

**Key Opinion Leaders (KOLs):  
*Who are they, What do they think, and  
Why they matter?***



MARTHA BRADY  
SENIOR ASSOCIATE, POPULATION COUNCIL  
ON BEHALF OF TEAM

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# KOLs matter because they can . . .



- Set overall regulatory and procurement strategies
- Determine resource allocation and priorities
- Shape policy and influence practice
- Be a friend or foe of EC

# We are exploring Key Opinion Leaders'



## Knowledge of . . .

- EC product (s)
  - What is/is not. How it works
  - Safety and efficacy profiles
- Norms and guidelines
- Legal/regulatory status
- Provider type, training, service delivery points/distribution
- Use among different segments
- Supply, procurement, logistics
- Research: global and/or local

## Attitudes/opinions perspectives about . . .

- Overall impression of EC
  - Acceptability among women, providers, program managers
- “Target” population(s)
  - which women, what situations/circumstances
- Use dynamics, “repeat” use
- Role of EC in method mix
- Barriers/obstacles to EC
- Recommendations

# Population Council's current research with KOLs by country and type



Country	Category/type of KOL identified	#
India	Govt. officials	5
	Medical /professional assoc.	10
	NGOs, social marketing,	6
	Development partners/donors (USAID, UNFPA)	2
	Manufacturer of products (Cipla)	2
Nigeria	Govt. officials	4
	Medical/professional associations	5
	Local NGOs	2
	Religious leaders (Federation of Muslim Women)	1
	Development partner/donor (USAID)	1
Senegal	Govt. officials	6
	Medical and other professional associations	4
	Local NGOs, CBOs	7
	Development partners (USAID, UNFPA, WHO)	3
	Distributer (social marketing, Prodipahrm martes, pharmacy suppliers)	3
	Media	1
	Police force	2



## The process

Identified 12-25  
KOLs in each (India,  
Nigeria, Senegal)

Developed tool; key  
domains of interest

Conducted face-to-  
face interviews

Convene Day of  
Dialogue (DoD)

## Preliminary learnings

- Generally supportive, but several caveats
- Broad range of knowledge levels and diverse opinion among KOLs
- KOLs themselves often have misconceptions about EC
- Wide variation in definition of “repeat use”
- Many hold conservative views toward use and “repeat use”

# Insights from India . . .



- All agree EC important **as back up**
- Most state that EC safe and effective (if used properly)
- Most believe EC promotes premarital sex and promiscuity
- Program managers supportive; say EC should be available through public sector via trained paramedics, yet have reservations and/or motivation to make this happen
- EC generally “available” in public sector FP clinics, yet medical in charge often not keen to dispense
- Ob/gyns have reservations about OTC; report decrease in condom use/failure which they attribute to EC
- EC is available in urban areas through market outlets

# Sentiments from Senegal . . .



- *“We must continue the extension of this method. It is useful and easy to use. It deserves to be popularized among young people, but we must first promote condoms to prevent STI/HIV. This is a backup method that does prevent AIDS.”*
- *“Among providers, there are misgivings. They make judgments about people. They (midwives) believe that young people should not know, they highlight the cultural and religious aspects.”*

• MEMBERS OF PROFESSIONAL ASSOCIATION

# On the role of service provider . . .



- *“ In some cases such as rape and incest, it is to promote. But personally, I will not promote this product because with the youth there is already bias. For us, what we want is to promote responsible behavior among youth. But if there are cases of rape, incest, there is a duty to inform and guide them.”*

- *NGO MEMBER, SENEGAL*

# Notes from Nigeria: On EC as part of family planning program . . .



*“EC should be part of the family planning program in Nigeria because the level of development and information available to users suggests the need for it. Prevention they say is better than cure, since other preventive methods are not readily available, EC is a quick intervention.”*

DEPARTMENTAL HEAD  
PHARMACISTS COUNCIL OF NIGERIA

## On EC acceptability by “providers” . . .



*“Providers like it! Based on the high demand for ECs in Nigeria, the patent medicine vendors are motivated to provide a wider range of services than the public sector, but will need to be trained on the use of the product.”*

PROGRAM MANAGER (MCH)  
USAID/NIGERIA

## On the issue of “repeat use” . . .



*“What do you want them (women) to do?  
The women are protecting themselves,  
repeat use could be dangerous since they  
don’t know how to use them properly . . .  
but women will use it.”*

CHIEF TECHNICAL OFFICER  
FEDERAL MINISTRY OF WOMEN’S AFFAIRS AND SOCIAL WELFARE  
ABUJA, NIGERIA

**Stay tuned for the next wave . . .**



# Population Council team



- Idowu Araoyinbo
- Ian Askew
- Ahonsi Babatunde
- Isha Bhatnagar
- Martha Brady \*\*
- Sharif Hossain\*
- Salisu Mohammed Ishaku
- ME Khan
- Babacar Mane
- Saumya RamaRao
- Deepthi S. Varma
- Katherine Williams

*\*\*ICEC Steering Committee and Team Leader*

*\* ICEC Steering Committee*