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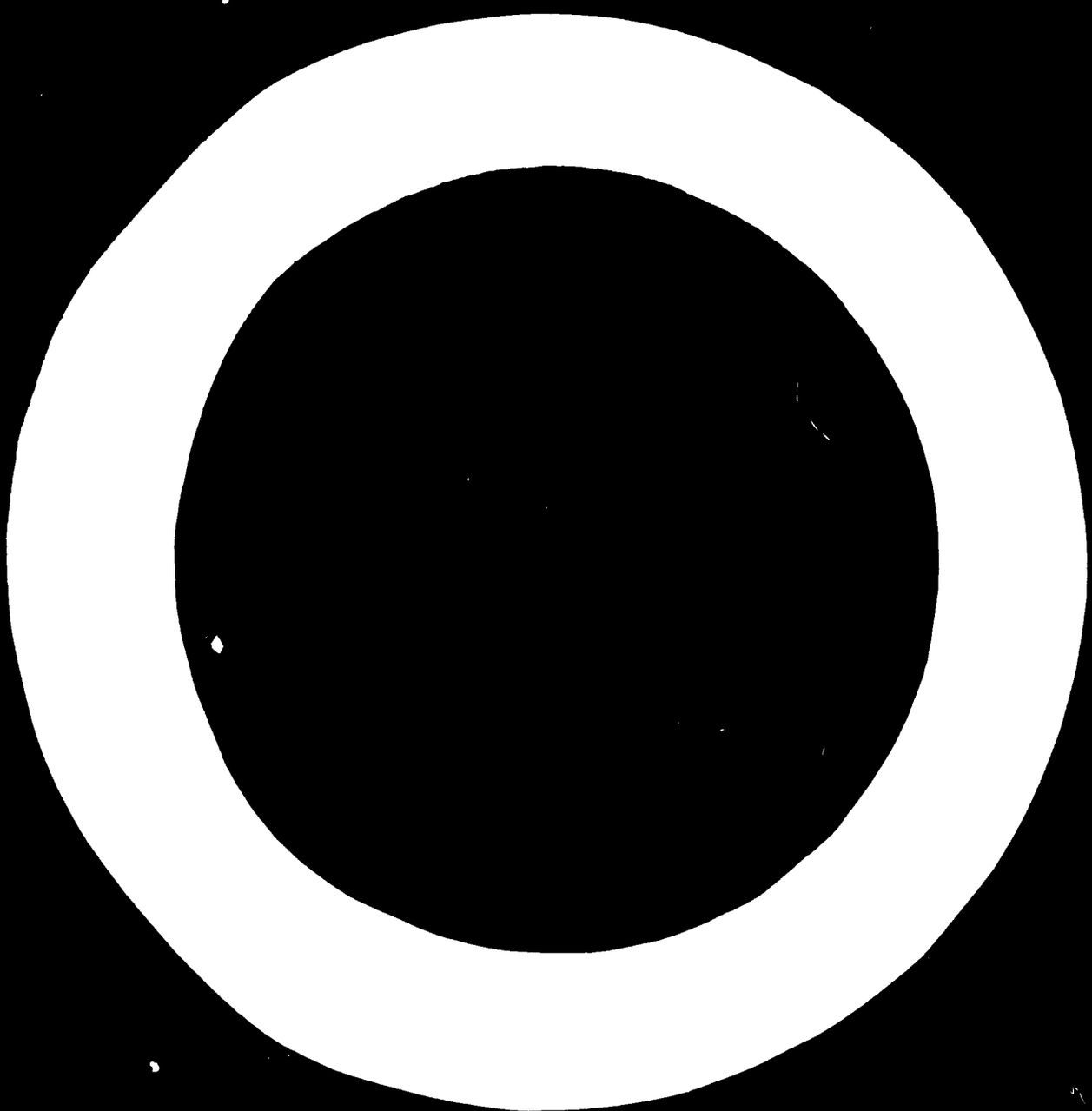

THE PRODUCTION AND DISTRIBUTION OF CONTRACEPTIVES IN COLOMBIA

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1. HISTORY

Until 1962, contraception or family planning was almost unknown in Colombia. A very limited number of families controlled their fertility by means of traditional methods or by means of legally or illegally imported diaphragms or jellies, the former prescribed and fitted by physicians in isolated cases for upper class private patients. The use of condoms was confined to the prophylaxis of venereal disease, and they were very rarely utilized as contraceptives. With the appearance of anovulatory pills in 1959, serious consideration was given to contraception for the first time in Colombia. Gynecologists began to read about the Puerto Rican experience in the medical journals, and they gradually became aware of the possibilities of controlling fertility by means of this approach, i.e., the use of the anovulatory pill. Knowledge of the matter was confined to the medical profession and to a few women of the upper class, who were able to get supplies of E n o v i d,

for the importation of such pharmaceutic problems was subject to severe restrictions at that time.

Contraceptive pills were manufactured for the first time in Colombia in 1962. The commercial interest of the manufacturers lead them to conduct a very active information campaign directed toward the medical profession as a whole, not solely toward gynecologists. As a result of information provided to physicians and their patients, women began to make greater and greater use of the anovulatory pill. There were as yet no family planning programs, and there was no awareness of the existence of a population problem. At this time, the situation regarding other contraceptives was identical with that of 1962; they were not being produced in Colombia, and they were used only occasionally. That only 38,706 cycles of pills were sold in Colombia in 1962 gives one an idea of the very limited use of the method at that time.

During the period from 1964 to 1965 there was an awakening of consciousness with regard to the population problem, and some pioneer physicians began to talk about family planning. During those years, for the first time very limited clinical services were instituted to meet the demands of the poor. These campaigns

were first instituted by the Colombian Association of Medical Schools and then by PROFAMILIA and the Ministry of Health. These programs have been very successful and have resulted in widespread dissemination of information regarding family planning. For all intents and purposes, this spread of information has been nation-wide. These programs have also resulted in a tremendous increase in the production and use of contraceptives.

2. PRESENT PRODUCTION AND USE OF CONTRACEPTIVES

2.1 Orals

The manufacture of these contraceptives in Colombia has been markedly improved as a result of new technology regarding progestational agents and by substantial reduction in the dosage of hormonal agents employed. Demand for oral contraceptive agents has increased constantly due to a better informed medical profession as well as an increasingly knowledgeable public.

At the present time there are nine pharmaceutical firms manufacturing contraceptive pills in Colombia: Ciba, Hormona, Life, McKesson, Organon, Parke and Davis, Schering, Searle, and Wyeth.

It is very difficult to estimate the annual consumption of oral contraceptives. According to the data available from the various pharmaceutical laboratories, the estimates are as follows:

1967	1,449,876 cycles
1968	1,442,256 "
1969	1,789,077 "
1970	1,830,053 "

The increasing trend toward the use of these agents is easily seen. It is particularly impressive when one compares the figures cited above with those given for 1962. Nonetheless, if these data are compared with regard to the target population, they are quite low and do not reach as much as 10% of the latter group. Therefore, the potential for increased production and use is still very high.

In addition to the pills distributed as a consequence of local production, limited amounts of pills have been imported and distributed as a consequence of donations to family planning programs by international institutions. The Ministry of Public Health has received 300,000 cycles of pills from SIDA (Swedish International Development Agency) and PROFAMILIA

140,000 cycles from IPPF. As a result of these donations and the purchase of some pills on the local market at concessional prices, pills have been made available to the poor at prices that range from 20 to 25% below commercial prices through family planning programs. This has been done in an attempt to lower commercial prices of oral contraceptives and thus, to increase consumption.

Despite the legal requirement that the warning, "To be sold on medical prescription", is to be printed on every package of pills, it is possible to obtain any amount of oral contraceptives anywhere in Colombia withour a medical prescription. To a certain degree, this favors the widespread use of pills and acts as a counterbalance with regard to the unfavorable publicity that appears from time to time, particularly with regard to side effects. It should be emphasized that the tremendous publicity the lay press often gives to the side effects and supposed risks of oral contraception has the effect of decreasing acceptance and use of this method.

2.2 Intrauterine devices

Intrauterine devices are not produced in Colombia, and they

are prescribed and inserted almost exclusively by the three family planning institutions of the country. A few IUDs are inserted by private physicians, but the total number is insignificant. The following figures are representative of the use of the method in Colombia and reflect the number of IUDs inserted in 1970:

PROFAMILIA	42,423
Maternal -child health program, Ministry of Health	17,895
Post-partum program ASCOFAME, Population Council	12,989
TOTAL:	73,037

Despite the well known side effects of abnormal bleeding and pain and the disadvantages of rather frequent expulsions and occasional pregnancies, the IUD is a very well accepted method in Colombia, probably because its use requires no cooperation on the part of the user. For this reason, when the IUD is well tolerated, the user need not be concerned about continuing efforts to successfully practice contraception. Unfortunately, the IUD cannot be accepted by the patient and requires clinical follow-up by a nurse or physician.

If present research on the newer IUDs supports preliminary

evidence that they have fewer side effects and are more effective, the IUD will become the first choice of method among new acceptors of modern and effective contraception.

2.3 Condoms

This method is not widely accepted in Colombia because it is associated with venereal disease and prostitution. One cannot give even an approximation with regard to the number of couples who regulate their fertility by use of this method in Colombia. There are data available regarding the number of condoms distributed through the usual commercial channels, however no one knows how many of these units are used for contraceptive purposes as opposed to use for preventing venereal disease. Moreover, no one knows how many condoms are smuggled into the country annually, for illegal commerce in condoms is extensive, despite the fact that there are no legal restrictions regarding their importation. Available data indicate that annual sales of legally imported condoms have been as follows:

1967	356,000 units
1968	267,500 "
1969	276,000 "
1970	513,000 "

PROFAMILIA also imported 576,000 units in 1970 to be distributed at very low prices for special distribution in rural areas in an effort to promote the use of condoms as contraceptives. To date, results have not been very encouraging. It should be added that condoms are not produced in Colombia.

2.4 Spermicides

Despite the fact that their effectiveness is low when compared with pills and IUDs, spermicidal agents are very well accepted in Colombia, possibly because they can be self-prescribed and used and do not require medical follow-up. They also have the advantage of being manufactured in Colombia and can be obtained without prescription. The data available for 1970 reveal that about 60,000 units of jellies and creams and 200,000 dozens of vaginal tablets were sold.

2.5 Injections

The only injectable contraceptive commercially available in Colombia is Medroxiprogesterone whose sales amount to about 25,000 ampules per year. Due to its considerable side effects, the method has had little acceptance by patients and physicians.

2.6 Other methods

Microdosage of chlormadinone and norgestrel for daily continuous administration, post-coital pills of norgestrel, quarterly injections of Norethisterone enantate, and the Copper T IUD have only been used experimentally in Colombia and in but a limited number of cases.

3. DISTRIBUTION

With the exception of IUDs, which are prescribed and inserted almost exclusively by family planning institutions, the remaining contraceptives, which are no longer regarded as experimental and are commercially available, are distributed by the same mechanisms and through the same channels as other pharmaceutical products. The distribution system is operated by wholesalers, who purchase the contraceptives from the manufacturers and have distribution networks that reach even the smallest pharmacies and drugstores. The retailers make a profit of about 25%. Oral contraceptives, vaginal tablets, jellies, and condoms are distributed in this way, and consumption depends of course on the existing demand. The role of doctors is not of decisive importance, for as has been pointed out, contraceptives can be easily obtained without prescription,

despite the law, which theoretically requires a prescription for their sale.

4. FUTURE POSSIBILITIES

If one wants to extend family planning and the voluntary control of fertility to the great masses of people, who live in towns with fewer than 50,000 inhabitants and in rural areas of the under-developed countries, contraceptives must be made available inexpensively to everyone and as near their homes as possible. In order to reach this objective, the following considerations must be kept in mind:

4.1 The development of an information mechanism is imperative in order to inform everyone of the existence of family planning, of its advantages, and of the different methods available. This entity must also motivate people toward adopting a contraceptive method.

4.2 The study and development of special communication systems and techniques are needed for semi-urban and rural areas which will utilize indigenous elements, expressions and personnel, and will bring information and services to the peasant's home, rather than require him to come to the communication and information center. Such a mass information center can only be made operative if one can be assured that

there will be no strong opposition from the government, the church or other influential institutions. Individual resistance stemming from tradition and prejudice can by slowly overcome by means of effective information and communication work.

4.3 In order to extend the use of contraceptives to the mass of rural and urban poor population in underdeveloped countries, it is essential to remove the restrictions inherent in the use of certain contraceptives, particularly medical prescription and follow-up. One must bear in mind that in underdeveloped countries medical care is not available to the whole population. This is very easy to achieve with conventional contraceptives, i.e., condoms, jellies, and vaginal tablets, but not with anovulatory pills since the latter are still regarded as ethical drugs, which must be prescribed by a physician and require medical follow-up. Since we do not as yet have the ideal contraceptive, one that is safe, cheap, effective, free of side effects, and suitable for self-prescription, it is of the utmost importance to start campaigns to teach women the use of contraceptive pills without medical prescription and control. In order to do this, it will be necessary to overcome very strong resistance from the medical profession and the enemies of family planning. The latter will surely attempt to use

campaigns of this kind as a weapon against family planning. One cannot hope for success without a struggle, and we physicians are convinced that the risks of pregnancy are far greater than the risks of hormonal contraception.

With good information services and precise instructions to the people in charge of motivation and the distribution of the pills, most of the cases in which anovulatories are contraindicated can be detected and risks avoided. In any event, the complications which will eventually occur will represent a lesser risk than that of unwanted pregnancy.

4.4 The previously mentioned limitations of side effects and risk to health are not valid with regard to conventional methods, and another important part of the program should be the promotion of the use of condoms, vaginal tablets, and jellies. The objection that they are less effective is counterbalanced by better acceptance and continuation rates and by the fact that they do not need medical prescription or supervision.

4.5 Once the communication and information campaign is completed, it will be necessary to establish adequated distribution mechanisms and channels in order to put the contraceptives within reach of the general public. Motivating someone to adopt

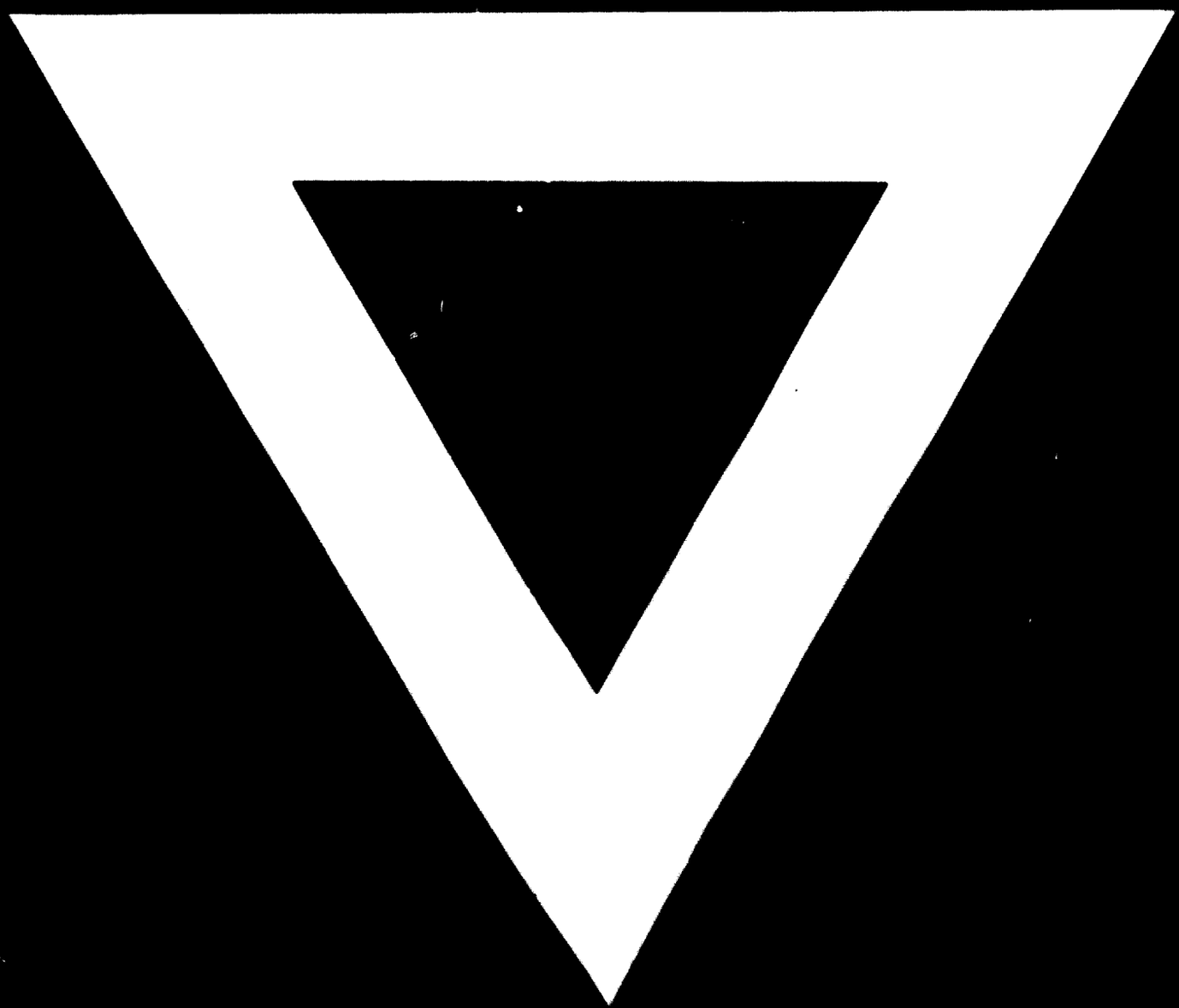
a favorable attitude toward family planning is futile unless this motivation can be easily transformed into effective action. Highest priority should be given to making contraceptives available at really low prices in view of the scarcity of resources of the lower classes in underdeveloped countries. This can be achieved by reducing production costs and by eliminating all superfluous costs involved in free samples, packaging and publicity. Prices can be subsidized to absorb part of the cost of contraceptives if governments or family planning institutions are willing to do so.

There must be a strong demand for sales to be high. The communication and information system must create such a demand in order to awaken interest on the part of distributors and dealers. If demand is not high, there will be little enthusiasm on the part of distributors, and contraceptives will not be available in the smallest branches of the distribution system. Distributors must be assured of satisfactory profits to maintain their interest in the program.

4.6 Once the steps previously outlined have been taken, it will not be difficult to establish a distribution system that can provide contraceptives to even the smallest and most isolated places

in the country and provide them at very low prices with a satisfactory profit at every step in the distribution system. It should be easy to use existing channels for the distribution of such widely used items as cigarettes, certain food products, radio batteries, over the counter drugs, etc. Provided that there is a satisfactory demand and adequate profit, any existing distribution will be glad to take on the program.

4.7 The most difficult step is that of creating demand. This will require strong and enthusiastic action on the part of governments, family planning institutions, and commercial companies to spread the knowledge of the importance and the need for family planning and of the methods available. Doing so will create a demand that is sufficiently great to promote and stimulate the commercial distribution of contraceptives to the smallest and most remote places in the country, just as high consumption products are promoted and distributed.



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