

PN ART-988

94 1/10

U.S.A.I.D. /

SZ
PE20
S65
89

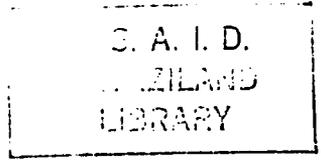
SOMARC

SOCIAL MARKETING FOR CHANGE

**SOMARC COUNTRY ASSESSMENT
FOR CONTRACEPTIVE SOCIAL MARKETING
IN
SWAZILAND**

February 22 - March 7, 1989

PE2.
165



Submitted to:

AID/Office of Population
Family Planning Services Division
Rosslyn, Virginia

**SOMARC COUNTRY ASSESSMENT
FOR CONTRACEPTIVE SOCIAL MARKETING
IN
SWAZILAND**

February 22 - March 7, 1989

Prepared by:

Douglas W. Wear
Academy for Educational
Development

Albert R. Katsande
CAPS Holdings, Ltd.
Harare, Zimbabwe

SOMARC/The Futures Group
1101 14th St., NW, Suite 300
Washington D.C. 20005

Under Contract AID/DPE-3051-Z-00-8043-00

2

CONTENTS

I.	EXECUTIVE SUMMARY	1
II.	BACKGROUND	4
	A. The Country Situation	4
	B. Government Family Planning Position	6
	C. Available Family Planning Services	7
III.	FINDINGS	11
	A. Implementation Resources	11
	B. Available Media	13
	C. Present Retail/Physician Sales Levels	15
	D. Potential CSM Sales	16
	E. Contraceptive Supply	19
	F. Man Talk	20
IV.	CONCLUSIONS/RECOMMENDATIONS	23
V.	NEXT STEPS	25
APPENDICES		
A.	List of Contacts	
B.	Contact Reports	
C.	Contraceptive Prevalence Rates by Method	
D.	Available Retail Products and Prices	
E.	Products Available from Public Sector Program	
F.	Man Talk Advertisement and Materials	

I. EXECUTIVE SUMMARY

At the invitation of the USAID Mission/Mbabane, a SOMARC team visited Swaziland from February 22 to March 7, 1989, to assess if there was a need for a Contraceptive Social Marketing Program in Swaziland, and, if so, was there a supportive government environment and sufficient private-sector infrastructure to implement a successful program.

The SOMARC team consisted of Douglas Wear, SOMARC Regional Manager for Africa, and Albert Katsande of CAPS Holdings Limited, Harare Zimbabwe. Mr. Katsande is also the Manager of the SOMARC-sponsored CSM Program in Zimbabwe. This CSM assessment was a component of the AID Mission Health/Population/Nutrition Sector Assessment.

The team reviewed the present Government Family Planning Policy, government, NGO, private physician, and other forms of service delivery, and evaluated the present and potential contraceptive retail sales levels. The team also reviewed available media, research and advertising agency capabilities, both in Swaziland and Johannesburg, and presented the CSM program and discussed its implications with the Minister and Principal Secretary of Health.

The current population growth rate in Swaziland, estimated at 3.4 percent, is among the highest in the world. Although not having a formal population policy, the Government of Swaziland (GOS), through its national development plan, has acknowledged Swaziland's high and growing rate of population. The government promotes child spacing through the Ministry of Health, Maternal and Child Health (MCH) program. This includes family planning services in the provision of modern contraceptive methods at 115 government clinics and approximately 10 other government health facilities. Additional service is provided to Swaziland's 728,000 people through three Family Life Association of Swaziland (FLAS) clinics (an IPPF affiliate), a number of employer clinics, 21 private dispensing physicians, and six retail pharmacies.

Analyses of the commercial sale of contraceptives in Swaziland, both from pharmacies and dispensing physicians, indicate there is a total of less than 10,000 cycles of oral contraceptives sold through these two categories of outlets. While 28.6 percent of acceptors using modern methods choose the pill (13.7 percent modern methods), it would appear that these low sales levels are due to the government providing unlimited free contraceptives to all private dispensing physicians and

employer clinics upon request. The only provision is that these physicians and clinics provide the contraceptives to their patients at no charge, and complete a monthly reporting form for the MOH.

A projection of potential sales in the CSM program indicates that in the first year of the program 10,829 cycles of orals, serving 833 women, would be sold, leading up to sales of 27,079 cycles in the third year, serving 2,083 women. (See analysis in Section III.D.)

An existing condom-only social marketing program has just begun in Swaziland. The Man Talk program, funded by the Overseas Development Administration (ODA), through Population Services in London, distributes FPIA provided PANTHER condoms, branded Man Talk, through retail outlets and dispensing physicians. The program includes point of purchase and other promotional materials, and educational brochures on contraception, with particular emphasis given to STDs. Packaged products began selling in January 1989.

Given the government policy of providing free contraceptives to private physicians and employer clinics, as well as through the government's own clinics, the existing low commercial sales levels, limited retail outlets, and the very low sales projections, SOMARC recommends that a multi-product national CSM program not be undertaken in Swaziland at this time.

However, in lengthy discussions with the management of the Man Talk program, it was determined that Man Talk would benefit from SOMARC-provided technical assistance in the form of marketing research, package and collateral materials design, and advertising development and placement. This assistance is not provided to the Man Talk program under the present level of support available from Population Services London.

The MOH is firmly in support of the Man Talk program, and STDs are a significant problem in Swaziland. Therefore, if there is no objection from Population Services London, and ODA, it appears entirely appropriate to provide this additional support to the Man Talk project.

As this CSM program is already established, and the need for wider distribution of condoms exists, the team strongly recommends that SOMARC provide technical assistance in support of the Man Talk CSM condom program.

The mission discussed with the team the possibility of SOMARC providing technical assistance to the public sector program in terms of motivating increased condom usage. This could be done through the development of radio advertising and collateral materials for use at the source of free product. This could easily be accomplished in a relatively cost-effective manner while designing the same type of advertising and materials for the Man Talk program. Since these activities would be in support of a public sector program, the source of funding would have to be determined.

It is also worth evaluating the establishment of a combined CSM program covering Swaziland, Lesotho, and Botswana, in light of the small populations of each country. A joint program could utilize common distribution, packaging and communications. A SOMARC team would have to return to conduct assessments in Botswana and Lesotho, and then consider the practicality of establishing and operating a joint program.

II. BACKGROUND

A. The Country Situation

1. Geography

Swaziland is a country of 728,200 people, with an estimated 77 percent of the total population residing in the rural areas. The land area is 17,363 square km, giving a population density of 51 people per square km. The country is surrounded by South Africa and it also shares a 112 km border with Mozambique. About 55 percent of the land is held by the crown in trust for the Swazi nation and 45 percent is privately owned.

2. Administrative Organization

Swaziland is a monarchy with the king as chief of state, and the prime minister as head of government. The country is unique in that it has combined both the traditional and modern systems of government, hence its strong traditional roots. For administrative reasons, the country is divided into four regions: Manzini, Hhohho, Shiselweni, and Lubombo. In keeping with its traditions of government by consensus, all political parties are banned.

3. Economics

Swaziland ranks among the more prosperous countries in Africa, with a per capita income of \$870. The country's economic base is agriculture, followed by industry and mining. Approximately 20 percent of the population is in formal employment.

Swaziland's economy is closely tied to that of South Africa with the official exchange rate fixed at 1 lilangeni equal to 1 South African rand. The two currencies are exchangeable within Swaziland, and the South African rand is legal tender in the country.

Swaziland and South Africa share a common customs union.

4. Demographic Data

The following is the pertinent demographic data for Swaziland:

DEMOGRAPHIC DATA

Total Population*

Total Population - 1988 Estimate	728,200
Total Male Population	343,250
Total Female Population	385,950
Total Urban Population	166,610
Total Rural Population	561,590
Total Population Under 15 Years (percent)	47%

Male Population*

Total Urban	85,560
Total Rural	256,690
Total Male (15-59 years)	156,580
Total Urban Male (15-59 years)	55,190
Total Rural Male (15-59 years)	101,390

Female Population*

Total Urban	81,050
Total Rural	304,900
Total Female (15-44 years)	232,670
Total Urban Female (15-44 years)	43,770
Total Rural Female (15-44 years)	118,900

Other**

Population Growth Rate	3.4%
Average Number of Children per woman	7.0
Infant Mortality Rate	110-130
Maternal Mortality Rate	128.5
Crude Birth Rate	50.8/1000
Crude Death Rate	17.0/1000
Literacy Level - Female	58%
- Male	64%
Per Capita GNP	\$870

*1986 Census projected to 1988 using a growth rate of 3.4 percent.

**Family Health Services Project Paper No. 645-0228.

Note: Population figures exclude Swazis resident outside Swaziland. This segment of the population based on the 1986 census, projected to 1988, using a growth rate of 3.4 percent, is 33,220.

5. Social Factors

Traditional Swazi culture is strongly intertwined with child bearing and the identified need to have children to maintain ancestral beliefs through time. Thus, the traditional religious system and the strong Swazi traditional values affect the concept of childbearing and the cultural pressures favoring large families.

There appears to be a strong cultural conflict in Swaziland, and traditional cultural values are changing especially among the urban, younger, and more educated segments of the society. This is mainly a result of rural-urban migration, increasing education, and the open-door policy regarding South African tourism.

These factors, combined with obvious economic pressures on the family, are causing an increasing number of Swazis to practice modern family planning.

B. The Government Family Planning Position

The Government of Swaziland has yet to formulate a formal population policy. Family planning is but one of a number of elements of its national health strategy. In its National Development Plan (NDP4) for the period 1983-1984 to 1987-1988, the Government of Swaziland acknowledges the country's high and growing rate of population, the resulting youthful age structure, and its implications for development prospects in many sectors, including health, education, and employment.

The Government of Swaziland currently supports the provision of family planning services and promotion of child spacing as part of its maternal and child health strategy. Its NDP4 identifies as one of its two health sector objectives, "to provide services which contribute towards an increase in child-spacing and a moderation in the rate of population growth." To this extent, the GOS, in addition to its hospitals and clinics, has and continues to issue to all private health providers (private clinics and private physicians and employer clinics) free contraceptive products to be issued free to their patients.

While Swaziland may not be prepared to embark on a wide-ranging population policy in the near future, negative leadership attitudes toward family planning are slowly changing due to efforts in leadership awareness.

C. Available Family Planning Services

Health services in Swaziland are delivered through government/mission clinics and hospitals, private industry based clinics and private practitioners. The Ministry of Health estimates that 69 percent of the rural population live within 8 kilometers of any clinic or hospital. The cost of losing productive working hours, time and money for transportation to the clinic, and costs for the clinic visit, can provide significant constraints to demand.

1. Government/Mission Family Planning Services

The table below shows the distribution of fixed government/mission medical facilities.

FIXED MEDICAL FACILITIES IN SWAZILAND

	<u>General Hospitals</u>	<u>Rural Health Centers</u>	<u>Public Health Units</u>	<u>Clinics</u>	<u>Outreach Sites</u>
Manzini	2	0	2	53	50
Hhohho	3	1	2	30	27
Shiselweni	1	0	1	19	12
Lubombo	1	1	1	30	24
TOTAL	7	2	6	132	113
GOS Portion	3	1	6	115(est)	125(est)

Source: Ministry of Health, EPI Plan, 1987.

Note: Figures do not include private physicians or private nurses operating their own private practices.

All government and mission clinics and hospitals offer limited family planning services, and most do not have fully qualified staff. There is a strong curative bias in Swazi medical services.

although attention to preventive care is growing. Outpatient services in most of the fixed facilities listed above offer maternal and child health services including varying levels of family planning services upon demand. Theoretically, all clinics except for private physicians are supposed to be supervised by an MOH regional nurse supervisor or a public health matron; however, lack of transportation has precluded complete supervisory coverage.

Government/mission services are generally provided free of charge following the payment of an initial registration fee of E1.00.

2. NGO Family Planning Services

The major providers of family planning services in Swaziland are The Family Life Association of Swaziland (FLAS), an NGO affiliated with IPPF. FLAS is the most active provider and promoter of family planning services in the country. It operates three clinics in the Mbabane-Manzini corridor and serves approximately 30 percent of all family planning clients in the country. In addition to its three clinics, FLAS has a CBD program, though not fully developed. The CBDs' role is mainly motivational, as they are limited to issuing barrier methods (jellies, condoms, foam and diaphragms). The CBD activities are limited by MOH policy (1979) which states that family planning services are to be provided on demand to adult women following a complete medical examination by a physician.

The family planning services provided by FLAS are not completely free; they do charge a registration fee of E1.50 for the first visit and 50 cents for 3 packs of orals for repeat visits. The same fees are applied for all other methods except for IUDs, which cost E7.50 and condoms, which are completely free. For sterilizations, both male and female, FLAS sends patients to hospitals.

FLAS' efforts in IEC began in 1979 and they are in the process of expanding this service. Materials developed include booklets, posters, and radio messages. FLAS has held seminars for GOS officials, aimed at enhancing family planning awareness and intends to continue its leadership awareness activities to promote greater acceptance of family planning at a political and leadership level.

The Red Cross is also involved in the provision of family planning services through its five divisional offices located in each region and through its one stationary clinic and mobile clinics. Contraceptives are provided free of charge, although a physician's examination is required for those requesting oral contraceptives or the IUD.

3. Private Sector Family Planning Services

The private sector family planning providers include private/employer clinics, private physicians, and pharmacies. The MOH provides free contraceptive products to all clinics and physicians, who in turn are required to issue these free to their patients.

Private Clinics

Almost all the large firms in Swaziland have private clinics and provide free family planning services and products to all of their employees.

In some cases, the services of these clinics are extended to their families and dependents. A number of firms that have little or no infrastructure for providing health care services employ Occupational Health Services, a private not-for-profit clinic organization. The service has a team of three doctors and a number of qualified nurses who visit the factories and provide a full range of health services, one of which is family planning.

Approximately 50 firms are using Occupational Health Services, covering some 50,000 employees. Additionally, Occupational Health Services operates two walk-in clinics open to the public.

Many employers in Swaziland appear to be receptive and committed to expanding family planning services within their organizations.

Private Physicians

There are at least seven private consulting practices in the country with 21 doctors, offering family planning services to private patients. Most physicians dispense free government-issued contraceptives. In addition to the government-provided products, all physicians in Swaziland have

the option of purchasing commercial contraceptives, to extend the range of products available to their patients or if free government products are out of supply.

Pharmacies

The six pharmacies in Swaziland provide a wide range of contraceptive products, although prices are high. The team established that pharmacies dispense oral contraceptives without a physician's prescription. The pharmacies carry oral contraceptives, condoms, spermicides, and injectables, all imported from South Africa.

III. FINDINGS

A. Implementation Resources

1. Distribution Firms

There is only one pharmaceutical distributor in Swaziland, Swazipharm Wholesale Ltd. The team met with its managing director and partner, Mr. Geoff Fisk. A second pharmaceutical distributor had gone out of business during the past year, apparently due to the lack of volume within Swaziland and the obvious size of Swazipharm.

Swazipharm carries a full range of ethical and over-the-counter pharmaceuticals, virtually all imported from neighboring South Africa. Swazipharm orders directly from manufacturers; the delivery time to Swaziland is three weeks. Although Swazipharm is the only wholesaler within the country, it is not the exclusive supplier to pharmacies, clinics and private physicians, who procure drug supplies both from Swazipharm, other wholesalers within South Africa, and directly from manufacturers. Several physicians and pharmacies find it less expensive to order directly by telephone from larger wholesalers within South Africa, or directly from the manufacturers.

Swazipharm's contraceptive sales volume is extremely limited, due to the fact that the government supplies a full range of contraceptives free to any private physician and clinic desiring them. Swazipharm sells less than a total of 1,500 cycles of all brands of oral contraceptive per year, 40 boxes of 100 Depo-provera, 20 boxes of 100 Noristerate, almost no spermicides, and 100 Multi-Load IUDs per year. Swazipharm does not carry condoms unless it receives a special order.

Mr. Fisk was very willing to be the distributor/implementing organization for a CSM project in Swaziland. However, he questioned whether the potential volume in Swaziland would warrant a program. He suggested that a joint Swaziland, Botswana, Lesotho program be considered, for which he offered to act as the overall distributor.

In analyzing the potential sales volumes for a Swaziland program, the team concluded that a return to project fund could not be achieved, certainly not within the first three years. Therefore, Swazipharm would need a fixed management fee subsidy to operate the program.

2. Advertising Agencies

As there are no advertising agencies or commercial research firms located within Swaziland, the team traveled to Johannesburg for two days to interview major suppliers in both categories, as well as pharmaceutical manufacturers.

The team met with three major South African advertising agencies, Bates Wells, Ogilvy & Mather, and Lintas South Africa. Each of these agencies is a substantial firm with over 150 full-time employees, impressive creative capabilities, and possesses some in-house research capabilities. Ogilvy & Mather and Lintas South Africa are the South African offices of the multinational parent companies of the same name, and Bates Wells, although now privately held, originally was the South African office of Ted Bates Worldwide, New York.

There are a number of major advertising agencies in Johannesburg, including offices of multinational firms, and there is no question that advertising services of an international standard may be procured in Johannesburg. As there are no agencies located in Swaziland, advertisers in the Swazi market procure creative and media placement from advertising agencies in Johannesburg. Lintas South Africa claims to have plans to open a small service office in Swaziland, if sufficient business can be generated.

For specific details about these three agencies, refer to the contact reports in Appendix B.

3. Research Firms/Resources

As no private research firms exist in Swaziland, the team interviewed three of the four largest research firms located in South Africa: Market Research Africa, Research Surveys, and Markinor. All three firms were substantial, well-established companies, over 15 years old, and having in excess of 100 full-time employees each. They were experienced in both quantitative and qualitative research, and were capable of fielding interview teams in all major languages of South Africa.

All three firms were willing to conduct research in Swaziland, although they had little or no experience in doing so. They suggested that they would send a team to Swaziland to recruit, train,

and supervise Swazi interviewers. The agencies have no capabilities in the Siswati language. (For specific details about these three research firms, refer to the contact reports in Appendix B.)

The expense, language difficulties, and the possible political sensitivity of having South African firms conduct research into family planning within Swaziland are apparent. Therefore, alternative resources within Swaziland were sought.

The team met with the Social Science Research Unit of the University of Swaziland. The SSRU was founded in 1979, has five full-time staff members, and a number of affiliated long-term project supervisors and research assistants. It trains and supervises students from the university as field interviewers. The unit is supported by the Free University of Amsterdam, and carries out studies in rural development, housing, environment, health, and so forth.

The SSRU accepts research projects from outside organizations and would be pleased to conduct research for a social marketing project, with or without outside technical assistance. It appears that using the SSRU would be a feasible, very economical, and culturally appropriate method of conducting research within Swaziland.

SOMARC could provide technical assistance to the research unit, to ensure that the research design would yield the required information for the purposes of the social marketing project. It might be particularly appropriate for Ted Green to provide this technical assistance, as he has lived in Swaziland, speaks the language, is known to the SSRU, and has considerable experience conducting SOMARC research.

B. Available Media

Available media within Swaziland falls into two categories: Swazi media, which includes one government-operated television station, one government radio station broadcasting in Siswati and English, two privately owned newspapers, the Times of Swaziland, and the Swazi Observer, and a very limited number of billboards, mostly on the main roads between, and outside of, the cities. No billboards were observed in Mbabane or Manzini.

The second category of mass media within Swaziland is spillover from South Africa, namely South African television and radio. South African newspapers and magazines are also widely sold within Swaziland. The cost of South African media and the wastage involved would in all likelihood make the use of South African media prohibitive in a CSM program.

The team visited the two newspapers, the television station, and the radio station. The Times of Swaziland is the principal newspaper in Swaziland. Its circulation is 10,000-10,500 readers per day, and the newspaper believes its total readership is 65,000. No readership profile is available except that the newspaper was confident that all readers are formally employed.

Should the program advertise, the newspaper is willing to provide free editorial support in the form of articles concerning the program, and family planning in general. Advertising rates are three emalangeni (E3) per column centimeter (U.S. \$1.20) with discounts available for six insertions or more. Both spot color and full color are available.

The Swazi Observer has a daily print run of 6,800 copies, and 8,500 copies on Saturday. The acting advertising manager estimated that readership was approximately 4 persons per copy, but was unable to state the actual circulation or the advertising rates.

The national television station, Swazi TV, accepts paid advertising for spots of 15-60 seconds in duration. Depending on the time of day, a 15-second spot costs 100 emalangeni (U.S. \$40.00) to 160 emalangeni (U.S. \$64.00) and a 30-second spot ranges from 180 emalangeni (U.S. \$72.00) to 300 emalangeni per spot (U.S. \$120.00). Rates are negotiable depending upon frequency. Most spots on Swazi TV are 30 seconds in duration.

The assistant advertising manager estimated that the viewership is 500,000 people, although this is rather doubtful given a total national population of just over 700,000 people, with 77 percent residing in rural areas. Additionally, the 1988 Swaziland National Listenership Survey (produced for radio listenership) states that only 18 percent of those surveyed indicated that they ever watched television. There is no viewer profile available. Swazi TV has the facilities to produce advertising spots in-house, otherwise production could be provided by a South African advertising agency.

Swaziland Broadcasting Services operates the government radio station broadcasting in both Siswati and English. According to the station, 96 percent of listeners tune to the Siswati broadcasts and 4 percent listen to the English broadcasts. The Siswati channel broadcasts from 5 am to 11 pm, and the English channel from 5:30 am to 8:30 am, and again from 4 pm to 9 pm. Like television, radio does not reach all areas in Swaziland due to the mountainous terrain. A listenership survey produced in 1988 states that 85 percent of respondents indicated that they listen to radio, and the Family Health Survey 1988 states that 87 percent of the populace own radios. The listenership survey also indicates that 54 percent of those surveyed listen to radio Zulu; this would have to be taken into consideration when developing a media plan. Clearly, radio is the pervasive advertising medium in Swaziland, as is the case in most of Sub-Saharan Africa. The station stated that they would wish to receive the concurrence of the MOH in order to broadcast family planning or contraceptive advertising.

Newspaper readership is small; television is expensive and may be politically sensitive for contraceptive advertising. Therefore, the major advertising mediums for a CSM program in Swaziland would be primarily radio, supported by substantial point-of-purchase materials, and detailing to retail outlets and private physicians. Television and newspaper advertising would be used to a certain extent, as beyond motivating consumers, these two mediums are important to inform government, business, and opinion leaders about the program.

C. Present Retail/Physician Sales Levels

To determine the feasibility of establishing a CSM project in Swaziland, the team attempted to estimate the total present retail sales levels of contraceptives provided through pharmacies and the 21 private dispensing physicians within the country (these 21 physicians work within approximately 7 private practices). The estimation of sales levels was made by obtaining sales figures from four of the six pharmacies, the largest network of private clinics including employer clinics serving some 50,000 patients (Occupational Health Services), a private physician, the country's only wholesale distributor (Swazipharm), and a contraceptive manufacturer (Schering, the second largest manufacturer of contraceptives used in South Africa, including Swaziland).

The two largest pharmacies in the country, Mbabane Pharmacy and Manzini Pharmacy are selling approximately 1,200 cycles of orals each per year and 3,500 condoms each per year. Sound Health

Pharmacy is selling 420 cycles of orals per year and approximately 1,000 condoms per year. Total retail/physician sales of orals appears to be no more than 10,000 cycles per year, and 15,000 condoms per year. Spermicides are not popular with Swazi women; it appears that less than 1,000 units of all types of spermicides are sold to retail outlets or physicians in Swaziland. The pharmacists interviewed reported that nearly all sales of spermicides were to expatriate women living in the country.

The pharmacists also reported that over one-half of the condom sales were made to South African tourists. IUD and injectable sales from pharmacies were negligible.

The sales figures from Swazipharm (see Section III.A.1), Schering, the physician interviewed, and Occupational Health Services collaborate these figures. Dr. Geoffrey Douglas, head of Occupational Health Services, stated that he is relatively sure that only two private practices in the country charge their patients for contraceptives, the remainder dispense free contraceptives obtained from the government. (Private physicians will charge patients for contraceptives when the government is out of supply and they therefore have to order contraceptives from wholesalers. Patients are required to pay private physicians for the consultation visit even though the physician is dispensing the contraceptive at no charge).

The only viable explanation for this very low retail/physician sales level is the government's policy of providing free contraceptives to private physicians and employer clinics. Occupational Health Services' clinics, managed for private employers, serve approximately 50,000 patients, all of whom receive free contraceptives. These 50,000 patients account for over 7 percent of the entire national population.

D. Potential CSM Sales

The tables that follow contain the calculations used to estimate possible potential sales of oral contraceptives and condoms in a CSM program in Swaziland. The methodology and percentages used in these calculations are consistent with the projections made in other SOMARC CSM country assessments. An explanation of the calculations appears following the two tables.

ESTIMATED POTENTIAL CSM CONDOM SALES

Total Males (15-59 yrs)		Urban	55,190
		Rural	<u>101,390</u>
	=		156,580*
Total Urban Males (15-59 years) + 15% of Rural Males (15-59 years)**			
55,190 + 15,208	=		70,398
Possible Condom Users (3.7%***)	=		2,605
Estimated Condom Market (@125 condoms/per man/year)	=		325,625
Therefore, the condom sales projection during the first year of the program at 30% of the total potential market	=		98,000

*1986 Census projected to 1988 estimates.

**CSM Program projected to achieve estimated 15 percent rural coverage.

***3.7 percent is the present preference rate. It will be necessary to build awareness and motivate usage for the condom.

The percentage of the total market to be captured by the CSM program in pill sales increases to 20 percent in the third year, yielding a total projected sales of 27,079 cycles. The team feels that given the government's current policy of providing free contraceptives to physicians and employer clinics, and the very limited number of pharmacies (six pharmacies; orals can only be sold through pharmacies and physicians), it is unlikely, even with demand creation through mass media advertising, that market share for orals would rise much above 20 percent for many years.

Sales projections were not made for injectables, IUDs, and spermicides, since sales of these three products in pharmacies was practically negligible. Spermicides do not appear to be a popular method of choice in Swaziland (0.8 percent preference), and while injections are second in preference to the pill (26.5 percent preference), and IUDs have a fairly significant preference at

9 percent, these two methods are dispensed in a physician's office, and generally not sold through retail outlets.

E. Contraceptive Supply

There are two methods of supplying contraceptives to CSM projects. The first involves shipping products donated by AID Washington and is generally used in a soft currency country, where hard currency for importation is in short supply, and contraceptives are not manufactured within the country. Although there are no contraceptives manufactured in Swaziland, the Swazi currency is tied to, and interchangeable at one-to-one with the South African rand. There is, therefore, no difficulty in importing products from South Africa. This fact, combined with the very small CSM sales potential as outlined in Section III.D, would suggest that it is not practical to provide AID donated contraceptive commodities to a potential Swaziland CSM program.

The second method of contraceptive supply occurs when there is a hard currency available for unrestricted importation, and/or local production of contraceptives. In this scenario, SOMARC can attempt to negotiate with the contraceptive manufacturers to lower their wholesale prices to the program at an agreed-upon rate. In return, SOMARC sponsors and pays for mass media advertising and possibly detailing to retailers and physicians. SOMARC has successfully arranged this with manufacturers in six countries having SOMARC-sponsored CSM programs.

This would be the preferred method of obtaining contraceptives to supply a potential CSM program in Swaziland. Therefore, while in Johannesburg to review advertising agencies and research firms, the team attempted to arrange appointments with contraceptive manufacturers. A meeting was held with Berlimed, a subsidiary of Schering A.G./Berlin. An appointment was scheduled with Wyeth, which unfortunately had to be cancelled due to time constraints.

While the incentive for a manufacturer to lower its prices in return for promotional support lies in the possibility of increasing sales in a large market, Schering was nevertheless willing to consider substantially lowering prices of several brands for the potential Swaziland CSM program. Schering is the second largest supplier of contraceptives to the South African market (including Swaziland), after Wyeth. Schering sells seven oral contraceptives in the South African market including

Logynon ED, Minovlar ED (their two largest sellers in the market), the NOVA-T (IUD) and the injectable Noristerate.

The average retail price of oral contraceptives in Swaziland is E10.00 (U.S. \$4.00) per cycle, and retailers place a 50 percent markup above the wholesale purchase price of their products.

In considering the possibility of introducing major brands of orals in the Swazi CSM program to retail at approximately E5.00 (U.S. \$2.00), the team asked Schering if it was possible to lower wholesale prices for Logynon and Minovlar to approximately E3.50. Schering was willing to consider this, with the product sold in bulk packs. Packaging considerations of differentiating the packaging from the present commercial packaging used within the South African market were also discussed. Lowering the wholesale price on the Noristerate injectable was discussed as well.

A substantial consideration in Schering's willingness to lower its prices for such a small potential market as Swaziland was expressed as the desire to continue to cooperate with SOMARC, since SOMARC has an established relationship with Schering in a number of countries. Nonetheless, if a social marketing program were to begin in Swaziland, SOMARC would have to continue discussions with Schering and several other manufacturers in South Africa.

F. Man Talk

A condom-only social marketing program already exists in Swaziland. Man Talk, started within the past year, is a joint project of Dr. Geoffrey Douglas' non-profit Occupational Health Services, and Population Services, London. It is funded for three years by the Overseas Development Administration (ODA), with USAID-funded condoms provided through Family Planning International Assistance's (FPIA) Nairobi office. FPIA has provided 1.2 million PANTHER condoms to the Man Talk program, and is presently in the process of shipping an additional 300,000 Ultrathin condoms to the project. The Ultrathin condom will be marketed by Man Talk as a second branded upscale product at a higher price.

The PANTHER condoms are packaged under the name Man Talk, with the Man Talk logo (incorporating the male symbol) (see Appendix F). The PANTHER logo, already branded on the inner condom pack, is not named, displayed, or referred to in any of Man Talk's materials.

They are offering their packaged condoms for the following prices, substantially less than present retail prices for condoms in Swaziland (see Appendix D):

	Retail Price (over the counter or from Man Talk Agent)		Mail Order Price (includes cost of P & P)
Box of 4 Condoms	E1.00	U.S.\$.40	E2.00 U.S.\$.80
Box of 12 Condoms	E2.50	U.S.\$1.00	E4.00 U.S.\$1.60
Box of 24 Condoms	E4.00	U.S.\$1.60	E6.00 U.S \$2.40

The aims of Man Talk, as stated by Dr. Douglas are:

- a. Health Education related to STDs.
- b. Social marketing promoting condoms as a male form of contraception.
- c. The promotion of vasectomy in Swaziland (to be done later in the program).

Thus far Man Talk has advertised in newspapers only, has provided a limited amount of point-of-purchase materials, bumper stickers, has done some detailing, and has produced a substantial number of brochures concerning condom usage and particularly emphasizing all forms of STDs and AIDS.

Dr. Douglas' ten-year-old Occupational Health Services, having public clinics, and providing management of employer clinics, which serve the health needs of some 50,000 Swazis (over 7 percent of the National population), is a respected organization in Swaziland. In discussions with the Minister and Principal Secretary of Health, they affirmed their support for the Man Talk project.

The SOMARC team was very impressed with Dr. Douglas and his project, and was particularly impressed with the amount of work that had been done with a minimum amount of outside technical assistance, and a very small staff.

The team does, however, have some reservations about the design and targeting of the program's logo, packaging, and brochures. We question whether the project is well targeted and if the design of the materials may be too up-market for the project's intended audience. Dr. Douglas acknowledged that he had done no marketing research prior to developing these materials, nor were the materials pretested in any way with a Swazi audience prior to being produced.

The team discussed with Dr. Douglas the possibility of providing certain areas of technical assistance to Man Talk, and Dr. Douglas indicated he would be most willing to accept such assistance. Dr. Douglas would need to contact Population Services in London to determine that they had no objection to this program receiving outside technical assistance.

The technical assistance that SOMARC feels would be of benefit to Man Talk, which was discussed with Dr. Douglas, is as follows:

1. Focus group research to test the existing program name, logo, targeting, and design and wording of all educational materials.
2. Assistance in targeting the second product (the Ultrathin condom), including packaging design, positioning, and promotion.
3. Design, production, and funding of advertising.

Dr. Douglas indicated that the amount of funding and technical assistance from Population Services is quite limited, and would not cover the technical assistance SOMARC discussed with him.

SOMARC made it clear to Dr. Douglas that by providing this technical assistance, SOMARC had no intention of making it appear that Man Talk become a "SOMARC-sponsored" program.

Such technical assistance should contribute to the success of the Man Talk program and its efforts, but should in no way infringe on Occupational Health Service's claim to be the founder of the program.

IV. CONCLUSIONS/RECOMMENDATIONS

The potential market for CSM sales in Swaziland is extremely small. There is certainly a high population growth rate in the country which warrants attention and programmatic assistance. However, given the government's effective and considerable family planning clinic-based program, the government's policy of providing free contraceptives to physicians and employer clinics, the extremely low present retail contraceptive sales levels, the limited number of retail outlets (which is not likely to change in the near future), and the country's small population base (77 percent of which is rural), the conditions that would allow a successful implementation of social marketing in Swaziland simply do not exist at the present time.

SOMARC, therefore, does not recommend the implementation of a new multiproduct social marketing program in Swaziland at this time.

Should the government change its policy of providing free contraceptives to physicians and employer clinics, a social marketing program would then be more viable (if it included the provision of social marketing products to these clinics). Even so, the numbers do not indicate the possibility of establishing a return-to-project fund for some years, and the implementer of any social marketing project in Swaziland must be willing to subsidize the distributor and the program for some years.

It is worth considering the possibility of establishing a combined CSM program covering Swaziland, Lesotho, and Botswana, in light of the small populations of each country. A joint program could utilize common distribution, packaging, and communications.

As the Man Talk condom social marketing program is already established and supported by the government, and particularly in light of the very high STD incidence in Swaziland (estimated to have annual levels approaching 25 percent of the population), the team recommends that SOMARC provide the technical assistance to Man Talk outlined in Section III.F.

The utilization of marketing research and principles, combined with professional development of mass media communications, should enable the Man Talk program to motivate additional consumers, thus contributing to the program's success.

Concurrently with the provision of technical assistance to Man Talk, SOMARC could assist in producing radio advertising and collateral materials to increase motivation of condom usage in the public sector program.

V. NEXT STEPS

- o Decision by USAID/Mbabane to support the Man Talk project.
- o Decision by USAID/Mbabane to have SOMARC develop radio advertising and collateral materials in support of condom use in the public sector program.
- o Concurrence by AID/Washington.
- o Agreement by Population Services, London, and ODA, for provision of outside technical assistance to the Man Talk program.
- o Preparation by SOMARC of a technical assistance agenda and budget.
- o Provision by SOMARC of a technical assistance team to begin the first effort, that of marketing research.
- o Design of further activities based on results of initial marketing research.

Appendix A

LIST OF INDIVIDUALS CONTACTED

1. PUBLIC SECTOR

MINISTRY OF HEALTH

Fannie Friedman	- Hon. Minister
Chris Mkhonza	- Principal Secretary
Dr. John Mbambo	- Director Health Services
Dr. Qhing-Qhing Dlamini	- Deputy Director Health Services
Dr. Maggie Makhubu	- Chief Nursing Officer
Mr. Siphon Hlope	- Principal Personnel Officer
Dr. John Ngubeni	- Medical Officer, Public Health
Mary Kroeger	- MSH Nurse Midwife
Prisca Khumalo	- F.P. Coordinator
Dan Kraushaar	- PHC Project Chief of Party

2. OTHER GOVERNMENT DEPARTMENTS

A.T. Thembe	- Director of Swaziland Broadcasting
Mr. Zwane	- Central Statistical Officer
Thulani Dlamini	- Ass. Advertising Manager, Swazi TV
Douglas Scabra	- Marketing Manager Swazi TV
Jan Testerink	- UNISWA Social Science Research Unit

3. USAID

Roger D. Carlson	- Director
Harry Johnson	- Deputy Director
Alan Foose	- Regional Health/Pop/Dev. Officer
Mary Pat Selvaggio	- Asst. Reg. Health/Pop/Dev. Officer
Allan Reed	- Regional Program Officer
Dr. Rose Schneider	- Health/Pop/Nutrition Sector Assessment
Dr. Kandia Kanagaratnam	- Health/Pop/Nutrition Sector Assessment
Dr. Thoko Ginindza	- Health/Pop/Nutrition Sector Assessment

4. COOPERATING AGENCIES AND NGO'S

A.J. Franklin	- FPIA Assoc. Reg. Director Africa Region
K. Dlamini	- Director FLAS
N. Manzini	- Deputy Director FLAS
T. Fenn	- Pathfinder Fund Advisor - FLAS
Dr. G. Douglas	- Occupational Health Services and Man Talk
Pat Ntombela	- Occupational Health Services Manager Man Talk

5. PRIVATE SECTOR

Private Physicians and Pharmacists

- | | |
|-----------------|--|
| Dr. G. Douglas | - Occupational Health Serv. Specialist Physician |
| Dr. J. Stephens | - Private Physician |
| John Mirkin | - Managing Director/Mbabane Pharmacy |
| Ron Emett | - Owner Manzini Pharmacy & Swaziland Chemist |
| Marcel Smith | - Managing Pharmacist - Sound Health Pharmacy |
| Mr. Phiri | - Manager of Pilane Pharmacy/Swazi Plaza |

6. MARKETING/DISTRIBUTION FIRMS

- | | |
|------------|----------------------------------|
| Geoff Fisk | - Managing Director - Swazipharm |
|------------|----------------------------------|

7. ADVERTISING AGENCIES

- | | |
|------------------|---|
| Dave Kelly | - Managing Director-Group Services (Bates Wells) |
| Terry Levenberg | - Business Development Director (Ogilvy & Mather) |
| Erick Mani | - Director (Ogilvy & Mather) |
| Basil Walton | - Client Service Director (Lintas) |
| Madala Mphahlele | - Market Development Director (Lintas) |

8. MARKET RESEARCH AGENCIES

- | | |
|------------------|--|
| Sue Grant | - Director (Markinor) |
| Hanna Fourie | - Director (Market Research Africa) |
| Margarita Magson | - Director (Research Surveys (Pty) Ltd.) |

9. CONTRACEPTIVE MANUFACTURERS

- | | |
|------------------|---|
| J.P. Kirstredter | - Chief Executive (Berlimed - Schering) |
| Rob I. Goodall | - Marketing Manager (Berlimed - Schering) |

10. NEWSPAPERS

- | | |
|-----------------------|---|
| Christina F. Thompson | - Advertising Manager (Times of Swaziland) |
| Jimmy Dlamini | - Acting Advertising Manager (Swazi Observer) |

Appendix B

CONTACT REPORTS

Below is a table of contact reports on advertising and research firms visited in Johannesburg.

Name of Organization	Years Operating	No. of Employees	Major Clients	Comments
1. Bates Wells	+20 years	450	Anglo American S.A. Breweries Nissan Premier S.A. Sugar Assoc. British Petroleum Smith & Nephew Irvine & Johnson	Bates Wells is the second largest advertising agency in South Africa, with total billings in excess of R150 million. The agency has a registered company in Swaziland which currently is nonoperational. They do not have existing Swazi clients, although they place advertising for their South African clients doing business in Swaziland. They claim that they can handle smaller accounts effectively through one of their subsidiaries, Bates Hickman, specializing in small accounts. The Agency has in-house research capabilities and also utilizes market research firms.
2. Ogilvy & Mather	+18 years	500+	Lion Match Carlton Hotel Volkswagen S.A.B.C. S.A. Breweries Argus Group Nestle	Ogilvy & Mather is a subsidiary of the International Advertising Agency of the same name. They are the largest advertising agency in South Africa, with total billings in excess of R250 million. While they have not handled any specific accounts in Swaziland, they place advertisements with the Swazi media for their South African clients. They claim to have a good

Fashion Market
Index
HPPI
Social Monitor
Omnibus
Ad hocs

research firm in South Africa. They work with multisectoral clients and have developed a very sophisticated sample frame and some sophisticated research models. They are the largest in syndicated surveys and also handle ad hocs effectively. They have very experienced field supervisors and teams and have the in-house resources to handle their own data capture and analysis. While they have not done any previous research work in Swaziland, they are confident they can train Swazi interviewers to carry out effective research in Swaziland.

5.	Research Surveys (Pty) Ltd.	+10 years	150	Irvine & Johnson Sanlam Old Mutual Beecham Trust Bank Colgate Edgars Nissan S.A. Breweries	Research Surveys is a full-service, wholly owned South African research agency with their head office in Capetown. While they handle any type of research, they specialize in ad hocs which form a major part of their business. About 65 percent of their work is quantitative and 35 percent qualitative. They claim to have vast experience in working in black markets. They also claim that their strongest selling points are their strategic research orientation and the quality of their fieldwork and in-house data capture and analysis. Despite having not worked in Swaziland, they feel they are capable of working within the market.
6.	Markinor	+15 years	90	Wyeth Consume Pulse Syndicate RIMS Ogilvy & Mathier	Markinor research agency is a smaller, but very professional, wholly owned South African company. They have previous work experience in Swaziland and they recognize the need to use Swazi fieldworkers. They have a lot of experience in qualitative research

Lintas
S.A. Breweries
Edgars

and have handled a number of socioeconomic research studies including an AIDS K.A.P. study in South Africa. They use a separate Health Care Division for health-related surveys as this is a specialized area, in addition to their consumer and industrial divisions. Like the other two agencies, they have their own in-house data capture facilities.

Appendix C

CONTRACEPTIVE PREVALENCE RATES BY METHOD

<u>Method</u>	<u>Preference</u>	<u>Prevalence % (As % of Total Prevalence)</u>
Oral Contraceptive Pill	28,7	4,7
Intrauterine Devices (IUD)	9,0	1,5
Condom	3,7	0,6
Injection	26,5	4,3
Vaginal Foaming Tablets	0,8	0,1
Female Sterilization	14,9	2,4
Male Sterilization	0,8	0,1
Rhythm (Safe Period)	4,8	0,8
Billings	1,5	0,3
Withdrawal	5,5	0,9
Other	3,8	
TOTAL	<u>100,0</u>	<u>16,3</u>
Total contraceptive prevalence	- Modern Methods =	13.7%
	- Traditional Methods =	2.6%

Source: Family Health Survey 1988 Preliminary Results.

Appendix D

AVAILABLE RETAIL PRODUCTS AND PRICES

The Pharmacies in Swaziland carry a wide range of contraceptives. Below are some of the major products and the retail prices.

ORAL CONTRACEPTIVES

All the pharmacies visited carry an average of 25 different brands of oral contraceptives, retailing at an average price of R10.00 per cycle. Below are the 9 most popular brands and the retail prices.

<u>Pill</u>	<u>Average Price</u>
Minovlar	E 18.50
Triphasal	E 9.75
Ovral	E 9.00
Nordette	E 12.50
Micronon	E 10.50
Trinovum	E 12.50
Logynon	E 18.00
Marvelon	E 12.50
Nomovlar	E 16.50

CONDOMS

All the pharmacies visited carry a wide range of condoms in 2 main pack sizes 3's and 12's. The most popular condoms and the average prices are shown below.

<u>Condom</u>	<u>Prices</u>	
	<u>3's</u>	<u>12's</u>
Durex	E 3.50	E 12.50
Crepe De China	E 2.50	E 7.50
Rough Rider	E 4.20	E -
R3	E 3.00	E -
Alfatex	E 2.50	E 7.70
Safetex	E 2.00	E 5.50

The Man Talk condoms retail at significantly reduced prices for all three available pack sizes i.e.

4's	- E1.00
12's	- E2.50
24's	- E4.00

SPERMICIDES

The range of spermicides carried by the Pharmacies was limited to Delfen Suppositories, Rendals (in packs of 12) and Delfen foam. Prices for these were E19.50, E10.50 and E29.50 respectively.

Appendix E

PRODUCTS AVAILABLE FROM THE PUBLIC SECTOR PROGRAMME

ORAL CONTRACEPTIVES

Norinyl/Noriday 1+50

Ovral

Eugynon

Lo-Femenal

Norminest

Logynon

Minovlar

Normovlar

Micronorvum

INTRAUTERINE DEVICES

Copper T 380 A

Lippes Loop C

Lippes Loop D

Cut/Gravigard

Multiload

BARRIER METHODS

Foaming Tablets

Cream, Jelly, Foam

Condoms

Diaphragm

INJECTABLES

Noristerate

Depo-provera

Appendix F

MAN TALK ADVERTISEMENT AND MATERIALS

I understand **Man Talk** ... Do You?

Come Dressed For The Occasion With...



Our condoms are subsidised for your benefit, so they are cheaper than other commercial brands.

	Retail Price (over the counter or from Man Talk Agent)	Mail Order Price (includes cost of P & P)
Box of 4 Condoms	E1.00	E2.00
Box of 12 Condoms	E2.50	E4.00
Box of 24 Condoms	E4.00	E6.00

All Profits go to Health Education
Your purchase will include free educational material on STD's and Family Planning
For further information about STD's and Family Planning or if you wish to purchase condoms, contact:

Man Talk
P O Box 86
Malkerns

A WORD TO THE LADIES



CONDOMS SOLD
Contact HERE.

Published in the interest
of safer sex by



P O Box 86
Malkerns

A joint project of
Occupational Health Services
and
Population Services U.K.

Printed by The Printing and Publishing Alliance
on behalf of the author

IS THIS YOUR
ATTITUDE TO



THE CONDOM?

AIDS AND YOUR JOB

Are there Risks? AIDS (Aquired Immune Deficiency Syndrome) is a frightening disease, but no one should be afraid of catching it at work. This leaflet explains the facts for workers in general, and includes some guidelines for workers in particular occupations.

