ASSESSING MARKETS TO DEVELOP A MARKET ENTRY STRATEGY FOR LADB IN LMICS

Authors
Gupta K[1], Rivas V[2], Gustafson K[2], Tuan K[3], Ahafonov K[4], Hegde A[5], Green K[6]
[1] PATH, New Delhi, India, [2] PATH, Washington DC, United States, [3] PATH, Hanoi, Viet Nam, [4] PATH, Kyiv, Ukraine, [5] PATH, Mumbai, India, [6] PATH, Geneva, Switzerland

Background
Opioid agonist maintenance therapy (OAMT) is a cornerstone intervention for reducing opioid-related morbidity and mortality. Long-acting depot buprenorphine (LADB) could provide a more discreet, convenient, and less stigmatizing form of treatment for opioid dependence. LADB could also improve client retention in care as well as economic stability. However, lack of understanding of markets and product introduction pathways in low- and middle-income countries (LMICs) has limited access to LADB. As part of the Unitaid HCV/Harm Reduction Portfolio, a multi-country market assessment was conducted to inform a market entry strategy for LADB in LMICs.

Methods
The assessment was conducted across ten countries using a mixed-methods approach. Semi-structured interviews were conducted with ministries of health, implementing partners, non-governmental organizations (NGOs), and community-based organizations. Interviews explored OAMT program funding, structure, service delivery models, procurement processes, supply chain and regulatory considerations, policy environment, and decision making. Secondary service provision and consumption data and country program documents were reviewed to complement the findings. Data and information were synthesized to understand market readiness and explore market entry strategies for LADB. Limitations include lack of private-sector visibility.

Results
Across ten countries, OAMT programs showed substantial variations. Government budgets were the primary funding source, with donor support limited to a few settings. Service delivery models ranged from fully integrated public-sector clinics (e.g., Vietnam, India) to predominantly NGO-led models (e.g., South Africa). The number of sites and clients differed widely, from small programs (South Africa, Kyrgyzstan) to large national networks (India, Vietnam). Procurement was centralized in most countries. These structural and operational differences result in varied market attractiveness, shaping market entry prioritization and strategy.

Conclusion
While government ownership is strong, funding fragility and strict narcotics controls constrain OAMT scale-up. Leveraging Global Fund financing alongside targeted market-shaping interventions will be critical to enable sustainable LADB uptake in LMICs.

Disclosure of Interest Statement
The authors have no conflicts of interest to report. No pharmaceutical grants were received in the development of this study.