

# Exploring the opportunity to commercialize UNIMMAP in Pakistan

March 2024



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## **Purpose of this document and acronyms**

## Context and purpose of this document

In 2023, Hystra conducted a study\* to assess the opportunity to introduce UNIMMAP for pregnant and lactating women suffering from micronutrient deficiencies, through public and/or private channels in Pakistan.

The goal of this document is to share findings from this study which are relevant for private organizations considering to explore the opportunity to distribute UNIMMAP commercially in Pakistan. It encapsulates findings from several sources:

- (i) interviews and data from international organizations working on UNIMMAP
- (ii) interviews with regulatory experts in Pakistan
- (iii) an analysis of successful private sector distribution of UNIMMAP in other countries
- (iv) qualitative research with consumers (pregnant and lactating women) and prescribers (health care providers).



# Acronyms

**ANC:** Antenatal Care

**BEP:** Balanced Energy Protein

**BISP:** Benazir Income Support Program

**BoP:** Bottom of the Pyramid

**DRAP:** Drugs Regulatory Authority of Pakistan

**IFA:** Iron Folic Acid

**LHV:** Lady Health Visitor

**LMIC:** Low- and Middle-Income Countries

**MMS:** Multiple Micronutrient Supplementation or

Supplements

**OTC:** Over-the-counter drug

**PLW:** Pregnant and Lactating Women

**RDA:** Recommended Dietary Allowance

**SMC:** Social Marketing Company

**TA:** Technical Assistance

**UN:** United Nations

**UNICEF:** United Nations International Children's Emergency Fund

**UNIMMAP:** United Nations International Multiple Micronutrient Antenatal Preparation

**WHO:** World Health Organization

## **Context for UNIMMAP introduction in Pakistan**

**Following WHO's inclusion of UNIMMAP in its essential medicine list, it is poised to become the standard of care globally for pregnant women: UNIMMAP is progressively adopted by governments, including the Pakistani Government who is committed to its introduction**

# In most LMICs, IFA is still the recommended product for ANC, with good coverage but little consumption frequency

Most LMICs have included IFA in their ANC programs and distribute the product for free or instruct HCPs to prescribe it<sup>1&2</sup>

To fight anemia countries have followed [WHO's recommendation](#) and developed ANC-based IFA distribution programs

In most LMICs, the distribution of IFA tablets through ANC was the first national anemia program – generally begun three or four decades ago – and it remains the centerpiece of public health anemia prevention and control efforts<sup>1</sup>.

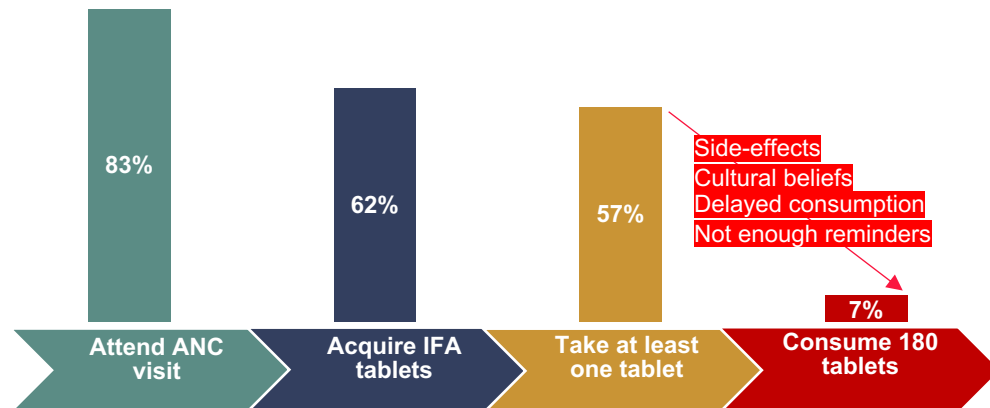
**Attendance to ANC visits is the first step for the consumption of IFA**

Most pregnant women in low or middle-income countries access skilled antenatal care at least once.

80% of women across 22 low-income countries who attended ANC received or purchased IFA tablets while only 14% of women who did not attend ANC purchased IFA tablets<sup>1</sup>.

While most women receive and take some IFA tablets, full consumption frequency is very low

Pregnant women in 22 LMICs served by each phase of IFA distribution or prescription programs\* (% of pregnant women)<sup>1</sup>



\*Looking at 162 958 women aged 15-49 years with a live birth in the past 5 years in 22 countries with high burdens of undernutrition : Bénin, Cambodia, DRC, Ethiopia, Ghana, Haiti, Honduras, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Nepal, Niger, Nigeria, Philippines, Rwanda, Senegal, Tanzania, Uganda, Zambia. Includes both public and private distribution  
Source: Hystra analysis based on <sup>1</sup>[USAID/SPRING Project](#), 2015; <sup>2</sup>[Sanghvi](#), 2020

# Evidence shows that UNIMMAP is safe, cost-effective and has improved effects over IFA on maternal health and pregnancy outcomes

## UNIMMAP for pregnant women has demonstrated to be superior to IFA supplementation

- UNIMMAP (The United Nations International Multiple Micronutrient Antenatal Preparation), is a type of MMS containing 15 vitamins and minerals, including iron and folic acid, in recommended doses<sup>1</sup>.
- The formulation was developed in 1999 through a collaboration between the WHO, the United Nations University, and UNICEF, and was **tested rigorously through randomized controlled trials for safety and effectiveness**<sup>1</sup>.
- **Daily supplementation with MMS in pregnancy compared with supplementation with IFA alone improves birth outcomes:** MMS reduces the risk of babies being born with a low birth weight by 12–14%, reduces the risk of small-for-gestational age births by 3–8% and may reduce preterm birth by 5–7%<sup>2</sup>.

## UNIMMAP is cost-effective and can be manufactured at cost-parity with IFA<sup>2</sup>

- Over the past few years, the **cost of IFA and MMS produced to similar standards of international quality has reached parity**. Even in production scenarios where MMS does not have cost parity with IFA, it is **more cost-effective to shift to MMS given improved birth outcomes**<sup>2</sup>.
- Scaling MMS interventions to up to 90% coverage in 132 LMICs, was estimated to result in **5.02 million additional school years and \$18.1 billion in lifetime income**<sup>\*3</sup>.

\*Nutritional deficiencies during conception and pregnancy can lead to adverse birth outcomes, such as neural tube defects, low birthweight and preterm birth, which in turn are associated with neurological disability, suboptimal early child development, and lower schooling achievement later in life.

Sources: Hystra analysis based on <sup>1</sup>[Vitamin Angels](#); <sup>2</sup>[Sight&Life](#), 2020; <sup>3</sup>[Perumal N, Blakstad MM and others](#), 2021

# WHO included UNIMMAP on its essential medicine list and it is progressively being adopted by governments, including in Pakistan

While it is yet to be recommended as the standard of care to all pregnant women in substitution to IFA, MMS initiatives are getting momentum<sup>1</sup>:

**64 countries (including about 20 governments) are exploring MMS use**

**Advocacy initiatives are multiplying**

**Demonstration projects are increasingly visible**

## Pakistan is among the countries committed to the introduction of UNIMMAP

The Government already started to direct budget to MMS distribution and will likely change the standard of care from IFA to UNIMMAP.

- The Pakistan Maternal Nutrition Strategy, 2022-2027 developed and endorsed by Ministry of National Health Services Regulation and Coordination recommends MMS along with IFA tablets.
- The Nutrition Technical Advisory Committee on Commodities for the BISP program of the Government of Pakistan has decided for the transition from blanket BEP to MMS and targeted BEP distribution based on nutritional status.
- The Pakistani government engaged with Nutrition International in an [MMS implementation research](#) in Pakistan to identify a transition and scale-up approach for the supplement.

<sup>1</sup> IFA is currently recommended, MMS is a context specific recommendation. Countries will gradually test and scale UNIMMAP.

<sup>3</sup> There are only five active manufacturers, and one of them produces 80% of the current supply (CPC). For more information on supply forecast please check page 34 on the appendix.

## Regulatory

**While other MMS in the Pakistani market are classified as nutraceuticals, it is likely that UNIMMAP will be classified as a pharmaceutical product and therefore subject to registration with the DRAP, a process that would normally take 2 years.**

**However, the Pakistani government seems to be committed to significantly speed up the process for UNIMMAP registration.**

***Caveat** – The information on the regulatory requirements for UNIMMAP distribution in Pakistan was collected between October and November 2023 with sector practitioners and experts before the Pakistani Government officially pronounced on this topic. The information provided in this section is therefore preliminary and subject to significant changes and might not be up to date anymore.*

# While other MMS in the market are classified as nutraceuticals, it is likely that UNIMMAP will be classified as a pharmaceutical product

UNIMMAP could be registered as a pharmaceutical or as a nutraceutical product in Pakistan, in any case it will be considered as an OTC product

Nutraceutical products can follow an enlistment or a registration process with the DRAP, with different advantages, while pharmaceutical products can only be registered

Nutraceutical products are classified by DRAP as those with ingredients quantities below the recommended dietary allowances. Most MMS currently in the market are classified as nutraceuticals.

Pharmaceutical products are classified by DRAP as those with ingredients quantities above the recommended dietary allowances.

Obs.: UNICEF considers UNIMMAP as a pharmaceutical product and therefore manufacturers who intent to export the product will likely register the product as a pharmaceutical. Besides, the most advanced Pakistani manufacturer on the production of UNIMMAP will register their UNIMMAP as a pharmaceutical product in Pakistan following DRAP's requirement, since some ingredients' quantities exceed the RDA (Vitamin A, Iron, Zinc, Copper and Selenium). However, their product will still be considered as an OTC drug.

## Enlistment process

- Price is not controlled by DRAP
- Higher taxes
- Faster process (6-9 months)

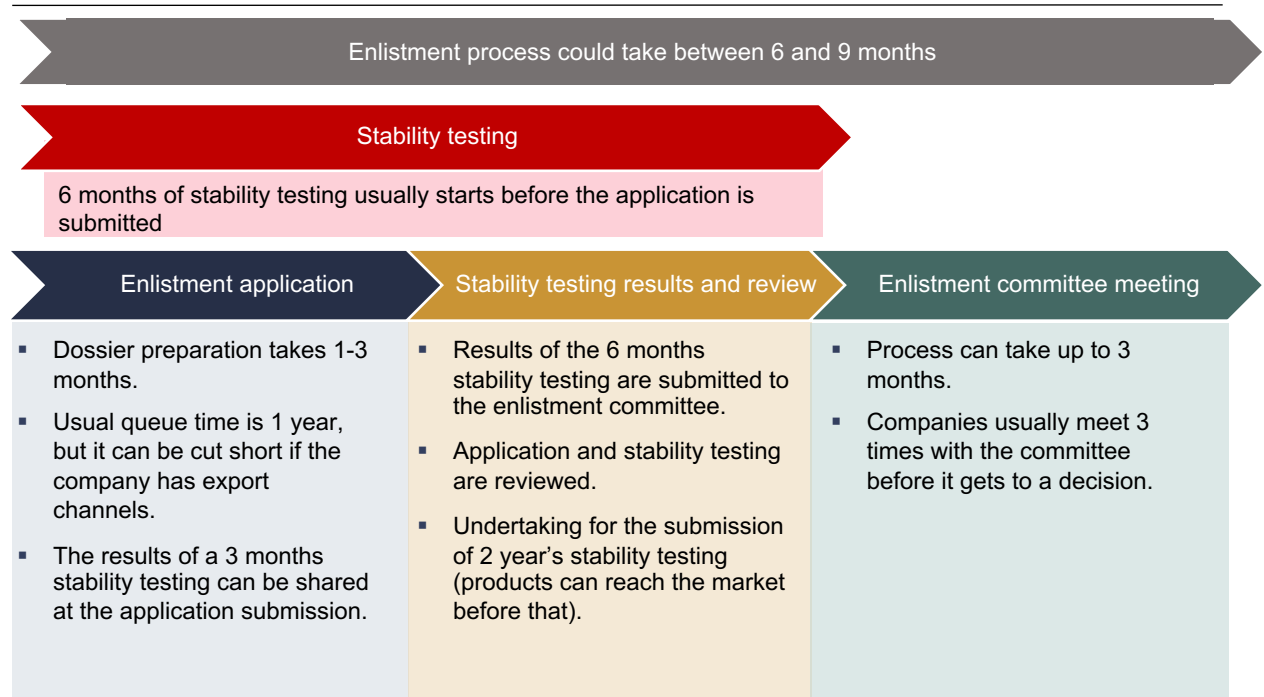
## Registration process

- Price is fixed by DRAP
- Lower taxes
- Potentially slower process (up to 24 months but the Pakistani government is likely to speed the process - it is expected that UNIMMAP products will take 1 year for registration for manufacturers not producing MMS products and between 3 and 6 months for those already producing an MMS)

# Manufacturers need 6 to 9 months to enlist UNIMMAP with DRAP

- Currently available MMS products in Pakistan are enlisted with the DRAP.
- Since UNIMMAP is a government backed project, the DRAP enlistment process could be facilitated.
- Manufacturers with established export channels can be subject to a speedy enlistment process.

## DRAP enlistment process

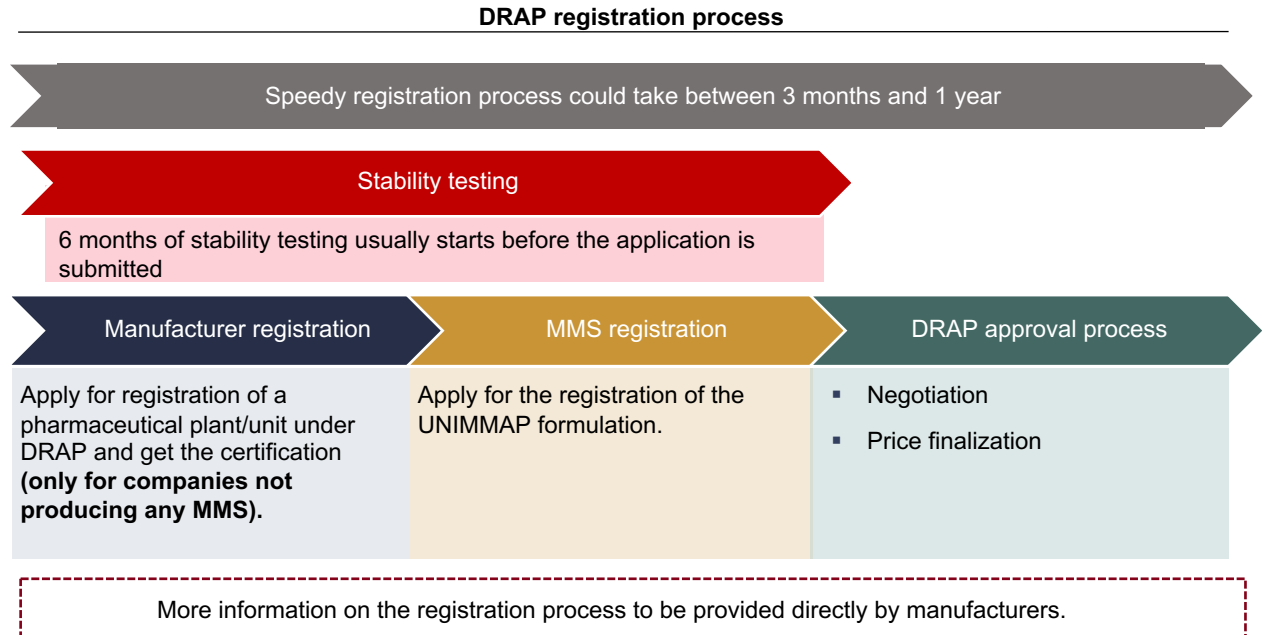




# While the registration process with DRAP could take 2 years, UNIMMAP is expected to be subject to a speedy approval

While in general the registration process takes up to 2 years, it is expected that UNIMMAP products will take 1 year for registration for manufacturers not producing MMS products and between 3 and 6 months for those already producing an MMS since:

- National MoH is willing to support 1) MMS to include in the EDL and 2) local industry for the registration of MMS for local production
- UNICEF is coordinating with National MoH for technical assistance needs for the commercialization of MMS
- Companies with manufacturing unit/plant already registered in DRAP will not go through the phase “manufacturer registration” as they would already have been certified by DRAP



# Requirements for DRAP registration and enlistment process

Requirements for DRAP product registration	Requirements for DRAP product enlistment
Drug Manufacturing License	
Plant in which the product will be produced approved by the DRAP	
Specific form for registration (CTD Application (Form 5 F) for Registration of Drugs)	Specific form for enlistment (application for enlistment of locally manufactured indigenous unani medicine, herbal medicinal products homeopathic, medicine or health products for traditional use nutritional or structure-function claims)
Requirements to be confirmed by DRAP and manufacturers	

## **Commercial opportunities for UNIMMAP in Pakistan**

- **There is a market of up to \$57 million in Pakistan for UNIMMAP, for blister packs distributed via private HCPs and possibly community (health) workers**
- **However, capturing this already competitive market and ensuring adherence will require heavy investments in marketing as demonstrated by the only successful commercial endeavor globally: SMC in Bangladesh**
- **Selling UNIMMAP commercially will require a social marketing strategy and a dual approach between HCPs/medical affairs and direct last mile sales channels, especially in areas with low access to HCPs and pharmacies in order to ensure access and adherence to supplements**

# 60-70% of PLWs in Pakistan go through private HCPs and could be potential clients for a commercial UNIMMAP

## Lactating women can also draw benefits from UNIMMAP consumption<sup>1</sup>

While the current recommendations are limited only to the period of pregnancy, MMS supplementation can be extended throughout the breastfeeding period (six months) to ensure the availability of micronutrients to children and mothers, and to maintain the mother's good nutritional status and health for subsequent pregnancies<sup>2</sup>.

**Therefore, a commercial UNIMMAP could also target lactating women to increase its consumer base.**

## 60-70% of PLWs already use private channels for health services and supplements

- Kantar research<sup>2</sup> for the BEP project in 2021\* showed that:
  - **58% of PLWs currently purchase supplements**
  - Only 2% of PLWs reported to get supplements for free
- The Pakistan's Demographic Health Survey 2017-18 also suggests that **66% of the baby deliveries happening in health facilities in Pakistan take place in private hospitals<sup>3</sup>.**
- The Karandaaz Report on Private Health Care in Pakistan 2023 shows that about **70% of the Pakistani population goes to private services providers for consultation<sup>4</sup>.**

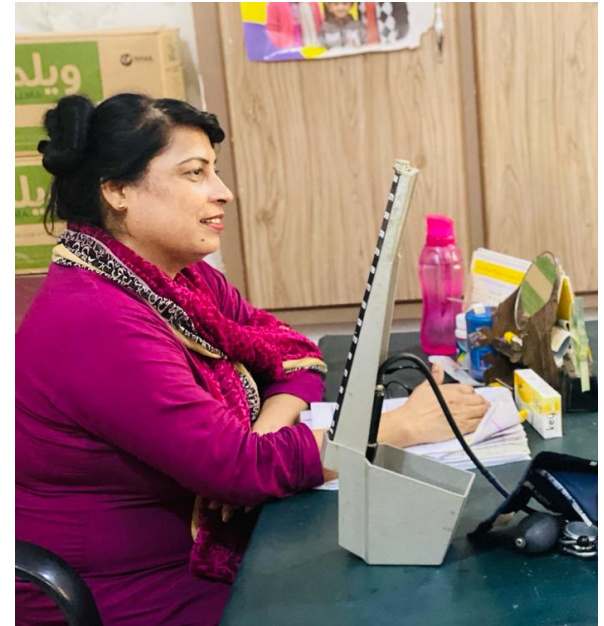


Photo of a private HCP taken during consumer research in Rawalpindi, 2023

\*Sample on 2,704 women (52% from rural areas and 48% from urban areas; 41% pregnant, 39% lactating and 20% planning to conceive); the respondents are selected mostly evenly from all five wealth quintiles, with slightly more PLWs in the second-highest quintile (SEC B – 24%) and fewer in the top quintile (SEC A – 16%)

Sources: Hystra analysis based on <sup>1</sup>[Sight and Life, 2020](#); <sup>2</sup>Growth for Growth for the BEP project, 2021; <sup>3</sup>[Demographic and Health Survey 2017-18](#); <sup>4</sup>[Private Healthcare in Pakistan, 2023](#)

# Pakistan PLWs are aware of supplements and will consume the supplement types and brands recommended by their HCPs

## PLWs are aware of supplements and hear about them through their HCPs

Quantitative consumer research on 2704 WRA\* for the BEP project in 2021<sup>1</sup> showed that:

- **Awareness of supplements is high (90%)**, across both urban and rural areas and PLWs believe that **taking supplements during pregnancy is a common practice (90%)**
- Most PLWs have **tried supplements (78%)** and **paid for them (60%)**
- Nearly **80% of pregnant women received prescription** of supplements from their healthcare providers during their ANC visits and **50% of lactating women** during their postnatal care visits.
- **HCPs are the primary source of information** for PLWs on supplements across both urban and rural areas (60%)

## While PLWs will take the supplements recommended by their HCPs, HCPs are used to IFA and have preferred MMS brands

Interviews with HCPs and focus group discussions with PLWs to whom supplements were prescribed\*\*, indicate that **IFA is the most prescribed supplement** (on the first trimester) and **MMS (from second trimester) is prescribed on top of that to up to 50% of PLWs<sup>2</sup>**.

### PLWs Quotes<sup>2</sup>:

*"I only buy supplements on my healthcare provider's advice to ensure a trouble-free pregnancy journey"*

*"I have limited literacy skills and rely solely on my HCP's advice when purchasing supplements"*

### HCP Quotes<sup>2</sup>:

*"I wholeheartedly recommend Sangobion by Martin Down Merck Pvt Ltd as it is an old trusted supplement, the ideal choice for pregnant women, ensuring they get vital vitamins and minerals for a healthy pregnancy."*

*"Considering the competitive market, I'll endorse UNIMMAP only after testing the product and having clear understanding of its efficacy."*



Photo of a private HCP recommending MMS products taken during consumer research in Lahore, 2023

\*Quantitative research conducted with 2 704 women of reproductive age (41% pregnant, 39% lactating) and from both urban (48%) and rural areas (52%)

\*\*Qualitative research conducted in 2023 with PLWs (N = 205), HCPs and pharmacists in 10 districts (4 rural and 6 urban), covering 3 provinces

Source: Hystra analysis based on <sup>1</sup>Growth for Growth for the BEP project, 2021; <sup>2</sup>Consumer Research in Pakistan, 2023

# The preferred product format in Pakistan would be blister packs, consistent with research from other Asian countries

**Women prefer purchasing smaller packages even if this means paying a higher price per tablet and prefer blister to bottle packs**

## Consumer research in Pakistan\* found that:

- Most PLWs prefer to purchase less tablets at a time than to profit from the concessional price of larger packs:

*"It's difficult to make ends meet, and sometimes I have to sacrifice quantity for affordability. Smaller packs are easier on my budget, even though I know I'm paying more per dose."* – PLW quote.

*"Low-income patients often opt for smaller quantities of supplements at a premium price, as they meticulously budget for not just transportation to prenatal visits and healthcare provider fees, but also for their essential supplement expenses."* – HCP quote.

- Most PLWs claimed to prefer blister packs:

*"Blister packaging are compact and fit easily into my purse when I leave to stay with my mother."* – PLW quote.

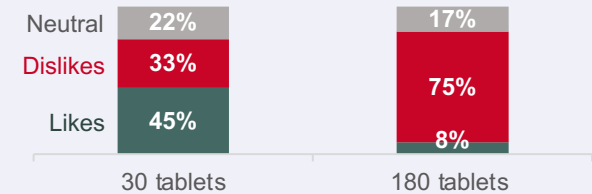
*"The blister packaging keeps my supplements fresh and protected from contamination. It also gives me peace of mind knowing I'm getting the right quantity"* – PLW quote.

*"Blister packing simplifies the daily supplement regimen of pregnant women and helps them stay on track with their recommended dosage."* – Pharmacist quote.

**In Indonesia, 30 tablet blister packs proved to better match women's preferences and increased adherence**

**Women dislike 180 count bottles even when it is given for free.** The Supplementation with Multiple Micronutrients Intervention Trial<sup>1</sup> conducted in Indonesia found that women had the following product preferences:

## Tablets per pack preferences (% of pregnant women)<sup>2</sup>



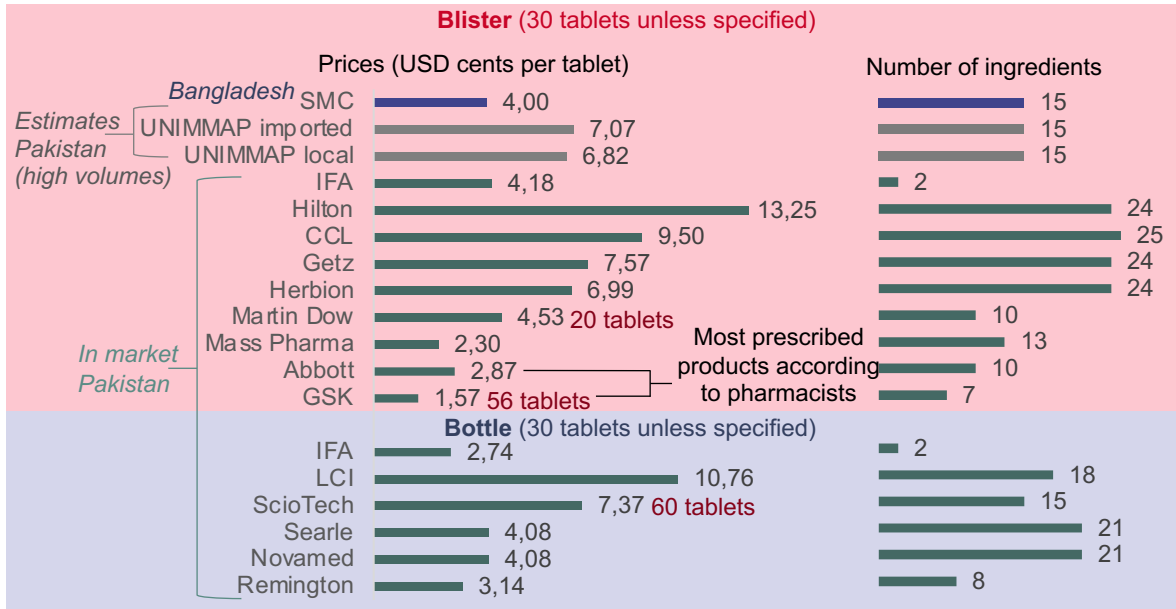
The study used 1.5 cm pink capsules, individually wrapped in 10-count foil blister packs with Halal certification distributed for free, and reached adherence levels of more than 80%, significantly more than the reported adherence to IFA provided by governments.

\*The research was conducted with PLWs, HCPs and pharmacists in 10 districts (4 rural and 6 urban), covering 3 provinces. See appendix for the full study

Sources: Hystra analysis based on <sup>1</sup>DSM, 2020; <sup>2</sup> Sight&Life, 2020

# With a forecasted retail price at 7.07-6.82US¢/tablet, the product could be commercially viable in the price range of available (non-UNIMMAP) MMS products, which is key to success

Retail prices\* and number of ingredients for existing and estimated\*\* MMS and IFA\*\*\* products<sup>1</sup>



## Consumer research in Pakistan<sup>2</sup> found that:

- Many HCPs shared that they consider the clients' financial means and supplement's composition when recommending MMS products
- PLWs and their families face financial constraints to the purchase of supplements

## Quotes from PLWs:

*"Due to financial limitations, we extend the use of a one-month prescription dosage to cover two months by skipping doses."*

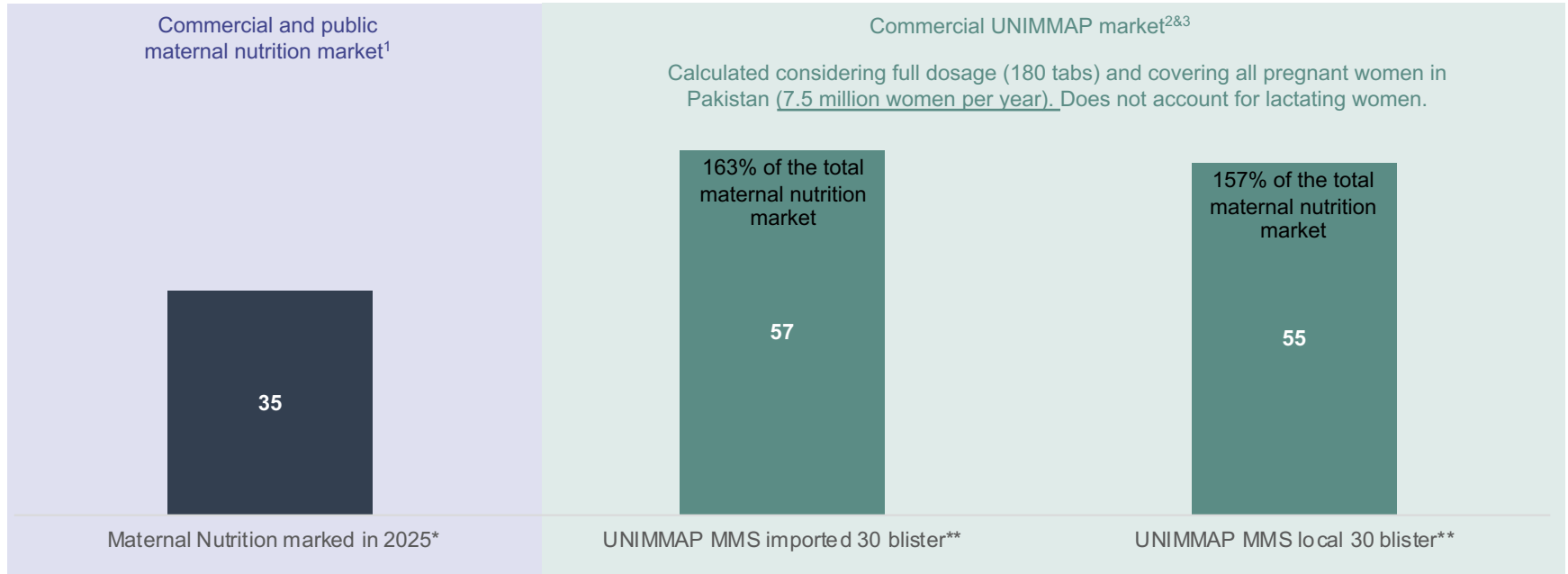
*"Men are often hesitant to invest on women's health. When we feel sickness and discomfort during pregnancy and need a visit to the HCP for a check-up, our husbands often try to postpone it. They start by calculating the fuel expenses for the trip from our village to town and back, let alone considering the healthcare provider's fees and medication costs."*

\*Exchange rate: 1 USD = 286.15 PKR of September 30, 2023; Prices are for products which have the closest formulation to UNIMMAP, except for Abbot and GSK since the brands own the most sold products in the market (Surbex Z and Fefol Vit) according to pharmacists; \*\*Estimated UNIMMAP prices were calculated as follows: for an ex-factory price of 1. local products: lowest ex-factory price quoted by a local manufacturer of 1.52¢ of dollars per tablet for a volume of 500 million tablets; and 2. imported products: international quote for Kirk Humanitarian of 1.3¢ of dollars per tablet for a volume of 540 million tablets, we added 132% for blister packs, distribution costs of 15%, marketing costs of 50% and retail margins of 15% (high-end predictions from local manufacturers in Supply Research). Prices for imported products also include 0.03¢ of dollars per tablet for international shipment costs (estimated by an expert during interview). Taxes are for products registered with DRAP and increase prices by 22% for imported products and by 2% for locally produced products (predicted by local manufacturers). \*\*\*Abbot prices for bottle and HighQ Pharma prices for blister.

Sources: <sup>1</sup>Supply research in Pakistan, 2023; <sup>2</sup>Consumer research in Pakistan, 2023

# If all pregnant women consumed the full dosage of UNIMMAP, the market value (\$55-57 million) would represent 160% of the total expected maternal nutrition private market in Pakistan (\$35 million)

Maternal nutrition and UNIMMAP predicted market values in Pakistan (USD millions)



\*Includes dietary supplements and meal replacement products. IQVIA prediction from 2020 based on Euromonitor, Nielsen, IQVIA and primary market research data.

\*\*Estimated considering prices calculated as per previous slide.

Sources: Hystra analysis based on <sup>1</sup>IQVIA for BEP project,2020; <sup>2</sup>Kirk Humanitarian, 2022; <sup>3</sup>Supply research in Pakistan, 2023



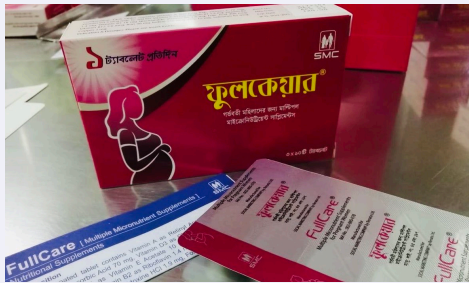
# SMC's impressive success selling UNIMMAP "FullCare" brand in Bangladesh is encouraging and confirms key recos for Pakistan

Working with GAIN and Sight & Life, SMC became the first organization to sell UNIMMAP commercially

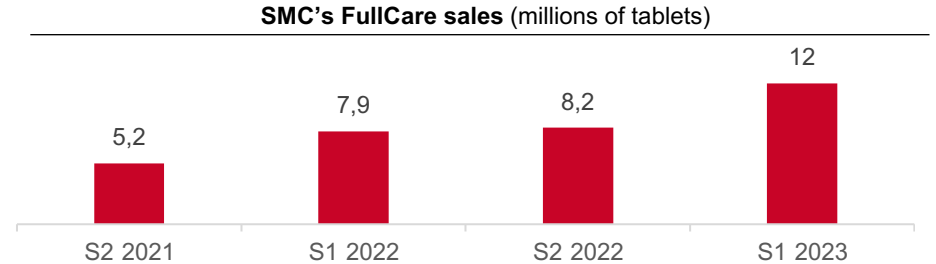
**SMC** (Social Marketing Company) is formed by a non-profit (1990) and a for-profit branch (2014). Its goal is to **improve the health of women, children and families** through the distribution of products/services. SMC is present in all Bangladeshi districts, except for two.

In partnership with GAIN, S&L, the icddr,b, and Renata (local manufacturer), and following extensive consumer research, **SMC designed FullCare, a commercially distributed UNIMMAP, sold in blisters of 30 tablets** and distributed through the Star Networks (SMC's network of pharmacies and HCPs) and other pharmacies in Bangladesh.

**FullCare is to date the only successful commercial experience of UNIMMAP.** Its format, alongside with its attractive price and SMC's far-reaching distribution network, are key success factors for the program.



SMC sold over 33.5m tablets to 300-500k pregnant women in less than 2 years



Several learnings taken from the FullCare experience, addressing a context similar to Pakistan, could be replicated

- **Marketing of this new brand following consumer preference of blister packs:** FullCare was packed in blisters as per local preferences similar to Pakistan's, with an aspirational packaging under a trustworthy brand (SMC).
- **Price point at lower end of existing supplements:** The price point was established on the lower end of the existing MMS tablets in the market (\$4cts per tablet – 30-40% cheaper than alternatives), despite its higher quality, enabling to serve a majority of BoP consumers.
- **Leverage of HCP and direct outreach to PLW:** SMC used a marketing 360 strategy, targeting both HCPs and PLWs

# However, SMC relied on a unique pre-existing infrastructure and \$10m funding, and FullCare adherence levels, which proved to be a key challenge for IFA, remained a question mark

SMC's success owes a lot to existing capabilities and high external fundings for marketing

## SMC capabilities

- **Trusted brand** with a broad **range of products enabling cross-subsidisation** and a great track record of implementing and scaling interventions
- **Marketing/Sales capabilities:** SMC has great capacity to communicate, they created a "talkshow about FullCare to create a buzz around the product and influence demand
- **Distribution network:**
  - SMC has a broad network of +20k providers (non-graduate HCPs, and women salesforce) and +150k pharmacy owners and a broad network of doctors
  - This network of providers is the major contributor to sales at 75-80%
  - Due to this network, they managed to push FullCare in an already saturated market of ANC products

## Key partnerships:

- CIFF provided financial support for the launch of FullCare in the form of a grant of \$10 million over 4-5 years
- S&L acted as an advocacy partner, provided technical interventions, digital interventions and had a role in project management
- GAIN played a pivotal role by helping establish the national-level taskforce, which acts as an interface with the government to provide strategic and technical support to the implementation of the FullCare program

The FullCare experience and consumer research indicate that the consumption frequency challenge faced by IFA will also apply to MMS

While most pregnant women in countries with IFA programs receive tablets (62%) and consume at least one (57%) only 7% consume the full dosage. This tendency could also apply to MMS consumption unless directly targeted:

- **Only 18% of the women consuming FullCare reached full dosage, mostly due to the cost of the treatment**<sup>1</sup>: the full cost of treatment was 8\$, which is beyond the reach of some low-income families.
- **Consumer research in Pakistan suggests that most women skip supplement doses to accommodate supplement expenses to their budgets**<sup>2</sup>: among the PLWs consuming MMS, about half consume less than 50% of the dosage prescribed by HCPs, as supplements' expenses represent almost 5% of their monthly income.

## **PLW quote:**

*"Due to financial limitations, we extend the use of a one-month prescription dosage to cover two months by skipping doses."*

# A possible solution to the adherence issue could be door to door sales, which have proved effective at achieving high penetration and consumption frequency of maternal supplements in rural Pakistan

Although most PLWs hear about supplements from their HCPs, experience and qualitative research in Pakistan have shown that PLWs also trust local women selling supplements door to door

The door-to-door rural model has reached significant penetration and high consumption frequency levels compared to the urban sales via HCPs and pharmacies

In 2022-23, RSPN, a community organization leveraging local saleswomen in rural areas, and Greenstar, a social marketing organization leveraging HCPs and pharmacies in urban areas, conducted a market test for balanced energy protein (BEP) for PLWs in Pakistan. Qualitative consumer research with 10 pregnant women consuming BEP in the rural districts of the market tests in February 2023<sup>1</sup> showed that:



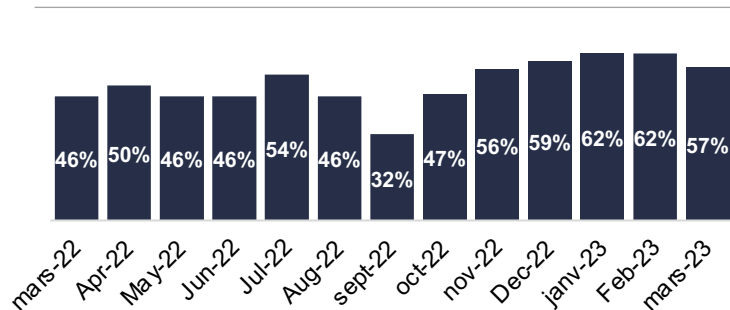
- **Women's opinions of saleswomen were overwhelmingly positive.** Nearly all said they trusted them. Women liked that saleswomen provided thorough information about Wellma and found the information compelling.
- **Two pregnant women** suggested that they trusted saleswomen more than local HCPs.

## PLWs Quote:

"I trust [the saleswomen]. We go to the doctor, and he tells us things and takes 2000 fees for it. This Baji tells us things for free and we understand what she says as well.... It has made it easy for us. We don't have to spend 500-1000 in fees now."

Consumption frequency levels reached **~10 sachets per month in rural areas and below 4 sachets per month in urban areas** (via HCPs and pharmacies) and rural saleswomen were **converting\*\* close to 60%** of PLWs<sup>2</sup>:

BEP penetration in rural areas\*\* (% of PLWs)



\*\*Conversion rate calculated using the number of PLWs who bought Wellma at least once in the month divided by the maximum number of PLWs reached in a month.

\*\*Saleswomen visit between 60 and 75 PLWs per month depending on district. An average was used to calculate the potential PLWs reached.

# Recommendation for private organizations aiming to commercialize UNIMMAP

Selling UNIMMAP commercially will require a social marketing strategy and a dual approach between HCPs/medical affairs and direct last mile sales channels, especially in areas with low access to HCPs and pharmacies in order to ensure access and adherence to supplements. Hence, organizations selling UNIMMAP should build a comprehensive nationwide marketing and distribution strategy with special focus on:

- **Sales capabilities:** commercially distributing UNIMMAP via HCPs, pharmacies and door-to-door salespeople will require organisations to build effective and agile sales capabilities to adapt to a variety of sales channels and pivot strategies when needed.
- **Medical affairs capabilities:** to effectively educate HCPs and ensure prescriptions, organizations selling UNIMMAP will need to develop their own medical affairs capabilities, with special focus on nutrition.
- **Social marketing capabilities:** selling UNIMMAP, and achieving satisfactory levels of consumption frequency, will require long-term behavioural changes from consumers and HCPs. Special focus should be given to:
  - **Branding:** product branding will be essential to explore direct outreach to PLWs, who should clearly link the brand and product to the benefits it will generate (e.g., tagline “*One FullCare a Day Healthy Baby on the Way*”).
  - **Product format and packaging:** when it comes to long-term treatments, format and packaging are determinant to ensure consumption frequency and ultimately satisfaction with the product. Regarding MMS, consumers seem to prefer products sold in blisters of 30 tablets.

# UNIMMAP Pakistan Consumer Insights Report

November 2023





# Objectives and research methodology

## Objectives

The goal of this document is to present the outcomes of a consumer insights research in Pakistan gathering data on HCPs and PLWs perception of the existing forms of MMS. Main topics are as follows:

- **PLWs awareness and adherence to MMS** (or to other supplements used during pregnancy as a proxy), as well as perception of accessibility and affordability
- **HCPs awareness and prescription levels of MMS**
- **Insights on most effective branding, packaging, and marketing strategies** (e.g., PLWs perception of a Wellma branded MMS).

## Methodology

The research was conducted with PLWs, HCPs and pharmacists in 10 districts (4 rural and 6 urban), covering 3 provinces i.e., Punjab, Sindh and Khyber Pakhtunkhwa. PLWs were interviewed in focus group discussions while HCPs and pharmacists were heard individually. The sample universe was as follows:

- **205 PLWs** (134 pregnant and 71 lactating)
- **19 HCPs** (11 gynaecologists and 8 LHV)s
- **12 pharmacists**

Since the goal of the survey was to understand supplement's consumption patterns, PLWs who participated to the FDGs in urban areas were selected from HCPs clinics – and were previously asked if they had been prescribed any supplement - and PLWs from rural areas were invited based on their attendance to ANC visits and having been prescribed supplements.



# Executive summary: MMS\* for pregnant women is already known in Pakistan, but consumers face affordability challenges to stick to consumption target

**1. Among the women interviewed, the great majority of PLWs to whom IFA or MMS were prescribed consumed it and PLWs will not buy supplements without having it recommended by HCPs. Husbands and mothers in law also influence the decision to purchase**

The great majority of PLWs visit and trust HCPs and will follow HCPs advice and PLWs will not buy MMS without having it recommended by HCPs. Additionally, both HCPs and PLWs mentioned they need to convince husbands and mothers in law of the importance of supplements to ensure it is purchased.

**2. Most PLWs in the sample consuming MMS realize the positive effects of supplements on their health and are aware of the recommended consumption frequency, but about half of PLWs consume less than 50% of the dosage prescribed due to economic constraints**

About half of PLWs taking MMS consume less than 50% of the dosage prescribed by HCPs to lighten supplement expenses, which represents close to 5% of their family's monthly income.

**3. Few PLWs in the sample have non-economic reasons for not taking supplements or skipping doses which include misconceptions on antenatal supplements**

Some PLWs are suspicious towards supplements and question their benefits to mother's and child's health. Very few women also shared they skip doses due to side effects like nausea and indigestion

**4. PLWs in the survey buy supplements from pharmacies and HCP clinics, women in rural areas depend on husband's visits to nearby cities to continue consumption**

Almost all PLWs buy their initial batch of supplements on the same day as their antenatal visits, but subsequent replenishment becomes a challenge in rural areas. Since there are no pharmacies in those areas, most rural PLWs depend on their husband's visits to the nearby cities to replenish their supplements.

# Executive summary: consumers would prefer a commercial UNIMMAP to be available in small blister packages

## 5. There is a strong preference for effervescent, orange-flavoured supplements in blister packaging among PLWs interviewed

Most PLWs prefer blister packaging because it allows them to buy quantities adapted to their daily disposable cash, to keep track of their consumption and transport the supplement easily. PLWs also suggested a strong preference for effervescent, orange-flavoured supplements, which is currently available for calcium supplements but not for MMS. PLWs like effervescent tablets because they are easier to swallow than pills and give a refreshing feeling, they also mentioned that the orange flavour helps reduce their nausea.

## 6. Most PLWs interviewed prefer to purchase 10 tablets at a time than to profit from the concessional price of larger packages which could give up to 14% discount

Few PLWs would choose to purchase larger MMS packs to profit from concessional prices, in some cases due to limited resources available to purchase MMS in a given month and in other cases due to limited resources at the time of purchase (in most cases following HCPs visit).

## 7. A Wellma branded MMS would be successful among Wellma-BEP consumers in the sample, and the great majority of BEP consumers would like to switch to MMS

Most PLWs consuming BEP would prefer to switch to a Wellma MMS due to its cost-effectiveness. Concerning non-BEP consumers, they would try Wellma MMS if it was recommended by HCPs. Most HCPs also showed preference for MMS over BEP. However, BEP consumers also mentioned that Wellma helps them to satisfy their hunger, suggesting that they will need of strong pitch to switch to MMS.

## 8. Pharmacies from all the districts of this research claimed that the two most prescribed brands of MMS are Surbex Z and Fefol Vit

Surbex Z is produced by Abbot while Fefol Vit is produced by GlaxoSmithKline. Their price per tab is respectively PKR 8.2 and 4.5. Fefol Vit is available in the preferred blister packaging as well as the third most mentioned product (Sangobion by Martin Down Merck). Neither is close to the UNIMMAP formulation.



# Executive summary: HCPs need to be convinced of the efficacy of UNIMMAP and selling through a trusted manufacturer could facilitate switch

## 9. HCPs interviewed recommend supplements according to price and formulation and rely on brand experience to recommend specific products

HCPs consider client's financial means when recommending MMS as well as products composition and brand. Few HCPs also mentioned that regular visits of medical representatives from the pharmaceuticals also play a role in recommendations, as they act as a refresher. HCPs spontaneously mentioned to trust two pharmaceuticals, Abbot and GlaxoSmithKline.

## 10. While the HCPs interviewed are not aware of UNIMMAP, they would be willing to recommend it if oriented to do so

HCPs would need training on UNIMMAP formula, benefits and effects to start recommending. Some HCPs also mentioned that they would need to test the effectiveness of the supplement with samples before recommending it to the wider client base.

## 11. Pharmacies interviewed get between 14 and 15% of margins on MMS products and recommend MMS according to the trends they observe on prescriptions

Almost all pharmacies shared that their 14-15% profit margin is often topped-up by various pharmaceutical companies, either by an additional profit margin of 5-15% or by offering bonuses such as free packs upon achieving specific sales targets. Most of the pharmacists shared that they rarely suggest MMS without a prescription to PLWs, but when they do their recommendation typically stems from their observations of healthcare providers' prescriptions brought by customers.

# Agenda

- **Current IFA and MMS consumption**
- **MMS product preferences**
- **HCPs and pharmacists' approach to MMS**

# Agenda

- **Current IFA and MMS consumption**
- MMS product preferences
- HCPs and pharmacists' approach to MMS

# The great majority of PLWs to whom IFA or MMS was prescribed consumed it

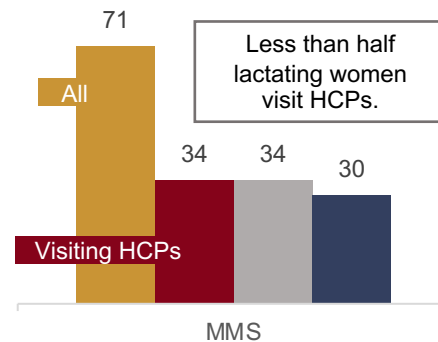
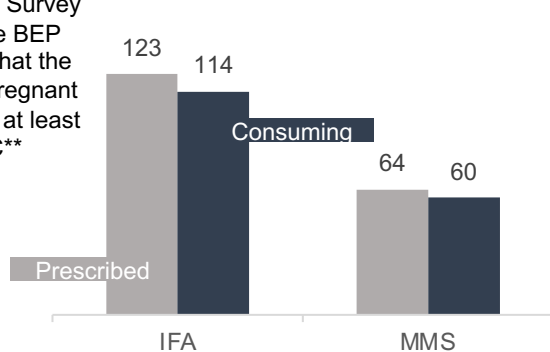
Among the PLWs taking supplements IFA was prescribed to almost all pregnant women while MMS was prescribed to about half (40% in rural areas and 52% in urban areas). When IFA or MMS are prescribed most women declare to consume it (not an indicator of compliance to the prescribed consumption frequency)

**IFA and MMS prescription and consumption among pregnant women visiting HCPs (# of pregnant women, N=123)\***

**MMS prescription and consumption among lactating women (# of lactating women, N=71)**

Caveat: PLWs who participated to the FDGs in urban areas were selected from HCPs clinics – and were previously asked if they had been prescribed any supplement during or after pregnancy - and PLWs from rural areas were invited based on their attendance to ANC visits and having been prescribed supplements during or after pregnancy.

Obs.: The Large-N Survey conducted for the BEP project suggests that the great majority of pregnant women visit HCPs at least once for ANC\*\*



\*Pregnant women to whom MMS was prescribed said that HCPs recommend IFA for the first trimester and MMS starting on the fourth month of pregnancy.

\*\* 95% of PLWs in Karachi and 92% in Rawalpindi. Mean visits rural areas for lactating women are 3.7 and for pregnant women 2.6 and there are very few not visiting HCPs at all.

Source: Hystra analysis based on data collected by Hystra in FDGs with PLWs from 10 different districts, 4 rural districts and 6 urban districts.

# PLWs will not buy supplements without having it recommended by HCPs. Husbands and mothers in law also influence the decision to purchase

## Key findings:

- Most of the HCPs recommend MMS (besides IFA) to PLWs to improve nutritional support\*
- Almost all PLWs will only buy supplements if recommended by HCPs
- Almost all PLWs shared that the reasons for buying supplements are their own health benefits and HCPs advice
- Almost all participants financially rely on their husbands to purchase supplements
- PLWs and HCPs mentioned that they need to convince mothers in law and husbands of the importance of supplements\*\*
- Surbex Z, Sangobion and Fefol Vit were MMS brands mentioned by PLWs without probing.

## PLWs Quotes:

"I only buy supplements on my healthcare provider's advice to ensure a trouble-free pregnancy journey"

"I have limited literacy skills and rely solely on my HCP's advice when purchasing supplements"

"My mother-in-law believes that buying MMS is an unnecessary expense for her son, citing her own experience of giving birth to seven children without ever requiring such supplements"

## HCP Quote:

"When I recommend supplements, some women request that I speak to their husbands to emphasize the importance of these nutrients"

"Many of my patients ask me to write down a note on the prescription saying that the purchase of supplements is mandatory. Otherwise, it is hard for them to convince husbands and mothers in law to buy supplements"

## Pharmacist Quote:

"During pregnancy, expectant mothers and their families prefer to purchase supplements with a prescription"

\*Most HCPs recommend MMS to all PLWs, only 4 out of 19 HCPs do not recommend MMS to lactating women.

\*\*The BEP Large N Survey found that 57-90% of PLWs in rural areas and 29-52% in urban areas don't take the decision to buy Wellma alone.

Source: Hystra analysis based on consumer research in Pakistan

# Most PLWs consuming MMS realize the positive effects of supplements on their health and are aware of the recommended consumption frequency...

## Key findings:

- Almost all PLWs consuming MMS shared that they experience better energy levels after supplement intake
- Almost all PLWs consuming MMS and IFA are aware of the recommended dosage for supplement intake
- Almost all PLWs held a strong level of trust in the HCPs guidance and recommendation of supplements.

## Quotes from PLWs:

“From the beginning of my pregnancy, I experienced fatigue and leg pain. However, the multivitamin supplements have effectively alleviated these issues, making me more comfortable in managing the physiological changes associated with pregnancy.”

“I have a strong preference for Surbex Z and Sangobion. These supplements have been a lifeline for me, as they helped alleviate the backache that was causing considerable discomfort in my life following childbirth.”

“After taking the supplements, I observed that my hair fall has ceased, and my skin has a noticeable glow.”



# ... but about half PLWs consume less than 50% of the dosage prescribed, mostly due to economic constraints

## Key findings:

- Among the PLWs consuming MMS, about half consume less than 50% of the dosage prescribed by HCPs
- Average reported monthly income of the participants' families is PKR 27,000 (\$95), and supplements' expenses represent almost 5% of their monthly income\*
- Most PLWs shared that trade-offs are made on their household budgets to accommodate supplement expenses
- Most HCPs shared that their clients skip doses due to financial constraints
- Many of the pharmacists shared that low-income clients frequently request additional discounts, even on supplements that are already discounted.

## Quotes from PLWs:

“Due to financial limitations, we extend the use of a one-month prescription dosage to cover two months by skipping doses.”

“Men are often hesitant to invest on women's health. When we feel sickness and discomfort during pregnancy and need a visit to the HCP for a check-up, our husbands often try to postpone it. They start by calculating the fuel expenses for the trip from our village to town and back, let alone considering the healthcare provider's fees and medication costs.”



\*Income levels in Bhawalpur and Multan range between PKR 18,000 to 50,000 (USD 63 – 175), distinguish themselves from other districts, where the incomes typically fall between PKR 15,000-40,000 (USD 63 – 139).



# Few PLWs have non-economic reasons for not taking supplements or skipping doses which include misconceptions on antenatal supplements

## Key findings:

- Some HCPs mentioned that some of their clients are suspicious towards supplements
- 16 participants shared they do not feel any health issues and naturally feel strong
- 13 participants shared that they are not convinced by the benefit of the intake of supplements for the mother's and child's health
- 3 participants shared that they skip doses due to side effects like nausea and indigestion
- Most HCPs mentioned that social media platforms and TV ads could be used to motivate PLWs to opt for dietary supplementation.

## PLWs Quotes:

"I'm sceptical about the effectiveness of supplements. I'd rather prioritize a natural diet that includes milk, fruits, vegetables, and meat to meet my increased nutritional needs during pregnancy."

"HCPs do recommend supplements to justify their fee, but supplements make the child bigger in size and it becomes difficult to deliver normally."

## HCP Quote:

"MMS is seen as medication, taken on the advice of healthcare providers during pregnancy. After a safe delivery, women skip postnatal visits and opt for cultural remedies to address nutritional deficiencies."





# PLWs buy supplements from pharmacies and HCP clinics, women in rural areas depend on husband's visits to nearby cities to continue consumption

## Key findings:

- Almost all PLWs buy supplements from the pharmacies located in the city/town markets or in HCPs clinics
- Almost all PLWs claimed to buy their initial batch of supplements on the same day as their antenatal visits, but subsequent replenishment becomes a challenge in rural areas
- Because there are no pharmacies in rural areas, most rural PLWs depend on their husband's visits to the nearby cities to replenish their supplements

## PLW Quote:

"For rural women like us, maintaining a consistent supply of supplements can be a challenge, we are often dependent on our husbands' visits to the nearby town and on having enough funds to purchase supplements and pay for fuel. This factor has the potential to disrupt the continuity of our supplement intake."



# Agenda

- Current IFA and MMS consumption
- **MMS product preferences**
- HCPs and pharmacists' approach to MMS

# There is a strong preference for effervescent, orange flavoured supplements in blister packaging

## Key findings:

**Packaging:** Most PLWs prefer blister packaging because it allows them to buy quantities adapted to their available money, to keep track of their consumption and to transport the supplement easily

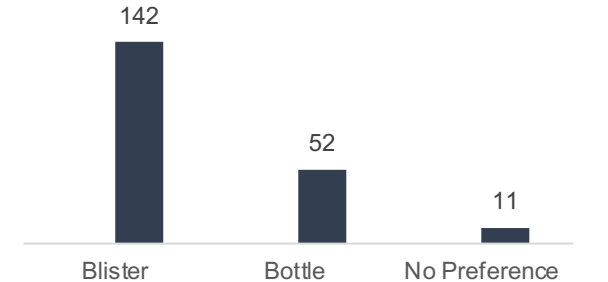
## Format

- PLWs like supplements in effervescent tablets because it gives them a refreshing feeling and is easier to swallow than pills
- Large pills are particularly challenging for pregnant women, and they will sometimes skip doses to avoid swelling them. Lactating women did not claim to face challenges with large pills

## Flavour

- Almost all PLWs exhibited a clear preference for the orange flavour supplements as they claim it reduces their nausea. This preference was confirmed by HCPs and pharmacists
- The smell of some supplements can be a deterrent for pregnant women to stick to daily consumption.

PLWs packaging preferences (# of PLWs)



## PLW Quote:

“Blister packaging are compact and fit easily into my purse when I leave to stay with my mother.”

“The blister packaging keeps my supplements fresh and protected from contamination. It also gives me peace of mind knowing I'm getting the right quantity”

## HCP Quote:

“In my experience, the issue of large pills causing unease or queasiness is quite prevalent among expectant mothers. This impacts their willingness to take supplements regularly.”

## Pharmacist Quote:

“Blister packing simplifies the daily supplement regimen of pregnant women and helps them stay on track with their recommended dosage.”

# Most PLWs prefer to purchase 10 tablets at a time than to profit from the concessional price of larger packs which could give up to 14% discount

## Key findings:

- Few PLWs would choose to purchase larger MMS packs to profit from concessional prices
- Almost all the HCPs shared that low income PLWs often opt for smaller supplement quantities, even when it is not the cost-effective choice

### PLW Quote:

"It's difficult to make ends meet, and sometimes I have to sacrifice quantity for affordability. Smaller packs are easier on my budget, even though I know I'm paying more per dose."

### HCP Quote:

"Low-income patients often opt for smaller quantities of supplements at a premium price, as they meticulously budget for not just transportation to prenatal visits and healthcare provider fees, but also for their essential supplement expenses."

### Pharmacist Quote:

"Supporting low-income customers who opt for smaller packs due to budget constraints is a challenge we face as pharmacists. While we do provide discounts of up to 10% for larger packs, this benefit is not available to everyone."



# A Wellma branded MMS would be successful among Wellma-BEP consumers, and the great majority of BEP consumers would like to switch to MMS

## Key findings:

- Most PLWs consuming BEP would prefer to switch to a Wellma MMS due to its cost-effectiveness
- Some BEP consumers also mentioned that Wellma helps them to satisfy their hunger, suggesting that they will need a strong pitch to switch to MMS
- A great majority of non-Wellma consumers mentioned they would try Wellma MMS if it was recommended by HCPs
- Most of the HCPs who recommend Wellma BEP expressed a preference for recommending MMS over BEP, mentioning its comprehensive composition as the primary reason

## PLWs Quotes:

"I've observed substantial health improvements with Wellma, but occasional financial limitations make it difficult to maintain a consistent supplement intake. I've considered switching to a more budget-friendly option, but, so far, I haven't come across any alternatives. If Wellma were to introduce an MMS with superior nutritional value compared to other MMS at a lower cost, it would be my preferred choice."

"I've learned about the Wellma BEP project in my neighbouring village, and I'm eager to try it. Unfortunately, it's not currently available in the local market. However, if Wellma MMS becomes commercially accessible, I'll eagerly wait for its launch and would love to incorporate it into my routine."



# Pharmacies from all the districts of this research claimed that the two most prescribed brands of MMS are Surbex Z and Fefol Vit

Pharmacists were unanimous to say that the most prescribed and sold MMS brands are Surbex Z and Fefol Vit, in line with insights from both HCPs and PLWs. Composition and price per tab are as follows:

	Product	Manufacturer
<b>MMS</b>		
1	Surbex Z	Abbott
2	Fefol Vit	GlaxoSmithKline
3	Sangobion	Martin Down Merck Pvt Ltd
4	Becefol	Abbott
5	Hicap M	Himont Pharmaceutical
<b>IFA</b>		
1	Folic Acid	Zafa Pharma
2	Polymalt Syrup	KENN Pharma
3	Ibret Folic	Abbott
4	Maltofer	Vifor Pharma
<b>Calcium Supplements</b>		
1	CaC 1000	GSK
2	Qalsan D	GSK
3	Calcee 1000	WILSONS Pharma

Micronutrients	UNIMMAP	Surbex Z	Fefol Vit
Zinc	15 mg	22.5 mg	-
Vit A	800 mcg	-	-
Vit C	70 mg	500 mg	50 mg
Vit D	5 mcg	-	-
Vit E	10 mg	30 IU	-
Folic Acid	680 mcg	150 mcg	500 mcg
B1	1.4 mg	15 mg	2 mg
B2	1.4 mg	15 mg	2 mg
B3	18 mg	100 mg	10 mg
B6	1.9 mg	20 mg	1 mg
B12	2.6 mcg	12 mcg	-
Iron	30 mg	-	45 mg
Iodine	150 mcg	-	-
Selenium	65 mcg	-	-
Copper	2 mg	-	-
Pantothenic Acid	-	20 mg	-
<b>Price per tab (PKR)</b>		<b>8.2</b>	<b>4.5</b>

## Key findings:

- Fefol Vit and Sangobion are available in the preferred blister packaging
- None of the MMS listed is available in the preferred product format (effervescent and orange flavored)
- Two of the calcium supplements are effervescent and orange flavored and one is chewable and orange flavored.

# Agenda

- Current IFA and MMS consumption
- MMS product preferences
- **HCPs and pharmacists' approach to MMS**



# HCPs recommend supplements according to price and formulation, and rely on brand experience to recommend specific products

## Key findings:

- Most HCPs shared that they consider various factors when recommending supplements, including the clients' financial means and MMS composition
- HCPs mentioned that their recommendations are tailored to the health needs and financial means of their clients.
- Most of the HCPs recommend specific trusted MMS brands based on their experience, brand reliability and comprehensive nutritional benefits
- A few of the HCPs shared that regular visits of medical representatives from the pharmaceuticals also play a role in recommendations, as they act as refreshers
- HCPs spontaneously mentioned to trust two pharmaceuticals, Abbott and GlaxoSmithKline.

## PLW Quote:

"My healthcare provider emphasizes that maintaining a balanced nutritional diet and consuming multivitamin supplements can safeguard my pregnancy and promote my overall well-being."

## HCP Quote:

"My patients, with weakened health and suboptimal diets, need nutritional supplements to meet both their own and their baby's nutritional needs. I wholeheartedly recommend Sangobion by Martin Down Merck Pvt Ltd as it is an old trusted supplement, the ideal choice for pregnant women, ensuring they get vital vitamins and minerals for a healthy pregnancy."





# While HCPs are not aware of UNIMMAP, they would be willing to recommend it if oriented to do so

## Key findings:

- None of the HCPs was familiar with UNIMMAP
- Once introduced to the UNIMMAP formula HCPs expressed willingness to recommend it if they were provided with training on the formula, benefits and effects
- A few of the HCPs mentioned they would need to test the effectiveness of the supplement with samples before recommending it to a wider client base.

## HCPs Quotes:

“Considering the competitive market, I'll endorse UNIMMAP only after testing the product and having clear understanding of its efficacy.”

“Before recommending UNIMMAP to a broader audience, I require literature explaining the product and sample medications to assess its efficacy on a select group of patients.”



# Pharmacies get between 14 and 15% of margins on MMS products and recommend MMS according to the trends they observe on prescriptions

## Key findings:

- Almost all pharmacies shared that their 14-15% profit margin is often topped-up by various pharmaceutical companies, either by an additional profit margin of 5-15% or by offering bonuses such as free packs upon achieving specific sales targets
- Most of the pharmacists shared that they rarely suggest MMS without a prescription to PLWs. Their recommendation typically stems from their observations of healthcare providers' prescriptions brought by other customers
- Pharmacists also mentioned that they prefer to sell supplements for which they are offered higher margins from manufacturers.

## Pharmacist Quote:

“Occasionally, individuals with limited financial means seek my advice on recommending multivitamins for pregnant women. I base my recommendations on my observations of prescriptions from different patients, helping to alleviate the healthcare provider fees for those in need.”



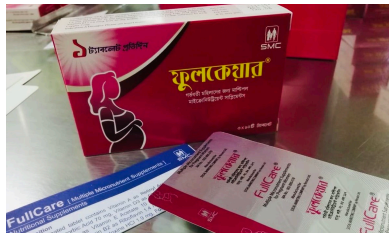
**SMC's FullCare is the  
one successful  
commercial initiative  
selling UNIMMAP to  
low-income pregnant  
women**

# SMC is marketing and selling FullCare, a UNIMMAP product among pregnant women



## SMC profile and activities

- **Mission:** Social Marketing Company is formed by a non-profit (1990) with a subsidiary for-profit (2014). It aims at **improving the health of women, children and families** through the distribution of products and services.
- **Capabilities:** 4 manufacturing units, and 12 area offices in Bangladesh, through 217 salespeople.
- **Reach:** all Bangladeshi districts.
- **MMS Program:** in partnership with GAIN, SAL, icddr,b, and Renata, SMC aimed to set-up a **private sustainable business model for FullCare** through the Star Networks (SMC's network of pharmacies and HCPs) and other pharmacies in Bangladesh.



## SMC's FullCare value proposition

### A product co-designed with its target

- SMC designed **FullCare brand** based on an extensive **consumer research** with Sight & Life's technical assistance.
- The product characteristics informed by the consumer research including **price (\$4cts per tablet – 30-40% cheaper than alternatives)**, **content** (sold in blisters of 30 tablets), **packaging** (pink color), and **name** with the tagline “*One FullCare a Day Healthy Baby on the Way*”.
- SMC launched a **proof-of-concept phase** to ensure an optimized product adherence.

### Sales & Distribution framework

- Sales and distribution strategy were designed to reach all segments of PWs in rural & urban areas:
- **The pricing strategy** was designed based on the willingness to pay for the product.
  - **The distribution network** mainly leverages community level non-graduate HCPs and women entrepreneurs through SMC's networks, particularly in rural areas (>75% of SMC's network pharmacies are rural).

### Inspiring trust and ensuring adherence

- **High-quality product** with the UNIMMAP formulation.
- **Trained HCPs on product benefits and distinctive features.**
- **Trusted brand (SMC).**
- Integration of FullCare – MMS in the ANC services
- **Follow-up and advices** provided by community HCPs.

# SMC launched an integrated and multi-faceted marketing campaign to foster both HCP and PWs demand

## Initiatives of SMC to promote FullCare



### Engaging health authorities and HCP

**Healthcare professionals' awareness and recommendation to PWs are key to drive demand**, hence SMC actions towards them:

- Public health systems advocacy (GAIN advocated for the switch from IFA to MMS).
- Sensitization and trainings of HCPs, pharmacy owners and doctors (70-80 seminars organized per year, convening 2K doctors per year).
- Sales campaigns, including gifts, diabetes testing machines, strips for albumin & sugar urine testing and discounts towards pharmacy outlets.
- Integration of FullCare in the pregnancy care services by the HCPs



### Fostering PWs awareness, trust and adherence

- Their **above-the-line** initiatives enable to create a buzz and foster awareness (Facebook campaign seen by 1.5m people).
- Their **below-the-line** marketing and communication expertise remain key to influence adherence and trust:
  - **Tele-counselling** (by SMC's teleconsulting unit) **and field visits** (by program officers): to provide basic counselling for a healthy pregnancy and follow-up on consumption (2.6k call / month).
  - **Group activities across 112 Sub-Districts**: Engaged 108 paramedics and 15 community mobilizers to organize pregnant women courtyard sessions and offer ANC services.



### Refining sales and marketing strategy through sales tracking and data monitoring

- An **interactive digital interface** enabling MMS program officers to upload daily information on their visits and sales, and to monitor stocks and sales notably through a live dashboard.
- MMS program officers can **take decisions and initiatives based on this**, including refining the sales strategy towards districts with less sales, and refining the tele-counselling targets and frequency (e.g. for women reluctant to buy and adhere to the product).

# SMC developed an efficient supply and distribution channel enabling to make FullCare accessible and affordable throughout the country



## Renata, local production partner

- Renata Limited is the product development partner, a 5<sup>th</sup> largest Bangladeshi pharmaceuticals company
- Renata has been testing recipes and performing quality controls for their UNIMAP formula for eighteen months
- Renata benefited from GAIN's technical support



## Decentralized warehousing system

- SMC operates **three warehouses, one central and two local**.
- It enables it to better allocate MMS stocks depending on the districts, decrease shipping complexity, and delivery time and costs.



## Broad network of officers

- SMC is able to sell the FullCare tablets to its distribution network thanks to its 12 Area offices and 196 Sales Officers, and 42 Program officers - MMS
- MMS program officers are helped regarding sales and stocks tracking by the interactive digital interface.



## Trusted and community-level private pharmacy networks

- 75-80% of FullCare sales were made through SMC's network providers.
- SMC conducted promotional campaigns to all their providers, targeting also non-network pharmacies which increased their participation in sales from 16% in 2022 to 20% in 2023.
- FullCare was also sold through other Bangladeshi NGOs.

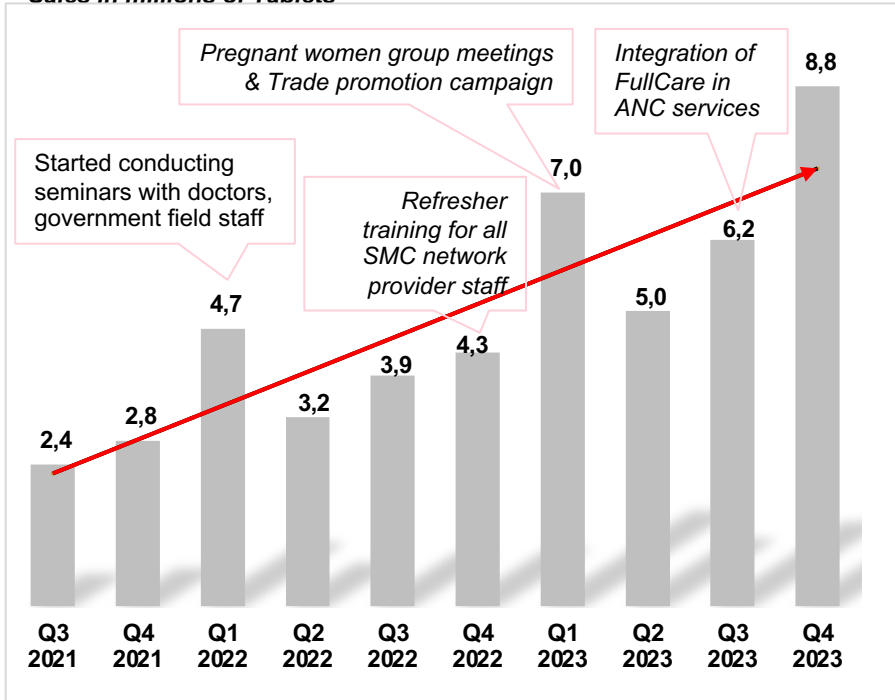


# SMC sales and distribution strategies have had significant impact on MMS scale-up and PWs well-being potential



## Marketing and Sales strategies had significant impacts on FullCare sales

Sales in millions of Tablets



## SMC's FullCare sales reached significant scale

- SMC reached significant scale with around 48.5m tablets sold to 500k to 600k pregnant women
- Two manufactures have capabilities to produce UNIMMAP in a sustainable and cost-effective way in Bangladesh

# SMC sales and distribution strategies have had significant impact on MMS scale-up and PWs well-being potential



## Strengths of Partners

- **SMC capabilities**
  - **Trusted brand**
  - A broad **range of products enabling cross-subsidizing** and a great track record of implementing and scaling interventions
  - **Marketing/Sales capabilities:** Capacity to communicate, create "talkshow", create buzz, influence demand
  - **Distribution network:** Massive organization with a broad network of +20k providers and pharmacy owners (total of 150k in the country) and a broad network of doctors, enabling them to push the prescription of FullCare
- **Key partnerships:**
  - SAL acted as a technical partner to provided technical intervention, conduct consumers research, design strategies, develop BCC materials, digital intervention, generation of activities etc.
  - GAIN is advocacy partner and played a pivotal role by helping to establish the national-level technical committee, which acts as an interface with the government to create favorable environment and push forward to include MMS in the EML.
  - CIFF provided financial support for the launch of FullCare in the form of a grant of over \$10 million over 4-5 years.

## Adherence remains a challenge

**So far, SMC achieved a limited consumption frequency levels and faces demand challenges:**

- Limited consumption frequency with an estimate of only 18% of pregnant women taking the recommended dosage,
- Non-users (pregnant women who were aware of prenatal supplements but had consciously never consumed), cited discouragement from husbands and elderly relatives as the primary barrier to the use of supplements.