

Transformative Potential of Emergency Contraception in South Africa: Understanding Barriers along the Supply Chain

Priya Nanda

International Center for Research on Women

In collaboration with:

Michael Rogan and Pranita Maharaj, University
of Kwazulu Natal, South Africa

Why is EC Transformative

- Prevents ovulation and therefore prevents pregnancy (within 72 hours of use)
- Autonomy in use and informed choice and decision-making
- Control over use to women who may be unable to negotiate safe sex and be vulnerable to non-consensual unprotected sex, especially in context of high HIV.

Rationale

- Dedicated EC products are available in the private sector but not in the public sector
- The classification of EC products as Schedule 2 commodities restricts its promotion and provision.
- As a controlled commodity, brand names for EC products cannot be advertised to consumers.
- Providers are main targets for EC promotion by industry and become important "gatekeepers" of information and access.
- As such, the intersection between manufacturers and suppliers and the providers of EC is a critical point of investigation using a value chain approach.

Context of EC in South Africa

- Availability in South Africa
 - Registered EC product—Norlevo
 - Available from pharmacist without prescription
 - Dedicated product not available in public facilities, but non-dedicated product (Ovral, a COC) is available free of charge.

Qualitative Data

- **Fieldwork in Durban**
- **6 government stakeholders:** National and provincial health departments, policy and planning division, maternal child and welfare unit
- **10 industry representatives:** Manufacturers, importers, wholesalers, industry association respondents
- **32 EC providers:** Retail pharmacists; Nurses from public health clinics & NGO family planning clinics, and family planning specialists
- **75 clients:** Women using family planning and women who recently purchased EC from pharmacies

Critical Gaps at National Level

- **EC seems to compete with HIV/AIDS**
 - “When family planning was a vertical programme, it was much more effective... With integration, there is much more focus on other priority areas such as HIV/AIDS, malaria, and TB....and all of these compete with contraception and EC for funding and resources.” (Provincial MCWH Respondent)
 - “Sometimes you won’t even mention [EC], like say you look at the client and she is 18 years old—so you’d rather not mention it because you are trying to make them use a condom so that they won’t come back with HIV... Because once they know that there is [EC], they just relax and act anyhow. There is an abuse there.” (Public Clinic Provider #3)

Cost Hinders Priority

- **Reluctance to promote EC in public sector due to high cost**
 - “With respect to promoting a dedicated EC product, cost seems to be a barrier and it is difficult to convince stakeholders of its importance... it is easy to see how this reluctance or indifference trickles down to the level of the provider.” (Provincial MCWH Respondent)

Cost Hinders Priority

- **Low-cost non-dedicated product competes with ‘higher’ cost EC**
 - “The patient decides because of the price, because there is a big price difference. The Ovril is actually cheaper... So, ... they prefer the cheaper one. What I do is when I sell the [Ovril], we can sell them nausea tablets with it, to actually help with them, which is still cheaper than taking Norlevo.” (Retail Pharmacist #12)
 - “The reason that we don’t have a separate EC product is cost—this is partially due to a relatively low level of innovation by firms—i.e., simply re-packaging and then raising the costs. On the whole, our system—the public sector—doesn’t really cater for emergency contraception, so access by pharmacy is perhaps more appropriate.” (NDoH Respondent)

Operational Gaps at Provincial Levels

- **Lack of knowledge about EC among providers**
 - “I was recently training health care providers in the use of post-exposure HIV prophylaxis for sexual assault survivors and I noticed that none of the health care workers had previously heard of EC. These were health care providers that should have been trained in EC provision, but had not been because they were considered to be working outside of ‘contraception provision.’” (Provincial MCWH Respondent)
- **No funding for supervision and training**
 - “Proper provider training, public awareness, and methods for communication with clients must be properly funded--with available funding ring-fenced. In other words, a balance must be achieved and EC should be funded as a **service--**not just a commodity.” (Provincial MCWH Respondent)

Limited Incentives for Manufacturers

- **Levongesterel is not on Government's Essential Drug List, so no tenders issued for EC**
 - “Between the Department of Trade and Industry and the Department of Health, the left hand and the right hand can't clap together. The reality is that it should be available. If we were approached by the health department, we **would** do whatever it takes to meet the tender requirements—we would supply it at the right (preferential) price. It would still be commercially viable for us.”
(Industry Respondent, Novartis)

Role of Providers is Critical

- **EC is marketed through providers**
 - “The latent demand for EC and the low awareness of EC products places an emphasis on the importance of providers. While the contraception market is consumer driven, the marketing of emergency contraception would need to be aimed at health care workers.”
(Industry Respondent #3)
 - “A lot of clients will come here because they get information from us. You know, we help them make an informed decision whereas at the pharmacies it’s a matter of ‘here’s my money’ and ‘here’s the product.’ Whereas...we counsel them and that’s the part that I think they do appreciate...Health professionals have an important role to play in getting information to people.”
(Public Clinic Provider #10)

Attitudes of Providers Towards EC

- **Various misperceptions about EC exist**
 - Still thought to be an abortifacient
- **EC is associated with promiscuity**
- **Concerns about repeat use, not as back-up but as a contraceptive**

Promotion of EC

- **Targeted promotion to select providers with absence in public sector**
 - “There are certainly conservative communities and groups in South Africa, but overall demand remains high. The way around the ‘ethical’ issues is to identify where demand is high and target places (pharmacies) where ethical resistance is not an issue.... In general, efforts are directed to reach these types of professionals in places like university clinics or anywhere demand for EC is likely to be high.” (Industry Respondent #1)
- **Vertical programs may exacerbate market segmentation**
 - Health care providers dealing with post-exposure HIV prophylaxis for sexual assault survivors had not been trained in EC provision because they were considered to be working outside of ‘contraception provision’.

EC Misses Effective Market

- **Market highly segmented**
 - “...the government and industry operate in separate domains. For example, there are approximately 7 million [people] that pay all of their medical expenses ‘out of pocket’ through medical aid schemes and another 7 million people who use a mixture of ‘out of pocket’ payments and reliance on public sector services/products. This leaves roughly 33 million [people] that are completely reliant on the public health sector for their health care. It might be suggested that the roughly 14 million [people] that pay some amount of ‘out of pocket’ expenditure on health care comprise the total effective market for EC and the rest are not getting access through the public sector.” (Industry Respondent #4)
- **Public sector not seen as a provider of EC**
 - “Women aren’t likely to go to public clinics on a family planning day for emergency contraception and would almost certainly not likely to go to a public hospital for it.” (NDoH Respondent)

Conclusions

- EC is a low priority for national and provincial health departments.
- Role of providers in creating demand and improving awareness is critical, but barriers prevent transmission of information from providers to users.

Conclusions

- Firms promote EC where there is proven effective demand--**not** where it is needed most.
- The potential demand for EC in the public sector is largely ignored by both government and the commercial 'links' in the value chain.

Questions?

- If you have questions about this study, please contact

Dr. Priya Nanda:

pnanda@icrw.org