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EVALUATION OF THE MEXICO
CONTRACEPTIVE RETAIL SALES PROGRAM

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PROFAM leadership. This success was also due to the sizable investment made. It is not clear that any particular action could have been accomplished at great saving. The market research, the pharmacy training, and the broad public relations-type advertising, even though costly, appeared necessary in this particular setting. However, for the investment to be worthwhile, sales must be increased substantially in the future. The challenge to the project is in this particular area; that is, to find ways to increase sales and reduce project cost per unit of sales while still maintaining the social objective.

Recommendations are aimed toward AID, PSI, and PSI for PROFAM. In summary, the team recommends extension of the project with expansion of sales to effect greater sales efficiency, reduce unit costs and meet the social objectives and goals of demographic impact and self-sufficiency.

Emphasis is placed on the need to increase more direct (both mass media and point of purchase) advertising, and to expand sales to the semi-urban communities with greater diversity in the types of retail outlets.

Suggestions are made for product and packaging with particular emphasis on the need to consolidate the sales of present product lines before launching new products in a massive way.

Continuing market and consumer research is recommended with greater emphasis on the shorter, rapid feedback type that will measure consumer use, attitude, satisfaction or problems as well as sales response.

Recommendations are made defining the type of proposal that could be made for external support, guided by specific parameters for demographic impact, relative external/local support, reduction in cost per couple year of protection and definite time-phased goals for achieving these objectives.

The body of the report contains the detailed description of project implementation and achievements, as well as the specific recommendations. (See pages 42-49 of the recommendation section.)

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SUMMARY

In November 1978 PROFAM, a non-profit private sector organization in Mexico, signed a contract with Population Services International to carry out a nationwide program for the social marketing of contraceptives as part of Mexico's government policy to extend contraception information and services to all of its people as soon as possible. With the rapid growth of this project--much more early progress was seen here than in any other similar program--an early evaluation was planned. It was clear that only partial success could be expected at this time but it was also clear that enough activities had been carried out to make an evaluation practical and desirable for future planning both in Mexico and in other countries.

On March 15, 1980 this evaluation of the Mexican CRS program was initiated with a week of travel. One hundred fifty-seven pharmacies in 16 cities and towns in Mexico were visited and a week was spent in Mexico City reviewing the program with PSI (Population Services International), PROFAM, the AID representative and representatives of the government of Mexico.

The educational, training, advertising, and sales promotion material was examined as well as the sales records, financial status, plans, and outlook. The program was discussed with Mexican leaders from the point of view of how it functioned "as a business" and "as a program" to make appropriate social and demographic impact as part of the overall Mexico population program.

This program has rapidly expanded to place five attractively packaged contraceptive products in more than 9,000 pharmacies countrywide, providing in the first year approximately 100,000 couple years of protection at \$15 to \$25/CYP. The initial sales record, while not phenomenal, has been enough to give considerable confidence of further growth. The sales of other contraceptives in the normal market either remained the same or increased during this time, a good indication that PROFAM sales have been additions rather than substitutions. The training/educational/promotional effort of PROFAM has been outstanding. All of this has been accomplished at substantial cost, much of which can be considered "start-up" cost.

The conclusions of the team were as follows:

This rapidly developing, well managed project shows good promise for making an important contribution to Mexico's population program. It has been developed in a way to gain a favorable response from retailers, consumers, and the general public. It has brought advertising (mass media and point of sale) to contraceptive sales for the first time in Mexico. It is being carried out in a way consistent with the public health policies of Mexico and has the strong endorsement of the Government's Coordinating Commission for Family Planning Programs. It is too early to see the project's demographic impact as yet. However, most signs point to its potential for important accomplishments if additional support is available.

Much of the success of this venture to date is due to the business acumen, management expertise, vigor, imagination, and dedication of the

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METHODOLOGY

The evaluation was based on a scope of work that outlined the approach to be taken by the selected evaluation team. The team consisted of three persons: Tennyson Levy, Managing Director of Dunlop, Corbin, Compton, Associates, Kingston, Jamaica; William Blair, Latin America Coordinator, AID, Office of Population; and Arthur Danart, Project Monitor for the Mexico CRS Project, AID, Office of Population. Assisting the evaluation team through its deliberations in Mexico City was Gerald Gold, Contract Manager for Population Programs, AID, Office of Contracts.

The team was counseled in Washington by the Deputy Assistant Administrator of DSB and his Special Assistant, the Acting Director of the Office of Population, and the Chief of Family Planning Services Division, Office of Population and the Population Chief of the Latin America Bureau.

This extensive review and analysis of the Mexico CRS Project could not have been completed without the tireless and invaluable assistance of Tom Donnelly, AID Representative for Mexico, and his assistant, Rafael Vara, both of whom made important contributions to the work.

On the first day in Mexico, March 15, 1980, the team was unexpectedly able to field a survey team of seven Mexicans to review the impact and support for PROFAM by drugstore operators in the middle and lower class neighborhoods of Ciudad Juarez. The staff of Federico and Guadalupe de la Vega, a prominent business person and his community leader wife were generously made available for the survey of 73 pharmacies (see Appendix 1 for the survey form and an analysis of the results).

On the second day, the team divided, with Bill Bair and Tom Donnelly going down the Pacific Coast and Levy, Danart and Vara going to Monterrey and then down the East Coast of Mexico.

Between the second and ninth day, 157 pharmacies in 16 cities and towns were visited and the operators were interviewed. (See Appendix 2 for the list of questions that guided the interviews.) During this same period, field staff of PROFAM as well as prominent Mexicans with direct concerns about family planning in Mexico and indirect interests in the PROFAM program were interviewed.

1. Dr. Jorge Martinez Manautou, Director of the National Government Coordinating Committee for Family Planning (who volunteered to do two of the pharmacy interviews).
2. Dra. Maria Cruz Camarena, SSA, Director of MCH/FP, State of Baja California Norte.
3. Dr. Francisco Ruiz, SSA, Director of MCH/FP, State of Sonora.

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4. Dr. Enrique Felix, IMSS, Director of FP, State of Sinaloa.
5. Dr. Carlos Guerrero, SSA, Director MCH/FP, State of Sinaloa.
6. Dr. Jorge Miranda, Minister of Health, State of Baja California Sur.
7. Dra. Ma. del Carmen Elu de Lenero, Chief of Rural Health Program, SSA national.

Notes on these field visits are attached. (See Appendix 3.)

The final phase of the evaluation dealt mostly with the operations, past history and future plans of PROFAM. Ing. Luis de la Macorra, Director of PROFAM, made all information and all of his staff completely accessible to us during our five days in Mexico City. The advertising agency, Arouesty and Associates, made a presentation on the 1979 and 1980 ad campaigns which are analyzed within the context of the evaluation. (See Appendix 4.)

The evaluation team participated in a meeting of the Board of Directors of PROFAM. (See list of directors, Appendix 5.)

The team asked for and received fiscal, budgetary and programmatic reports on background, current operations and future planning of PROFAM.

The key staff of PROFAM made a presentation on achievements to date and their work plan for 1980 and 1981.

Additionally, members of the team discussed the project with the U.S. Charge d'Affairs, Mr. John A. Ferch; the key staff of CPF, and again with the CPF Coordinator, Dr. Jorge Martinez Manautou. The longest and most intensive interviews were held with Robert Ciszewsky, PSI Director and principal advisor to the project, and with Luis de la Macorra, Executive Director of PROFAM.

All of the information gathered has been analyzed and the most salient points will be described in the text of the evaluation in accordance with the outline for this evaluation (see Appendix 6).

Analysis of project documentation, in-depth interviews of key officials, a survey of 73 pharmacies in Ciudad Juarez, on-site observations and interviews with pharmacy personnel in 157 pharmacies in 16 communities, and subjective judgments based on the above, plus the accumulated experience of the team led us to the observations and recommendations that appear on pages 42 to 49 of the following report.

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I. HOW DOES THE PROFAM CRS PROGRAM FIT INTO
THE OVERALL POPULATION PROGRAM IN MEXICO?

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I. HOW DOES THE PROFAM CRS PROGRAM FIT INTO THE OVERALL POPULATION PROGRAM IN MEXICO?

A. BACKGROUND

Until recently Mexico had a birth rate among the highest in Latin America. The pro-natalist influence common in government and public affairs persisted until half-way through the last administration. In 1973 government policy shifted dramatically, recognizing the need to reduce the rate of demographic growth. Limited family planning programs were initiated in the public sector to complement important but not widespread organized programs in the private sector. For some time there had been fairly widespread availability of contraceptives in the commercial sector but without advertising and at prices that made them accessible to only a limited portion of the population.

With the Lopez Portillo administration much more emphasis was placed on the problem of population growth. The goal was established to reduce the rate of growth of the population to 2.5% by 1982. Along with a national population policy council (CONAPO), a national coordinating committee (CPF) was formed to stimulate and coordinate family planning programs. Vigorous programs were organized by the government to provide family planning information and service. All of the government health services were required to provide family planning information and service as a top priority; other government agencies were also engaged in either promotion or family planning service delivery.

The commercial sector was expected to continue to supply as much as half of the contraceptives in the country and private, organized programs were encouraged (although not supported) by the government. Through the efforts of government and private programs and commercial sales it was expected that essentially all communities of over 500 people (and even many of the more dispersed population) would have reasonable access to family planning information and service, including both clinical and non-clinical methods, by 1982.

Within this framework, at an early stage the CPF expressed interest in the formation of a strong private sector commercial effort that would complement the existing commercial channels and accomplish the following:

1. Provide the kind of promotional efforts, particularly direct advertising of contraceptives, that the government did not perceive it could do itself.
2. Develop an expanded and self-sustaining private sector basis for contraceptive information and supply. The government program is presently strong and effective. Over time, however, the efforts in the private sector may be the necessary sustaining force to maintain strong government policy and initiatives.

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3. Utilize private enterprise initiative and the existence of a network of commercial distribution outlets as a means of a "self-starting," inexpensive and self-sustaining delivery mechanism.
4. Reach a segment of the population that government services or the higher priced private physicians or commercial channels do not reach. A selected target group was identified.

B. APPROPRIATENESS OF OBJECTIVES

The team considered this a laudable and appropriate objective which recognizes the role of the private sector both in providing information and service and maintaining a strong interest in family planning. The team had some reservations about the more specific targets for action.

PROFAM has appropriately worked out with CPF a general objective of providing services to the lower economic groups of the urban area and the semi-urban area. The informal goal is to assure that contraceptive prevalence in these groups reaches the same level as that of the higher economic levels of those areas. The presumption is that major differences in contraceptive prevalence are related to access (location or cost) and information. By improving locational availability, cost and information, PROFAM expects an increase in contraceptive use can be accomplished. Based on surveys and CPF estimates, their schematic is as follows (December 1979 figures):

Mexico Population 70,000,000

Fertile Age Women in Union 10,500,000

Of this 10.5 million, 48% are now using effective contraceptives.

	<u>URBAN AREA</u>		<u>SEMI-URBAN</u>		<u>RURAL</u>	
	Larger than 15,000 pop. 45% of total		2500 to 15,000 pop. 20% of total		Less than 2500 pop. 35% of total	
	% of people in this area in this class	Cont. Prev.	% of people in this area in this class	Cont. Prev.	% of people in this area in this class	Cont. Prev.
Economic Class ABC (higher)	48%	78%	30%	55%	2%	65%
Economic Class D-E (lower)	52%	53%	70%	35%	98%	26%

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The estimate is that today 5,040,000 couples are using effective contraception.

Of these:

- 44% or 2,250,000 are covered by organized non-commercial programs.
- 5% or 250,000 are covered by private physicians.
- 51% or 2,520,000 are covered by total commercial programs, of which PROFAM covers 4.3%.

PROFAM's expressed target is:

- "A little" in the ABC class and emphasize URBAN D-E to bring contraceptive prevalence in that group to the level of ABC.
- "Some" in semi-rural ABC and emphasize semi-rural D-E to bring contraceptive prevalence in this group to the level of ABC.
- Not to expect much influence in the rural areas which is where the SSA (Ministry of Health) is emphasizing its activities.

This works out to a goal of about 350,000 CYP by the end of 1980, not an easy goal to reach, but one which the evaluation team believed should be stretched substantially in future years because:

- Practicalities of savings in scale, economic viability, demographic impact, and return on investment require a significantly higher (3/4 of a million to a million) future target.
- PROFAM's tentative targets seem to assume too little growth in contraceptive prevalence for the semi-urban localities (55% is impressive in some countries but Mexico could do more).
- Tentative targets assume little shift from the users who may presently be getting service from government programs but who have the economic capacity to purchase contraceptives if available at lower costs. If this program is to become one of the cheaper, sustaining ways of delivering service it should become a higher percent of the total delivery system. This is not, however, suggesting seeking to serve those who are already buying from another source.

The recommendations made later for future program proposals reflect the team's consideration of this matter.

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C. IMPACT IN THE COUNTRY PROGRAM CONTEXT

Since November 1978, when PROFAM signed the contract with PSI, remarkable progress has been made in establishing the organizational structure, doing the necessary market research, producing the essential training, education and informational material, securing the product and packaging, developing an advertising campaign, putting the sales force into the field and making the sales/educational contacts to commercially place the product and substantial information into 9,300 drugstores in the country nationwide. Sales have followed the normal retail course for product introduction with immediate growth, some slump and return to growth. PROFAM has performed remarkably well in establishing its organization and creating a very positive influence for family planning and for PROFAM.

The opinion of the CPF is quite favorable toward PROFAM activities, as verified by a copy of their correspondence (see Appendix 7) and by an evaluation team interview with Dr. Jorge Martinez Manautou, Chief of CPF. Similar interviews with State public health officials in three states and at the national level confirmed a general support for the program. Their only criticism was that PROFAM did not report their "numbers" to them--thus it was difficult to know how many family planning users there were in an area. Social Security officials were also favorable.

Despite the strong endorsement of CPF for PROFAM, CONAPO (an overall population policy council not charged with the actual responsibility for assuring family planning services are delivered) apparently does not fully share this opinion. Although not clearly negative, it was not helpful in PROFAM's recent attempt to secure additional UNFPA support--stating that it considered private sector activities to be of low priority.

Although direct government financial support for the private sector is not likely, other kinds of indirect assistance have been made available and are likely to continue. Financial and in-kind support has been obtained from other private sector institutions, but this has been limited to date.

Although impressive progress has been made in establishing the program, it is too early to have expected much progress toward self-sufficiency or making demographic impact. These two objectives will not be accomplished by the end of the first contract period (September 1980). It is questionable whether it was reasonable to have expected as much progress toward this goal by September 1980 as is implied in the contract.

The sophistication of the commercial market on the one hand simplifies achieving project objectives but on the other substantially increases the costs of establishing and promoting a product identity. There will always be tension between achieving the social objective of reaching the less accessible lower income group and achieving self-sufficiency. Some of the more obvious ways of achieving early self-sufficiency could be particularly prejudicial to the social objective. However, in the opinion of the evaluation team, major cost savings can be accomplished in delivery which would

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lead toward self-sufficiency without sacrificing other objectives. Although start-up costs were high, the project is making progress toward reducing cost per couple years of protection. Even at present costs, estimated at \$15/CYP to \$25/CYP, this program compares reasonably with some of the other efforts in the country.

Present use levels are estimated on the basis of sales to retailers rather than precise information on sales to consumers. However, at this early stage of the project, and as it is apparent that sales have increased from month to month, this approach is not unreasonable as a first attempt at measurement. A presumption of lower consumer use is implied in the upper range of our cost/CYP estimates. The sales levels (about 110,000 couple years of protection) are not sufficient as yet to have significant national demographic impact. However, the savings to the families and society of this program having helped to avert 20,000 to 25,000 undesired births are significant. With the economic capacity of a substantial sector of Mexican society, the expressed desire of women to reduce their fertility, and the distribution network being built by PROFAM, it is reasonable to expect reaching a significant demographic impact (7% to 10% of the fertile age couples in union) through this project in the next three years.

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II. SPECIFIC PROJECT PERFORMANCE

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II. SPECIFIC PROJECT PERFORMANCE

A. SUMMARY OF ACCOMPLISHMENTS

1. Advertising

PROFAM in 1979 was able to advertise contraceptive products and their use for family planning for the first time in mass media in Mexico.

2. Exhibition

For the first time ever, contraceptive products were openly displayed at point of purchase. PROFAM brought contraceptive products into the open and has placed them in attractive display units in almost all drugstores in the country. This has made all contraceptives, particularly the condom, more accessible.

3. Market

By increasing availability, advertising, promotion, and education, PROFAM has definitely increased the total market of contraceptive products.

4. Population Reached

PROFAM, by making its low-priced contraceptive products available through a large number of outlets, has increased the availability of contraceptives for more than 60 percent of the total population of Mexico during only the first nine months of the program.

5. Distribution

Through December 1979 PROFAM products were available in 9,300 of the drugstores in Mexico.

6.a. Products Sold (Units) through December 1979

Condoms (box of 2)	635,300
Suppositories (box of 6)	193,190
Foam	47,026
Cream	45,259
Pills (cycle)	318,029

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6.b. Sales, March 1979 through April 1980

The charts on pages 12 and 13 show the sales trajectory for pills and condoms, the two major PROFAM products, from March/April 1979 through April 1980. The PROFAM figures also included "samples" which this report has eliminated to give a more precise picture of sales only. The reader must note that the abrupt January sales drop was largely related to the countrywide application of a Value Added Tax (10%). The initiation and regulation of this law precluded any sales for three weeks and probably has had some lingering influence on sales with the effective 10% increase in price. The evaluators asked that April sales figures be made available to get the most recent indication of the trend lines. On both charts the upper figure is pesos value and the lower figure is sales units.

7. House-to-House Sampling

In Ciudad Netzahualcoyotl, a D and E class community of 2.5 million people, PROFAM distributed house-to-house pamphlets and products. Total number of households visited was 182,383; total number of households sampled was 87,479, at a cost of less than \$0.25, including contraceptives/per visit. This is the largest sampling for contraceptives ever done in the developing world.

8. Free Products Distributed

In 1979, PROFAM participated in 12 fairs and 75 seminars at which it distributed free the following products:

Condoms	288,008
Suppositories	183,012
Foam	6,679
Cream	6,449
Pills (cycle)	54,740

9. Couple/Years/Protected

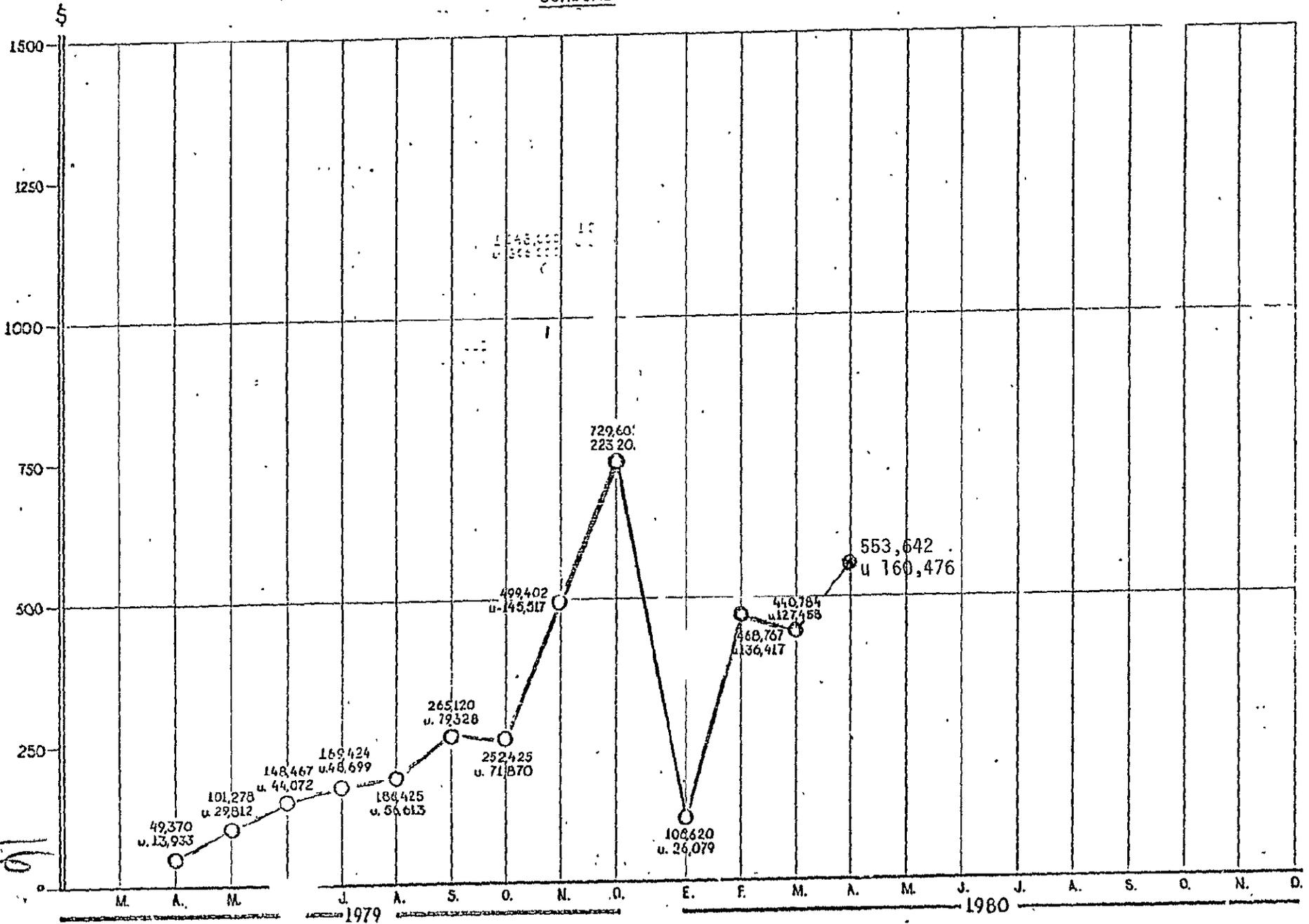
Assuming 100 sexual relations in one year or 13 cycles of pills per woman, PROFAM provided the following couple years of protection during 1979:

Condoms	20,729
Suppositories	17,850
Foam	25,056
Cream	6,892
Pills	<u>38,090</u>
Total	108,617

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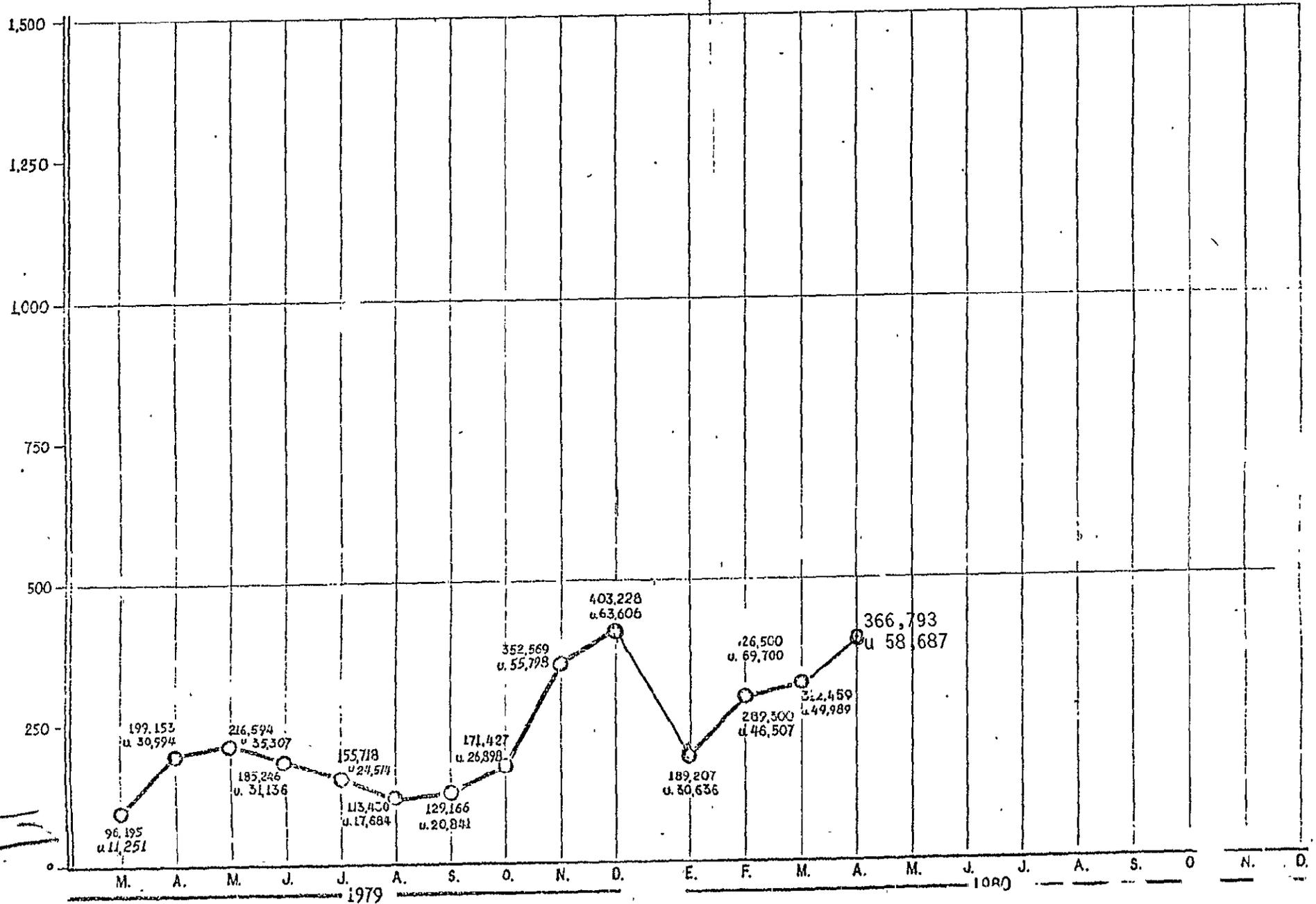
VENTA REAL PRESERVATIVO POR MES

CONDOMS



VENTA REAL PASTILLAS POR MES

PILLS



10. Market (Commercial 1979 vs. 1978)

With the exception of pills, PROFAM increased the market of all contraceptive products more than the total market increased from 1978 to 1979:

Total Contraceptive Market Increase	+15%
Condoms - PROFAM	+21%
Suppositories - PROFAM	+26%
Foam - PROFAM	+200%
Cream - PROFAM	+66%
Pills - PROFAM	+10%

11. PROFAM Market Participation (Users)

In only nine months, PROFAM was able to provide 10 percent of the total user market for the items sold (injectables not included since PROFAM did not sell):

	<u>Total Market</u> (users)	<u>PROFAM</u> (users)
Condoms	63,000	21,000
Suppositories	130,000	18,000
Foam	30,000	25,000
Cream	6,000	6,000
Pills	<u>890,000</u>	<u>38,000</u>
Total	1,119,000 (100%)	108,000 (10%)

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12. Educational Materials Distributed^{1/}

Amor y la Familia Pamphlet	3,400,000
Supermachos	149,020
El Comprador Misterioso	70,000
El Hijo No Deseado	19,000
Una Solucion PROFAM	28,000
Retailer Educational Manual	12,000
Salud y Planificacion Familiar	15,000
Posters	29,000
Ya Somos Muchos	8,000
Store Display Units	8,000
Pamphlet Dispensers	7,500

13. Advertising

During the five months of advertising PROFAM products in 1979, messages were delivered through the following means:

Newspapers	200 ads
Magazines	99 ads
Radio	234,000 spots

14. Seminars and Presentations

A total of 4,846 educational presentations were made, covering an estimated 25,810 persons.

15. Collaboration

The Coordinacion Planificacion Familiar donated 2 million condoms (provided from external sources) and has expressed a willingness to donate more. Mexican source support amounted to approximately \$100,000 and additional amounts are projected for 1980.

^{1/}Note to the reader: All of these materials are on file in DS/POP/FPSD.

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16. International Collaboration

The experience gained by PROFAM has enabled it to make contributions to other organizations, individuals, and countries through personal presentations, participations, and in-country training programs. These include Guatemala, Colombia, Brazil, Dominican Republic, El Salvador, Honduras, Peru, Bolivia, the Philippines, Indonesia, Bangladesh, Sri Lanka, Ghana, Egypt, Tunisia, Morocco, Jamaica, etc.

B. PROFAM'S PERFORMANCE "AS A BUSINESS"

1. Business Efficiency

PROFAM is a sophisticated, competent business operation with the capability of achieving the social marketing objectives established for the program. All necessary management, informational and operational systems are employed effectively to enhance the productivity of the organization.

Monthly and annual reports covering the key aspects of the operation are prepared.

There is, however, an apparent management philosophy to achieve the ideal in operational logistics irrespective of what would appear to be comparative high cost. In short, cost savings--or economy of operational cost--has not been the most evident consideration, the result being that an infrastructure is created to service a far greater sales turnover than is currently being achieved.

On the positive side, the elements are in place to initiate and handle a large volume of business. On the negative side, the operation is probably too sophisticated now in view of its present and presently projected volume of business.

2. Logistics and Management

(a) Roll-out

PROFAM commenced actual operations in January. During the period January to March, start-up activities, including recruitment and training of personnel, package design and production, manufacture and purchase of products, and administrative and advertising preparation, were conducted. All of these activities were efficiently implemented.

Product distribution commenced in April. The goal was to reach 17,000 retail outlets, including pharmacies and food stores, by December 1979. Subsequently, based on the timing of the Government of Mexico approval for

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this stage, introduction of the product to food stores was postponed and PROFAM concentrated on effecting distribution to approximately 11,000 pharmacies nationally. At the beginning of December 1979, products were in 9,300 pharmacies with an additional 500 stocked by March 1. Taken in the context of the relatively short period of time, the distribution activities have been superlative. Current plans have been initiated to extend distribution (except for pills) to non-pharmacy outlets in urban and semi-urban outlets.

(b) First-Year Program Costs and Sales Income

The total operational costs for 1979 were in excess of U.S. \$2 million.

<u>1979 OPERATIONAL EXPENSE BREAKDOWN</u>		<u>U.S. Dollars</u>
<u>Administrative Costs</u>		\$260,434
Salaries and Fringe Benefits	\$135,815	
General Operating Expenses	\$124,619	
<u>Direct Sales Costs</u>		625,603
Selling Expenses	\$285,069	
Salaries and Fringe Benefits	\$340,534	
<u>Advertising Costs</u>		
Mass media, production, fees		791,924
<u>Promotional Costs</u>		
Materials, trade fairs, sampling, and other promotions, research		298,063
	Subtotal	<u>\$1,976,025</u>
<u>Commodity Costs</u>		
Purchasing and packaging		<u>401,472</u>
TOTAL EXPENSES		<u>\$2,377,497</u>
<u>Sales Income</u>		
Receivable	\$165,420	
Cash	\$250,826	

(c) Commodities--Purchasing and Packaging

Expenses related to purchasing and packaging of product represented 17 percent of total expenses for 1979. The program is burdened by comparatively high commodity costs, with products purchased on the local market at prices above world market prices. The situation in 1980 and the future will be further aggravated by increased costs from manufacturers and the imposition of a 10 percent value added tax as of January 1980. Commodity costs are as follows:

<u>PRODUCT</u>	<u>1979</u>	<u>1980</u>
Pills (cycle)	\$0.23	\$0.31
Cream	0.92	1.14
Foam	1.20	1.48
Suppositories (6)	0.25	0.29
Condoms	0.08	0.10

Condoms are supplied to the project free of cost, but generate a packaging cost as shown above. In this instance, there is a labor cost component incurred through removing condoms from the wrapping in which they were delivered and in re-wrapping and packing. This can be reduced by bulk shipments of condoms.

(d) Direct Sales Costs

Costs related to the sales force, warehousing, transportation, and the like, represent 26 percent of total expenses. The operations involved with product packaging, warehousing, and distribution are well managed with effective controls. A comprehensive, efficient, and effective sales delivery system has been instituted. Whereas the ratio of sales cost to sales volume is high, the system in place has the capability of handling significantly increased volumes at little extra sales cost.

The present sales force consists of:

- 36 promo-educators (pharmacy salespersons);
- 4 district managers;
- 4 rural sales representatives; and
- 1 urban food store sales representative.

Average expenses of travel and transportation per salesperson per month is \$1,000. Average monthly salary plus commission and incentives is \$442. Thus, sales force costs per salesperson are approximately \$1,500 per month.

With the expansion to semi-urban areas and the inclusion of non-pharmacy retail outlets, there are plans to further increase the sales force--plans which must carefully consider sales volume per sales person if cost efficiency is to improve.

To date the sales force has dealt exclusively with the pharmacy trade, many in direct sales contact, but with an increasing number of the retail outlets being turned over to wholesalers for continuing supply. As plans develop for extension into other outlets (self-service food stores and general "variety" stores) both in urban and in the semi-urban areas (smaller towns), changes are expected in the sales force deployment. In part of the country the present sales force will add these new outlets to their sales routes. In the semi-urban areas of that part of the country where 70% of the population is concentrated, a special force will be added to provide a promotional/educational sales action at the initial stage of moving to the smaller towns. Following the promotional work and sales of this team, these smaller outlets will be served by wholesaler/distributors overseen by the promo-education sales force. This new team will be relatively costly at the beginning, but the cost can be kept reasonable by planning carefully and by sticking to essentials only. This is a cost that is acceptable to achieve the social objectives of the project.

(e) Advertising, Promotion, and Research Costs

Advertising cost is the largest single line item, representing 33 percent of total expenses, with promotion and market research representing 13 percent of total expenses. During the period 1979, advertising was initiated during the period July to December. The cost effectiveness of the advertising can be measured in terms of sales initiated and image created. In the case of the latter, there is no doubt regarding the high credibility of the PROFAM organization, which is a direct result of the advertising strategy. On the other hand, comparatively little emphasis was placed in the advertising on sales motivation. As a result, the impact on sales was lessened. The sensitivity of the Mexican sociocultural environment required this approach. In short, buying a good image costs a lot of money. However, the recommendations that follow demonstrate the team's opinion that much more must be done (with considerable dependence on Mexican resources) to enhance the advertising campaign in the future, diffusing it more widely and making it more product-specific both in the mass media and the point of purchase materials.

(f) Administrative Costs

Administrative costs represented 11 percent of total cost, the major component being salaries. The organization is well staffed (possibly over-staffed) with a high degree of sophistication. Whereas there is a satisfactory display of competence in all departments, it is not unlikely that

efficiency would be effected with some staff pruning. Specific reference is made to the Educational Department, an advertising manager, and the secretarial pool, areas in which some staff rationalization could perhaps be effected.

3. Marketing Actions

(a) PROFAM Share of Market

Whereas PROFAM has yet to make a demographic impact, the sales penetration during 1979 has increased the use of contraceptives. "A Comparative Report of the Audit of Sales and Manufacture of Contraceptives in Mexico, 1979," prepared by PIACT de Mexico, indicates that PROFAM has expanded the market and possibly contributed to increased sales of competitive contraceptive methods.

Market Performance By Products

<u>PRODUCT</u>	<u>MARKET VOLUME Units (,000)</u>	<u>PROFAM VOLUME* Units (,000)</u>	<u>PROFAM PERCENT OF MARKET</u>
Condoms	6,340	1,559	25
Creams	563	520	92
Foam	3,059	1,880	62
Pills	11,562	373	3
Suppositories	13,001	1,342	10

*Inclusive of sampling.

PERCENT INCREASE BY PRODUCT

<u>Product</u>	<u>Percent Increase 1979 Over 1978</u>
Condoms	21
Creams	66
Foams	200
Suppositories	26
Pills	10
Injectables (not a PROFAM line)	18
Total Market	15

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PRODUCT USERS (of items sold by PROFAM)

<u>Product</u>	<u>Total Users</u>	<u>PROFAM Share of Users</u>
Pills	890,000	38,000
Suppositories	130,000	18,000
Condoms	63,000	21,000
Foams	30,000	25,000
Creams	6,000	5,000
Total	1,119,000	107,000 = 10%

(b) Sales Projections

The current 1980 marketing plan is projecting sales for the calendar year amounting to U.S. \$1,326,847. Sales projection by product is as follows:

<u>Product</u>	<u>Units</u>	<u>Percent Sales</u>
Condoms	2,671,000	30.28
Pills	1,253,000	25.56
Cream	151,400	11.32
Foam	132,500	13.21
Suppositories	911,000	19.61

After discussion with over 200 retailers in the field and indications from current sales, the evaluation team concluded that the projections were as much as 50 percent low and some upward projection for the pill and suppository could also be considered.

(c) Product Activity

1. Condom

PROFAM condoms have made a significant impact on the market. The question is occasionally raised that low cost may imply lower quality, but this is not regarded as a serious concern. Retailers and consumers recognize the product as being the highest quality available.

With the encouraging sales of condoms and expansion into non-pharmacy outlets, a series of packaging and new product developments is planned.

- a. A four-condom package is being devised for self-service outlets.
- b. A dispenser pack containing 20 boxes of PROFAM condoms is being devised for pharmacies, food stores, and government retail outlets.
- c. A branded low-price (lower than PROFAM) condom, "Alazan", is to be distributed in semi-urban areas.
- d. A branded low-price (lower than PROFAM) condom, "Supermacho", is to be distributed in urban areas.
- e. A branded higher-price (close to competitive price) condom, "Selecto 3", is to be distributed in urban areas.
- f. Test marketing for condom sales through vending machines is planned.

In the case of the new products mentioned, support will be provided through point-of-sale material only.

Most of the brand name and package design and testing has been conducted and test marketing plans prepared.

In its recommendations, the evaluation team suggested the implications of launching these new brands and packaging for PROFAM should be carefully considered in light of start-up costs in relation to overall costs, market impact, and strategies.

2. Pill

A branded oral contraceptive, "Nofamyl", is projected for 1980. Name and package design and testing have been completed. The package is attractive and could make a substantial contribution to pill sales. To save costs, donated orals could be repackaged in Mexico rather than purchased locally. The product could be competitively priced (just below other pills in the market) and promoted through doctors to gain acceptance and recommendation to potential users. As such, Nofamyl would be a good cash generator and would provide an entree to doctors. The sales force could use the opportunity to cross-sell doctors on other PROFAM products.

3. Foaming Tablet

A vaginal foaming tablet (Neo-Sampoo) is to be launched as an extension of the PROFAM line of products. Packaging design has been completed and the product is to be test marketed at two price levels:

- 2 tablets for 5 pesos; and
 - 10 tablets for 20 pesos.
- 

Historically, foaming tablets have never been marketed in boxes of two tablets, since this would be a relatively expensive package.

4. PROFAM - Duo

PROFAM-Duo is a proposed package containing two suppositories and two condoms with instructions that, when used together, this method provides protection equal to the pill but without the side effects. Packaging design and a market plan have been prepared.

This type of packaging has some serious implications not only in terms of a possible damage to the credibility of the pill, condom, and suppository, but also because it requires development of a new consumer contraceptive habit and the cost of packaging. The increased cost to the user for protection should also be considered. This marketing strategy requires careful thought.

5. Cream

The presence of this product in the PROFAM line is more of a liability than an asset. There are only 6,000 users of the product; it is the second most expensive product to purchase and manufacture, and currently has a warehouse inventory in excess of nine months.

6. Injectables

During the course of the team visits to pharmacies, the question was asked, "Which is your best selling contraceptive?" In many of the pharmacies, injectables were either the first or the second most popular contraceptive, trailing only slightly behind the pill. The Director of Coordinacion de Planificacion Familiar (CPF) has requested that PROFAM package and sell an injectable.

The evaluation team made it clear that AID monies could not be used to purchase injectable contraceptives. Further, we stated the importance of careful study to assure the efficacy and safety of such methods. We stated that PSI with appropriate consultation should review the relevant data on the injectables that PROFAM is considering.

PROFAM has made tentative plans to purchase and sell the West German Schering one-month injectable and will make the clinical data available when they receive it. They would package it under a medical-sounding brand name (undetermined as yet) and promote it exclusively through doctors. They are talking about a price range between 55 and 70 pesos for a one-month dose, which at 55 pesos would run approximately U.S. \$0.30 less than the cheapest brand now available. Even at 70 pesos it would sell at roughly 50¢ less than the average priced injectable currently available. Anywhere in this price range, the net return to PROFAM would help substantially in bringing the program to its self-sufficiency target.

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(d) Product Pricing

To protect the integrity of the line of products--and in view of rising manufacturing costs, overhead, and the addition of a 10 percent value added tax--consideration is being given to increasing the retail prices of all PROFAM products as soon as possible. In this regard, applications have been made to the appropriate authorities and approval is now awaited. PROFAM is guided by both principles; that prices must always meet the criterion of being affordable by the lower socioeconomic group, but at the same time should be high enough to generate sufficient income.

(e) Sampling

Comparative analysis was conducted to determine the relative effect of house-to-house sampling (Queretaro, June 1979) and house-to-house selling (Irapuato, June 1979). The results indicated that house-to-house sampling was less expensive, had a higher product acceptance rate, and a more significant effect on sales.

In October through December, house-to-house sampling was conducted in Ciudad Netzahualcoyotl, which resulted in a 48 percent acceptance of the product (87,479 households) and a resultant increase in sales during December and January for the three products sampled (pill, condom, suppository). Fifty pre-selected pharmacies had the following results: condoms showed a 53% increase; pill sales went up by 199%; and the suppository sales rose 84%. Of the 320 pharmacies that totally cover Ciudad Netzahualcoyotl and the peripheral areas, sales increases showed 21% for the condom, 18% for the suppository, and 240% for the pill.

A comparison was made with national sales figures for comparable periods and it was found that sales reached a level, for example, of approximately 0.3 pesos/capita in the Queretaro area following sampling as compared to 0.11 peso/capita nationwide. Another sampling exercise is planned for the four cities, Guadalajara, Monterrey, Tijuana, and Ciudad Juarez.

Additionally, PROFAM has distributed free products through 12 trade fairs, 75 seminars, and its sales force. In excess of half a million PROFAM products have been given away.

Sampling is an effective method to induce consumer trial and usually has a positive effect on sales during the ensuing period. Sampling in the magnitude projected for the four cities is costly (\$95,566). Whereas the strategy for sampling should be continued, the objectives could still be served by:

- using smaller sample numbers (e.g., selective distribution as opposed to blanket "saturation");
- using donated products only;

- concentrating in areas that are showing consistently depressed sales;
- sampling through trade fairs, seminars; and,
- encouraging the sales force to continue sampling, particularly since the delivery cost involved is minimal and consumer acceptance equally positive.

4. PROFAM Communication Objectives and Strategies

Communications objectives as set out in the subcontract and marketing plans for the period 1979 and 1980 were as follows:

- to develop educational material on contraceptive methods, usage, and contraindications specifically for consumers, retailers, and sales personnel;
- to develop sales promotional material; and
- to develop a mass media advertising campaign to promote the usage of PROFAM products.

(a) Educational Material

Audio-visual, printed, and aural materials have been devised, pre-tested (when required), and implemented accordingly.

1. Consumers

a. Radio Program

"Llamada Confidencial" is a 10-minute program dealing with family planning and contraceptive issues with audience participation through correspondence. "Dr. Ana Campillo" responds to letters in the program and provides advice. The program is aired on XEW de Mexico and taped segments rebroadcast on local stations in Tijuana, Puebla, Cd. Juarez, Guadalajara, Merida, Torreon, Leon, Oaxaca, and Monterrey. It is reported that audience response to the program is good.

Air time in most instances has been contributed without charge to PROFAM and the material for the program is prepared by PROFAM staff personnel.

Because of the value of this type of educational program, the potential reach and impact on the desired target audience (socioeconomic groups C, D, and E) and the public relations value for PROFAM and PROFAM products, this program will continue.

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b. Printed Material

1. Magazine column: A magazine column has also been devised utilizing material developed for the radio program. This has been primarily a public relations effort for PROFAM and PROFAM products concentrated in Mexico City. This medium does not have the same impact on the target group. Since PROFAM has now achieved strong credibility among target consumers, little is to be expected through a continuation of this column.

2. Brochures and booklets: A series of brochures and booklets explains graphically and simply family planning and PROFAM products. These include:

- "La Amor y Familia"
- "Efectividad de los Metodos 'Anticonceptivos'"
- "Ya Somos Muchos"
- "El Hijo No Deseado"
- "Los Supermachos"

2. Retailers

a. Audio-Visual Material

A 20-minute slide and sound presentation provides contraceptive and family planning information to the retailer. The presentation is made by promo-educators (salespersons) during the initial selling-in period. Unfortunately, retailers stocked by wholesalers and in some instances by PROFAM-salespersons have not yet had the benefit of the presentation. Whereas the presentation assists primarily in achieving distribution of the product, the educational value is quite important. Efforts will be made to complete this aspect of retailer training through the audio-visual presentation.

b. Printed Material

Along with the audio-visual presentation, a manual is left with each retailer (Manual Educativo PROFAM). It is a reference guide particularly for PROFAM products in the event that questions or problems are directed to the retailer by consumers.

A brochure, "Una Solucion PROFAM," was used to introduce the PROFAM program:

A magazine was developed particularly for retailers to keep them informed on family planning issues. This publication was discontinued because the information was too sophisticated. An alternative written in the "los supermachos" style is contemplated. This publication cannot be considered a priority now but could be considered when funds are available.

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3. Sales Personnel

Promo-educators, as part of the training program, were provided with a manual outlining contraceptive methods, physiology, contra-indications, and PROFAM product information. The manual is carried by each salesperson.

(b) Sales Promotional Material

Because the previously mentioned educational material directed at consumers and retailers carried information on PROFAM products, it in effect was sales promotional material. In addition, two posters are displayed in retail outlets. The first, establishing the communications theme--"If the problem is planning, PROFAM is the solution"--also promotes free advice on PROFAM. The second is a cartoon illustration in keeping with "los supermachos" and promotes the use of PROFAM contraceptives. Neither of the posters carried a motivational sales message and served rather to establish a PROFAM corporate image.

More graphic, product-oriented posters and other sales promotional material would be useful to activate consumer recall and build brand awareness at point of sale.

(c) Advertising

The objectives of the program launch campaign in 1979 were to:

- inform the potential consumer that PROFAM contraceptives were available; and
- educate the public in the use of contraceptives.

Print and radio messages were devised with radio spots supported by a jingle. The theme of the advertising--"If the problem is planning, PROFAM is the solution"--was used in both media. The theme created a link between the government family planning campaigns and the PROFAM program.

The specific intent, however, of the launch campaign was to soft sell contraceptive products in the mass media in deference to any potential backlash or criticisms from the public at large or influential groups.

Within those constraints and limitations, the advertising campaign assisted in achieving heightened awareness for family planning in general and PROFAM and PROFAM products in particular.

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The objectives of the 1980 advertising campaign are:

- to continue to inform potential consumers that PROFAM contraceptives and advice are available at pharmacies;
- to convince the potential consumer that PROFAM products are safe and effective low-cost contraceptives; and
- to continue to educate the target population on the use of contraceptives.

The intended creative strategy will be to use the testimonial approach (football player, actress, and famous family) both on radio and television. The commercials will be more hard sell, product-oriented to motivate sales.

The 1980 advertising campaign is a major move toward establishing the attributes and value of PROFAM contraceptives. There still remains the constraint of not being able to advertise oral contraceptives.

The media budget (16 million pesos) will provide national coverage but at a penetration level that is below the norm for consumer products (e.g., health and beauty aids). It is essential to increase advertising exposure to motivate consumer usage and achieve a desirable sales turnover.

(d) Public Relations

The public relations strategy was to create an awareness of PROFAM as a corporate entity and to inform the public on the scope and intent of PROFAM's programs. A series of interviews and discussions was carried on radio, television, and in the press. Some initial criticisms to the program were generated through the print media and were responded to by the Director General of PROFAM. There continues to be a cognizance of potential criticism, though no serious problems have materialized.

Consideration will be given to exposing working journalists of the media to the 1980 advertising campaign before it appears in an effort to acquaint them with its nature, convince them of its necessity, respond to criticisms in a privately controlled environment, and above all to create good will.

(e) Communications Research and Feedback Mechanisms

All educational, instructional, and advertising material was pre-tested either through group or small sample diagnostic sessions. Moreover, all advertising and promotional material required the approval of the Ministry

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of Health. Specifically, a study carried out by PIACT de Mexico (Dr. Evelyn Folch) assisted in determining the impact of the radio program, "Llamada Confidencial." An internal reporting system has been established to collect and channel for action information received by the sales force through retailers or consumers.

The personalities intended for the 1980 campaign were pretested by the advertising agency for credibility, believability, and consumer acceptance of the messages the personalities will deliver.

A quantitative study on the habits and use of contraceptives will include questions on communications awareness and impact. This survey is currently being pretested.

5. Market Research

Market research has been extensively used to assist in making management decisions.

- The major quantitative and qualitative survey of attitudes, awareness, and usage of family planning and contraceptives conducted in September 1978 with the assistance of the Population Council provided guidelines for decisions in PROFAM's operational strategy.
- Small sample surveys were conducted to determine consumer acceptance of the corporate name (PROFAM), packaging design, and educational and instructional material.
- Advertising copy was pretested for the 1979 and 1980 campaigns.
- Comparative pricing analyses were incorporated as part of the benchmark survey (1978).
- New product name and package design research was conducted to assist in the development of PROFAM-Duo, Supermacho, Alazan, PROFAM Foaming Tablets, and NOFAMYL. In these instances, whereas alternative package designs were tested, there is some reservation on the methodology on the name testing.
- A quantitative analysis on habits and scope of family planning methods is currently being pretested.

In all instances, the research studies were conducted by specialist organizations and the findings used to direct management implementation.



6. Training

Training programs have been designed and effected for PROFAM promo-educators and PROFAM retailers.

(a) Promo Educators

Each promo-educator received an orientation and training program consisting of:

- the national need for family planning;
- PROFAM's role in meeting the social goals of a national family planning policy;
- an overview of conception, contraception, methods and effectiveness, contraindications;
- PROFAM product details; and
- Guidelines for training retailers in responding to consumer or retailer problems with the product.

This training program is well supported with visual aid material.

Following in-house training, promo-educators are attached to a senior salesperson or supervisor for a two-week field experience and then monitored for an additional week in the field.

The training program is effective and enhances the knowledge and confidence of promo-educators.

Frequent checks by the area managers on the performance of promo-educators provide feedback on the validity and utility of the training provided.

(b) Retailers

The training program for retailers is built around a 20-minute audio-visual presentation. This is supported by a reference manual left with retailers and a consumer brochure. To the extent that retailers receive this orientation program, which has increased their knowledge and awareness of family planning, then this training program serves some useful purpose.

Not all retailers have been trained to date. There is a distinct difference in attitude and enthusiasm shown between retailers trained and those not trained. The retailer receiving training shows a more positive and confident attitude toward PROFAM products.

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(c) Team Summary Assessment of Advertising, Promotion and Education Action

After observing the materials and discussing the various sales, advertising, and promotional efforts, the team (including Gold and Vara) made a summary assessment of the impact and relative cost effectiveness of many of the various activities described above. The team rating of these is shown on the following page.

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**BEST
AVAILABLE**

**EVALUATION TEAM RATING OF VARIOUS
SALES, ADVERTISING, PROMOTION, EDUCATION ACTIONS**

	On a scale 1-5 (5 being the most important or the most efforts to be made)				On a scale 1-5 (5 being the highest percentage of the total to be made)				If you were doing it again with that same new knowledge, cost and effort, would you rate the same or better, or worse, or different a portion of the other actions?		
	Great Public	Specific Target or Interest group	Total Audience	Advertising	Great Public	Specific Target or Interest group	Total Audience	Advertising	More	Less	Same
1. <u>Market Research</u>											
a. General	3	3	3	3	2	2	2	2			✓
b. Specific market tests, surveys	NA	5	4	4	NA	5	4	5	✓		
2. <u>Training Materials</u>											
a. Promo Educator's Manual	NA	4	4	2	NA	2	3	2		✓	
b. Retailer's Manual	NA	3	4	3	NA	3	4	3			✓
3. <u>Promotional and Informational Material</u>											
a. Store display unit	4	4	5	5	3	4	4	4	✓		
b. Free literature	3	3	4	4	3	4	4	5	✓		
c. Package inserts	NA	3	4	4	NA	3	4	4			✓
d. Point of purchase material	3	4	4	4	3	3	4	4	✓		
e. Supplement	3	3	3	4	3	3	3	3			✓
4. <u>Promotional Activities</u>											
a. House to house sampling	3	5	4	4	3	4	3	4	✓		
b. Other sampling	3	3	4	3	1	3	4	3			✓
c. Fairs, exhibits	3	3	3	2	3	3	2	2			✓
5. <u>Informational Activities</u>											
a. Point of purchase literature	NA	3	2	2	NA	2	1	1		✓	
6. <u>Advertising</u>											
a. Print ads	3	4	4	4	4	3	4	2			✓
b. TV	5	5	4	5	4	4	4	4	✓		
7. <u>Sales Force</u>	NA	3	5	4	NA	3	4	3			✓

Handwritten signature or initials

III. HOW WELL DID PROFAM OPERATE "AS A PROGRAM"?

- establishing enthusiasm for the product at the retailer/consumer level,
- providing appropriate knowledge and understanding of the use of the product at the retailer/consumer level, and
- carrying out the program in a way consistent with Mexico's medical/cultural traditions and ethics.

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III. HOW WELL DID PROFAM OPERATE "AS A PROGRAM"?

A. INDICATIONS FROM PHARMACY VISITS

The team's primary approach to studying this issue was through a series of interviews in more than 150 pharmacies throughout the country. There it was confirmed that:

- PROFAM representatives had made an effective sales contact that placed the product (in its attractive dispenser display) in a prominent location in the store and produced a generally enthusiastic response to this as a beneficial addition to their sales line.
 - In the great majority of the pharmacies there was evidence either in the ready availability of the "Pharmacist's Manual" or other material or through the knowledgeable comments of the personnel that some kind of training/information had accompanied the sales contact.
 - Most of the drug store employees questioned were able to give knowledgeable answers about contraceptives and PROFAM products. However, most responded that they were seldom asked--people got their information from doctors, printed material available, or from friends.
 - About half the pharmacies had received a more intensive "training" complete with visual presentations which they considered useful.
 - Printed instructions were available in all the PROFAM oral contraceptive boxes examined. They contain simple explanations (with pictures) of the advantages of the pill while stating there are other methods--creams, foams, condoms, and suppositories. They explain when to begin, how to take the pill, what to do if they forget one or two. They recommend against taking the pill if you had or have problems of heart, varicose veins, diabetes, kidney, hepatitis, high blood pressure or epilepsy. They speak of possible problems like nausea, vomiting or weight loss--minor but if serious, see doctor.
 - In more than half of the pharmacies there was a supply of the good informative leaflet "Amor y Familia." All said they had received a supply, most a resupply, and most said they "went fast."
 - Throughout the interviews there was a general satisfaction expressed with the product and the promotion (almost all said they had heard and liked the radio advertising). The pills and condoms were particularly liked. Less enthusiasm was expressed for the other products.
- 2/3

Few of the drug store personnel articulated a concern that the lower price produced lower profit for them. Quite a few expressed a social consciousness recognition of this as a "help to the poor" or as a "help to the country."

- Almost all the pharmacies reported PROFAM sales were growing. There were repeat sales, people asked for PROFAM by name, people brought in the empty box to show what they wanted as resupply.
- The employees generally stated no customer or community complaints.

B. INDICATIONS FROM RESEARCH & EVALUATIONS

- A study of market response in the areas where house-to-house sampling was done was carried out primarily to measure the sales response to the promotional method. However, it is also instructive as to user satisfaction with the product--the presumption being that increased market response as compared to other areas would indicate satisfaction with the product after trial. For example, in Queretaro a house to house sampling was carried out in June. Following this sampling the June - December peso sales/capita in the area was 0.30 as compared to a comparable figure in non-sampled areas of 0.11. This methodology does not allow separating out "reuse" as part of the overall effect of the promotion but it is indicative of consumer satisfaction.
- PROFAM itself is following user response in a variety of ways. The most ambitious is a 1700-person sample in 12 cities to be carried out by an independent research agency. The questionnaire deals primarily with awareness of PROFAM and its products but will also include use and user satisfaction questions.

C. CULTURAL AND MEDICAL TRADITION/ETHICS

Through the interviews with pharmacy employees, review of the informational material, and interviews with CPF, Health and PROFAM officials, the team examined the issue of the degree to which the project had availed itself of appropriate medical supervision and clinical backstop. The following conclusions were reached.

- PROFAM policies are guided by a medical board of impeccable credentials, including such medical and contraceptive experts as:

Dr. Jorge Martinez Manautou
Executive Director, CPF

Dr. Ramon Aznar
Chief of the Technical Department
of Family Planning
National Social Security (IMSS)

3A

Dr. Roberto Rivera Damm
Director of the Institute of
Scientific Investigation
Universidad Juarez

Dra. Thelma Canto
Research Center
Universidad de Yucatan

- It is clear that the Mexican Public Health authorities consider oral contraceptives as essentially a non-clinical method. Medical consultation is considered advisable and a clinic referral system is provided. However, it is clear from the placing of orals in the hands of SSA "encargadas de comunidad" (community personnel) and IMSS providing contraceptives for empirical midwife distribution, that Mexican policy views the relative risk of unprotected pregnancy as greater than that which may come from lesser medical control of contraceptives.
- General practice in contraceptive sales confirms the above. Though oral contraceptives are sold only in pharmacies, none of them (including PROFAM) requires a prescription.
- This does not mean that medical considerations are ignored. All advertising, informational material, packaging, etc. must be cleared by the Ministry of Health, which also approves the conditions and types of outlets where sales occur. PROFAM advertising, for example, always includes the phrase "consult your doctor." A simple list of health counter indications is included in the package insert (Appendix 8), spelled out more completely in the PROFAM promo-educators' manual (portion attached as Appendix 9) and included in the pharmacy employee manual. A special pamphlet, "Health and Family Planning" (Appendix 10) prepared (at about \$1.00 per copy) for pharmacists, discusses some of these issues. An evaluative study suggested the first run was ineffective and others written in a more interesting style are being prepared.
- In conclusion, it appears that PROFAM handling of the oral contraceptive is in keeping with present public health practice in Mexico. PROFAM has done as much as, if not considerably more than, other commercial interests to provide training for pharmacy employees and information for users. It is quite likely that these actions are high on the list of things that have made this program costly to date in relation to other CRS projects. The presumption that there is reasonable access to clinic or medical services to those who purchase PROFAM contraceptives appears justified. The satisfaction with this approach expressed by the Executive Director of CPF and various public health officials provides a reasonable sense of confidence in the appropriateness of this in the Mexican context.

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IV. HOW DOES THE ABOVE PERFORMANCE COMPARE WITH OTHER CRS PROJECTS?

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IV. HOW DOES THE ABOVE PERFORMANCE COMPARE WITH OTHER CRS PROJECTS?

The Mexico Commercial Retail Sales (CRS) project is approximately 15 months old. All other CRS projects, with repackaging and advertising, had barely begun sales after 15 months; the Mexican program has been selling for nearly one full year.

According to Population Reports, January 1980, cost per Couple Year of Protection (CYP) ranges from \$39.66 to \$2.51 for the first year of project implementation in the many projects compared. We estimate that Mexico fits in the middle, with \$15/CYP to \$25/CYP in the first year. A more significant comparison will be made after two or three years of operation, since start-up costs are more a reflection of anticipated sales than actual sales.

The Mexican program achieved a distribution, in less than one year, of more than 9,300 pharmacies of an estimated 11,000 pharmacies throughout the country. This percentage compares favorably with that of other full-scale CRS programs. The spread and number of pharmacies covered translate to 60 percent of the population having easier access to affordable contraceptives.

No commercial retail sales program has devoted as much effort and money to the education of the retailer and the pharmacist concerning the health and economic benefits derived from use of contraceptives.

Most CRS projects provide easily readable package inserts, a promotional campaign that promotes benefits from family planning, and frequently educational detailing to the retailers. The Mexican program has given away 3.4 million pamphlets describing various methods of contraception, with advantages and disadvantages of each, as well as 12,000 copies of a retailer education manual that gives a very detailed explanation of contraceptive methods, and physiological and other useful information. A health and family planning magazine was published by PROFAM and distributed to 12,000 pharmacy personnel with extensive articles on the pill and its related issues. Other publications with a combined distribution of 83,000 by PROFAM focused on the population problem and economic benefits of having fewer children. Over 4,800 seminars and educational presentations were made by PROFAM staff during its first year of operation. No CRS program--even those operated or sponsored by Ministries of Health of national family planning programs--can match the concern for health and education demonstrated by PROFAM.

Of the 35 CRS projects surveyed in the January 1980 issue of Population Reports, only two other programs (Colombia and Thailand) could equal the range of contraceptives (in terms of type and number plus percentage of population) made available through a subsidized distribution system.

Mass sampling of contraceptive products for educational and promotional purposes has been carried out in a number of countries (e.g., Nepal, Bangladesh, Thailand). The sampling effort by PROFAM of 182,383 households

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visited and 87,479 sampled represents the largest effort of its kind and, at a pre-household cost of less than \$0.25, it is one of the most cost effective as well.

Although each CRS program has its own unique problems and advantages, making comparison difficult, the Mexican program is far ahead in institutional development (i.e., established business procedures, large and well-organized sales force, good management controls). It remains to be seen if it can achieve a coverage of 7 percent to 10 percent of couples at less than \$3.00 per year for contraceptive protection, but prospects are good. As stated in the beginning of this section, the second and third year of operation will provide a better comparison.

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V. HOW HAVE AID, PSI, AND PROFAM PERFORMED
IN MEETING THE SPECIFIC REQUIREMENTS OF THE
CONTRACT/SUB-CONTRACT?

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V. HOW HAVE AID, PSI, AND PROFAM PERFORMED
IN MEETING THE SPECIFIC REQUIREMENTS OF
THE CONTRACT/SUB-CONTRACT?

A. AID

In the original development of contractor requirements, AID substantially overestimated the amount of sales revenue that could be realistically achieved by Promotora de Planificacion, A.C. (PROFAM) during the period--\$980,000. AID also incorrectly estimated a \$600,000 donation by the United Nations Fund for Population Activities (UNFPA) or other donors for purchase of Mexican-manufactured contraceptives.

These miscalculations led to the unrealistic expectation that PROFAM would reach self-sufficiency in two years. Total gross sales in the first year reached approximately \$400,000; the actual donation for contraceptives, which came only from UNFPA, amounted to \$202,000. This contribution was timely and essential for project startup but other donor assistance was not secured. AID must take the actual figures into account if the contracts are to be revised to reflect more realistic and obtainable objectives.

AID Project Monitors have not been vigorous enough in demanding accurate and current information on progress of the project. The Project Monitors have too frequently relied on verbal discussions with project personnel and subsequently failed to transcribe them. The original contract omitted trip report requirements. The Project Monitor recognized this failing but did not amend the contract in order to correct this omission.

In the first 15 months of the contract, the project was visited twice for monitoring and assistance purposes. The size and dollar volume of this program require more and longer visits by the responsible AID Project Monitor.

On the positive side, AID was able to approve this major project, arrange funding for market research through the Population Council, go forth with an RFP, award and negotiate this contract in four months. The activity was well conceived to fit a major need. AID has met and exceeded its projected obligation schedule.

B. POPULATION SERVICES INTERNATIONAL (PSI) STATEMENT OF PERFORMANCE

This contract was awarded September 30, 1978, and presently is scheduled to expire on September 29, 1980. The Request for Proposal included a Scope of Work naming PROFAM specifically as the subcontractor and defining the primary objective of the project: "to make contraceptive products available to consumers nationwide, at prices affordable by the

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poor, through existing retail outlets." The prime contract charges the contractor with overall management and technical direction of the project through PROFAM. This project was unique in CRS ventures in that more of the initial project interest and development occurred in Mexico by Mexican institutions. This is favorable toward project interest and a collaborating style but produced a set of "givens" that limited PSI alternatives in performing some of its functions. For example, the Mexican Government did not permit the prime contractor to place a resident representative in Mexico. The contractor was to perform the management and direction functions from a U.S. residence, primarily through frequent visits to the project.

Given this set of management conditions, which in some respects were not ideal, performance and progress have generally been good. First, the subcontractor pre-selected for the prime contractor has proven to be an excellent one and has fit quite adequately into the management pattern established by the contract. Cooperation with PSI and AID has been more than satisfactory. Every reasonable attempt has been made by PROFAM to comply with the myriad of contract requirements. PSI's response in both areas of concern--administrative (including contract compliance) and marketing--has been good under these circumstances.

With the help of the Contracting Officer, those requirements of the prime contract which involved field performance were written into the subcontract with PROFAM. These include the following:

1. Marketing Plan

This was submitted in a timely manner, although the first draft was rejected as non-responsive. The final approved plan included--in greater or lesser detail--everything required by the contract. Neither PSI nor PROFAM considers this document of great importance or usefulness; however, it does lay out the overall plan of operations and the organizational structure in addition to stating some targets, goals, and objectives. But marketing, especially marketing of this nature with a conservative initial approach, remains a dynamic activity, and no marketing plan can realistically provide more than a general guide for this process.

This marketing plan as written was adequate to the task required of it.

2. Other Program Activities

All activities under this category in the subcontract, with the exception of vending machines, have been routinely accomplished in the course of business. The quality of materials has been generally excellent and, when necessary, there has been prompt revision and improvement.

The vending machine test was aborted due to the inadequate mechanical functioning of the machines supplied by AID. Efforts made toward local production were finally financed privately by PSI, but were not successful.

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3. Administrative Activities

All requirements are being complied with. Areas of difficulty in financial reporting, where it has been necessary to make regular Mexican accounting practices conform to PSI and USAID requirements, have been or are being dealt with and are acceptable. A few deficiencies still exist but they are of a minor nature and are being corrected.

4. Budget

Obligations of PROFAM under the contract have been fulfilled. No significant deviations from the original budget have occurred.

5. Reports

Reporting from PROFAM to PSI, after some initial delay, has been adequate. According to PSI, financial reports are now received regularly and in the proper format. Sales and distribution reports are also regular and appropriate. (Vending machine reports are no longer required.)

The annual summary report is overdue. The only other report of consequence with which there have been problems--the inventory report--has been given a great deal of attention by PSI and PROFAM, and the resulting improvements in the system will hopefully result in receipt of the reports by USAID within the next month.

The recommendation section of this report will cover suggested areas of improvement.

C. PROFAM

In November of 1978 PROFAM signed a contract with PSI for the development of a commercial contraceptive project. A comprehensive market research program using qualitative and quantitative analysis to determine attitudes, image, and behavior towards family planning by the Mexican target population was carried out during the year of 1978.

Specially designed packaging was carefully tested; educational materials and a sales and advertising campaign were developed and implemented in only four months. Sales of five low-priced contraceptive products began in April 1979 by 30 promo-educators (salespersons) traveling in vans throughout Mexico. The mass media advertising campaign began in June in newspapers, radio, and magazines. An educational campaign directed at the retailer helped support the distribution of PROFAM products in drugstores. Educational efforts particularly directed at the lower socioeconomic segments of the population were carried out. During the year 1979, PROFAM accomplished the impressive list of accomplishments noted in Section II which indicates exemplary fulfillment of its implementation responsibilities.

VI. CONCLUSION

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VI. CONCLUSION

This rapidly developing, well managed project shows good promise for making an important contribution to Mexico's population program. It has been developed in a way to gain a favorable response from retailers, consumers, and the general public. It has brought advertising (mass media and point of sale) to contraceptive sales for the first time in Mexico. It is being carried out in a way consistent with the public health policies of Mexico and has the strong endorsement of the Government's Coordinating Commission for Family Planning Programs. It is too early to see the project's demographic impact as yet. However, most signs point to its potential for important accomplishments if additional support is available.

Much of the success of this venture to date is due to the business acumen, management expertise, vigor, imagination, and dedication of the PROFAM leadership. This success was also due to the sizable investment made. It is not clear that any particular action could have been accomplished at great saving. The market research, the pharmacy training, and the broad public relations-type advertising, even though costly, appeared necessary in this particular setting. However, for the investment to be worthwhile, sales must be increased substantially in the future. The challenge to the project is in this particular area; that is, to find ways to increase sales and reduce project cost per unit of sales while still maintaining the social objective.

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VII. RECOMMENDATIONS

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VII. RECOMMENDATIONS

A. RECOMMENDATIONS FOR AID

1. Appropriate actions should be taken as soon as possible to increase funds available to the project in 1980 to at least partially fill the gap created by non-availability of expected donations from sources other than PSI and to assure continuing project growth.

2. Subject to receipt of a proposal as outlined in the following recommendations to PSI for PROFAM, consideration should be given by AID to an extension for two years.

3. The present contract should be amended to delete the section related to vending machines and funds available under this section should be utilized for other sales or promotion purposes.

4. The AID Project Monitor should plan for more frequent formal (in the sense that written record is established) review of project performance with PSI. This should include provision for more on-site visits to the projects as funds are available.

B. RECOMMENDATIONS FOR PSI

1. Important progress reports on planning documents prepared by PROFAM should be presented to AID via PSI. When presented they should be accompanied by a translation if needed, PSI analysis and any recommendations for action. Provision should be made for the appropriate clearance/concurrence of the Population Officer in Mexico.

2. PSI should provide copies of brief trip reports to AID/W, PROFAM and the Population Officer in Mexico.

3. Any proposal for contract extension should make adequate provisions for PSI to perform its administrative/management functions. However, there should be a significant phasing down of PSI involvement. Procedures are now established for much of the management requirements and the need for program technical consultation is substantially reduced.

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C. RECOMMENDATIONS TO PSI FOR PROFAM

1. General

It is recommended that this project be continued with particular emphasis on substantial expansion of numbers and types of outlets, spread to smaller (semi-urban) communities, significant cost reductions per couple year of protection for a substantially increased coverage target, increased promotion/publicity without adding costs to the project, and substantially increased support from Mexican sources with decreasing dependence on external assistance.

2. Specific

(a) Organizational Structure

The present organizational structure serves the purposes of the project well. It provides the framework for business activity of a buying/selling profit-making (resource-generating) nature within a non-profit structure which is necessary for assuring the social objective of the project and attracting Mexican and external support. The organization has attracted an impressive group of interested and involved citizens to its Board of Directors. It is recommended that this structure be continued at least throughout the period of need for external assistance and that any proposed changes receive careful and lengthy consideration.

(b) New Product Development

At this time of budget constraint, with heavy requirements of moving to a new market segment (food stores and smaller cities) and with the necessity to further consolidate the good image and expand the sales of present products, it is recommended that any further development of new product lines should be carefully considered. (However, the imagination and interest of PROFAM personnel in developing new approaches is impressive--an initiative that should not be stifled!)

Following are suggestions of several products which merit further development and others which should be considered for postponement.

It is recognized that PSI/PROFAM interests and expertise must weigh heavily in the decisions.

1. Test market the Selecto as soon as feasible in a 3-condom pack as an attractive higher-priced product. This would use the donated colored condom packaged in Mexico and should generate considerable revenue. Although marketed as a brand name, it should be clear to the retailer by package identification that it is a PROFAM product.

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2. Test market the Alazan and Supermacho as soon as feasible with the donated clear condom. Particular attention should be paid in the test to consumer attitude toward the product as well as sales response.
3. Test market the proposed NOFAMYL oral in mid-1980, using donated orals packaged in Mexico. These would be priced just below the lowest priced commercial pill and should generate considerable income to the project. PROFAM should, however, study the comparative costs and return on a locally purchased and packaged contraceptive to be sold at this higher price as compared to the relative advantages of donated contraceptives with the costs of local packaging. In any event these should be specially promoted with doctors-- using this as an opening for promoting all PROFAM products.
4. Launch the Foaming Tablet as soon as feasible at the same price to which the PROFAM condom is to be raised. As a donated product, this should generate substantial income. The two-tablet presentation appears costly in packaging. A larger dispenser pack is suggested.
5. Continue with the experiment with locally available, non-purchased vending machines. A wholesale price should be established for the condoms and charged as soon as initial results are known.
6. The PROFAM Duo should only be test marketed at this time. In the study of the market response, attention should be given to identifying any negative impact on attitudes toward pill, condom, or suppository.
7. As an effort to keep the line simple while adding new products, consideration should be given to dropping cream as soon as possible.

(c) Packaging and Presentation

The simple, attractive packaging of the PROFAM product and its presentation in the counter displays have been well received and effective in creating a good product image. It is recommended that this general approach be continued, that efforts to reduce cost of packaging and handling (e.g., larger numbers of condoms and foaming tablets per package) be continued and that limited, additional changes be made in keeping with budget constraints. The following are suggestions for minor changes:

1. By the time the move is made to use bulk donated condoms, approval should be obtained to remove the "made in Mexico by Kopsa" from the package, perhaps substituting "packaged in Mexico for PROFAM."
 2. If donated pills are used, they should not be identified as made in Mexico--perhaps an overlay could be used stating "packaged in Mexico for PROFAM."
- (11)

3. A larger print face for the words "Preservativos Lubricados" is suggested for the condom supermarket package.
4. The decal being produced for the vending machines could be changed to a point of purchase decal for "PROFAM."
5. The larger condom box for self service should be also made suitable for other outlets.

(d) Organization and Use of Sales Force

PROFAM has had remarkable success in organizing, training and employing a sales force that has rapidly contacted and sold to the vast majority of the pharmacies in the country. It is recommended that this general approach be continued but with careful attention to changing needs as the pharmacy sales approach matures and movement is made toward more use of wholesalers, work in smaller communities and with new outlets. The PROFAM cost of selling each unit must be reduced while appropriate retailer contact is maintained.

1. The general approach planned to combine urban and semi-urban distribution actions at appropriate times and places is well planned. It will be more costly in the semi-urban areas-- a cost that appears justified as part of the social objective. However, careful attention must be paid to assuring the least labor-intensive approach by PROFAM employees consistent with essential educational and promotional needs. Full advantage should be taken of the promotional/educative efforts of other organizations.
2. Consideration should be given to deploying the sales force in such a way that more women could be employed.
3. Attention could be given to strengthening channels of communication between sales force and management as a tool for rapid feedback of retailer/user satisfaction, product acceptability, market strategy, etc. PROFAM has obtained good results by decisive top management leadership. As the program develops, greater sales force participation in management decisions can help to keep current with changing program needs.

(e) Promotion, Education, Advertising and Market Research

PROFAM has carried out a particularly effective campaign of advertising, promotion, and education and has judiciously used major and minor market research projects to guide its approach. It is recommended that this be continued with emphasis on seeking ways to increase advertising without substantially increasing cost to the project; continue promotional efforts within the constraints of budget limitations; modify educational efforts

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toward support of other institutional efforts as opposed to direct action; and continue market research primarily of the shorter, quick feedback nature.

Following are more detailed suggestions on these matters:

1. A systematic, vigorous approach should be developed to seek a variety of support for the program from Mexican sources. It is particularly important that the advertising effort be increased at this time. More free time, more government time, donated billboard space and other possibilities should be explored, making full use of the assistance of governmental agencies concerned for population matters. Priority attention should be given to enlisting of Mexican industries.
2. The educational staff is to be congratulated on the quality of their material production. They have developed an excellent body of material and a good image for PROFAM. It appears too costly for PROFAM to attempt a broad-based educational campaign using its own personnel. More emphasis should be given to supporting the efforts of other agencies, such as DIF, Ministry of Education, etc., who have an infrastructure for this. Basic material could be supplied as well as contraceptives for sampling or sale. Working in this way, savings could be accomplished in personnel needs while expanding the overall impact.
3. Further production of publications for pharmacy personnel should be postponed until sufficient funds are available.
4. It is clear that house-to-house sampling was effective in increasing sales and was a relatively inexpensive approach. However, it does not appear that funds are available at present for more of this. When funds become available, more selective sampling should be used in areas where sales have not developed as desired.
5. Sufficient basic market research has been carried out so that no more major projects are necessary in the next few years, except the consumer survey being developed, which includes questions on user satisfaction and use of product. Procedures should be developed with CPF (the National Coordinating Committee for Family Planning) to make full use of the Contraceptive Prevalence Survey series as a measurement device. Small, quick feedback market surveys are still needed. As funds are available further attention could be given in surveys of user understanding of instructions and any perceived problems of a health nature related to product use.



(f) General Fiscal, Administrative, Financial

PROFAM is run in a businesslike, effective manner. It maintains up-to-date information on business activity and has it available for business decisions. It is recommended that the same general approach should be continued in the future with particular attention to cost savings as staff do not need to grow in proportion to increases in the sales volume. The following are more detailed suggestions:

1. The PROFAM administrative staff is a dedicated, imaginative, well-managed work force. It was designed to develop a rapidly growing program and in some degree must grow with the program. However, savings in scale can be accomplished with growth and as many procedures become routinized in the next year. A review of the program should be made in six months to analyze whether there has been sufficient program growth to warrant continuation of present staff numbers.
2. Assurances must be given that a separate account is continued for the part of the funds generated by the sales of U.S.-donated contraceptives which are attributable to the value of the contraceptives. These funds can be used only for stated, agreed-upon program purposes, not including the purchase of locally-produced contraceptives.
3. Application for appropriate increases in prices should be pursued with government authorities continuing the philosophy of pricing that leads toward self-sufficiency while still meeting the social objectives of the program.
4. The discussions of the potential move to Queretaro have indicated advantages and disadvantages. In the event PROFAM determines this is desirable, a complete explanation of the costs, advantages, and disadvantages should be developed for PSI concurrence.

(g) Need for External Assistance

If this project is to achieve a goal of self-sufficiency consistent with a social objective of making significant demographic impact in this large country of 70,000,000 people, it will need continuing subsidy for several years. If this support is desired from external sources, it should be requested in a way that makes clear that significant demographic objectives will be achieved, the lower income groups will be preferentially served, the overall commercial market will be increased and self-sufficiency (at least insofar as external support is required) will be achieved. There should be a definite time-phased plan for the reduction of external support.

Following are detailed recommendations for such a proposal:

If PROFAM perceives the need for further financial assistance from PSI in 1980 and beyond, a proposal should be drawn up immediately by the two organizations guided by the following general principles. (This is not to suggest a commitment of AID to fund such a proposal. Further study will be required.)

1. To increase the sales by the end of 1982 to serve annually from 7% to 10% of the women in union of fertile age in Mexico, providing through both male and female contraceptive methods (your estimate) CYP in that year at less than J.S. \$3.00 per couple year of protection. (Cost to be based on total cash expenditures of PROFAM less net sales of contraceptives.)
2. A strategy should be articulated with quantified objectives demonstrating the way PROFAM will organize the distribution and educational/promotional campaign so the preponderance of its users will be in the urban marginal and semi-urban communities.
3. The distribution strategy should demonstrate expansion in the numbers and types of outlets. By the end of 1982, approximately 40% of the users should be served through outlets other than pharmacies.
4. There will be a gradual increase in the number of outlets served by wholesalers as compared to direct sales by PROFAM to retailers. In 1982, the portion of each will be about 50%. A statement of strategy to maintain a promotional contact with all retailers while shifting a preponderance of the management/sales contact to wholesalers should be included.
5. In 1982, the program will provide services at less than \$0.50/CYP from PSI (exclusive of donated commodities). The budgets included in the proposal should demonstrate plans for the program to not require external support by the end of September 1982 with the exception of a one-year supply of externally-supported commodities which may be stockpiled in the program at the end of September 1982.
6. The proposal should provide for a decreasing relative participation of U.S. assistance as follows:

	<u>U.S. Support (not including contraceptives)</u>	<u>Mexican or Other Non-U.S. Support (including subsidy from any source and sales of contraceptives)</u>
1980	80%	20%
1981	60%	40%
1982	30%	70%

PSI assistance would terminate September 30, 1982.

7. An analysis of the sales force will be made related to number, type, deployment, functions, training, etc. of sales persons and sales volume per visit as increased by more rigorous advertising and promotion. This analysis will identify ways to maintain a quality PROFAM input while effecting 1980 sales force cost savings per sales unit of at least 20% as compared to that currently proposed for 1980. Subsequent years would show additional reductions.
8. There should be a goal and strategy to reduce the PROFAM-purchased cost of locally-produced or packaged contraceptives consistent with wholesale world market prices.
9. All sources of Mexican support for the program should be identified. Particular attention should be given to identifying, describing and estimating the value of potential assistance with advertising and promotion. The estimated peso value of in-kind contributions can be included in estimates for purposes of #6 above.
10. The proposal should demonstrate the continuing general intent to expand the total contraceptive market, rather than taking a part of the market of other suppliers.
11. A detailed marketing plan for 1980 and 1981 and an outline marketing plan for 1982 should be included, reflecting the considerations outlined above.
12. The proposal should state how each of the various recommendations of this evaluation will be utilized (feel free to explain differences of opinion) to effect improvements in the program and/or to reduce cost.
13. The plan should provide for the continued basic activity to be performed by PSI and PROFAM, two non-profit institutions in a contractual relationship. There should be no relationships proposed with profit making institutions other than those of a normal business nature where competitive contract procedures are utilized and products and services are contracted for and purchased according to normal business determination of quality and price. No salaried officers or employees of Promotora, A.C. or Profamilia, S.A., should receive remuneration (i.e., salary or profit) now or in the future from any other organization which has a contractual relationship with Promotora, A.C. or Profamilia, S.A.

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Appendix 1
JUAREZ RETAIL SURVEY

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Appendix 1

JUAREZ RETAIL SURVEY

Sample: 73 randomly selected outlets in C, D, and E (I)
socioeconomic areas.

Contraceptive Method Recommended by Retailers

Pill	55%
Injectable	23%
PROFAM (unspec.)	19%
Suppository	8%
Condom	5%
Other	<u>4%</u>
TOTAL	<u>73 = 100%</u>

Brand of Pill Recommended by Retailer

Profam	90%
Nordette	33%
Microgynon	28%
Ovaral	20%
Neogynon	15%
Enginon	12%
Nor-Diol	8%
Other	<u>20%</u>
TOTAL	<u>40 = 100%</u>

Attitudes to PROFAM

Program is good	74%
Good quality products	42%
Price economical	53%
Recommend to customers	59%
Negative attitude to products	<u>4%</u>
TOTAL	<u>73 = 100%</u>

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Appendix 1 (cont.)

T.S. ¿Que´ contraceptivo me recomienda?
Which contraceptive method do you recommend?

F. _____

T.S. Me gustaría tomar la pastilla. ¿Que pastillas me recomienda?
I would like to take the pill. Which pills do you recommend?

F. Profam Profam (_____)
Otra Marca Other (_____)

T.S. He oído hablar de Profam. ¿Qué piensa Ud.?
I have heard about Profam What do you think?

F. Es buena It's good (_____)
Precio Price (_____)
La ofrece Offer (_____)
Es mala It's bad (_____)
Calidad Quality (_____)
Sugiere Otra Suggests other (_____)

T.S. Insiste en Profam Insist on Profam

T.S. ¿No me hace daño la pastilla Profam? ¿Cómo la tomo?
Will the Profam pill do me any harm? How do I take it?

F. _____

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Appendix 2
INTERVIEW QUESTIONS

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Appendix 2

Kinds of Questions to be asked at Retail level (This is NOT a suggested Questionnaire - as "outsiders", we probably must use a more informal approach - that may not be as precise - but may be as informative)

- 1) When did you first hear of PROFAM - How?
- 2) Did any one come to the store from PROFAM - or was it a distributor of other products - Who introduced ProFam products
- 3) What did they tell you about PROFAM
- 4) What did they tell you about the products -
- 5) Why did you decide to buy/sell PROFAM products
- 6) Did you receive any written material explaining PROFAM products and how they are used.
- 7) Did you receive any promotional material - what kind?
- 8) Did you receive any training other than the written material - where - what kind - what did you learn about?
- 9) What do you tell people if they ask you the difference between pill, foam, suppository, condoms as contraceptive methods -
What do you tell them if they want an IUD or sterilization -
Has anyone asked you?
- 10) Do you have any idea why people buy pills instead of other contraceptives - Do most of them go to a doctor or nurse for information? Do any bring a prescription for PROFAM or other orals?
- 11) Do you ever advise any women that they should see a doctor before they use orals- or that they should use

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another kind of contraceptive -

What kind of women do you tell this to.

- 12) Do any of the women ask you questions about how to take the pill? What do you tell them -
What would your answer be if they ask what to do if forget to take the pill. - if they have high blood pressure - have headaches - if they have bleeding at odd times - if they should take the pill while they are lactating?
- 13) Have any women come back to tell you they think they have health problems related to contraceptives -
Is there a clinic where they can get help?
Do you give them any advice?
- 14) Has anyone complained because they got pregnant while using contraceptives - what kind - what do you say?
- 15) Do you have any idea if your customers are repeat customers - or first time - Do they seem satisfied with the product?
- 16) Do you think the packaging, price - promotion of these products is about right - or could it be improved?
how -
- 17) What has happened to sales of other contraceptives since you got PROFAM -
- 18) How long have you had other contraceptives? - What kind of promotion/training etc. did you receive about them?

19) How does the community feel about PROFAM - anyone
think its good

Anyone complain -

20) How are sales going (two months ago, last month - yesterday)

How much do you sell for?

21) Will you continue to buy?

Drafter:WDBair: rt DS/POP/LA 3/13/80

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Appendix 3
PHARMACY VISITS

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Appendix 3

PROFAM - MEXICO

PHARMACY VISITS

PERSONNEL: Art Danart - Aid; Rafael Vara - U.S. Embassy,
Mexico Don Levy - Apha Consultant.

CIUDAD JUAREZ: Sunday, March 16th: Outlets Visited: 13

Comments

- (1) Distribution of PROFAM effected in all but one of the pharmacies visited.
- (2) Satisfactory contact has been established between the PROFAM sales staff and retailers.
- (3) The pill and the condom are achieving good market penetration.
- (4) Foam, cream and suppository showing very little movement.
- (5) PROFAM dispenser enhances product visibility at point of sale but could be enhanced with increased usage of posters and other point of sale material.
- (6) There is some awareness among retailers of PROFAM radio advertising, with a general request from retailers for TV advertising.
- (7) Competitive contraceptives, particularly pills and injectibles are selling well.
- (8) Overall attitude to PROFAM and PROFAM products among retailers is positive.

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TAMPICO, Mexico, Wednesday 19th March: Outlets Visited: 19

Comments:

- (1) The majority of the retail outlets reported that the injectible was their best selling contraceptive method.
- (2) Consumers using injectibles have asked for a PROFAM injectible. Retailers estimate that such a product would sell well, since it is anticipated that it would be cheaper than competitive brands.
- (3) Many retailers reported overall increased sales of contraceptives since the PROFAM program began.
- (4) The area is fairly well covered either through wholesalers or the PROFAM sales staff.
- (5) Five of the outlets visited did not and for the most part would not sell PROFAM products primarily through objections to the low price and anticipated low margin.
- (6) PROFAM pill, condoms and suppositories move best. Very little movement of foam or cream.
- (7) Consumers request PROFAM. No negative feedback on problems or quality of product.
- (8) Retailers aware of advertising. Display of point of sale material not consistent. Some retailers don't use dispenser.
- (9) Retailers generally satisfied with quality of product and sales service (where applicable).
- (10) Discussions held with Manuel Saches, PROFAM District Manager North and Carlos Maldonado, PROFAM District Manager South, who confirmed much of the above.

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MONTEREY: Mexico, Tuesday, March 18th: Outlets Visited: 25

Comments:

- (1) PROFAM condoms, pill and suppository selling satisfactorily.
- (2) Retailers basically satisfied with the quality and price of the products though some feel that the price is too low.
- (3) Area appears to be well covered by wholesaler and Profam salesman. There is however a lack of point of sale material in outlets serviced by wholesalers.
- (4) Consumers have reported no problems with Profam contraceptives, very few present prescriptions and even fewer pharmacists ask for a prescription.
- (5) Consumers usually ask for contraceptives by brand, some have switched to Profam.
- (6) Generally, Profam has had no adverse effect on competitive brands.
- (7) Retailers are aware of advertising for PROFAM and for the most part have the PROFAM dispenser, brochures and poster.
- (8) Frequent purchasers of multiple packs of condoms.
- (9) Some consumers request an injectible from PROFAM.

6.1

TAMPICO TO VERA CRUZ, Thursday, 20th March, Outlets visited: 11
CUAUHTEMOC, NARANJOS, CERRO AZUL, TUXPAN

Comments:

- (1) The three towns with the exception of Tuxpan are semi-rural low income areas off the major highway. PROFAM distribution in these areas was satisfactory, with three of the pharmacies visited not stocking the products.
- (2) PROFAM condoms appear to move more rapidly than pills and suppositories in these areas. Very few retailers carry the foam and the cream.
- (3) PROFAM dispenser, and posters are quite visible, and retailers report that the brochures are eagerly taken by customers.
- (4) Injectibles and pills are the major contraceptives sold.
- (5) Some retailers reported an increase in contraceptive sales.
- (6) Met and interviewed two PROFAM salesmen: Mario Reyes and Jose Luis Balderos, who reported that sales were very slow in these areas prior to the commencement of advertising. Sales have now picked up appreciably. They now have fewer problems selling to retailers and wholesalers sales are moving well.

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VERA CRUZ Friday, 21st March, Outlets Visited: 24

Comments

- (1) Best selling contraceptives are injectibles, pills, condoms and to a lesser extent suppositories.
 - (2) Cream and foam do not move in any brand.
 - (3) Most customers purchase multiple packs of PROFAM condoms.
 - (4) Positive consumer attitude to quality and price of PROFAM products.
 - (5) Retailers aware of advertising. Some attribute success to its advertising.
 - (6) General feeling that market has increased since PROFAM program commenced.
 - (7) Some consumers have switched to PROFAM but not to the extent to seriously affect competitive brands.
 - (8) Point of sale material displayed and brochures are rapidly depleted by consumers.
 - (9) No medical problems reported, prescriptions rarely if ever presented or requested.
 - (10) Six of the pharmacies visited do not sell PROFAM primarily because of the low profitability.
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PUEBLA, Sunday, 23rd March, Outlets Visited: 11

Comments:

- (1) Injectibles, pills, condoms, suppositories best selling contraceptives.
- (2) Other brands move better than PROFAM products.
- (3) Retailers aware of PROFAM advertising, and use point of sale material.
- (4) It is believed that the market has increased since .
- (5) Customers request contraceptives by brand, few retailers push PROFAM.
- (6) Not aware of any consumer problems with Profam products.
- (7) Retailers feel PROFAM quality acceptable.
- (8) There appears to be a problem with lack of service through the PROFAM salesman for the area. Five of the pharmacies visited reported:
 - (a) Lack of sufficient visits.
 - (b) Difficulty in getting orders.
 - (c) No point of sale material.

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BEST
AVAILABLE

CRS Evaluation

Points learned in:

A. CD. JUAREZ (Mini-survey)

1. Extended into most pharmacies 9/10 of 86 pharmacies had products.
2. While other products are more commonly recommended by drugstore employees, PROFAM is recommended and considered good and good.
3. Health problems stated same as other pills - (if there had been time for pre-test this question could have been sharpened).
4. General receptivity and satisfaction with product noted.

B. TIJUANA (In 5 - looked at 2)

1. Spread is good (all had) 2 no display.
2. Moving but slow in 2 (without display) and increasing in all.
3. Promotion brought people.
4. Additive to sales.
5. Wholesalers did little, whereas PROFAM supplied, gave books, pamphlets, and "training."

General

A. CD. JUAREZ (Guadalupe de la Vega)

1. Substantial growth in number of community outlets - (however, may have to soon study way of providing more extensive as compared to intensive supervisor support. Hopefully, can begin to leave more distributors on their own and deal with more than 1:10).

B. TIJUANA (Margarita de Angel, Teresa de Ferrer (Juvenile Judge)

1. Very well intentioned and good contacts.
2. Seem short on educational/promotional material.
3. Although want to stay simpler than Lupe's maternity approach - and do want to use house to house - still feel need for "module" in community - defend as place to attract youth - to insert IUD.

CRS EVALUATION

6. No problems - could explain simply.
7. Pill and condoms best.
8. No complaints.
9. If health problems --see doctor-- is available (some pharmacies owned and run by doctor).
10. Several suggested low pill price may have denoted lower quality.
11. Hard to get picture of total sales from people at counter but not large in any spot. 10-15 cycles/week --50 condom packs.
12. No outages - and all said expect to continue.
13. Most said had good repeat sales to customers.
14. All open to talk about contraceptives.
15. People ask for specific products - not guidance.
16. No complaints from community.
17. Price what's supposed to be.
18. Instructions in product and pamphlet in more than half of pharmacies.

GENERAL

4. Important to plan trip to PROFAMILIA in Colombia. Urban CBD - include person who will do training of community persons - also visit other programs in Mexico. Include Project Concern.
5. Plan to remodel location downtown for sterilizations --good approach-- I suggest do their IUD work there too and try to avoid "facilities" in the "colonias."

CRS EVALUATIONC. MEXICALI

1. Visited four pharmacies in small towns nearby.

Polaco Cd. Ejido Puebla

1. One pharmacy in each had - one in each didn't. Couldn't get a clear answer as to why not - in both cases had heard over radio - one said not visited - hard to believe because 1/4 mile away had.
2. Both which had --had the case-- with product --no pamphlets both visited by PROFAM and had booklet --one used, one didn't.
3. Distinct sense pharmacy was promoting PROFAM in both places. Much more sense of "help the poor." Considered PROFAM good complement to SSA. Said all doctors had gotten letter explaining PROFAM and they had visit from distributor.
4. Only had product 3 months. Condoms sold out --no revisit yet.
5. More likely here to give advice, but say people do consult physician.
6. No problems with use of product or health noted.

GENERALC. MEXICALI (María Cruz Camarena, SSA)

Lackluster as compared to other Mexico programs. In the integration with work of rural health, see more emphasis on other than FP. Real potential there that the "consultorio rural" can become just another rural health post where the "encargada" waits for clients to come. Visited one, small, clean, neat variety of medicine --pills, few condoms-- signs of about 25-30 FP users.

Personnel of Servicios Coordinados did not speak as if FP priority --some talk of organizing for sterilization. 7 modules, 1 urban part empírico.

CRS EVALUATION

7. All brand products up with PROFAM promotion.
8. Have repeat sales, customers satisfied with price and products.
9. Not same sense here. That low price denotes low quality.
10. Obvious some training was given but store personnel couldn't describe it.
11. Vasectomy suggested.

D. HERMOSILLO

1. Excellent coverage (visited 5 -- all had display and products.)
2. Good motivation - social message grasped by several. Couple doctor owned pharmacies, satisfied.
3. Good supply.
4. All happy with the promotion.
5. All selling, nothing great but moving. Couple of cases 1/2 sales of contraceptives are PROFAM. All say increase in total.

GENERALD. HERMOSILLO (SSA - Dr. Francisco Ruiz)

Good spirit. Talk well of FP as priority. Apparently doing rather well in urban area. Several places do sterilizations. Saw one urban "clinic", two months old, 180 consultation, 25 PF.

Claim that by melding PEC & PCR to PSR gained advantage of adding FP to PEC - maybe the overhead of PEC with "consultorios rurales" and more health actions more than they can handle. Say action is 90% FP, but 1,300 acceptors in 12 modules in a year, no big deal.

1/10

CRS EVALUATION

7. All report repeat sales even in short time.
8. Concern in the middle class area, more low price denotes lower quality. This not so much in the poorer areas but even there thought could raise price.
9. None said prescription required, but all said people can (and often do) see doctor.
10. Many requesting PROFAM by name.
11. Suggest more promotion thru doctor so they will recommend PROFAM.
12. Suggest more public meetings/explanation of PROFAM.

E. CULIACAN

1. Good coverage --all but one had product; ten had display; eight had pamphlets..
2. 1/2 for 6-8 months.
1/2 for 2 months..
3. All satisfied with product, package promotions.
4. PROFAM - "good". More people have *

* Comments of Dr. Felix

GENERALConservatively estimated cost:

\$ 300	Encargada
500	1/20 of supervisor
200	Transportation
100	Other

\$1100 @ 20 accepters = \$55/acc.

If in-community of 1000, there are at least 125 MEF at risk - if "encargada" got 75 that's good coverage and cost (if double communities/supervisors)

\$ 300	Encargada
250	Supervisor
100	Transportation
100	Other

\$ 750 @ 75=\$10/accepter

Not think too well of PROFAM - lots of promotions - good; growth, good; not report to SSA - bad.

E. CULIACAN

IMSS - Dr. Enrique Félix. Well organized, enthusiastic, coordinates report and goals in all health sector, have goals target, growth in Culiacán - 120 surgeries/month, Stay overnite - could do 50 more with space. Equipment needed Mazatlán.

SSA - Dr. Guerrero. Increased from 10 to 40 modules in two years.

CRS EVALUATION

contraceptives at hand the better. Promotion changed last month. Now more to the point - got a letter - no visit - decision by PROFAM on advice of CPF - not to. "We have no problems with pills."

5. No complaint.
6. Sales slow but growing - 5 to 30 cycles per week - 10 to 25 condom packs; not interfere with other.
7. Most say repurchasers.
8. Pill and condoms mostly - sell 3 packs at times of condoms.
9. Near middle class - low price may mean low quality.
10. In poor area - sell because low price.
11. Three gave social reasons to promote PROFAM - needed for sector - complimentary, would like to control - they provide promotion that we can't. *
12. All said promote.
13. Three do not have condoms.
14. One said most sales were cream.
15. Two got thru wholesaler - not much promotion.

* Comments of Dr. Guerrero

GENERAL

Priority FP. 800 sterilizations/year. Need more training - more tutoring? 371 communities - 2500 active users. (Goal 15% of women at risk) meeting target but is that high enough. Supervision - need consultorios rurales: (1) to find them (2) to keep papers.

Short of transportation. Good supply commodities and I&E materials.

CRS EVALUATION

16. Minimum instruction but got book and pamphlets.
17. Most said people ask by name - heard on radio; more posters here.
18. Suggest 'colgantes.' "Promotion in colonias," e.g., sampling.
19. Generally feel good about PROFAM.
20. Suggest promote to doctors.
21. No health problem. Pills have instructions.

F. LA PAZ

Visited 7; 5 had; 2 didn't.

1. Had heard of PROFAM, thought it would be a good idea - is to arrive soon - checked and found now in town. *

Suggested promote with Pharm. Assoc.

2. Product in town only about two weeks (one said had for two months).
3. Not much promotion yet.
4. Good feeling mostly.
5. Condoms going best - one sold 50 packages in two weeks - all said sold most - had a few ovulos, crema espuma, pill second.
6. They suggest promote with doctors.

* Comments of Dr. Miranda

GENERALF. LA PAZ

SSA - Dr. Jorge Miranda. State Minister of Health

Here we visited 6 villages - work there in communities less than 200 (more like 100).

Well organized rural health delivery with lot of involvement of doctors, nurses, dentists in service. Delivery and supervision in sparsely settled area. Part of big state push to carry services to very small communities. Apparently enough budget and "pasante" personnel to do it.

Impact on FP in rural areas swallowed up in other services (one "module" of 13 communities, about 1000 people has 60 users.

CRS EVALUATION

7. Training had been received - here again if got from wholesalers push and explanation not great - PROFAM promoter better - what learned seems reflected in retailer interest - two very interested - had book - understood, others just sold.
8. Near poor barrio said this low price now makes product accessible to poor - (although here Eugynon only \$15.30).
9. As other places when ask difference, say pill more secure.

G. PUERTO VALLARTA

Visited 2 - Dr. Jorge Martínez Manautou accompanied and asked questions.

1. Both had.
2. Not precise - how much sell - "going good."
4. First one we saw out of products; would reorder next time.
5. Repeat sales.
6. No complaints.

GENERAL

Hard to criticize this as dedicated health program, where for special reasons they do it their way. Hope they have the resources to continue what looks like a pretty costly approach - seems like they do - and actually with only 100 - 120,000 people as their target group by SSA they make it - could use more house to house approach.

Important to get rehabilitation of surgical rooms - says he needs 10 (has 4) at \$2,000 each - has personnel.

G. PUERTO VALLARTA

CPF - Dr. Jorge Martínez Manautou

To get coverage, want SSA but can do it faster with PROFAM.
Urban marginal and towns of above 2,500 to be covered (10 to 12 million people do not have service--above 3 million + MEF)
PROFAM fits in.

No problems medically. Want self-sufficiency, but social objectives; should go where needed.

Can use US pill.

CRS EVALUATION

7. Looking for the prize for the one promoting PROFAM - mystery shopper gimmick.

GENERAL

GOM can help with pharmaceutical to get long term credit. Can help with promotion, won't get directly involved - must keep private.

Says IMSS buys pills as \$3-\$4 pesos.

Can put pills in stores if not pharmacy near.

BB:mc
III-24-80

Appendix 4

PROFAM 1979 AND 1980 ADVERTISING CAMPAIGNS

(edited for this report)

4.4

Appendix 4

PROFAM - 1979 ADVERTISING CAMPAIGN

BACKGROUND

Research indicates that a large percentage of the population want to plan their family, but are impeded to do so by ignorance, high product cost and unavailability.

Therefore, PROFAM's objectives are to educate the people, and make low-cost contraceptives readily available nation-wide.

Although a definite consumer need or desire exists, this is a social marketing project for contraceptives, the first ever in Mexico, and requires government and popular support to be successful.

Criticism or antagonism by the government, church, labor leaders, parent associations, politicians, etc. must be kept at a minimum, especially at the start.

Furthermore, all advertising must be previously approved by the Health Department.

With this background, the advertising objectives and execution for 1979 was the following:

OBJECTIVES

1. Inform the potential consumer, fertile adults and adolescents of both sexes of middle and lower income socio-economic classes, that PROFAM contraceptives are now available in drugstores.
2. Educate the public on the use of contraceptives.



CREATIVE STRATEGY

Since this was the start of contraceptive advertising in mass media in Mexico, the first messages were simple, direct ones in radio and print.

Depending on the reactions to the initial commercials, and their acceptance, the campaign messages would be modified and developed further.

The commercials contained the following messages:

1. The potential consumer was informed that five practical, sure, economic PROFAM contraceptives were now available at drugstores.
2. Also available at drugstores was information on contraceptive use. The potential consumer was encouraged to ask the pharmacist for orientation.
3. To clearly connect PROFAM for use in family planning, and to unify the campaign with a central theme, a slogan, adapted to music for radio, was used: if planning is the problem, PROFAM is the solution.

This slogan also links PROFAM with the government family planning campaigns which are directed at motivating people to plan, but with a minimum of practical solutions or advice.

Two basic mass media were used in 1979, print and radio.

Use and execution of ads and commercials varied according to the publication or region.

8/1



The musicalization of the slogan was done in three versions, one for the center of the country and the F.D., one for the North, and another for the coastal region.

There are two creative approaches for print ads - a conventional type ad with a single photograph and text, for upper-income publications, and photo-novels, slice-of-life type ads for lower-income readers.

For print material, non-professional models were used to give the messages a more realistic, believable approach.

It was important that in the messages the man was also included, either because he participated, he gave his approval, or he requested advice.

A necessary exception to this strategy was the initial ad, an announcement to the medical profession, to drugstores, and to the general public, that to help resolve the country's demographic problem, PROFAM has begun the sale of five contraceptives and initiated the "Program for Education and Distribution of Contraceptive Products".

An important objective of this initial ad was to gain support from the medical profession.

The initial radio execution was very direct. A man and a woman both state that they want to plan their family, and then an announcer informs of the availability of PROFAM products and orientation at the drugstore, ending with the jingle.

This initial execution was followed two months later by a dialogue commercial, similar to the print ad, where advice was requested and given in a real-life situation with which the public could identify.



PROFAM
RADIO TEXT
30"

- I would like to plan my family
- You can plan your family. For that there are now five PROFAM products that are practical, sure, and very economical.

Consult your doctor, ask your druggist.
He will orient you.

If the problem is planning,
PROFAM is the solution.

8/10



PROFAM
RADIO TEXT
60"

- Say, you look worried.
- Yes man, my wife's health is delicate after the second boy was born.

- Haven't you thought of planning your family?

- Of course, we want to stop, but do you know a sure method?

- Sure, practical and very economical. Just go with your wife to a drugstore and ask for PROFAM.

- Consult your doctor, ask your druggist. He will orient you.

- If the problem is planning, PROFAM is the solution

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DRA. ANA CAMPILLO

On September 17, a personage, Dra. Ana Campillo, was created to establish a dialogue with the public, and thus be able to answer specific questions in mass media on doubts or need for information about contraceptive and family planning.

Her principal use so far has been on a radio program "Llamada Confidencial", a midday program on XEW, the oldest and highest rated radio station, with the widest coverage.

She receives and answers letters on this program from Monday to Friday during 10 minutes.

The results so far have been good, a wide variety of problems have been answered, from both sexes.

A survey among women of different socio-economic levels had positive results. Dra. Campillo inspires confidence because she is a woman and a medical authority, her answers are easy to understand, and difficult questions are answered with complete naturalness.

The Dra. Campillo is now also being utilized in women's magazines as a columnist.



MEDIA PLAN - 1979

OBJECTIVE

The commercials are directed at fertile middle and lower-income adolescents and adults in urban and semi-urban areas nationwide as soon as acceptable distribution levels are reached.

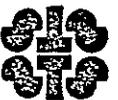
STRATEGY

Again, because the advertising supports the start of a social marketing project to distribute contraceptives and educate potential consumers, it was necessary to begin slowly and cautiously while acceptance and/or criticism of the campaign and/or program was measured.

Two mass media were chosen at first; radio as the primary medium because it has the highest nationwide penetration at the lowest cost-per-thousand among middle and low-income groups, and print, as a secondary medium, especially magazines that can be selected for their specific audience. :

Television was not used for the introduction because it is almost impossible to use market by market. There would be a lot of initial waste.

Besides, it was preferable to measure reactions to the messages in other media before using the most expensive (production and time) and powerful medium.



MEDIA BUDGET

The 1979 media budget (production and public relations not included) was \$12.5 million pesos.

This was divided 70% radio and 30% print.

The radio campaign was divided in two 13 week periods, an introductory one from May to August, and maintenance from September to November.

During both periods, a weight of 800 w.r.p. were bought, sufficient to penetrate the campaign, but not so intense as to draw criticism.

The cities contracted for radio followed the distribution pattern, starting with the Federal District.

Since the product sale is not seasonal, the campaign does not coincide with seasonal media saturation.

The frequency of insertions vary depending on the magazine and newspaper.

DRA. ANA CAMPILLO

This ten minute program originates on XEW in the Federal District and is also transmitted in eight of the principal cities of the Interior.

The cost in XEW is that of two 60" commercials which are also transmitted.

Dra. Campillo also appears in the principal women's magazines, publication frequency depending on the magazine.



RESUMEN 1979

Presupuesto de 1979

MEDIOS:

RADIO	8'759,517.89	67 %
PRENSA	2'546,068.82	20 %
REVISTAS	1'218,385.75**	10 %
	<u>12'523,972.46</u>	
ENVIOS	<u>10,000.00</u>	
	<u>12'533,972.46</u>	
RESERVA	<u>466,027.54</u>	3 %
	<u>13'000,000.00</u>	100 %

RADIO:

DISTRITO FEDERAL 20 EMISORAS
161 SPOTS DIARIOS
8 SPOTS PROMEDIO /EMISORA

PROVINCIA 39 PRINCIPALES PLAZAS
167 EMISORAS
1336 SPOTS DIARIOS
8 SPOTS PROMEDIO / EMISORA

PRENSA:

1 INSERCIÓN EN CADA UNO, TAMAÑO PLANA

DISTRITO FEDERAL 9 PRINCIPALES PERIODICOS

PROVINCIA 19 PRINCIPALES MERCADOS
22 PERIODICOS

TAMAÑO ROBAPLANA

DISTRITO FEDERAL 9 PRINCIPALES PERIODICOS
5 ANUNCIOS PROMEDIO POR PERIODICO DURANTE 4 MESES

PROVINCIA 23 PRINCIPALES MERCADOS
26 PERIODICOS
4 ANUNCIOS PROMEDIO POR PERIODICO DURANTE 4 MESES

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REVISTAS:

DISTRITO FEDERAL 18 REVISTAS

* Se anexa lista de Revistas con circulación y número de inserciones.

** Además se gastará en columna Dra. Ana Campillo del presupuesto de -
Relaciones Públicas aproximadamente \$ 500,000.00

CP

REVISTAS CAMPAÑA GENERAL

PLAZA: DISTRITO FEDERAL

<u>REVISTAS</u>	<u>NO. DE INSERCIONES</u>	<u>CIRCULACION</u>
CONTENIDO	2	165,520
LOS SUPERMACHOS	6	295,000
ACTIVA	1	200,000
BUENHOGAR	2	116,696
VANIDADES	2	165,991
RUTAS DE PASION	5	115,000
NOTITAS MUSICALES	3	340,000
LAGRIMAS, RISAS Y AMOR	11	1'500,000
D.F. GUIA	3	165,000
INTIMIDADES	5	230,000
FIESTA	5	120,000
TELEGUIA	5	600,000
FUEGO	5	750,000
POR FAVOR	5	750,000
CAPRICHIO	5	180,000
NOVELAS DE AMOR	9	360,000
CHANOC	5	180,000
T.V.NOVELAS	2	120,000

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RESUMEN DRA. ANA CAMPILLO 1979

MEDIOS:

RADIO	145,860.00
REVISTAS	<u>247,242.90</u>
	\$ 393,102.99
	=====

RADIO:

DISTRITO FEDERAL XEW PROGRAMA DE 10' DE LUNES A VIERNES

REVISTAS:

DISTRITO FEDERAL 5 REVISTAS CON UN PROMEDIO DE 5 INSERCIONES CADA UNA

A CONTINUACION SE DETALLA LISTA DE REVISTAS:

<u>REVISTA</u>	<u>Nº.DE INSERCIONES</u>	<u>CIRCULACION</u>
ACTIVA	6	200,000
INTIMIDADES	5	230,000
RUTAS DE PASION	5	115,000
CAPRICHOS	4	180,000
NOVELAS DE AMOR	4	360,000

PUBLIC RELATIONS

In 1979, before commercial advertising began, the following Public Relations plan was carried out:

RADIO

There were interviews to people from PROFAM or supporting the program on

25 radio stations in the Federal District and,

70 radio stations in the Interior.

There were three different interviews programmed (capsules), in addition to special programs of 30 and 60 minutes on the themes of family planning and the demographic problem of the country.

The interviews (capsules) were passed at different hours and on newscasts in 10 cities of the Interior and the Federal District.

This varied programming made each interview last over a week in the different cities.

TELEVISION

Although not with the same frequency as with radio, there were also interviews, comments of the demographic and planning themes, and mentions on news programs.

PUBLIC RELATIONS 1980

As in 1979, four interviews on radio have also been programmed.

The content of these interviews will be more precise, now that the

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advertising campaign has run nearly a year and product distribution is nearly nationwide.

This method of giving out information will continue to be used.

9/10



ADVERTISING CAMPAIGN - 1980

BACKGROUND

The advertising needs for PROFAM in 1980 are different from those of 1979.

By now, most drugstores have been visited and a large percentage carry the product line.

Contraceptive advertising has been accepted and other media such as television can now be tested.

The need, and desire, for contraceptives by a large percentage of the population is as strong as ever although objections still exist because of ignorance, religious and social reasons, health, etc.

On the other hand, other marketing problems have arisen.

One of the conditions for a successful family planning project is the widespread availability of low-cost products.

But at the same time, products at half the normal market price awaken consumer doubts as to quality.

So, in addition to continue penetrating the brand name and educating people on contraceptive use, it is necessary to inspire public confidence in a product that has to remain at its low cost if the project is to be successful.

In 1980, distribution is to be extended to retail outlets other than drugstores, and to rural areas.

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ADVERTISING OBJECTIVES

1. Continue to inform the potential consumer, the fertile adolescent and adult of both sexes of middle and lower socio-economic levels, that PROFAM contraceptives and orientation is available at drugstores.

(Mention of other outlets may not be advisable or permissible in 1980).

2. Convince the potential consumer that PROFAM are sure and effective low-cost products.
3. Increase the media coverage to rural areas.
4. Continue to educate the population on the use of contraceptives.



CREATIVE STRATEGY

1979 was the first year contraceptives were advertised on mass media in Mexico, and there were no important objections or criticism; if anything, this type of advertising is accepted as necessary as long as it stays within certain limits.

However, the primary objectives of informing and educating the public are still far from being accomplished.

In 1980 the public will continue to be informed of the availability of PROFAM products and orientation at the drugstore.

However, a new creative approach will be used to convince consumers that the PROFAM products are trustworthy and reliable quality products in spite of the low price.

The message will be given in the form of testimonials using sports figures, or artists of both sexes that are well known and admired.

This way PROFAM will be identified as a product recommended by successful and influential figures, which would not happen if the product was not made by serious and reliable laboratories.

In addition to giving prestige and memorability to PROFAM products, testimonials by the right people could influence more people, especially men, to plan their family.

Surveys have been made, and are being made, to determine public reaction to the candidates chosen, and accepting, to give the testimonials.

The testimonials will be done as interviews in the home of the athlete or artist, preferably with the wife/husband and children, to deliver the

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message in a more believable, warm, effective manner.

In 1980, for the first time, commercials will be more explicit and mentions will be made of specific contraceptives, for example, the men will recommend condoms instead of just PROFAM contraceptives.

1512



There will be seven radio commercials. Two will advertise the entire product line, and the other five will mention specific contraceptives, condoms, cream and foam (both together and separate), and suppositories.

The commercials will consist of a testimonial dialogue, plus the copy points and musical theme of last year; practical, sure and economical, ask your druggist for information, and (because the law requires it), consult your doctor.

For the first time also, the announcer will say that it is easier now to prevent pregnancy with PROFAM.

In each testimonial dialogue, the person interviewed will give a different reason for family planning, centered around benefits, and responsibility to the children and the wife.

The benefits go from economic ones, to peace of mind, health, and consideration for the spouse.



SAMPLE TEXTS

1

(MUSICAL BACKGROUND)

ANNOUNCER

BLANCA

ANNOUNCER

- Blanca Sánchez, What is your opinion on family planning?

Look, women know very well the anxiety of counting the days.

Planning is a big relief...

Fortunately, there are five PROFAM products to prevent pregnancy.

The PROFAM contraceptive cream for family planning is practical, sure and very economical.

PROFAM products, Consult your doctor, ask your druggist.

2

(MUSICAL BACKGROUND)

ANNOUNCER

CALDERON

ANNOUNCER

Nacho Calderón. You, as a man, what do you think of family planning?

I say that responsible men get rid of big worry if we help the woman to plan. And we can do this with contraceptives for us, like those of PROFAM.

The responsible man that wants to plan his family uses PROFAM condoms to prevent pregnancy. The PROFAM products are practical, sure and very economical. Consult your doctor, ask your druggist.



There will be four television testimonial commercials. Two will be interviews with famous married couples, one will be with a famous actress, and one with a noted athlete.

They will be the same ones used in the radio campaign, and will be selected based on tests among potential consumers of middle and lower income levels.

The creative strategy followed will be similar to that of the radio commercials:

VIDEO

AUDIO

INTERVIEW WITH NACHO CALDERON
AT A TRAINING CAMP. ANNOUNCER
IS NOT SEEN.

Nacho: I believe that family planning
is necessary. It is good for the man,
for the woman, and above all for the
children:

SAME SCENE. ANNOUNCER. (OFF)

Some say it is complicated.

Nacho - Why complicated? It is very easy,
and now with PROFAM products to
prevent pregnancy, it is more economical.

ANNOUNCER (OFF)

PANNING OVER PRODUCTS

You who want to plan your family, remember
that there are five PROFAM contraceptives.

To prevent pregnancy

The PROFAM products are practical,
sure and very economical.

FULL PRODUCT SHOT

Consult your doctor, ask your druggist.

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DRA. ANA CAMPILLO 1980

PROFAM requested Piact de Mexico (Dr. Evelyn Falch) to make a motivational evaluation of the XEW radio program "Llamada Confidencial" where Dra. Ana Campillo has ten minutes.

Piact organized group sessions with housewives of 25 to 35 years of age of lower C income level with children, and housewives of 20 to 30 years of age of lower C and upper D income levels with children.

The results were positive. Piact reports that there is a high level of interest, the program is considered fluid, interesting and original.

It is believable, it is not artificial, its informative nature without propaganda is appreciated.

Dra. Campillo is credible because she is a woman obstetrician. They pay attention to her opinions because she is considered an authority and inspires confidence because she is a woman.

That is why the participants are ready to ask for advice on their problems.

They also consider that the Doctor talks very clearly, that is, she does not use technical or medical language but words that are understood even by women with little education.

In view of the findings, it was decided that the program will continue in the Federal District and over local stations of 9 cities of the Interior: Guadalajara, Monterrey, Puebla, Oaxaca, Tijuana, Torreón, León, Ciudad Juárez, Mérida, and later in Morelia.

Dra. Campillo will also continue with her columns and answering letters in the principal women's magazines.

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MEDIA

OBJECTIVES

The target audiences are fertile adolescents, and adults of both sexes of middle and lower-income levels in urban, and rural areas nationwide, within the limitation of needs of distribution and budget.

MEDIA STRATEGY

As in 1979, radio was selected as the basic mass medium for its nationwide coverage, its low-cost penetration of middle and low-income levels, and this year, for its reach into rural areas.

Women's magazines and photo-novels will continue to be used as a secondary medium because of their high readership, even in semi-rural areas.

It was not considered convenient to use television in 1979, until initial reaction to contraceptive advertising could be evaluated.

However, it is too good a medium, even for semi-rural areas and among low-income groups, to ignore, so in 1980 television time during late hour shows will be contracted.

The media coverage, both urban and rural, will originate in 24 most important cities of the country, which correspond to the most densely populated areas of the country, with approximately 80% of the objective audience.

Because the product is non-seasonal, times will be purchased when they are not saturated by seasonal buying.

Radio will be given a maintenance weight of 600 w.r.p.

Television will not be bought on a w.r.p. basis, but rather on what is



convenient, or available for late night programming on an initial exploratory basis.

Magazines, depending on their type publication dates, and circulation, will be bought monthly or with a lesser frequency.

BUDGET

The media budget for 1980 is 16 million pesos.

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CLIENTE: PROFAM
 PRODUCTO: ANTICONCEPTIVOS

1980
 Marketing Expense Budget - Mexico Pesos (000)
 Advertising

	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRAURY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>TOTAL</u>
<u>MEDIA</u>													
Radio (general)				1,143.0	1,905.0	1,524.0	1,524.0	1,900.0	1,524.0	380.0			9,900.0
Radio (Dra. A.C.)	175.00	175.0	175.0	205.0	205.0	205.0	205.0	205.0	205.0	205.0	205.0	205.0	2,370.0
<u>TOTAL RADIO</u>	175.0	175.0	175.0	1,348.0	2,110.0	1,729.0	1,729.0	2,105.0	1,729.0	585.0	205.0	205.0	12,270.0
T.V. (general)					298.0	398.0	199.0						895.0
Magazines (Dra. A.C.)	114.0			72.0	51.0	30.0	63.0	72.0	63.0	32.0	72.0	51.0	620.0
Press		90.0					90.0						180.0
Educational Dept. (Magazines)				90.0									90.0
<u>TOTAL MEDIA</u>	289.0	265.0	175.0	1,510.0	2,459.0	2,157.0	2,081.0	2,177.0	1,792.0	617.0	277.0	256.0	14,055.0
Agency	200.0	200.0	200.0	200.0	200.0	200.0	200.0	200.0	200.0	200.0	200.0	200.0	2,400.0
Production	51.0	10.0	10.0	633.0	27.0	19.0	15.0	15.0	15.0	10.0	10.0	10.0	825.0
<u>GRAND TOTAL</u>	540.0	475.0	385.0	2,343.0	2,686.0	2,376.0	2,296.0	2,392.0	2,007.0	827.0	487.0	466.0	17,280.0

February 3, 1980.

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PRESUPUESTO PUBLICITARIO 1980

RADIO (campaña general)	9'900,000	70.0%
RADIO (Dra. Ana Campillo)	2'370,000	17.0%
PRENSA	180,000	1.5%
REVISTAS (Dra. Ana Campillo)	620,000	4.5%
REVISTAS (Depto Educacional)	90,000	.5%
TELEVISION	895,000	6.5%
	<u>14'055,000</u>	<u>100.0%</u>

RADIO CAMPAÑA GENERAL:

DISTRITO FEDERAL 14 EMISORAS
 103 SPOTS DIARIOS
 8 SPOTS PROMEDIO /EMISORA

INTERIOR 29 PRINCIPALES PLAZAS
 133 EMISORAS
 1074 SPOTS DIARIOS
 8 SPOTS PROMEDIO /EMISORA

RADIO DRA. ANA CAMPILLO:

DISTRITO FEDERAL 1 EMISORA
 PROGRAMA DIARIO DE 10' DE LUNES A VIERNES

PROVINCIA 10 PRINCIPALES PLAZAS
 10 EMISORAS PROGRAMA DIARIO DE 10' DE LUNES A VIERNES

REVISTAS DRA. ANA CAMPILLO:

<u>DISTRITO FEDERAL</u>	<u>REVISTA</u>	<u>NO. DE INSERC.</u>	<u>CIRCULACION</u>
	NOVELAS DE AMOR	12	360,000
	CAPRICHOS	15	180,000
	FIESTA	15	120,000

TELEVISION:

DISTRITO FEDERAL 1 SPOT DIARIO EN HORARIO
 MATUTINO DE LUNES A VIERNES
 DURANTE 9 SEMANAS

Marzo 24 de 1980
gm'

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Appendix 5
PROFAM DIRECTORS

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Appendix 5
PROFAM DIRECTORS

MIEMBROS DEL CONSEJO
TESORO

- * ELIJAVIVA
LIC. MIGUEL SANCHEZ DAVALOS
PRESIDENTE

Oficina
Bufete Sepúlveda, Martínez del Campo y Laviada

DR. IGNACIO SUNDER AND MENDEZ
VICEPRESIDENTE

Oficina
Director General
Drogueros, S.A.

- * SR. JUAN BETANZO
TESORERO

Oficina
Director General
Mayentistas Fotográficos

- * SR. ALFONDO ALVAREZ
SECRETARIO

Oficina
Oficina de Contadores

VOCALES

- * SR. ALFONDO AIRSILL

Oficina
Subdirector de Farmacias El Fenix, S.A.

- * LIC. PABLO VELEZ

Oficina
Subdirector
Banco Nacional de México

- * LIC. MARCO ANTONIO BLANGET

Oficina
Gerente General
Menley & James

BEST
AVAILABLE

BEST AVAILABLE DOCUMENT

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* SR., ROBERTO DICIERO

Oficina
Gerente General
Laboratorios Terrier

BEST
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* LIC BENIGNO ESTRADA

Oficina
Gerente General
Biotec, S.A.

* ING. ALFREDO GONZALEZ ACUÑA

Oficina
Gerente General
González Acuña y Asociados

* DR. JORGE MARTINEZ SALOMON

Oficina
Director Médico y de Mercadotecnia
Laboratorios Ayerst

* SR. CASIMIRO GARCIA

Oficina
Director General
Farmacias VYR. S.A.

SR. TADEO STARK ZELCER

Oficina
Director General
Laboratorios Kopsa, S.A.

* ING. ESTEBAN TORRES LAMPLE

Oficina
Director General
Consortio Alpha

C.P. RAFAEL BUEREA
Comisario

Oficina
Price Waterhouse y Cía. S.C.

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ASOCIADOS DEL CONSEJO

DR. RAMON AZNAR

Oficina
Subjefe
Jefatura de Servicios de
Planificación Familiar del IMSS

* DR. BENITO CUIEL

Oficina
Gerente General
Laboratorios Lemery S.A.

SR. ALEJANDRO DANON

Oficina
Gerente de Operaciones y Mercadotecnia
Farmax. S.A.

* ING. LUIS DE LA MACORRA

Oficina
Director General
PROFAM

SRA. CONCEPCION SOLANA MORALES

Oficina
Directora de Relaciones Públicas
Nacional Financiera. S.A.

ING. OSCAR TRIGO DOMINGUEZ

Oficina
Director General
Laboratorios Syntex, S.A.

SR. SERGIO DIAZ TORRES

Oficina
Gerente General
Bardahl de Mexico, S.A. de C.V.

* Members attending Board Meeting when evaluation team was present.

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Appendix 6
EVALUATION OUTLINE

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EVALUATION OUTLINE

3/13/80

D R A F T

Evaluation Outline

I. How have various parties performed in meeting the specific requirements of the Contract/Sub-contract in the period in question - an objective look just from the point of view of compliance.

Danart

- a) A.I.D.
- b) P.S.I.
- c) PROFAM

II. How does this program fit into the over all population program in Mexico - judged generally from the following objectives:

air/Danart

- a) Contribute to generating leadership and popular approbation for fertility reduction/family planning and use of contraceptives through wider spaced promotion/propaganda.
- b) Generate a self sustaining info/commodity distribution network in the private sector (GOM public sector now strong - how important is this private sector concern for now and the future)
- c) Provide sufficient service at low enough cost that it can be considered a cost/effective way to make significant demographic impact - a major aspect of this is the objective of taking advantage of "commercial" interests to provide a "self-generating power source" for delivery and an attractive alternative for consumers

who for one reason or another do not wish to seek service at clinics, private doctors, etc.

III. How Has the Program Performed In Following Ways:

a) Market Research -

Danart/Levy

- 1) Types done
- 2) Were they well carried out
- 3) Were the conclusions relevant and to the point re feasible management options?
- 4) Did management use this in guiding program decisions.
- 5) Are continuing "research" or surveys or tests being carried out to test previous conclusions, to keep up with changing conditions and to survey distributor retailer, consumer reaction to campaign and product.

b) Training for PROFAM Staff, PROFAM Promo educator
PROFAM Salesmen, Distributors, Retailers

Danart/Levy/Bair

- 1) Was it carried out - what did it consist of
- 2) Did it cover the relevant points for management and for recognition of why program important, why economically attractive to retailer - relevant points related to effectiveness, potential problem of and how to use contraceptives for consumers

- 3) Have there been evaluation/feed back mechanisms to check relevance, effectiveness of training.

C) Promotion through Mass Media; literature for distributors, retailers and consumers, point of purchase, sampling and others.

Levy/Danart

- 1) What has been done
- 2) How much P.R. expertise was contracted/employed
- 3) Did message respond to constraints identified in market or other research.
- 4) Did the message appear clear and convincing for retailer and consumer -
 - Social approbation for family planning
 - There's a big enough market to make handling the product attractive
 - Family planning is attractive
 - Contraceptives are in your interest
 - Family health
 - Family economics
 - Responsible parenthood/citizenship
 - Various alternatives - what they are like-
How do they differ in purpose - effect
pluses (and minuses)
 - How to use
 - Where do you get info/help
- 5) Any negative feed back -
How tailored to respond to feed back
- 6) what are testing mechanisms -
How much used - What response

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d) Logistics/Management

Levy/Danart

1) What has been accomplished in objective terms to spread program to what part of the outlets projected and where in terms of National Coverage, what accomplished in terms of maintaining supply of product.

2) What did various steps & total cost?

3) How well were the various steps performed:

a) Purchase/import commodities.

b) Package

c) Contact /sign up wholesalers

d) Contact /sign up retailers

e) Supply wholesalers/retailers

f) Resupply - what turn around time of orders - outages -

4) How well does PROFAM operate "as a business"

a) Were there reasonable cost/budget projections at start up and for 1980.

b) cost accounting/fiscal management

c) Maintaining current "business" info

and making management decisions on basis of business activities

d) employing cost saving procedures as appropriate -

(but not being penny wise but pound foolish)

- are there evidence of unnecessary cost in any area

- are there evidence of imprudent "savings" in any areas

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5) How well did Pro Fam Operate as a "Program"?

Bair/Danart/Levy -a) Establishing enthusiasm for the Product
at Retailer/Consumer level (interviews)
list of questions being developed

Bair/Danart/Levy b) Providing adequate knowledge of product at
Retailer/Consumer level (interviews)

IV. How does the above Performance Compare to Other CRS
Projects?

V. How has/Is the Project Performed/Performing

Bair/Danart/Levy .

- a) In developing self sustaining
Private Sector distribution net work
re PROFAM itself and impact on "Normal"
Commercial sales.
- b) In becoming a cost effective delivery
(info & Commodity) system
- c) In extending (Nationally) an alternate,
attractive source of supply for
a sector of the consumer public
- d) in approaching a level of users that
will have demographic impact
- e) in contributing to a better attitude
in country (leaders and consumers) toward
fertility control and use of family planning.

VI. Problems or Point at Issue e.g.

- 1) Pharmacy only for pills?
- 2) Type and amount of promotion -
How much sampling - What's real response
Kinds of messages
- 3) Speed of go to "Rural" areas

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- 4) Level of Medical back up available
- 5) adequacy of consumer information or use
- 6) Use of U.S. supplied commodities
- 7) Source and level of support from Mexico sources
- 8) Objectives of spread
coverage
users
- 9) Relative importance of self sufficiency
Reduced cost
"extra" (non-program
direct objectives)
- 10) "Wholesalers" involvement
- 11) Variety of products
- 12) Peice of present market vs expand market
- 13)
- 14)
- 15)

VII. Recommendations

Appendix 7
CORRESPONDENCE

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COORDINACION DEL PROGRAMA NACIONAL
DE PLANIFICACION FAMILIAR

Reforma No. 506 Pisos 11 y 12 México 6, D. F. Tels.: 266•3337 - 286•3653

México, D.F., a 26 de febrero de 1980.

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ING. LUIS DE LA MACORRA
Director General
PROFAM
Av. Ejército Nacional No. 201
México, D.F.

Me permito acusar recibo del documento relativo a la asistencia financiera para productos anticonceptivos del Programa de Extensión Rural de PROFAM, solicitada al Fondo para Actividades de Población de las Naciones Unidas.

Después de revisar en esta Coordinación el contenido del documento, concluimos que el Programa de Extensión Rural representa un apoyo considerable y necesario al Programa Nacional de Planificación Familiar. Su contribución, al surtir de productos anticonceptivos a comunidades entre 2,500 y 15,000 habitantes, resultaría un complemento indispensable al Programa de Salud Rural que la Secretaría de Salubridad y Asistencia realiza en comunidades menores de 2,500 habitantes. Encontramos además que el mismo está dentro de los lineamientos marcados por el Programa Nacional, por lo que esperamos puedan encontrar el apoyo requerido para su desarrollo.

Sin otro particular, aprovecho la oportunidad para reiterarle las seguridades de mi más alta y distinguida consideración.

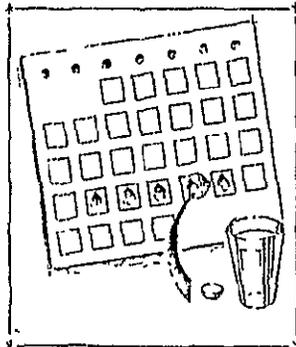
Atentamente.

DR. JORGE MARTINEZ MANAUTOU
Coordinador Ejecutivo

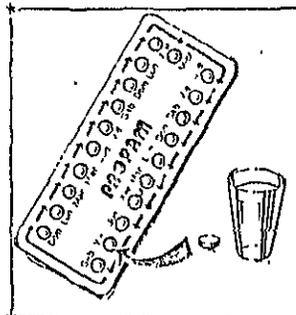
121

Appendix 8
PACKAGE INSERT

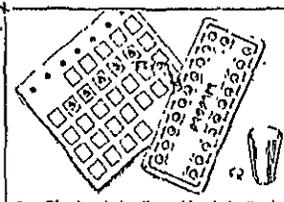
10/11



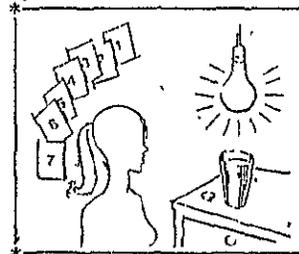
1o. Al quinto día de la regla (menstruación) debe tomarse la primera pastilla.



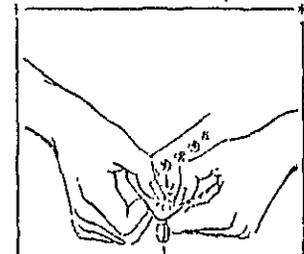
2o. Empecie a tomar las pastillas a partir del día de la semana que le corresponda, como se indica en el calendario impreso en la parte de atrás del paquete.



3o. Siguiendo la dirección de la flecha continúe tomando una pastilla cada día hasta terminar el paquete. Si olvidó tomar una pastilla, tómela al día siguiente cuando se acuerde y otra a la hora acostumbrada. Si olvidó tomar dos o más pastillas, absténgase de tener relaciones sexuales hasta que se presente la regla (menstruación) o inicie otro paquete como se indica en el cuadro número 1.



4o. Es recomendable que se tome la pastilla diariamente a una misma hora, de preferencia por las noches antes de acostarse. Al terminar el primer paquete, espere siete días y al octavo empiece uno nuevo. Durante esos siete días normalmente aparece la regla.



5o. Para sacar la pastilla basta presionarla con el dedo por el frente. La pastilla saldrá fácilmente por la parte posterior del paquete.

ADVERTENCIAS:

- No las tome si ha padecido o padece: Enfermedades del corazón, vrices, diabetes, enfermedades del riñón, hepatitis, presión alta o epilepsia.

OBSERVACIONES:

- En algunos casos pueden provocar náuseas, vómito o aumento de peso. Generalmente estas molestias son de poca importancia. Si persisten consulte a su médico.
- No se dejen al alcance de los niños.

PROFAM
ANTICONCEPTIVOS

Además de las Pastillas, hay otros productos PROFAM® para evitar el embarazo: preservativos, cremas, espumas y óvulos vaginales. Existe un producto PROFAM® adaptado a sus necesidades. Pueden obtenerse en cualquier farmacia.

Pastillas Anticonceptivas PROFAM®
Hecho en México para

PROFAM S.A.

Strakopane No. 27, México 5, D.F.

Su que fórmula y autorización de

SCHLING A.G. BERLÍN/OLGAKAMEN

Reg. No. 010185/A

México, D.F., 1971

PROFAM

pastillas
anticonceptivas

INSTRUCTIVO

VENTAJAS:

- Las Pastillas Anticonceptivas PROFAM® protegen efectivamente contra el embarazo y permiten una relación satisfactoria.
- Es el método anticonceptivo más eficaz.
- No interfieren en el acto sexual.
- Es un método anticonceptivo muy económico.
- En el momento en que la pareja lo decida la mujer puede volver a embarazarse simplemente dejando de tomar las pastillas.

Appendix 9
PROFAM PROMO EDUCATORS' MANUAL
(Portion)

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Appendix 9

ANTICONCEPTIVOS HORMONALES

Los anticonceptivos hormonales pueden clasificarse de la siguiente manera:

1. Anticonceptivos hormonales orales:
 - 1.1 Combinados
 - 1.2 Secuenciales
 - 1.3 Microdosis
 - 1.4 Combinados de depósito

2. Anticonceptivos hormonales inyectables:
 - 2.1 Combinados de depósito
 - 2.2 Progestágenos de depósito

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A continuación analizaremos cada uno de los métodos anticonceptivos hormonales, lo cual nos facilitará su aprendizaje.

1.1 Anticonceptivos hormonales combinados:

Los anticonceptivos hormonales combinados son pastillas que contienen en su interior dos tipos de hormonas sintéticas, un estrógeno y un progestágeno (las dos hormonas femeninas principales) que administradas por vía oral (boca) son capaces de evitar el embarazo. Se elaboran en dos presentaciones; en empaque tipo "blister" de 21 o 28 pastillas (fig. 1) estas últimas contienen 21 pastillas con hormonas y 7 placebos (es decir pastillas con azúcar o almidón). Los empaques son de diversas formas y las pastillas varían de color, - todo esto con objeto de hacer más atractiva su presentación.

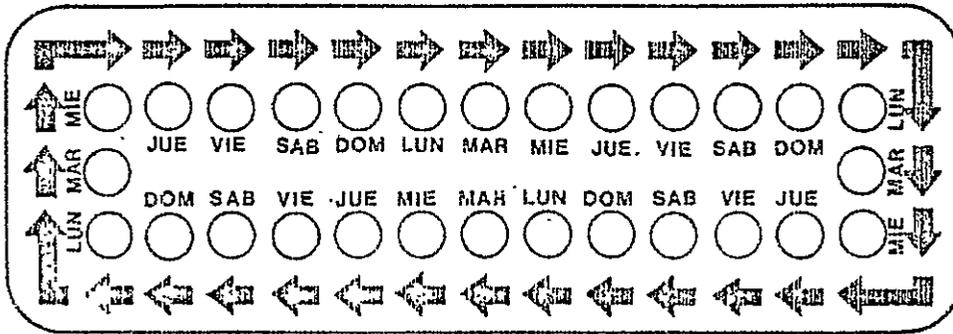
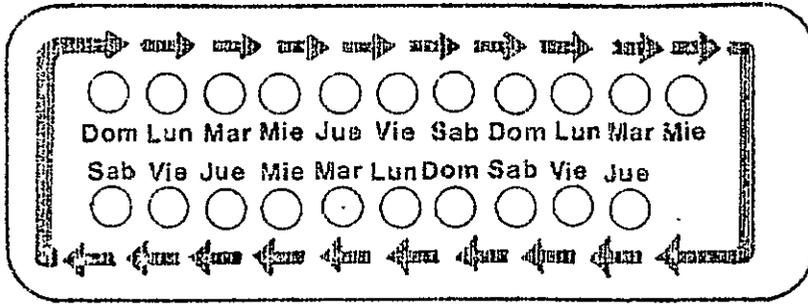
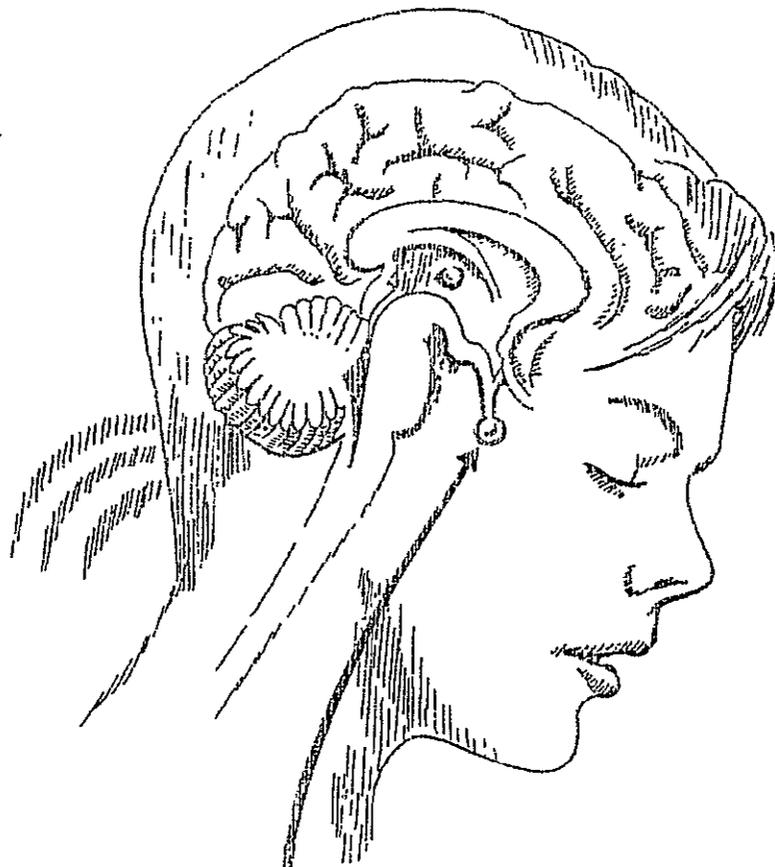


Fig. 1

Mecanismo de acción

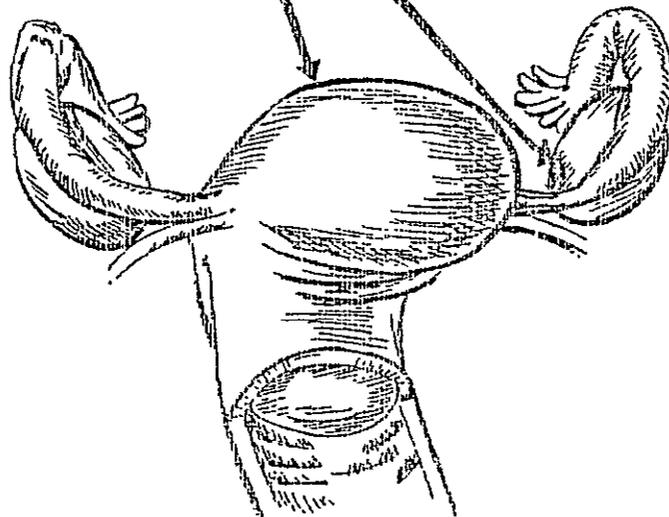
El principal mecanismo de acción de este anticonceptivo es el de -- evitar la ovulación, por lo que también se denominan anovulatorios. Durante su ingestión el ovario permanece en reposo y por lo tanto - no produce óvulos ni hormonas, esto se debe a que la ingestión de - un estrógeno y un progestágeno impiden el funcionamiento de la par te de la glándula hipófisis que controla o que regula las funciones de los ovarios. (fig. 2)



Inhibición de la hormona hipofisiaria

Estimulación del utero

evita la ovulación



Ovario

Fig. . 2
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Además este tipo de preparado cuando se toma adecuadamente produce modificaciones en el endometrio, haciéndolo más delgado y — atrófico (no desarrollado completamente), y de manera que si llegara a haber ovulación y fecundación, la implantación no podría llevarse a efecto debido a las condiciones del endometrio, ya que no sería capaz de soportar un embarazo. Así también afectan al moco cervical haciéndolo muy denso y viscoso. Este tipo de moco no permite la penetración ni desplazamiento de los espermatozoides dentro del útero. Estos son motivos suficientes para asegurar que este tipo de anticonceptivo oral es el de mayor eficacia anticonceptiva.

Eficacia

En términos generales podemos decir que cuando el producto es tomado correctamente, su efectividad es mayor del 99.9%.

Indicaciones

Estas pastillas pueden ser tomadas por todas aquellas mujeres que deseen planificar su familia, siempre y cuando no presenten alguna de las alteraciones que se enlistan a continuación:

Contraindicaciones

Son contraindicaciones para el uso de los anticonceptivos hormonales orales las siguientes:

1. Cáncer de la mama
2. Cáncer cérvico-uterino
3. Hipertensión (presión alta)
4. Enfermedades del hígado
5. Diabetes
6. Enfermedades tromboembólicas (historia de infarto y embolias)
7. Cefalea intensa (dolor de cabeza intenso y frecuente)
8. Epilepsia y trastornos mentales (esquizofrenia, retraso mental)
9. Enfermedades cardíacas (insuficiencia)
10. Enfermedades renales (insuficiencia)
11. Várices
12. Enfermedades del tubo digestivo (mala absorción intestinal)
13. Obesidad

Esta serie de padecimientos deben tomarse en cuenta antes de aconsejar el uso de este método, dado que si una mujer presenta alguno o algunos de éstos, nos indicaría que ella no debe tomar este tipo de anticonceptivo, ya que su uso podría empeorar su enfermedad.

Efectos secundarios.

Existe un grupo de mujeres que presentan algunas alteraciones o efectos secundarios con el uso de este anticonceptivo, los más frecuentes son:

1. **Náusea y Vómito:** Generalmente aparecen al iniciar el método, pero casi siempre desaparecen en los ciclos siguientes. Se recomienda tomar la pastilla por la noche a la hora de ir a la cama, para evitar estas alteraciones. Si la paciente vomita en el lapso de una hora después de haber tomado la pastilla, deberá tomar otra tan pronto la sensación de vómito haya desaparecido.
2. **Sensibilidad en los senos:** Al igual que las dos anteriores puede aparecer en los primeros ciclos de anticoncepción, pero es leve y desaparece conforme el organismo se ajusta a las pastillas. En caso de ser molesta puede tratarse con aspirina. Esta alteración no es motivo para suspender el método.
3. **Cloasma:** Se refiere a la aparición de manchas en la cara, esta alteración se presenta en pacientes con sensibilidad especial al estrógeno.
4. **Aumento de peso:** La mujer puede aumentar de peso al parecer por retención de líquidos y aumento de apetito.
5. **Sangrado menstrual:** Se ha observado que las mujeres con menstruaciones abundantes y prolongadas, por lo general, con el uso de anticonceptivos combinados orales, disminuye la cantidad de sangrado, así como el número de días, lo que a la larga representa un efecto benéfico.
6. **Amenorrea (ausencia de la menstruación):** Este efecto ocurre en un porcentaje muy bajo de mujeres, sobre todo cuando se utilizan anticonceptivos hormonales en dosis muy altas.

Modo de empleo

El uso de este método es muy sencillo. Para aumentar la eficacia anticonceptiva y disminuir las molestias posteriores, la mujer debe tomar las pastillas siguiendo las siguientes instrucciones:

1. Tomar la primera pastilla el 5o. día de iniciada la menstruación o regla (incluyendo el primer día de sangrado).
2. Del 5o. día en adelante se toma una pastilla todos los días a la misma hora, con el fin de que no se olvide (de preferencia en la noche), hasta terminar todas las pastillas.

3. Cuando se termina un paquete de 21 pastillas, se dejan pasar 7 días y al 8o. día se inicia la primera pastilla de otro paquete. Durante estos 7 días se presentará la menstruación.

Quando se emplea el paquete de 28 pastillas, la mujer empezará a tomar la pastilla también al 5o. día de la menstruación, y una vez iniciado el método no lo suspenderá, es decir, una vez terminada la última pastilla del primer paquete, continuará con otro y así sucesivamente.

4. Si se olvida tomar una pastilla debe tomarla al día siguiente -- cuando se acuerde y la otra a la hora acostumbrada. Si se olvidan dos o más pastillas la mujer deberá suspender la toma de éstas y abstenerse de tener relaciones hasta que se presente la menstruación. Por lo general ésta se presentará dentro de los 3 ó 4 días siguientes. Puede también protegerse con algún otro método (óvulos, espumas, etc.).

1.2 Anticonceptivos Hormonales secuenciales

Se llaman secuenciales ya que esta forma de preparación oral anticonceptiva, está constituida por dos tipos de pastillas; la primera serie de pastillas contiene únicamente un estrógeno y la segunda serie contiene una mezcla de estrógeno y progestágeno. Al igual que los combinados, los secuenciales se presentan en empaque tipo -- "blister" con 21 pastillas activas y presentaciones de 28 en las cuales se ha agregado 7 pastillas placebo. Las primeras 14 ó 15 pastillas contienen únicamente estrógeno, las siguientes 6 ó 7 (hasta completar 21) contienen estrógeno y progestágeno. Para identificar cada grupo y saber cuales deben tomarse primero los fabricantes las diferencian dándoles un tamaño o color distinto. (fig. 3)

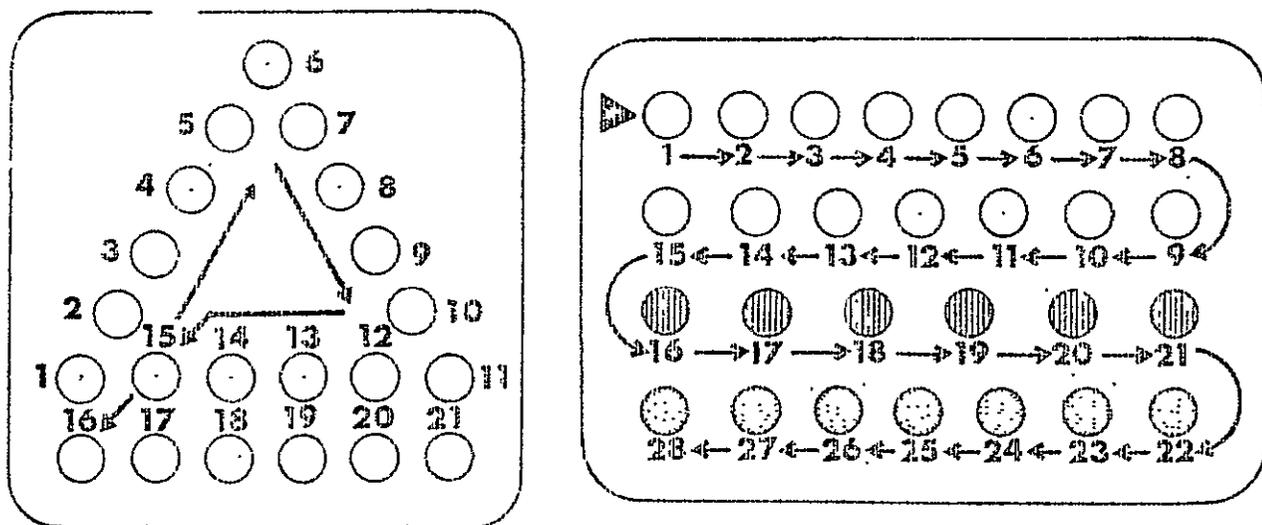


Fig. 3 25

Mecanismo de acción

El principal mecanismo de acción anticonceptiva de este método es, el de evitar la ovulación, por bloqueo en la función de los ovarios. Su acción sobre el moco cervical y el endometrio es menos notable comparada con la acción de los combinados.

Eficacia

La eficacia de este anticonceptivo es menor que la obtenida con los hormonales combinados orales, en relación con su principal mecanismo de acción, ésta es de alrededor de 98 a 99%.

Indicaciones, contraindicaciones y efectos secundarios

Las indicaciones y contraindicaciones para este producto son prácticamente las mismas que para todos los productos que contienen estrógeno y progestágeno, como en el caso de los combinados; sin embargo los efectos secundarios pueden ser más severos y frecuentes con este producto, ya que la cantidad de estrógeno que lleva cada pastilla es relativamente alta.

La mayoría de los expertos a través de estudios y de experiencia clínica, están de acuerdo en la utilidad relativa del uso de este tipo de anticonceptivo, ya que por una parte su eficacia es menor y los efectos colaterales son más severos, comparados con las pastillas combinadas.

Modo de empleo

Debe iniciarse este método a partir del 5o. día del ciclo menstrual, tomando una pastilla diariamente, comenzando a tomar las que contienen únicamente estrógeno, por espacio de 14 a 15 días y las siguientes 6 ó 7 días se tomarán las que contienen estrógeno y progestágeno; la aparición de la menstruación y el inicio del siguiente paquete es prácticamente igual que como se hace con los combinados.

1.3 Anticonceptivos Hormonales en microdosis

Los anticonceptivos hormonales orales en microdosis son pastillas que contienen únicamente un progestágeno en dosis relativamente mínimas. Su presentación de empaque tipo "blister" contiene 34 ó 35 pastillas, las cuales son idénticas en cuanto a composición farmacológica (fig. 4)

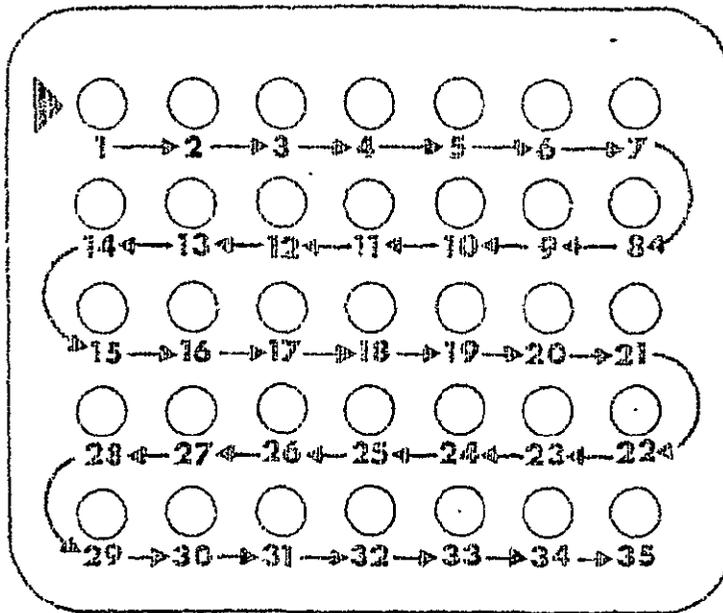


Fig. 4

Mecanismo de acción

No son ovulatorias. Su principal mecanismo de acción anticonceptivo radica en el hecho de que modifican el moco cervical y el endometrio, de tal forma que impiden la penetración y ascenso de los espermatozoides una vez que estos se encuentran en las vías genitales femeninas. Como no tienen acción sobre los ovarios, la ovulación se realiza normalmente.

Eficacia

La eficacia anticonceptiva de este producto es menor comparada con los secuenciales y aún más que la de los combinados ésta es de 97 al 98%.

Indicaciones

Están indicados especialmente para aquellas mujeres que -- desean tomar anticonceptivos orales pero que presentan alguna contraindicación para el uso de pastillas que contienen estrógeno. o que no toleran este tipo de hormona cuando se les administra.

Contraindicaciones

Prácticamente ninguna, sin embargo quizá hay que ser precavido con las pacientes diabéticas.

Efectos secundarios

Ninguno de importancia. Ocasionalmente las mujeres pueden presentar sangrado irregular intermenstrual (entre reglas) en forma de manchas.

Modo de empleo

Debe tomarse una pastilla todos los días a partir del primer día del ciclo y una vez que se comienza el método, no debe suspenderse en ningún día del ciclo, deben ser tomadas inclusive durante la menstruación. Deberá suspenderse en caso de desear un nuevo embarazo.

1.4 Anticonceptivos Hormonales combinados de depósito

Los anticonceptivos hormonales combinados de depósito son cápsulas que contienen un estrógeno y un progestágeno en cantidad suficiente para un mes, capaces de almacenarse en el tejido graso y de liberarse gradual y constantemente a través del ciclo, son administradas por vía oral y evitan el embarazo. Su presentación es de una cápsula para una dosis mensual. (fig. 5)

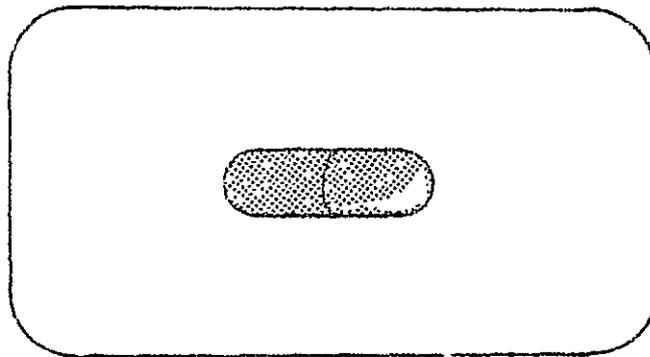


Fig. 5

Mecanismo de acción

El mecanismo de acción de este anticonceptivo es el de inhibir la ovulación.

Eficacia

Su eficacia es de 97 a 98%.

Indicaciones, contraindicaciones y efectos secundarios

Las indicaciones, contraindicaciones y efectos secundarios son los mismos que para todos los productos que contienen estrógeno y progestágeno. La mujer puede presentar sangrado intermenstrual (entre reglas) en forma de manchas.

Modo de empleo

La primera cápsula deberá tomarse el primer día de sangrado esté o no esté la paciente usando otro método. La segunda deberá tomarse exactamente 21 días (3 semanas) después. La tercera cápsula -- deberá tomarse 28 días (4 semanas) después de la segunda. Las restantes serán administradas cada 28 días.

2. Anticonceptivos Hormonales inyectables

Actualmente se dispone principalmente de dos tipos de productos anticonceptivos inyectables, éstos son:

2.1 Combinados de depósito

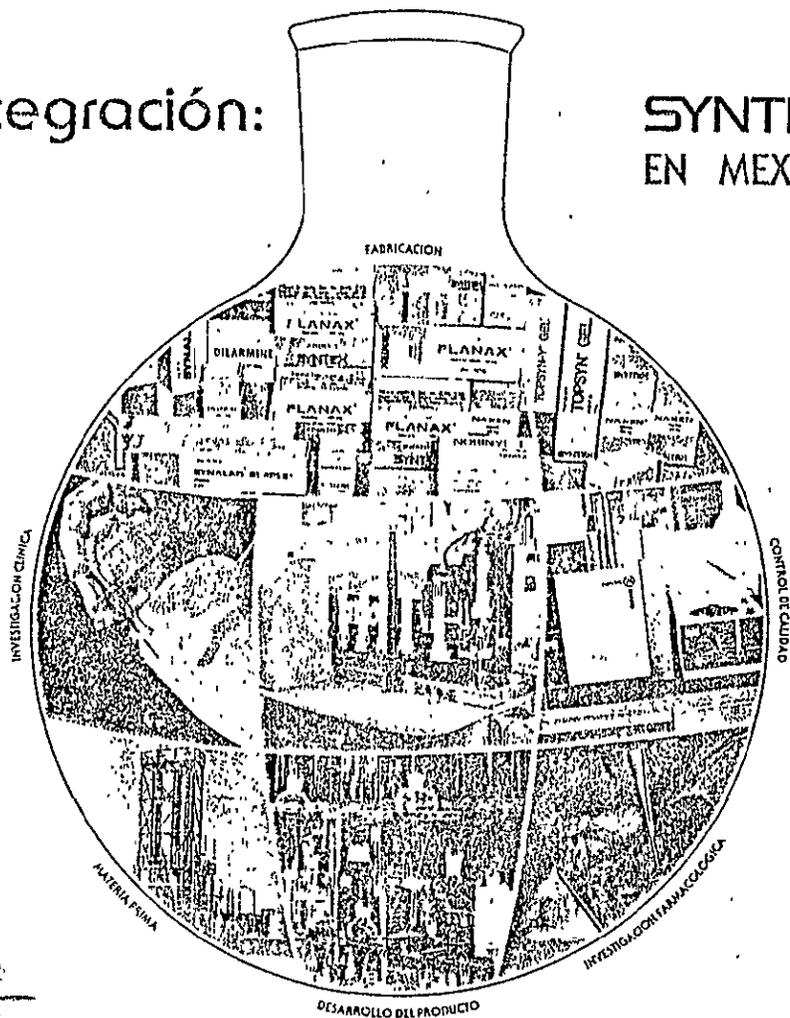
Como en el caso de los orales combinados, este anticonceptivo -- contiene un estrógeno y un progestágeno, en dosis suficiente para un mes. Se presenta en una ampollita conteniendo una mezcla de estrógeno y un progestágeno. (fig. 3)

Appendix 10
FAMILY PLANNING BOOKLET

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Integración:

SYNTEX
EN MEXICO



En Syntex nos preocupamos por la integración de todas nuestras actividades. Consideramos que es la base para nuestro desarrollo y para contribuir al progreso del país. Por eso, desde la materia prima, pasando por el desarrollo del producto, por las indispensables investigaciones farmacológica y clínica hasta la fabricación y el control de calidad para garantizar los mejores productos.

TODO LO HACEMOS EN MEXICO



Hypermedia 10
SALUD Y PLANIFICACION FAMILIAR

Enero-Febrero 1980

*S. Moren
Sec 19-15*

Entrevista exclusiva con
Mario Moreno ... y "Cantinflas"



Appendix 10

Cooperativas
Planificación Familiar y
Suplencia de
Personal de Farmacias

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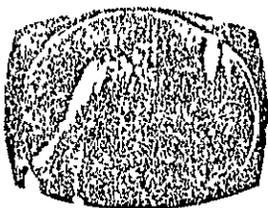
El dramático crecimiento demográfico de México se refleja en todos los aspectos de su vida y de su desarrollo social, económico y cultural. Nacen 290 niños cada hora (alrededor de 7000 diariamente), creando problemas que crecen más aprisa que las soluciones. Siendo ya 68 millones de mexicanos, la atención médica es deficiente para diversos núcleos de la población, que se automedica o pide orientación en las farmacias. Ante esta indiscutible realidad, sólo queda en conciencia colaborar en todas las formas posibles para que en nuestro país se cumplan las metas fijadas sobre salud y planificación familiar; entre ellas destaca la capacitación y participación de quienes están directamente conectados con la prestación de servicios en esta área, donde el farmacéutico (o el empleado de farmacia) tiene un papel vital. A él acuden miles de mujeres, solicitando anticonceptivos. También es él quien tiene relación inmediata con el enfermo; en muchos casos, es la primera y única persona a la que este se dirige y de su consejo depende encauzarse a una atención médica adecuada.

Así dirigimos a ustedes, personal de farmacias, esta publicación integrada con material sencillo, basado en los aspectos científicos de la anticoncepción y del uso de medicamentos. No tenemos como propósito favorecer la automedicación o la aplicación indiscriminada de productos, mas esperamos que, de alguna forma, al proporcionarles conocimientos básicos sobre el manejo de los padecimientos más frecuentes en nuestro medio y de los métodos anticonceptivos a nuestro alcance, facilitemos el desempeño de su trabajo, tan importante para la comunidad en particular y para México en general.

Solos, usted o nosotros, no representamos una respuesta a los graves problemas de salud existentes; pero es posible que uniendo esfuerzos ayudemos a mejorar la educación para la salud del pueblo mexicano, a través de la pequeña célula familiar, donde es posible empezar a crear grandes soluciones.



Tu cabello está
siempre a la vista de todos.



¿Quiere eliminar
la caspa?



¡Use selsun azul!...



...Que ayuda a eliminar el
exceso de grasa y la caspa.

Cuidalo con
selsun azul
shampoo anticaspa

Muchos niños, pocas escuelas

por Claudia Casal

Cada año, pese a los esfuerzos realizados, demasiados niños mexicanos quedan sin la oportunidad de cursar la Primaria.

Detrás del problema que representa en México impartir educación elemental a toda la población, urbana y rural, existen datos que es importante cono-

cer para poder comprender mejor lo que sucede. El Gobierno sí construye escuelas, pero aún no resultan suficientes para albergar en sus aulas a todo el alumnado que requiere educación elemental; en esta carrera siempre lleva la delantera el aumento de la población, que crece en forma impresionante.

Annualmente nacen dos y medio millones de nuevos mexicanos... En la más reciente etapa de inscripciones se habló, oficialmente, de dos y medio millones de pequeños que no podían ser atendidos en el presente ciclo escolar. Podemos imaginarnos al Programa Nacional de Planificación Familiar y a la Secretaría de Educación como dos corredores que salen de puntos opuestos para encontrarse en un sitio determinado; sólo desarrollando un máximo esfuerzo llegarán a la meta fijada: desterrar el analfabetismo y lograr que la planificación familiar se acepte como algo indispensable.

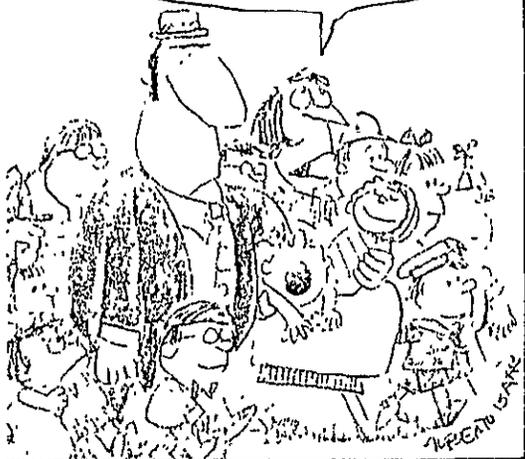
Vale la pena todo lo que se haga para que algún día seamos menos en cantidad, pero de mayor calidad; esto sólo se podrá conseguir dándole a cada niño acceso a una escuela y, con ello, la posibilidad de ser libre a través del conocimiento. Resulta pues risible que, algunos demagogos, aseguren que detener el crecimiento de la población (en países como el nuestro) es labor de quienes desean dominarnos... A quién será más fácil dominar, a un numeroso pueblo, ignorante, enfermizo y desnutrido?, ¿o a un

(Continúa en la página 20)

¡Vámonos haciendo menos!

Por ALBERTO ISAAC

TAN TRANQUILOS QUE ESTABAMOS
ANTES DE QUE INVENTARAN
LA DEMOGRAFIA!..



(“EL SOL DE MEXICO” — 10/III/1975)

CONSULTA ABIERTA

Todos tenemos dudas que quisiéramos resolver. Sin embargo, muchas veces no sabemos quién puede darnos una respuesta satisfactoria y confiable.

Para responder las preguntas de nuestros lectores, sobre planificación familiar y salud en general, así como aquellas relacionadas con farmacias, farmacéuticos y empleos de farmacia, se ha creado esta sección. Un grupo de especialistas, en diversas materias, se encargará de atender sus consultas; sólo basta escribirnos a *Revista SALUD Y PLANIFICACION FAMILIAR*, Shakespeare No. 27, México 5, D.F. Si así lo desea, su nombre no será publicado. Como aún no contamos con la correspondencia de ustedes para este primer número, entrevistamos directamente algunos farmacéuticos a quienes agradecemos su valiosa colaboración.

Preguntas: ¿POR QUE NO ES CONVENIENTE LIGARSE LAS TROMPAS ANTES DE LOS TREINTA AÑOS? ¿ES POSIBLE QUE UNA MUJER LIGADA VUELVA A EMBARAZARSE? ¿QUE SEGURIDAD HAY CON EL DISPOSITIVO? ¿PORQUE SE DE VARIAS MUJERES QUE SE HAN EMBARAZADO A PESAR DE TENERLO. (Sra. Lilia Aguilar de Quiroz — Farmacia Lilia, Av. Querétaro 100, Tizapán, México 20, D.F.).

Respuestas: En términos generales, una mujer de menos de treinta años que quiera limitar su familia, puede hacer uso de otros anticonceptivos; además se supone que para tomar una decisión tan importante es preciso haber madurado intelectual y emocionalmente, pues se trata de un procedimiento definitivo e irreversible. Sin embargo, hay mujeres de menor edad para quienes sería recomendable la esterilización; por ejemplo, cuando se ha procreado un hijo tras otro y, a los 25 años de edad se tienen ya seis niños y no se desean más. O cuando el embarazo puede costar la vida de la madre, dejando huérfanos a los demás hijos, y no es aconsejable correr el riesgo de utilizar métodos que no sean ciento por ciento eficaces. —

Es casi imposible que se reporten embarazos en mujeres ligadas, y esto depende de la forma en que se practicó la operación. — Los dispositivos intrauterinos (DIUs) son bastante eficaces; por ejemplo el llamado T de Cobre, es seguro en el 99% de los casos.

Pregunta: TENCO 38 AÑOS Y FUMÓ MUCHO DESDE JOVENECITA; AHORA, QUE HE SOLICITADO A MI MEDICO UN ANTI-CONCEPTIVO, SE NIEGA A DARMEME PASTILLAS. ¿ES CIERTO QUE EN MI CASO SON PELIGROSAS?

Respuesta: Para usted es más peligroso un embarazo, por su condición de fumadora unida a su edad, que administrarle pastillas anticonceptivas... que tampoco son aconsejables por la misma razón; exponerla al riesgo de serios trastornos cardiovascularres. Su médico podrá aconsejarle otro método con alto margen de seguridad, el DIU por ejemplo, o si ya no desea más familia, la ligadura de trompas. Y, ¿no le convendría, con pastilla o sin pastilla, dejar de fumar? En nuestro próximo número ampliaremos la información acerca de las pastillas, dentro de la sección coleccionable Planificación Familiar y Métodos Anticonceptivos.

¿Qué es más importante...

... la paternidad responsable o el responsable de la paternidad?

Entrevista exclusiva con Mario Moreno... y con Cantinflas

por René Montalbán

Resulta casi imposible reunir al señor Mario Moreno con el popular "Cantinflas" —a pesar del afecto que se tienen mutuamente—, pero ambos aceptaron que los entrevistáramos juntos, para los lectores de *Salud y Planificación Familiar*.

A veces perdió algo de su habitual compostura don Mario y lo vimos emocionarse. En determinados momentos notamos un poco serio a "Cantinflas". ¡No era para menos! Hablar sobre la explosión demográfica, la niñez mexicana, la Patria y la paternidad responsable, nos hace pensar mucho y pone a vibrar las más íntimas cuerdas del corazón.

Y así fue nuestra doble entrevista... en 7 preguntas, en honor al inolvidable *Gendarme 777* y al *Patrullero 777*, no menos digno de recordarse.

1. ¿Afecta a México la explosión demográfica mundial?

Mario Moreno En una u otra forma, el desordenado crecimiento de la población afecta a todos los países del Mundo en su economía, desequilibra el medio ambiente que compartimos y, sobre todo, crea problemas humanos más difíciles de resolver adecuadamente.

"Cantinflas" Mire yo no sé que demonio... gráfica sea esa explosión, pero si es explosión me suena como a bomba atómica... y luego... como si dijéramos... ¡pues no hay que ser!... Si es mundial... nos va a dar a todititos... a los grandes y a los chiqui-

tos... Capaz que perdemos hasta la gabardina... y luego que si tú, que si yo... y los pobres chavitos ¿qué?... Ellos ni tuvieron que ver con la explosión... Les juro por Diosito Santo, ¡que ni compraron "cuetes" el 15 de septiembre!

2. ¿Existe problema de sobrepoblación en nuestro país?

Mario Moreno Por supuesto y no dejan de impresionarme estas cifras: somos ya 88 millones de mexicanos y cada año hay 2½ millones más. Nacen 7000 niños al día y se calcula que, de seguir a este paso, para el año 2000 seremos 130 millones. Cada vez alcanzan menos, para todos, los alimentos, las escuelas, los transportes, las casas, los empleos... Aunque se trabaja intensamente para satisfacer estas necesidades la población crece más rápido. "Cantinflas" ¿Qué?... ¿Pregunta así, nomás?... ¡Por lo visto usted no sabe lo que's viajar en el Metrol... ¡Claro que somos un titipuchall... Yo no los he contado... pero, si don Mario lo dice... Así es como empiezan los chismes... que fulanita ya tuvo otro niño... que la del ocho, gemelos... que mi comadre anda de "antojo"... No le haga... ¡usté' cree que van a poder repartir la misma torta entre tantos chamaquitos?... Si ese no es "problema" ¿qué's? ¿Un "crucigrama"?

3. ¿Cuál es la causa principal de la sobrepoblación?

Mario Moreno Considero que, básicamente, es la falta de conciencia de

muchos hombres y mujeres, que tienen hijos sin importarles lo que esos niños puedan necesitar después. Afortunadamente, va en aumento el número de parejas que planifican su familia y, también, la gente que enseña cómo y cuándo deben hacerlo, por su propio bienestar y el de los demás.

"Cantinflas" ¡Estoy de acuerdo, mi "estimadísimo" don Mario... ¡Por ahí andan muchos "padres de más de cuatro", que ya ni la... Que cuatro en esta colonia... que otra vieja (que ni tan vieja) con más chamaquitos por allá... que andan de "motivosos" con las chamacas... ¡Ya párenle! ¿No? ¡No hay derecho...!

4. ¿Quiénes son los más perjudicados en general, y particularmente en nuestro país, por el exceso de población? Mario Moreno Es indudable que los niños. Son los más afectados por todo tipo de carencias y creo que no podemos cerrar los ojos ante la enorme responsabilidad que representa, para todos y cada uno de nosotros, mejorar su presente y su futuro.

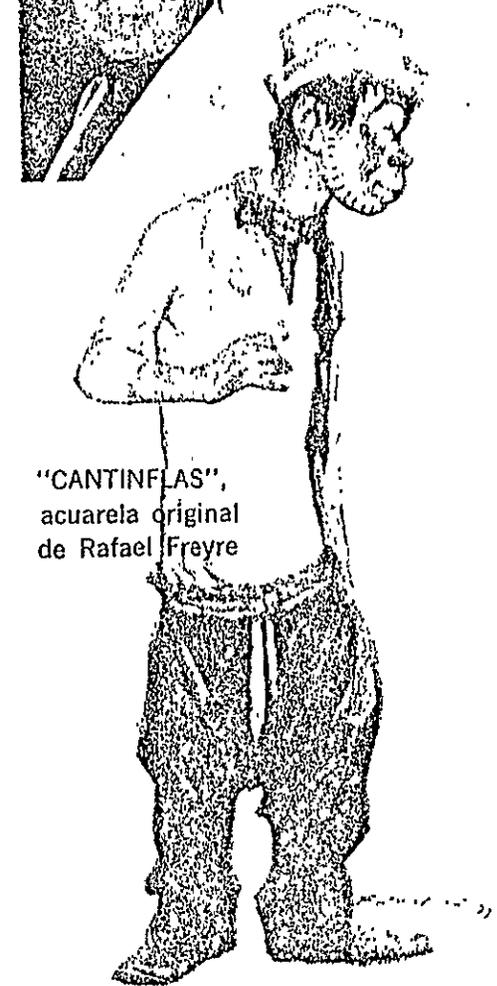
"Cantinflas" Sí... ya sabemos que el pez grande se come al chico... ¿Y los chicos...? ¡Bien, gracias!... Pero, ojalá estuvieran bien... Los chicos son los que están pre-te-mal... ¡Como dijo mi compadre... que creo que ni dijo porque no lo dejaron... ¡No nos podemos quedar viendol! Ya 'stuvo suave...

5. ¿Sugiere alguna solución o, si fuera Presidente de la República, dictaría leyes al respecto?

Mario Moreno Este es el Año del Niño, pero yo sugeriría que todos los años fueran dedicados a mejorar su situación. El niño es la víctima inocente de la falta de previsión, de la irresponsabilidad o de la ignorancia de los adultos... Si fuera Presidente de la República, reforzaría todas las campañas destinadas a planificar la familia, a crear padres responsables, a proteger la integridad del núcleo fa-



Don Mario Moreno



"CANTINFLAS",
acuarela original
de Rafael Freyre

miliar y la vida de cada niño, desde el momento en que es concebido. Y haría caer todo el peso de la Ley sobre aquellos que, en una forma u otra, lesionaran sus derechos.

"Cantinflas" Ora sí me la puso difícilí-sí-ma... Pero, si me dejaran hacerla de "presidenciable"... ¡pobres de aquellos que... como si dijera-

(Continúa en la página 21)

¡USTED PUEDE GANAR SI

RECOMIENDA Hasta el último día de febrero de 1980, el "Comprador Misterioso" se presentará, inesperadamente, en las farmacias de la República, incluyendo la Ciudad de México.

El "Comprador Misterioso" puede ser un hombre o una mujer. Se distingue de cualquier otro cliente por un sólo detalle: le lleva la oportunidad de ganar un premio, en **TODOS** los casos en que usted recomiende **PROPAM**.

El "Comprador Misterioso" dirá que es un cliente interesado en planificar su familia. Preguntará al personal qué se le recomienda para la planificación y pedirá orientación al respecto.

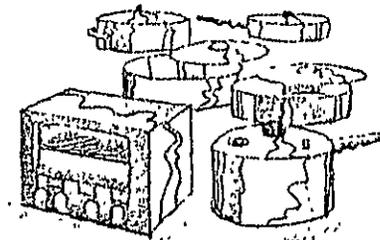
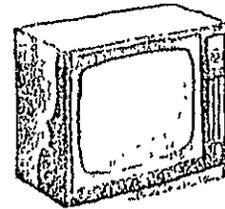
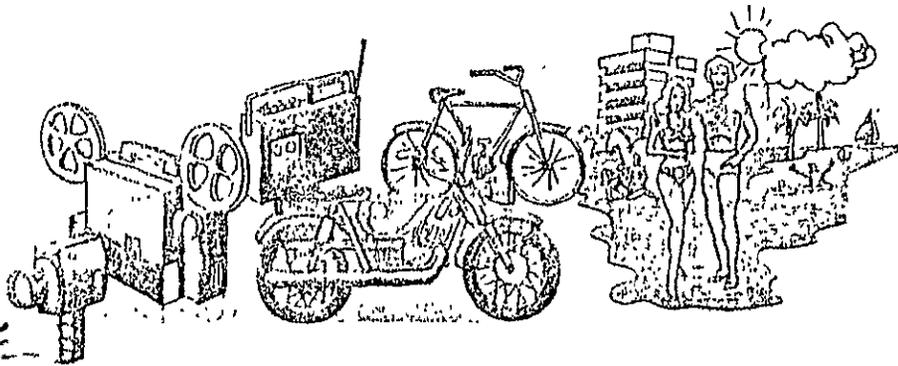
Si en la farmacia se recomiendan los productos **PROPAM**, el desconocido mostrará una tarjeta que lo identifica como el "Comprador Misterioso"

Luego abrirá su "Caja de Premios" y ofrecerá al farmacéutico o al empleado de la farmacia uno de los 20 ó 30 sobres que lleva. Cada sobre corresponde a un premio de **PROPAM**.

Si el farmacéutico o el empleado no recomiendan **PROPAM**, el "Comprador Misterioso" les entregará un premio de consolación.

EL COMPRADOR MISTERIOSO DARÁ ESTOS PREMIOS:

- TELEVISORES.- COLOR Y BLANCO Y NEGRO
- EQUIPOS DE CINE.- CAMARA, PROYECTOR Y PANTALLA
- CAMARAS FOTOGRAFICAS
- KODAK INSTAMATIC
- MOTOCICLETAS CARABELA
- OLLAS EXPRESS EKCO
- RADIOS, BICICLETAS
- BONOS DEL AHORRO NACIONAL \$1,000.00 C/U.
- BILLETES DE \$100.00 C/U.
- Y MUCHOS MAS!



COMO EN BOTICA

por Mario Alamo

En esta sección hay, y habrá, de todo. De todo lo más novedoso e interesante en el muy amplio terreno de la salud, la planificación familiar y las actividades farmacéuticas.

Año nuevo, impuesto nuevo

Con el año 1980 entrará en vigor el impuesto al valor agregado (IVA), que viene a sustituir al conocido 4%, que los expertos llaman impuesto en cascada... Como todos los sectores activos del país, la industria química farmacéutica se prepara a incorporarse a este sistema de recaudación fiscal... Amigo farmacéutico, es importante que su contador lo ponga al corriente sobre la forma en que se aplicará IVA dentro de su negocio y evitar así cualquier contratiempo posterior... Publicaremos información más amplia en el segundo número de esta revista.

Uso controlado de antibióticos

Durante el 1er. Congreso Panamericano de Medicina Crítica y Terapia Intensiva, realizado en la Ciudad de México, uno de los principales temas tratados fue el uso inadecuado y el abuso que se hace de los antibióticos, en infecciones sin importancia y aún en casos donde ni siquiera sienten efecto... Al producirse resistencia a estas sustancias, ha sido necesario crear otras más potentes y costosas que, además, suelen producir efectos colaterales; así, la mayoría de los enfermos graves que llegan a las unidades de terapia intensiva, son producto del mal uso de dichos medicamentos que, en ocasiones, han tomado por varios años... Ante las consecuencias sanitarias de tales hechos, los congresistas subrayaron la necesidad de que la venta de antibióticos únicamente se permita con receta médica, de que los doctores indiquen el antibiótico.

adecuado en cada caso y sólo cuando sea necesario..

Venda bactericida

Los científicos del Instituto Max-Planck de Inmunobiología (Friburgo, República Federal de Alemania), han desarrollado un material para vendas mucho más práctico y eficaz que los existentes... Basándose en nuevos conocimientos sobre el cultivo de células, es posible ahora dar mejor tratamiento a las heridas con la venda Gel que se humedece con sustancias bactericidas y curativas antes de colocarse... No se adhiere, lo cual permite cambiarlas sin dolor y, como es transparente e incolora, es posible seguir el proceso de la herida... Este Gel se está ensayando clínicamente en úlceras crónicas, no cicatrizables, y en trasplantes cutáneos.

[Muy interesante!]

El Colegio Médico Mexicano de Planificación Familiar A.C. ofrece un curso de enseñanza básica de planificación familiar, diseñando para todas las personas que trabajan para la salud (especialmente farmacéuticos y empleados de farmacia), ya que su cooperación es importante dentro de los planes nacionales al respecto... Los organizadores de este curso de 8 horas, ofrecen todo tipo de facilidades: café, comida, muestras de material de trabajo, libros de enseñanza y apoyo, e incluso transporte gratis al centro de aprendizaje... Para mayores informes, dirigirse a Carlos B. Zetina No. 73, México 18, D.F., teléfono 515-61-03.

Manual para superación del personal de farmacias

La diarrea

Entre las enfermedades más frecuentes en nuestro país, ocupan uno de los primeros lugares las afecciones gastrointestinales cuyo síntoma principal es la diarrea; esto se debe a que, aun en zonas urbanas, son muy deficientes las condiciones de higiene y educación.

Tiene muchos aspectos el tratamiento de la diarrea, la información que daremos al respecto es la más accesible, alejándonos de los puntos que corresponden al médico general o especialista. Las diarreas se producen por varias causas y se pueden clasificar como agudas y crónicas. Las agudas, generalmente, son causadas por alimentos, bacterias, parásitos, virus o medicamentos; las crónicas se producen por alteraciones específicas del aparato gastrointestinal.

Tratamiento

Para establecer un tratamiento práctico de la diarrea aguda, que es la más frecuente, hay que subrayar que la diarrea en sí es sólo un síntoma. Así, todo tratamiento para combatirla es sintomático y por tanto, no se debe abusar de la medicación antidiarreica, ya que se puede complicar seriamente el caso; además, se pueden usar otros recursos para lograr el principal objetivo: detener las evacuaciones o, por lo menos, reducir el número y la cantidad de las mismas.

Por lo general, las diarreas que se presentan en los recién nacidos y lactantes (así como en los ancianos) deben ser tratadas por un médico, pues en ellos se asocian complicaciones serias que, muchas veces, requieren la hospitalización del enfermo.

Cuando se trata de niños en los que sólo existe alteración en la consistencia de la materia fecal, se aconsejan las siguientes medidas:

1. Dar agua con azúcar varias veces al día y reducir la frecuencia de los alimentos.
2. Suspender la leche, las frutas y las verduras.
3. Aumentar al alimento agua de arroz; y si es posible dar pan, arroz y cereales.
4. La leche materna no debe suspenderse.

Si además el niño vomita, es necesario insistir en que se le dis-

Con frecuencia el niño, en muy pocas horas, tiene varias evacuaciones acuosas, amarillentas o verdosas con olor penetrante y desagradable, a las que se añaden intranquilidad, dolores abdominales, vómitos y fiebre. Previendo una peligrosa deshidratación, hay que canalizarlo al médico o a la institución hospitalaria más cercana.

minuya la frecuencia de los alimentos. En menores o adultos, cuando la diarrea se asocia a deshidratación moderada o severa (con vómito de difícil control, presencia de alteraciones en la conciencia, etc.), se debe mandar al paciente con el médico, lo más rápidamente posible.² En el próximo fascículo hablaremos sobre deshidratación. Si la diarrea ha sido provocada por la ingestión de algún laxante o antibiótico, utilizados sin indicación o por efecto propio de la sustancia, el problema diarreico se resuelve (en la mayoría de los casos) sólo con suspender dichos medicamentos.

Antidiarreicos

Es importante conocer la acción de los medicamentos adecuados, y de uso más frecuente, en el tratamiento de la diarrea:

- A) *Caolin*. Generalmente se combina con pectina en los preparados comerciales. Favorece el endurecimiento de las heces fecales y evita la absorción de virus y bacterias.
- B) *Pectina*. Tiene efectos similares al caolin.
- C) *Atapulgita*. Protege al intestino, evitando la absorción de bacterias.
- D) *Carbón activado*. Muy efectivo para contrarrestar la acción tóxica de muchos gérmenes que se encuentran en el intestino.

Hay otros antidiarreicos cuyo uso debe evitarse, a menos que el médico los haya indicado, pues cuando se utilizan mal dosificados suelen causar complicaciones.³

Entre las causas más frecuentes de diarrea están la presencia de parásitos o bacterias

Parásitos	Bacterias
Amibas	Shigella
Giardia lamblia	Salmonella
Enterobius vermicularis	Escherichia coli
u oxiuros	Estafilococo
Ascaris lumbricoides	Klebsiella
(lombrices)	Proteus
Tricocéfalos	Pseudomonas
Tenia (solitaria)	

² Si las evacuaciones presentan huellas de sangre, o coloración muy oscura, pueden indicar lesiones en el colon o la presencia de hemorragia interna; por tanto, urge la atención del médico.

³ El Diccionario de Especialidades Farmacéuticas, registra más de cien medicamentos considerados como antidiarreicos y antisépticos intestinales. Muchos de ellos combinan la acción del caolin y la pectina con algún antibiótico; otros se componen de sustancias que actúan, directamente, sobre un determinado grupo de parásitos o bacterias. De verse en la necesidad de sugerir un producto, por la urgencia del caso o la absoluta imposibilidad de acudir a un médico, es imprescindible tomar en cuenta las características del enfermo (edad, síntomas, etc.) y la presencia de alergias o padecimientos que contraindiquen su administración.

Planificación Familiar y Métodos Anticonceptivos

En México, como en toda nación que pretenda desarrollarse en forma adecuada, es una necesidad básica lograr que mejore la salud materno infantil de su población.

Uno de los principales medios para cumplir este propósito, es la planificación familiar; madre y niño resultan beneficiados cuando, usando atinadamente alguno de los métodos anticonceptivos disponibles, se regula la fertilidad para determinar el número de hijos y el espaciamiento que debe haber entre los embarazos.

Un niño no debe venir al mundo accidentalmente, sin ser deseado por sus padres. Además, el organismo femenino necesita encontrarse en aptitud de concebir un nuevo ser saludable; esto no se puede lograr si la mujer está enferma o debilitada por un embarazo anterior, demasiado próximo.

Tratándose de métodos anticoncep-

tivos (tema muy amplio), en este manual sintetizamos los puntos más interesantes en forma de prácticos fascículos coleccionables, para facilitar su consulta en el momento necesario. Después de una clasificación general, en números sucesivos iremos describiendo los principales métodos anticonceptivos y sus características para que, oportunamente, sea posible reconocer las complicaciones o situaciones que requieren atención médica directa.

El aborto, o maniobras abortivas, no se incluyen aquí porque en sí mismos no se definen como medidas para la anticoncepción, pues actúan después de que ésta se ha efectuado.

Métodos anticonceptivos

Dependiendo de sus características particulares, los métodos anticonceptivos de uso más frecuente en nuestro país pueden clasificarse en dos grupos:

C L A S E	SEGURIDAD	
n) <i>hormonales</i>	orales	Muy buena
	inyectables	
b) <i>locales</i>	óvulos	Buena
	espumas cremas	
TEMPORALES	dispositivos intrauterinos (DIUs)	Muy buena
	preservativos (condones) ^o	Buena
	diafragmas	Buena

CLASE	SEGURIDAD
TEMPORALES	Regular
DEFINITIVOS	Muy buena

Los métodos marcados con un asterisco * son para el hombre, los demás están destinados a la mujer.

La pastilla

La pastilla anticonceptiva pertenece al grupo de métodos temporales; es hormonal por las sustancias que contiene y oral ya que se administra por la boca. Si es usada correctamente se considera 99.99% eficaz; todos los productos de este tipo traen su propio instructivo y el mismo empaque ayuda a recordar cuándo hay que tomarlas. En 1956, el doctor Gregorio Pincus logró desarrollar un procedimiento para evitar la ovulación en la mujer, simulando la condición hormonal que se observa en el embarazo, durante el cual no hay ovulación. De ahí nació la idea de la pastilla anovulatoria o anticonceptiva, donde se combinan medicamentos que contienen estrógenos (hormona que produce el ovario) y progesterona (hormona que se produce en el ovario después de la salida del óvulo); ambos compuestos son capaces de bloquear la expulsión de otros óvulos, que son las células reproductoras femeninas.

Son menores los riesgos que pueden derivarse de tomar la pastilla, si se comparan con los que corre una mujer al embarazarse; a estas ventajas se añade la sencillez de su uso y el que no interfieren con los hábitos sexuales de cada pareja. Por tanto, es el método con mayor aceptación en todo el mundo (se calcula que hay más de 30 millones de usuarias) y en México es el que utilizan un mayor

número de mujeres.

Sin embargo, se necesita un proceso de selección para reconocer a las mujeres que, por sus características individuales (condiciones de salud, edad, hábitos), no deben tratarse con pastillas anticonceptivas.

ANTICONCEPTIVOS ORALES COMBINADOS

El tipo más usado y eficaz. Un compuesto de estrógenos y gestágenos (derivados de la progesterona) en cada pastilla, la cual se toma de manera continua durante tres semanas.¹

SECUENCIALES Y GESTAGENOS DIARIOS

Estos dos sistemas no son tan usuales y efectivos como el anterior.

¹ Los métodos anticonceptivos combinados se administran durante tres semanas (21 días), para permitir la menstruación por supresión de hormonas.

En los productos que contienen 28 pastillas, las últimas siete están hechas de sustancias que no actúan sobre el organismo y solamente sirven para que la usuaria no se olvide de tomar una pastilla diariamente.

(continuará)

Distinguidos visitantes

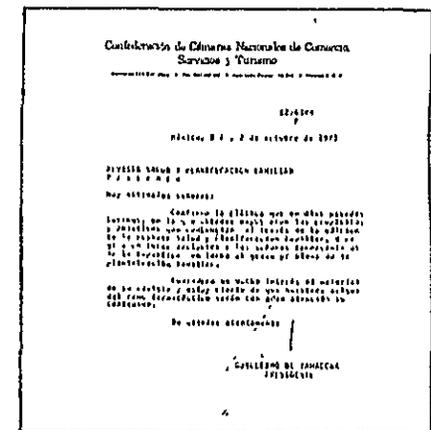
A fines de julio llegaron a nuestro país seis funcionarios de la República Popular China, invitados por el Fondo de Naciones Unidas para Actividades en Materia de Población (UNFPA) y PIACT de Seattle, Washington; esta escala formó parte de su visita a varias naciones productoras de anticonceptivos, entre ellas Estados Unidos de Norteamérica, Bélgica, Alemania, Suiza y Japón.

El objetivo de este viaje de estudio, fue conocer las principales fábricas mexicanas de anticonceptivos orales, inyectables y locales, así como las actividades del Programa para Introducción y Adaptación de Técnica Anticonceptiva (PIATA). La delegación visitante, integrada por el señor Li Xiao Dong (director de la Administración Farmacéutica Estatal y miembro del Consejo de Estado, grupo sobre el que recae la responsabilidad de planificar la familia en China) y cinco destacados técnicos, fue acompañada durante su recorrido por la señora Margaret Morrow (oficial de programas, PIACT Washington), el licenciado John Delvalle (gerente general PIATA México), el doctor Gordon W. Perkin (consejero internacional de PIATA) y el señor Liu Yashu (de la Embajada de la República Popular China) quien actuó como traductor.

Los observadores chinos estuvieron en los laboratorios Schering (Ciudad de México y Orizaba), Syntex (Ciudad de México y Cuernavaca) y Lemery en el D.F., donde también recorrieron las instalaciones de PIATA. Despertó vivamente su interés el trabajo que realiza esta institución: control de calidad en anticonceptivos, reparación y mantenimiento de laparoscopios (con un equipo notable por su eficacia, sencillez y economía) y la producción de material de apoyo en el área de la planificación familiar y la aplicación de métodos anticonceptivos, destinado a servir en zonas rurales y urbanas de la República Mexicana.

Ayuda efectiva

Para quienes están preocupados por diversos problemas relacionados con la familia (educación, salud, planificación, etc.), resultará muy interesante y valiosa la orientación que de lunes a viernes proporciona la XEW y sus repetidoras, con los programas Nuestro Hogar, Camino de Esperanza y Llamada Confidencial que respectivamente pasan de 1 a 3 pm, 3:45 a 4:15 pm, y 4:50 a 5 pm. Además, está la ayuda inmediata que el Sector Salud proporciona al público en general; basta marcar un número telefónico y exponer el caso. Por si usted u otra persona llegan a necesitarlo... apunte en lugar visible: PLANIFICACION FAMILIAR, 286-36-61 y 286-36-65.



SALUD Y PLANIFICACION FAMILIAR agradece los conceptos expresados en esta carta por el señor Guillermo de Zamacona, presidente de la Confederación de Cámaras Nacionales de Comercio, Servicios y Turismo.

Sorpresas y regalos

por Stella

Dice el dicho popular: "Lo cortés no quita lo valiente". Y viene al caso porque la cortesía no está reñida con el trabajo de quien, detrás del mostrador, puede motivar ventas mayores si sabe establecer una buena relación con la clientela.

Siempre es importante el trato amable y nada impide usar, como ama, una sonrisa amistosa... y muy vendedora; prueben y verán que así, aún el cliente más difícil acepta escuchando sugerencias y terminará comprando, si se le recibe bien, se le atiende rápido y se le pone atención a sus respuestas.

En esta ocasión, hemos pensado la posibilidad de que pongan un sello muy personal a sus aparadores y a sus paquetes. Para el primer caso (ilustración 1) pueden hacer estas encantadoras muñecas de trapo, utilizando retazos de tela y estambres, en colores a su gusto. Es posible, también, vestirlas de Reyes Magos, payasos, duendes o con trajes folklóricos de cualquier sitio de la República. Para manejarlas mejor se les introduce una estructura de alambre (ilustración 2) y se rellenan con hule espuma o algodón; la peluca se cose al centro de la cabeza y luego se peina hacia atrás. Después de vestir las se pinta la carita con colores de agua o plumules. ¡Se ven lindísimas cerca de artículos de joyería, juguetes, perfumes y objetos para regalo!

Tratándose de clientes especiales que compran con frecuencia directamente o con servicio a domicilio, es posible envolver su compra en uno

BEST
AVAILABLE

de esos "cucuruchos" que todos aprendimos a fabricar en nuestros días infantiles; se hacen con atractivos papeles de color, añadiendo por fuera una etiqueta o un cordoncillo dorado (ilustración 3) ... y, por dentro, una sorpresa. Nadie resiste las sorpresas, por pequeñas que sean, mucho menos cuando nos hacen despertar lo que aún queda en nosotros de niño. Dicha sorpresa puede estar constituida por curitas de color, juguetes miniatúra, un peme de bolsillo, alguna muestra de perfume, golosinas para los niños, cajitas de cerillos, el calendario 1980, pañuelos desechables, un bolígrafo... El precio de la inversión será mínimo, pero se traducirá durante 1980 en una agradable cosecha para su caja registradora.

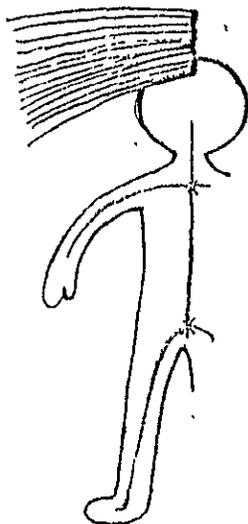


Ilustración 2

VENDA MAS



Ilustración 1

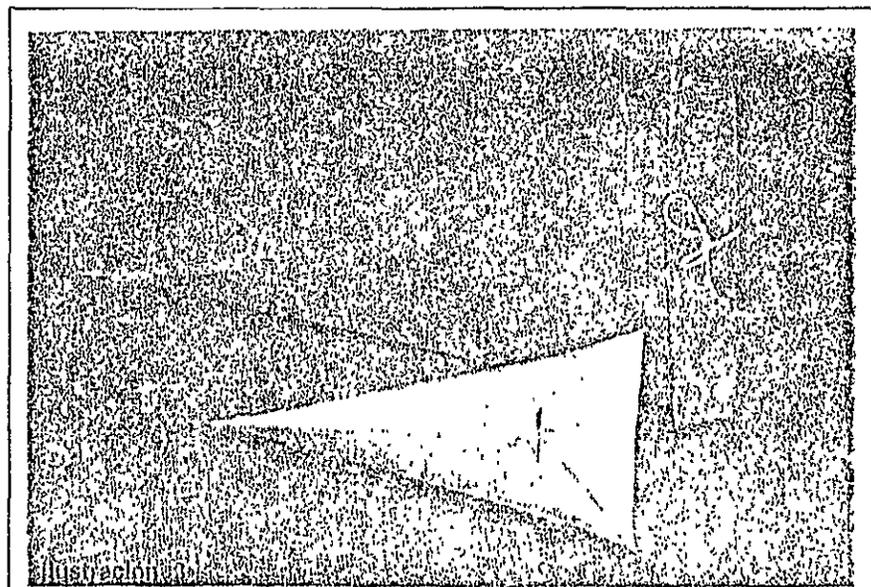


Ilustración 3

El mejor vendedor del mundo

por Guillermo Olvera Arce

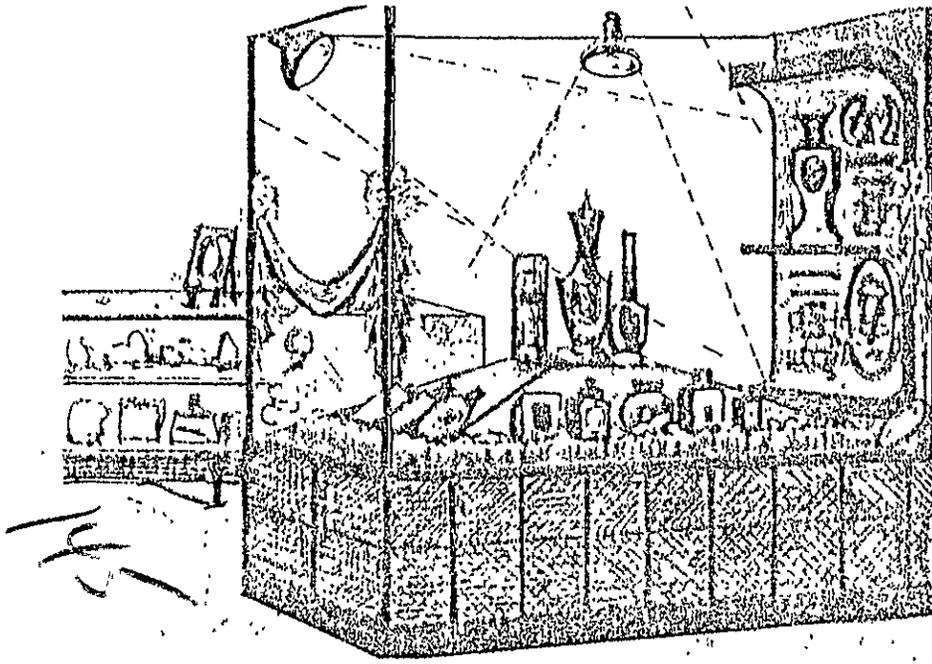
En su farmacia cuenta usted, potencialmente, con el *mejor vendedor del mundo*: su aparador. Siempre y cuando sea un buen aparador, con las características que lo distinguen de un mal aparador.

Durante todo el año es importante tener buenos vendedores, es decir, buenos aparadores; particularmente en determinadas épocas (como fin de año, Reyes, etc.) que se prestan a exponer muchos artículos de perfumería y regalos. Estos representan un importante ingreso, que puede ser aún mayor

si se toman en cuenta algunas indicaciones.

Primero, la mercancía debe mostrarse a la altura de la vista y en forma atractiva, procurando obtener el máximo de superficie para exhibir.

En la *ilustración 1* sugerimos elevar el nivel del aparador, usando una estructura central en forma de pirámide truncada, donde se distribuyen los artículos de acuerdo a su importancia de promoción, venta o calidad. Como se observa, no se coloca ningún fondo entre el aparador y el interior



de la farmacia, donde se pueden hacer otros arreglos decorativos que atraigan también la atención del público. Sobre el costado límite del establecimiento, hay conjuntos escalonados de altura variable, para exhibir artículos grandes que, de colocarse en la parámide, obstruirían la vista interior.

Un buen aparador jamás acumula mercancía como una bodega; en lugar de atraer, la aglomeración produce un efecto de rechazo. Otro tanto se puede decir de los adornos; pocos, buenos, discretos, atractivos y colocados estratégicamente, venden más que muchos de mal gusto y puestos sin ton ni son. Desde fines de noviembre, todo diciembre y aún parte de enero, es posible utilizar algunas de estas sugerencias: a) forrar la pirámide y el exhibidor lateral con papel terciopelo o terciopelo sintético (tela) b) acentuar las esquinas con caídas irregulares de papel celofán metalizado, rematadas con estrellas o flores c) usar, para espacios grandes, cálidos tonos amarillos o anaranjados que llaman más la atención; y para detalles los colores contrastantes; acentuados con blanco, oro y plata.

Es de gran importancia la iluminación; como en el teatro, la luz debe ser más intensa y directa sobre lo que deseamos destacar. En nuestro dibujo tenemos tres re-

flectores, para evitar sombras en los artículos y subrayarlos a todos. Estos reflectores son tipo *flood-light* de 150 watts cada uno (normalmente la iluminación interior es de 100 watts por foco); como su nombre lo indica el *flood light* (luz que inunda) es diferente al *spot-light* (luz en un punto) No conviene iluminar sólo un punto sino todo el espacio posible, con la ventaja de que así el calor es menos intenso dentro del aparador: Tampoco es conveniente una iluminación total desde el techo de los aparadores, pues no se logra atraer la atención sobre ningún artículo.

Deseamos que aproveche al máximo su aparador... que lo convierta en el *mejor vendedor a su servicio*.

Virus es una palabra latina que usan los médicos cuando quieren decir: "De esto sé yo tanto como usted."

Bob Hope

La paternidad es una carrera que se nos impone a la hora menos pensada, sin averiguar si estamos capacitados para ella. De aquí que haya tantos padres que tienen hijos, y tan pocos hijos que tienen padres.

Francis de Croisset

pueblo de menores proporciones, vigoroso, saludable y, sobre todo, que ha podido desarrollarse a través del estudio?

México es un país joven y de gente joven, donde casi el 48% de la población tiene menos de 15 años. De estos 31.566.131 mexicanos, unos 20 millones están en edad escolar; el resto tiene menos de 5 años, ¡pero está creciendo! Estos datos corresponden al momento presente; también el de que tenemos 59,636 escuelas para enseñanza preescolar y primaria en la República Mexicana.

Pero, si no logramos detener la explosión demográfica, para el año 2000 (esto es, dentro de 20 años), los menores de 15 años serán poco menos de 53 millones. Haga cuentas y calcu-

le el número de escuelas necesarias para recibir a todos esos estudiantes. La cifra produce escalofrío, mucho más si se toma en cuenta que nos será preciso incorporar al sector productivo todo el potencial de capacidad e inteligencia que representa esa juventud.

Después de revisar estas cifras vemos por qué se dificulta consolidar el legítimo deseo de que todo mexicano tenga acceso a la enseñanza primaria, uno de los derechos que adquiere al nacer. Contribuir a que esto suceda es un deber compartido, que nos lleva automáticamente a reconsiderar objetivamente las ventajas de la oportuna planificación familiar, fruto de una bien entendida paternidad responsable que no solamente beneficiará a determinados sectores de la población, sino al progreso integral de México.

Población y educación elemental

"El presente ciclo escolar atenderá entre el 94.5 y el 95% de la demanda potencial de educación primaria, para el próximo año estará en capacidad de atender entre el 97 y el 97.5%, promedio que se acerca a los límites planteados por la ONU" — (Conferencia de prensa, profesor José T. Quiroz, director general de Educación Primaria en el Distrito Federal, e ingeniero Jaime Peña, director general de Planeación Educativa — Heraldo de México, 15 de septiembre, 1979).

"Al presente, se requerirán 40 años para poder ofrecer la primaria a todos los niños y, con ello, cerrar en forma efectiva la llave de la ignorancia, ya que a estas alturas no se logra ni siquiera que la mitad de los niños que se inscriben en el primer año puedan terminar ese nivel escolar" — (Lic. Enrique González Torres, presidente del Centro de Estudios Educativos — Novedades, Sección Editorial; 15 de septiembre, 1979).

"Organismos internacionales han comprobado que — sólo en el Distrito Federal, para no hablar de toda la República nacen 7000 (siete mil) niños cada veinticuatro horas. Por favor, piense usted en esto y fórmese un juicio. La Plaza de Toros "México" (la más grande del mundo) se podía llenar hasta la azotea cada ocho días con puros recién nacidos, renovando la asistencia cada domingo hasta el infinito... Si hace cálculos, puede ver como un camión "delfín" se llena cada nueve minutos de nuevos pasajeros... Cada cuarenta días sería necesario construir otra Universidad... Y esta es la tragedia de tremendas proporciones que nos espera: que la multitud de mexicanos del futuro estarán condenados a ser más ignorantes, más pobres y más atrasados que los del presente. Al ritmo de crecimiento demográfico actual, el país puede ir al subdesarrollo". — ("Discutiendo bajo la lluvia", Abel Quezada — Novedades; 23 de agosto, 1979).

(Nota de la Redacción) La cifra 7000, SI corresponde a toda la República, lo cual no cambia el impresionante panorama dibujado por Abel Quezada

SALUD Y PLANIFICACION FAMILIAR

ofrece:

- * la continuación de sus secciones coleccionables
- * entrevista exclusiva con la bella OLGA BRESKIN
- * año nuevo... impuesto nuevo
- * la discutida Vitamina C

¡Y MUCHO MAS!

Entrevista exclusiva (Viene de la página 7)

mos... se olvidan de que son padres... y que parecen que no tienen nada de atender a sus chamacos! El que tenga tienda, que la atienda... y el que tenga roros... ¡que no los deje solos, tristes y abandonados!

6. ¿De qué manera se hace Patria? **Mario Moreno** En algún tiempo se consideró que, el tener muchos hijos, era la forma de "hacer Patria". Nada más equivocados si se tiene en cuenta que no es la cantidad, sino la calidad de los mexicanos, la que hará una Patria mejor. Y para poderles dar a todos los que vivan en México, la posibilidad de hacer algo positivo por su país, es preciso que desde la infancia puedan alimentarse bien, estudiar y ser saludables.

"**Cantinflas**" Si hacer Patria fuera tener chamacos... ni quien nos ganara a patriotas... pero, como que no... ¿o sí?... Unos encuerdidos... otros de aquí pa'llá vendiendo chicles... No hay derecho... porque si se ve bien... ¡está te'chueco! No hay que ser tan... patriotas. Mejor poquitos... y que no se queden con hambre o sin banco en la escuela... Porque a la hora de la hora, ¡qué bue-

no es haber tenido a Pepe de comprador de banco... y no precisamente en la Alamedal

7. Siendo así, ¿qué es más importante... la paternidad responsable o el responsable de la paternidad?

Mario Moreno Ciego que la paternidad responsable es imprescindible entre nosotros, como parte fundamental de cualquier proyecto tendiente a reducir el índice demográfico de México y, por consiguiente, los problemas inherentes: escasez de servicios y recursos, desempleo, contaminación ambiental, delincuencia, insalubridad... y todo lo negativo que recae sobre la niñez.

"**Cantinflas**" A qué mí don Mario... ¡es mucho más importante el responsable de la paternidad!... Luego empiezan que yo no fui... que fue Teté... ¡y esto no es juego! Porque si el responsable es un "irresponsable"... ¿cómo quiere que le vaya al chamaco?... Que mira que yo si lo quiero... Pues chulis, tu la traís y a ver cómo lo mantienes... Y así... ¿quihubo?... Primero muy resbalosos... y que vamos al cine... y que te invito a la feria... Y ya se sabe que luego andan de chismosos contando como les fue... y nada de nada...

Hay que ser responsables... ¡ahí está el detalle!

Diccionario de la salud

A Es el nombre de una vitamina necesaria desde la infancia. Los alimentos más ricos en ella son por ejemplo, el hígado y la zanahoria, en esta proporción, unos 70 gramos de hígado de res, frito, equivalen a 30,330 *Unidades Internacionales* de *Vitamina A*; una taza de zanahoria cocida, en rebanadas, 18,130; curiosamente, la misma cantidad de zanahoria cruda solo aporta 13,200. Si una persona no ingiere en su alimentación suficiente *Vitamina A* en forma natural, es preciso que la reciba en capsulas, ampollitas, etc.

Fiebre de Malta Es un padecimiento generalmente contagiado por leche o queso de ovejas, cabras y vacas; su verdadero nombre es *brucelosis*, pero también se le conoce como *fiebre ondulante* porque en ella se se alternan etapas de temperatura muy alta con otras de temperatura normal. Como síntomas también se presentan dolores articulares, sudor profuso (particularmente en las noches), estreñimiento, falta de apetito. Sólo el médico puede atender esta enfermedad, que no es contagiosa de persona a persona e inmuniza a quien la ha padecido ya, aunque su duración no se puede precisar.

Hidrocarburos Cuando se presenta un caso de envenenamiento por algún derivado del petróleo (*gasolina, thinner, aguarrás, benzina, kerosene, nafta*), los síntomas son: náuseas, vómito, salivación, cólicos, disnea (dificultad respiratoria) y confusión mental; la boca del accidentado tiene el olor característico de la sustancia ingerida. Mientras es posible lograr la atención médica: a) no se debe provocar el vómito, b) se administran de 4 a 8 cucharadas

de *aceite de oliva*, c) si se decide proceder al lavado gástrico, éste se hara en forma muy cuidadosa.

Lápiz labial Además de contribuir al embellecimiento del rostro femenino, hay razones de índole médica para aconsejar su uso. La piel de los labios es sumamente delgada y necesita protegerse tanto de los rayos solares como del frío invernal; el lápiz labial produce una capa ligeramente grasosa que ayuda a filtrar el sol y evita, también, la resequedad y las grietas. Aunque el lápiz sea incoloro, puede cumplir con ambas funciones.

Sarro Las sales minerales de la saliva llegan a producir esta sustancia; a veces se acumula en los dientes hasta formar una gruesa capa, que debe ser removida por el dentista. El uso constante de un buen dentífrico, evita en gran parte la formación exagerada de sarro. Una medida eficaz contra la formación de sarro es mezclar, a los polvos dentífricos, *benzoato de sodio* en proporción de 5%.

Xerofalnia La falta de *vitamina A* en la alimentación, causa este padecimiento que se caracteriza por la sequedad de la membrana que recubre la superficie externa de los ojos (conjuntiva), donde se forman depósitos parecidos a las manchas que deja la espuma de jabón al secarse. Mucha de la belleza de los ojos reside en su brillo, el cual se pierde con esta enfermedad; el problema se resuelve con una dieta rica en productos con *Vitamina A*, particularmente: vísceras, huevos, leche, queso, verduras y frutas secas.

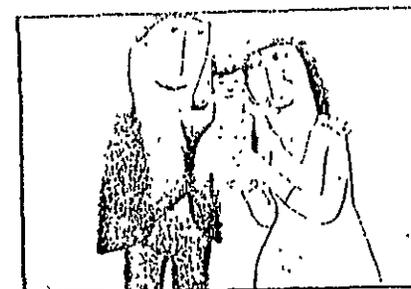
En el Año Internacional del Niño



Prevenir, para no tener que remediar

Uno de los principales derechos del niño es el de la salud. Durante este año y siempre, uno de los mejores homenajes que podemos ofrecerle es el de la posibilidad de una vida mejor, sin la amenaza de enfermedades (que pueden marcar toda su existencia) y aun de la muerte prematura.

La *Organización Mundial de la Salud* ha promovido una intensa cam-



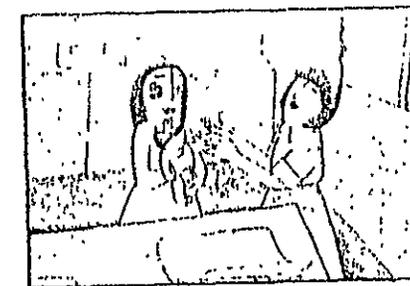
Algunas madres tienen miedo de que las vacunas causen molestias a su bebé, ¡pero es mayor el sufrimiento que originan las enfermedades!



Cada niño, al nacer, es una esperanza para sus padres. Para conservarlo saludable, hay que protegerlo de muchos padecimientos graves.

pañía, bajo el lema "*Inmunice y Proteja a su Niño*", estableciendo el contraste entre unos padres que se refusan a vacunar a su hijo, y éste muere, y otros que lo hacen oportunamente, logrando así que su niño se desarrolle fuerte y saludable.

Entre las preocupaciones básicas del Sector Salud de nuestro país está, por igual, la de proteger a la población infantil a través de vacunas contra poliomielitis, difteria, tétanos, sarampión, tétanos, tifoidea, viruela, tuberculosis, ... Además de la *Tarjeta Familiar de Inmunizaciones (SSA - IMSS - ISSSTE)*, se está promoviendo a través de los más importantes medios de comunicación la *Cartilla Nacional de Vacunación*. Cada recién nacido



Un simple piquete, una inyección oportuna, libra al pequeño del peligro de contraer poliomielitis, viruela, tuberculosis, et cetera.

♦ Las ilustraciones corresponden a dicha campaña de OMS.