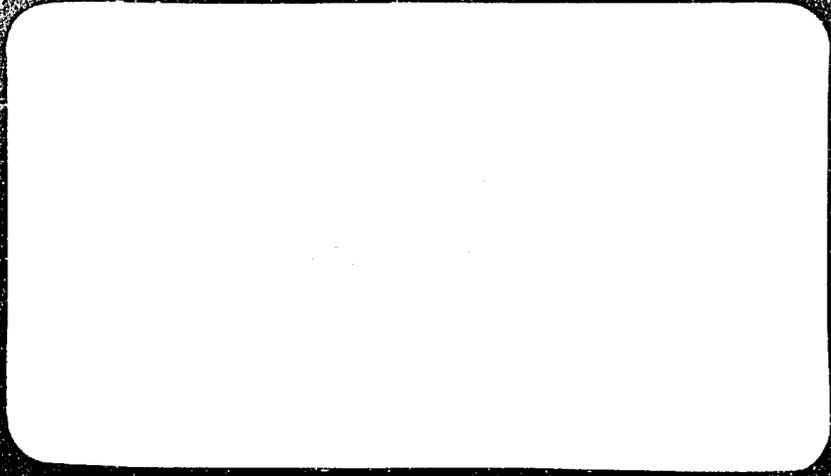


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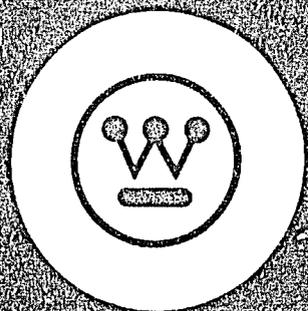
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SUMMARY REPORT
PART ONE
OF THE
SURVEY OF GLOBAL PATTERNS
OF CONTRACEPTIVE DISTRIBUTION IN
THE PRIVATE SECTOR IN SELECTED
DEVELOPING COUNTRIES

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under

Contract CSD 3319

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November 2, 1972

A D D E N D U M

SUMMARY REPORT
PART ONE
OF THE
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OF CONTRACEPTIVE DISTRIBUTION IN
THE PRIVATE SECTOR IN SELECTED
DEVELOPING COUNTRIES

Please make the following changes in your copy of the Summary Report:

CONTRACEPTIVE DISTRIBUTION IN IRAN

Page 35: The third sentence, second paragraph should read: "Of 150,000 gross of condoms distributed in Iran in '71-'72 . . . (see Table XI)."

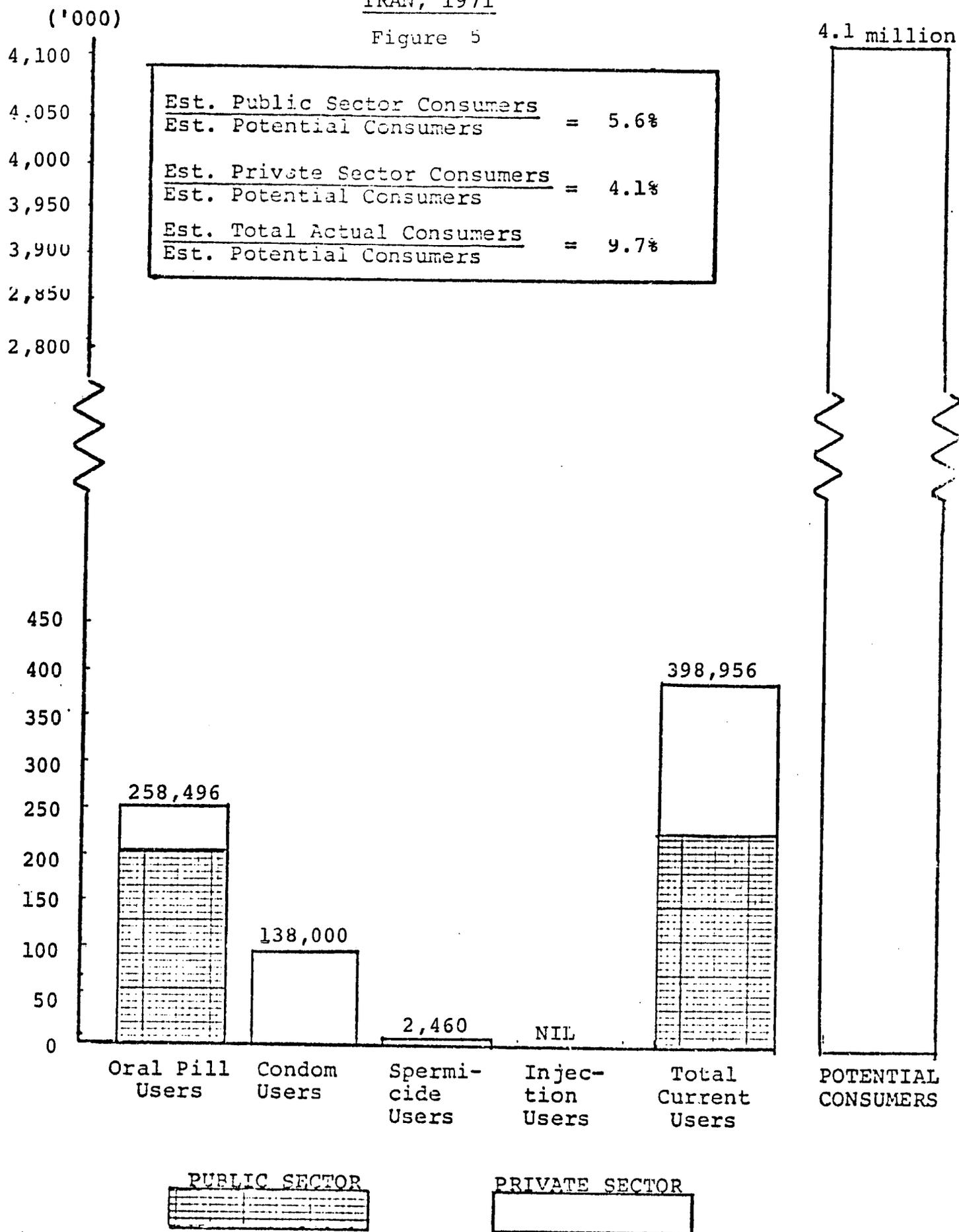
Page 36: Table XI. The number of condoms in the "Public Sector" column should read "50,000". The number of condoms in the "Total" column should read "150,000".

Page 36: Table XII. The number of consumers of condoms in the "Public Sector" column should read "18,000". The total for the "Public Sector" column should read "230,703". The number of consumers of condoms in the "Total" column should read "138,000". The total number in the "Total" column should read "398,956".

Page 37: Figure 5. Enclosed is a corrected version of Figure 5. The following corrections have been made: the number of condom users; the number of total current users; the number of potential consumers; the three percentage figures at the top of the page; and the numbers on the vertical (X) axis.

IRAN, 1971

Figure 5



Source: WPC

The project upon which this report is based was performed pursuant to Contract Number AID-CSD-3319 with the Agency for International Development. It reflects the views of the Contractor and not necessarily those of the United States Government. Any errors or omissions should be brought to the attention of the Westinghouse Population Center.

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INTRODUCTION

The objective of national population policies in developing countries is to curb excessive population growth. In most cases, the objectives of these policies are being pursued by the provision of family planning information and contraceptive services to the general population through publicly operated family planning programs. While the magnitude and effects of these publicly sponsored programs are in some cases very impressive, they are, in general, finding it difficult to meet stated program objectives, much less effect a demographic change on a national basis.

Since it appears that no developing country has or will have the financial or human resources necessary to implement a nationwide family planning service program which reaches all segments of the population, alternative methods of effecting demographic change in accordance with the stated national policy must be used.

The achievement of national population policy goals must therefore be considered in a comprehensive manner. Neither in the short run nor the long run can one sector of a country's infrastructure meet the current and hopefully growing contraceptive requirements. Attention has recently focused upon the impact of the provision of contraceptives through non-governmental channels on demographic change. While relatively little information is

currently available, it is estimated that non-public sector contraceptive distribution channels have a significantly greater effect on fertility patterns than do national, publicly supported family planning programs.

The Westinghouse Population Center, Columbia, Maryland under contract (CSD-3319) to the Agency for International Development, is investigating the current and potential role of the distribution of contraceptives through all available commercial channels in eight developing countries: Jamaica, Panama, Venezuela, Philippines, Thailand, South Korea, Iran and Turkey.

The purpose of this research is to identify and evaluate the existing contraceptive market, the channels of distribution, and the potential for increased private sector participation in expanding the availability and usage of contraceptive products.

The study is divided into four parts. Part One presents data for each of the eight countries on the major commercial activities of importation, production, manufacturing, distribution, sales and use. Part Two will provide a cross-country/cross-regional analysis of the data and will include hypotheses dealing with questions about the market limitations for distribution and sales, and immediate and long-run market potentials. Part Three will contain recommendations or possible plans for future consideration by parties interested in market development such as government and private firms. Part Four will provide recommendations

for a formal marketing program for at least two countries. This report presents summary data for each of the eight countries collected under Part One of this contract. Full reports for Part One are available to interested parties through the Westinghouse Population Center.

METHODOLOGY

The collection of information in each country was accomplished by personal interviews with importers, distributors and wholesalers of contraceptives. In addition to collecting information concerning importation, distribution and sales, respondents were also queried as to their knowledge of family planning, their views of the government program, and their perceptions of the prospects for increased contraceptive product purchase and use by people in the commercial sector. Personal interviews were held with members of the relevant family planning programs and Ministries of Health to estimate the population served by the national program, the effectiveness of the program, and the respondents' attitudes toward increased private sector participation in family planning. In addition, interviews were conducted with representatives of government statistical and economic offices and customs bureaus.

In order to insure that all available products in each country were included, examination was made of the full range of contraceptives carried in drug stores and other retail outlets. These store surveys typically uncovered additional contraceptives on which information had not been collected from distributor interviews. The importers and distributors of these contraceptives were usually then interviewed by the host country national.

Interviews were also held with representatives of companies which distribute mass consumer items to determine the feasibility of utilizing alternate distribution systems. Representatives of advertising firms and the mass media were interviewed to assess the extent of media coverage available and the possibilities of implementing a commercial advertising program. Where appropriate, interviews were also held with members of religious organizations and the medical profession.

In almost all countries additional data is currently being collected on follow-up visits. This procedure is essential to insure completeness, reliability and uniformity of information. During this phase the research documents are being revised so as to insure their usefulness to other investigators who may wish to undertake similar studies in other countries. These documents will be included in the final report covering all phases of this research which is scheduled for June 1973.

GENERAL FINDINGS

OVERVIEW - EIGHT COUNTRIES

The research to date shows that the potential for increasing the role of the private sector in distributing contraceptives is indeed great. Already, the commercial sector supplies a large portion of those people currently contracepting. In fact, as can be seen from Figure 1, even in countries with substantial public sector programs, the private sector is critical to the potential for demographic impact.

While this current study covers rather divergent geographic areas, there are common elements which can be identified which facilitate and impede the commercial distribution of contraceptive products -- many of which have direct policy implications. These factors can be grouped into four general areas: (1) Legal Requirements; (2) Distribution Systems; (3) Market Dynamics; and (4) Social/Economic/Political Factors.

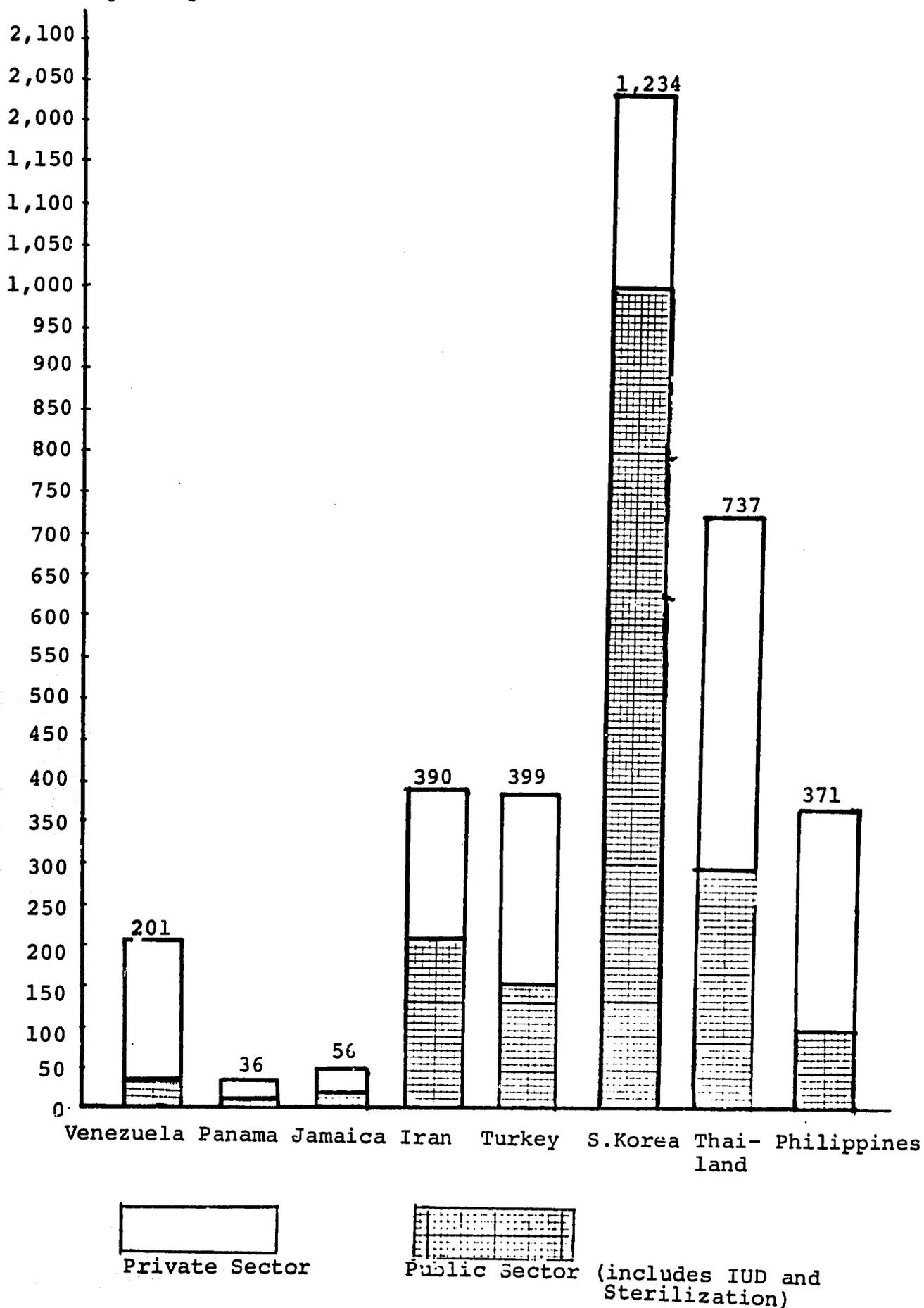
Legal Requirements: The single greatest impediment to increased distribution of contraceptives is the lack of availability of oral pills and some vaginal products outside of pharmacies. The "Sold Only in Pharmacies" requirement originates because oral pills are classified as "ethical" pharmaceutical

-b-
Figure 1

CONTRACEPTIVE CONSUMERS BY SECTOR OF SUPPLY

('000 of couples
using contraceptive products

1971



products and can therefore be sold only with a physician's prescription through a licensed or registered pharmacy. In one country studied, Venezuela, even the condom is legally available only in drug stores, although in none of the countries did it fall under the prescription requirement.

Custom duties, taxes and fees on the importation of raw materials and finished goods are another legal impediment to contraceptive distribution. In none of the countries studied were contraceptives excluded from duties, even where there is a strong national population policy. In fact, only Venezuela has a consistent low duty and tax structure on imported or manufactured products, regardless of type. Table I shows the tariffs, duties, taxes, etc., for contraceptives in eight countries. Importantly, these tariffs can increase the final retail price by as much as 40% on oral pills and by over 60% on condoms.

Advertising restrictions are the third major legal impediment. In most countries, it is illegal to advertise prescription drugs to the general public and therefore, manufacturers cannot promote their products to the final consumer. Manufacturers are restricted to the "traditional" promotional methods -- detailmen, medical journal advertisements and direct mail.

TABLE I

IMPORT TARIFFS FOR CONTRACEPTIVES

<u>Country</u>	<u>Oral Pills</u>		<u>Condoms</u>	
	<u>Raw Materials</u>	<u>Finished Goods</u>	<u>Raw Materials</u>	<u>Finished Goods</u>
Venezuela	B 2.00/KG + 7.5% fees	B 2.00/KG + 7.5% fees	B 2.00/KG + 7.5% fees	B 2.00/KG + 7.5% fees
Panama	-*	20% ad valorem + 2.5% fees	-*	10% ad valorem + 2.5% fees
Jamaica	-*	(U.S.) 36.5% + 5% fees (G.B.) 24.5% + 5% fees	-*	22% + \$0.125/hundred wt.
Iran	5-20% cif** + 15-20% fees	10% cif + 15-20% fees	-*	30% cif
Turkey	5% ad valorem 10% cif + 35% fees	5% ad valorem 10% cif + 35% fees	-*	22% cif + 45% fees
South Korea	5% cif	Prohibited	30% cif (70% on latex)	Prohibited
Philippines	10% cif + 30-40% packaging	30% cif	-*	13% cif + 7% sales tax
Thailand	30% cif + 1.5% sales tax	10% cif + 7.7% sales tax	-*	60% cif

* No Importation

** Depends on Form

KG - Kilogram

cif - Cost, Insurance, Freight

fees - Licenses and Consular fees

ad valorem - appraised value

Source: U.S. Department of Commerce and
Westinghouse Population Center

On the other hand, there are two major legal factors which tend to facilitate the distribution of contraceptives. First, once the importing of products has been approved, it is relatively easy to continue importation without undue delays. Second, there are usually no legal restrictions on the public advertising of condoms. Certainly in most countries these contraceptive products are not advertised; nevertheless, there is no legal impediment to doing so.

Distribution System: Tied to the problems of the prescription and pharmacy requirement on "ethical" pharmaceutical products is the fact that both physicians and pharmacies tend to be concentrated in urban areas, while the populations tend to be disproportionately distributed in rural areas. Thus, products which are restricted in distribution are not readily available outside of high density urban centers. Even the condom which is not restricted, except as noted, to any type of retail outlet, tends to find relatively poor distribution in rural areas. A number of factors account for this: drug stores still tend to be the major distribution point for condoms; manufacturers/distributors use a gravity distribution system where products are allowed to filter down the chain rather

than be pulled down by demand; and, the relative cost of rural distribution is expensive as compared with urban distribution. A compounding factor in limiting the distribution of condoms is that the method of selling tends to foster its "illicit sex" image. It appears that people may be reluctant to purchase condoms when they are hidden under counters, surreptitiously shown to the customer, and then put in "plain brown wrappers" once they are purchased. This heightening of the embarrassment factor in purchasing does nothing to stimulate the development of alternate distribution networks.

In those countries where there is government control over the margins or mark-ups on ethical pharmaceutical products, manufacturers must often circumvent the existing requirements in order to realize their profit margins. In cases where the regulations are followed, wholesalers absorb part of the allowable mark-up. In both of these cases, manufacturers deal with a large number of wholesalers in order to insure adequate product placement. The result is a constriction of the distribution systems and/or margins, but more importantly, it leaves the promotion of the products to the retailer to the discretion of the wholesaler. Since contraceptive products do not typically represent a very important segment of the wholesaler's business, he is not apt

to give them any priority. Additionally, not only are there few if any incentives for retailers to sell contraceptives, but the inventory they maintain is typically rather small. While it is unlikely that a customer in an urban setting would not be able to obtain a contraceptive when desired, it is not unlikely for this to happen in rural areas.

In all eight countries good to excellent urban distribution was found. In addition, while the overall number of outlets selling contraceptives remains fairly small, excellent potential distribution systems were found in each of the countries.

Market Dynamics: Contraceptive manufacturers currently distribute their products in the same restrictive manner throughout the world. This "Western" distribution model may be inappropriate to many developing countries. The legal issue of distributing oral contraceptives only through drugstores and promoting them only to physicians via detailmen is further compounded by the fact that this procedure is "normal" for all major markets served by the pharmaceutical manufacturers. Thus the manufacturers themselves may not have attempted to encourage changes in the legal requirements for fear of alienating the medical community. This is particularly true in the area of public advertising where companies may fear an adverse effect from physicians for advertising ethical products directly to consumers.

While condoms are not typically regulated in terms of direct consumer advertising, manufacturers still are reluctant to initiate advertising. Part of the problem appears to be the manufacturer's own image of the product -- that of one that is sold and used surreptitiously. There is also evidence that condom manufacturers do not want to alienate, or compete directly, with pharmaceutical manufacturers. In those few countries where consumer advertising for condoms has been done, however, notably India and Thailand, negative public reaction has been minimal or non-existent.

Pharmaceutical companies and condom manufacturers/importers do not give contraceptives high priority in terms of marketing efforts. This is understandable, since contraceptive sales in any particular developing country generally contribute relatively little in terms of total local corporate sales.

The tendency of not giving priority to contraceptives in this situation is compounded by the fact that increased marketing activity cannot be financially justified since both profits and total sales are relatively low. Also, the majority of pharmaceutical manufacturers operate on a product-by-product accountability basis and are not inclined to reallocate promotional money from one product class to a less profitable product class.

Retail prices for contraceptives are typically high. Part of the reason for the high price regarding oral pills (i.e., duties, taxes, etc.) has already been mentioned. However, the retail price of oral pills is also high due to the high landed prices of these products as shown in Table II. In those countries where local production is done, the landed price is relatively lower than in countries which import finished goods. Nevertheless, a landed per cycle cost of U.S. \$.40-\$.90 results in a final consumer price, even under government price controls, of between U.S. \$.54-\$2.23.

As Table III shows, condoms are not usually costly at the port of entry -- ranging from a low of U.S. \$.01 per unit in Turkey, South Korea and Thailand (South Korea and Thailand have local manufacturing) to a high of U.S. \$.16 per unit in Panama. Therefore, while the final consumer price of oral pills is high due in large part to the landed costs of the product, condoms are expensive at the retail level due to the inordinate mark-ups along the distribution chain. In fact, individual mark-ups of 1000% at each point in the distribution system are not uncommon.

The final result, as shown in Table IV, is that both condoms and oral pills purchased through the private sector would constitute an economic burden on the average purchaser in all of these eight countries.

TABLE II

MEDIAN PER CYCLE PRICE OF ORAL CONTRACEPTIVES
IN EIGHT SELECTED COUNTRIES, 1972

<u>Country</u>	<u>Landed Price</u>	<u>Retail Price</u>
Venezuela	\$0.75	\$2.23
Panama	.95	1.85
Jamaica	.89	1.35
Iran	.45	0.85
Turkey	.30 - .40	0.70
South Korea	.40	0.54
Philippines	.50	0.90
Thailand	.50	0.60

Source: Westinghouse Population Center

TABLE III

MEDIAN PRICE PER UNIT (ONE) OF CONDOMS
IN EIGHT SELECTED COUNTRIES, 1972

<u>Country</u>	<u>Landed Price</u>	<u>Retail Price</u>
Venezuela	\$0.07	\$0.23
Panama	0.03	0.16
Jamaica	0.03	0.15
Iran	0.005	0.05
Turkey	0.01	0.06
South Korea	0.01	0.10
Philippines	0.02	0.09
Thailand	0.01	0.07

Source: Westinghouse Population Center

TABLE IV
MEDIAN COST OF CONTRACEPTIVE USE PER YEAR
IN EIGHT SELECTED COUNTRIES, 1971

<u>Country</u>	<u>GNP Per Capita</u>	<u>Oral Pill Price Per Year Per Contracepting Woman</u>	<u>Oral Pill Price Per Year as a Percentage of GNP Per Capita</u>	<u>Condom Price Per Year Per Condom User</u>	<u>Condom Price Per Year as a Percentage of GNP Per Capita</u>
Venezuela	\$1,100	\$29.00	2.6%	\$27.60	2.5%
Panama	600	24.00	4.0	19.20	3.2
Jamaica	543	16.90	3.1	18.00	3.3
Iran	327	11.05	3.4	6.00	1.8
Turkey	350	9.10	2.6	7.20	2.1
South Korea	200	7.00	3.5	12.00	6.0
Philippines	200	11.70	5.9	10.80	5.4
Thailand	400	7.80	2.0	8.40	2.1

Source: Westinghouse Population Center; and International Planned Parenthood Federation, Population Council (GNP Figures).

Unfortunately, those factors which facilitate the distribution of contraceptives tend to be de facto activities contrary to de jure requirements. That is, in most of the countries studied (Iran being the notable exception) oral contraceptive products are readily available "over-the-counter" (or) without a physician's prescription. This de facto purchase of contraceptives OTC certainly increases accessibility and any enforcement of the "Prescription Only" requirement would severely limit contraceptive usage. In addition, in only one country did we find public advertising of oral products, but on a very limited basis. The elimination of the advertising requirement and the subsequent motivation of the manufacturers to utilize mass media would certainly help stimulate commercial distribution.

Social/Economic/Political Factors: There are three primary factors which inhibit distribution of contraceptives, and they tend to be common to all countries studied with the exception of Venezuela: (1) large rural populations; (2) inadequate health delivery systems; and (3) relatively low per capita incomes. While none of these factors in and of themselves inhibit distribution, when tied to the "Pharmacy Only"

requirement for oral pills, the urban concentration of pharmacies and physicians and the high costs of contraceptives, these factors significantly mitigate against adequate distribution and use of commercial contraceptive products. On the other hand, there are two primary factors which contribute significantly to distribution: public sector programs and manufacturers' general support for family planning. Public sector programs contribute to the private sector distribution through public acknowledgement and promotion of family planning and, in addition, we suspect significant "cross-over" in some countries from the public to the private sector. Manufacturers are generally receptive to family planning and are willing to support it through their own efforts, and in some cases to assist in public program support.

SUMMARY OF FINDINGS IN EACH COUNTRY

This section gives a summary of the major findings for each country, including the primary impeding and facilitating factors. The first part of each country summary shows the impact of the private and public sectors on contraceptive consumption. Certainly an estimation of the number of actual and potential consumers is a necessary first step in the analysis of market conditions. Our objective is to arrive at an estimate of potential sales that will be meaningful to manufacturers and importers of contraceptives and it is not to be construed as a measure of demographic significance. For the purpose of estimating consumers for each country, the following assumptions are made:

1. Each of the couples between the ages of 15 and 44 is considered to be one potential consumer;
2. Consumption rates per consumer per year are:
 - Oral Contraceptives - 13 cycles
 - Condoms - 120 pieces
 - Spermicides - 10 packages of 12 tablets each/
10 tubes of 60-85 grams each
 - Injections - 4 ampoules of 3 cc each

Consumption rates were suggested by market managers of these products and similar rates have been used in other studies. Use of other rates will alter the estimated number of consumers accordingly.

CONTRACEPTIVE DISTRIBUTION IN VENEZUELA

During 1971, a total of 1.7 million cycles of oral contraceptives and 90,000 gross of condoms were distributed in Venezuela. The private sector accounted for 66% of the cycles distributed and nearly all of the condoms. A small number of spermicides was also distributed in Venezuela, with the large majority being sold through commercial channels. Table V shows the number of contraceptives distributed in 1971.

TABLE V

PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
VENEZUELA, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	396,000	775,000 (1)	1,171,000
Condoms (gross)	312	90,277	90,589
Spermicides (Tubes of 60-85 grams/pkg. of 12)	3,600	21,000 (2)	24,600

NOTE:

(1) 70,000 of these were free medical samples

(2) 2,200 of these were free medical samples

The number of oral contraceptive cycles sold in Venezuela has more than doubled since 1966, increasing from 346,000 to 775,000. While a 100% increase does seem impressive, the total number of cycles distributed still remains small. Condom sales have decreased between 1966 and 1971 from 15 million pieces to 13 million, and sales of spermicides have grown slightly but still amounted to only 25,000 (packages of 12) in 1971.

In 1966 there was a potential eligible population of 1,810,000 couples, 86% of which were not using a contraceptive; in 1971 of the potential population of 2,108,340 couples (2.21 million reduced by 4.6 births per 1000) 90.4% were not using a contraceptive (see Figure 2). This occurred despite the large number of free samples distributed by private companies which in 1971 represented over one-third of the total number of cycles distributed.

The total number of Venezuelan consumers of contraceptives went from 253,615 in 1966 to 201,245 in 1971, representing a decline of 20.6%. The intermediate years also represented a decline with respect to 1966. Of the 201,245 consumers in 1971, 54% used condoms, 45% used oral contraceptives and less than 1% used spermicides. Table VI shows the Venezuelan consumers of contraceptives in 1971.

TABLE VI

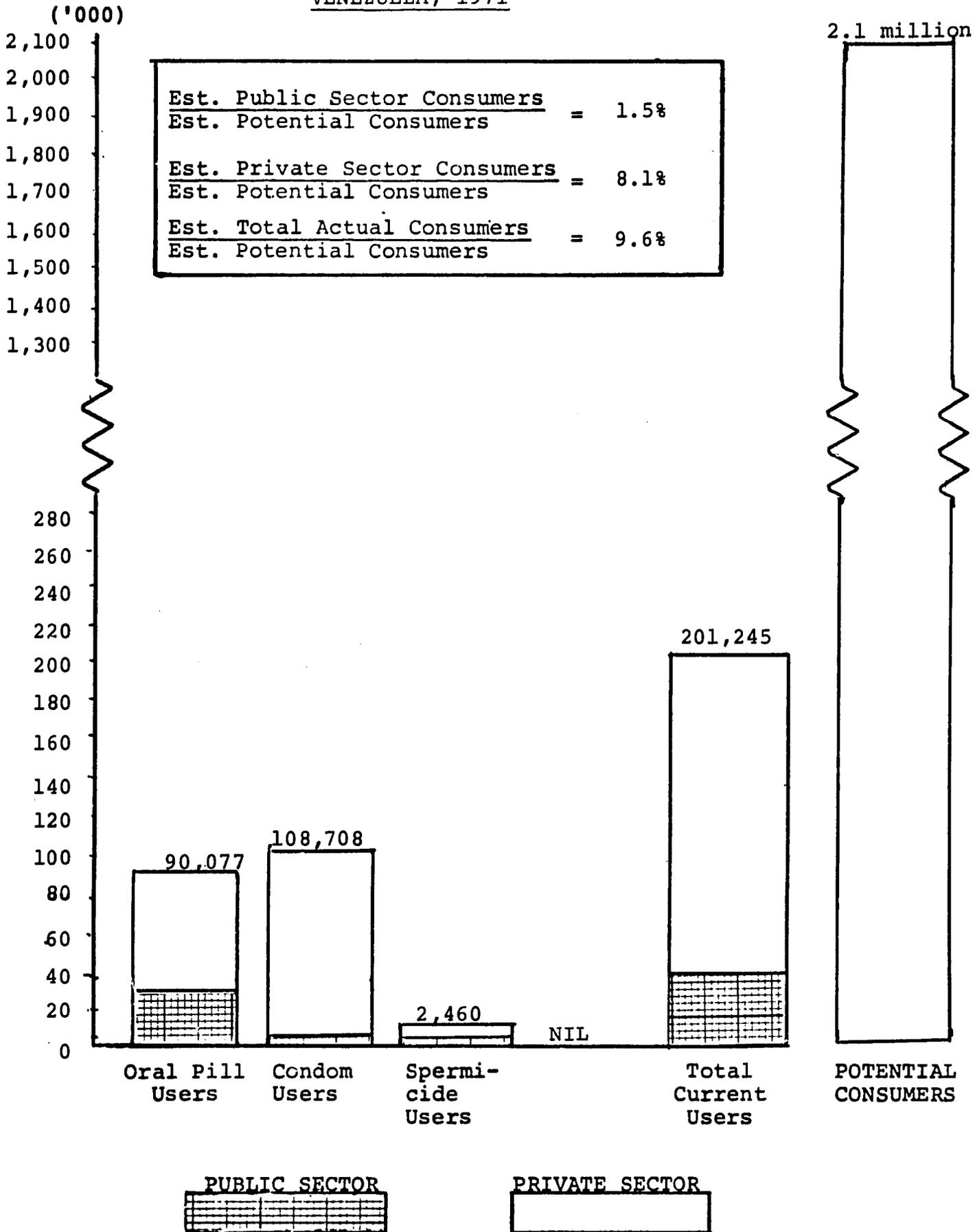
NUMBER OF CONSUMERS BY
CONTRACEPTIVE METHOD AND
SECTOR OF SUPPLY
VENEZUELA, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills	30,462	59,615	90,077
Condoms	375	108,333	108,708
Spermicides	360	2,100	2,460
TOTAL	31,197	170,048	201,245

Source: Westinghouse Population Center

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

VENEZUELA, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN VENEZUELA

IMPEDING

Legal Requirements

- De jure "pharmacy only" sales of oral pills and condoms.
- De jure physician's prescription requirement for oral pills.
- Price control by government is common to all ethical pharmaceutical products.
- New Pharmaceutical products take a long time to clear government requirements.

Distribution System

- Low inventories are maintained at retail level.
- Importers use traditional ethical pharmaceutical distribution.
- Most products are sold through wholesalers rather than direct to retailer.
- Poor distribution for condoms.

Market Dynamics

- High consumer price for all contraceptives.
- De facto public advertising prohibited.
- Street vendor sales of condoms reinforce "illicit" image.

Social/Economic Factors

- No official support for family planning.
- New and small family planning program.
- Importers are unwilling to change until government program is established.

FACILITATING

Legal Requirements

- Low duties and tariffs.
- Ease of importation of contraceptives.

Distribution System

- Good distribution of oral pills and spermicides through pharmacies.
- Excellent delivery system.
- Stable number of importers over time.

Market Dynamics

- De facto sale of oral pills without a prescription.
- Favorable market trend in consumption of oral pills.
- Large "detailing" force capable of promoting oral pills.

Social/Economic Factors

- Comparatively high income levels.
- Good health system coverage (Social Security).

CONTRACEPTIVE DISTRIBUTION IN PANAMA

Most of the 337,500 cycles of oral contraceptives distributed in Panama in 1971 were sold through private sector channels. The same is true for condoms, spermicides and injections. Table VII shows the number of each type of contraceptive distributed in 1971.

The absence of inventory record control systems among many Panamanian importers combined with turnover of personnel make estimates of market trends more difficult than usual. Based on the prevailing judgments about current growth rates, the following conclusions seem reasonable:

Oral contraceptive market is growing about
20% per year.

Sales of other contraceptives are growing
at about 10% per year.

Public sector is increasing at the rate of
25-33% per year.

TABLE VII
PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
PANAMA, 1971*

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	82,500	295,000	377,500
Condoms (gross)	--	2,700	4,800
Spermicides (Tubes of 60-85 gr./pkgs/ of 12)	--	27,500	27,500
Injections	900	3,900	4,800

*Contraceptives distributed in the Canal Zone are not included here but are discussed in the Appendix to the complete report on Panama.

Source: Westinghouse Population Center

TABLE VIII
NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
PANAMA, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills	6,346	22,692	29,038
Condoms	--	3,240	3,240
Spermicides	--	2,750	2,750
Injections	<u>225</u>	<u>975</u>	<u>1,200</u>
TOTAL	6,571	29,657	36,228

Source: Westinghouse Population Center

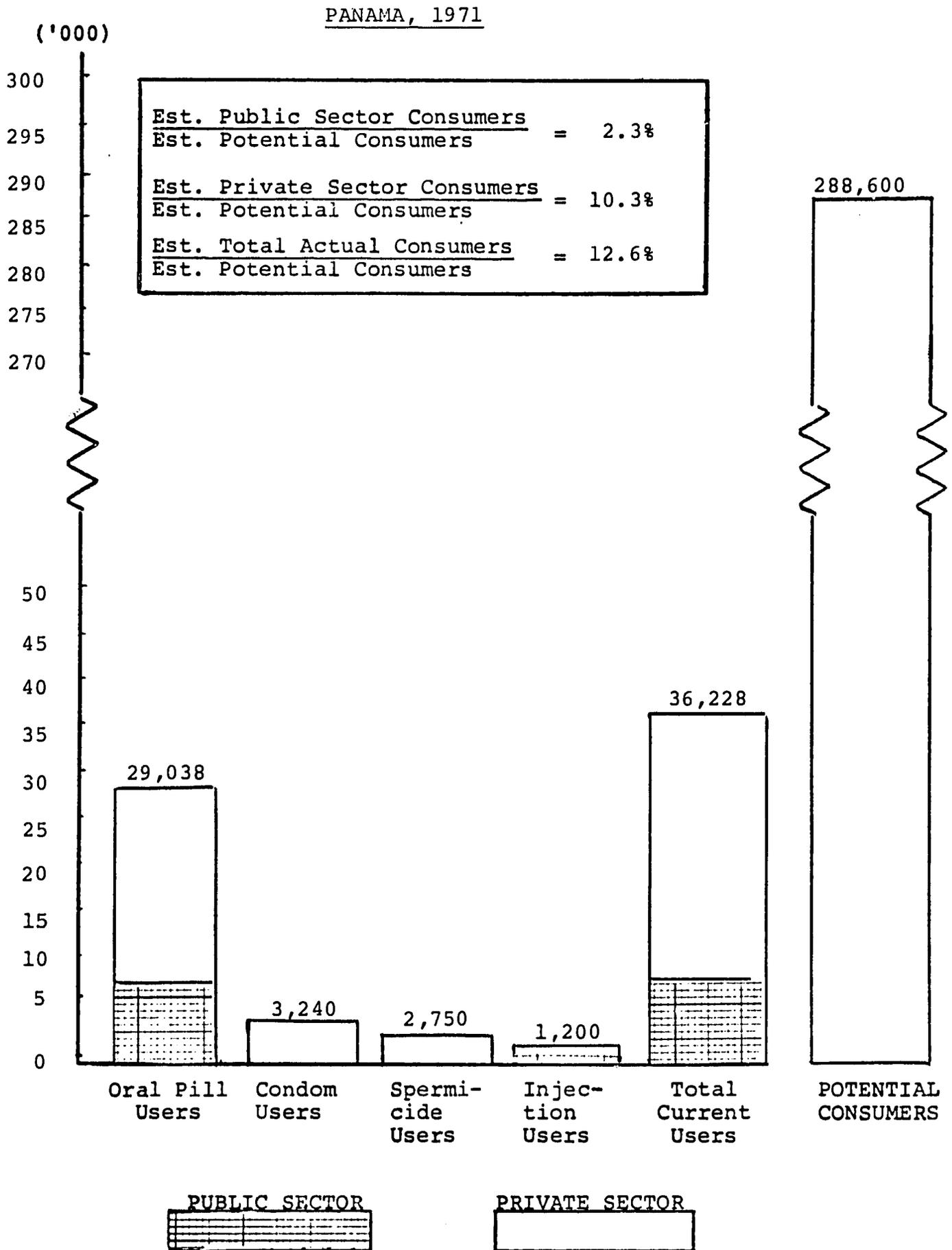
United Nations Demographic Statistics for 1970 recorded 210,000 couples in Panama, but stated that a significant number of women in consensual unions may be listed as single. Consequently, the total number of women in the fertile age bracket of 15 to 44 years, 288,600 (300,000 reduced by the 3.79 births per 1,000) for 1970 is used to estimate potential consumers. Though this figure probably overstates the number of potential users, it seems the most reliable estimate available. Table VIII shows the number of Panamanian consumers of contraceptives by method and sector of supply in 1971.

In 1971, of the potential eligible population, 12.6% acquired some contraceptive. Of the 36,228 consumers, 2.3% were supplied by the public sector and 10.3% by the private sector. Consumers purchased contraceptives in the following proportions:

Oral Pills	80.2%
Condoms	8.9%
Spermicides	7.6%
Injections	3.3%

Figure 3 shows estimated actual and potential consumers in Panama by method and sector of supply for 1971.

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN PANAMA

IMPEDING

Legal Requirements

- De jure physician's prescription requirement for oral pills.
- Illegal to advertise prescription products to public.
- Spermicides and condom advertising subject to screening by censor.
- High duties and tariffs.
- Price control on all food and drug items.

Distribution System

- Traditional distribution by importers of ethical drugs.
- Low inventory maintained at retail level.

Market Dynamics

- High retail prices.
- No advertising for condoms even though not restricted.
- Traditional advertising for ethical products.
- Detailmen do not work directly for importers.

Social/Economic Factors

FACILITATING

Legal Requirements

- Can sell oral pills in general merchandise stores with Health Center permission.

Distribution System

- Good condom distribution in drug stores, bars and boticas.
- Good government distribution network.
- Large importers bring in condoms and pills - stable companies with strong commitment.
- Vending machine sale of condoms in bars.
- Good delivery system for contraceptives.

Market Dynamics

- De facto sale of oral pills without a prescription.
- Market trend is up for all sectors.
- Adequate promotion potential.
- Spermicides are publically advertised.
- Censorship of advertising does not apply to international journals.
- Importers are positive toward government program and family planning.

Social/Economic Factors

- Effective leadership by Ministry of Health (MOH).
- Official encouragement of family planning.
- Good government distribution network.
- Free zone facilitates distribution due to low inventory costs.
- MOH advertising campaign includes family planning.

CONTRACEPTIVE DISTRIBUTION IN JAMAICA

Scheduling for the methodology pretest in Jamaica required that data be gathered in November and December of 1971. Therefore, the study year in Jamaica is November 1970 to November 1971. All indicators are that no significant obstacles to analysis of the data have been created as a result of the use of this period of time.

During the study year, over 75,000 cycles of oral contraceptives were distributed through commercial channels. Private sector distribution of oral pills amounted to more than four times that number (301,600 cycles) in the same period. The total number of condoms distributed in Jamaica was 14,000 gross, with 70% reaching consumers through private sector channels. Over 100,000 units (packages of 12 tablets/tubes of 60-85 grams) of spermicides were distributed, the majority going through the private sector. Table IX shows amounts of each contraceptive distributed in Jamaica during the study period.

Estimates of the potential eligible population in Jamaica range from 200,000 to 300,000. The prevalence of consensual unions on the island makes the higher figure seem most reasonable, and it is used for the purposes of estimating total potential consumers. The 300,000 consumers, reduced by the 3.2 births per 1,000 result in a total of 290,400 potential users.

Of the 290,400 potential consumers, 19.4% acquired some contraceptive product during the study year. Approximately 60% of consumers were supplied by public sector agencies, the remainder purchasing contraceptives in the private sector. The 56,386 consumers acquired contraceptive products in the following proportions:

Oral Contraceptives	56.3%
Condoms	32.5%
Spermicides	10.6%
Injections	0.6%

Table X and Figure 4 show actual and potential consumers by method and sector of supply.

TABLE IX
PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
JAMAICA, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	301,600	76,400	378,013
Condoms (gross)	4,000	9,996	13,996
Spermicides (Tubes of 60-85 gr./pkgs. of 12)	59,652	42,769	102,421
Injections	--	518 (1cc) 929 (3cc)	518 (1cc) 929 (3cc)

Source: Westinghouse Population Center

TABLE X

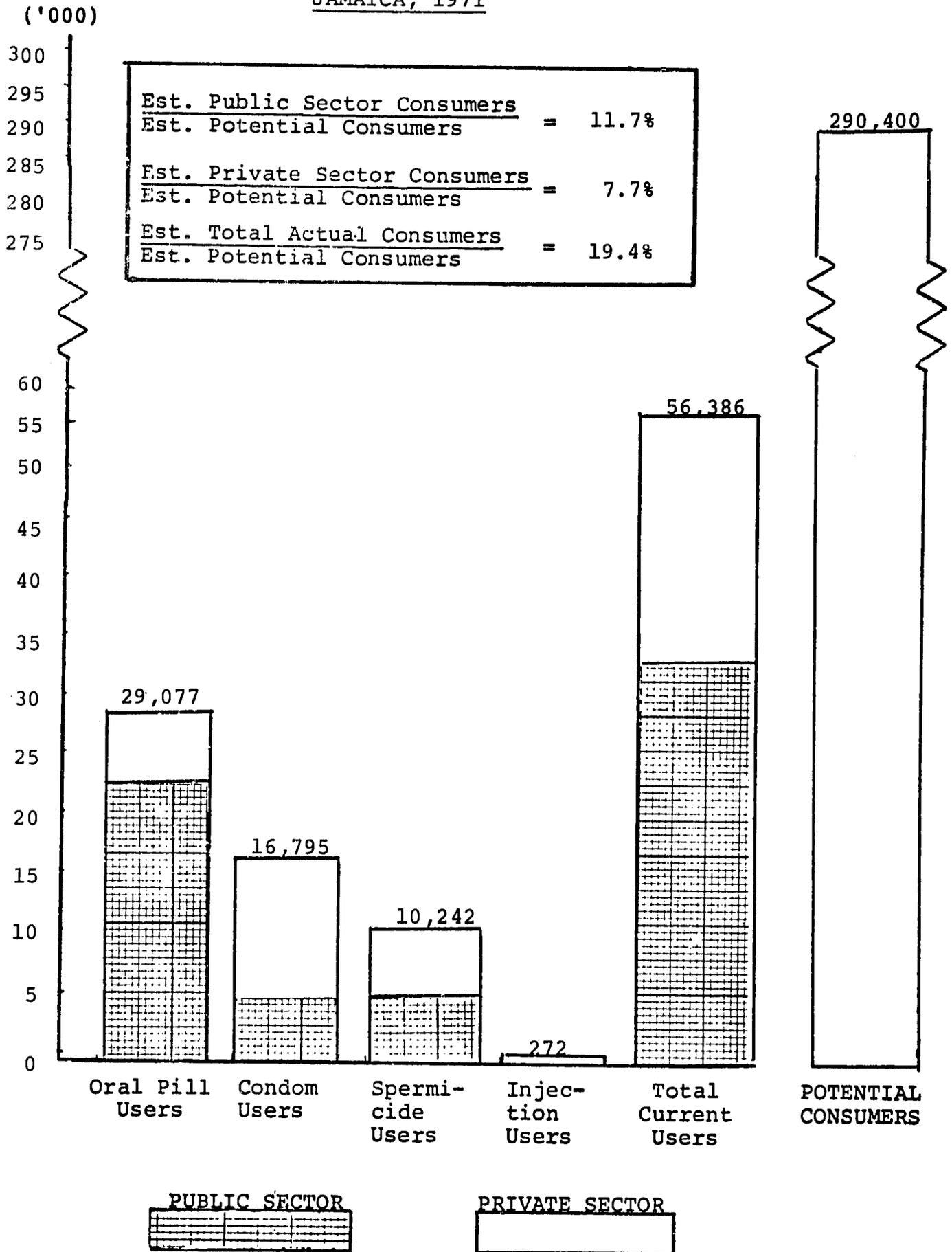
NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
JAMAICA, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills	23,200	5,877	29,077
Condoms	4,800	11,995	16,795
Spermicides	5,965	4,277	10,242
Injections	<u>--</u>	<u>272</u>	<u>272</u>
TOTAL	33,965	22,421	56,386

Source: Westinghouse Population Center

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

JAMAICA, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN JAMAICA

IMPEDING

Legal Requirements

- Illegal to advertise ethical pharmaceutical products.
- No importation from non "scheduled" countries.
- High duties and taxes.
- Price controls on all pharmaceutical products.
- Prescription and pharmacy requirement.

Distribution System

- Large pharmacies wholesale to small pharmacies and "eat-up" allowable margins.
- "Cash vans" will not sell directly to consumers.
- Limited number of pharmacies and concentrated in urban areas.

Market Dynamics

- High prices for all contraceptives.
- Traditional methods of promoting.
- Detailmen do not work for importer.
- Condom advertising not prohibited, but not done.

Social/Economic Factors

- Relatively low per capita income.
- Inadequate health delivery system.
- Male virility and female fertility associated with childbearing.
- High degree of pregnancy in non-stable unions.

FACILITATING

Legal Requirements

- Ease of importing contraceptives.
- Preferential duties for commonwealth countries.

Distribution System

- Condoms available in many retail outlets.
- Good potential delivery system for contraceptives.
- Importers are large, general medical importers.
- Adequate inventories maintain at retail level.

Market Dynamics

- Market growing steadily.
- Moderately well developed discount structure for condoms.
- No restriction of advertising or selling of condoms.
- Prescription requirement for pill not followed.

Social/Economic Factors

- Importers have favorable attitude toward public sector.
- Good official support for family planning.
- NFPB program of public advertising helpful.

CONTRACEPTIVE DISTRIBUTION IN IRAN

Reliable statistics are relatively more difficult to obtain in Iran than in most other countries. Quite often, official sources will conflict regarding the same statistic. A range of 10% should therefore be applied to statistics cited.

In the Iranian year 3/71 to 3/72, 6 million cycles of oral contraceptives were distributed by the National Family Planning Program. Private sector channels sold approximately 600,000 cycles in the same period. Of ^{150,000}~~115,000~~ gross of condoms distributed in Iran in '71-'72, 100,000 gross were sold through the commercial sector and the remainder distributed by the government (see Table XI).

Government figures report over 220,000 consumers of oral contraceptives for 1971, and more than 9,000 consumers of condoms.

A significant difference exists between government reported consumers and the estimation process described above (using 13 cycles per year, 6 million cycles yields more than 450,000 consumers). The government figures are used for computation since they take into account products remaining in the pipeline, but not yet distributed. Of the almost 400,000 consumers of contraceptives, 67% acquired the pill, and the remainder acquired condoms. Distribution of spermicides in Iran is not significant. Table XII and Figure 5 show the number of consumers by method and sector of supply.

Although the public sector program accounts for most consumers in Iran, the private sector also supplies 166,000 persons. In fact, 92.5% of condoms distributed are sold through the private sector.

TABLE XI

PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
IRAN, 1971/72

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	6,000,000*	600,000	6.6 million
Condoms (gross)	15,000 ⁵⁰	100,000	115,000 ⁵⁰
Spermicides (Tubes of 60-85 gr./pkg. of 12)	3,600	21,000	24,600

Source: Westinghouse Population Center

TABLE XII

NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
IRAN, 1971/72

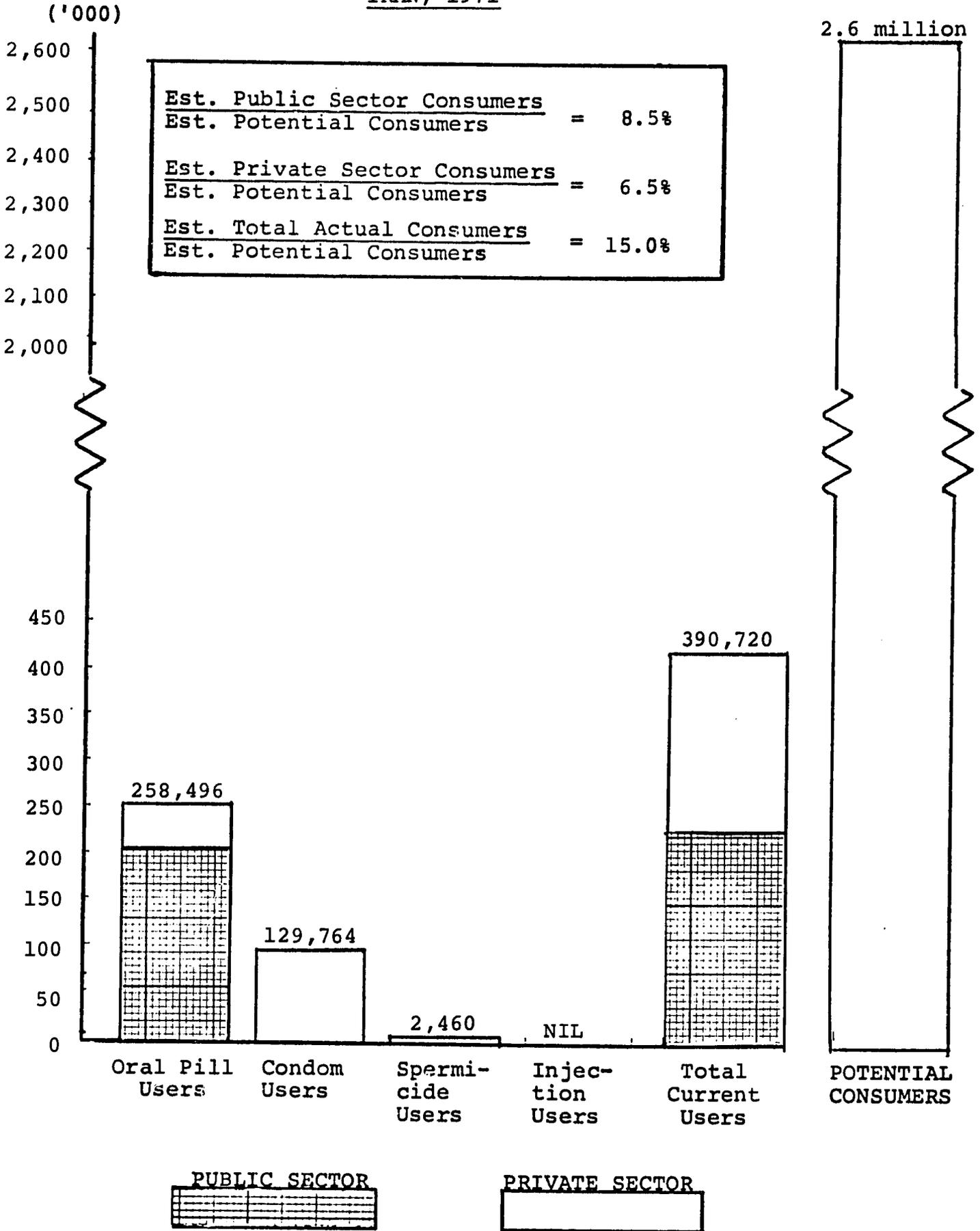
<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills	212,343*	46,153	258,496
Condoms	9,764	120,000	129,764
Spermicides	360	2,100	2,460
Injections	_____	_____	_____
TOTAL	222,467	168,253	390,720

*Figures used are supplied by the National Family Planning Program and are considerably lower than use of consumption rates would indicate.

Source: Westinghouse Population Center

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

IRAN, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN IRAN

IMPEDING

Legal Requirements

- .Prescription and pharmacy requirements for oral pills.
- .Government price control.
- .Must manufacture oral pills in Iran.
- .Illegal to advertise oral pills and spermicides to public.

Distribution System

- .Poor rural distribution of oral pills - pharmacies concentrated in urban areas.
- .Heavy concentration of physicians in urban areas.

Market Dynamics

- .No stable importers of condoms.
- .Traditional promotion of ethical drugs.
- .Low commercial market because of public program.
- .Low profit margins on oral pills.
- .Leakage of oral pills from government program.

Social/Economic Factors

- .Comparatively low income levels

FACILITATING

Legal Requirements

- .Ease of import of condoms
- .Low taxes and duties on condoms

Distribution System

- .Good distribution of condoms in urban area, probably adequate in rural areas
- .Good potential distribution

Market Dynamics

- .Excellent availability of different condom brands
- .Very low condom prices

Social/Economic Factors

- .Large public sector program

CONTRACEPTIVE DISTRIBUTION IN TURKEY

During 1971, a total of approximately 1.6 million cycles of oral contraceptives, 100,200 gross of condoms and about 400,000 packages of spermicides were distributed in Turkey. The private sector accounted for nearly all of the distribution. Table XIII shows the number of contraceptives distributed in 1971.

TABLE XIII
PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
TURKEY, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	*	1,600,000	1,630,000
Condoms (gross)	2,800	97,000	100,200
Spermicides (Tubes of 60-85 grams/pkg. of 12)	--	400,000	400,000

*Less than 1,000

Source: Westinghouse Population Center

The number of oral contraceptive cycles sold in Turkey has grown 30% in the last year. However, the total number of cycles sold still remains fairly small at 1,600,000. Condoms, on the other hand have doubled in volume between 1970 and 1971, but again, the total market is small at 97,400 gross.

The total number of potentially eligible couples in Turkey in 1971 was about 5,478,000 of which 93% were not

using contraceptives. Of the total 399,000 consumers in 1971, 38% were using the IUD, 31% were using oral pills, 30% were using condoms and less than 1% were using spermicides. Table XIV shows the Turkish consumers of contraceptives in 1971.

TABLE XIV

NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
TURKEY, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
IUD	152,000	--	152,000*
Oral Pills	**	123,000	123,000
Condoms	3,000	117,000	120,000
Spermicides	<u>--</u>	<u>4,000</u>	<u>4,000</u>
TOTAL	155,000	244,000	399,000

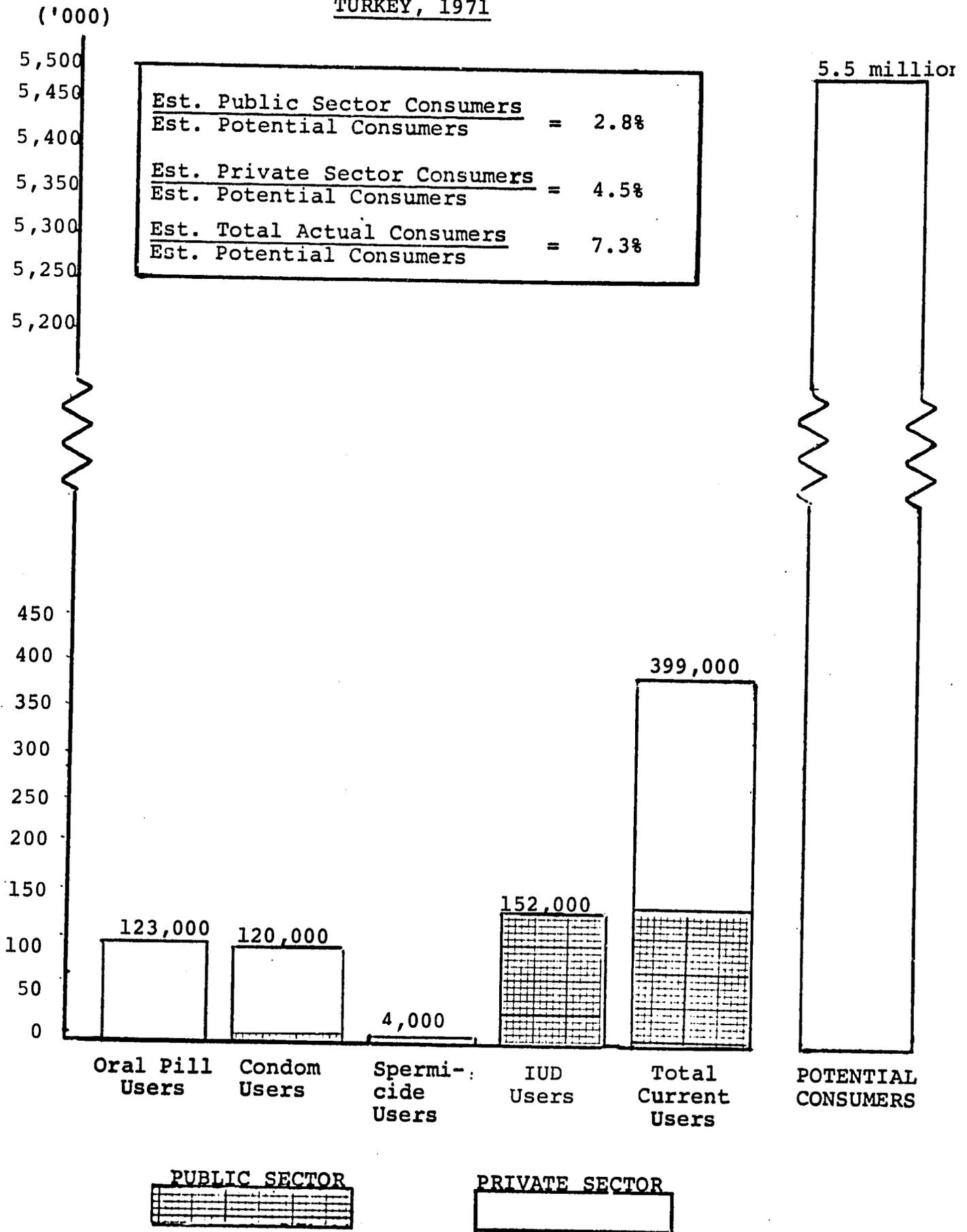
*Cumulative to Date

**Less than 1,000

Source: Westinghouse Population Center

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

TURKEY, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN TURKEY

IMPEDING

Legal Requirements

- Prescription requirement and pharmacy requirement for oral pills and some vaginal tablets.
- Potential enforcement of prescription requirement.
- Price control on all pharmaceuticals.
- High duties and taxes on raw materials for production.
- Illegal to advertise ethical products to public.
- Free samples cannot be distributed after three years of a product's life.
- Time-consuming license and import process (currency quotas).

Distribution System

- Manufacturers must deal with every Drug Depot to get adequate coverage.
- Concentration of pharmacies in urban areas.
- Concentration of physicians in urban areas.
- Poor rural distribution.

Market Dynamics

- No consistency of condom importers.
- Unstructured discount and bonus arrangements.

Social/Economic/Political Factors

- No consistent government policy on imports of condoms.
- Small government program.
- Inadequate health structure.
- Physicians unfavorable toward oral pills.
- Negative publicity in press on oral pills.
- Manufacturers concerned with government control.
- Low per capita income

FACILITATING

Legal Requirements

- Reasonable prices due to government controls.
- Current ease of condom importation.
- Physicians allowed to sell drugs if no pharmacy available.

Distribution System

- Good delivery system through Depots.
- Good urban distribution
- Good potential distribution systems.

Market Dynamics

- De facto sale of oral pills and vaginal tablets without a prescription
- Growing private sector.
- Reasonable margins

Social/Economic/Political Factors

CONTRACEPTIVE DISTRIBUTION IN SOUTH KOREA

The Korean market for oral contraceptives is among the largest in the developing nations, with more than 4 million cycles distributed in 1971 in the public and private sectors. Public sector distribution was reported as 2,370,556 cycles for the year by the Korean Institute of Family Planning. More than 200,000 gross of condoms were also distributed in the same year, with 150,000 of these going through public sector channels. Distribution of spermicides numbered over 50,000 packages (16 tablets each) and a smaller number of injectable contraceptives (2,000 ampoules) was also distributed. Both spermicide and injection distribution occurred entirely in the private sector. Table XV lists the amounts of each contraceptive distributed during 1971.

Approximately 4.1 million couples are in the fertile age bracket (15-44 years) in Korea. Since the percent of women pregnant is about 3%, the number of potential eligible consumers is reduced to 3,977,000. Of these, more than 30% acquired some contraceptive product or method as of 1971 (including IUDs and sterilizations). The number of sterilizations is the cumulative performed since 1962, but does not include persons sterilized who are now beyond the reproductive age bracket. The large public sector program accounted for supplying 25.5% of the potential population. However, observers of the Korean program report that this figure seems overly optimistic.

Consumers acquired contraceptive methods in the following proportions:

Oral Pills	25.6%
Condoms	20.7%
Spermicides	0.6%
IUDs	40.4%
Sterilization	12.2%

Table XVI shows the number of consumers in 1971. Figure 7 displays estimated actual and potential consumers by method and sector of supply for 1971.

TABLE XV

PUBLIC AND PRIVATE DISTRIBUTION OF CONTRACEPTIVES
SOUTH KOREA, 1971

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	2,370,556	1,738,610	4,109,166
Condoms (gross)	150,000	63,000	213,000
Spermicides (packages of 16)	-	53,168	53,168
Injections (3cc)	-	24,000	24,000

Source: Westinghouse Population Center

TABLE XVI

NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
SOUTH KOREA, 1971

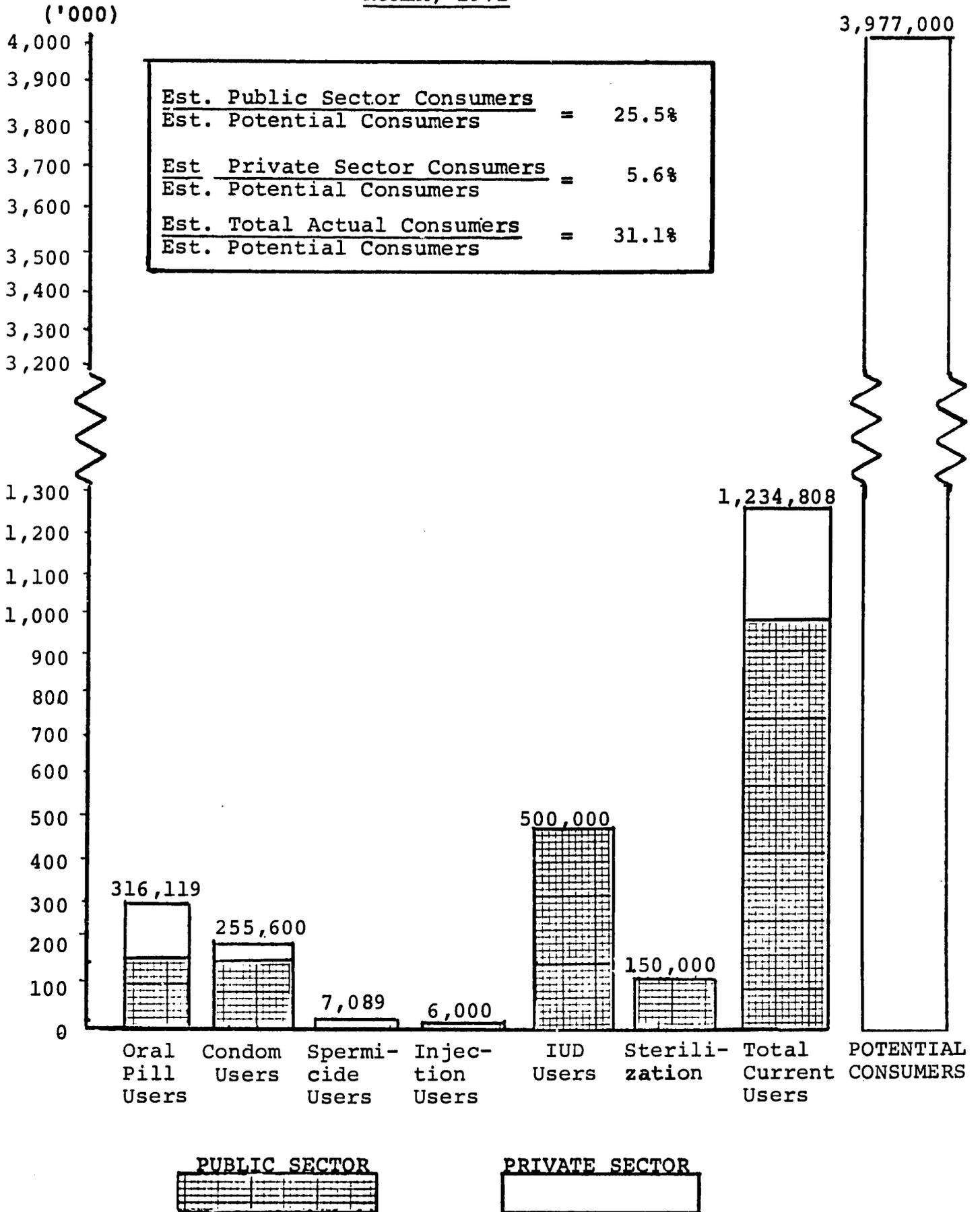
<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pill	182,350	133,739	316,119
Condom	180,000	75,600	225,600
Spermicide	-	7,089	7,089
Injection	-	6,000	6,000
IUD	500,000	-	500,000
Sterilization	<u>150,000</u>	<u>-</u>	<u>150,000</u>
TOTAL	1,012,350	222,458	1,234,808

Source: Westinghouse Population Center

Figure 7

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

KOREA, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN
SOUTH KOREA

IMPEDING

Legal Requirements

- Illegal to import finished contraceptives.
- Advertising of ethical drugs is restricted.
- High tax on condom raw materials.
- Manufacturer must re-export 10% of duty-free raw materials.

Distribution System

- Retailers maintain relatively low inventories.

Market Dynamics

- High interest rates on inventory for manufacturer.

Social/Economic Factors

- Comparatively low income levels.

FACILITATING

Legal Requirements

- Ethical drugs may be sold legally "over-the-counter"
- Raw materials used for manufacturer of exported products are imported duty-free.
- Advertising restriction on contraceptives may be reversed.
- No legal impediment to advertising condoms.

Distribution System

- Good distribution of contraceptives in general and especially condoms.
- Adequate potential distribution resources.

Market Dynamics

- Large market for oral pills and condoms.
- Local manufacturing of all contraceptives.
- Comparatively low consumer price.
- Reasonable margins.
- Non-traditional promotion of contraceptives (e.g., point of purchase, "Lyndiol Ladies").
- Condom advertising in mass media.
- Manufacturers see role as important in family planning.

Social/Economic Factors

- Large effective public program.

CONTRACEPTIVE DISTRIBUTION IN THE PHILIPPINES

While the WPC staff was in the Philippines, the country was experiencing the worst floods in its history. Mobility of investigators was severely restricted and as a result data collection was not entirely completed. Additional data is currently being collected to update this report.

During 1971, an estimated 3 million cycles of oral contraceptives were distributed in the Philippines. More than 70% of these were distributed through public sector channels. Of the 22,640 gross of condoms and the 177,200 (tubes/packs) of spermicides distributed in the same year, almost all were sold through the commercial sector. Table XVII lists volumes of contraceptives distributed in 1971.

Of the estimated 4.3 million potential consumers, 8.7% acquired some contraceptive product in 1971. Approximately 6% of users were supplied by the public sector, the remainder purchasing contraceptives in the private sector. Consumers used the different methods in the following proportions:

Oral Pill	66.3%
Condom	7.3%
Spermicide	4.8%
IUD	21.6%

Table XVIII and Figure 8 list and illustrate actual and potential consumers by method and sector of supply.

TABLE XVII

PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
PHILIPPINES, 1971/72

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	2,300,000 ⁽¹⁾	900,000	3,200,000
Condoms. (gross)	1,840	20,800	22,640
Spermicides (Tubes of 60-85 gr./pkg. of 12)	7,200	170,000	177,200

(1) Preliminary Estimate

Source: Westinghouse Population Center

TABLE XVIII

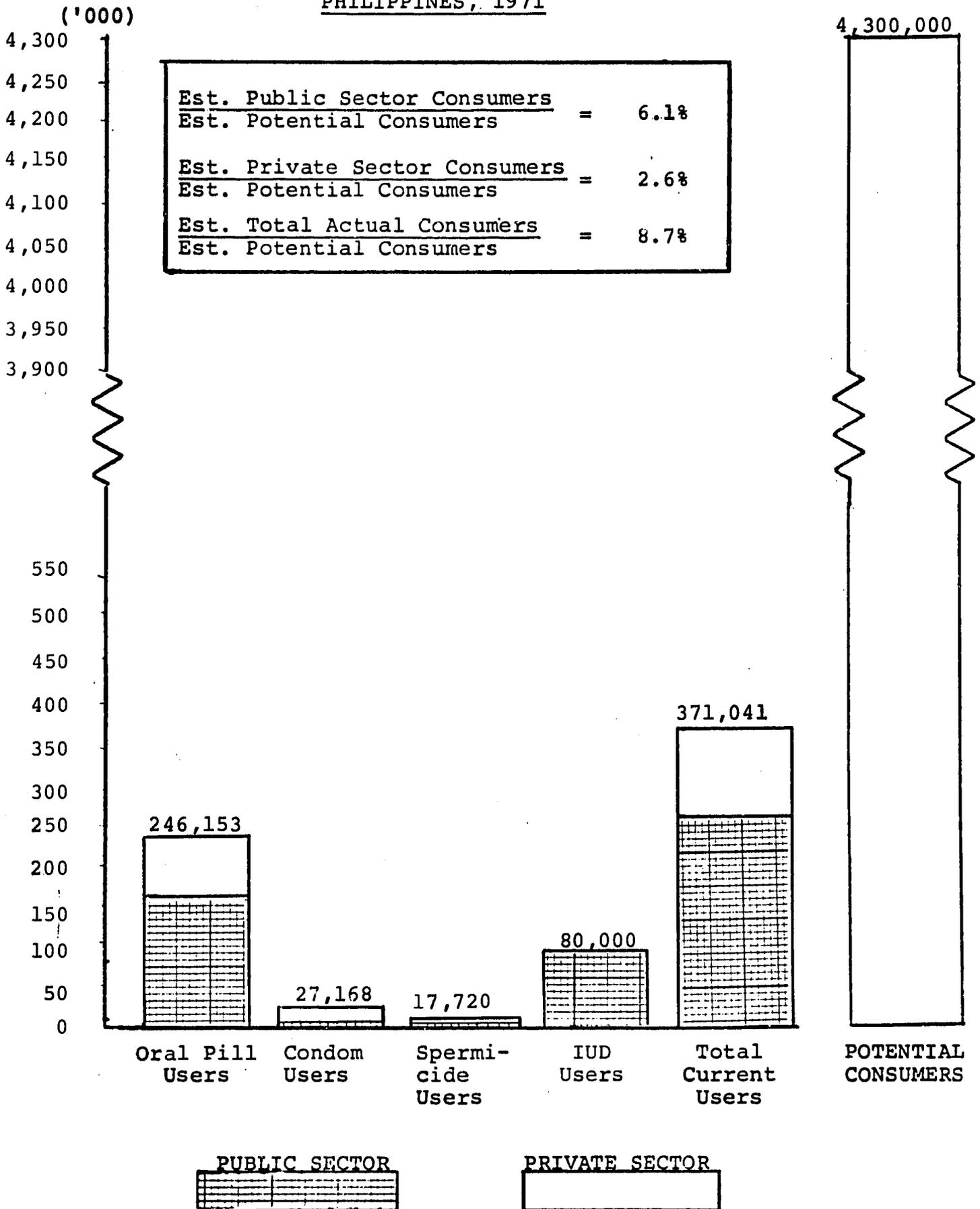
NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
PHILIPPINES, 1971/72

<u>Contraceptive Method</u>	<u>Public Sector</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills	176,923	69,230	246,153
Condoms	2,208	24,960	27,168
Spermicides	720	17,000	17,720
IUDs	<u>10,000</u>	<u>--</u>	<u>80,000</u>
TOTAL	259,851	111,190	371,041

Source: Westinghouse Population Center

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

PHILIPPINES, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN THE PHILIPPINES

IMPEDING

Legal Requirements

- High taxes on import of finished oral pills.
- High tax on components of manufacturing, but not on raw materials.
- Prescription and pharmacy requirement.
- Illegal to advertise ethical drugs.
- Illegal to import contraceptives.

Distribution System

- Customs and port delays.
- Relatively poor rural distribution.

Market Dynamics

- Falling oral pill market.
- Sample syndicates buy up free samples.
- Few corporate detailmen - usually work for wholesaler.
- High retail prices.
- Poor condom packaging.

Social/Economic/Political Factors

- High spill-over from public sector.
- Manufacturers hostile toward government program and distribution of AID goods.
- Relatively low per capita income.
- Large public sector program.

FACILITATING

Legal Requirements

- Low duties on condoms.

Distribution System

- Good alternative distribution systems.
- Good wholesaler coverage.

Market Dynamics

- Prescription requirement on oral pills not followed.
- Condoms are advertised in the public press.
- Stable number of importers of condoms.
- Large variety of condoms available.
- Non-traditional methods of promotions (e.g., "promo girls", "Lyndiol Ladies".)

Social/Economic/Political Factors

CONTRACEPTIVE DISTRIBUTION IN THAILAND

Efforts of the National Family Planning Project in Thailand have increased public sector distribution of oral contraceptives to 2.6 million cycles in 1971. Combined with the 3.8 million cycles sold through private sector channels, total distribution of oral contraceptives was 6.4 million cycles. Distribution of condoms and spermicides occurs only through commercial channels and amounted to approximately 120,000 gross of condoms and 10,000 packages of 12 tablets or tubes of 60-85 grams in 1971. Table XIX summarizes amounts of contraceptives distributed in 1971.

TABLE XIX

PUBLIC AND PRIVATE SECTOR
DISTRIBUTION OF CONTRACEPTIVES
THAILAND, 1971

<u>Contraceptive Method</u>	<u>Public Sector*</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills (cycles)	2.6 million	3.8 million	6.4 million
Condoms (gross)	-	120,000	120,000
Spermicides (Tubes of 60-85 grams/pkgs. of 12)	-	10,000	10,000

*Target as given by the National Family Planning Project of the Ministry of Health

Source: Westinghouse Population Center

Thailand's National Family Planning Project also offers methods of contraception not generally included in this survey. However, the relatively large numbers of IUD and sterilization acceptors merits mentioning. In 1971, 80,000 acceptors of IUD and 20,000 of sterilization were reported in Thailand.

In comparing the private and public sectors, IUD and sterilization acceptors have been included since they are not likely to purchase other contraceptives after accepting these methods. Almost 750,000 consumers are estimated for 1971. Of these, 300,000 were supplied by public sector agencies and the remaining 437,000 by private sector channels. Oral contraceptives were by far the most purchased contraceptive, with 66% of all consumers using this method. Twenty percent of consumers purchased condoms, 11% accepted an IUD, and 3% accepted sterilization. Table XX shows the number of consumers by method and sector of supply.

The total estimated potential market for contraceptives in Thailand is 4.6 million consumers (the number of married couples aged 15-44 years). In 1971, 16% of these purchased some method of contraceptive through the public or private sector. Private sector channels supplied about 60% of consumers, and the remainder were served by the National Family Planning Project. Figure 9 shows estimated actual and potential consumers by method and sector of supply for 1971.

TABLE XX

NUMBER OF CONSUMERS BY CONTRACEPTIVE METHOD
AND SECTOR OF SUPPLY
THAILAND, 1971

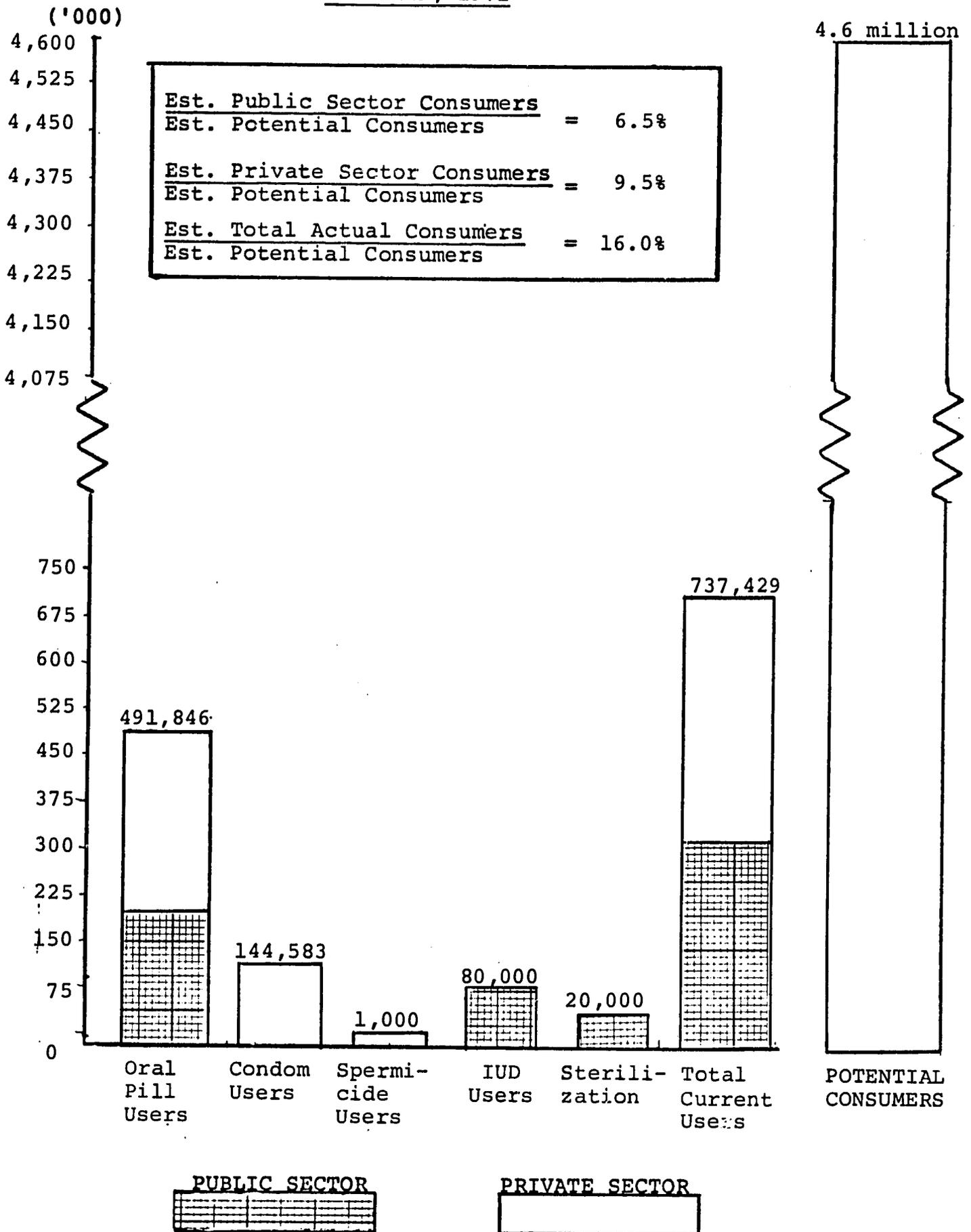
<u>Contraceptive Method</u>	<u>Public Sector*</u>	<u>Private Sector</u>	<u>Total</u>
Oral Pills	200,000	291,846	491,846
Condoms	-	144,583	144,583
Spermicides	-	1,000	1,000
IUDs	80,000	-	80,000
Sterilization	<u>20,000</u>	<u>-</u>	<u>20,000</u>
TOTAL	300,000	437,429	737,429

*Target as given by the National Family Planning Project of the Ministry of Health, Thailand

Source: Westinghouse Population Center

ACTUAL AND POTENTIAL CONSUMERS BY METHOD AND SECTOR OF SUPPLY

THAILAND, 1971



SUMMARY OF MAJOR FACTORS FACILITATING AND IMPEDING
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN THAILAND

IMPEDING

Legal Requirements

- Prescription and pharmacy requirement for oral pills.
- Illegal to advertise ethical drugs.

Distribution System

- Distribution system faulty due to unstructured nature.
- Pharmacies heavily concentrated in urban areas.

Market Dynamics

- High retail prices.
- Potential local products of oral pills.
- Traditional methods of promotion.
- "Massage" parlor condom sales reinforce illicit sex image.

Social/Economic Factors

- Health services are not adequate.
- Relatively new family planning program.

FACILITATING

Legal Requirements

- No restrictions on import of oral contraceptives.
- Acceptable duties and taxes on imported goods.
- No legal restrictions of any kind on condoms.

Distribution System

- Alternate distribution potential is adequate.
- Adequate urban distribution.

Market Dynamics

- De facto public advertising of ethical drug products.
- Oral contraceptive and condom markets growing.
- Local production of condoms.
- No fixed prices.
- Retail prices for oral contraceptives drifting downward.
- Orals readily available over-the-counter.
- "Special Sales" campaigns very successful.
- Relatively large contraceptive market.

Social/Economic Factors

- Two companies put priority on contraceptive sales.