

# Expanding choice: putting contraceptives within reach of the poor



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Every year, half a million women die of pregnancy-related causes, and 66 million unintended pregnancies take place, many in Commonwealth countries. Increased access to and voluntary use of contraceptives is a key strategy in addressing this situation. It is estimated that meeting contraceptive needs in developing countries would avert 142,000 pregnancy-related deaths per year. This article looks at the role of social marketing in reproductive health and illustrates how it harnesses existing resources in the private sector to produce increased access to and use of contraceptives.

An unprecedented number of young women in developing countries will enter their reproductive years in the next decade, placing an increasing strain on public sector reproductive health (RH) services. This will be accompanied by rising contraceptive prevalence in most developing countries, creating demand for contraceptives that is expected to exceed the ability of donor funding to meet it. Thus, an immediate need exists, both within the Commonwealth and outside of it, to develop strategies to maximise scarce family planning (FP) resources, in order to increase sustainable access to a comprehensive array of services and products. Social marketing represents one promising, cost-effective approach that can help achieve this.

shifted to help individuals with greater need. While social marketing borrows many techniques from the private sector, its ultimate goal is not profit but health impact.

## The need for contraceptives

Every year, there are 66 million unintended pregnancies and more than 500,000 deaths from pregnancy-related causes. Almost all of these deaths – 99 per cent – take place in developing countries, where the lifetime risk of pregnancy-related deaths averages one in every 65 women and is as high as one in 16 women in sub-Saharan Africa. This compares with one in 2,800 in western countries. Nearly one in 17 infants in developing countries dies before the age of one and, in

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Social marketing is the application of commercial sector techniques to increase access to products and services for low-income populations, creating consumer demand through targeted communications and laying the groundwork for sustainable product supply in light of decreasing donor support. Social marketing complements public sector efforts by harnessing commercial sector resources and channeling them to meet common health goals.

Social marketing can also serve as a bridge between free or highly-subsidised public sector programmes and commercial approaches. Products and services are sold rather than given away. To the extent that people can move away from public sector subsidies by assuming a small share of the cost, limited public sector funds can be

sub-Saharan Africa, where Commonwealth countries are abundant, the rate is one in 10.

Increased access to and use of contraceptives is a key strategy in addressing high mortality rates. Increasing birth intervals to at least 36 months can prevent one in four infant deaths. Meeting the contraceptive needs of women in developing countries would prevent an estimated 142,000 pregnancy-related deaths every year.

A 2005 publication [1] profiling family planning and reproductive health programmes in 116 countries states that:

- (Maternal) deaths will not fall greatly until there is close access to appropriate medical services to treat (obstetric) emergency cases. The exception is broad-scale FP since that reduces the overall number of



ASF mobile educator demonstrating the use of Standards Days Method using CycleBeads.

unplanned and unwanted pregnancies in the first place. Moreover, enlarged contraceptive use offsets abortions that would otherwise occur, many of which produce maternal deaths from septic procedures.

Contraceptive social marketing is cost-effective. Two studies done of the efficiency of various family planning delivery systems (Journal of Bio-Social Science, 1989 and 1997) show that, except for sterilization, social marketing delivers one couple year of protection at far less cost than other modes of service delivery. And a major new book, *Disease Control Priorities in Developing Countries, Second Edition*, ranks the cost-effectiveness of 319 health interventions in developing countries and determined that contraception (not contraceptive social marketing specifically) was found to produce one Disability-Adjusted Life Year (DALY) for only US \$117. The DALY, developed in 1993 by the World Bank and used widely, is unit of measurement for counting the gains from mortality and morbidity. That puts contraception solidly among the most cost-effective interventions for developing countries. The book did find, however, that “social marketing programs have achieved dramatic contraceptive sales throughout the developing world, providing contraception to about 10 million couples in 60 countries.”

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The following examples illustrate how social marketing organisations harness existing resources in the private sector to produce increased access to and use of contraceptives. The cases presented vary in nature, depending on country context and health needs. They include ensuring access to affordable products through reliable distribution networks, providing information and education to increase awareness of FP benefits and options and creating networks of FP providers.

## Nigeria: leveraging commercial distribution

In 1990, the nonprofit organisation Population Services International (PSI) and its Nigerian partner, the Society for Family Health (SFH), launched its first social marketing effort with the introduction of Gold Circle condoms. Despite a large and vibrant private distribution sector with extensive networks reaching much of the Commonwealth country, little had been done to utilise this system to improve access to family products. SFH recognised the potential of these existing networks and utilised them to create widespread access to affordable condoms, with annual distribution increasing from 1.5 million to 21 million in just three years.

The efficient mechanism developed for condom distribution served as a platform for the rapid introduction of other FP products, including oral and injectable contraceptives, IUDs and emergency contraception. To meet the FP needs of couples who, for religious or cultural reasons, are reluctant to use these methods, SFH has begun a pilot project to introduce the Standard Days Method of CycleBeads, a natural family planning method, into two Nigerian states.

SFH’s evolving social marketing programme has moved beyond product promotion and distribution to include evidence-based communications to encourage healthy birth spacing practises. National media campaigns are designed to increase knowledge of modern FP methods, promote the benefits of birth spacing and encourage inter-spousal communications on the topic. These messages are reinforced through interpersonal outreach activities conducted by health promoters based in SFH’s 16 field offices.

SFH continues to monitor the market for new opportunities to expand product access. For example, a 2003 change in pharmaceutical regulations allows for the legalisation of oral contraceptive sales through Proprietary Patent Medicine Vendors (PPMV). Numbering over 200,000 and accessible to about 80 per cent of the Nigerian population, the private sector PPMVs provide an important source of health products, especially among populations with little access to clinics or pharmacies. Without a medical background, however, most PPMVs lack adequate knowledge of oral contraceptives (OCs) and the skills to communicate key information to clients. For SFH, this created both an opportunity and a responsibility to work with PPMVs in order to improve their ability and motivation to provide accurate information about OCs to their customers, as well as refer potential new users to clinics for consultation on any birth spacing method. SFH recruited and trained 16 detailers – all pharmacists – who now offer workshops to provide key information to more than 4,000 PPMVs annually.

In 2005, SFH provided over two million couple years of protection (CYP) in Nigeria, preventing an estimated 1.2 million unintended pregnancies, with the support of the British Department for International Development (DFID) and the US Agency for International

Development (USAID). CYPs are contraceptives in the amount that will protect one couple for one year.

### Congo: resurrecting a shattered health system

Civil unrest throughout the 1990s greatly disrupted RH/FP activities in the Democratic Republic of Congo. A lack of trained FP providers limited Congolese women's access to accurate information and quality services. Chronic shortages of contraceptives further contributed to declining use rates and, ultimately, high maternal and infant mortality rates. As a result, demand for FP services fell precipitously. Nevertheless, government agencies and clinic staff indicated in a 2002 USAID assessment that a strong demand for modern FP products and services still existed. This finding indicated a clear need for a programme designed to increase access to accurate FP information, quality services and a reliable supply of contraceptives.

Therefore, PSI and its Congolese affiliate, Association de Santé Familiale (ASF), in partnership with USAID, launched a programme in 2002 aiming to increase the use of contraceptive methods among women of reproductive age in three provinces. Working through NGOs, pharmacies and private and public sector clinics, PSI provided comprehensive training and on-going support to health care providers, pharmacists and mobile educators to make high quality information, counselling and products accessible to low-income individuals in underserved regions of the vast country. Under the brand name Confiance, ASF expanded its FP portfolio beyond condoms to include oral and injectable contraceptives, Intrauterine Devices (IUDs) and the Standard Days Method using CycleBeads.

With services and products in place, ASF's approach continuously educates Congolese through a variety of mechanisms. Not only does ASF strengthen the clinic level, it also trains representatives from other important FP service, product and information distribution points, including pharmacists and mobile educators. For instance, a Congolese woman is exposed to FP messages during pre-natal consultations, at the pharmacy when

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she buys various medicines, at home through visits by mobile educators, on the telephone through a toll-free line operated by ASF staff, on the television and radio through generic and branded messages and through activities organised by her church or other community organisations. In essence, ASF aims to provide the Congolese population with important FP information and services all day, every day and at various locations.

In 2004, USAID awarded PSI/ASF additional funding to scale up operations into five additional provinces. By the end of 2005, ASF's network comprised 450 service providers and 100 mobile educators.



A Greenstar doctor speaks to a gathering of women outside a Greenstar clinic in Pakistan.

In 2005, PSI/ASF delivered 255,000 CYP averting an estimated 146,000 unintended pregnancies.

### Pakistan: improving access via social franchising

In Pakistan, 20,000 women die each year from complications during pregnancy and childbirth. The government estimates that 15 per cent of all maternal deaths are related to unsafe abortion practises. Approximately 20 per cent of married women use a modern method, while an additional one-third report a desire to delay their next pregnancy or stop having children but are not using FP. Government services reach just ten per cent of the population with FP services.

Although an estimated 70 per cent of Pakistanis seek health care from private sector clinics and pharmacies, private health facilities are disproportionately based in urban areas and focus on providing curative services. The quality of service varies, as the private sector is highly unregulated. Relatively few private providers offer RH services due to limited training and the fact that curative services are more lucrative. The national medical curriculum in Pakistan includes less than a day dedicated to FP/RH during five years of coursework. Therefore, most general practitioners have a limited understanding of FP/RH issues.

PSI and its affiliate, Greenstar Social Marketing, addressed these issues in 1995 by developing a social franchise network of private doctors, paramedics and

pharmacists to increase access to RH care by low-income Pakistanis. As of 2005, more than 14,000 providers had received extensive training in counselling and service provision. Franchise members receive refresher trainings and are monitored on a regular basis to ensure adherence to Greenstar quality standards. In addition to the provider network, Greenstar works through some 80,000 commercial outlets, such as pharmacies, kiriyana stores and clinics, throughout Pakistan. The network is now the largest private sector partner of the Ministry of Population Welfare and is the first and only Pakistani health NGO to sign an

agreement with the Ministry of Health's programme for family planning and primary health care.

Greenstar uses a variety of communications channels to address key barriers to FP, such as a lack of confidence in the safety or efficacy of available methods, lack of knowledge about where to seek quality services and lack of social support for FP, especially from husbands. Messages highlight the availability of products and services and link clients to delivery points displaying the

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Greenstar signage. Greenstar is among the top ten advertisers in Pakistan, with in-house mass media development expertise and partnerships with leading advertising agencies. Mass media messages are reinforced on the community level through outreach and communications conducted by Greenstar and dozens of NGO partners nationwide.

There are currently two major social marketing projects in Pakistan – Greenstar and Key Social Marketing implemented by The Futures Group International. These programmes provide almost one-quarter of all modern contraceptives in Pakistan. The overall impact has been significant:

- Contraceptive use has increased from nine to 28 per cent since 1991;
- Social marketing products account for about 69 per cent of all condoms, 66 per cent of pills, 21 per cent of injectables and nine per cent of IUDs;
- More than 30,000 specially-trained private sector doctors, paramedics and chemists offer quality FP services to low- and middle-income clients;
- Modern method use is growing at a faster rate than traditional methods due to increased availability and use of oral, injectable and other reversible contraceptives;

- A local manufacturer has invested in the production of an affordable, high quality oral contraceptive, so Pakistan can now supply its own needs and even export oral contraceptives;
- National communications programmes have provided information to those with low literacy and limited mobility and have helped diminish attitudinal, social and behavioural barriers to contraceptive use; and
- In 2005, Greenstar delivered 1,375,000 CYPs and its cost per CYP was US\$4.77 – among the lowest in the world.

## References

- [1] Ross, Stover and Adelaja, Futures Group, 2005.

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**Population Services International (PSI)** is a nonprofit organisation based in Washington, DC, which harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in 65 developing countries. PSI's products and services are sold at subsidised prices rather than given away, in order to motivate commercial sector involvement. PSI was founded in 1970 to improve health using commercial marketing strategies and is the leading nonprofit social marketing organisation in the world.

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