PN-ACM-962

PERSONAL CHOICE MARKETING PLAN 1998

THE
JAMAICA FAMILY PLANNING
INITIATIVES PROJECT

SOMARC LIBRARY

The Futures Group, Inc.

Prepared by:

The Futures Group/SOMARC III Project
1050 17th. Street, NW, Suite 1000
Washington, DC 20036

Under Contract No.:AID/CCP-3051-C-00-2017-00

I. BACKGROUND

A. COUNTRY ENVIRONMENT

A1: Demography

A1. 1: Population Size

Jamaica, a Caribbean island country of 4,244 square miles, is estimated to have had a population of 2,527,700 in 1996, an increase of approximately 1.0% over 1995 population levels. External migration has been continuing at a high rate as well. During the 1980-1990 period, emigration reached its highest level ever recorded for the country, estimated at 24,000 annually.[1] During 1996, external migration included 18,100 individuals. This net loss has helped to reduce the overall growth of the population.

A1. 2: Demographic Characteristics:

Variable	Economic and Social Survey Jamaica 1996
- Population Estimate	2,527,700
- Urban Population (percent)	
- Crude Birth Rate (per 1000 pop.)	22.8
- Crude Death Rate (per 1000 pop.)	5.9
- Total Fertility Rate (births per woman)	2.8[2]
- Life Expectancy at Birth	
- Infant Mortality Rate (per thousand live births)	
- % of Mortality below 5 Years (per thousand live births)	

A1.3: Age Distribution

According to the Economic and Social Survey for Jamaica in 1996, the estimated population is proportionately distributed according to age in the table below, representing 49.8 percent males and 50.2 percent females. Women of reproductive age comprised 660,200, approximately 26.1 percent of the population.

[1] A Statement of National Population Policy, Jamaica, Revised 1995, Planning Institute of Jamaica.
[2] Reproductive Health Survey, Jamaica 1997, Preliminary Report, National Family Planning Board, April 1998.

Age Group (in years)	Male	%	Female	%
0-4	146,839	12%	142,821	11%
5-9	130,351	10%	128,513	10%
10-14	130,934	10%	131,738	10%
15-19	122,215	10%	122,590	10%
20-24	121,309	10%	121,504	10%
25-29	113,282	9%	114,930	9%
30-34	104,695	8%	101,765	8%
35-39	85,501	7%	86,226	7%
40-44	64,630	5%	64,397	5%
45-49	49,149	4%	48,787	4%
50-54	42,751	3%	40,906	3%
55-59	36,577	3%	33,971	3%
60+	111,285	9%	130,030	10%
	1,259,518	100%	1,268,178	100%

A1. 4: Urbanization

In Jamaica, as in many other countries, the population is progressively moving towards being predominantly urban. Whereas in 1982, the population was 47.8 urban, in 1991 it was 49.6 percent. The rate of urbanization, however, seems to be decreasing. Urban areas such as Montego Bay and Spanish town represented the majority of growth in the parishes, and St. Catherine appears to be the fastest growing parish in the island.

A1. 5: Religion

The population is 56% Protestant, 5% Roman Catholic, and 39.1% other including some spiritual cults. In general, discussions on family planning are not offensive.

A1. 6: Literacy

Eight-five percent of the population is literate. Approximately 80.8% of the male population are literate, and 89.1% of the female population are literate.

Primary education is compulsory in certain districts, and free education is ensured. The formal education system begins at age six and consists of a primary cycle of six years, followed by two secondary cycles of three and four years respectively. Higher education is provided by technical colleges and by the University of the West Indies, which has five faculties situated at its Mona campus in Kingston.

A1. 7: Role of Women

During 1996, Jamaican women were estimated to comprise 42% of the labour force. During 1996, however, there was a net loss of available jobs which was primarily borne solely by females, primarily young females.

A2: Economy

A2.1: General Description

Jamaica's economy is based on tourism, bauxite/alumina industry, textile assembly operations, agri-business, and telecommunications.

In 1996, according to Jamaica's Economic and Social Survey, Jamaica's gross domestic product (GDP), measured at constant 1986 prices, was US$17,987 million, representing a 1.7 percent decline from 1995 estimates—and the first decline in GDP since 1985. The decline was a result of cutbacks in aggregate demand and gross output in response to Jamaica's tight macro-economic policies designed to keep inflation in check. Inflation was controlled at 15.8% in 1996, and from April to September, the Jamaican dollar had a 12.3% revaluation to stabilize the exchange rate at US$1 to J$35—where it remains in early 1998.

Agriculture (including forestry and fishing) contributed 8% of GDP in 1996. Industry (including mining, manufacturing, public utilities and construction) contributed 47% of GDP in 1996. Services (including

distributive trade, financial, real estate, hotels, and restaurants) accounted for 56% of GDP in 1996.

Economic Indicators	
GDP (1996)	$17,987 million
GDP Per capita (1996)[3]	$3,260
Inflation (1996)	15.8%

A3. The Commercial Sector

A3. 1: Pharmaceutical Infrastructure

The pharmaceutical market in Jamaica is quite active. The 1996 recorded total market size is US$40,000 with total local production at US$3,000. Jamaica's total exports are US$3,000 while its imports are US$40,000. The amount of imports from the U.S. is US$15,000.

The Common External Tariff (CET) on certain categories of drugs and pharmaceuticals has been removed. In addition, the General Consumption Tax (GCT) is no longer applicable for most items. The government has announced that it intends to ensure that there is competition in this category. The free availability of generic drugs is also being encouraged. In terms of products for therapeutic and prophylactic use, imports are primarily from the U.K., Canada, and the U.S.

A3. 2: Healthcare Infrastructure

Healthcare is delivered in Jamaica through three channels: the public sector, the private voluntary sector (PVO/NGO), and the private sector. According to an April 1994 Mapping Study and Private Physicians' Survey (USAID, OPTIONS II, and The University of the West Indies), the private sector offers 699 service delivery points (SDPs) (including 229 pharmacies) or 63% of total facilities; the public sector offers 340 SDPs or 30%; and the PVO/NGO sector offers 79 SDPs or 7%. The Government of Jamaica (GOJ) funds family planning primarily through its Ministry of Health and National Family Planning Board. An estimate of the GOJ's expenditures for family planning since 1970 was analyzed as part of a cost-benefit analysis of the family planning Programme in Jamaica.[4] The

[3] Jamaica Country Review.

[4] Scott, M., Kocher, J., "A Cost-Benefit Analysis of the Family Planning Programme in Jamaica, 1970-2000," RAPID III Project in collaboration with the National Family Planning Board, May 1992.

public sector is experiencing a decline in the number of clinics, especially as the smaller rural clinics have closed.

The private sector is increasing due to relaxed enforcement of restrictions on private practice. Family planning services are offered by 360 private doctors (at 463 facilities). The number and type of private doctors offering such services are shown below:

General Practitioner	181
OB/GYN	62
Family/Internal Medicine	54
Surgeons	22
Public Health Specialist	13
Urologists	6
Other specialists	22
	360

According to an OPTIONS II prepared Briefing Book on the development of a strategic plan, general practitioners do not view family planning counseling and service delivery as cost effective. The doctors report that these services take up to 45 minutes of their time but the fee charged is the same as a ten to fifteen minute visit of a curative type. In general, private practitioners refer clients requesting tubal ligations to public sector clinics. They also do not favor IUDs because of the prevalence of pelvic inflammatory disease among Jamaican women, and lack current information about injectable contraceptives, which leads to a strong provider bias against that method.

There are two types of pharmacies in the private sector -- community pharmacies and hospital pharmacies. Community pharmacies comprise 98 percent of all pharmacies in the private sector. All pharmacies are service delivery points (SDPs) for family planning, however only two of the eight hospital pharmacies are retail outlets for family planning products.

The private sector SDPs are shown by area as follows:

Area	Pharmacies	Doctors' offices	Hospitals
Urban	213	424	7
Rural	16	39	0
	229	463	7 = 699 private sector SDPs

According to the OPTIONS II study, the percentage of private physicians providing family planning methods is as follows:

Service/Method	% Providing
Counseling	98
Injectables	66
IUDs	45
Vaginal methods	39
Orals	18
Tubal ligation	12
Condom	9
Vasectomy	5
Norplant	1

A3. 3: Commercial Market

There are four primary contraceptive methods now available in the Jamaican commercial marketplace: 1) condoms, 2) oral contraceptives, 3) injectables and 4) IUDs.

Oral Contraceptives available	**Price (J$)**
Trinordiol	87.95
Tri-Regol	68.50
Tri-Novum	132.00
Neogynon	175.00
Minulet	285.00
Ante-Ovin	50.00
Dian 35	465.00
Microgynon ED	158.75
Microgynon	162.00
Logynon ED	195.00
Logynon	160.40
Gynera	295.00
Ortho Novum 35	146.20

Ortho Novum 777	150.00
Perle LD 1 cycle	45.25
Perle LD 3 cycles	43.55 per cycle
Minigynon	42.65
Nordette	79.00
Celeste	300.00
Ovral	79.50

Injectables available	**Price (J$)**
Depo Provera	180.00
Mesigyna	180.00

IUDs available	**Price (J$)**
Nova T	950.50
Copper T380A	190.00

A.3. 4.Marketing Services

Mass media includes 2 television stations, 8 radio stations, 4 newspapers and 21 periodicals. The ratio of media per individual is: one TV set per 5.1 persons; one radio per 1.6 persons; and the daily newspaper circulation is 63 per 1,000. According to the Background Briefing Book for Family Planning Initiatives (BBBFPI) in 1992, there were nineteen advertising agencies. Two of those agencies, McCann-Erickson and Dunlop Corbin Compton, had experience with family planning and AIDS issues.

B. POPULATION AND FAMILY PLANNING ENVIRONMENT

B1. Family Planning - Knowledge, Attitudes, Practices

The 1997 Reproductive Health Survey clearly indicates that the population of Jamaica, and women in particular, has been exposed to widespread contraceptive education and easy availability of supplies. Knowledge of at least one method of contraception is almost universal. 98 percent of women aged 15-49 and of young men (15-24) know at least one method. These high levels of knowledge are found in all regions. The most well known methods are the condom, pill, injectable, and tubal ligation. Other

methods that are not as well known, but all above 30 percent for men and women were the IUD, diaphragm, and vasectomy. Interestingly, the IUD seems to be less well known among women than among young men. The most improvement in knowledge for men is shown for injectables, vasectomy,, and implants.

In practice, women in union reported pills as the most prevalent method (20.7%); condoms are second (16.6%); female sterilization (12%); and injectables (10.6%). Injectables have shown the most dramatic increase in use, increasing from 6.2% in 1993 to 11.3% in 1997 among women aged 15-44. It should also be noted that while in 1993 no cases of vasectomies were reported, in 1997 the number of cases among those surveyed increased to 10, representing a 0.2% prevalence.

B2. Population Environment and Policy

The National Family Planning Board (NFPB) is the principal agency of the Government responsible for promoting family planning and population programmes in Jamaica. The Board was created in 1967, and made a statutory Board under the Ministry of Health in 1970. The NFPB is overseen by a Board of Directors, headed by a Chairman, all of whom are nominated by the Minister of Health. In December 1997, a new Minister of Health was appointed, Minister John Junor, but the members of the NFPB have not changed.

These members are drawn from areas of the public and private sector. The current composition of the NFPB Board of Directors is as follows:

Professor Hugh H. Wynter, Chairman
Dr. Barbara Noel
Dr. Verna Brooks-McKenzie
Rev. Oliver Daley
Mr. Basil Lue
Dr. Eva Lewis-Fuller
Dr. Charles Scarlett-Rockhead
Ms. Fae Ellington
Mrs. Thelma Nelson
Ms. Melanie Gardner
Mr. George Briggs, Permanent Secretary, Ministry of Health
Mrs. Beryl Chevannes

Jamaica's family planning programme has been highly successful over the last 26 years and has been used as a model in many parts of the world, with a reduction of the total fertility rate from approximately 5 or 6 in 1967 to 3.5 in 1983, to 2.9 in 1989 to 2.8 in 1997, and an increase in contraceptive prevalence from 55% in 1989 to 66.1% in 1997.

The NFPB's 1996 publication, "Jamaica: Family Planning as a Tool for National Development," describes the successes of social marketing efforts of the 1970s and 1980s. Mass media campaigns became important channels for information dissemination to create awareness and demand for family planning services. The early Programme also led to the commercial distribution of the Panther condom and the Perle oral contraceptive -- both of which remain the preferred brands of supply methods in Jamaica today.

Jamaica's family planning Programme now faces the challenge of achieving replacement level fertility by the year 2000. This will require a significant expansion of the Programme to achieve contraceptive prevalence of 68% in the face of an increasingly young population, anticipated to grow by 17% by the year 2000.

Additionally, the current use of contraceptives in Jamaica is inefficient, with a high predominance on supply methods rather than more effective long-term methods. Discontinuation rates are also high, based on inadequate information, misinformation and myths surrounding the use of many contraceptives.

Finally, access to contraceptives is constrained by regulatory barriers governing the purchase of oral contraceptives in the commercial sector. Currently, the law requires that consumers have a prescription in order to purchase an oral contraceptive. Low dose orals are classified under Jamaica's Food & Drug Act as List IV (ethical products). The costs attendant on acquiring a prescription often preclude women using this form of contraception.

The NFPB has proposed to the Ministry of Health, the reclassification of low dose oral contraceptives from List IV of the Food and Drugs Act to List II status. Not only would this status remove the prescription requirement, it would also permit a level of brand advertising which is currently restricted.

With two pills within the Personal Choice programme, an increase in the level of brand awareness will have a positive impact on the demand

generation for the Personal Choice brands. The private sector pill partners have demonstrated their willingness to invest in building their brands in the Jamaican market, but to date have not had the legal framework within which to exercise such an option. Such a change will also likely generate interest among other oral contraceptive manufacturers and distributors to increase their promotional efforts.

II. SOCIAL MARKETING FRAMEWORK

A. BACKGROUND

USAID and NFPB have come together to collaborate on a joint Family Planning Initiatives Project (FPIP), running from 1992 to 1998. The principal aim of this bilateral project is to improve the effectiveness and sustainability of the National Family Planning Programme. Key components of the strategy call for an increased shift to more effective, longer acting methods and for greater participation of the private sector in the provision of family planning services and products.

Overall, the National Family Planning Programme has had a great deal of success in reaching its goals. Public awareness of family planning has grown; contraceptive prevalence has increased; and the fertility rate has dropped. In order to continue on this successful path, however, the Programme is faced with a number of challenges.

First, is the uncertain availability of resources. International donors are cutting back their financial assistance. For example, USAID, which has been a significant contributor for over 20 years, will end its support for contraceptive procurement in 1998. The challenge is to fill the gap created by USAID's incremental funding reductions. This challenge must be met at a time when Government of Jamaica is also facing increased competition for resources making it difficult to increase its financial support to the Programme.

Second, national policy goals call for a significant reduction in fertility (to replacement levels by 2000). To reach this goal contraceptive prevalence must continue to increase. The difficulty of achieving this goal is the fact that most of the remaining increases in prevalence must come from within more difficult to reach pockets of unmet need. Further, just to maintain current prevalence levels the Programme will have to expand significantly. This is because the relatively young age structure of the Jamaican

population will result in a 17 percent increase in women of reproductive age by 2000.

Third, the current method mix is characterized by a predominance of pills and condoms. To reach its fertility goals a shift towards more effective long-term methods is required.

B. NATIONAL GOALS

The goals of the National Family Planning Board (NFPB) for the remainder of this century are as follows:

1. Increase contraceptive use from 62 percent to 68 percent.
2. Ensure access to high quality family planning services for those who wish to use them.
3. Develop and improve family life education and clinical services to adolescents and young adults.
4. Promote and sustain large scale nation-wide information, education and communication Programmes in family planning, population and family life using all available channels.
5. Ensure and promote the participation of voluntary and private sector organizations in providing family planning services.
6. Provide surgical services for men and women who desire to use them.

C. PRIVATE SECTOR ROLE

The NFPB Strategic Plan outlines the expanded role that the private sector is expected to play in achieving national goals. The Personal Choice Social Marketing Project represents the strategic response of the NFPB to the challenge of expanding the role of the private sector. Specifically, through Personal Choice the NFPB wishes to "ensure and promote the participation of voluntary and private sector organizations in providing family planning services" in order to:

- Increase overall contraceptive usage;
- Shift the method mix towards a greater reliance on long term contraceptive methods; and
- Shift service delivery from the public sector to the private sector.

The rationale for shifting the method mix from a heavy reliance on supply methods (pills, condoms) to a greater use of long-term methods was based on the fact that women of higher parity continue to use supply methods despite their wish to limit rather than space birth.

Assumptions regarding a shift from public sector to private sector sources for family planning services were based on:

- information regarding the willingness and ability of clients to pay for services;
- a projected market size that would make private sector investments viable;
- a need to establish a sustainable family planning programme in the long run.

The NFPB has developed its targets using the Target-Cost Model with 1993 Contraceptive Prevalence Survey data. The specific private sector goals are:

- Increase the share of oral contraceptive users served by the private sector from the level of 48.2 % in 1993 to approximately 60% by the year 2000;
- Increase the share of injectable contraceptive users served by the private sector from the level of 6.5% in 1993 to approximately 35% by the year 2000;
- Increase the share of male sterilization provided by the private sector from less than 1% in 1993 to approximately 37% by the year 2000.
- Increase the share of IUD users served by the private sector from the level of 1% in 1993 to 5% in the year 2000.

III. PERSONAL CHOICE SOCIAL MARKETING

A. PERSONAL CHOICE'S ROLE IN THE PRIVATE SECTOR

The Personal Choice Social Marketing Project is designed to assist the NFPB in achieving these goals for the private sector. The Personal Choice Programme was developed to move the earlier social marketing programme away from donated products, and to help build the existing commercial market for contraceptives. Personal Choice, however, does not represent the entire commercial sector. This marketing plan describes how the Personal Choice strategies and activities will be implemented in order to help meet the NFPB's private sector goals during the next 12 months.

B. SALES OBJECTIVES

METHOD	1995 PERSONAL CHOICE SALES	1996 PERSONAL CHOICE SALES	1997 PERSONAL CHOICE SALES	1998 TARGET PERSONAL CHOICE	1999 TARGET PERSONAL CHOICE
ORALS	390,571	464,978	437,373	490,000	548,800
INJECTIONS	3,569	5,989	7,506	10,500	14,700
COPPER T	0	0	0	500	600
VASECTOMIES	14	12	16	30	80

C. TARGET MARKET

The primary market for Personal Choice are sexually active couples from the CD socio-economic groups. Within that group are two subtargets: 1) public sector users; and 2) new family planning acceptors. Except for vasectomies, all Personal Choice contraceptives are targeted primarily for females. Therefore, the core target markets are CD married women aged 18-45 years. For vasectomies the target market is CD men aged 32+ who do not want any more children.

Within the segments identified above, the profile of Personal Choice contraceptive users will vary by method. At different times in one's reproductive life the

appropriate contraceptive choice varies. For example, a young couple not yet ready to start their family might prefer to use a condom or oral contraceptive; on the other hand a couple who wish to have no more children might opt for an IUD or sterilization. For that reason the target market for each method varies in part based on one's reproductive stage of life.

D. POSITIONING

The basic theme for Personal Choice is:

> Look for the Personal Choice sign for affordable, quality private sector family planning services and products.

Personal Choice positioning embraces four key components:

1. High Quality

All Personal Choice products must be proven safe and effective as contraceptives. Registration by the Ministry of Health will be evidence of this. For vasectomies the no-scalpel technique has been proven the most effective technique and all participating providers are specially trained.

2. Affordable Prices

Prices are established using market research and through negotiations with each pharmaceutical company and no-scalpel vasectomy provider. The principles guiding discussions on price were a) Acceptability to providers and target consumers; b) Profitability.

3. Available in the Private Sector

All Personal Choice products and services are available in the private sector. A small sampling Programme will be managed by the NFPB but is designed to encourage trial of private sector products by current public sector users.

4. My Personal Choice...

Consumers appear unaware of or misinformed about the many contraceptive choices available to them. This has resulted in an over reliance on pills and condoms. Personal Choice seeks to offer

personalized information about the many contraceptive choices for each reproductive stage of life.

5. **Finally, the Personal Choice Programme will support the national** effort to halt the spread of the Human Immunodeficiency Virus (HIV) responsible for the growing AIDS epidemic. For those consumers who choose a private sector contraceptive other than a condom a reminder is required that only condoms are effective protection against HIV/AIDS.

E. PERSONAL CHOICE PRODUCTS

The Personal Choice Programme currently includes the following products. The Programme launch was formally conducted in October 1994. Included in the Personal Choice family are:

PRODUCT/SERVICE	PRODUCER	DISTRIBUTOR	STAGE OF LIFE
Minigynon	Schering	LASCO/CariMed	Postponer/Spacer
Perle L.D.	Gedeon Richter	MediGrace	Postponer/Spacer
Depo-Provera	Upjohn	H.D. Hopwood	Postponer/Spacer
Copper T Cu 380A	FEI International	MRI	Spacer/Limiter
No-Scalpel Vas.	-	-	Limiter

These products and services carry the Personal Choice logo. The IUD will join the Programme in January 1998.

F. ADOLESCENT AUDIENCE

During 1997, SOMARC also conducted an assessment to examine suitable products for young adults, and the possible expansion of the Personal Choice line to include appropriate products, such as an adolescent condom.

G. PRICE

Personal Choice products and services are priced affordably for middle and lower income Jamaicans yet are profitable to participating private sector partners. Target consumer price ranges (Jamaican Dollars) for Personal Choice products and services are as follows:

		PRODUCT	SERVICE	TOTAL*
Low Dose Orals	-	$ 43 - 46	$ 0.00	$ 43 - $ 46
Injections	-	$ 150 - $160	$ 300	$ 450 - $ 460
IUDs	-	$ 190 - $3200	$ 500 - $3000	$ 700
Vasectomies	-	$ 0.00	$5,000	$5,000

*Price is quoted in Jamaican dollars. In January 1997, the exchange rate was approximately US$1 to J$35. Personal Choice will establish different service fees for the IUD and vasectomy based upon geographic area.

H. DISTRIBUTION

Personal Choice products will be distributed widely to service points throughout Jamaica. During 1995, approximately 81% of pharmacies sold at least one Personal Choice contraceptive, while 62% visibly displayed the logo. Also in 1995, approximately 42% of private physicians dispensed at least one Personal Choice contraceptive; only 16% visibly displayed the Personal Choice logo and materials.[5]

During 1998, Personal Choice will conduct a distribution and mapping survey to determine current distribution levels of product and point-of-sale materials.

H.1. DISTRIBUTION OBJECTIVES

- Increase the number of pharmacies that sell Personal Choice oral contraceptives from 72 to 80% for Perle LD and from 81% to 95% for Minigynon.
- Increase the number of pharmacies that sell DMPA from 19% to 45%.
- Increase the number of physicians that sell DMPA from 42% to 60%.
- Increase the number of physicians that sell IUDs to 30%.

[5] Detailed Findings of Distribution Check for Personal Choice Contraceptives in Pharmacies and Private Physicians, Prepared by Hope Enterprises, July 1995.

- Identify at least 50 providers who are interested in inserting the Personal Choice IUD.
- Increase the visibility of the Personal Choice logo and point of sale materials to at least 75% of all pharmacies.

H.2. DISTRIBUTION STRATEGIES

All products and services will use the existing private sector channels of distribution. Further, all parties are expected to maintain existing profit margins in order to ensure the sustainability of the Personal Choice Programme; that is, at the end of Programme interventions prices will remain stable because sales growth will continue to be optimal at those price levels. Personal Choice will offer a number of promotions to increase visibility and distribution of products and services.

I. COMMUNICATIONS

Communications is a key marketing component for Personal Choice during 1998. During 1995, 55% of women were able to recall the Personal Choice logo.[6] Personal Choice participated in an omnibus survey in August 1996 which showed a general recall of the Personal Choice name and logo at 58%--but this figure is after being off the air for almost the first five months of 1996. During 1997, Personal Choice envisions a total of 10 months of television and radio advertising so overall awareness should increase significantly.

I.1 COMMUNICATION OBJECTIVES

- Increase awareness of Personal Choice from 58 to 75% of the target market.
- Increase awareness of the pill as one of the products in the Personal Choice Programme from 55% to 70%.
- Increase awareness of the injectable as one of the products in the Personal Choice Programme from 32% to 50%.
- Increase awareness of the IUD as part of Personal Choice from zero to 30%.
- Increase awareness of no-scalpel vasectomy as part of Personal Choice from zero to 30%.

I.1.1 COMMUNICATIONS STRATEGIES

Personal Choice will continue an integrated marketing campaign for the range of methods being promoted. Personal Choice advertising will be broadcast through all available media. During 1998, Personal Choice will continue with its oral

[6] Report on the Advertising Tracking Research For Personal Choice Contraceptives in Jamaica, Prepared by Hope Enterprises, October 1995.

contraceptive television and radio advertising, injectable television and radio, vasectomy radio and print ads, and IUD radio and print ads.

In 1997, Personal Choice developed a public relations subcontract with Dunlop Corbin Communications to cover a broader range of activities, using the unpaid media, as well as the mass media. This augmented public relations campaign is being continued during 1998.

From the advertising media perspective, the Personal Choice advertising campaign must cover a broad base of target audience namely CD male and female aged 18-40+ years. Therefore, the campaign will be carefully structured to effectively and efficiently generate minimum 90% reach of the target markets for the campaign. See Appendix A for the 1998 media plan.

I.1.2 PROMOTIONS

I.1.2.1 CONSUMER PROMOTION OBJECTIVES

- Generate awareness and public excitement about the Personal Choice Programme.
- Increase the level of intention to buy Personal Choice contraceptives and services.

I.1.2.1.1 CONSUMER PROMOTION STRATEGY

Sampling: Participating pill distributors will continue to provide the NFPB with a sample of their products during the year. These products will be given to current public sector users who are considered prime candidates to switch to the private sector. These free samples, given to factory workers or other selected markets in the free zone, will encourage trial of Personal Choice products. Samples will also be provided to consumers at public and private sector clinics, through NGOs such as the Jamaica Family Planning Association (FAMPLAN) and the Family Planning Unit at the University Hospital. Private physicians across the island will be provided with samples to create awareness and to encourage them to provide clients with a start-up supply of Personal Choice pills, with re-supply available in private sector pharmacies.

HelpLine: Personal Choice is developing a strategy to provide consumers with more information about the range of services included under the Programme, and access to Personal Choice collaborating providers, through an information helpline. This helpline is designed to be staffed by a trained counsellor, and will allow toll-free access, and voice messaging. Where agreed, consumers will be requested to provide feedback on the extent to which their need was met.

Premium Items: Personal Choice will develop a number of premium items to help target specific audiences, primarily physicians, pharmacists and consumers, for distribution of family planning information. The premium items will be determined based on the target groups to be reached. Schering currently distributes a number of Minigynon premium items, including key chains, pens, sewing kits and hand lotion.

I.1.2.2 TRADE PROMOTION OBJECTIVES

- Generate awareness and interest in Personal Choice among doctors and pharmacists.
- Increase the willingness to participate in the Personal Choice Programme.
- Increase visibility of Personal Choice in pharmacies and private doctor's offices.

I.1.2.2.1 TRADE PROMOTION STRATEGIES

Medical Association of Jamaica (MAJ): Personal Choice will continue to seek activities in collaboration with the MAJ to represent the range of Personal Choice products. Personal Choice will reprint their annual year planner again in 1998 and will again participate at the MAJ exhibition for participants at the annual symposium.

ACOG Annual Medical Symposium: Personal Choice will exhibit at the annual clinical symposium in March 1998, providing information to Obstetricians/gynaecologists. Activities will focus on the newly launched Copper T380A IUD, and will refer providers to MRI for placing orders, and provide them with consumer brochures and posters for their practices.

Nurses and Midwives Associations: Personal Choice will maintain close links with these Associations and will participate in programmed activities for both Associations. This will include sponsoring advertising and editorial material in the relevant magazines, and making presentations on Personal Choice at Association meetings, as well as to their student populations.

Prescription Pads: Personal Choice will distribute prescription pads to physicians. The prescription pads will be designed to provide physicians with an easy reference for counselling consumers on taking missed pills.

Personal Choice Logo: Logos will be provided, as well as Push/Pull Door stickers for all participating providers, which is referenced in mass media advertising.

Contraceptive Technology Handbook: SOMARC/Personal Choice is collaborating with Johns Hopkins University in the distribution of the current Contraceptive Technology Handbook, A Reference Handbook for Clinical Staff. The Handbook is produced by the Johns Hopkins School of Public Health in collaboration with the World Health Organization, with a grant from USAID. The Handbook and accompanying wall chart will be provided by Personal Choice to all MOH and NFPB clinic staff, physicians, midwives, nurses, pharmacists and student pharmacists.

Caribbean College of Family Physicians: Personal Choice will collaborate with the CCFP to provide IUD refresher training for physicians. The Caribbean College, which provides certification for family physicians, will review and approve the training manual for IUD refresher training, and provide continuing education credits to participants who complete the training. These credits go towards annual certification for physicians.

Mystery Shopper Promotion: Pharmacists will be encouraged to be more pro-active with consumers who are in need of information concerning family planning. In this promotion, a cadre of women will be identified, trained and dispatched to make enquiries at pharmacies about Personal Choice participating methods. Each pharmacy visited will be scored on a number of representative areas; pharmacists will become eligible for a range of prizes to be offered by the programme, including availability and visibility of Personal Choice products and consumer materials, pharmacist response and service offered. Pharmacists will be invited to wear a button provided which identifies them as a Personal Choice pharmacist.

Personal Choice Detailers: A team of Personal Choice detailers will be fielded in the pilot area of Kingston and St. Catherine. This team is designed to

- Provide a reference point for immediate feedback on Personal Choice,
- Ensure that all providers have accurate knowledge of the range of methods within the Programme and their key benefits,
- Provide samples of Perle LD and Minigynon to physicians for them to distribute to consumers as start-up,
- Provide a link between providers (physicians & pharmacists) and the respective medical detailers and distributors for reliable access to product and medical information,
- Distribute Personal Choice consumer and provider materials and literature.

I.1.3 PUBLIC RELATIONS OBJECTIVES

- Generate a favorable image among consumers and providers of Personal Choice products and services.

- Generate awareness among the community of health care providers about the Personal Choice social marketing Programme so that they will recommend to their members that they become more involved in, and supportive of, the overall Programme's objectives.

I.1.3.1 PUBLIC RELATIONS STRATEGIES

Media Placement: Use non-paid media--newspapers, magazines, professional journals and publications, radio and television Programmes--to provide information about pills, injectables, no-scalpel vasectomy and IUDs. Use weekly Health Watch programme, where possible, to provide information on the benefits of family planning in general, and participating methods in particular.

Speakers Bureau: A cadre of well-educated and articulate individuals will serve as spokespeople for the Personal Choice Programme and participating methods, including the no-scalpel vasectomy and IUD. These individuals have been professionally trained to speak to the media, professional groups and general audiences. Special support materials such as speeches and graphics will be provided to trained speakers. Local media/communication professionals have been trained to provide ongoing media training.

Media Education: Prepare written information and support materials to educate and inform the media about Personal Choice. The information would be given to the press in a number of ways including a Media Briefing. Health Editors and writers have also been provided with copies of the Contraceptive Technology Handbook as a reference tool.

Endorsements: Seek endorsements from reputable and well-recognized organizations and influential opinion leaders.

Newsletter: Personal Choice started production of a quarterly newsletter in 1997, designed to reach all health care professionals and gate-keepers. The newsletter will focus attention on programme objectives, strategies, provide up-to-date information and outline scheduled activities relevant to the target audience. The distribution list is 1,000.

Outreach: Activities will include the following:

- Target private sector companies with large work force complements, and provide a speaker in the area of family planning and contraceptive technology.
- Target service clubs and chambers of commerce.

- Establish links with the Jamaica Cancer Society and the Family Planning Unit to collaborate on information dissemination on the benefits of family planning for reproductive health.
- Hold meetings for information dissemination at the Jamaica Defense Force and the Jamaica Constabulary Force.

J. TRAINING

Since 1995, Personal Choice has trained approximately 430 pharmacists and 250 physicians in contraceptive technology. During 1998, Personal Choice will discuss with the University of Technology, the inclusion of a Contraceptive Technology module in the Bachelor and Diploma in Pharmacy programmes. SOMARC will collaborate, where possible, in the development of an appropriate curriculum, and will assist in the sourcing of reference materials.

Refresher IUD training for providers interested in collaborating with Personal Choice will be made available. It is anticipated that 80 physicians will receive training.
Four additional providers were trained in the No-Scalpel Vasectomy technique in 1997 through the collaboration of SOMARC, AVSC and the Mexican Social Security Institute, creating a total of 7 physicians collaborating with Personal Choice in the provision of these services. Opportunities will be sought for additional training in no-scalpel vasectomy to ensure the widest possible coverage islandwide.

J.1 TRAINING OBJECTIVES

- Provide refresher training in patient selection criteria, screening and insertion of the Copper TCu 380A IUD for providers interested in collaborating with Personal Choice.
- Provide additional opportunities for training in no-scalpel vasectomy.
- Establish contraceptive technology as a necessary component in the formal training of pharmacists.

J.2 TRAINING STRATEGIES

Refresher IUD Training: Personal Choice has developed a refresher training Programme for physicians collaborating with Personal Choice. The approach involves providing 4 hours of refresher training for physicians who had already received clinical training in IUD insertion, but who may not be familiar with the FEI-produced IUD, or who have not been inserting IUDs through lack of client demand. The training will be conducted using pelvic models, and does not entail clinical training.

K. MARKET INFORMATION SYSTEM

In 1998, Personal Choice will be evaluated against the established benchmarks. The market research planned for the year will address some of the key marketing objectives.

K.1 OBJECTIVES

- Monitor the impact of the advertising, promotional, and public relations activities on brand-specific sales.
- Evaluate the effectiveness of Personal Choice's distribution objectives.
- Evaluate the effectiveness of Personal Choice in expanding the total commercial market for contraceptives, including oral contraceptives, injectable contraceptives, and IUDs.

K.2 STRATEGIES

- Collect monthly sales data from the pharmaceutical distributors.
- Collect service statistics from Personal Choice providers for no-scalpel vasectomies and IUDs.
- Conduct a retail outlet and mapping study to monitor distribution of Personal Choice products to pharmacies and physician offices. The distribution and mapping study previously scheduled for November 1997 will take place in May 1998.
- Conduct several omnibus surveys to measure changes in attitudes from the advertising and previous omnibus surveys. Personal Choice will participate in the February and July 1998 omnibus surveys.
- Conduct secondary analysis of the NFPB's 1997 reproductive health survey to better understand market shifts from public to private sector and the client profile for different methods.

IV. MARKETING OF SUPPLY METHODS

Overall, supply methods--pills, injections, and condoms--are expected to generate approximately 66% of total prevalence by the year 2000. Private sector sources are projected to provide 58% of supply methods.[7] To this end contraceptive distributors in Jamaica have agreed to collaborate with the National Family Planning Board and Personal Choice to achieve national targets for contraceptive

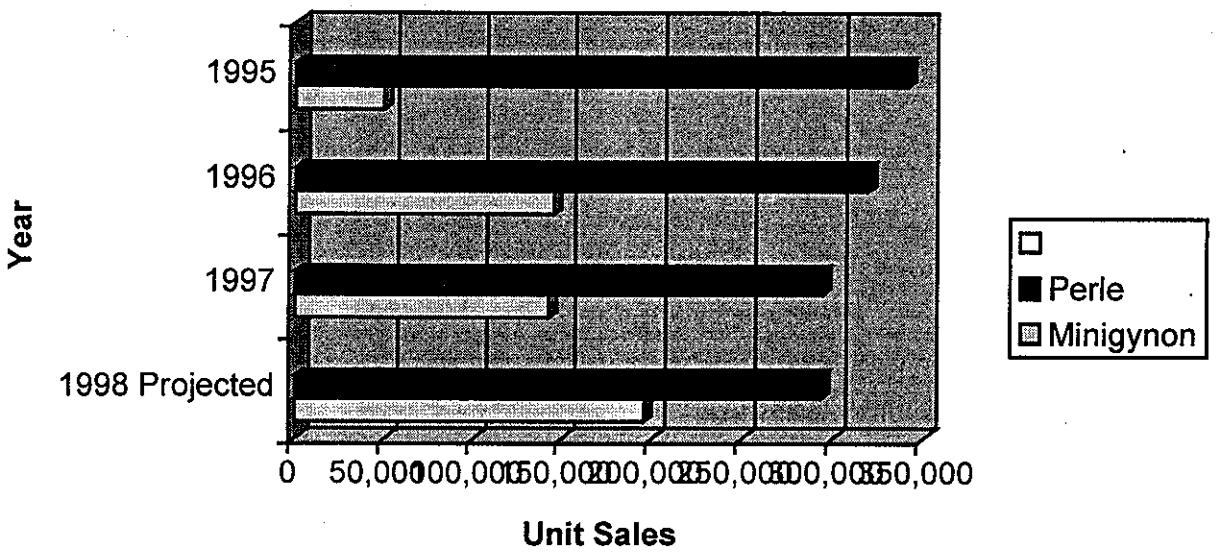
[7] Based upon NFPB's revised Target-Cost Model projections developed in February 1996.

usage. The Personal Choice product line currently includes low-dose oral contraceptives and a three monthly contraceptive injection.

A. LOW DOSE ORAL CONTRACEPTIVES

The NFPB Strategic Plan projects a 28.3% prevalence level for oral contraceptives by 2000. This amounts to about 95,700 users by the year 2000. The private sector is envisioned to provide 60% of all oral contraceptive supplies at that time, translating to a total commercial market of approximately 750,000 units. Based on the 1997 Reproductive Health Survey, with approximately 660,200 women of reproductive age, approximately 68% of whom are in union, with a pill prevalence of 22.2% and 58.8% obtaining product in the commercial sector, the commercial market in 1997 is estimated at approximately 700,000 units.

During 1995, Personal Choice launched two low-dose orals: Perle LD and Minigynon. The Perle LD (low dose) replaced the former standard dose product and was introduced at a non-subsidized but affordable price (discounted 50% from other commercial orals). Minigynon, a Schering AG product, is also a low-dose oral. It was also introduced under the Personal Choice logo and priced affordably in relationship with other commercial products already in the market. In 1995, Personal Choice sold approximately 390,000 units. Sales of Personal Choice oral contraceptives increased by 19% to 464,978 in 1996. 1997 sales contracted to 437,373. The legal framework for access to low dose oral contraceptives is one of List IV or ethical status. This status means that consumers are required to have a prescription for the pill.



During 1996 and 1997, Personal Choice lobbied for the reclassification of low dose orals to List II status, through discussions with the Minister of Health, the Pharmaceutical Services Division at the MOH, the Pharmaceutical Society of Jamaica and the National Family Planning Board. With assurances of its pending reclassification, media scheduling was delayed so that full benefits would be derived from the joint advertising of Personal Choice and the brand owners – Schering AG (Minigynon) and Medi-Grace (Perle LD). This did not ensue and advertising was scheduled, but too late to create the demand needed to meet the sales targets set for 1997.

In order to achieve the NFPB's targets for the private sector for oral contraceptives by the year 2000, all marketing initiatives for the pill must be targeted to those users in the public sector who are likely to be able to pay for product, as well as new users.

A.1 OBJECTIVES

- Continue to promote Personal Choice Perle L.D. and Minigynon low- dose oral contraceptives with umbrella advertising.
- Maintain awareness and correct knowledge of oral contraceptives (1993 baseline: 99% among females 15 - 44 years).
- Establish a demand for the Personal Choice orals at a level of at least 490,000 cycles sold in 1998.

A.2 TARGET MARKET

- The primary target market is CD women, aged 18-35 who are not ready to start their families or who wish to space the birth of their next child.
- Within the primary market, special targets are the current public sector pill users and new contraceptive acceptors.
- The secondary target audiences are pharmacists, doctors, and other medical professionals.

A.3 PRODUCT

A wide variety of oral contraceptives are available in private sector outlets. Among them are standard dose, low dose and triphasics. The Personal Choice products, Perle L.D. and Minigynon are both low-dose oral contraceptives. Low dose orals because of their low progesterone content have relatively few side effects and are popular among doctors and patients.

A.4 PRICE

Personal Choice prices are discounted about 50% to normal commercially branded products yet return a profit to all participants. The affordable price covers all costs of manufacturing, packaging and distribution. Some of the costs of promotion are also covered. If successful this pricing strategy will result in increased demand and price stability at the discounted levels over the long term.

A.4.1 OBJECTIVE

- Price the Personal Choice low-dose orals at US$1.00 -$1.25 to the consumer.

A.4.2 STRATEGY

During early 1996, Perle LD and Minigynon raised their prices slightly to adjust for inflation.
The current retail price ranges from J$40 to $45, are still discounted by over 50% when compared to other commercial orals.

A.5 DISTRIBUTION

The current distribution of oral contraceptives is primarily through the approximately 225 pharmacies throughout Jamaica. Doctors have generally preferred to prescribe the products rather than dispense them at their offices. Some rural doctors will stock pills to provide easy access for their clients.

A.5.1 OBJECTIVE

- Increase the number of pharmacies that sell Personal Choice oral contraceptives from 72 to 80% for Perle LD and from 81% to 95% for Minigynon.
- Increase distribution of the Personal Choice oral contraceptive brochure to 70% of all pharmacies.
- Obtain visibility of the Personal Choice logo in at least 75% of all pharmacies.
- Distribute all product samples for both pills, to stimulate demand within pharmacies.

A.5.2 STRATEGIES

Minigynon continues to be distributed by CariMed and LASCO. MediGrace distributes Perle LD. The current distribution infrastructure is sufficient to ensure adequate distribution of products to all pharmacies in Jamaica. Therefore, no project support is deemed necessary to support the actual product distribution. These distributors are also responsible for distribution of the oral contraceptive brochure and all premium items related to oral contraceptives.

Personal Choice will undertake a pilot programme starting in May 1998 to field a team of detailers in Kingston and St. Catherine, who will visit pharmacies and doctors' offices to increase awareness of the programme and its components, and to distribute consumer and provider information and product samples for physicians. The National Family Planning Board has received samples from each manufacturer, designed to be used in a sampling programme in the public sector to switch users who are willing and able to re-supply in the private sector. This programme has had limited success due to the unwillingness of clinic staff to provide these to clients free of cost. Personal Choice detailers will assist in this sampling programme by distributing some of these samples to providers during detailing visits, who will be encouraged to provide women with start up samples of Perle LD or Minigynon 30.

A.6 COMMUNICATIONS

During 1998, if the policy issue of reclassification is resolved, Personal Choice will seek a financial commitment from the distributors to fund a brand-specific tagline to the current oral contraceptive television and radio advertisements. Personal Choice has already established their willingness to invest in this activity.

Until such time, Personal Choice will continue with its current campaign, which is designed to build awareness and knowledge about the consumer benefits of the

product; address misperceptions and myths among providers and consumers; and direct potential users to the sources of the service. The emphasis will continue to be on mass media communications supported by POS materials, promotions and public relations activities.

A.6.1 OBJECTIVES

- Continue an integrated communications campaign to support orals during 1997.
- Increase awareness of the pill as one of the products in the Personal Choice Programme from 55% to 70%.
- Build awareness among doctors and medical professionals of the network of oral contraceptive services currently available in Jamaica.

A.6.2 STRATEGIES

The Personal Choice oral contraceptive communication strategies fall into four general categories: mass media, promotions and public relations supported by point of sale (POS) materials. All materials produced (e.g. posters, brochures, signage) will incorporate and promote the Personal Choice logo which will indicate the availability of quality, affordable contraceptive service in the private sector. Each distributor will also continue to support with their own resources, their particular product with a variety of communications strategies.

A.6.2.1 MASS MEDIA

Television: Personal Choice will continue to air the two method-specific low-dose pill ads that were developed in 1995. One promotes the consumer benefits of the product; the other addresses side effects. The ads will be directed to those who are contraceptive postponers or spacers.

Radio: Personal Choice will continue to air the three radio commercials developed to promote the low dose pill to spacers and postponers and to address side effects.

Also on Radio, Personal Choice will sponsor a weekly 10 minute radio call in programme within an existing programme to discuss reproductive health issues generally, and individual methods such as the pill, in particular. The programme will be moderated and will have guest presenters and resource persons, provided by Personal Choice.

Outdoor: Personal Choice has renewed rental of a number of superboards, billboards and bus shelters in areas of high pedestrian and vehicular traffic in Kingston, its environs and in rural towns. These boards offer high visibility of the two Personal Choice pill packs, though unbranded, due to the issue of the regulations surrounding advertising of branded ethical products. It is anticipated that the brand names will be added during 1998 if reclassification becomes a reality.

Print: Personal Choice will run a weekly Dear Doctor column "Personally Speaking" in the Star tabloid paper, which will answer questions relating to Personal Choice contraceptive methods, including the pill.

Cinemas: Personal Choice has developed a method-specific 2-minute video clip on the low dose pill to be aired at cinemas selected for their audience profile and number. The video clip is designed to create awareness of the low dose pill and stimulate consumer interest in finding additional information.

A.6.2.2 PROMOTIONS

Sales and Distribution Incentives: Personal Choice will again implement several distributor incentive Programmes to stimulate increased sales and distribution of low-dose products. These incentive Programmes will be designed to complement the distributor's on-going detailing and distribution activities.

Mystery Shopper Promotion: Personal Choice will design a special promotion to increase the visibility of Personal Choice materials in pharmacies and the interaction between pharmacists and clients in counselling women about using the low dose pill. Pharmacists will be eligible to win a prize based on a score card, which assesses quality of service provided, availability and visibility of products, and Personal Choice materials.

Cinema Promotion: As part of the cinema campaign, Personal Choice will include a promotion designed to provide some feedback on the level of interest generated and knowledge gained from the video clips. Personal Choice will have boxes and coupons available at the selected cinemas, for patrons to complete, giving them an opportunity to win designated prizes or earn discounts.

A.6.2.3 POINT OF SALES MATERIALS

Brochures: The brochure describing the features and benefits of the low-dose pill will be reprinted and will continue to be distributed to a wide variety of service points, particularly private pharmacies, doctors' offices and medical centres.

POS materials will also include dual messages to remind consumers that Personal Choice products are very effective contraceptives but that condoms should be used for protection against STDs/HIV.

A.6.2.4 PUBLIC RELATIONS

Personal Choice Newsletter

During 1997, Personal Choice launched its quarterly newsletter, targeted for all health care providers. The Newsletter has a distribution of approximately 1,000 and includes all physicians, pharmacists, nurses, midwives, private sector partners, public sector partners. The newsletter identifies the private sector partners involved in the programme and addresses issues relating to specific methods within the programme. Specific issues relating to the low dose oral contraceptive pill will include: distributors of the Personal Choice pills, non-contraceptive benefits of the pill, emergency contraception, missed pills, reclassification of low dose orals.

A.7 TRAINING

During 1995, Personal Choice trained approximately 250 physicians and 350 pharmacists on contraceptive technology, which included specific sections on the oral contraceptive, the injectable and the IUD. During 1996, approximately 80 additional pharmacists were trained in overall contraceptive technology, including oral contraceptives, the injectable and the IUD.

During 1998, Personal Choice will hold discussions with the University of Technology to secure inclusion in the Pharmacy Degree and Pharmacy Diploma Curricula of a module on contraceptive technology.

During 1997, Personal Choice collaborated with Schering AG to offer training to pharmacy assistants in Personal Choice, the reproductive cycle and the mechanism of action of the low dose pill. Some 300 nurses, doctors' receptionists, pharmacy assistants and pharmacy sales staff participated in this series of workshops islandwide. During 1998, Personal Choice and Schering will again collaborate in this training activity in different geographic areas of Jamaica. Workshops are scheduled to be held in Spanish Town, May Pen, Portmore and Montego Bay.

Personal Choice and Medi-Grace collaborated in 1997 on a series of discussions with nurse practitioners. These are professionals who operate mainly in the public sector, and who have prescription writing capabilities. Meetings were held in Kingston and in St. Mary in 1997. Additional meetings are planned for 1998, during which Personal Choice staff will outline the features of the programme and Medi-Grace medical detailers will provide technical information on Perle LD.

A.7.1 OBJECTIVES

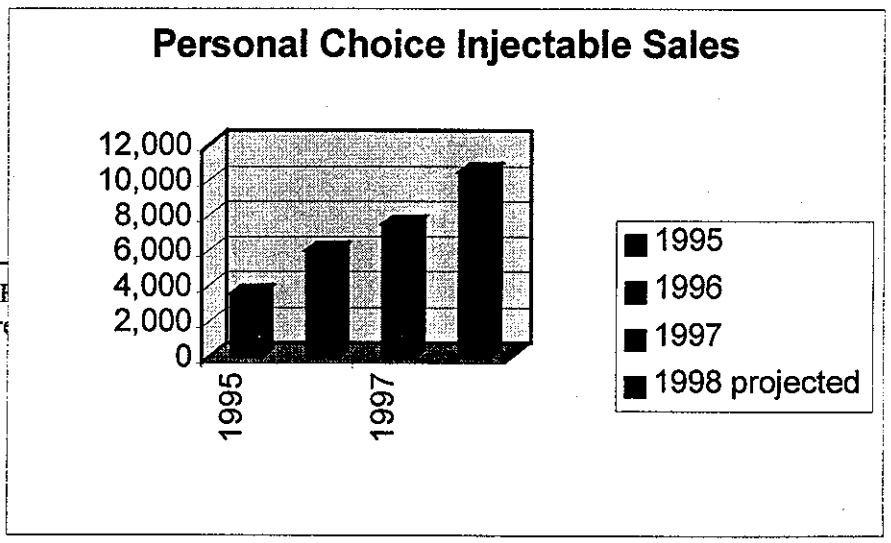
- To ensure that newly trained pharmacists are aware of current contraceptive technology for application in the commercial sector.
- To ensure that pharmacy and medical support staff can be a point of referral to the doctor or pharmacist.
- To ensure that all health staff are aware of the Personal Choice programme and its objectives.

A.7.2 STRATEGY

- Transfer of curriculum developed for SOMARC Pharmacist training for expansion and further development.
- Provide pharmacy and medical support staff with information to secure client referral to doctor and pharmacist where relevant.

B. CONTRACEPTIVE INJECTIONS

The NFPB Strategic Plan projects 14% prevalence for contraceptive injections by 2000.[8] In 1997 the prevalence for injections was estimated to be approximately 10.6%. Of this amount some 11.9% were estimated to obtain their injection from the private sector[9].



[8] Based on NF
[9] Based on pre

Prior to Personal Choice's introduction of mass media advertising and promotions in 1995, contraceptive injections had not received any marketing support in Jamaica. These marketing activities were designed to address the misperception that the injectable is most suitable for low socio-economic groups. In addition, the marketing activities were designed to address overall negative attitudes by doctors and patients; many individuals consider injectables to be effective and convenient but with serious side effects. The Personal Choice omnibus surveys conducted in February 1997 and October 1997 demonstrate that there still remain some consumer fears of side effects relating to bleeding irregularities. During 1998, the injectable will continue to be a major focus for Personal Choice to further address these fears.

Personal Choice Depo-Provera is discounted about 50% from its original commercial price. In addition to Personal Choice's Depo-Provera, Schering AG introduced Mesigyna, a one-month injectable in 1996, and Medimpex is still developing plans to introduce Doryxas at some time in the future.

Personal Choice will investigate the viability of adding any additional injectable products to its product line based upon its criteria for product quality, affordable prices and a willingness to comply with NFPB requirements. All Personal Choice injections will display the Personal choice logo and will carry a disposable syringe to comply with quality-of-care concerns.

B.1 OBJECTIVES

- Increase awareness of the injectable from 55.6% to 65%.
- Increase knowledge and correct information regarding cancer and "back-up bleeding" to above 50%.
- Increase awareness of the injectable as one of the products in the Personal Choice Programme from 32% to 50%.
- Establish a demand for the Personal Choice injectable of at least 10,000 vials sold in 1998.

B.2 TARGET MARKET

- The primary target market is CD women, aged 18-35 who wish to postpone the birth of a child.
- Within the primary market special targets are the current public sector pill users, public sector injectable users and new contraceptive acceptors.
- The secondary target audiences are doctors, pharmacists and other medical professionals.

B.3 PRODUCT

Depo-Provera is a sterile, aqueous suspension of medroxyprogesterone acetate, a highly active progestational agent. Depo-Provera is administered intramuscularly. Unlike combination or sequential oral contraceptives, no estrogen is contained in this product. This feature makes it recommended for breast feeding mothers. A single 1 ml vial provides 3 months of contraceptive action. Depo-Provera has proven effective with a pregnancy rate of 0.25 pregnancies over 100 women years. It is widely used in over 80 countries all over the world.

Personal Choice Depo-Provera is packaged uniquely for Jamaica. Each package will include the 1 ml vial of Depo-Provera, a sterile disposable needle and syringe and a patient Date Card.

B.4 PRICE

Personal Choice prices are discounted about 50% to normal commercially branded products yet return a profit to all participants. The affordable price covers all costs of manufacturing, packaging and distribution. Some of the costs of promotion are also covered. If successful this pricing strategy will result in increased demand and price stability at the discounted levels over the long term.

B.4.1 OBJECTIVE

- Price the Personal Choice injection to the consumer at J$155 (US$4.65).

B.4.2 STRATEGY

The Personal Choice Depo-Provera includes a sterile needle and syringe and will be discounted to J$155. At this price level normal profit margins will be made and long-term price stability enhanced. Besides the cost of the product consumers will also be required to pay a consultation fee for providing the injection service itself. The cost of this service is estimated at about J$700 (US$20).

B.5 DISTRIBUTION

The current distribution of contraceptive injections is primarily through a limited number of private doctors and some pharmacies throughout Jamaica. Doctors are expected to become the primary source of the product for consumers. This is because it will be more convenient for consumers to buy the product and receive the injection at the same service point.

B.5.1 OBJECTIVE

- Increase the number of pharmacies, which sell DMPA from 19% to 45%.
- Increase the number of physicians, which sell DMPA from 42% to 60%.

B.5.2 STRATEGIES

Depo-Provera is distributed by H.D. Hopwood. The current distribution infrastructure is sufficient to ensure adequate distribution of products to doctors and pharmacies throughout Jamaica. Therefore, no project support is deemed necessary to support the actual product distribution. Personal Choice will undertake a pilot programme starting in May 1998 to field a team of detailers in Kingston and St. Catherine, who will visit pharmacies and doctors' offices to increase awareness of the programme and its components, and to distribute consumer and provider information and materials to physicians. The detailers will provide feedback to Upjohn medical representatives where a physician needs additional information or product supply.

B.6 COMMUNICATIONS

An integrated communications Programme will position the injection within the Personal Choice family of products as a contraceptive choice for those who wish to space the birth of their next child. The campaign will build awareness and knowledge about the consumer benefits of the product; address misperceptions and myths among providers and consumers; and direct potential users to the sources of the service. The emphasis will be on mass media communications supported by POS materials, promotions and public relations events.

The current mass media campaign positions the product for a young, active and upwardly mobile woman who wants a convenient choice of family planning.

B.6.1 OBJECTIVES

- Increase awareness of the injectable as one of the products in the Personal Choice Programme from 32% to 50%.
- Increase knowledge that blood does not back up in a woman's body as a result of using DMPA from 25.9% to 40%.
- Increase knowledge that women can get pregnant after taking DMPA from 65.8% to 75%.
- Increase knowledge that DMPA causes amenorrhea from 56.8% to 65%.
- Increase knowledge that DMPA is safe for breastfeeding mothers from 42.3% to 55%.

B.6.2 STRATEGIES

The Personal Choice contraceptive injection communication strategies fall into four general categories: mass media, promotions and public relations supported by point of sale (POS) materials. All materials produced (e.g. posters, brochures, and signage) will incorporate and promote the Personal Choice logo, which will indicate the availability of quality, affordable contraceptive service in the private sector.

Pharmacia & Upjohn, the manufacturer, and H.D. Hopwood, the distributor, will also support the product with their own resources with a variety of communications strategies.

B.6.2.1 MASS MEDIA

Television: Personal Choice introduced in 1997 a method-specific advertisement for the injectable contraceptive emphasizing the product's effectiveness, ease of use, and safety. This advertisement will continue to be aired in 1998.

Radio: Personal Choice aired three new radio commercials during 1998. The ads are positioned (1) to promote the injectable to spacers, (2) to address side effects and (3) to address the convenience of the method.

Additionally, Personal Choice will sponsor a weekly 10 minute radio call in programme within an existing programme to discuss reproductive health issues generally, and issues relating to individual methods such as the injectable. The programme will be moderated and will have guest presenters and resource persons, provided by Personal Choice.

Outdoor: Personal Choice has renewed rental of a number of superboards, billboards and bus shelters in areas of high pedestrian and vehicular traffic in Kingston, its environs and in rural towns. These boards continue to offer high visibility for the supply methods.

Cinemas: Personal Choice has developed a method-specific 2-minute video clip on the contraceptive injection to be aired at cinemas selected for their audience profile and number. The video clip is designed to create awareness of the injectable and stimulate consumer interest in finding additional information on the method.

Print: Personal Choice will run a weekly Dear Doctor column "Personally Speaking" in the Star tabloid paper, which will answer questions relating to Personal Choice contraceptive methods, including injectables.

B.6.2.2 TRADE PROMOTIONS

Sales and Distribution Incentives: Personal Choice will continue to implement a detailer incentive programme to stimulate increased sales and distribution of the product. This incentive programme will be designed to complement H. D. Hopwood's on-going detailing and distribution activities.

Mystery Shopper Promotion: Personal Choice will design a special promotion to increase the visibility of Personal Choice materials in pharmacies and the interaction between pharmacists and clients in counselling women about using the contraceptive injection, among other methods. Pharmacists will be become eligible for a prize based on a score card which assesses quality of service provided, availability and visibility of products, and Personal Choice materials.

Cinema Promotion: As part of the cinema campaign, Personal Choice will include a promotion designed to provide some feedback on the level of interest generated and knowledge gained from the video clips. Personal Choice will have boxes and coupons available at the selected cinemas, for patrons to complete, giving them an opportunity to win designated prizes or earn discounts

B.6.2.3 POINT OF SALES MATERIALS

Brochures: A brochure describing the features and benefits of the injections will be reprinted and will continue to be distributed to a wide variety of service points, particularly private doctors, medical centers and pharmacies.

POS materials will also include dual messages to remind consumers that Personal Choice products are very effective contraceptives but that condoms should be used for protection against STDs/HIV.

B.6.2.4 PUBLIC RELATIONS

Personal Choice Newsletter

During 1997, Personal Choice launched its quarterly newsletter, targeted for all health care providers. The Newsletter has a distribution of approximately 1,000 and includes all physicians, pharmacists, nurses, midwives, private sector partners, public sector partners. The newsletter identifies the private sector partners involved in the programme and addresses issues relating to specific methods within the programme. Specific issues relating to the contraceptive injection will include: private sector partners, current information relating to the

injectable contraceptive, results of the 1997 Reproductive Health Survey, among other areas.

Health Watch

Personal Choice will negotiate for inclusion within a segment of the weekly television production, Health Watch – a five-minute programme designed to inform and educate consumers about health issues. The programme will address issues related to the 3-month contraceptive injection and will provide consumers with information on the product's defense mechanism against some forms of cancer.

Jamaica Cancer Society

In 1998, Personal Choice will seek to foster and strengthen links with the Jamaica Cancer Society, a non-governmental organization that offers education and screening for cancer. A number of opportunities are available for collaboration between the two programmes. Plans include providing updates for JCS staff on contraceptive technology, making literature and audio-visual material available in waiting areas at the JCS on Personal Choice and the participating methods.

News Features

A series of features will be submitted to the news media relating to the 3-month injectable. These feature articles will address areas of concern regarding side effects of the method, particularly as it relates to irregular bleeding, blood backing up in the woman's body and its safety for breastfeeding mothers.

B.7 TRAINING

Personal Choice has, to date, trained approximately 250 physicians and 430 pharmacists in contraceptive technology, which included specific sections on the injectable contraceptive. While the trainings have been extremely effective in reaching some audiences, the project will continue to talk to Doctors about the benefits of the injectable contraceptive.

B.7.1 OBJECTIVES

- Take advantage of Personal Choice's general training Programmes to address physician and pharmacist concerns and questions related to the injectable.

B.7.2 STRATEGY

Pharmacist Training: Personal Choice will seek to have contraceptive technology included on the Pharmacy curriculum at the University of Technology in 1997.

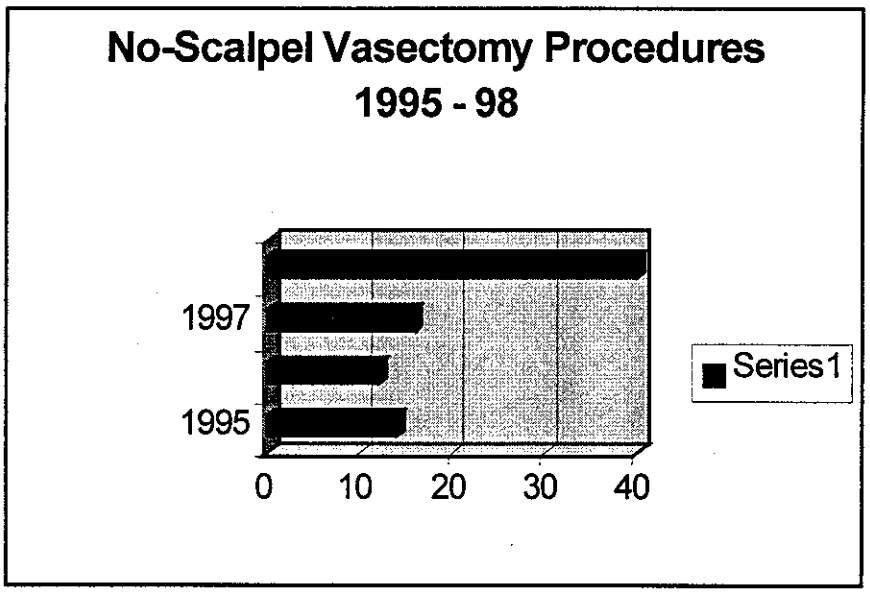
Physician Training: Personal Choice will seek to collaborate with Pharmacia & Upjohn in mini meetings for physicians and other health care providers on the 3-month injectable.

V. MARKETING OF CLINICAL SERVICES/PRODUCTS

By the year 2000, the NFPB approximates that clinical services, specifically female and male sterilization, IUDs and Norplant will account for 33.8% of total modern method prevalence. Of these services, approximately 37.8% will be provided by the private sector. During 1998, male and female sterilization, IUDs and Norplant, accounted for 10.9% of modern prevalence. Personal Choice is currently providing marketing support for vasectomies and IUDs. In this section the objectives and strategies for these two services are detailed.

A. NO-SCALPEL VASECTOMY

The NFPB projects a .8% prevalence level for male sterilization by the year 2000. With the private sector estimated to cover approximately 80% of all male sterilization's, this represents approximately 381 new vasectomy acceptors for the year 2000. During 1997, vasectomy accounted for 0.2% of modern prevalence.



During 1995, the no-scalpel vasectomy (NSV) method was promoted through print ads, direct mailings, and media placement because of its speed, simplicity and "recipient friendliness". This pilot programme has been extremely successful in increasing the number of no-scalpel vasectomy procedures. During 1996, no-scalpel vasectomy continued to be promoted through print media, and several public relations activities. During 1996, Personal Choice providers performed 12 vasectomies, and during 1997, 16 vasectomies were performed. Although the numbers are still quite small, there is increasing evidence that attitudes and knowledge toward vasectomy are improving.

A.1 OBJECTIVES

- Increase by at least 30% the level of awareness of male sterilization among target males in urban areas (1993 baseline: 45%, males 15 - 54 years; 57%, females 15 - 44 years).
- Increase demand to at least 30 by the end of 1998

A.2 TARGET MARKET

- The primary target market would be mature males (aged 32+) who do not wish to have any more children. This group is further segmented by socio-economic class:
- Well educated males, especially those in professional occupations and residing in urban areas; and
- Males in urban areas who cannot afford private sector prices.

- The secondary target audiences are wives or partners of targeted males; doctors and other medical professionals, and opinion leaders.

A.3 PRODUCT/SERVICE

Vasectomy is a simple, safe, effective method of permanent contraception for men. During the past 30 years a number of vasectomy techniques have been developed and used throughout the world. The no-scalpel technique was developed in China in 1974. This technique is considered less invasive, causes fewer complications and can take less time than the conventional technique. No-scalpel vasectomy, like conventional vasectomy, is a minor surgical procedure suitable to be performed in a doctor's clinic.

NSV service delivery capacity has grown considerably, although it remains relatively limited in Jamaica. Three providers trained by AVSC in 1993 are collaborating with Personal Choice. During 1997, four additional providers were trained through SOMARC, in collaboration with AVSC and the Mexican Social Security Institute. As NSV demand grows, more providers will be trained in the procedure to ensure convenient access. Personal Choice has received requests from physicians wishing to be trained in the procedure.

A.4 PRICE

A.4.1 OBJECTIVE

- Offer high quality NSV services at affordable prices to the target market.

A.4.2 STRATEGY

The prices proposed for the NSV pilot Programme are in line with the segmentation of the target market. A target price ranging between US$60-145 (J$2000 – J$5000) has been negotiated with the participating providers for the Personal Choice target market of C and D class consumers. This range of provider fee is based on the geographic location and service delivery outlet.

A.5 SERVICE PROVISION/DISTRIBUTION

A.5.1 OBJECTIVE

- Increase the demand for the no-scalpel technique to increase provider interest in offering the method.
- Increase the rate of referral from providers not offering this service to those who do.

A.5.2 STRATEGY

Currently, no scalpel vasectomy is available at the following service-delivery points:

Dr. Richard Reid, Kingston
Dr. Vernon DaCosta, Kingston
Dr. Carol Elrington, Kingston
Dr. Wesley HooFatt, Kingston
Dr. Stewart McKoy, St. Ann's Bay
Dr. Patrick Adizua, Mandeville

Dr. Keith Wedderburn, Montego Bay

Service points are identified by the use of Personal Choice logos. Personal Choice will attempt to collaborate with the NFPB and other CAs to identify and train (if necessary) additional NSV providers.

A.6 COMMUNICATIONS

No-scalpel vasectomy will be positioned as a choice for those who do not wish to have any more children. An integrated communication programme will build awareness and knowledge about the method; address fears and misconceptions; provide counseling; and direct potential users to the sources of the service. During 1995 and 1996, the emphasis was placed on public relations and direct marketing supported by point of sales materials. During 1997, Personal Choice introduced a broader communications approach to stimulate demand for the procedure. In 1998, Personal Choice will more directly promote its 7 vasectomy providers using the print and broadcast media. All communications materials will refer consumers to the Personal Choice office for additional information and referral to service delivery points. All registered general practitioners and obstetrician/gynaecologists will be enlisted to provide referrals.

A.6.1 OBJECTIVES

- Increase by at least 30% the level of awareness of male sterilization (1993 Baseline: 45% males 15-54 years; 57% females 15-44 years). Research required will be a female survey and a male omnibus.
- Increase awareness of vasectomy as a Personal Choice method to at least 30% of the target market.
- Improve knowledge among men and women that vasectomy is a contraceptive for men from 54% to 70%.
- Improve knowledge that vasectomy does not make men impotent from 26.1% to 50%.
- Improve knowledge that vasectomy is a permanent method from 47.6% to 60
- Build awareness of Personal Choice Programme logo and the 7 Personal Choice providers as a site for obtaining information about NSV.
- Build awareness among doctors and medical professionals of the network of NSV services currently available in Jamaica.

A.6.2 STRATEGIES

The Personal Choice NSV promotion strategies fall into four general categories: mass media, public relations, direct marketing and point of sale (POS) materials.

All POS materials produced (e.g. posters, brochures, and signage) will incorporate and promote the Personal Choice logo, which will indicate the availability of quality, affordable contraceptive service in the private sector.

B.6.2.1 MASS MEDIA

Radio: Personal Choice will air method-specific radio advertisements to position NSV services to men and their partners who are interested in limiting their fertility. The ad will focus on correcting the major myths and misinformation related to vasectomies.

Additionally, Personal Choice will sponsor a weekly 10 minute radio call in programme within an existing programme to discuss reproductive health issues generally, and issues relating to individual methods such as the vasectomy. The programme will be moderated and will have guest presenters and resource persons, provided by Personal Choice.

Print: Personal Choice will place a new print advertisement developed to describe the benefits of vasectomy and provide a referral point for service delivery. The print ad will feature a 'typical' couple to consider this method. Personal Choice will also run a weekly Dear Doctor column "Personally Speaking" in the Star tabloid paper, which will answer questions relating to all Personal Choice contraceptive methods, including vasectomy.

Outdoor: Personal Choice in 1997 erected a board at the Sabina Park, where cricket matches are played. Efforts will be made to secure billboards at strategic locations during major sporting events.

A.6.2.2 PUBLIC RELATIONS

Sponsorship: Personal Choice participated through sponsorship of Royal Palm Estate during its 1997 seasons. At the end of 1997, a cast member had had a vasectomy performed. Personal Choice has negotiated with Royal Palm Estate to continue its story line on no-scalpel vasectomy and the aftermath of the decision. The episode will air after the new season begins early in 1998.

Media Placement: Use non-paid media--newspapers, magazines, professional journals and publications, radio and television Programmes--to provide general or technical information about no-scalpel vasectomy, its safety and availability. Personal Choice will submit to the media a feature article on a vasectomy acceptor. Additional media placement will include a series of articles that extend the discussion within Royal Palm Estate on vasectomy and the decision-making

process. These articles outline and address the issues faced by couples in the process of choosing vasectomy as their family planning method.

Personal Choice Newsletter

During 1997, Personal Choice launched its quarterly newsletter, targeted for all health care providers. The Newsletter has a distribution of approximately 1,000 and includes all physicians, pharmacists, nurses, midwives, private sector partners, public sector partners. The newsletter identifies the NSV providers and key benefits and counselling points for the method.

Speakers' Bureau: A small cadre of well-educated and articulate individuals will continue to serve as spokespeople for the Programme. These individuals have been professionally trained to speak to the media, professional groups and general audiences. Personal Choice conducted no-scalpel vasectomy media training in February 1997. The following individuals have been trained as a part of the Speakers Bureau: Dr. Patrick Lewis, Dr. Anthony Mullings, Dr. Richard Reid, Dr. Charles Rockhead, Dr. Keith Wedderburn, and Mr. Newton Wynter from the National Family Planning Board.

Opportunities will be pursued for outreach presentations to organized groups of men and women about the benefits of this method of family planning.

Media Education: Prepare written information and support materials to educate and inform the media about NSV. The information would be given to the press in a number of ways. Health editors and journalists will also be provided with copies of the Contraceptive Technology Handbook as a reference tool for their work in this area.

A.6.2.3 DIRECT MARKETING

Direct Mail: Personal Choice will issue a direct mailer to general practitioners and obstetrician/gynaecologists outlining the involvement in Personal Choice of 7 trained nsv physicians, providing referral points and inviting patient referrals to the 7 identified providers.

Information Helpline: In the print advertisement, Personal Choice publishes the number for the Personal Choice office, that can provide information on vasectomy and that makes referrals to the Personal Choice providers. Personal Choice is developing a strategy to increase the range of information available to consumers using this medium. This helpline will be staffed by a trained counsellor, and will

allow toll-free access, and voice messaging. Where agreed, consumers will be requested to provide feedback on the extent to which their need was met.

A.6.2.3 POINT OF SALES MATERIALS

Poster: A full color poster designed for males will continue to be distributed to doctors and other health professionals for placement in reception areas and consultation rooms. Generic Personal Choice posters and push/pull signs will help consumers to identify participating providers.

Brochures: Brochures for males and their partners will continue to be distributed to a wide variety of service points.

A.7 TRAINING

A.7.1 OBJECTIVE

- Identify training opportunities for providers interested in no-scalpel vasectomy.

A.7.2 STRATEGY

- Personal Choice will work with the National Family Planning Board and other relevant organizations to develop a training plan for no-scalpel vasectomy training for interested private sector doctors.

B. IUDs

The NFPB Strategic Plan projects 8,400 IUD users (i.e. annual sales of 3,380) in the private sector by the year 2000. This represents a 180% increase from the 1989 estimate of 3,000 commercial users (i.e. annual sales of 1200 IUDs). Given the relatively strong biases against the method among providers as well as consumers, this figure may be overly optimistic. IUD users currently using the private sector (DHS 1993) represent about 1% of all users. By the year 2000 this level is expected to be about 5%.[10]

IUDs in the private sector are used primarily by urban women for both spacing and limiting births. Among potential consumers the IUD is often perceived as an unknown foreign object; fears and misconceptions dominate. Among doctors IUDs

[10] Based upon NFPB's revised Target-Cost Model projections developed in February 1996.

are considered inappropriate for many women due to the high prevalence of PID and STDs. There also appears to be limited number of trained providers to insert the IUD. According to the OPTIONS 1994 mapping survey, approximately 160 private physicians state that they provide IUD insertion services. Many of these providers, however, have not had a lot of day-to-day experience given the low demand for the method.

The CuT 380A will be supported by Personal Choice because of its proven effectiveness and affordable price. H.D. Hopwood currently distributes one brand of the CuT 380A in Jamaica. Medical Resources International. (MRI), however, will distribute the Personal Choice CuT 380A. This is because the current product, produced by Cilag, is considered too expensive (J$336 ex-Hopwood) for the target market. The same product, produced by Finishing Industries, can be sold at a consumer price of J$190. The support for this and/or other IUDs will be phased in to the Personal Choice family of contraceptives during 1998. Initial plans had been for introduction of this product in the Personal Choice range during 1997, but difficulties regarding its registration status have meant postponement of the launch to 1998.

B.1 OBJECTIVES

- Introduce the CuT 380A at an affordable price in January 1998.
- Increase to 90% female awareness of IUDs (1993 baseline: 85% among females 15 - 49 years).
- Establish a demand for the Personal Choice IUDs at a level of at least 500 units sold in 1998.

B.2 TARGET MARKET

- The primary target market is women aged 25-45 who are not contraindicated (i.e. PID, STDs) and who do not wish to have any more children or wish to space the birth of their next child.
- The secondary target audiences are doctors and other medical professionals.

B.3 PRODUCT

A limited number of IUD products are available in private sector outlets. Among them are the Gynae T 380A, the Nova T from Schering and the LilyGold from Medimpex, which comes in varying sizes.

The Copper T 380A IUD uses the "T" configuration that has proven to be a highly effective, safe contraceptive device. There are two copper collars on the horizontal arms and copper wire wound on the vertical stem, together producing a

total exposed surface area of 380 mm of copper. This is important because the pregnancy rate of users of Copper IUDs tends to decrease as the surface area of Copper increase. The Copper T 380A, because it has the most exposed surface area, also provides the more effective protection against pregnancy of any other Copper T available in the world. The Copper T 380A has been approved by the U.S. Food and Drug Administration (FDA) as safe and effective for 10 years of continuous use.

B.4 PRICE

Personal Choice prices are discounted about 50% to normal commercially branded products yet return a profit to all participants. The affordable price covers all costs of manufacturing, packaging and distribution. Some of the costs of promotion are also covered. If successful, this pricing strategy will result in increased demand and price stability at the discounted levels over the long term.

B.4.1 OBJECTIVE

- Price the Personal Choice IUD to the consumer at J$190 (US$5.42). Provider service charges for the IUD's insertion will vary by provider. Personal Choice will publish a list of providers with their attendant fees for insertion of the IUD.

B.4.2 STRATEGY

H.D. Hopwood currently sells the Copper T 380A directly to doctors for J$336 (US$10). The Nova T, marketed by Schering, retails to consumers at pharmacies for J$718 (US$22). Negotiations have been finalized with Finishing Enterprises that would allow Medical Resources International (MRI) to market the CuT 380A at a highly attractive price. The consumer price at the pharmacy will be approximately J$190.

Although Personal Choice will not establish a set a maximum fee for insertion services, the programme will collect service fee information for all providers to be able to provide pricing information to interested consumers.

B.5 SERVICES/DISTRIBUTION

The current availability of services is somewhat limited by the number of private providers trained in the insertion of the product. Currently, an estimated 164

providers (private) are trained to insert IUDs[11], though many of these do not currently offer the service, due to limited interest, given a lack of client demand. This is compounded by a negative provider attitude towards IUDs in general. Minimal effort is made to detail the CuT 380A to pharmacies.

B.5.1 OBJECTIVES

- Identify approximately 50 private sector ob/gyns who are trained in IUD insertions to provide IUD services as part of the Personal Choice Programme.
- Identify approximately 80 private sector general or family practitioners who wish to provide IUD services as part of the Personal Choice Programme.
- Increase the number of pharmacies who sell IUDs by introducing them to the low-cost Personal Choice product.
- Make available to Personal Choice IUD doctors listings of pharmacies that stock the Personal Choice product.
- Make available to Personal Choice participating pharmacists who carry the IUD, a list of current providers who insert the device.

B.5.2 STRATEGIES

Personal Choice's strategy for increasing availability of IUD services in the private sector is to identify those IUD providers currently trained in insertion techniques using the recent physician mapping study. Those general and family practitioners will be invited to participate in a Personal Choice IUD refresher training workshop. Subsequent to the training, the providers will be briefly assessed by a medical consultant to determine overall service delivery standards before participation in Personal Choice. Personal Choice will identify those providers that are fully qualified to provide IUD insertion and removal services.

B.5 COMMUNICATION

An integrated communication Programme will position the IUD as contraceptive choice for those who wish to space or limit the size of their families within the Personal Choice family of products. The campaign will build awareness and knowledge about the IUDs; address misperceptions and myths among providers and consumers; and direct potential users to the sources of the service. The emphasis will be on mass media, public relations and direct marketing, supported by point-of-sale materials. Personal Choice will also seek to strengthen the marketing support provided to collaborating Personal Choice providers.

[11] Mapping Study and Private Physician's Survey: Opportunities for Expanded Family Planning Services in Jamaica, Prepared for the NFPB, April 1994.

B.5.1 OBJECTIVES

- Increase awareness among at least 30% of the target market that the IUD is one of the Personal Choice products/services.
- Improve knowledge that the IUD product must be inserted by a trained professional from 59.5% to 70%.
- Improve knowledge that the IUD can not be used by pregnant women, from 41.7% to 60%.
- Improve knowledge that women with STDs should not use the IUD from 22.7% to 45%. Improve knowledge that the IUD will not get lost in a women's body from 19.7% to 40%.
- Build awareness among doctors and medical professionals of the network of IUD services currently available in Jamaica.

B.5.2 STRATEGIES

The Personal Choice IUD promotion strategies fall into three general categories: mass media and public relations supported by point of sale (POS) materials. All materials produced (e.g. posters, brochures, and signage) will incorporate and promote the Personal Choice logo, which will indicate the availability of quality, affordable contraceptive service in the private sector.

B.5.2.1 MASS MEDIA

Radio: Method-specific radio advertisements will be aired to position the IUD product to women interested in postponing or limiting their fertility. The ads will focus on correcting the major myths and misinformation related to the IUD, and highlighting the convenience of the method.

Additionally, Personal Choice will sponsor a weekly 10 minute radio call in programme within an existing programme to discuss reproductive health issues generally, and issues relating to individual methods such as the IUD. The programme will be moderated and will have guest presenters and resource persons, provided by Personal Choice.

Outdoor: Personal Choice will include the IUD on any new billboards or bus shelters erected.

Cinemas: Personal Choice has developed a method-specific 2-minute video clip on the IUD to be aired at cinemas selected for their audience profile and number.

The video clip is designed to create awareness of the IUD and stimulate consumer interest in finding additional information on the method.

Print: Personal Choice will run a weekly Dear Doctor column "Personally Speaking" in the Star tabloid paper, which will answer questions relating to Personal Choice contraceptive methods.

Print Media: A print advertisement will be developed to describe the benefits of the IUD to those consumers who wish to use a long-term method.

B.5.2.2 PUBLIC RELATIONS

Media Training: Personal Choice will provide a refresher media training for the IUD for its core team of speakers. The media training will review Personal Choice's overall key messages as well as focus on how to deal with myths and misperceptions about the IUD among the media.

Launch Press Kit: Personal Choice will develop a press kit which includes a series of press articles on the IUD, addressing the methodology, popularity, fears and misperceptions about the method.

The kit will also include materials as follows: a Personal Choice logo, artwork showing a woman checking the IUD string, IUD consumer brochure, MRI's distribution objectives, background for a technical IUD presentation and Personal Choice background piece, a packaged IUD with insert and patient card, Finishing-produced provider information, a Contraceptive Technology Handbook and wallchart.

Media Launch: Prior to the official communications launch for the Personal Choice Copper T380A IUD, the media will be invited to attend a briefing during which they will receive an update on Personal Choice and how the IUD fits into the objectives for the Programme. A technical presentation on the IUD will follow, and an outline of distribution plans for the product. A question and answer session will provide the press with an opportunity to raise any issues that will help them to understand the programme and the particular method.

Communications Launch: A launch function will be held to which all private and public sector gate-keepers will be invited.

Media Placement: Personal Choice will use non-paid media--newspapers, magazines, professional journals and publications, radio and television

programmes--to provide general or technical information about IUDs. Personal Choice will place a series of articles in the print media.

Speakers' Programme: A small cadre of well-educated and articulate individuals will serve as spokespeople for the Programme in general and the IUD in particular. These individuals will be professionally trained to speak to the media, professional groups and general audiences. Special support materials such as speeches and graphics will be provided to trained speakers. The following individuals will be trained as a part of the Speakers Bureau: Dr. Blossom Anglin-Brown, Mrs. R. Elizabeth Grant, Mrs. Thelma Nelson, Dr. Verna Brooks-McKenzie, Mrs. Pauline Troupe and Miss Nellie Fullerton, as well as Personal Choice staff members.

Personal Choice Newsletter

During 1997, Personal Choice launched its quarterly newsletter, targeted for all health care providers. The Newsletter has a distribution of approximately 1,000 and includes all physicians, pharmacists, nurses, midwives, private sector partners, public sector partners. The newsletter identifies the private sector partners involved in the programme and addresses issues relating to specific methods within the programme. The first issue of the newsletter for 1998 will focus heavily on the IUD as a method of choice for women wanting to move from a supply method to a long-term method. Counselling tips will be included for providers.

Health Watch

In 1997, Personal Choice negotiated the inclusion of an IUD discussion within a segment of the weekly television production, Health Watch – a five-minute programme designed to inform and educate consumers about health issues. The programme addressed issues related to the IUD. Additional opportunities will be sought within Health Watch to address issues relating to the IUD.

Jamaica Cancer Society

In 1998, Personal Choice will seek to foster and strengthen links with the Jamaica Cancer Society, a non-governmental organization that offers education and screening for cancer. A number of opportunities are available for collaboration and referrals between the two programmes. Plans include providing updates for JCS staff on contraceptive technology, making literature and audio-visual material available in waiting areas at the JCS on Personal Choice and the participating methods.

Endorsements: Seek endorsements from reputable and well-recognized organizations and influential opinion leaders on the quality and desirability of IUDs.

B.5.2.3 POINT-OF-SALE MATERIAL

Brochures: A brochure describing the features and benefits of the IUD will be developed and distributed to a wide variety of service points.

POS materials will also include dual messages to remind consumers that Personal Choice products are very effective contraceptives but that condoms should be used for protection against STDs/HIV.

Client User Card: Personal Choice will produce a client user card with protective plastic case for doctors to provide to their clients. The card has information on warning signs, date of insertion and date on which the device should be removed, and provides a diagram to show women how to check for their IUD strings each month. The card is produced with the Personal Choice logo.

Posters: The artwork designed for the print ad has also been used to develop a poster for doctors' offices and pharmacies. The poster provides consumers with the telephone number and address for the Personal Choice office, as a source for additional information.

B.6 TRAINING

Training is an important issue for the Personal Choice IUD component as the Programme expands beyond its initial core of ob/gyn providers. While clinical training is not within the scope of the Personal Choice programme at this time, the Programme is collaborating with the American College of Obstetricians & Gynaecologists (West Indies Section) and the Caribbean College of Family Physicians to provide refresher training for providers.

B.6.1 OBJECTIVES

- Identify refresher-training opportunities for private providers interested in offering IUD services.
- Link with existing physician and medical professional association meetings, seminars, and trainings to increase awareness of the Personal Choice IUD.

B.6.2 STRATEGY

Personal Choice will provide IUD refresher training to providers who have previously received clinical training, but who are not currently inserting IUDs for lack of client demand. Selection criteria will include: prior training in IUD insertion, geographic location, interest in providing the service, completion of MAJ/FHI CTU on IUDs and STDs, availability of required insertion equipment and facilities, including sterilization of equipment. Training will take place in 4-hour workshops using pelvic models for insertion practice and hand-held models for demonstration of technique. Training materials have been adapted for local use from Johns Hopkins training materials, with audiovisual materials included. An STD screening component has been included and will be presented by a consultant epidemiologist. Group sizes will be based on 5 participants per abdominal model.