



# Partnerships with Pharmaceutical Companies in Reproductive Health and Family Planning Programs

August 2005



The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

### **Mission**

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

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## LIST OF ACRONYMS AND ABBREVIATIONS

|   |  |
|---|--|
| <b>APROPO</b>                           | (Acronym in Spanish): <i>Apoyo a Programas de Población</i> (Advocacy in Population Programs)  |
| <b>BMS</b>                              | Bristol Myers Squibb   |
| <b>BTL</b>                              | <i>Boticas Torres de Limatambo</i>   |
| <b>CELSAM</b>                           | (Acronym in Spanish): <i>El Centro Latinoamericano Salud y Mujer</i> (Latin American Center for Health and Women)  |
| <b>CMS</b>                              | Commercial Market Strategies   |
| <b>CNN</b>                              | Cable News Network   |
| <b>CS</b>                               | Contraceptive Security   |
| <b>CSR</b>                              | Corporate Social Responsibility  |
| <b>DR</b>                               | Dominican Republic   |
| <b>EDHS</b>                             | Egypt Demographic and Health Survey  |
| <b>HIV/AIDS</b>                         | Acquired Immunodeficiency Syndrome   |
| <b>IEC</b>                              | Information, Education, Communication  |
| <b>IUD</b>                              | Intrauterine device  |
| <b>FLASOG</b>                           | (Acronym in Spanish): <i>Federación Latinoamericana de las Sociedades de Ginecología y Obstetrica</i> (Latin American Federation of Obstetrician and Gynecologist Societies) |
| <b>GTZ</b>                              | <i>Deutsche Gesellschaft für Technische Zusammenarbeit</i> (German International Cooperation Organization)   |
| <b>IJGO</b>                             | International Journal of Gynecology & Obstetrics   |
| <b>INPPARES</b>                         | (Acronym in Spanish): <i>Instituto Peruano de Paternidad Responsable</i> (Peruvian Institute for Responsible Parenthood)   |
| <b>IPPF/WHR</b>                         | International Planned Parenthood Federation/Western Hemisphere Region  |
| <b>KfW</b>                              | <i>KfW Entwicklungsbank</i> (KfW development bank)   |
| <b>LAC</b>                              | Latin America/Caribbean  |
| <b>MOH</b>                              | Ministry of Health   |
| <b>MOHP</b>                             | Ministry of Health and Population (Egypt)  |
| <b>MOU</b>                              | Memorandum of Understanding  |
| <b>NGO</b>                              | Nongovernmental Organization   |
| <b>Optimal Birth Spacing Initiative</b> | Optimal Birth Spacing Interval   |
| <b>OC</b>                               | Oral contraceptive   |
| <b>PROFAMILIA</b>                       | (Acronym in Spanish): <i>Asociación Pro-Bienestar de la Familia Colombiana</i> (Colombian Association for Family Welfare)  |
| <b>RH/FP</b>                            | Reproductive Health/Family Planning  |
| <b>TAHSEEN</b>                          | (Acronym in Arabic): <i>Tahseen Sihitna Bi Tanzeem Usritna</i> (Improving Our Health Through Planning Our Families)  |
| <b>USAID</b>                            | United States Agency for International Development   |
| <b>UNFPA</b>                            | United Nations Population Fund   |

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CATALYST wishes to thank USAID for their continued support for public-private partnerships with pharmaceutical companies, and their vision on how these partnerships can improve and sustain Reproductive Health and Family Planning as well as increase contraceptive security.

## **ORGANIZATION OF REPORT**

The following report on Pharmaceutical Partnerships consists of five sections which describe CATALYST activities with pharmaceutical companies. In Section 1, the concept of Pharmaceutical Partnerships is introduced, and the methodology for this report is described. Global partnerships are discussed in Section 2, and country-level partnerships in Section 3. Section 4 shows the lessons learned, while Section 5 provides conclusions.

## EXECUTIVE SUMMARY

The objective of this process documentation is to describe innovative partnerships between private pharmaceutical companies and the CATALYST Consortium both at the global/corporate and country levels. This final report is the synthesis of data, interviews, and discussions to best illustrate the lessons learned in CATALYST's Partnerships with Pharmaceuticals activities.

The CATALYST Consortium has identified strengthening partnerships with pharmaceutical companies as a key activity with the objective of engaging the pharmaceutical industry to build consensus on critical RH/FP issues, particularly for low-income women. Entering into partnerships with pharmaceutical companies increases the investment in and sustainability of RH/FP worldwide, thus helping to ensure contraceptive security. When the partnership results in a positive outcome for all participants, a win-win scenario is created.

CATALYST has carried out two types of partnerships with pharmaceutical companies under the current USAID cooperative agreement. In global/corporate projects, CATALYST partners with pharmaceutical companies to obtain corporate buy-in and support for its family planning (FP) agenda. These activities may or may not include other stakeholders, such as NGOs and subcontractors. Country partnerships involving pharmaceutical companies have focused on shifting users away from government sources of RH/FP products and services and community mobilization.

At the global level, CATALYST has partnered with Wyeth, Schering, and CELSAM to obtain support for optimal birth spacing. Pharmaceutical companies have provided financial support for such activities as regional family planning conferences, publishing a special supplement of the International Journal of Gynecology & Obstetrics (IJGO) to publicize optimal birth spacing, and donating contraceptive products for low-income women. Through these activities, thousands of health professionals and the general public have been reached with messages about the importance of optimal birth spacing. Country partnerships arose when CATALYST formed partnerships with local companies and NGOs that could benefit from RH/FP activities, such as with BTL, Multipharma, FuturePharma, and BMS in Peru and Egypt.

CATALYST's Pharmaceutical Partnerships have leveraged private sector funds to accomplish RH/FP objectives. Given the proprietary nature of the individual partnerships between CATALYST and the pharmaceutical companies, it is not possible to provide a breakdown of funds leveraged by each company. However, cash and in-kind contributions from pharmaceutical companies for CATALYST partnerships add up to over USD\$659,087. USAID contributed USD\$63,602 for the partnerships, or 9% of the total amount spent on partnership activities. Table 1 summarizes CATALYST's partnership activities with pharmaceutical companies as well as their sustainability after the project ends.

| <b>Table 1. Summary of Partnerships with Pharmaceutical Companies</b> |   |   |
|---|---|---|
| <b>GLOBAL/CORPORATE LEVEL PARTNERSHIPS</b>                            |   |   |
| <b>COMPANY</b>  | <b>ACTIVITIES</b>   | <b>SUSTAINABILITY</b>   |
| <b>Wyeth</b>  | <ul style="list-style-type: none"> <li>• Wyeth-CATALYST MOU signed (3/03)</li> <li>• Wyeth sponsored CATALYST expert panel on optimal birth spacing at the FIGO conference in Santiago, Chile (11/03)</li> <li>• Wyeth sponsored special technical supplement on optimal birth spacing with the International Journal of Gynecology &amp; Obstetrics (IJGO) (3/05)</li> <li>• Wyeth sponsored CATALYST expert panel on optimal birth spacing at FLASOG/DR (5/05)</li> </ul> | FLASOG and Elsevier have published the CATALYST-sponsored birth spacing research documents on their websites.           |
| <b>Schering</b>   | <ul style="list-style-type: none"> <li>• Schering-CATALYST MOU signed 7/03.</li> <li>• CATALYST was keynote speaker on optimal birth spacing at major public-private partnership conference sponsored by Schering AG in Berlin (10/03)</li> <li>• Schering disseminated CATALYST-sponsored birth spacing research findings to private sector providers through local sales representatives in 54 countries (3/04)</li> </ul>  | Schering sales reps continue to discuss birth spacing with private sector providers in 54 countries.                    |
| <b>CELSAM</b>   | <ul style="list-style-type: none"> <li>• CELSAM sponsored optimal birth spacing public relations campaign in 10 countries in Latin America that reached approximately 5,428,906 people. (5/03)</li> </ul>   | Effects of public relations campaign continue to build momentum for birth spacing.                                      |
| <b>COUNTRY LEVEL PARTNERSHIPS</b>                                     |   |   |
| <b>COMPANY</b>  | <b>ACTIVITIES</b>   | <b>SUSTAINABILITY</b>   |
| <b>Peru: Redplan Salud</b>  | <ul style="list-style-type: none"> <li>• Network offers RH training to midwives and discounted FP products to their clients. The network currently includes 477 midwives in 29 districts. Partners include Schering, Pharmacia Upjohn, APROPO &amp; CATALYST.</li> </ul>  | The RedPlan Salud network is thriving, although USAID funding ended in 2004.  |
| <b>Peru: BTL</b>  | <ul style="list-style-type: none"> <li>• Pharmacy chain store to offer discounted FP products in 86 drugstores (Spring/05)</li> <li>• BTL pharmacists receive training and wear badge identifying themselves as FP experts (Spring/05)</li> <li>• Bimonthly FP days at participating BTL pharmacies (Spring/05)</li> <li>• Worksite program currently being developed with 45 Peruvian companies</li> </ul>   | BTL continues to offer discounted FP products at its pharmacies, and conduct worksite programs with Peruvian companies. |
| <b>Egypt: FuturePharma</b>  | <ul style="list-style-type: none"> <li>• MOU signed with FuturePharma (11/04)</li> <li>• FuturePharma donated health products (medicines and vitamins) which were distributed in clinics renovated by TAHSEEN. (11/04)</li> </ul>   | Donated health products continue to be distributed.   |
| <b>Egypt: Multipharma</b>   | <ul style="list-style-type: none"> <li>• MOU signed with Multipharma (1/05)</li> <li>• Multipharma donated Durex condoms to be used in MOHP clinics and by Freedom, an NGO working in HIV/AIDS awareness. (1/05-6/05)</li> <li>• Multipharma is working with agricultural extension agents to disseminate RH/FP messages to farmers. (2/05-6/05)</li> </ul>   | Durex condoms still being distributed; Multipharma continues to work with agricultural extension agents.                |
| <b>Egypt: BMS</b>   | <ul style="list-style-type: none"> <li>• MOU signed with BMS (2/05)</li> <li>• BMS provides lectures twice monthly on health topics to private sector providers in Upper Egypt. (2/05-9/05)</li> <li>• BMS makes monthly donations either in cash or in kind to TAHSEEN renovated clinics through 9/05.</li> </ul>  | BMS lectures to private sector providers will continue beyond the End of Project (EOP).                                 |

## INTRODUCTION

The face of public health is changing in the twenty-first century. Governments, international health organizations, and nongovernmental organizations, once the central actors in public health activities, are now looking to engage the private sector due to limited financial resources and complex social problems. Private companies have begun to recognize the importance of public health goals which often coincide with their immediate and long-term objectives. Rising social expectations about sustainable development, corporate responsibility, and ethical conduct have become the driving force of change. Companies have come to accept a broader view of corporate social responsibility (CSR) as part of their corporate mandate. Companies in all industries have undertaken innovative partnerships with the public and not-for-profit sectors. Effective public-private partnerships produce results that benefit all partners.

For many decades, the pharmaceutical industry has been a highly profitable sector with rapid growth. However, this sector is under increasing scrutiny, due to the public's rising expectations of the sector's wider responsibilities to society. There have been high-profile scandals regarding access to medicines in the developing world, pricing, patent rights, and drug safety. There is also growing concern from the medical profession about the role of large pharmaceutical companies in medical research, and criticism from investors regarding executive pay policies and product pricing. In response, pharmaceutical companies have begun to formulate well-articulated CSR policies regarding business standards, the workplace, social development, and the environment. Recent examples of public-private partnerships include the International AIDS Vaccine Initiative, the Medicines for Malaria Venture and the Global Alliance for TB Drug Development, which were set up to research and develop new approaches for HIV/AIDS, malaria and tuberculosis respectively.<sup>1</sup>

### **Public-Private Partnerships and Reproductive Health**

Turning to reproductive health, international donors have historically played a key role in the supply of contraceptives, from direct donations of commodities to procurement and logistics support. Recently, funding for contraceptives has declined, while demand for contraceptives has continued to increase. Many countries have also witnessed an increase in the percentage of the population using subsidized public sector family planning products. People who can afford to pay for contraceptives are, instead, tapping into the public sector supply.

Public private partnerships can help address two important concerns in the field of reproductive health and family planning: unmet need<sup>2</sup> and contraceptive security. Unmet need for contraception concerns those women whose pregnancy or last birth was mistimed or who desire to space their next birth. Contraceptive security relates to the future availability of reproductive health and family planning products to effectively meet demand, including sustaining the ability of men and women to obtain the products and services they need to achieve and maintain good reproductive health.

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<sup>1</sup> <http://www.ippph.org/index.cfm?page=/ippph/about/whatisppp>

<sup>2</sup> According to the DHS definition, a woman has an unmet need for contraception if she is fecund, sexually active and not using any contraceptive, method, and does not want a child for at least two years. If a woman is pregnant or amenorrheic after giving birth, she is considered to have an unmet need if she had not wanted the pregnancy or birth either when it occurred or ever.

The private commercial sector has become a key focus for ensuring the provision of family planning products and services in the future, and addressing the issues of unmet need and contraceptive security. As USAID funding decreases, public private partnerships with pharmaceutical companies can help countries to graduate from USAID financial assistance. The fact that RH/FP is not yet a common theme in CSR activities with pharmaceutical companies offers CATALYST an exciting opportunity to continue to expand collaboration with the pharmaceutical sector.

Partnerships with pharmaceutical companies focus on the mutual interest of the public and private sectors to increase the market for reproductive health products and services at the global and country levels. Typically, partnerships are not legally binding agreements, but informal agreements among two or more parties with common interests that come together to achieve a specific result. CATALYST expects the following benefits from public-private partnerships with pharmaceutical companies:

- 1) Bring together funding from USAID and the private sector.
- 2) Disseminate key RH/FP information quickly to a wide audience.
- 3) Reach private sector health practitioners with key RH/FP messages.
- 4) Switch users of government services who can afford private sector sources for RH/FP products and services.
- 5) Increase the sustainability of RH/FP products and services, as the private sector becomes more accustomed to working in RH/FP.
- 6) Make RH/FP products more accessible and affordable to low-income consumers.

Pharmaceutical companies can also gain from a successful partnership by improving their corporate image and increasing the market for their FP products. By working with the private sector, NGOs can gain support for their activities while achieving their FP goals. In the process, partnerships with pharmaceuticals can help decrease dependence on donor funding, leverage diminishing resources, and encourage NGO sustainability.

### **Global and Country-Level Initiatives**

CATALYST has carried out two types of partnerships with pharmaceutical companies under the current USAID agreement:

1. In global/corporate projects, CATALYST partners with pharmaceutical companies to obtain corporate buy-in and support for its FP agenda. These activities may or may not include other stakeholders, such as NGOs and subcontractors. For global projects, CATALYST DC works directly with executives from the pharmaceutical company headquarters to obtain company consensus quickly.
2. In country partnerships, CATALYST partners with pharmaceutical companies, NGOs, and other organizations with the mutual goal of making RH/FP products and services more accessible and affordable to consumers.

### **The Partnership Process**

Partnerships with pharmaceutical companies were developed through a series of one-on-one meetings with company executives at the global and country levels. In each case, the discussions

followed the concepts of the “7 Steps to Partnerships” developed by CATALYST Consortium partner Meridian Group International, Inc. (Meridian), which are summarized below.

| <b>Table 2: Seven Steps to Public-Private Partnerships</b> |   |
|--|---|
| Step 1   | Understand what you want from a partnership                                   |
| Step 2   | Look for the right partner  |
| Step 3   | Evaluate partnership options, risks and opportunities                         |
| Step 4   | Partners should create the project strategy together and include stakeholders |
| Step 5   | Agree on the project implementation process and the management plan           |
| Step 6   | Do project implementation and evaluation                                      |
| Step 7   | Use integrated communications to achieve goals and disseminate results        |

### **Financial Results**

Given the proprietary nature of the individual partnerships between CATALYST and the pharmaceutical companies, it is not possible to provide a breakdown of funds leveraged by each company discussed in this document. However, through partnerships with CATALYST, pharmaceutical companies and NGOs spent over \$659,000 to support RH/FP initiatives.

### **Methodology Used for Report**

This process documentation of pharmaceutical partnerships focuses on what was implemented by the CATALYST Consortium at the global and country levels, how it was implemented, and the lessons learned along the way. The following table summarizes the steps involved in this documentation, conducted between September 2004 and June 2005.

Processes involved in this documentation include a review of CATALYST documents, such as Annual Work Plans, Quarterly Reports, Management Reviews, Memoranda of Understanding, internal CATALYST correspondence, and project reviews. Interviews were then conducted with pharmaceutical company executives, NGO and association directors, and key CATALYST staff in the field and at headquarters.

## **GLOBAL PARTNERSHIPS**

CATALYST technical staff began meeting with pharmaceutical companies in 2001 to engage the pharmaceutical industry and build consensus on critical RH/FP issues. Partnerships were developed through a series of one-on-one meetings with representatives of Wyeth, Schering, and CELSAM.

### ***Wyeth Partnership***

Wyeth Pharmaceuticals is a global leader in pharmaceuticals as well as consumer and animal health care products. Headquartered in Collegeville, Pennsylvania, Wyeth has 37 manufacturing facilities in 17 countries and markets products in over 60 nations, employing more than 44,000 people worldwide.

CATALYST's partnership<sup>3</sup> with Wyeth began in 2001 when CATALYST met with Wyeth corporate executives on several occasions to discuss CATALYST's credentials, goals, and possible common interests.

During this timeframe, CATALYST undertook extensive research indicating that optimal birth spacing of three to five years can have a significant impact on the lives of mothers and children.<sup>4</sup> Optimal birth spacing is defined as the practice of timing the period between births and pregnancies through the use of family planning.

CATALYST wished to leverage Wyeth's reputation and financial resources to publicize this new data on the benefits of optimal birth spacing. CATALYST's comparative advantage was that it possessed a convincing scientific study of the benefits of optimal birth spacing. Wyeth felt that the opportunity to form a public/private partnership that would focus on improving maternal, child health and the well-being of families in developing countries was of particular interest given their commitment to women's health. After several meetings and extensive discussions, Wyeth entered into a collaboration with CATALYST in 2003 to carry out two specific activities:

- 1) Wyeth agreed to support a panel discussion on optimal birth spacing at an international conference in the Latin American region to get the word out to private sector providers.
- 2) Wyeth also agreed to sponsor the publishing and dissemination of the optimal birth spacing research to FIGO members through the International Journal of Gynecology and Obstetrics.

The two organizations also partnered on an optimal birth spacing panel at a major medical conference in the Dominican Republic. These activities are discussed below.

### **International Federation of Gynecology and Obstetrics (FIGO)**

FIGO, which began in 1954, is an international organization representing obstetricians and gynecologists in over 100 countries. FIGO helps determine and communicate norms for physicians on all aspects of women's health. At the November 2003 FIGO Conference in Santiago, Chile, thousands of gynecologists and obstetricians spent a week discussing new medical discoveries and major medical issues.

In August 2003, CATALYST negotiated with Wyeth to sponsor a presentation about USAID-funded research on optimal birth spacing and the Optimal Birth Spacing Initiative at the FIGO World Congress. At the FIGO conference, CATALYST presided over a panel discussion entitled "New Research Shows Strong Association between Longer Birth Intervals and Improved Maternal and Child Health". Agustin Conde-Agudelo, MD, MPH, Director of the *Fundación Clínica Valle del Lili* and Advisor to PAHO/WHO presented his research findings from 19 countries in Latin America and the Caribbean<sup>5</sup> on the association between interpregnancy intervals and maternal and perinatal morbidity and mortality. Bao-Ping Zhu, MD, MS, State Epidemiologist and Chief, Missouri Department of Health, presented his research findings from

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<sup>3</sup> Public-private partnerships are not legal agreements, but informal agreements between two or more parties with common interests that come together to achieve specific results.

<sup>4</sup> See Optimal Birth Spacing Overview on the CATALYST website at:  
[http://www.rhcatalyst.org/site/DocServer/Catalyst\\_OPTIMAL\\_BIRTH\\_SPACING\\_INITIATIVE\\_Overview\\_Final.pdf?docID=341](http://www.rhcatalyst.org/site/DocServer/Catalyst_OPTIMAL_BIRTH_SPACING_INITIATIVE_Overview_Final.pdf?docID=341)

<sup>5</sup> Conde-Aguelo, A. and Belizan, J.M. Maternal Morbidity and Mortality Associated with Interpregnancy Interval: Cross Sectional Study. *British Medical Journal* (Clinical Research Ed.) (Nov. 18, 2000, 321,7271, p1255-1259).

the United States<sup>6</sup> on the strong association between interpregnancy intervals and major indicators of adverse perinatal outcomes. The panel discussion following the presentations was led by five opinion leaders in international RH/FP, including John J. Sciarra, MD, PhD, ex-President, FIGO; Carlos Fuchtner, MD, President, *Federación Latinoamericana de las Sociedades de Obstetricia y Ginecología* (FLASOG); Anibal Faúndes Latham, MD, Coordinator of Committee on Sexual and Reproductive Rights at FLASOG; Hans Bierschwale, MD, Wyeth Pharmaceutical; and Jeffrey Spieler, PhD, USAID. CATALYST also manned a booth at the conference, which had approximately 200 visitors.

Impact from the panel discussion was immediate. Thousands of OB/GYN doctors from all over the world who attended the conference learned the compelling reasons for practicing optimal birth spacing directly from the researchers. At the conference, FIGO sponsored an article on the CATALYST session in their daily newspaper, which was placed on the FIGO and ObGyn World websites. In addition, a press release developed by CATALYST and put on the wire by Wyeth snowballed into the publication of articles on optimal birth spacing in the *Wall Street Journal*, the *Kaiser Daily Reproductive Health Report*, *La Presse* (Montreal), the *London Daily Mail*, and the magazine *Padres*. The effect of these articles was to provide, for the first time, the optimal birth spacing message to the general public in layman's terms.

### **Technical Supplement in the International Journal of Gynecology and Obstetrics**

CATALYST also successfully negotiated with Wyeth to fund a special 68-page supplement in English about optimal birth spacing in the International Journal of Gynecology and Obstetrics (IJGO), which is FIGO's official journal. The special supplement contains five scientific articles on recent research highlighting the benefits of optimal birth spacing. CATALYST also negotiated with Elsevier, the publisher of IJGO, to provide the supplement for one year as a free download in English and Spanish on its website.<sup>7</sup>

The Supplement was published in April 2005. CATALYST took full responsibility for preparing and finalizing the journal supplement. A guest editor from USAID wrote the supplement's introduction, and CATALYST put the information together. USAID subsequently decided to fund the Spanish translation of the IJGO supplement.

### **FLASOG Meeting in the Dominican Republic**

After the FIGO conference, CATALYST contacted the Latin American Federation of Obstetric and Gynecology Societies (FLASOG) to determine their interest in birth spacing for their annual general meeting. FLASOG is a nonprofit organization composed of member organizations in 20 countries.<sup>8</sup>

FLASOG agreed to collaborate with CATALYST on a panel discussion on birth spacing at the XVIII FLASOG Congress in May 2005 in the Dominican Republic. Wyeth agreed to provide a

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<sup>6</sup> Zhu, Bao-Ping et al. Effect of the Interval Between Pregnancies on Perinatal Outcomes among White and Black Women. *American Journal Obstetrics and Gynecology* (Dec 2001 185, No. 6, p1403-10); Zhu, Bao-Ping et al. Effect of the Interval Between Pregnancies on Perinatal Outcomes. *The New England Journal of Medicine*. (Feb 1999 340 No. 8, p589-594).

<sup>7</sup> [http://www.womenshealth-elsevier.com/doc/journals/ijgo\\_si\\_89-1.html](http://www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-1.html)

<sup>8</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

grant to sponsor an expert panel and CATALYST staff at the FLASOG meeting. Presenters at the meeting included Agustin Conde-Agudelo, and Shea Rutstein, who presented their birth spacing research findings. Dr. Miguel Gutierrez, CATALYST/Peru medical director and Peru Chapter Director of FLASOG, presented findings from birth spacing research conducted in Bangladesh. Jennifer Mason, Senior Program Officer with CATALYST in Washington D.C. provided an overview of CATALYST's Optimal Birth Spacing Initiative activities worldwide.

Two other Wyeth-CATALYST partnership discussions have taken place: in Egypt, CATALYST/TAHSEEN is working with Wyeth to co-promote optimal birth spacing and family planning messages, and to rehabilitate clinics. In Peru, Wyeth negotiated with CATALYST and INPPARES to help introduce its socially-marketed pill DuoFem and capture former public sector users. However, since INPPARES is no longer participating in USAID initiatives, CATALYST was unable to go forward with the project.

In terms of sustainability of project activities, in July 2005 FLASOG agreed to put the Optimal Birth Spacing Initiative research documents on its website, ensuring birth spacing messages continue to reach their intended audience. Another positive development is that FLASOG translated the Spanish version of the Optimal Birth Spacing Initiative research and it will be disseminated to members in August 2005.

### ***Schering Partnership***

Schering A.G. (headquartered in Berlin, Germany) is a global pharmaceutical company working in gynecology, specialized therapeutics, diagnostics, radiopharmaceuticals, and dermatology. Schering produces and markets a full range of fertility control, hormone replacement therapy and gynecological therapy products.

Schering has a long history of partnering with USAID in several countries.<sup>9</sup> CATALYST approached Schering in January 2002 to discuss how Schering and CATALYST could partner to support optimal birth spacing and Schering was receptive to these new opportunities. Lutz Schaffran, Head of Family Planning International, and Schering AG, Berlin, Germany said "we considered that the "optimal birth spacing" data was impressive and worthy of wide dissemination."<sup>10</sup>

In the MOU signed in July 2003, Schering agreed to create a CATALYST/Schering series of documents on optimal birth spacing for distribution to Schering local country managers in developing countries. CATALYST provided the first four articles to Schering for dissemination in the summer of 2003. Schering also disseminated the research summary to all of its country managers in developing countries. The country managers in turn passed on the information to Schering sales representatives in CATALYST countries who transferred these optimal birth spacing messages to private sector providers' offices, greatly increasing the audience for optimal birth spacing.

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<sup>9</sup> Morocco, Indonesia, the Dominican Republic, Peru, the Philippines, the Central Asian Republics, Egypt, and Jordan.

<sup>10</sup>Interview with Lutz Schaffran by CATALYST staff conducted via letter, 03/05.

## **Optimal Birth Spacing Presentation at Berlin Conference**

The Partnership MOU also outlined CATALYST's participation in a major international conference sponsored by Schering. CATALYST was invited to attend a public-private partnership conference entitled "International Dialogue Meeting on Population and Sustainable Development: "Ways out of the Crisis—Reproductive Health in Need of New Ideas" held at the GTZ House in Berlin on October 14, 2003. Victoria Baird, representing CATALYST, was a keynote speaker, and presented the case for optimal birth spacing during her keynote address. The Berlin Conference was co-sponsored by IPPF, GTZ, the German Federal Ministry for Economic Cooperation and Development, and KFW (the German Donor Organization).

The high-profile proceedings were approved by the German government, and there were several articles in German newspapers discussing the meeting and optimal birth spacing. One of the major conference recommendations was that safe motherhood and optimal birth spacing programs should be given a higher profile at the national and international levels.

## **CATALYST Meeting with Schering International Marketing Managers**

In March 2004, CATALYST representatives returned to Berlin to meet with Schering marketing managers representing 54 countries. The objective of the meeting was to develop CATALYST-Schering partnerships on a country as well as a regional level to promote optimal birth spacing. Several countries were highlighted for collaboration, including Pakistan, Turkey, Russia, Egypt, Peru, and South Africa. At that point, CATALYST staff began a partnership dialogue with interested Schering country managers.

As a direct result of the Berlin presentation, CATALYST staff began working with Schering country managers from Pakistan and South Africa. In Pakistan, CATALYST discussions are underway for creating an optimal birth spacing program with Schering/Pakistan. To date, Meridian has met with Schering/Pakistan executives three times to design a country program. In South Africa, CATALYST plans to present a panel discussion on optimal birth spacing at a major family planning conference were halted due to funding restrictions and project timing. CATALYST has also conducted extensive discussions with Schering staff in Egypt, Pakistan, and Peru about developing an animated educational DVD on optimal birth spacing.

In Peru, CATALYST partnered with Schering and APROPO, a local RH/FP NGO, to promote the Microgynon® pill and the Mesigyna® Instayect® injection.

## ***CELSAM Partnership***

CELSAM (*El Centro Latinoamericano Salud y Mujer* or Latin American Center for Health and Women) is a regional NGO supported by several organizations including Schering A.G., PATH, and UNFPA. CELSAM's objective is to improve women's health in the Latin American region through information, education, and research.<sup>11</sup> CELSAM is present in Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Peru, Uruguay, and Venezuela.

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<sup>11</sup> See [www.celsam.org](http://www.celsam.org)

In February 2002, Schering suggested that CATALYST staff work with CELSAM executives with the goal of promoting optimal birth spacing messages in Latin America. In March 2002, CELSAM/Mexico invited CATALYST to its annual meeting to give a presentation on optimal birth spacing and to gain support from different regional affiliates. Negotiations ensued from March 2002 until CATALYST signed an MOU with CELSAM in February 2003 to collaborate on a regional publicity campaign on optimal birth spacing. In the MOU, CATALYST pledged to provide technical support on a press release for the public relations campaign. CATALYST did not provide funding for the campaign.

### Public Relations Campaign on Optimal Birth Spacing

From March to May 2003, CELSAM conducted a major public relations campaign on optimal birth spacing/family planning in 10 countries. CATALYST and CELSAM issued a joint press release in Spanish in all CELSAM countries. As a result of the campaign, articles about optimal birth spacing appeared in 48 newspapers in the 10 Latin American countries where CELSAM has a presence. The value of the public relations coverage of optimal birth spacing is estimated at over \$74,000, as Table 3 below illustrates. In addition to the free print, radio, and television publicity that was generated during the campaign, optimal birth spacing was also featured on CNN *en Español* on March 17, 2003, and in an article on *cnnenespañol.com* on March 8, 2003, for which the estimated publicity generated is unavailable.

| Country                   | Publication/Radio Station      | Date            | Circulation of Newspaper/magazine | Estimated Value of Free Publicity Generated (\$USD)* |
|---------------------------|--------------------------------|-----------------|-----------------------------------|--|
| <b>Argentina</b>          | Clarín                         | 5/19/03         | 1,225,000                         | \$8,494  |
|                           | Radio Mega                     | 5/19/03         | 191,000                           | \$1,232  |
|                           | La Gaceta/Tucumán              | 5/21/03         | 75,000                            | \$1,964  |
|                           | Pregón/Jujuy                   | 5/21/03         | 35,000                            | \$1,223  |
|                           | Crónica/Comodoro Rivadavia     | 5/21/03         | 52,500                            | \$1,389  |
|                           | La Nueva Provincia/Baha Blanca | 5/28/03         | 30,000                            | \$1,275  |
| <b>Bolivia</b>            | Estrella del Oriente           | 3/31/03         | 33,100                            | \$485  |
|                           | La Prensa                      | 4/16/03         | 6,000                             | \$690  |
|                           | La Razón                       | 5/02/03         | 39,700                            | \$432  |
| <b>Colombia</b>           | Radio Super                    | 3/13/03         | 1,330,000                         | \$272  |
|                           | Noticias RCN                   | 4/17/03         | 727,547                           | \$1,995  |
|                           | El Tiempo                      | 3/26/03         | 793,909                           | \$264  |
| <b>Costa Rica</b>         | Prensa Libre                   | 3/11/03         | 60,000                            | \$900  |
| <b>Guatemala</b>          | Al Día                         | 3/10/03         | 297,500                           | \$338  |
| <b>Mexico</b>             | Informativo MVS                | 3/27/03         | 17,150                            | \$1,361  |
| <b>Peru</b>               | Dos por Uno                    | 3/08/03         | 15,000                            | \$917  |
| <b>Dominican Republic</b> | El Nacional                    | 3/09/03-3/16/03 | 315,000                           | \$1927   |
| <b>Venezuela</b>          | El Universal                   | 3/10/03         | N/A                               | \$9,842  |
|                           | Venevisión (TV)                | 3/11/03         | N/A                               | \$30,366   |
| <b>Uruguay</b>            | Ultimas Noticias               | 3/6/03          | 80,500                            | \$5,500  |
|                           | Busqueda                       | 3/13/03         | 105,000                           | \$3,600  |
| <b>TOTAL</b>              |                                |                 | <b>5,428,906</b>                  | <b>\$74,466.00</b>                                   |

\*Values are expressed in US dollars at the prevailing exchange rate during the time of the media campaign in each country.

Source: Burson-Marsteller internal documents for Schering A.G., 2004

## COUNTRY-SPECIFIC PARTNERSHIPS

CATALYST undertook country-level partnerships with pharmaceutical companies in Peru and Egypt. The partnership dynamics were different in each country because CATALYST country-level representatives adapted the partnership model to the local context. For example, in Peru, the focus of pharmaceutical partnership activities was shifting users away from government sources of RH/FP products and services and enhancing social marketing. Egyptian partnership activities centered on gaining consensus on RH/FP issues at the national, local, and community level and supporting health clinics. The country programs in Peru and Egypt are summarized below.

### *Peru*

Peru, home to over 27 million people, has increased the use of contraceptives from 46 percent of married women in 1986 to 69 percent in 2003. However, rural, low-income, and less educated women have lower contraceptive prevalence rates than other women.

Table 4 provides an overview of Peru's health statistics.

|  |        |
|--|--------|
| Population in millions (2004 estimate)       | 27.5   |
| Population (thousands) under age 18 (2003)   | 10,681 |
| Total fertility rate (2003)                  | 2.8    |
| Contraceptive prevalence (1995-2003)         | 69%    |
| Skilled attendant at delivery (1995-2003)    | 59%    |
| Maternal mortality ratio, adjusted (2000)    | 410    |
| Lifetime risk of maternal death ratio (2000) | 1:73   |
| Population annual growth rate 1990-2003      | 1.7%   |

Since 1993, USAID has been Peru's largest contraceptive donor. Peru's public sector market share for contraceptives has grown from 48% in 1992 to 79% in 2000. During the same time period, private sector market share fell from 47% in 1992 to 19%. A key issue in Peru is the political instability that has at times threatened to undermine the provision of contraceptives through the Peruvian Ministry of Health. CATALYST's Peru activities are not only innovative partnerships with pharmaceutical companies, but also they address the very real issue of contraceptive security.

In Peru, two CATALYST activities focus on shifting users with the ability to pay to the private sector: RedPlan Salud and the partnership with *Boticas Torres de Limatambo* (BTL), a large pharmaceutical chain.

### **RedPlan Salud**

#### **Setting for Intervention**

In November 2000, when President Fujimori fled the country, conservative forces began to exert greater control over political decision making in Peru. During that period, the prospect of

<sup>12</sup> Source: CIA World Fact Book 2004 (<http://www.cia.gov/cia/publications/factbook/geos/pe.html>) and UNICEF website: [http://www.unicef.org/infobycountry/peru\\_statistics.html](http://www.unicef.org/infobycountry/peru_statistics.html)

continued funding for family planning at Ministry of Health facilities looked bleak. Since the MOH supplied over three-quarters of all contraceptive demand in Peru at that time, key players involved in the provision of contraceptives were highly motivated to look for alternative solutions. In early 2001, the CATALYST country director began discussions with the USAID/Peru health director and local NGOs. USAID/Peru requested that CATALYST put together a menu of partnership options for private sector participation. At that point, the general managers of Schering and Pharmacia Upjohn also joined the ad hoc working group to consider possible scenarios.

In the event that the MOH were to radically cut all its FP services and contraceptives, the group decided to form a network of professional midwives who could provide not only contraceptives, but a range of RH/FP services as well. Schering hired a company to conduct focus groups with midwives to determine their interest in such a venture, and the results were encouraging.

### **RedPlan Salud Launch**

In March 2002, *Derechos Reproductivos al Alcance de la Comunidad: Red de Profesionales en Salud para el Mercado Social*, (Reproductive rights Within Reach of the Community: Network of Social Marketing Health Professionals) or RedPlan Salud was launched. The partners split the start-up cost for the program. The program focuses on nurse-midwives and physicians to serve 30,000 women and their families living in five low-income districts of Lima: Comas, Los Olivos, Ate-Vitarte, San Juan de Lurigancho and Villa Maria del Triunfo.

Midwives sign a one-year agreement whereby they agree to sell contraceptives at a recommended price. In exchange, midwives receive commercial brand contraceptives at social marketing prices, delivered directly to their private practice. Midwives also receive free training to strengthen knowledge of and skills in RH/FP and quality of care, and benefit from network marketing activities and promotions. In return for these benefits, midwives associated with the Redplan network must record sales of contraceptives to allow monitoring of program activities.

Originally, the RedPlan Salud network hoped to sign on 50 midwives in 5 districts. The network currently includes 477 midwives in 29 districts. The pilot phase of RedPlan Salud was February to November 2002.

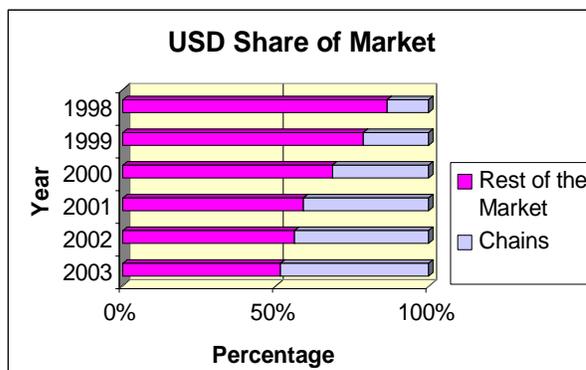
An evaluation of the successful RedPlan Salud was performed in 2003. Based on 161 exit interviews with midwife clients and interviews with a sample of 49 midwives, the evaluation found that midwives affiliated with the RedPlan network felt that contraceptive products sold through the program were affordable, and their patients perceived the fee for RedPlan services to be fair. The Redplan Salud evaluation also found a significant shift from public sector to private sector providers in the program: 54% of RedPlan Salud clients had previously been using a Ministry of Health (MINSA) or Social Security (EsSalud) health facility.

Based on its positive evaluation, USAID extended RedPlan Salud another year. When USAID project funding ended, Schering and local NGOs continued the venture. In fact, they have extended the RedPlan Salud network to other cities in Peru. Pharmacia Upjohn, once an enthusiastic partner in RedPlan Salud, lost interest in the network following its merger with Pfizer, and is no longer active in the program. However, the ongoing private sector participation in the RedPlan program appears to offer significant long-term sustainability for the network.

### ***Boticas Torres de Limatambo (BTL)***

*Boticas Torres de Limatambo (BTL)*, with over 900 employees, is one of the largest drug store chains in Peru and is rated 516th among the top 1,000 companies in Peru. CATALYST began its innovative partnership with BTL through a series of serendipitous events. In 2003 CATALYST/Peru hired a commercial sector coordinator who brought his list of pharmaceutical contacts and a strong knowledge of the pharmaceutical industry. As a new hire with CATALYST, he conducted research on expanding private sector sales of contraceptives in Peru. His research indicated that in Peru, pharmaceutical manufacturers sell most contraceptives in chain stores instead of in dedicated pharmacies. Figure 1 shows that in 2003, over half of all unit sales of manufactured pharmaceutical products were in chain stores, up from only 20% in 1998. This has important implications regarding where to focus efforts in shifting users with the ability to pay away from government-provided contraceptives.

**Figure 1: Sales of Manufactured Pharmaceutical Products in Peru, 1998-2003<sup>13</sup>**



CATALYST identified BTL as a prospective partner based on its rapid growth in market share. As the subsidiary of IVAX Corporation, a multinational headquartered in Miami, Florida, BTL is aware of the importance of CSR and its effect on corporate image. In addition, the commercial sector coordinator had a long relationship with BTL management. CATALYST/Peru approached BTL in 2004 to begin partnership discussions.

### **BTL-CATALYST Partnership**

The BTL-CATALYST partnership MOU includes activities based at BTL retail outlets as well as worksite-based activities at 45 large Peruvian companies. Activities to date include:

- CATALYST/Peru has trained 800 BTL technicians and 200 pharmacists on reproductive health topics during normal working hours. Pharmacists who pass the RH/FP training course receive a special logo pin for the lapel of their uniforms.
- BTL hosts a Family Planning Week every two months at all 86 retail locations. During Family Planning Week, BTL offers a discount of 3% to 10% on 30 brands of contraceptives including injectables and oral contraceptives. CATALYST has negotiated different discounts with each participating pharmaceutical manufacturer.
- As part of the program, BTL pledges to make 10,000 RH/FP pamphlets available per month to clients at its retail locations. CATALYST provides the content for the pamphlets and display tables, while BTL covers printing costs.
- CATALYST has worked with BTL to sign contracts with 45 Peruvian companies tying work-based RH/FP programs to BTL through discounted contraceptives available to

<sup>13</sup>Source: Slide 6 of undated PowerPoint presentation entitled “The Peru BTL Partnership: A Model for Pharmaceutical Partnering in the Field” by Denise Harrison, Senior Commercial Advisor, CATALYST Consortium

company workers. The worksite programs include employee training sessions on RH/FP topics, and also tie into BTL’s Family Planning Week at their retail locations.

**Egypt**

Egypt’s ambitious national population goal is to reach a replacement level fertility of 2.1 by the year 2017, a significant decrease from the current rate of 3.2. Table 5 provides a snapshot of Egypt’s health statistics. This will require greater support for FP products and services, particularly since there has been increased reliance on the public sector as a source of FP products and services among middle- and upper middle-income FP users.<sup>15</sup>

USAID, which has supported FP in Egypt for 30 years, will begin phase-out of contraceptive funding in 2006. Thus family planning program needs are expanding while funding is decreasing. Contraceptive security is of the utmost importance in Egypt.

|   |      |
|---|------|
| Population in millions (2004 estimate)        | 76.1 |
| Population (percent) under age 18, 2003       | 36%  |
| Total fertility rate, 2003                    | 3.2  |
| Contraceptive prevalence (%) (1995-2003)      | 54%  |
| Skilled attendant at delivery (%) (1995-2003) | 69%  |
| Maternal mortality ratio, adjusted (2000)     | 84   |
| Lifetime risk of maternal death. (2000)       | 130  |
| Population annual growth rate 1990-2003 (%)   | 2%   |

**Setting for Intervention**

*Tahseen Sihitna Bi Tanzeem Usritna* (TAHSEEN), CATALYST’s Egypt country program, is a seven-year USAID-funded population project which began in 2002. The TAHSEEN integrated RH/FP model focuses on improving the quality of care, mobilizing the community and ensuring long-term sustainability at the national, governorate and local levels. CSR is an integral component of the TAHSEEN model. To date, TAHSEEN has negotiated pharmaceutical partnership agreements with FuturePharma, Bristol Myers Squibb International (BMS), and Multipharma.

**FuturePharma**

FuturePharma is an Egyptian pharmaceutical company which partnered with TAHSEEN and provided a donation of prenatal vitamins to TAHSEEN clinics in Minia in 2004. In the past, FuturePharma has also donated products for pregnant women and newborns. The product donations include cough medicines, vitamins, and medications. The products have been distributed to clinics newly renovated by TAHSEEN/CATALYST.

<sup>14</sup> CIA World Factbook, UNICEF Country Indicators, [http://www.unicef.org/infobycountry/egypt\\_statistics.html](http://www.unicef.org/infobycountry/egypt_statistics.html); Safe Motherhood: <http://www.safemotherhood.org/resources/facts/countrydata.html>

<sup>15</sup> John Snow Inc./DELIVER, Draft Report “Contraceptive Security in Egypt: Basic Issues”, 11-13 October 2004, p. 5.

## **Bristol-Myers Squibb**

Bristol-Myers Squibb (BMS) is a global leader in the research and development of treatments for cancer, HIV/AIDS and other infectious diseases, and cardiovascular diseases. Headquartered in New York, it has 44,000 employees worldwide. It is widely recognized for its strong CSR focus, and has received many awards for excellence in employee and community outreach.<sup>16</sup> BMS has a large facility in Giza, Egypt.

In February 2005, TAHSEEN/CATALYST signed an MOU with BMS. Under this agreement, BMS provides lectures twice a month on health topics in their field of interest to members of the Ask/Consult Network. The Ask/Consult Network is a network of private physicians and pharmacists who receive training and support and are part of the Ask/Consult database of all private providers and pharmacists in the country. The lectures cover generic health topics and do not discuss specific BMS products. BMS also makes monthly donations, of either cash or in-kind goods, to clinics renovated under the Project. BMS has also pledged to supply TAHSEEN renovated clinics with antibiotics, hypertensive drugs and multivitamins according to their consumption patterns on a quarterly basis.

During the first months of implementation, BMS gave lectures to 45 network pharmacists in Giza on multivitamins, and to 23 network private physicians in Fayoum on hypertension. They also donated injectable antibiotics to MOHP clinics. This collaboration will continue through September 2005.

## **Multipharma**

Multipharma is a private Egyptian company acting as distributor for a number of multinational producers of pharmaceuticals and other products. Multipharma is the sole distributor for the Durex condom in Egypt. In January 2005, TAHSEEN/CATALYST and Multipharma signed an MOU to organize activities that raise the public's awareness of reproductive health issues. TAHSEEN's role is to promote healthier reproductive and sexual health behaviors and provide access to contraceptives, including condoms, in its clinics.

Multipharma's role in the partnership is to provide product orientation and health awareness training to male community health workers and agricultural extension workers. These groups are well placed to speak candidly to their male community members about the use of condoms as a family planning method. Multipharma also provides educational promotional materials on health awareness to TAHSEEN clinic clients.

In the MOU, TAHSEEN pledged to disseminate Durex promotional materials to the Ask/Consult network, and incorporate male contraception messages in the Ask/Consult training materials. TAHSEEN also pledged to incorporate a scientific unbranded article on male contraception in its quarterly medical update for providers.

In exchange for access to TAHSEEN clinic clients and key groups, Multipharma donated 25,000 condoms to Freedom, an Egyptian HIV/AIDS-prevention NGO, to distribute to HIV/AIDS sufferers and infected drug users in the Cairo underprivileged slum area of El-Dowieka. In addition to condom donations, HIV/AIDS awareness, emphasizing safe marital sex and drug prevention activities, is provided to at-risk populations.

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<sup>16</sup> <http://www.bms.com/ehs/>

In a recent development, TAHSEEN is in discussions with Multipharma to adopt Optimal Birth Spacing Initiative messages in their national marketing campaign. In terms of sustainability of all TAHSEEN's partnership activities, the Egyptian MOHP has agreed to take over partnership activities to ensure they continue.

## LESSONS LEARNED

The myriad partnerships developed by CATALYST with pharmaceutical companies demonstrate that public-private partnerships can be profitable for all partners. The following lessons may help guide future partnerships with pharmaceutical companies:

- Innovative partnerships with pharmaceutical companies can help produce the following benefits: increase the use of RH/FP products and services, reduce unmet need for contraception, help graduate countries from USAID assistance through alliances with the private sector, and contribute to a reduction in maternal and child mortality.
- The best pharmaceutical partners are those which have a common interest in an NGO's (or international organization's) mission. Wyeth, Schering, Proctor and Gamble, and Bristol-Myers Squibb (BMS) work in health all over the world, and have worked with USAID in the past.
- In the CATALYST project, successful public-private partnerships were often based on previous experiences of CATALYST partners with pharmaceutical companies. For example, Meridian's work with pharmaceutical company executives provided CATALYST with the credibility and contacts needed to negotiate partnerships. In Peru and Egypt, CATALYST staff brought a strong working relationship with several pharmaceutical companies.
- Staff working on partnerships with pharmaceutical companies should have a background in business, CSR, pharmaceuticals, or health economics in order to understand the business point of view and anticipate health trends. CATALYST's work in Peru and Egypt is due in large part to the business background of the commercial advisors.
- Partnerships must address the interests of both the pharmaceutical companies and USAID so that win-win scenarios can be created. In Egypt TAHSEEN worked with Proctor & Gamble and BMS to increase private sector training opportunities, which meshed with USAID's objectives of increasing the participation of the private sector in RH/FP. In the process, the companies were able to access new markets for their products.
- Each pharmaceutical partnership has different objectives requiring a different mix of partners. For example, CATALYST worked directly with Schering executives at company headquarters on the optimal birth spacing partnerships. In Egypt, TAHSEEN collaborated with Multipharma and brought in Freedom, an Egyptian HIV/AIDS-prevention NGO and agricultural extension agents to promote Durex condoms.
- Pharmaceutical companies prefer a brainstorming process to identify joint opportunities rather than being presented with a package deal with no "buy-in" process. Each company has different goals and objectives, so a cookie-cutter approach is not appropriate.
- Since not all ideas will reach fruition, it is useful to explore a range of partnerships through discussion. For example, CATALYST presented four options to Wyeth during partnership negotiations, and Wyeth chose the most suitable for its interests.
- Memoranda of Understanding are used in partnerships with pharmaceutical companies instead of subagreements to reflect the fact that the relationship is collaborative and not contractual.

- One partnership with a pharmaceutical company can lead to additional opportunities at the global and country levels. In Egypt, for example, discussions with Proctor and Gamble for a school program blossomed into the sustainable dissemination of RH/FP messages at schools, hospitals, door-to-door, and in factories, with a reach of 2.4 million persons per year.
- Some aspects of a pharmaceutical partnership may need retooling during implementation. In Peru, CATALYST worked with pharmaceutical companies to offer midwives discounted RH/FP products for their clients through the RedPlan Salud project. However, other pharmaceutical companies were already providing RH/FP products to nurses and midwives, so this was less of an incentive than envisioned. CATALYST was able to go beyond this issue by offering midwives a package of services, training, and products which helped the midwives provide more value-added services to clients.
- Company participation in an RH/FP project can hinge on events outside the control of the partnership. For example, in Peru's RedPlan Salud, Pharmacia Upjohn was an active participant in the program until it merged with Pfizer. The new management had not been part of developing the partnership, felt no "buy in", and dropped out of the project. Luckily, the other partners involved in RedPlan Salud wanted to continue with the program.
- Pharmaceutical market conditions are dynamic, so it is important to understand and anticipate trends when considering pharmaceutical partnerships. In Peru, CATALYST leveraged the market trend of Peruvian pharmacies consolidating to partner with BTL, a drug store chain that was expanding. BTL was seeking to differentiate itself from competitors, and could see the advantage of offering FP counseling and product discounts at drug stores.
- The pharmaceutical company's interests may go beyond the scope of a USAID project. For example, Schering was eager to work on optimal birth spacing with CATALYST in South Africa and Turkey, but CATALYST's mandate does not include these countries.
- Building trust in partnerships with pharmaceutical companies and NGOs can take time, since both sides have a history of misunderstanding one another. In Egypt CATALYST needed to establish a common ground for the Ministry of Health and pharmaceutical companies to develop trust and mutual respect.
- Some partnerships begin but are not completed. For example, Schering worked with CATALYST on an animated birth spacing video, but it was not completed by the end of the project. Similarly, Wyeth had lengthy discussions with CATALYST and INPARRES to distribute a socially-marketed OC, but the project did not reach fruition.
- Partnership dynamics are different in each country because the partnership model must be adapted to the local context. For example, in Peru, the focus of pharmaceutical partnership activity was shifting users away from government sources of RP/FP products and services and enhancing social marketing. In Egypt, partnership activities centered on gaining consensus on RH/FP issues at the national, local, and community level and supporting health clinics.

## CONCLUSION

CATALYST's Pharmaceutical Partnerships have leveraged private sector funds to accomplish RH/FP objectives. Pharmaceutical companies have indicated that without a public sector partner such as CATALYST, they would have neither the incentive nor the time to pursue projects focused on low-income women.

Global partnerships focused on dissemination of birth spacing messages have had the following benefits:

- CATALYST has shared the cost with the private sector for high profile information dissemination on optimal birth spacing.
- Working with pharmaceutical companies allows CATALYST to reach private sector providers with optimal birth spacing messages.
- Activities built on one another, leading to high visibility of the Optimal Birth Spacing Initiative not only at FIGO, but at FLASOG in the Dominican Republic and Peru, and at a major health conference in Berlin in 2003. An unexpected and sustainable benefit of the partnership was that the Berlin conference mobilized GTZ, KFW, and IPPF to advocate for inclusion of optimal birth spacing messages in their own development assistance programs.
- For the first time the public received important messages about birth spacing through CELSAM's media campaigns and Schering's work with their sales representatives in CATALYST project countries.
- CATALYST was able to influence change within countries and organizations regarding the longstanding norm for spacing births (2 years) adhered to by physicians with an evidence-based optimal birth spacing alternative (3-5 years) that is associated with the healthiest outcomes for pregnancies, newborns, infants, children, and mothers.

Country-level partnerships had the following benefits:

- In Peru's Redplan Salud, midwives are able to provide a comprehensive range of RH/FP services to clients while ensuring contraceptive security and increasing use of private sector RH/FP services and products.
- BTL's ambitious RH/FP program at its 86 retail locations and at 45 Peruvian factories greatly increases the provision of RH/FP products and services.
- In Egypt, Multipharma, FuturePharma, BMS, and rotary clubs contribute to the future sustainability of RH/FP products and services.

Given the proprietary nature of the partnerships between CATALYST and the pharmaceutical companies, it is not possible to provide a breakdown of funds leveraged by each company. However, the pharmaceutical company contributions in CATALYST's partnerships add up to over \$659,087 to date, while USAID contributed \$63,602, or 9% of total partnership contributions.