier to introducing MA; registration costs were cited but are seen as less of a barrier.





Key Findings

The major risk cited is the level of minimal orders and the high possibility of expiring stock in a context of relatively low demand.



Image Credit: mpharma.com



Key Findings: Zambia

- Liberal law yet major stigma and barriers>>>Low combi-pack sales: c. 80K/year
- Yash Pharmaceuticals is selling 2 brands commercially: Antipreg and Medabon, same price to client as MSZ's Mariprist USD 12-15.
- Other commercial companies willing to distribute combi-packs but expect product detailing: Pharmaplus and Lusaka Pharmaceuticals.
- PSI and DKT likely to have combi-pack products on the market soon.
- Urban areas have good product availability; rural areas do not.

Image Credit: mpharma.com



Key Findings

SMOs have made good headway in some MA markets, in getting products registered, detailing and training providers and retailers, and advocating for wider access to MA for women. It is this work that induced various commercial companies to start distributing MA and continue to distribute it.



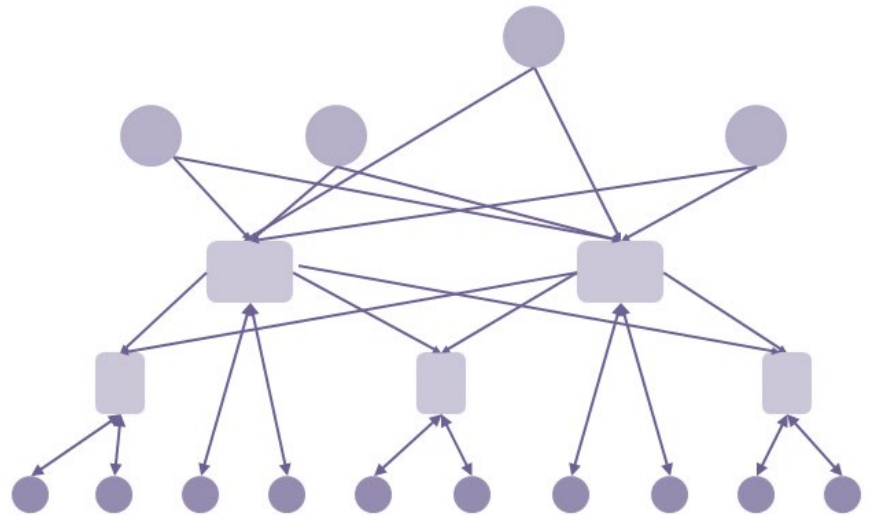
Image Credit: Nana Kofi Acquah



Key Findings

There remains a question as to whether commercial actors need to continue to rely on SMOs as “middle men” when markets mature and a high level of demand has been created. Given the wide distribution channels for pharmaceutical products that commercial distributors develop and maintain, adding one or more MA products - bought and imported from the source - is feasible, if entry barriers are reduced.

The question then becomes what happens to the MA market? Interventions should grow the market, not fragment it. Risk is cannibalizing SMO sales.





KEY RECOMMENDED INTERVENTIONS





Key Recommended Interventions

Overarching

We urge RHSC to consider supporting a stewardship role in MA markets in any country where it plans other interventions.





Key Recommended Interventions

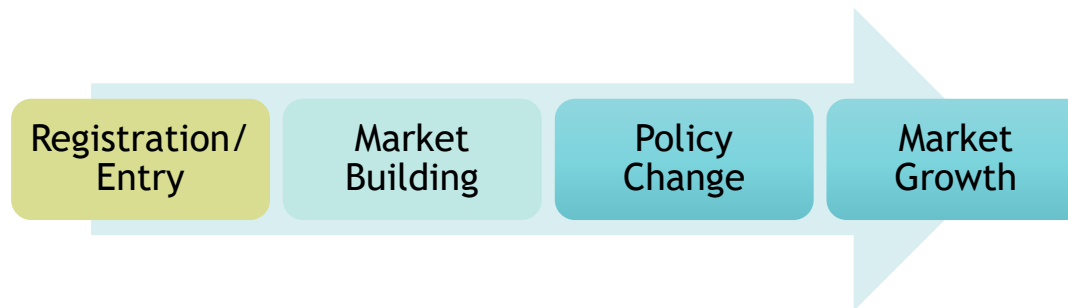
Registration/Market Entry

I. Register new commercial combi-pack products.

Where there are no combi-packs, but there is commercial capacity: Register and distribute through commercial actors. (Malawi and Zimbabwe)

Where there are no combi-packs, but there is NGO or SMO capacity: Register through NGOs/SMOs but distribute through commercial actors. (Mali and Senegal)

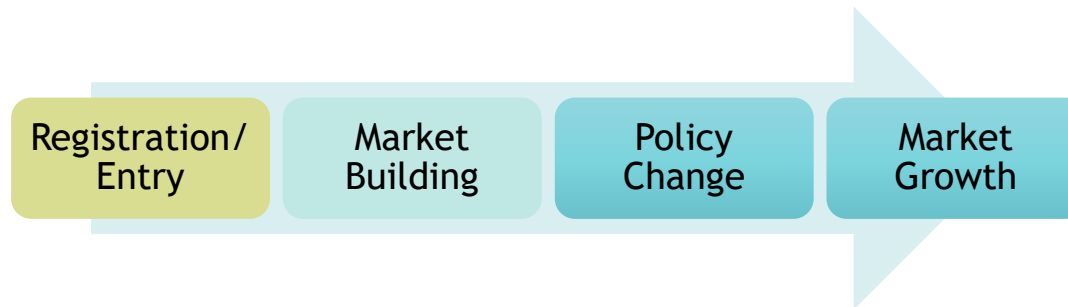
Where SMO-registered combi-packs are available, and there is additional commercial capacity for increased sales: Register and distribute through commercial actors. (Burkina Faso, Uganda, Sierra Leone, Mozambique)



Key Recommended Interventions

Registration/Market Entry

- II. Negotiate gradual release of combi-pack orders in sync with demand, to mitigate major risk to commercial distributors of expired stock; Potentially pool procurement across countries.

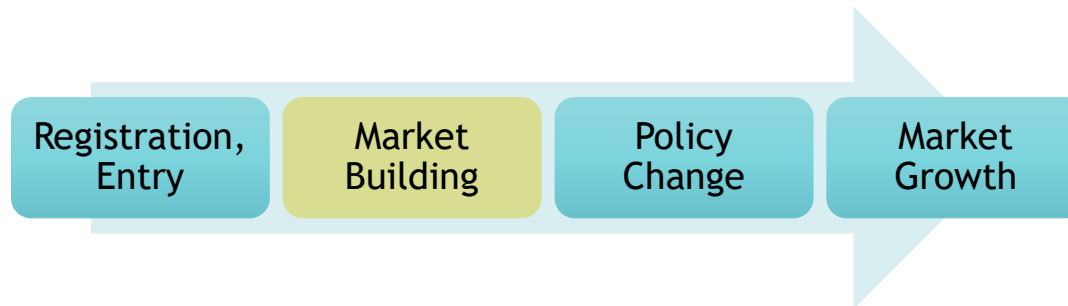




Key Recommended Interventions

Market Building

- III. Donors should pick one or more locally-based commercial companies and incentivize them in the short-term to perform different market functions that do not currently work well.





Key Recommended Interventions

IV. Fund SMOs with a view to supporting commercial growth and sustainability. (All)

Do Fund: SMOs and NGOs to conduct community education and awareness-raising through local grassroots networks, so that women know about the combi-pack and where to access it, and how to get follow up support.

Do Fund: SMO medical detailing *OR* medical detailing in-house in commercial companies *OR* a combination of the two, where SMOs second detailers to commercial companies.

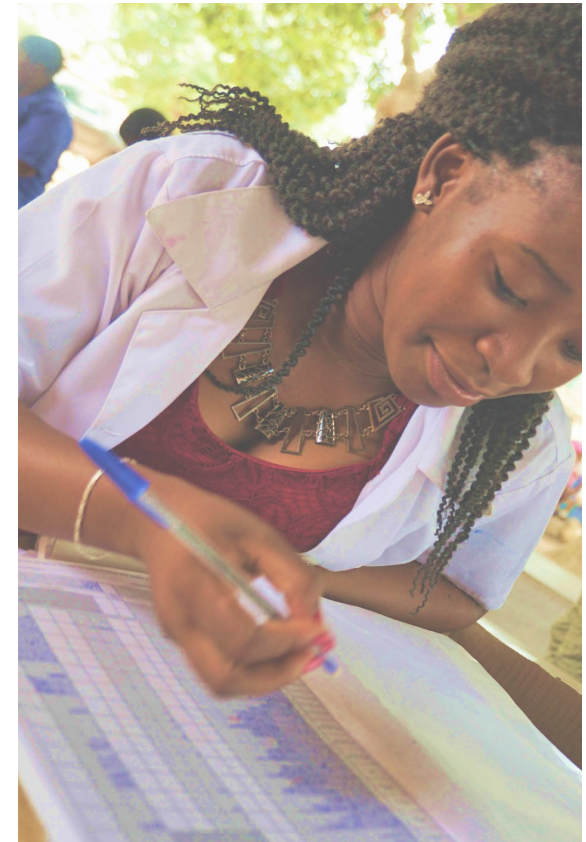
Don't Fund: SMO urban sales and distribution and their associated overhead, beyond the short/medium-term, depending on the status of the MA market in each country.

Do Fund: SMOs to reach rural and vulnerable populations - a requirement for achieving equity in MA markets. Donor subsidy will likely be required for reaching these populations for the long term, given that the cost of more targeted outreach is high and is therefore not practical for commercial companies.

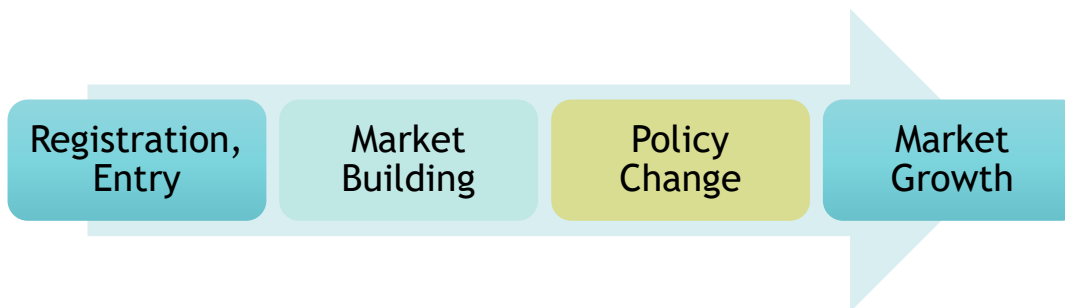
Key Recommended Interventions

Policy Change (All)

V. Fund advocacy to liberalize laws and remove barriers to improve access to safe abortion, e.g. requirements for prescriptions. Donors could support revision of guidelines for task-shifting and getting combi-pack products onto essential medicines lists, which can improve availability and accessibility of abortion services.



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Key Recommended Interventions

Market Growth (Uganda / Zambia)

VI. Expand rural access and redirect subsidies to underserved populations. Donors should fund more work for provider promotion and behavior change in rural areas, and awareness-raising in the community. Social marketing organizations and NGOs are traditionally the best placed to do this kind of work. Reaching vulnerable populations is critical for equity, as currently the promotion and distribution of MA is focused mainly on urban areas.





CONCLUDING REMARKS





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Thank you