©Jake Lyell

CASE STUDY

CAMBODIA

USAID
FROM THE AMERICAN PEOPLE

psi
Cambodia

Total Market Approach to Family Planning in Cambodia

Recommended Citation
Population Services International (2011). Total Market Approach to Family Planning in Cambodia: A Case Study. Washington, DC: PSI.

Ordering Information
This publication is available for electronic download at: http://www.psi.org/resources/publications.

PSI shares its case studies with all interested individuals or organizations. Please note that the case studies are updated periodically based on the latest available epidemiological, demographic, intervention effectiveness and utilization data. As a result, numbers used in this document should be considered illustrative only. They show how the intervention works, but they may have changed since the time of writing.

For more information about total market approach (TMA) or this case study contact:
Julie McBride
1120 19th St., NW, Suite 600
Washington, DC 20036
jmcbride@psi.org

Acknowledgements
Thank you to Alysha Beyer and Shannon McAfee for preparing this report and to the entire Cambodia team for their assistance with compiling information contained within it. Special thanks to USAID for funding this study.

Support for International Family Planning Organizations (SIFPO) is a five-year program funded by the United States Agency for International Development (USAID) aimed at improving PSI's capacity in family planning programming worldwide. Working in partnership with IntraHealth International and the Stanford Program for International Reproductive Education and Services (SPIRES), PSI's vision is to significantly scale up delivery of high quality FP products and services to address unmet need in an increasingly targeted and cost effective manner. PSI will emphasize increasing access, expanding contraceptive choice and developing local leadership.

To access the capabilities of SIFPO, USAID missions and bureaus can buy into the cooperative agreement.

This case study is made possible by the support of the American people through USAID, under the terms of Cooperative Agreement No. AID-OAA-A-10-00030. The contents of this case study are the sole responsibility of PSI and do not necessarily reflect the views of USAID or the United States Government.

Population Services International (PSI)
1120 19th St., NW, Suite 600
Washington, DC 20036

TABLE OF CONTENTS

LIST OF ABBREVIATIONS AND ACRONYMS		**4**
1.	**EXECUTIVE SUMMARY**	**4**
2.	**BACKGROUND**	**6**
3.	**INTEGRATION OF A TOTAL MARKET APPROACH (TMA)**	**7**
3.1	Building the Roadmap	7
3.2	Outcomes	8
3.3	Next Steps	10
3.3.1	*Public Sector*	*10*
3.3.2	*NGO Sector*	*10*
3.3.3	*Commercial Sector*	*10*
4.	**CONCLUSION**	**11**
5.	**APPENDICES**	**13**
5.1	TMA Metrics	13
5.2	Detailed Timeline	14
5.3	List of CSWG Sub-working Group Participants	15

EXECUTIVE SUMMARY

Population Services International Worldwide has begun an important shift in its approach from solely focusing on its role in the social marketing[1] sector to a more comprehensive understanding of the total market that encompasses all sectors engaged in meeting health needs across population groups. Referred to as a "Total Market Approach," or TMA, the overarching goal of this broader strategy is to develop long-term sustainable health-related markets through careful market segmentation of the population and to maximize the core competency of each sector to meet the needs of different market segments. Segmentation optimizes the role of each sector in a given market to allow for better use of limited resources through smarter and more targeted subsidies as well as better access to health products and services through all sectors, which ultimately results in greater overall health impact. With the overarching goal of health systems strengthening, TMA aims to reduce burden on the public sector, improve the role of the social marketing sector and encourage broader commercial sector participation to grow the overall market. TMA strives to deliver health choices for all population segments, while ensuring that the needs of the poor and vulnerable are met in a more cost-effective and efficient manner.

The public, non-governmental organization (NGO) and commercial sectors are the three principal actors in most developing country health-related markets. In the past, each of these sectors acted independently, with limited coordination and linkages. Health ministries typically approached planning, particularly strategic planning, with an emphasis only on the public sector contribution to national health objectives. While the public and the NGO sectors have often collaborated to deliver health products and services to poor and vulnerable populations, little effort has been put into developing a more robust market that also offers long-term sustainability that ultimately results in reducing untargeted subsidies for segments that are willing and able to pay for non-subsidized products. In some cases, in an effort to assure access, the public sector has provided across-the-board free distribution with no targeting and the NGO sector has maintained pricing of social marketing products unnecessarily low, so that the commercial sector cannot function effectively even when there are consumers who can afford to pay higher prices. This creates an unsustainable environment of dependency on donor subsidies and hampers the development of a healthy market. TMA aims to grow the overall health sector through active participation of the entire market and to enable donor subsidies to be targeted at the most vulnerable segments of the population who can least afford or access essential health products.

ABBREVIATIONS AND ACRONYMS

CSWG	Contraceptive Security Working Group
CYP	Couple Years of Protection
DFID	Department for International Development (United Kingdom)
FP	Family Planning
GDP	Gross Domestic Product
GOC	Government of Cambodia
IUD	Intra-Uterine Device for contraception
KfW	Kreditanstalt für Wieder aufbau (German Development Bank)
MCPR	Modern Contraceptive Prevalence Rate
LAPMs	Long-Acting and Permanent Methods
NGO	Non-Governmental Organization
MOH	Ministry of Health
PSI	Population Services International
RGC	Royal Government of Cambodia
RH	Reproductive Health
TMA	Total Market Approach
TRaC	Tracking Results Continuously (PSI Quantitative Survey)
UoN	Universe of Need

1 The term "social marketing" as a sector is currently being used to reflect sales of subsidized products.

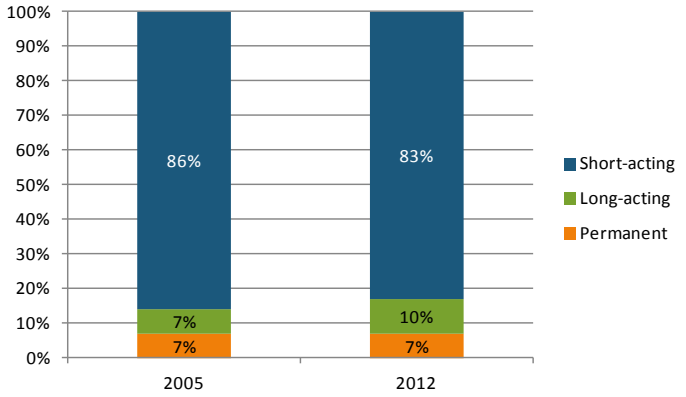
The new shift in applying this approach in certain countries has brought about a more comprehensive, coordinated effort to address health issues. TMA establishes a framework for viewing the entire health system. This framework can be used in a variety of contexts and for different needs and health areas. PSI/Cambodia is a pioneer in adopting this new approach and important steps have been achieved in two health sectors by shifting social marketing strategies for HIV prevention and for family planning (FP).

PSI's application of TMA to family planning is taking the approach to another level by coordinating and collaborating with all market sectors, while developing a long-term strategy for a more sustainable market for FP methods. Applying TMA to FP requires consideration of multiple products and services, their role in meeting the health need for modern FP methods as well as the various sector contributions in the total market. TMA is being used to develop and define the complementary roles different sectors play in shaping the modern FP methods market in an effort to achieve improved national health and sustainable market development.

PSI/Cambodia views the imminent withdrawal of major donor funding at the end of 2012 as an opportunity to share lessons learned about TMA and to explore the option of adopting this powerful approach to plan for FP commodity security with the Ministry of Health (MOH) and other stakeholders. The loss of donor funding would be a pivotal turning point, as it had helped support the purchase of a large portion of the public sector and NGO sectors short-acting contraceptive method commodities. The procurement and distribution of family planning products by these two sectors has been the foundation for FP use in the country and represents the vast majority of overall distribution. Furthermore, short-acting contraceptive methods such as oral contraceptive pills, injectables and condoms, account for 83% of the FP method mix.[2] Access and provision of long-acting and permanent methods (LAPMs) have been extremely limited. Figure Ex.1, *Method Mix (%) of Total MCPR,* describes the dominance of short-acting contraceptive methods within the modern contraceptive prevalence rate (MCPR) method mix in 2005 and 2010.

Donor withdrawal comes at a time when unmet needs for contraception are high and Millennium Development Goals for CPR are far from being achieved.[3] To address this, PSI introduced a TMA framework to facilitate strategic decision-making for FP commodity security issues. The MOH and its partners resolved to devise a national strategy that would offer a more balanced mix of FP method options along with increased sustainability and cost-effectiveness. They also agreed to work more collaboratively to ensure solid stewardship and a complementary approach to the entire health system. Decisions were made to reduce reliance on the public sector through better targeting of public sector resources and to increase the role of the NGO and commercial sectors. The agreed-upon strategy not only helps resolve looming FP commodity needs, but the timing is such that it also paves the way for the National Reproductive Health five-year Strategy moving forward.

FIGURE EX.1: METHOD MIX (%) OF TOTAL MCPR



Historically, governments in developing countries at times have perceived the NGO and commercial sectors as threats to the public sector: growth in those sectors could translate into reduced donor funding and loss of control over government established health targets. In this case, the MOH in Cambodia embraced the role as steward of the entire reproductive health (RH) market, not just of the public sector. Similar to the experience in many countries, health commodity forecasting and procurement in Cambodia had been based on an analysis of past procurement in the public sector rather than an assessment of the population-based needs in a growing market. However, in Cambodia the public sector views other sectors as partners, not adversaries, to reach broader goals.

2 CDHS, 2010

3 CDHS 2005: unmet need, 25%; CPR 27%; MDG is CPR of 60%

One of PSI/Cambodia's contributions to building the new comprehensive strategy was to develop and share an innovative tool for decision-making called the Reproductive Health TMA calculator. This tool was new to Cambodia and helped the RGC and partners make important decisions about commodities and define the future FP market strategy with realistic MCPR goals and a more balanced method mix. This new strategy and commitment by the MOH and partners laid the groundwork for PSI to begin implementing a three-tiered approach to the total market for FP: supporting the MOH to enhance the public sector capacity with more adequate forecasting and planning, integrating cost recovery strategies within the NGO sector and engaging the commercial sector to play a more active role.

This case study documents the experience in Cambodia with shifting to a TMA for FP methods, as a model for launching a total market approach. The methodology used was collaborative, visionary and evidence-based.

2. BACKGROUND

Cambodia is a poor country of nearly 14 million people that is slowly beginning to transition from lesser developed to medium developed.[4] In 2010 the country ranked 126 out of 169 countries on the Human Development Index. With an average GDP per capita of $2,100, there still remains an estimated 26% of the population living under the poverty line.[5] Health issues, especially RH, continue to be a concern. The maternal mortality ratio remains high at 206 per 100 000 live births.[6] Nearly one-fifth of all deaths among women of reproductive age are the result of maternal causes.[7]

Although the total fertility rate is relatively low at an estimated 2.9, and the MCPR among married women in Cambodia has increased significantly during the past decade from 19% in 2000 to 35% in 2010, the current MCPR rate still falls dramatically short of the Millennium Development Goal of 60% by 2015. In addition, nearly one-quarter of all Cambodian women continue to report an unmet need for FP.[8] Oral contraceptive pills and injectables are used predominantly by women using modern FP methods, both of which are subject to user failure and logistical barriers. Figures 2.A, *MPCR in Cambodia in 2005 and 2010,* and 2.B, *Method Mix (%) of total MCPR in Cambodia in 2005 and 2010*, describe the distribution of FP methods within the MCPR below.

FIGURE 2.A: MCPR IN CAMBODIA IN 2005 AND 2010

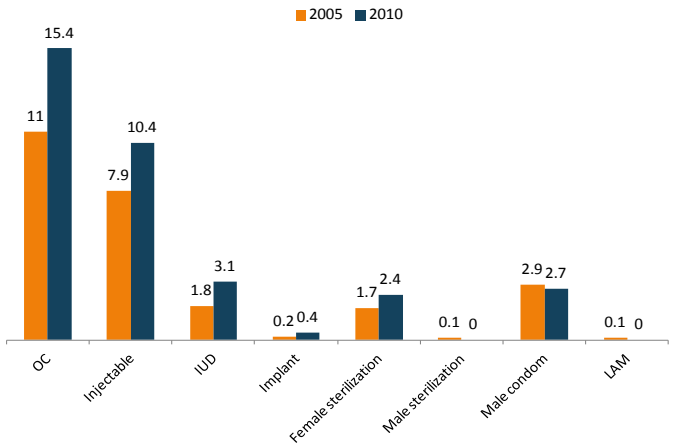
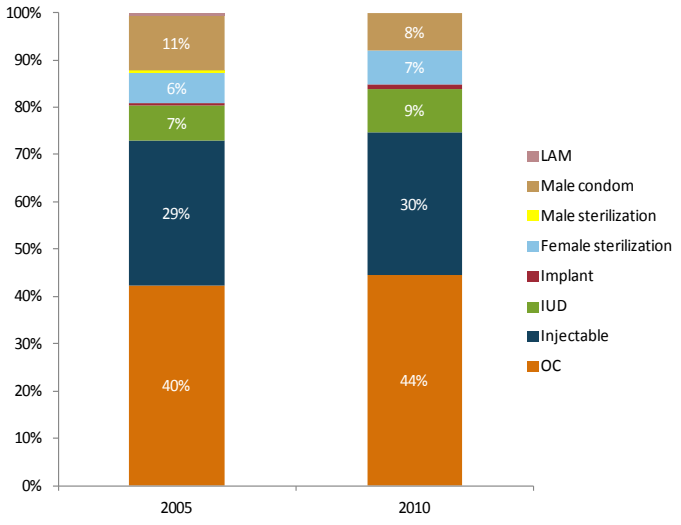


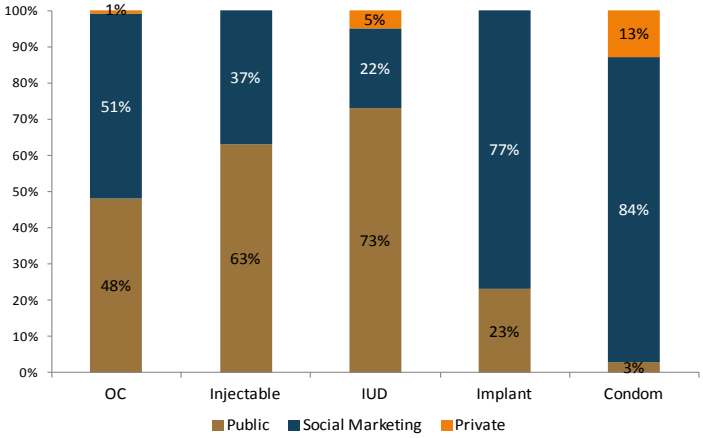
FIGURE 2.B: METHOD MIX (%) OF TOTAL MCPR IN CAMBODIA IN 2005 AND 2010



4 https://www.cia.gov/library/publications/the-world-factbook/geos/cb.html; July 2011 estimate.
5 As defined as % of population below international poverty line of US$1.25 per day, 1994-2008*. UNICEF Cambodia Statistics, http://www.unicef.org/infobycountry/cambodia_statistics.html; September 13, 2011.
6 CDHS (2010)
7 UNICEF Cambodia Statistics, http://www.unicef.org/infobycountry/cambodia_statistics.html; September 13, 2011.
8 National Institute of Public Health, National Institute of Statistics [Cambodia] and ORC Macro. (2006). Cambodia Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.

Over the past two decades, the vast majority of FP methods have been supplied with donor assistance through the public sector and NGOs. The vast majority of NGO distribution is done through PSI's social marketing activities, but other NGOs contribute through community-based distribution and service delivery strategies. The following figure 2.C, *CYP by Distribution and Total Market Share in 2010*, shows the market share of the Couple Years of Protection (CYP) distribution in 2010. Note that the commercial sector involvement is minimal. Social marketing is highlighted in the table to demonstrate its pivotal role.

FIGURE 2.C: CYP BY DISTRIBUTION AND TOTAL MARKET SHARE IN 2010



In 2007, Kreditanstalt für Wiederaufbau (KfW) confirmed its intention to withdraw financing at the end of 2012 for short-acting method commodity support in the public and social marketing sectors. Since the late 1990's, the Department for International Development and KfW have supported the procurement of short-acting FP methods in the public sector and for social marketing through PSI/Cambodia. Both sectors have been dependent on this FP funding, and the current MCPR is shaped predominantly by the use of short-acting methods. Without a new strategy, the health impact gains could quickly regress, and over one million families could be deprived of access to essential health products and services. Faced with this imminent donor departure, PSI/Cambodia worked closely with the National Reproductive Health Program and the Commodity Security Working Group to plan for long-term sustainability with a steady supply of essential FP products to shape the development of the FP market and to maintain progress toward long-term RH goals.

3. INTEGRATION OF A TOTAL MARKET APPROACH (TMA)

PSI/Cambodia worked in partnership with the MOH to help define its stewardship role for the total market by understanding the potential contribution for each sector. Only with the leadership of the MOH could all RH market sectors work toward a collective and comprehensive vision. The MOH and its partners agreed on the need for a vision that would assure equitable access and contraception coverage for all Cambodian women. PSI specifically advocated for an increase in accessibility and use of IUDs as a reliable and cost-effective method that would provide an enhanced positive impact on women's health.

The Cambodia Ministry of Health agreed for PSI/Cambodia to take on a guiding role to help devise a strategy and roadmap for forecasting and assuring upcoming FP commodity needs. PSI facilitated the approach for enhancing the public sector capacity to more adequately forecast and plan for the entire FP commodity market, and developed complementary strategies to integrate cost-recovery strategies in the NGO sector and to engage the commercial sector in a more active role.

3.1 BUILDING THE ROADMAP

With donor funding, the public sector has been able to provide free FP products and services in Cambodia for nearly 15 years, representing about 20% of FP use in 2010. The majority of FP products distributed through the public sector have been short-acting methods such as oral contraceptive pills and injectables. Family planning commodity procurement orders were made each year based solely on clinic supply and distribution data. This type of commodity forecasting maintained a static cycle of procurement, unlinked to strategic health goals and objectives. Figure 3.1.A on the following page, *CYP by Method/Sector in 2010*, describes the distribution of FP products contributing to the CYP in 2010.

FIGURE 3.1.A: CYP BY METHOD/SECTOR IN 2010

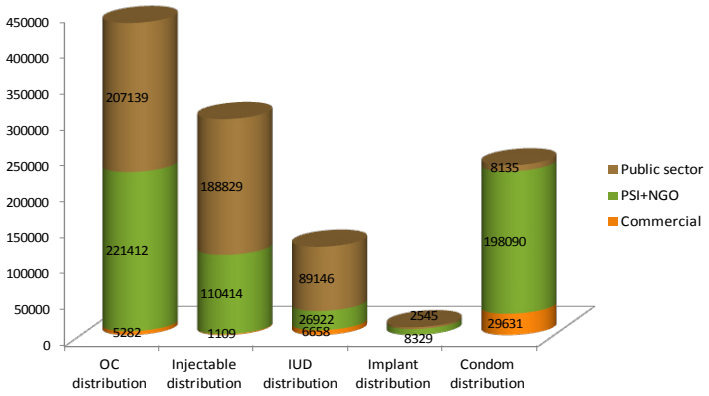
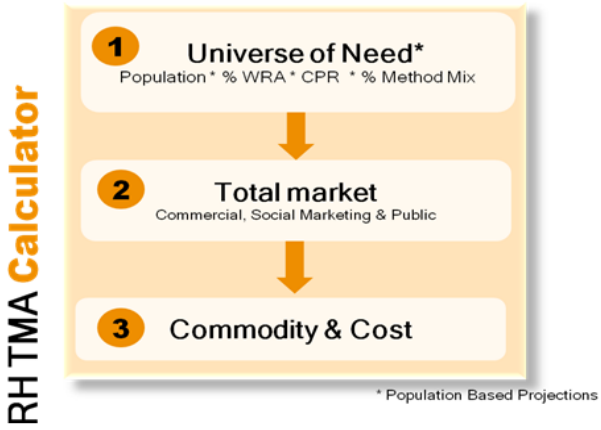


FIGURE 3.1.B: THE THREE MAIN COMPONENTS OF THE RH TMA CALCULATOR



As a long-standing member of the MOH Contraceptive Security Working Group (CSWG), PSI was tasked by the MOH with setting up and leading a sub-working group that would address the future of FP commodities in Cambodia. The sub-working group agreed that deeper commodity forecasting analysis was needed to allow for a clear needs assessment that would show a strategic and logical plan for growth and adequate coverage. This analysis would provide the government with a roadmap with concrete product and budgetary needs. The detailed data would allow the government to plan accordingly with annual budgets.

The decision was made to approach FP commodity forecasting differently by starting with a holistic view of projected national FP need and assessing the potential contributions of each player in the total market. To evaluate the total need, the group considered the variables associated with calculating the Universe of Need"[9] as well as health goals and objectives such as the Millennium Development Goals for the MCPR and CYP. Culling this and other relevant information together, PSI/Cambodia developed an innovative decision-making tool to help analyze the data called "Reproductive Health Total Market Approach Calculator".[10]

The calculator displays historical data regarding population, unmet need and demand, MCPR and FP method mix. It allows users to project the population-based need over several years, relying on data inputs that represent assumptions or objectives related to MCPR and CYP growth, FP method mix and market share contributions. Fiscal implications by sector and method associated with this data are calculated and displayed automatically. The members assessed the outcomes of numerous simulations to make difficult decisions regarding the optimal mix of FP methods and market contributions over the next decade. Final projections of FP commodity need were agreed upon, as well as the necessary inputting variables such as MCPR goals and the method mix of MCPR over time.

3.2 OUTCOMES

The use of TMA for the FP commodity security planning process resulted in two major outcomes:

1) The MOH gained a more holistic understanding of the total market and its important leadership role in guiding all three sectors toward the collective goal of improving the lives of Cambodian women. The MOH dramatically shifted its vision and recognized that more MCPR impact and long term sustainability could be gained by reducing and improving the targeting of public sector commodities over time, while increasing the participation of the NGO and commercial sectors. The decisions made regarding the repartition of market share and increased

9 The Universe of Need (UoN) represents the number of people in the risk group and/or risk occasions in which there exists an opportunity to influence the target audience's adoption of the promoted product, service or behavior. The basic calculation for the UoN includes: 1) estimate the size of the target group, 2) calcu late the estimated number of risk occasions per target group member, and 3) multiply the two calculations together. Source: Population Services International, "Delta Companion", Washington, DC: 2009.

10 The complete calculator is comprehensive in scope and can be accessed via PSI's website at http://www.psi.org/resources/research-metrics/publications/reproductive-health/reproductive-health-tma-calculator.

influence of long-acting and permanent methods over time are displayed in Figure 3.2.A, *Market Share for Family Planning Products*.

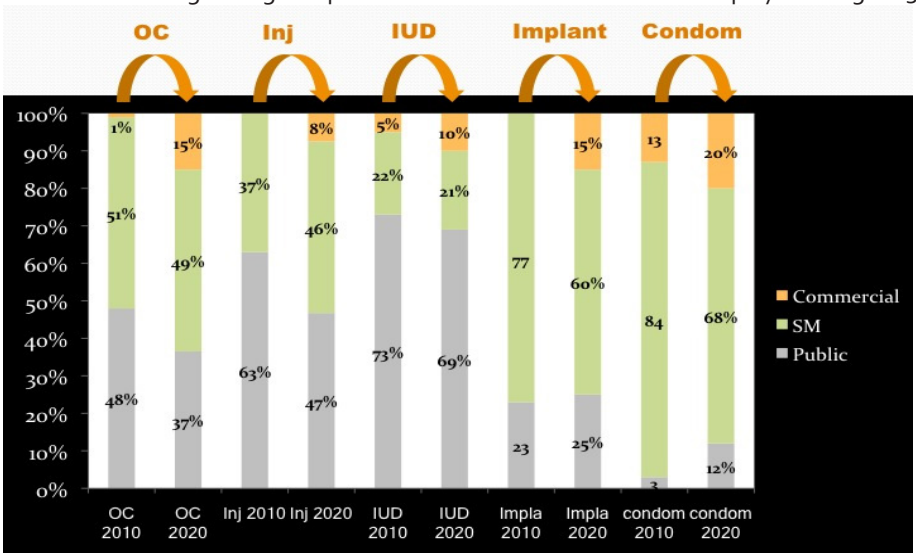


FIGURE 3.2.A: MARKET SHARE FOR FAMILY PLANNING PRODUCTS

This table shows the reduction in market share across all commodities for the public sector from 2010-2020. It also demonstrates increases in the social marketing share of implants and condoms. The most dramatic change is seen in the projected market share for the commercial sector across all commodities.

2) The use of the RH TMA calculator allowed the MOH to easily conclude that LAPMs represented a significant cost-savings that would bring increased health impact. Supporting the costs and delivery of long-acting and permanent methods was deemed sustainable over the long term for the public sector and considered an important investment for women given the high discontinuation of short-acting methods. The MOH and stakeholders avowed to greatly increase the proportion of LAPMs, specifically the IUD and sterilization, among the FP method mix. To that end, the five-year national strategic plan is slated to intensify activities that promote and support LAPM use, such as health equity funds and voucher schemes, communication campaigns, training of health professionals, increased availability of IUD kits and revamped LAPM reporting systems.

The next diagram 3.2.C, *Public Sector IUD Distribution over Time*, shows the public sector involvement with IUDs over time and demonstrates the change made after the forecasting process in 2011.

FIGURE 3.2.C: PUBLIC SECTOR IUD DISTRIBUTION OVER TIME

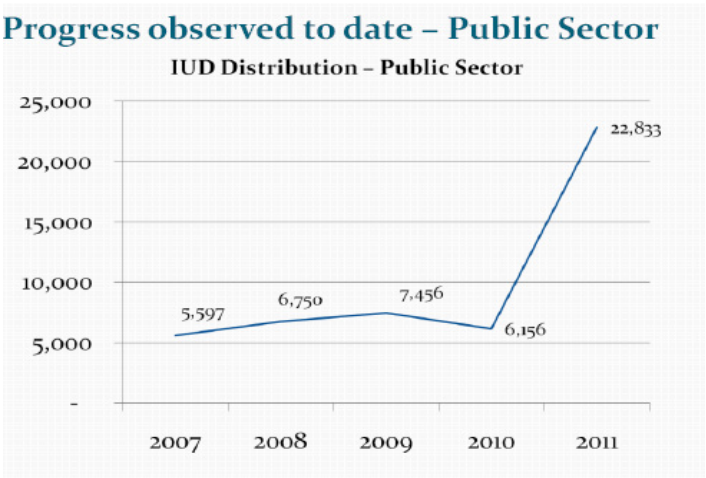
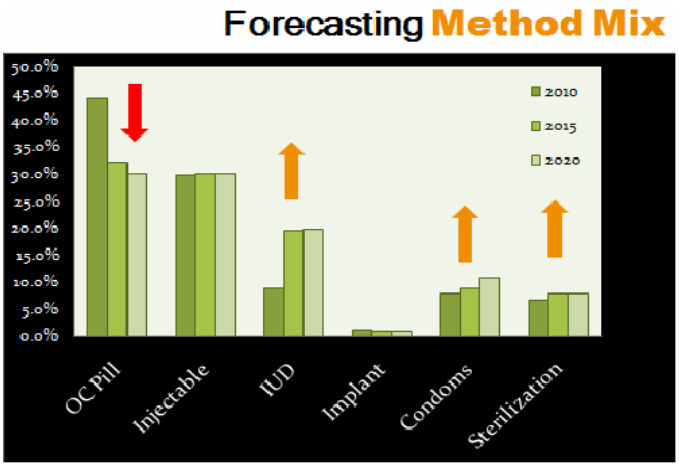


FIGURE 3.2.D: MCPR METHOD MIX OVER TIME



The following diagram, Figure 3.2.D, *MCPR Method Mix over Time*, provides an overview of the major shifts in FP method mix. In particular, it shows a reduction in short-acting method projections and an increase in the importance of LAPMs.

Budgetary consequence was considered during the sub-working group and stakeholders' decision-making process related to desired market shares and method mixes. The calculator helped to simulate scenarios until a balance could be achieved between strategic goals and practicality. The decisions described above resulted in an average annual public sector cost of $1 million, which was deemed realistic and attainable by the stakeholders. The estimated FP commodity costs over time are described in the table below, Figure 3.2.E *Public Sector Estimated FP Commodity Costs*.

FIGURE 3.2.E: PUBLIC SECTOR ESTIMATED FP COMMODITY COSTS

Public	2013	2014	2015	2016	Total
OC	$ 419,394	$ 418,030	$ 412,734	$ 438,097	$ 1,688,255
Injectable	$ 421,562	$ 440,809	$ 457,144	$ 494,891	$ 1,814,406
Condom	$ 21,202	$ 28,293	$ 36,617	$ 42,843	$ 128,955
IUD	$ 19,399	$ 23,637	$ 28,053	$ 30,628	$ 101,717
Implant	$ 24,553	$ 27,057	$ 29,617	$ 32,805	$ 114,032
Total	$ 906,110	$ 937,826	$ 964,165	$ 1,039,264	$ 3,847,365

For the public sector, adopting this total market approach has already had a significant impact by laying solid groundwork for future action. An overarching result is that the MOH has become the steward of the entire market; armed with concrete data and decisions, the MOH is able to take ownership and responsibility for achieving and implementing these decisions. The RH TMA Commodity calculator was an invaluable tool for distinctly laying out and compiling the essential variables so that clear and logical decision-making could be made. The use of this tool facilitated decisions for resource allocation within the public sector, and for developing a strategy to assure that the public sector could best serve the poorest and most vulnerable. Finally, the decisions made during the commodity forecasting have additional important implications as part of a larger vision of FP prioritization. These decisions will be integrated and formalized in strategic planning during the mid-term review of the National Health Strategy (2008-2015) and the development of the National Reproductive Health Strategy (2011-2015).

3.3 NEXT STEPS

3.3.1 Public Sector

While modest budgetary needs in the public sector have been calculated for the next several years, funding sources remain to be finalized. The MOH and partners are moving forward to commit donor assistance after 2012. The donor community and the MOH have agreed to a longer-term strategy through 2015.

3.3.2 NGO Sector

In an effort to reduce donor subsidies and increase impact, PSI has decided to explore the viability of instituting cost-recovery prices for social-marketed FP commodities. Expanding upon its experiences with repositioning condoms in the HIV/AIDS sector, PSI/Cambodia is applying the same type of approach to FP products. Sales and consumer willingness to pay data indicate that price increases are both appropriate and acceptable among certain FP products, notably oral contraceptive pills and injectables. PSI/Cambodia has put a strategy in place to recover the core product costs of these two FP methods. Within less than six months of the intervention, the oral contraceptive pill is already at cost-recovery pricing; the injectables are projected to attain a cost recovery level by the end of 2012. These increases in prices, seemingly high in proportion to the original price, still place them at the lower-end of price ranges. There continues to be an opportunity gap between these prices and the options currently offered through the commercial sector.

The increases in prices to cost-recovery level will cover the costs of these commodities but not the additional expenses required to market and distribute them.

3.3.3 Commercial Sector

The commercial sector role with FP methods in Cambodia has been incidental, just reaching the top 1% market tier of all oral contraceptive pill distribution and even less than that for injectables, IUDs and implants. With consumer interest and segments of the population who are both willing and able to pay commercial sector prices, this sector could take on more responsibility within the total FP market. Integral to the established total market strategy, the vision for commercial sector involvement in the FP market includes a dramatic increase for oral contraceptive pills, injectables and implants. Refer to Figure 3.2.A, *Market Share for Family Planning Products*, for details.

As the middle class grows, so does the need for a variety of FP products targeted to this segment. A new mid-range commercial product is hoped to help fill the void between the PSI-social marketed oral contraceptive pill "OK" at $0.25, and the next closest in price product "Jasmine" retailing between $7.00 and $8.00. It is interesting to note that currently ninety-nine percent of the oral contraceptive pill market is subsidized and represented by the public and social marketing sectors; only the remaining 1% is represented by the commercial sector, which has sales at an estimated annual half a million dollars. Clearly, there is a profitable niche available for commercial sector FP products. The MOH and stakeholders have begun discussions with large pharmaceutical companies to encourage and lobby them to invest in the market. Negotiations are currently underway to introduce two mid-range FP products priced around $3.00 to $4.00. The following schema in Figure 3.3.A, *Commercial Sector Oral Contraceptive Pill*, illustrates the pricing differences among FP products and the vast potential for new commercial sector oral contraceptive pills.

FIGURE 3.3.A: COMMERCIAL SECTOR ORAL CONTRACEPTIVE PILL

4. CONCLUSION

Faced with the immediate need to reorganize FP commodity supply and distribution, the Government of Cambodia, with technical assistance from PSI, adopted a new approach to forecast commodity needs that resulted in a holistic approach to the total market that integrated overall FP needs and the role of different sectors. As a result of this shift in approach, the MOH has become the active steward of the entire FP commodity market, not just the public sector. With the necessary analytical tools and resources in hand, the MOH is better able to lead and coordinate efforts toward improved FP indicators.

The MOH has made a deliberate and unprecedented strategic decision to facilitate the growth of other sectors within the total market and to improve targeting of public sector subsidies. Consequently, all partners in the public, commercial and NGO sectors are now aware of their roles and responsibilities in the FP market. As a result, a three-tiered strategy was developed to increase the public sector capacity to better forecast and plan, integrate cost-recovery strategies within the NGO sector and engage the commercial sector in a more active role. During the process of adopting this total market approach, the following important achievements were made:

- A shift was made from forecasting FP commodity needs solely on historical procurement orders to incorporating calculations based on actual need and desired projections of MCPR and CYP, allowing for better planning and deeper analysis based on market realities and real and projected FP needs;

- An innovative decision-making forecasting tool was developed by PSI and applied by the Government of Cambodia (GOC) and partners that can be adapted to other country settings and may help revolutionize FP commodity forecasting;

- A deeper partnership has been fostered among all stakeholders and under the MOH leadership, each partner understands and takes responsibility for its role in building the overall FP market;

- Key decisions on FP commodity needs have been made that lay the groundwork for the national Reproductive Health five-year strategy and the five-year National Health Strategic Plan, including dramatically increasing the proportion of LAPMs, especially IUDs, within the FP commodity mix over the next five years; and

- PSI has begun to put in place cost-recovery strategies within the NGO sector that will help reduce donor subsidies and expand the reach of social marketing interventions within the total market.

Most of the success achieved to date for FP commodities in Cambodia has occurred at one of the traditionally weakest points in any country setting: the planning and conceptual stage. While previously no comprehensive strategy or coordina-

tion existed in Cambodia, there is now a solid and evidence-based foundation from which all partners can build. This experience and the associated tools developed can serve as a model for other contexts.

Moving forward, steady momentum and a continued commitment by all stakeholders to the vision will be essential. To realize their shared vision, they will need to utilize the improved analysis, strategic planning and deepened partnership as stepping stones to implementation and impact.

5. APPENDICES

5.1 TMA METRICS

TMA Guiding Principles	Key Question	Measures	Data Sources	Comments: Cambodia FP Commodity Case Study
Impact	Is the market, through all sectors, reaching an increasing % of the at-risk population?	Increases in self-reported use among the at-risk Coverage of UoN, measured by the Total Market Volume divided by Total Need Total Market Volume increases	Demographic Health Survey, PSI TRaC [Tracking Results Continuously], and other population-based surveys, sales and distribution data, need estimates based on population and behaviors	The devised strategy assigns roles for addressing the UoN through all sectors: public, NGO and commercial. Through the use of the RH Commodity Calculator, the UoN calculation was analyzed in-depth with consideration to multiple variables including the at-risk population projected over time and revised MCPR goals. Dramatic projected increases in MCPR will mean growth of the total market volume. Significant increases will be made in the role of the commercial sector.
Equity	Is the market evolution benefitting the poor and vulnerable?	Improvements in Concentration Index within groups of "equal" risk	PSI TRaC surveys	Research indicates that price increases for social marketed OCs and injectables are pertinent; there are poor and at-risk segments of the population who are WTP these higher prices. PSI has begun applying advanced marketing techniques to segment the population and specially target groups who are appropriate for the social marketing products with respect to risk and ability to pay.
Subsidy	Is the market becoming less dependent on subsidies?	Decreases in Total Market Subsidy per at-risk person, calculated as the per unit product subsidy times volume for each product on market divided by at-risk population Increases in Total Market Value: price times volume for each product on market Increases in the # of commercial brands in the market	Supply info, retail audits such as Nielsen reports, MIS data, total market sales and distribution data	An integral part of the strategy is increasing price and shifting positioning of oral contraceptive pills and injectables. This will allow for reduced subsidization, more cost recovery and sustainability in the social marketing sphere. A transition is planned over the next 10 years whereby the social marketing sector and especially the commercial sector play a more important role while the burden on the public sector is lessened. PSI and the MOH are lobbying commercial sector companies to introduce new commercial contraceptives on the market.

5.2 DETAILED TIMELINE

The following table outlines the major steps taken during the process of moving to a Total Market Approach in Cambodia.

Dates	Activities
Early 2010 to October 2010	PSI/Cambodia conducts advocacy work for a TMA approach to family planning commodity security. The MOH agrees and appoints PSI as technical leader to pioneer this initiative; PSI assembles a sub-working group of the CSWG.
October 2010 to February 2011	PSI/Cambodia develops the RH Commodity Calculator.
February 2011	The first in a series of meetings is held by the sub-working group to review calculator and discuss assumptions.
February to March 2011	Continued meetings are held to discuss the calculator. The sub group drafts a scope of work and hires a consultant who will help facilitate the next steps of analytical discussions and decision making.
April to May 2011	Consultant Richard Pollard from GFA Consultants funded by KfW, holds meetings with the NGO community and the RH CSWG to finalize projections and meets with PSI to hone the details of the calculator. The sub-working group decides to bring in an additional consultant to compile the results of the previous meetings, facilitate consensus building and present decisions to donors and GOC.
June 2011	The second consultant, Ute Sunderbrink also from GFA Consultants and funded by KfW, facilitates discussions among stakeholders and finalized projections. The consultant presents final conclusions to the donor community and the GOC/MOH followed by a discussion on funding.
June 2011 to October 2011	High-level donor coordination meetings take place to discuss public sector funding issues. These appear to have resulted in agreement that donor funding will be needed to bridge the gap for about two years until the public sector can remove administrative hurdles to managing procurement independently.

5.3 LIST OF CSWG SUB-WORKING GROUP PARTICIPANTS

Name	Title/Organization
Dr. Tung Rathavy	Deputy Director, National Maternal and Child Health Centre; and Manager of the National Reproductive Health Programme
Dr. Chroeng Sokhan	Deputy Director of Department of Drugs and Food and Chair of RHC-SWG
Dr. Sok Sokun	RH Programme Manager, UNFPA
Dr. Sopheanarith Sek	USAID Development Specialist, Office of Health and Education
Dr. Nop Sotheara	USAID, Office of Health and Education
Ute Sunderbrink	GFA Consultants
Dr. Heng Kheng	PSI, Health Services Director
Ms. Alysha Beyer	PSI, Senior RH Technical Advisor and Chair of the RH Commodity Sub Working Group
Ms. Khim Sotheary	PSI Research team
Ms. Dianna Long	PSI Research team