

“It's about how long you spend changing behavior.”: Saysana Phanalasy and Lattana Sinhradsvong of Population Services International on bundling services, reaching communities, and working towards a sustainable business model.

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: I know Population Services International (PSI) used to do eyeglass work with the Scojo Foundation to provide affordable reading glasses in developing countries by establishing a network of local entrepreneurs. They collaborated as a pan-African reading glasses initiative around 2007. Then PSI moved away from that and started doing more grants and building on philanthropic funding.

From your perspective, working with community health workers, do you bundle services or do you mostly just do one type of thing when you work with health workers?

Saysana Phanalasy: In the past, with the global funds, we bundled malaria and HIV for the outreach team. When going to the villages, we used the same, because the target group is not similar, but in the community, they watch the outreach movie, hanging out doing the storytelling at night. In our current program, we bundle family planning and the vaccines for the babies.

Then targeting one family, sometimes young mothers have a lot [of children] and need birth control, contraception, and the babies need vaccines. We bundle the services, the communication packages.

Ambika Samarthya-Howard: You're saying that they provide both the services, the healthcare services, and doctors?



Lattana Sinhradsvong: Yes. Providing health education and the products at the same time. When the funding is reduced, the distribution of free products is also reduced. Because we are a social enterprise, we encourage communities and people to buy the product. We can provide education and do demonstrations with samples, it's not like a free product to every single family. We did that twenty years ago and it's a great approach, but we've changed into a social enterprise.

Ambika Samarthya-Howard: What I'm hearing from everybody is that, instead of giving something for free, that if you can show that the product has value, and get people to buy it, then it's more sustainable. You have to spend quite a bit of time doing marketing and doing communications.



Lattana Sinhradsvong: Yes, and that is funded by the donor. It takes about 10 years before we come to selling. Social marketing is subsidized by global funds, by the donor.

It depends on the commitment with the donors, and how many years the donor can provide subsidy. After that, we need to ask what is the transaction after the subsidy and how many percent is for free and how much for sale. It doesn't mean we get profit from the sale, we just want to change the behavior of the consumer.

Ambika Samarthya-Howard: How are you doing that, mostly through social media?



Saysana Phanalasy: It depends. In the past, social media was not popular and we used direct interpersonal communication to provide the education and you feel like you really need the product. It's of value to you and you're happy to pay for it.

We evaluate from your income, your population, your target willingness to pay. What the target audience can afford.



We don't start from buying for \$1.00, and then selling for \$1.05 to get a five cents margin. We evaluate the amount of time and willingness to pay. Then we get the cost of goods sold and jump to a bit of profit. That could be the milestone of the road map of the social enterprise.

Ambika Samarthya-Howard: What's interesting is that we don't do eyeglass work for healthcare, it's not cataracts or blindness or anything like that. We're doing it because when you get older, you lose reading, and you need reading glasses. A lot of people need it for sewing, they need it for weaving, or tea picking. If you don't have it, you lose your income, your livelihood.

Saysana Phanalasy: It's about something important for your life, you know it's going to add up. In a rural area, they have to buy the cheap ones from unjustified channels with low quality. It might affect them in the long-term.

The health impact is about deaths, it's about life. PSI used to count from the adjusted life, for how the product helps save your life longer.

Ambika Samarthya-Howard: I think PSI was exploring eyeglasses as a product, so that there was revenue coming from the product.

Saysana Phanalasy: That's good for social business. In some other portfolios, they are not just offering health products, but they also sell sanitation pads and sanitation cups.

Ambika Samarthya-Howard: When you're talking about social businesses, it's a highly regulated environment. In Laos, there's much less regulation and less interference in the markets with the governments. How do social businesses happen in an environment like in Laos?



Lattana Sinhradsong: The government will focus only on a public service and doesn't have the capital or funding to invest in businesses in Laos, but they tried to reduce the subsidies and try new approaches, like sustainable public hospital service, by improving the quality and providing an admit room option to clients who can afford it. They have limited funding and just rely on the donor funding. From the donor's perspective, they just wanted to prioritize health, whereas that rarely is the priority of the country.



What is not mentioned is the impact on the sales for the life of the people in Laos. The government will focus on that and rely on private companies to invest to fill the gap in the country. They open [possibilities] for others to invest in the country.

The government supports this by reducing the tax for some products in health, for example, the lab machines. They can provide tax exemption for NGOs importing the products. In the past, we provided free contraceptive products and they also provided a tax exemption. Even for organizations, buying a car to go to remote areas is provided by tax exemptions.



Ambika Samarthya-Howard: The thing that I'm seeing is that it's very hard to make a business out of something like condoms, unless the business is also selling medicines, lotions, hair products and all of that. When you go into the field, you bundle the vaccines and the condoms, but you're not making a margin off of any of these?

Saysana Phanalasy: No, but our goal is to get a margin.

Ambika Samarthya-Howard: How do you think you're going to get that?

Saysana Phanalasy: It's our milestone, we go step by step. We are registered as an NGO to support the Laos government, not to make money from the Lao people. We evaluate the readiness to pay and when we add up another product, we have to get on the demand side as well. If there's a gap in the market, we can fill it in. If the market is already full, it will be hard to compete.

Ambika Samarthya-Howard: In order to create market demand, you have to do marketing and communications, but that takes money. When you're talking about the 10-year runway, it starts with building demand.



Saysana Phanalasy: It means that the first investment [for marketing and communications] will come from donor support.

Lattana Sinhradsvong: 10 years ago when they used donor money to focus on demand generation, including behavior change, it was huge money for promoting on social media and outreach in the community about condoms and contraceptives being good. Your business cannot pay \$200,000 for a yearly campaign. That's why we don't just sell PSI Laos, but globally this year.

There are little costs for social media and promotions, because mainly they cannot generate a lot of profit, the margin. That's why PSI transitioned to focusing on donor funds and doing a lot of demand generation and outreach work so that if people need condoms and are willing to pay, PSI can send the new approach for demand generation activity with more cost efficiency.

Ambika Samarthya-Howard: What is the hardest part of demand generation for a new product?



Saysana Phanalasy: Of course, they are not familiar with the brand and the product, so it needs more advertising and to pilot for getting feedback. The existing competition delivers low quality products, and condoms go to the black market. Even when we want to sell eyeglasses, our big competitor will be the cheap products from unknown sources.



Demand generation is also existing in cheap, low-quality products, particularly in Laos, where the regulation is not very strict. Many products come from unknown sources, we have to compete with them as well.

Ambika Samarthya-Howard: It is not even just demand generation on the condom, but on high-quality products as well, because the low-quality ones are not very good?

Saysana Phanalasy: It's competitive, yes. For the low quality condoms, we don't know if they work because no one measures it. We can't prove it by saying the HIV rate in Laos has increased or reduced and so it means it works or not. If the number of STIs and HIV cases is increased, it means that there may be many condoms in the country coming from one factory with good or bad quality, but there may be other factors to consider as well.

Ambika Samarthya-Howard: The idea of a tipping point is to spend a lot of time generating demand, but then at some point, people know that this product exists, and then talk about it. That's when you've reached your tipping point and you have word of mouth. Everybody does it because everybody else is doing it. Until that time happens, you have to invest a lot of money.

Some people invested in radio, some people invested in social media, and a lot of people just invested by physically going to different places.



Saysana Phanalasy: That's the same as the PSI approach. We use all social media, and we also go to the sites. We have a team of educators going to the villages and teaching.

Lattana Sinhradsvong: Currently, for the condom project, we no longer invest in interpersonal communication.

Ambika Samarthya-Howard: Why is that?



Lattana Sinhradsvong: Because it's huge money and they already know our brand. We use interpersonal communication with specific products that aren't well-known in the market.

Ambika Samarthya-Howard: What type of marketing have you found to be the highest value? Is it when you show numbers or when you show people, or what actually makes a difference?

Lattana Sinhradsvong: The outcome we want is sales. For communication, it's like marketing support. We have to do medical retailing. Going to the trade outlet directly works too.

Ambika Samarthya-Howard: You're saying that the main idea from the marketing is to let people know where to get the product?



Lattana Sinhradsvong: Yes. The pharmacy is a hero in Laos, but how can we convince them to build a relationship and make the products available there? That is a key point. It depends on the characters of the products. For a new product, we have to look at market surveys, what the consumer knows about the product and how they can adapt to it.

They have to like us. We have a five steps stairway to make people aware about the product. The five steps are awareness, interest, adoption, change, and advocacy. By the state of the adoption, we have to have the strategy for each role.

Ambika Samarthya-Howard: You were saying earlier in this conversation, when you're bundling, you do the vaccines and then you also do the condoms. Both in terms of products and services, you're going out and doing both.



Saysana Phanalasy: That's for the government because PSI doesn't do these. When we support the government package, the Ministry of Health's team goes to the community and bundles the products. We bundle for services, contraceptives, not for the product. But for interpersonal communication—when we teach the community—we talk about family planning and vaccines.

Ambika Samarthya-Howard: If the government is going out doing vaccines and condoms and they're bundling it together, that's very smart. What happens if people only want the condoms, but not the vaccines, or vice versa?



Saysana Phanalasy: In Laos the bundle is flexible. They are not bundled in one pack, but they look at the family and see five children who need vaccines and a husband that needs condoms. They provide education, but if someone only has one child I might not talk about family planning or contraception with her but instead talk about a vaccine and nutrition, because her little baby is too small.

Ambika Samarthya-Howard: That makes sense, but then that happens through a community case worker?

Lattana Sinhradsvong: Yes, depending on the target. The target audience for the community is the caregivers, parents, reproductive health, and kids. The products compromising the bundle would be condoms—not just for HIV prevention, but also for pregnant prevention. That would be in the category of the family planning products.

In the past, we had a malnutrition project to supply nutrition products for kids. We integrated it into the bundle because they are going to the same target audience. It is our cost saving strategy.

Ambika Samarthya-Howard: Do you think the products will become sustainable after 5 or 10 years where you won't need any funding and people will just naturally buy?



Saysana Phanalasy: Depends on if we invest only in two provinces or in the whole country. That's why it's hard to evaluate and to currently invest. We need self-income, profits, and long-term sustainability for a product sale. We do not use that approach.

Ambika Samarthya-Howard: You would not use that approach, right?

Saysana Phanalasy: We use this solely for education, focusing only on the health impact of education.

Ambika Samarthya-Howard: If you were trying to do this as a business, where people were starting to buy these products on their own, what type of approach would you do?

Saysana Phanalasy: If the product is focused on the audience that accesses social media, we can use social media. If the audience goes to the public hospital, we can see and give the sample to the public facility to educate them. We go to the main site where the communities can access widely. It would be joining events and conferences, there are many things that we can do. Of course, it's more cost-effective.

Ambika Samarthya-Howard: It's a hard balance between scaling and sustainability. If you have two provinces, you can become sustainable. But once you scale, it's really hard to be sustainable. That's mostly what we're trying to explore—what have people done that seems to be working. PSI has done a lot of things around products and around health education that have been very effective.

Saysana Phanalasy: The answer also comes down to the question about how we can continue making a sustainable product. Firstly, it's about how long you spend changing behavior and when you succeed in this, you need to maintain it at an affordable price.

Ambika Samarthya-Howard: How do you know when you've spent enough time in behavior change?



Saysana Phanalasy: We have research and monitoring evaluation in PSI. Throughout the process, there are mechanisms about the willingness to pay and the continuance of use. We measure this through a variety of metrics. First is to do the market survey. Secondly, the willingness to pay, and the consumption of the products.

Ambika Samarthya-Howard: Willingness to pay is after you've given it to them, are they willing to pay for the next one by themselves?

Saysana Phanalasy: There is segmentation for the poor, middle, and upper income. PSI does annual monitoring and evaluation research to understand the intel of supply and demand, to understand how to maintain the market and what to do for intervention. That is the key piece, to understand the portfolio and the progress of the products and services.

Without this, you cannot envision five years from now. In the market survey, they also do competitors, product demand, products, and market share. They use a variety of metrics to calculate what happened with our products.

Ambika Samarthya-Howard: From what I'm noticing in a lot of the work is that there is a difference between the urban and rural areas and access. When reaching people in Laos—between the road conditions and how far away things are—is it hard to reach the provinces?

Saysana Phanalasy: I'm really interested in this because we don't get much information about the people in rural areas. What is the perspective of those who think about the eyeglasses? We know that the people in the city, in the urban area, if they have an eye problem, they go to the hospital, or to the public health facilities, but letting people from the rural areas leave home to go to the public facility can be very difficult.

Ambika Samarthya-Howard: Why is that, not for the eyes specifically but just to check their health?

Saysana Phanalasy: Yes, even their health and vaccinations for their kids, because they have to go to the farm, go to work. They provide and don't have the money to feed the family.

Ambika Samarthya-Howard: That's where the community health worker comes into place, because the community health worker goes to them.



Saysana Phanalasy: That's why we have to invest in making the health communities available to the target group. It depends on the products and the target audience to scale the population. I'm concerned about the fact that if we want to do any activity, any projects, we have to think about the size of the audience, the segmentations.

Ambika Samarthya-Howard: I feel like the biggest segmentation is between rural and non-rural. Once you're in rural situations, gender is a segmentation, and then age.

Saysana Phanalasy: The access availability has increased. If there would be no service, that would be challenging and difficult to inquire. We always try to understand the target audience

first. What is their perspective, because it changes all the time. We cannot stick with the old information. We have to conduct surveys on new products and get new insights on them.

Ambika Samarthya-Howard: Your audience segmentation is always generally men or women of reproductive age, and youth, right?

Saysana Phanalasy: Yes. Based on our current project, they are the same category, the same segmentations. We can integrate them in the projects.

Ambika Samarthya-Howard: This was interesting. Thank you.

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Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*