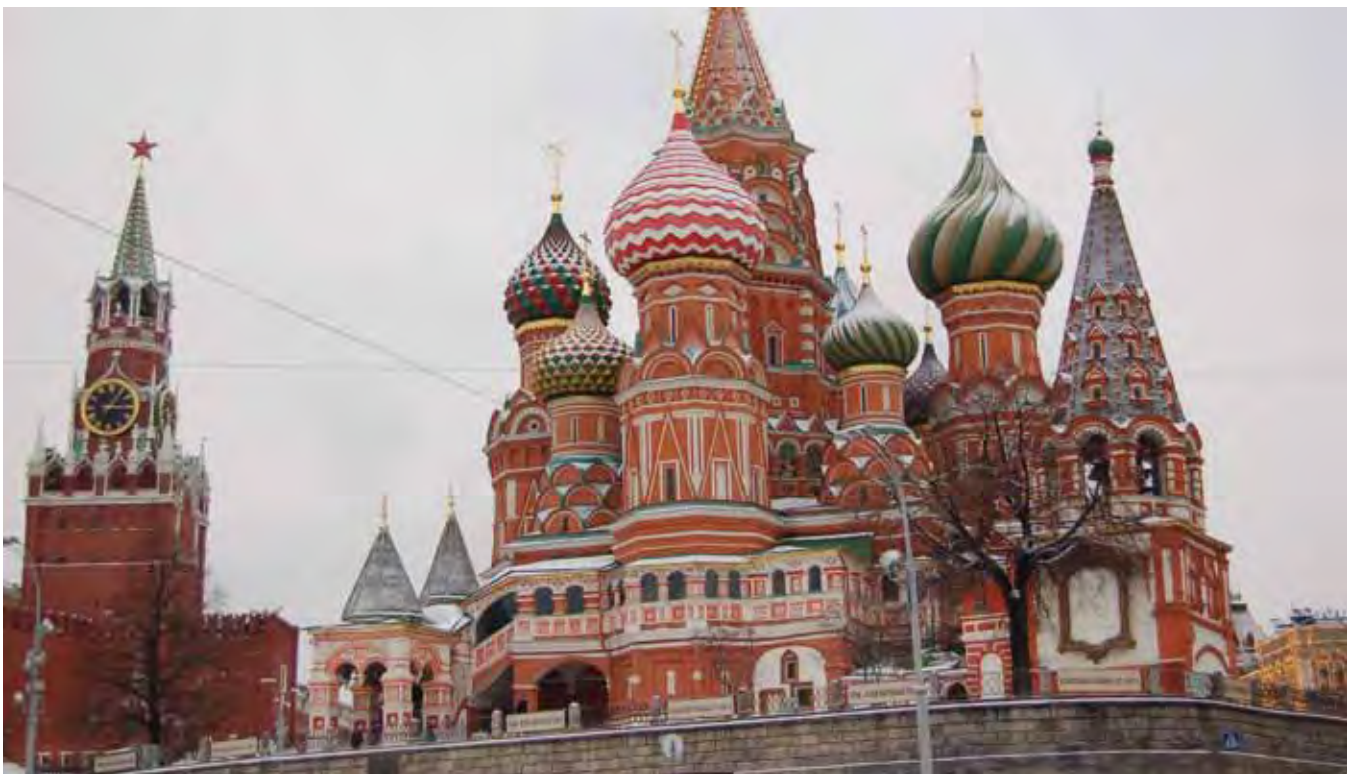




USAID
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Russia

Reproductive Health Market Assessment



BRIEF

SHOPS

Strengthening Health Outcomes
through the Private Sector

Summary: This brief is based on an assessment of the reproductive health market in Russia conducted by the SHOPS project in December 2010. Lena Kolyada and Gael O'Sullivan prepared this brief, which summarizes Russia's reproductive health context, including its market and policy environments, focusing primarily on oral contraceptives, and highlights the major findings of formative research conducted during the assessment. Key informant interviews with doctors and pharmacists, along with consumer focus groups, yielded insights into knowledge, attitudes, behaviors, and barriers related to the use of hormonal contraception. This brief offers several recommendations to strengthen the enabling environment and expand access to and the use of commercial contraceptives to protect women's reproductive health in Russia.

Keywords: Russia, Bayer, reproductive health, private sector, contraception, assessments

Recommended Citation: SHOPS Project. April 2012. *Russia Reproductive Health Market Assessment*. Brief. Bethesda, MD: SHOPS Project, Abt Associates.

Cover photo: Gael O'Sullivan

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. Through the involvement of the private sector, SHOPS focuses on increasing the availability, improving the quality, and expanding the coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV/AIDS, and other health areas. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, JHPIEGO, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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Cooperative Agreement: GPO-A-00-09-00007

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April 2012

Russia Reproductive Health Market Assessment

In recent years, the government of Russia has renewed its efforts to stimulate population growth in the Russian Federation through a series of strategic initiatives. These initiatives include the Maternal Capital policy, which encourages birth or adoption of second and subsequent children among married couples, and the declaration of 2008 as the Year of the Family. Yet, according to the World Health Organization, Russia's rate of induced abortions in 2008 was 42.2 percent, while the average global rate was 22 percent of all pregnancies (Sukhikh and Yarotzkaya, 2010). Reproductive health (RH) experts indicate that at least 70 percent of women of reproductive age would have to use modern contraceptives in order to decrease the number of abortions (Sukhikh and Yarotzkaya, 2010). However, a population-based survey conducted by the Independent Institute of Social Policies in 2009 as part of the United Nations–led global Generations and Gender Program, indicated that only 51.8 percent of Russian women used modern methods in 2007.

In December 2010, the Strengthening Health Outcomes through the Private Sector (SHOPS) project, led by Abt Associates, explored the possibility of developing a strategy to expand the hormonal contraceptive market in Russia, with a particular focus on oral contraceptives (OCs). Previous assessments revealed common trends across Europe and Eurasia, such as persistently high rates of abortion and slow adoption of modern contraceptive methods, particularly hormonal oral contraception such as combined oral contraceptives. The SHOPS project partnered with Bayer Schering Pharma (now Bayer HealthCare Pharmaceuticals) to conduct market research in Russia to gain insights into consumer and health care provider attitudes. Bayer has a successful history of working with donor-funded programs to improve contraceptive security through combined supply and demand activities, and the company has a significant presence in the Russian market. In September 2010, Abt Associates and Bayer signed a letter of intent in which both companies agreed to enter into a partnership to explore opportunities in Russia to expand the provision of high-quality modern method contraceptive products and services. The assessment set forth the following objectives:

- To identify recommendations for increasing access to and use of high-quality commercial contraceptives among non-users, especially lower-income non-users
- To identify recommendations for increasing the private sector market of hormonal contraceptives, including OCs, intrauterine devices (IUDs), and other methods, among lower-income users

METHODS

The SHOPS team, together with the Bayer office in Russia, approached the assessment as a multilayered analysis and sought to identify key barriers to, attitudes toward, and behavioral trends in hormonal contraception among doctors, pharmacists, and patients. The assessment consisted of the following four components:

- Key informant interviews
- In-depth doctor and pharmacist interviews
- Focus group discussions with users and potential users of hormonal contraception
- Examination of product availability and access

OCs entered the Russian market in the late 1970s, significantly later than in most Western countries.

As part of the assessment but before traveling to Russia, the SHOPS team conducted a literature review of 30 publications. In Russia, the team met with more than 25 key informants and conducted six focus group discussions with 48 women in Moscow and Yekaterinburg. Key informant interviewees included representatives of pharmaceutical companies and nonprofit Russian foundations, public and private obstetricians/gynecologists and pharmacists, heads of women's clinics in the public sector, senior public health officials, demographic researchers, and representatives of a manufacturing company with a large female workforce. The team also collected data on method mix, pricing, and product availability in several pharmacies of various sizes and ownership types. Further, the team conducted Internet-based research to assess the content of discussions in social networks, online chats, and blogs with regard to protection of women's health and prevention of abortions.

FINDINGS

Fertility-related programs have been operating in Russia since the early 1920s, offering abortion as the main contraceptive method. From 1936 through 1955, however, Russia banned the procedure. In 1955, Russia's fertility program restored legal abortions but did not actively promote options for preventing unwanted pregnancies. Family planning (FP) counseling and modern contraceptive methods were not readily available in Russia during this era. As a result, until OCs entered the Soviet market, people used less reliable methods, including the calendar method, withdrawal, and locally manufactured low-quality condoms and IUDs.

OCs entered the Russian market in the late 1970s, significantly later than in most Western countries, and even then large cities experienced a severe shortage of pills while remote and rural areas often lacked OCs altogether. The Ministry of Health and Social Development (MHSD) strictly opposed hormonal methods and proclaimed OCs harmful and the cause of severe side effects, including cancer (MHSD and World Health Organization, 2009). Lacking other sources of information, some women considered abortion safer than OCs. To complicate matters, women had no choice other than whichever pill was available on the limited contraceptive market.

Women also often neglected to consult a doctor before making their contraceptive decision and instead purchased OCs directly from pharmacies. The consequences of limited availability and incorrect information fueled misperceptions about OCs and hormonal contraception that persist today. At the same time, various abortion options remain available in Russia. A woman may purchase an abortifacient pill (also known as chemical abortion) in a pharmacy for an average of RUB 1,000 (\$33), and government clinics provide abortion services for free. In the private sector, a woman may obtain an abortion for RUB 4,000 to 8,000 (\$133 to 267). In locations farther away from the capital, the price of an abortion rises. For instance, in commercial clinics in Yekaterinburg, the price may fluctuate from RUB 10,000 to 13,000 (\$333 to 433). In addition, prices may vary with time of year; “during the winter holiday season,” the price may decrease by as much as 50 percent, as evidenced by an advertisement in a local newspaper and reported by a focus group participant.

During the mid-1990s, the Russian government established a nationwide FP program mandating all public and private women’s clinics to provide FP counseling. In response, public and private pharmacies began offering a wide variety of modern contraceptive methods and brands such that the use of modern contraceptives, including pills, increased. In addition, abortions, as a percentage of total pregnancies, decreased from an average 68 percent in the early 1990s to 44.7 percent by 2008 (Johnston, 2010).

In 1998, the Russian government reduced funding for its national FP program, terminating FP as a stand-alone program, free FP counseling, and school-based sex and RH education programs. The MHSD significantly reduced its purchase of contraceptives, and local governments began to integrate FP and RH into maternal and child health or healthy lifestyle programs. On the positive side, there is currently a push to restore RH education to the schools and integrate training on FP counseling into medical education.

On average, sexual debut in Russia occurs between age 15 and 16 among both boys and girls. According to the national surveys of Parents and Children, Men and Women in Family and Society conducted in 2004 and 2007, condoms are the preferred method of contraception among all age groups, with 30.3 percent use among women and 38 percent among men; the number of users is steadily increasing. The second most popular method is the IUD (20.4 percent of women reported use and 18.9 percent of men reported partner’s use), followed by the calendar method (14.5 percent of women reported use) and OCs (14.1 percent of women reported use and 14.7 percent of men reported partner’s use). Popularity of condoms and IUDs might be explained in part by a long history of local production of affordable though low-quality products and lack of routine access to information on new and modern methods.

There is currently a push to restore RH education to the schools and integrate training on FP counseling into medical education.

The same surveys reported that unmet need for contraceptives among couples who do not use any contraception is 9 to 10 percent, which is not high by itself but is considerably higher compared to some European countries (Hungary at 4 percent and France at 3 percent). The surveys also calculated the percentage of unmet need for contraceptives among couples using no contraception and couples using traditional methods. In this case, unmet need increases from 21 to 24 percent, which is significantly higher than the same indicator in France (5 percent) and Belgium (4 percent) (Independent Institute of Social Policy, 2009).

MARKET ENVIRONMENT

The Russian contraceptive market is commercially viable and moderately diverse. Products, mainly imported from Europe, are available throughout the country and disseminated through a wide network of local distributors to various-sized private pharmacy chains and municipal pharmacies. The most popular pharmacy is a high-end private chain called “36,6” with more than 1,000 outlets nationwide and sub-chains in every medium-sized to large city. Smaller, local chains compete with larger companies and tend to offer lower prices for most contraceptives. Municipal pharmacies are perceived to sell the cheapest products, but not all FP products are within the affordable range for middle-income consumers.

Unmet Need Defined

Married fecund women who either want no more children or want to wait at least two years before having another child, but who are not using contraception, are considered to have unmet need for contraceptives.

Every pharmacy offers a range of OCs, including combined OCs and emergency contraception (EC), IUDs, condoms, and, to a lesser extent, the vaginal ring (NuvaRing), vaginal suppositories, and the hormonal patch (Evra). The main suppliers of modern contraceptives to the Russian market are three foreign manufacturers: Bayer (OCs and Mirena IUD), Gedeon Richter (OCs and EC), and Organon (acquired by Schering-Plough, which was recently acquired by Merck) (OCs, IUDs, and NuvaRing). Other manufacturers selling hormonal contraceptives include Janseen Cilag (now with Johnson & Johnson), which supplies the Evra hormonal patch and vaginal suppositories; Zentiva (Czech Republic), Berlin-Chemi (Germany), and Orion-Pharma (Finland), which provide OCs; and Innotech, Merz, and Pharmaceutical Industry Jakarta, which supply vaginal suppositories.

Consumer advertisements are legal only for condoms, which are available in a variety of outlets outside pharmacy chains. To purchase an OC, a client is required by law to have a written prescription from a doctor, but purchase in a pharmacy is easily possible over the counter without a prescription if the client requests a pill by brand name.

Special women’s clinics, dating from the Soviet-era system, provide RH services. These public sector clinics offer gynecological examinations and treatment for sexually transmitted infections, contraception counseling, and prenatal care. At the same time, maternity hospitals, which are separate from the clinics and do not offer FP counseling, provide post-delivery services. Although these public sector facilities provide services

at no charge under the national mandatory health insurance system, the widespread practice of out-of-pocket payments or in-kind remuneration for out-patient, and especially in-patient care, is still a strong cultural norm. Alternatively, a woman may receive RH services in the growing private sector system of primary care clinics, with care delivered by obstetricians/gynecologists who provide contraceptive counseling. Prices for such services vary, and the clinics generally serve higher-income women.

POLICY ENVIRONMENT

In 1993, Russia enacted the Legislative Bases of the Russian Federation about Public Health Protection of Citizens, the primary law regulating contraception rights and access to FP. It stated that every citizen has the right under medical indication to free consultation on FP, society-endangering diseases, and marriage-related psychological issues and to other services. Under Section 7, the law addressed assisted reproductive technologies, artificial termination of pregnancy, and sterilization. A new law took effect in November 2011 and made two significant changes to the earlier FP policies. First, it institutes a waiting period for abortion from the time a woman applies for the procedure until the procedure is performed. Second, it permits surrogate motherhood. However, neither the 1993 nor 2011 laws addressed public education and the promotion and provision of FP. Therefore, Russian law does not mandate FP as a separate subject in medical school curricula. In addition, even though Russia's Essential Drug List includes a short list of FP products, the law defines the products as medications rather than as contraceptives while the national mandatory health insurance does not cover FP services.

Russian law defines FP products as medications rather than as contraceptives while the national mandatory health insurance does not cover FP services.

The Duma (Russian parliament) is currently debating a separate policy in the form of legislation on the protection of reproductive health. After terminating the national FP program in 1998, the Duma is considering this legislation, which would define a national vision and policies on RH. One of the objectives is to respond to the country's demographic needs in accordance with internationally accepted standards. Among other actions, the legislation proposes the restoration of RH/FP topics into school curricula, thereby permitting the dissemination of information on and promotion of hormonal contraception and defining the RH rights of young patients.

Despite significant efforts to create a culture of FP during the late Soviet period and the 1990s, a large part of society still views FP as a means to prevent population growth. As a result, with the current national demographic agenda's goal to increase the population to 145 million by 2020 (MHSD 2009), RH has become a controversial political issue. For example, the Russian Orthodox Church, with its pro-life agenda, supports and lobbies on the position that birth is the only alternative to abortion and contraception. In the church's view, abortion is a mortal sin equal to murder, and contraception is a sin even though it can prevent abortion.

National government agencies such as the MHSD and the Ministry of Education and Science have not yet devised consistent and unified messages regarding contraception, abortion, and FP, and the country lacks a national RH and sex education program for teenagers and young adults. As a result, regional departments, local government, and civic organizations are taking the initiative to preserve women's reproductive health through local FP- and RH-related policies, programs, and activities that involve health provider education and skill building, outreach to youth and women, and provision of subsidized contraceptive products to marginalized population groups.

A large part of society still views family planning as a means to prevent population growth.

On the product supply side, the Federal Antimonopoly Service has worked with national agencies to develop regulatory documents and policies that limit marketing outreach and communication between pharmaceutical companies and doctors and pharmacists. In fact, the prime minister critiqued the marketing approaches and methods used by some companies, and, in 2009, the MHSD drafted a bill related to the Legislative Bases of the Russian Federation about Public Health Protection of Citizens. The bill regulates the relationships and level of communication between health providers and pharmaceutical company representatives by limiting direct, face-to-face communication and contacts between the parties during business hours. However, the bill permits information sharing at public events such as conferences, workshops, and seminars supported by more than one pharmaceutical company. The purpose of the restrictions is to eliminate potential favoritism on the part of doctors toward one company or brand (usually a more expensive one) over another that might be more suitable for some clients.

INTERVIEW INSIGHTS

Key informants interviewed as part of the assessment include government officials, USAID-funded project managers, demographic researchers, and representatives of pharmaceutical companies, nonprofit Russian foundations, and a local manufacturing company. Insights from the interviews follow:

“To increase counseling opportunities, number of patients per day needs to decrease.”

A comment from an interview with a health official in Moscow

1. At the federal level, contraception and abortion are not widely discussed, and the influence of the Russian Orthodox Church is significant. The national government has not addressed RH/FP education in the schools since 1998. However, in the Ivanovo region, the local government issued a regulation that guarantees rights for RH/FP education among youth age 14 and older. Every school in the region must employ a teacher trained in RH/FP counseling to educate students and parents. Other regions integrate RH/FP information into healthy lifestyle modules or into the biology curriculum.

2. The practice of RH/FP counseling has not achieved widespread acceptance, especially in government-operated facilities. In part, the reason is that national performance standards limit public sector doctors

to spending only 12 minutes with a client per visit, with a daily norm of 20 to 22 patients.

3. Women generally do not request FP counseling, reflecting in part their limited knowledge of modern contraception, the historical acceptance of abortion as a contraceptive method, and the pervasive phobia surrounding hormonal products.

4. Doctors and midwives in maternity clinics do not counsel postnatal women on FP and contraceptives because such a function does not fall in their purview. Nurses in women's clinics are not perceived as qualified to counsel on contraception. The only doctors officially qualified to counsel are gynecologists and general practitioners, but social norms in Russia militate against women consulting with their general practitioner about FP.

5. Public sector obstetricians/gynecologists earn low salaries, and many leave the government to work in private clinics, which are not affordable for mid- to low-income women. Therefore, the majority of women do not have easy access to counseling on FP and methods of contraception.

6. Doctors' knowledge of modern methods of contraception varies, and significant knowledge gaps are evident. Pre- and in-service training programs do not comprehensively cover FP/RH and do not provide technology updates on abortion procedures. One interviewee noted that some doctors' knowledge of contraception is no greater than that of a layperson, that some doctors view hormonal methods as harmful, that it is inadvisable to insert an IUD after an abortion, and that emergency contraception causes abortion.

7. Pharmaceutical companies are the only source of information about new methods, technologies, and products. Donor-driven programs are trying to promote evidence-based medicine principles and revise clinical standards for RH services, but the programs have not been able to maintain the level of knowledge required for high-quality service provision while meeting the needs of the entire country.

"In my case, every time I go for family planning advice, the doctor prescribes the most expensive products."

A comment from a participant in a focus group in Yekaterinburg

DOCTOR AND PHARMACIST INTERVIEWS

Doctor and pharmacist interviewees were managers of public women's clinics, practicing gynecologists from public and private clinics, and pharmacists from the national pharmacy chain "36,6" and smaller drug stores. Key themes that emerged from the interviews were clients' FP preference and attitudes, FP counseling and service availability and accessibility, access to products, and providers' access to information.

The head of a women's clinic reported that some women prefer abortion to OCs for fear that the pills will cause cancer.

- All doctors and pharmacists interviewed for the assessment confirmed that they do not participate in training in counseling through pre-service curricula and that little in-service training is available. Most gynecologists receive RH updates by attending pharmaceutical company-sponsored events. Large pharmaceutical companies usually hold lectures or half-day seminars monthly and larger conferences every three to four months.
- Some doctors stated that they are witnessing an increase in sexually transmitted infections among youth as a result of increased sexual activity among young persons who leave their families to live and study in large cities. Many young women first present with STI symptoms and then seek information about contraception. At the same time, the interviewed doctors observed that the number of abortions has decreased in the last four to five years and that women are now less reluctant to use OCs. The doctors reported, however, that many clients continue to demonstrate a bias against OCs and often inquire whether pills cause weight gain and hirsutism. The head of a women's clinic reported that some women prefer abortion to OCs for fear that OCs will cause cancer. Often only after experiencing their first abortion are women advised that the procedure is not a contraceptive method.
- Despite the bias against them, OCs are the most common type of contraception prescribed in clinics, followed by IUDs, the vaginal ring, and patches.
- Doctors stated that, before they prescribe a certain type of hormonal contraceptive (especially a pill), a patient undergoes several hormonal tests to determine OC acceptability; and then the doctor develops a specific OC regimen. For many women, the procedure seems burdensome. Therefore, they decide instead to purchase pills directly from a pharmacy, but many women then discontinue OC use because pharmacists lack the training or information needed for recommending the most appropriate brand.
- In general, pharmacists provide little counseling and merely provide the requested contraceptive product, even if the client

does not present a prescription. Pharmacists interviewed for the assessment noted that, even though women do not seem concerned about confidentiality and privacy issues, they do not engage in detailed discussions with clerks about the methods they are purchasing. In general, many products, including contraceptives, are available for purchase online.

- Public clinic doctors mentioned that all the educational and promotional materials posted on the walls in women's clinics are placed with the city's or local health authority's permission. In fact, they suggested that all educational initiatives should be designed and implemented in collaboration with and approval from local government.
- The Russian Orthodox Church often plays an active role in providing social support to women in difficult situations. When young women visit a government clinic for an abortion, some clinics arrange meetings with a church representative. Every clinic visited during the assessment displayed pro-life posters and brochures produced by local religious institutions. The church also provides housing and finances to lower-income women, especially women who keep their children despite unwanted pregnancies. The assessment team was unable to determine the duration and amount of such social support.
- All doctors expressed regret about the elimination of the national FP program, especially the mandatory FP rooms and FP days organized in women's clinics during the 1990s.

All doctors expressed regret about the elimination of the national FP program.

FOCUS GROUP DISCUSSIONS

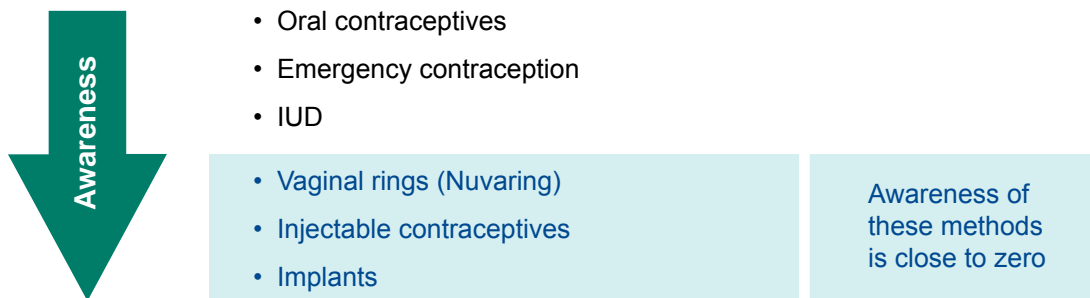
The assessment team conducted six focus groups discussions in Moscow and Yekaterinburg among women of reproductive age in mid- to lower-income groups. Two groups included users of hormonal contraception aged 18 to 24 years, and the other four groups were women aged 18 to 24 years and 25 to 35 years who use family planning, but not hormonal methods.

- Among respondents, women had a high level of understanding of RH, the main risks associated with RH (abortion, sexually transmitted infections, infertility), and ways to maintain RH; however, few women reported that they follow the necessary measures.
- Most respondents reported they do not visit a gynecologist on a routine basis. Many women have negative attitudes toward doctors and perceive public sector doctors as unfriendly and unknowledgeable; they believe that private sector doctors are expensive and try to sell them unnecessary services. The focus

group participants provided the following evidence to support their comments:

- A gynecological examination is generally uncomfortable, and respondents are unwilling to discuss intimate matters with the doctor.
 - Free municipal clinics do not provide a sufficient level of services. Doctors' qualifications are inadequate, and doctors are not friendly.
 - The respondents do not have enough time to visit clinics because of work, studies, or domestic chores.
 - The respondents lacked sufficient financial resources to visit private clinics.
- All respondents reported a high degree of awareness of modern and traditional methods. However, few realized that some modern methods include hormones. The figure below demonstrates the list of hormonal methods in order of respondents' decreasing awareness.
 - Non-users of hormonal contraception favor condoms and withdrawal. They believe that pills are unhealthy and cause side effects such as weight gain. If, however, a doctor advised that the pill would be a suitable method, non-users said they would be willing to try the method.

Awareness of Hormonal Methods among Focus Group Respondents



- Hormonal users primarily prefer OCs, with a few using IUDs and emergency contraception.
- On average, respondents were willing to pay RUB 300 to 500 (\$10 to 16) per month for contraceptives and indicated that RUB 1,000 to 2,000 (\$33 to 66) would be undesirable but is the maximum they could pay for a monthly supply of contraception.
- Respondents named the following advantages of hormonal contraception:
 - High reliability (mainly reported by OC users)
 - Convenience, ease of use (mainly reported by OC users)
 - “Non-intervention” in the process of sexual intercourse
 - An opportunity to reject condoms (one of the reasons that men support hormonal contraception)
- Respondents indicated the following ways that hormonal contraception can improve health:
 - Improved skin (resolution of acne)
 - Improved hair and nails
 - Regulation of an impaired endocrine profile, menstrual cycle normalization, treatment of certain endocrine-dependent diseases—cystic disease of the breast, ovarian cysts
 - “The possibility to know that my period will start in two days just shocked me. It never started on time before. And the level of male hormones normalized.”
 - Reduction in premenstrual syndrome symptoms and menstrual blood loss
 - Reduced nervousness (users do not fear unwanted pregnancy)
- Respondents pointed to the following adverse effects (in their opinion) associated with hormonal contraception:
 - Reduced ability to conceive; problems with child-bearing and child development (mentioned more frequently by non-users than users)
 - “It seems that the uterus gets used to such a situation. Pills do everything for it, and it stops producing oocytes . . . up to sterility.”

“The possibility to know that my period will start in two days just shocked me. It never started on time before.”

*“My doctor says to me,
‘There are condoms, use
them.’ It’s unclear what
effect pills might have.”*

- Negative changes in appearance in terms of excessive weight, hirsutism, greasy skin, and acne
- Poor tolerance of medications as evidenced by weakness, nausea, headache, and hypertension and some contraindications (varicosity)
- Some Yekaterinburg respondents mentioned the expense of hormonal contraceptives
- Failure of “the endocrine system in general” with respect to the thyroid and pancreatic glands and emergence of endocrine-dependent diseases (cystic disease of the breast)
- Emergence of premenstrual syndrome’s negative psychological changes; reduced libido and increased menstrual blood loss
- Negative attitude toward pills in general (“it’s chemistry”)
- Ineffectiveness of pills if a woman experiences diarrhea and an elevated temperature or takes other drugs
- Negative attitude among some gynecologists toward hormonal methods, with this attitude transferred to patients
“My doctor says to me, ‘There are condoms, use them.’ It’s unclear what effect pills might have.”
- Doctors’ unreasonable prescription practices (they do not perform an endocrine profile, they recommend “the most expensive pills,” they leave the choice to patients):
“They say, ‘Well, take something’ I’m ‘so lucky’ to have such doctors!”
- The failure of hormonal contraceptives to protect against STIs (unlike condoms)
- The need to take breaks (and use other methods)
“They say that it’s necessary to take them for nine months—as long as a pregnancy period. Then you have to take a break, and you can easily get pregnant during this time.”

PRODUCT AVAILABILITY AND ACCESS

The assessment team visited three pharmacies in Moscow and four in Yekaterinburg. All seven pharmacies offered a wide array of modern contraceptive methods. In particular, several brands of OCs were available, with prices in Yekaterinburg generally 20 percent lower than those in Moscow. The table on the following page provides information on prices and brands of modern methods sold in Russian pharmacies.

Interviews with pharmacists indicated that the fastest-growing brands are third-generation pills such as Yaz, Yarina, and Diane 35, which are the most expensive. Pharmacy retailers actively market such brands to doctors. Mid-price products such as Marvelon, Regulon, Novynette, and Lindynette are market leaders among mid-income and younger women, though users are beginning to purchase newer formulations. Pills such as Microgynon and Rigevidon represent the lower end of the price spectrum.



A municipal pharmacy in Yekaterinburg

Lena Kolyada

Modern Contraceptive Methods in Russia

Brand	Manufacturer	Moscow Price Range (\$)	Yekaterinburg Price Range (\$)
Oral Contraceptives (price per cycle) \$1 = 30 RUB			
Yaz	Bayer Schering Pharma	28–29	22–24
Diane 35	Bayer Schering Pharma	24–27	21–22
Jeanine	Bayer Schering Pharma	24–26 58.5–64 per 3 cycles	18.5–21 45–48.5 per 3 cycles
Logest	Bayer Schering Pharma	18–20	14–16
Yarina	Bayer Schering Pharma	22–30	21–22
Triquilar	Bayer Schering Pharma	11–13	9–12
Femoden	Bayer Schering Pharma	16.5–18	–
Microgynon	Bayer Schering Pharma	6–9.5	4.6–5.6
Minisiston	Bayer Schering Pharma (Jenapharm)	–	5.8–6.6
Charozetta	Schering Plough (Organon)	27–29	21
Emergency Contraceptives			
Postinor (2 tablets)	Gedeon Richter	8.4–8.6	8
Eskapel (1 tablet)	Gedeon Richter	10–10.5	8.5–10.5
Vaginal Ring			
NuvaRing	Schering Plough (Organon)	27–39	23–29
Intrauterine Devices			
Mirena	Bayer Schering Pharma	333	267–333
Nova T	Bayer Schering Pharma (Jenapharm)	58.5	–
Multiload CU-375	Schering Plough (Organon)	90	–
Hormonal Patches			
Evra	Johnson & Johnson (Janssen Cilag)	34.5–39	–
Condoms			
Durex (3 per pack)	–	4.2–4.6	3.1
Durex (12 per pack)	–	14.5–15.6	10
Contex (3 per pack)	–	2.6	2
Contex (12 per pack)	–	8–9	6

RECOMMENDATIONS

Based on the assessment findings, we offer the following recommendations to strengthen the enabling environment and expand access to and use of commercial contraceptives in Russia:

- Given the lack of FP information outside health facilities, locations such as work places and prenatal classes need to be enlisted as effective outlets for RH outreach. Print materials and trained counselors available for workers and class participants can partially replace the lack of school education and other public information on FP/RH that is not regularly available.
- Representatives of pharmaceutical companies perceive that the reasons for underutilization of hormonal methods are the general population's severe "hormonophobia" and doctors' low "replication" of information and misperceptions about OCs. Pharmaceutical companies need help in identifying "champions" as they continue their contraceptive technology updates for the provider community. They also would like to develop consumer "champions" to help overcome women's resistance to hormonal contraception.
- It is essential to establish a strong medical school curriculum to train new doctors and strengthen Russia's continuing medical education system in promoting high-quality standards and best practices to address issues such as hormonal contraception and its side effects.
- Innovative channels are needed to reach women (and men) with information on FP/RH. Despite regular use of traditional communication channels, policy restrictions prevent reliance on some channels, e.g., due to the ban on mass media advertising of hormonal contraceptives. Social networks, customized websites, Short Message Service, or other mobile applications can offer opportunities for repackaging information and attracting potential users.
- All service providers expressed the need for information and educational materials for distribution to their clients, especially young girls, to enable them to learn more about available FP options. In addition, all respondents expressed a desire for the government to assume responsibility for providing FP/RH information through television, radio, and other mass media outlets. Pharmaceutical companies should expand their current educational and outreach efforts with high-quality patient education materials.
- Continued support is needed to encourage local governments to develop and implement RH-related educational policies for schools, other educational entities, and work places.
- Local authorities must be encouraged to seek partnerships with nongovernmental organizations and private companies to increase educational and informational outreach.

Innovative channels are needed to reach women (and men) with information on FP/RH.

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Health care providers at Womens' Clinic # 1, Municipal Hospital # 1, Yekaterinburg.

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