Acceptability of Multiple Brands of DMPA in Africa

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Background

Currently, the United States Agency for International Development (USAID) procures only one brand of the three-month injectable contraceptive, Depot Medroxyprogesterone Acetate (DMPA or Depo Provera), manufactured by Pfizer. However, during 2012 it was thought by donors that the total demand across countries for Depo Provera was larger than Pfizer's current production capability. USAID believes that given the high-demand for this product it is prudent to rely on multiple manufacturers to decrease the risk of stock-outs. Moreover, if USAID can also procure and distribute a generic form of this injectable contraceptive, it would result in significant cost savings.

Two generic DMPA products have potential for procurement by USAID. These two products are from Helms, distributor of Petogen, manufactured by Fresenius Kabi, in South Africa; and from PT Tunggal, manufacturer of Triclovera, in Indonesia. The prequalification of Petogen by WHO is underway, and this product has recently obtained ERP, level 3, approval by UNFPA. In the interim, USAID would like to understand the factors that may influence the distribution and utilization of different brands of DMPA within family planning (FP) programs. This information will help inform factors that must be considered when distributing the new generic products, when they become available.

Objectives

The objectives of this activity were to document: a) factors that influence programs' and providers' decision to provide different brands of DMPA; and b) the ways in which multiple brands are managed and allocated.

Methods and materials

To meet the objectives of this activity, FHI 360/PROGRESS conducted key informant interviews (Appendix 1) in six African countries where, according to data provided by USAID and Reproductive Health Interchange (RHI), different brands of DMPA were or are available. The six sub Saharan countries selected for this evaluation were: The Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. FHI 360 in-country staff conducted the interviews with a convenience sample of key informants that included officials from family planning and reproductive health (FP/RH) divisions of Ministries of Health (MoH), medical store staff, and procurement officers from MoH. The United Nations Population Fund (UNFPA) was included to provide insight from another major donor's perspective. Key informants from agencies involved in commodity distribution and logistics, social marketing and franchising were also interviewed.

The key informant interview instrument was piloted in Kenya in November 2012. The instrument was revised and key informant interviews commenced in January 2013 and concluded in May 2013.

Initially, all key informants were asked if they were aware that more than one brand of DMPA was available in the public sector. Respondents were then asked questions about procurement, distribution, and strength of brand preference based on the number of DMPA products in their country and their affiliation (Table 1). Depending on their affiliations, key informants may or may not have been aware of multiple brands (such as MoH officials who were familiar with public but not private sector offerings), and in some cases they spoke not of generic DMPA, but of re-branded, socially-marketed Pfizer formulations such as Injectaplan in Uganda and Confidence in Ethiopia. Thus, although we set out to investigate whether multiple DMPA brands affected procurement and distribution of this commodity in the public sector, we also acquired information on socially-marketed DMPA and the intersection of public and private sector provision of this injectable. Table 1 describes the 21 key informants interviewed in each country.

Table 1: Number and type of key Informants interviewed by FHI 360 staff

	Affiliations of Key Informants		
Country	Ministry of Health	UNFPA	Procurement, distribution, logistics experts
Rwanda (n=4)	2	1	1 (JSI)
Tanzania (n=1)	1		
Kenya (n=1)	1		
Ethiopia (n=7)	4		3 (DKT, MSI, PSI)
Democratic Republic of Congo (n=2)	1	1	
Uganda (n=6)	2		4 (RHU, UHMG, PACE, independent consultant)
Total (N=21)	11	2	8

JSI = John Snow International; DKT = DKT International; MSI = Marie Stopes International; PSI = Population Services International; RHU = Reproductive Health Uganda; UHMG = Uganda Health Marketing Group; PACE = Program for Accessible Health, Communication and Education (PSI affiliate in Uganda).

Results

Overview

Where the existence of multiple brands of DMPA was confirmed, there were no reports of preference for brand, especially if generic products were to be vetted by WHO. Procurement and distribution procedures tend to be specific to countries, but the common thread of open tenders by MoH, with donations from UNFPA, USAID (and DFID in Tanzania), as well as distribution by social marketing and franchising organizations have all been described by key informants and do not point to brand preference.

DMPA availability by country

Although RHI and USAID data indicated that the six countries chosen for this activity had multiple brands of DMPA, key informants from Tanzania, Rwanda, and the DRC reported that only Pfizer's product, Depo Provera, was available in their respective countries. In the case of the DRC, DMPA is available in the public sector, but is procured and distributed not by the government, but by UNFPA and USAID, with particular focus on their project sites, which includes about 25% of the country's 515 health zones (http://familyplanning-drc.net/contraceptive-logistics.php).

In Kenya, DMPA from Pfizer (Belgium) and Famy Care (India) have been available concurrently, but they were not procured at the same time. When both were in the system, it was due to surplus from the previous procurement. It is the government's practice to procure one brand or the other at a time.

In Ethiopia, four brands of DMPA have been available in the system: products from Pfizer, Famy Care, ANB Labs (Thailand), and Helm Pharmaceutical (South Africa). The products from ANB Labs (Depogestin) and Helm Pharmaceutical (Petogen) tend to be procured most often, because the procurement process and delivery time is shorter than Pfizer's.

In Uganda, Famy Care's Depo Progestin is procured by the government and Pfizer's Depo Provera obtained from UNFPA and USAID is also distributed in the country's public sector. Injectaplan, a socially-marketed product, is distributed as a rebranded Pfizer product by the Uganda Health Marketing Group (UHMG). Reproductive Heath Uganda (RHU), formerly the Family Planning Association of Uganda, distributes DMPA received from the MoH, the UHMG, and the International Planned Parenthood Federation (IPPF). In addition to distributing Pfizer's DMPA and the socially-marketed Injectaplan, RHU also distributes Triclovera, PT Tunggal's (Indonesia) DMPA brand. The Population Services International (PSI) affiliate, PACE (Program for Accessible Health, Communication and Education) obtains DMPA donations from UHMG and the Ministry's National Medical Stores (NMS) and distributes any brand these organizations make available. Thus, there is significant intermingling of DMPA formulations—Pfizer, the generics, and socially-marketed, rebranded products in Uganda.

The procurement process

As stated earlier, the procurement process tends to follow each country's particular rules and regulations, but they have some shared features. In Tanzania, the DRC, and Rwanda, only Pfizer's product is available, but key informants from all three countries report that they would procure generics as long as they have been vetted by international bodies and they are registered legally in the country. Tanzania procures its DMPA through Ministry of Health basket funds, while Rwandan procurement is carried out through an FP logistics committee that assesses contraceptive needs and purchases commodities based on their forecast. The DRC's process is led by the donors—UNFPA and USAID—who provide Pfizer's product to their projects in that country.

In the countries where multiple brands of DMPA have been available, bids or open tenders are advertised during the procurement process. In Kenya, the Kenya Medical Supplies Agency (KEMSA) leads the logistics of procurement, distribution, and warehousing. In addition to government purchases, UNFPA and USAID provide in-kind support and donations.

In Ethiopia, the Pharmaceutical Fund and Supply Agency (PFSA) makes the decision on which brand to procure for the public sector based on price, quality and speed of delivery. As mentioned earlier, the preference for ANB Labs' and Helm Pharmaceuticals' DMPA formulations were due largely to the delay in delivery they experienced with Pfizer. The key informants reported that they trusted generic brands, because they have been registered and licensed internationally. Private sector procurement is being handled solely by DKT in Ethiopia, as PSI is not currently working in FP and the Marie Stopes International (MSI) affiliate merely buys DMPA from DKT to supply their clinics.

In Uganda, National Medical Stores use evaluation criteria to determine which brand and what quantities to procure for the public sector based on price and quality. As mentioned earlier, that brand is currently Depo Progestin from Famy Care. However, a key informant stated that Pfizer's Depo Provera would not be phased out if it becomes more competitive with the generics.

The distribution process

In all countries, including the three where multiple brands of DMPA are available, there appears to be no brand preference. There is also nothing noteworthy about the distribution process. Our assessment of factors that influence the distribution of multiple brands of DMPA indicate that only date of purchase and the expiration date determine how DMPA stock is distributed. As such, it is the stock that is set to expire earliest that is dispensed first, regardless of brand.

Questions on preference

In addition to soliciting information on the availability of DMPA brands, their procurement and distribution processes, we asked key informants directly about brand preferences by

procurement and distribution agents, FP providers, and DMPA clients. In most cases, key informants reported no brand preferences. Choices were based on price and quality (and speed of delivery in Ethiopia), as there is trust and confidence in the generic products. Only in two countries did key informants report that there may be brand preference in some cases: In Ethiopia, the key informant from DKT believed that the consumer prefers the DMPA brand where the syringe and vial are "packed together", which describes the socially marketed product, Injectaplan distributed by DKT. In Uganda, the key informant from PACE said that providers are more likely to prefer Pfizer's Depo Provera, because it is the brand they know. We were unable to corroborate this statement.

Conclusions

Key informant interviews with 21 individuals from six sub Saharan countries strongly indicated that there is no preference for Pfizer's DMPA formulation. In fact, it appears that where governments are not already procuring and distributing generic DMPA products, they would be amenable to providing these less costly alternatives to public sector programs. Accordingly, should donors like USAID decide to procure and donate generic DMPA, there is little cause for concern regarding the acceptance, appropriate distribution and use of these products.

Appendix 1: Key Informant Interview Instrument

Evaluation of Multiple Brands of DMPA in the Public Sector

COUNTRY:

Date:

Name and title of Interviewer:

Name, title, agency of Respondent:

Survey of DMPA brand availability

Potential targets for interviews:

1. Procurement Agency/MOH representative: how procurers make the decision to buy and how do they distribute DMPA brands.
2. Donors (e.g. UNFPA, Other donors): which brands would donors buy and how would they distribute them?
3. Procurers (e.g. PSI, MSI, DKT): where do procurers obtain DMPA and how do they distribute it?

Questionnaire

I. Questions for the MOH Procurement Officer

A. Procurement Questions:

1. According to our records there are different brands of DMPA available in the public sector in [COUNTRY]: [Name the different brand names and manufactures of DMPA]. Can you confirm that this is the case?

   Yes (confirms that there are multiple DMPA brands; continue with Q2 thru Q6)

   No (affirms that there is only one DMPA brand in the public sector; continue with Q7 thru Q10.)

For multiple brands of DMPA

2. Since you have more than one brand of DMPA available to you, how do you decide which brand to procure? Who makes the decision?
3. Which brand do you procure the most? Why?
4. How is it procured? Is it donated or included in the budget?
5. If you budget for it, please describe the procurement process?
6. Do you trust generic brands of DMPA?

For single brand of DMPA

7. What is the name of the brand and the manufacturer of DMPA available in the public sector in [COUNTRY]?
8. If you had more than one brand of DMPA available to you, how would you decide which brand to procure? Who would make this decision? And what would it be based on?
9. How would you distribute these brands? Who would make this decision? And what would it be based on?
10. Do you trust generic brands of DMPA?

B. Distribution Questions (only for multiple brands of DMPA):

1. Is there a different procedure for distribution of different brands?
2. Is there ever a time when there are multiple brands at the medical store?
3. How do you distribute them? How do you allocate them to clinics or sites?
4. Who makes the decision on which brand to distribute?
5. What are the factors that go into that decision?
6. Is there any preference by medical stores or providers on which brand to use first if more than one brand is circulating at the same time?
7. At the central level, is there a preference for one brand of DMPA over the other(s)?
8. At the clinic level, is there a preference for one brand of DMPA over the other(s)?

II. Procurement and Distribution Questions for Donors: UNFPA, other donors

1. Can you confirm that you currently procure only one brand of DMPA, [NAME BRAND AND MANUFACTURER], or are there others?
   Yes (confirms only one brand; continue with questions 2 through 6)

   No (affirms multiple brands; continue with questions 7 through 10)

For single brand of DMPA

2. Please describe the procurement process. Who makes the decision? What are the factors that go into that decision?
3. How do you distribute it? Who makes the decision? What are the factors that go into that decision?
4. If you had more than one brand of DMPA available to you, how would you decide which brand to procure? Who would make this decision? And what would it be based on?
5. How would you distribute these brands? Who would make this decision? And what would it be based on?
6. Do you trust generic brands of DMPA?

For multiple brands of DMPA

7. Name all the brands of DMPA that you currently procure?
8. How do you procure it? Who makes the decision? What are the factors that go into that decision?
9. How do you distribute it? Who makes the decision? What are the factors that go into that decision?
10. Do you trust generic brands of DMPA?

III. Procurement and Distribution Questions for other Procurement/Distribution Agencies (e.g., PSI, DKT, MSI).

1. Can you confirm that you distribute DMPA in this country? [If No, end interview].

2. From which organization(s) or company(ies) do you obtain your DMPA?
    - If more than one source, is there a preference for one over the other, and why?

3. Do you overbrand (i.e., rebrand) the product and distribute as your own product?

4. What is/are the name(s) under which you distribute your DMPA brand(s)?

5. To whom do you distribute this/these brand(s)?
    (If more than one, link brand names to the different recipients)

6. Are your distributions:
    - Donations?
    - For sale as a socially-marketed product?
    - For regular-priced sale in commercial establishments?
    (If a mix, probe for which groups get which brand under which condition).

7. Do you think there is preference for one brand of DMPA over another in the public or private sector? If yes, please explain.