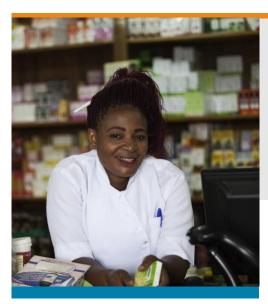
# FPwatch Supplement

# Pregnancy Test Kits (PTKs)



FPwatch provides estimates for key family planning indicators using nationally-representative, cross-sectional outlet surveys.



#### THE FPWATCH PROJECT

FPwatch is a multi-country research project designed to generate evidence on contraceptive availability through surveys administered to all public and private facilities and outlets with the potential to sell or distribute FP commodities. The standardized methodology and questionnaire was implemented in Ethiopia, Nigeria and the Democratic Republic of Congo (DRC) from 2015-16.

3,000+
PREGNANCY TEST
KITS AUDITED

Pregnancy test kits were audited in three countries across ~2,800 outlets

Timely, relevant & high-quality evidence

#### **KEY STUDY COMPONENTS**

- Survey administration to all public and private sector outlets in each region
- Comprehensive audit of all available contraceptive brands
- Provider interviews assessing service readiness of FP market components
- In-depth interviews with national key informants

#### **OUTLET SELECTION**

Criteria for inclusion:

- Currently stocking modern FP contraceptives;
- Stocked modern FP contraceptives in previous 3 months; or
- Providing modern FP method services

#### **KNOWLEDGE CONTRIBUTION**

- Fills critical gaps in understanding of FP markets for selected countries
- Uses evidence to engage the private sector
- Promotes the use of standardized, rigorous and replicable methodology
- Compares key FP2020 country data to contribute to FP2020 monitoring efforts, strategy and funding decisions



Photos: Damien Schumann

# STUDY DESIGN



**NIGERIA** 



DEMOCRATIC REPUBLIC OF THE CONGO



**FTHIOPIA** 

# Dates Implemented:

August - October, 2015

#### Outlets included:

10,666 outlets screened → 2,056 outlets met screening criteria

Total Clusters: 343 localities

PTKs audited: 1,392

Outlets with at least 1 PTK: 1,241

Brands of PTK found: 39

# Dates Implemented:

October - December, 2015

#### Outlets included:

2,207 outlets screened → 1,297 outlets met screening criteria

Total Clusters: 113 aires de santé

PTKs audited: 926

Outlets with at least 1 PTK: 841

Brands of PTK found: 28

# Most Popular Brands and Country of Manufacturer

- 1. Accurate (USA)
- 2. Paloma (China)
- 3. Graviplano (China)
- 4. Cesamex (China)
- 5. Africano (China)

### Dates Implemented:

July -August, 2015

#### Outlets included:

8,299 outlets screened

→ 2,085 outlets met screening criteria

Total Clusters: 861 kebeles

PTKs audited: 750

Outlets with at least 1 PTK: 715

Brands of PTK found: 14

# Most Popular Brands and Country of Manufacturer

- 1. Wondfo (China)
- 2. GFK (China)
- 3. Healgen (China)
- 4. Henso (China)
- 5. CTK (USA)

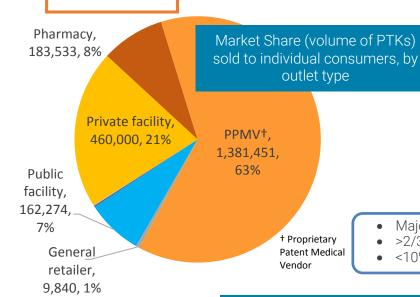
# Most Popular Brands and Country of Manufacturer

- 1. Accurate (USA)
- 2. Assurance (China)
- 3. P-Test (China)
- 4. Labacon (China)
- 5. Double G (USA)





# **NIGERIA**

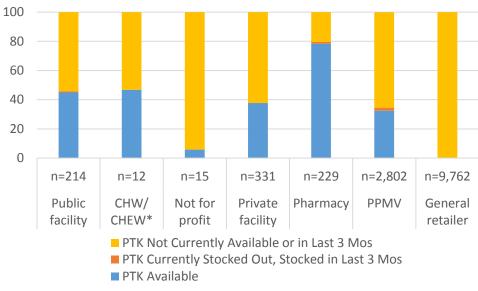




- Majority of market share = Private sector outlets
- >2/3 Market share = PPMVs or pharmacies
- <10% = Public sector</li>

Availability: When surveyed PTKs were unavailable in more than half of all outlet types, except for pharmacies. PTKs were unavailable in about 55% of public facilities, with less than 1% reporting having PTKs in the last three months. In the dominant private sector, PTKs were available in most pharmacies. About two-thirds of PPMVs did not have PTKs available, with 2% being stocked out. Virtually no general retailers stocked PTKs. Few outlets that stocked PTKs in the previous three months were currently stocked out.

# Percent of outlets screened stocking at least 1 PTK brand, by outlet type



\*CHW/CHEW: Community Health Worker/Community Health Extension Worker

Price: In the public sector, the price of 1 PTK ranged from \$0.50 in public facilities to \$0.75 for CHWs and notfor-profits. In private outlets, the price for 1 PTK reached \$1.00 in private facilities, while PTKs were less expensive in pharmacies (\$0.50), PPMVs (\$0.35) and general retailers (\$0.25).

## Median Price in USD per 1 PTK with Interquartile Range

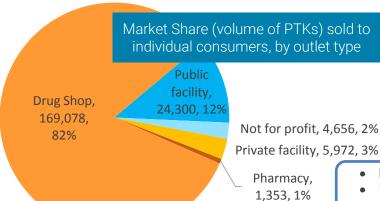








# DEMOCRATIC REPUBLIC OF THE CONGO





- Majority of market share = Drug shops
- 12% of Market share = Public facilities
- 3% of Market share = Private facilities

Availability: In the public sector, 71% of public facilities did not have PTKs available when surveyed, with 1% being stocked out (having stocked PTKs in the past three months). Just 4% of CHWs and 18% of not-for-profits had PTKs available on the survey day. In the private sector, 87% of private facilities and 36% of pharmacies did not have PTKs available. Fifty-eight percent of drug shops did not have PTKs available on the day of the survey, 2% of which were stocked out of PTKs.

Price: The price of PTKs did not vary among public sector outlets. However, a price gap was observed in the private sector, with private facilities offering PTKs at \$1.10 and pharmacies and drug shops selling PTKs at \$0.55 and \$0.22, respectively.

# 20 PTK Not Currently Available or in Last 3 Mos PTK Currently Stocked Out, Stocked in Last 3 Mos PTK Available

Percent of outlets screened stocking at least 1 PTK brand, by outlet type

PTK Available

\*CHW/CHEW: Community Health Worker/Community Health Extension Worker

#### Median Price in USD per 1 PTK with Interquartile Range \$2.00 \$1.60 \$1.10 \$1.20 \$0.55 \$0.55 \$0.55 \$0.55 \$0.80 \$0.22 \$0.40 \$0.00 Privatefacility Not for profit Public facility CHAICHEA







# **ETHIOPIA**

Market Share (volume of PTKs) Not for sold to individual consumers, by profit, outlet type 2,074, 1% CHW/ Private facility, 65,846,32% CHEW\*, Pharmacy, 1,058, 14,698,7% 0% Drug Shop, 23,497, Public facility, 11% 100,999,49%

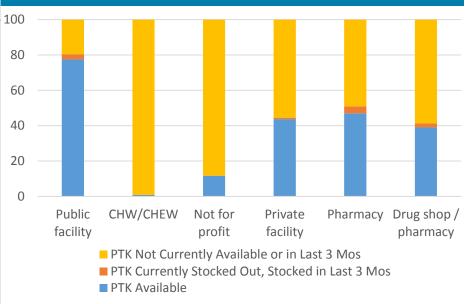


- Almost half of market share = Public facilities
  - ~1/3 Market share = Private facilities
- ~1/5 Market share = Pharmacies & drug shops

\*CHW/CHEW: Community Health Worker/Community Health Extension Worker

# Percent of outlets screened stocking at least 1 PTK brand, by outlet type

Availability: PTKs were available 100 at more than 34 of public health facilities on the day of the survey. Almost 1/5 did not have PTKs available when surveyed and 3% were out of stock of PTKs. In contrast, less than 1% of CHWs carried PTKs on the day of the survey or in the last three months. Most not-forprofit facilities (88%) did not have PTKs available, along with over half of private facilities, pharmacies and drug shops. Four percent of pharmacies were stocked out of PTKs.



Price: The price of PTKs did not vary greatly by outlet. In the public sector outlets, price ranged from \$0.34 in public facilities to \$0.49 for CHWs and \$0.58 for not-for-profits. In private facilities, PTKs cost \$0.49, compared with a low of \$0.24 per PTK in pharmacies and drug shops.

# Median Price in USD per 1 PTK with Interquartile Range



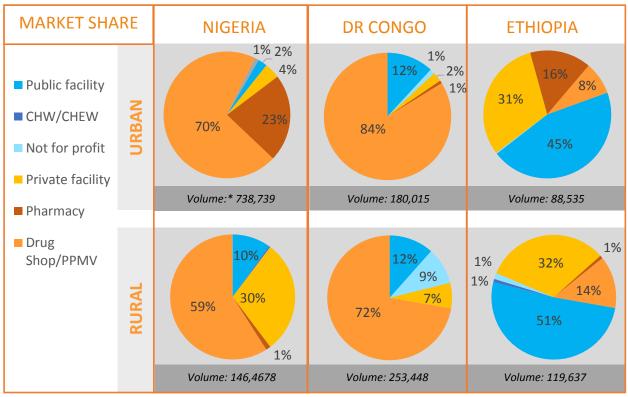






# **URBAN VS. RURAL**

Data was stratified by urban and rural areas for each country. Urban and rural areas were defined with reference to national population density classifications, consultations with key informants, and cross-references to DHS sampling frames.



<sup>\*</sup>Total volume of PTKs distributed

Market share: In Nigeria, PPMVs comprised 70% of the urban market share and 59% of the rural market share. In urban areas, pharmacies comprised the next largest proportion of market share, while private facilities made up the next largest proportion in rural areas. Drug shops dominated both the urban and rural market shares in the DR Congo. Rural areas in DR Congo had a higher proportion of not-for-profits and private facilities than urban areas. In Ethiopia, pharmacies comprised a higher proportion of the market share in urban areas compared with rural areas, where drug shops and public facilities assumed a slightly larger role.



Photo credit: Damien Schumann

**Price:** While the median PTK price was slightly higher in private facilities and not for profits in Nigeria's urban areas compared with the rural areas (\$2.50 vs. \$1.00 and \$2.50 vs \$0.75, respectively), prices did not vary significantly among other outlets and urban/rural designations in the study countries (not shown).