**OVERVIEW**

**NOTE:**
Ideally, you would carry out a Use/Need analysis for every major health area your program supports every 3-5 years as data sources are available and updated.

This guide will cover how to conduct a Use/Need analysis and Quality of Use analysis.

**USE / NEED ANALYSIS**

A “Use/Need Analysis” will identify how great the need is for a particular health area in a country and explore which group (or groups) has the highest gap between Use and Need across different segments. The gap between use and need can then be analyzed through various lenses such as age, gender, geography, wealth quintiles and risk factors to identify the largest groups with unmet need. Use/Need analysis frames the magnitude of need for a product or service in absolute, quantitative terms, which can help us recognize opportunities that might get ‘hidden’ when usage is only discussed as a percentage. The information can be used to select a target consumer segment.

The universe of need is represented by the blue circle below. Within the universe of need, a subset of the population is currently using a product or service. The gap between use and need is what is of most importance.

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**Diagram:**

- **Need**: i.e., Every woman who wants to prevent an unwanted pregnancy
- **Use**: i.e., Women reporting the use of a modern method
- **Gap**: Where we want to focus
QUALITY OF USE ANALYSIS

Once the Use/Need Analysis is completed, it is important to additionally analyze data on the Quality of Use, as knowing the raw levels of use might not be enough to address health needs if the target population fails to use the product or service as intended. For example:

- Discontinuation is a common problem for modern contraceptives
- Condoms may only be used for certain occasions or with certain partners
- HIV ARTs and Hypertension drugs require strict adherence to be effective

This can provide additional insights and complement findings from your Use/Need analysis. It can better understand usage gaps and, with Use/Need analysis, further inform targeting of behaviors or populations.
WHEN TO CONDUCT THIS ACTIVITY

<table>
<thead>
<tr>
<th>Use/Need Analysis can be useful when:</th>
<th>Use/Need Analysis might be less useful when:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing a health area market development strategy</td>
<td>• Data sources are not available or are extremely dated</td>
</tr>
<tr>
<td>• Understanding which target consumers have a need for our products or services (feeding into an enterprise or a portfolio strategy)</td>
<td>• For annual marketing planning, it is likely this will not change very regularly. It may be useful to do a quick review of existing Use/Need analysis as a reminder</td>
</tr>
<tr>
<td>• Informing NBD efforts – to help guide where resources should be directed for a proposal</td>
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</table>

TIME, RESOURCE AND STAFFING REQUIREMENTS

<table>
<thead>
<tr>
<th>Who will participate in this activity?</th>
<th>Who time and resources are required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Project Lead</td>
<td>• LoE, time for analysis, and type of analysis will be driven by what you need to know, and how you expect to leverage insights.</td>
</tr>
<tr>
<td>o Takes primary responsibility for managing the use/need analysis and applying its outputs</td>
<td>• New health markets may require considerably more effort. In this case, you should start discussions with the Program Analytics team to align on a way forward.</td>
</tr>
<tr>
<td>o Coordinates with global support teams, research team</td>
<td></td>
</tr>
<tr>
<td>• Country researcher</td>
<td></td>
</tr>
<tr>
<td>o Responsible for conducting the analysis and presenting key findings to other team members</td>
<td></td>
</tr>
<tr>
<td>• Regional Research Advisor</td>
<td></td>
</tr>
<tr>
<td>o First point of contact with Global Services</td>
<td></td>
</tr>
<tr>
<td>o Helps team understand how analysis will be used</td>
<td></td>
</tr>
<tr>
<td>o Generally advise throughout the analysis</td>
<td></td>
</tr>
<tr>
<td>• Health Area Research Advisor</td>
<td></td>
</tr>
<tr>
<td>o Responsible for determining how to define use and need for their health area</td>
<td></td>
</tr>
<tr>
<td>• Program Analytics team</td>
<td></td>
</tr>
<tr>
<td>o Should be brought in early to understand the analysis, how you plan to use, it, and map out a path forward</td>
<td></td>
</tr>
<tr>
<td>o Can provide automated calculations and analysis for most Family Planning programs</td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS

GOAL

Use/Need analysis is concerned with three things:

- Assessing the **scale of the gap between use and need** in your market as well as any trends
- Identifying the **consumers that you will target for interventions**
- Estimating the **volume of products and services required** to address unmet need

Exactly how we determine these things can vary depending on the needs of the program, ranging from relatively quick estimates calculated in Excel, to intensive analysis using complicated data sets in support of new health areas.

**NOTE:**
The scope of the use/need analysis can be limited by the data source – mostly household survey data collected by partners. Before embarking on use/need analysis, be sure to understand your data source and its limitations.

OUTPUT

There’s no one size fits all approach to presenting data. Many countries present their analysis as a PowerPoint slide deck, while others might use Excel or Word documents.

GUIDING QUESTIONS

Throughout the analysis, we should ask:

- What is the total health need for a product or service in the market? What is the current use of this product or service? How large is the gap between use and need?
- Are there any clear trends in the need, use or gap between use and need that are relevant?
- Which population segments have the largest gaps between use and need?
- Where is the biggest opportunity to deliver sustained health impact?
- What are the trends in use and need over time? How might that impact your program? The national response?
- Who will your program target? Who shall we design for?
- What is the market potential to convert need into demand, then use, for a specific segment? How big is this potential market?
USE/NEED ANALYSIS

Follow these steps to guide your analysis:

**STEP 1: SCOPING**

- The first step in conducting Use/Need analysis is to meet with your Regional Researcher to determine the most appropriate type of analysis and level of rigor required. You should ask:

  - **How will insights be applied in your program?** Do you expect to leverage analysis in support of a full market assessment? Or are you just looking to estimate market potential for a specific intervention?
  
  - **What do you already know now about potential populations at risk and their use behaviors?** Have other studies indicated total need, existing use, and greatest need?
  
  - **What available data sets can you leverage** (DHS, census data, other behavioral data)? Has a DHS been conducted in last 2-3 years?
  
  - **Is there any benefit from breaking down the gap analysis by population segments?**
  
  - **How certain do you need to be?** Will data be presented to the Ministry of Health (MoH) and external partners, or is it primarily for internal (project design) purposes?
  
  - **What resources can you rely on to conduct the analysis** (LoE, capacity, funding)? Do you have time constraints?

**NOTE:**

Don’t attempt a Use/Need analysis based on old or weak data. Consider how “use” and “need” are defined in the context of your program, then work with your researcher to identify alternatives to a full analysis, if needed. Program Analytics can help you consider how you can potentially reduce the work involved by leveraging available data.

- Understand the data source and its limitations. Determine whether or not you will be able to access raw household survey data.

- With support from the Health Area Research Advisor, define “use” and “need” as they apply to your program. These should map to the health behaviors that are required to achieve health impact.

**STEP 2: CONDUCT GAP ANALYSIS**

The goal of the analysis is to identify where use is lagging, and try to identify clues to explain why. Maintain an inquiring mindset during the analysis.

Your research lead will produce a table and set of simple slides, highlighting insights into use/need.

Every market is unique and will require some investigation to explain gaps in use, and understand the real reasons for inconsistent or lagging use.
“Slicing” Data

A gap analysis can identify segments of the population that will most benefit from your health interventions. This is the starting point to market segmentation strategies. It’s helpful to ‘slice’ the use/need gap by:

- Age
- Gender
- Geography (region, province, county, district)
- Wealth quintiles
- Risk factors (i.e., sex work, sex with non-regular partners)

It can be helpful to analyze multiple factors concurrently to understand segments of the population that will most benefit from program interventions. For example, how does use relative to need for young women in rural areas for Family Planning (FP) compare to young women in urban areas? Does need for sanitation vary by wealth quintiles in the 3 provinces your programs support?
Examples

EXAMPLE 1: FP CONTRACEPTIVES, GHANA
A Use/Need analysis in Ghana revealed over half a million urban, older, wealthier women had a need for FP contraceptives, but were not using a modern method. This gap was larger than other population segments analyzed – but not immediately apparent in the DHS data.

This analysis helped the team make a case for investing in interventions targeting this market segment, for example by presenting the unmet need as a potential new market to existing commercial suppliers or having PSI launch its own social enterprise brand targeting this segment.

MYANMAR – UNDERSTANDING THE HYPERTENSION TREATMENT CASCADE
The example below illustrates how the team in Myanmar analyzed data on hypertension. The team was unable to get the raw data from the STEPS survey, nevertheless, an analysis of use and need across the treatment cascade shed light on where to target their interventions.

The team recognized that, with hypertension, public health impact is achieved when patients achieve control of their blood pressure. To achieve control, patients need to be diagnosed hypertensive, go onto treatment and then adhere to their treatment regimens. In addition, providers need to prescribe effective drug regimens. Using data from the STEPS survey the team calculated use and need as:

Need: 6.2 million people living with hypertension in Myanmar
Use: 606,000 people living with hypertension who have their blood pressure under control
Gap between use and need: 5.6 million people living with hypertension who do not have their blood pressure under control
By unpacking Use and Need across the treatment cascade, the team was able to understand where to focus their programs. Rather than focusing on screening new patients as originally planned, the team shifted its focus further down the cascade to target ways to increase the number of people on treatment and to identify the reasons why people on treatment were failing to achieve control.
USE / NEED TO INFORM MARKET STRATEGY IN HAITI

Application in the Field – Use Need to inform Market Potential in Haiti

To understand the potential market for contraception in Haiti, PSI calculated current use of modern methods as well as current need. The team used the most recent Demographic Health Survey (2012) and the 2015 census data to support analysis to quantify unmet need and understand potential of converting need into demand, then use. Their analysis demonstrated that in total, almost 1.3 million women in Haiti have a need, of which more than 340,000 are under 25 years old.

- 2,900,268 – 15-49
  - 1,278,892 have a need
  - 763,740 use (44%)
  - 715,143 don’t use (56%)

- 15-24 – 1,095,167
  - 341,509 have a need
  - 131,547 use (39%)
  - 209,961 don’t use (61%)

The team then broke down use by age, wealth quintile, marital status, and urban vs rural residence to further identify and understand market potential by population segment. Analysis indicated the market was disproportionately falling youth. Further insights demonstrated how method mix was skewed in certain subgroups, indicating a potential lack of choice.

Quantification of need, supported by additional market analysis such as market structure, market performance, and COGS analysis helped to build out an investment case which included a strategic, innovative partnership with a pharmaceutical importer that leverages PSI strengths in procurement, demand creation, and provider behavior change.

Additional Potential Market By Age

- 715,143 women with unmet need = potential pool of new consumers
- Of this number, 28% are young people aged 15 to 24 – 209,961 young people
- The distribution of unmet needs by wealth quintile is as follows:
  - Quintile 1: 43%
  - Quintile 2: 27%
  - Quintile 3: 19%
  - Quintile 4: 8%
  - Quintile 5: 5%
- Primarily urban target
UGANDA, LEVERAGING USE/NEED TO TARGET PRIORITY POPULATIONS FOR CONDOM DISTRIBUTION

In Uganda, quantifying condom need by risk occasion revealed that 40% of condom need is driven sex workers, a relatively small population group. Reported use among sex workers was on the decline, and quality of use analysis indicated gaps in use by clients.

Existing condom distribution programs were untargeted, community-distribution schemes. The analysis revealed an opportunity to rejuvenate programs by targeting sex workers and their clients.

STEP 3: INTERPRET RESULTS

- Work with PA, your Regional Research Advisor and research and marketing teams to interpret findings.
- Identify potential target groups and highlight additional questions.
- Summarize your findings

STEP 4: SHARE & APPLY

- Engage marketing, research and program teams to confirm targeting decisions, as well as other relevant insights relevant to target setting, market potential, research gaps, insights to inform the ‘Profile the target consumer’ step.

Examples of Standard Summary Output

The gap between use and need for product/service A in Country X is XXX,XXX.
  - The total need for product/service A in Country X is XXX,XXX.
  - The total use for product/service A in Country X is XXX,XXX.

Since 2010, the gap between use and need has grown/decreased by XX%. The populations with the largest gaps between use and need are:
  - Population subgroup X (e.g. married women age 25-34) with an unmet need of XXX,XXX
  - Population subgroup Y (e.g. women from the lowest two income quintiles) with an unmet need of YYY,YYY
RESOURCES & TOOLS AVAILABLE

- Modern contraceptives (Use/need analyses will be available for all countries where DHS, MICS and PMA 2020 surveys have been done in the last three years for FP by the end of 2018.)
- WASH
- HIV self-testing
- ACTs
- Condoms
- More in-depth Use/Need analysis examples (link):
  - Ghana FP (Integrating Quality of Use)
  - Haiti FP (linked to investment case)
  - Ethiopia Sanitation
  - Uganda Condoms
  - Myanmar Hypertension
  - Angola Malaria RDT
  - HIV Self Testing (market potential)

QUALITY OF USE ANALYSIS

Quality of Use analysis can answer many important questions impacting program design:

- What are the major trends in use over time with priority target consumers?
- What factors are contributing to uneven use of a product or service? Is situational use (such as inconsistent use of Oral Contraceptives by young women, or unprotected sex with trusted partner) contributing to poor health outcomes?
- Trends in contraception use and non-use can help understand better the gap in efforts to satisfy unmet need.
- Changes in reasons for non-use may indicate changes in obstacles that need to be addressed by programs.
VARIABLES TO EXAMINE
Start with what you know and review available secondary data to determine whether additional primary research is required.

Factors driving quality of use will be context-specific to your health area, and you will want to ask health teams for assistance in the analysis. Try to identify patterns or trends in non-use, reasons for not using, or specific incidences when use is failing, specifically:

- **Frequency** – e.g., how often are men at risk of HIV getting tested?
- **Occasion /Partner Types** – e.g., condom use with non-regular partners.
- **Adherence** – e.g., are ACTs taken for the full course? Are hypertensives taken at the correct dosage on a regular basis?
- **Discontinuation** – e.g., what factors contribute to women taking up then stopping a modern method? Does this vary by population segment?
“BENCHMARKING”
Comparing indicators and trends in your country to other countries in your region can set a “benchmark” for quality of use, and help you understand the relative quality of use within your market.

Reach out to your health team for the latest data relevant to your market, and their assessment of trends that you’ve identified.

**Examples**

**QUALITY OF FP USE IN PAKISTAN**
A team in Pakistan tried to better understand factors contributing to discontinuation of FP measures. As suspected, the team found very high levels of discontinuation of modern methods – particularly short-term hormonal methods.

<table>
<thead>
<tr>
<th>Method</th>
<th>Discontinuation Rate</th>
<th>Switched to another method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>56.4%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Injectables</td>
<td>60.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>IUCD</td>
<td>25.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Male condoms</td>
<td>37.8%</td>
<td>5.7%</td>
</tr>
<tr>
<td>All Methods</td>
<td>36.9%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

The team dug deeper into discontinuation to try and understand reasons cited by WRA for discontinuation. Leveraging data available from the DHS, they discovered that a significant majority of women were discontinuing method use because of ‘method problem’ – a challenge that could be addressed through improved provider follow up and counseling.
Trends in reasons for not using contraception paint a picture of the remaining gaps in efforts to help satisfy unmet need for FP, and changes in reasons for non-use may indicate obstacles that need to be addressed by FP programs.

The data presented below are likely a result of broader changes in the market that could be explained by analysis in other steps of diagnosis:

- What factors have led to a relative halving of women that cite ‘want more children’ as a reason for not using a contraceptive over 15 years?
- What is driving a) fear of side effects and b) Health Concerns, which collectively are the number one reason for women not using a modern method?