





SRH R&D Investment and Innovation in the Context of Limited Resources and Competing Priorities

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SEXUAL & REPRODUCTIVE HEALTH RESEARCH AND DEVELOPMENT: BEYOND SPILLOVERS

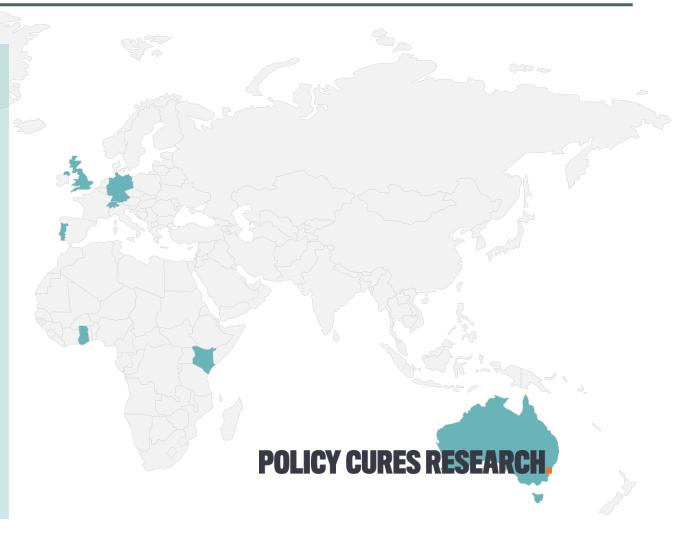
Dr Alex Asamoah Ankomah Technical Officer

Accra, 20 October 2023

POLICY CURES RESEARCH.

About Policy Cures Research

- Global health research and policy organization
- Focused on identifying gaps in R&D for global health priorities
- Conducting policy research and analysis and engaging with the global health community to stimulate efficient funding and coordination for global health R&D
- Aimed at providing governments, funders and civil society with information needed to make optimal R&D policy and funding decisions to improve health outcomes for the most underserved



Flagship project: G-FINDER (Scope)



Buruli ulcer

Cryptococcal meningitis

Dengue

Diarrhoeal diseases

Helminth infections

Hepatitis B

Hepatitis C

Histoplasmosis

HIV/AIDS

Kinetoplastid diseases

Leprosy

Bacterial pneumonia & meningitis

Leptospirosis

Malaria

Mycetoma

Rheumatic fever

Salmonella infections

Scabies

Snakebite envenoming

Trachoma

Tuberculosis

Ebola and Marburg

Lassa fever

Crimean-Congo haemorrhagic fever

and Rift Valley fever

Coronaviruses (MERS, SARS and

COVID-19)

Henipaviral diseases

Zika

Disease X

Contraception

HPV and HPV-related cervical cancer

Pre-eclampsia and eclampsia

Post-partum haemorrhage (PPH)

Sexually transmitted infections (STIs)

Multipurpose prevention technologies

(MPTs)

Hepatitis B

HIV/AIDS

SRH: LMIC-applicable R&D

funding





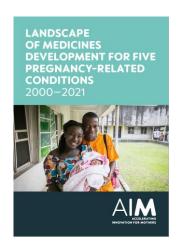
Accelerating Innovation for Mothers

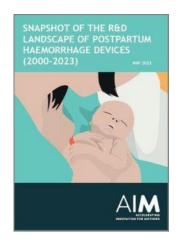


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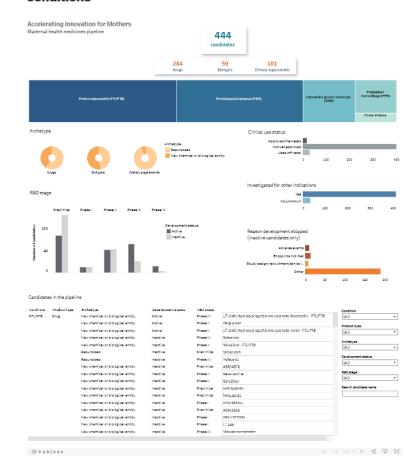








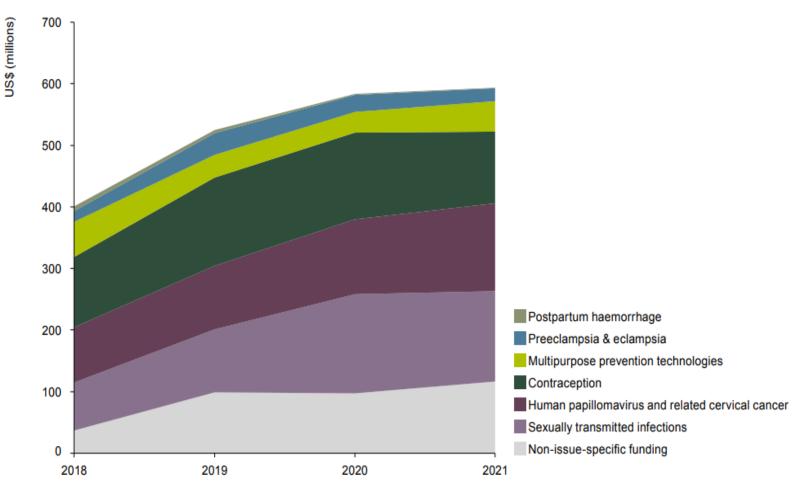
The pipeline of medicines for five pregnancy-related conditions



SRH R&D funding: 2018 - 2021

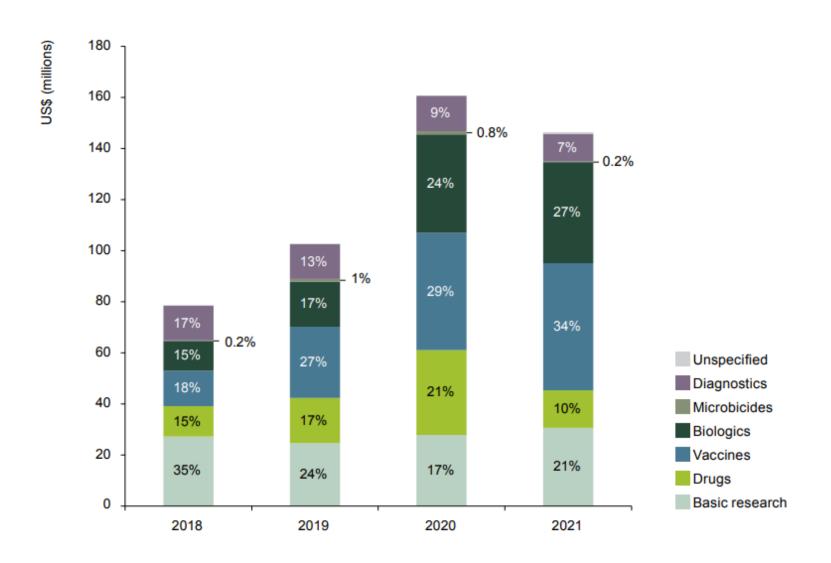
Funding not equal: Non-maternal SRH funding grows, maternal health R&D investments lagging



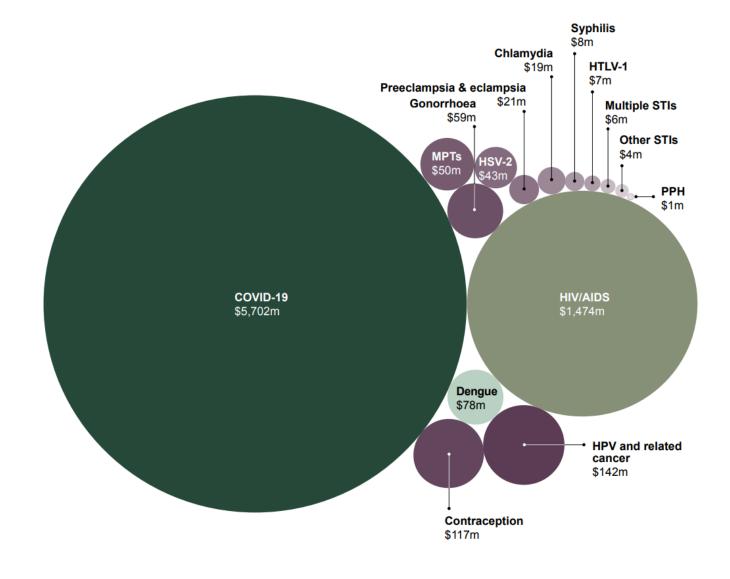


Total funding for SRH R&D by disease or health area (2018 - 2021)

Sexually transmitted infection R&D funding by product type (2018 - 2021)

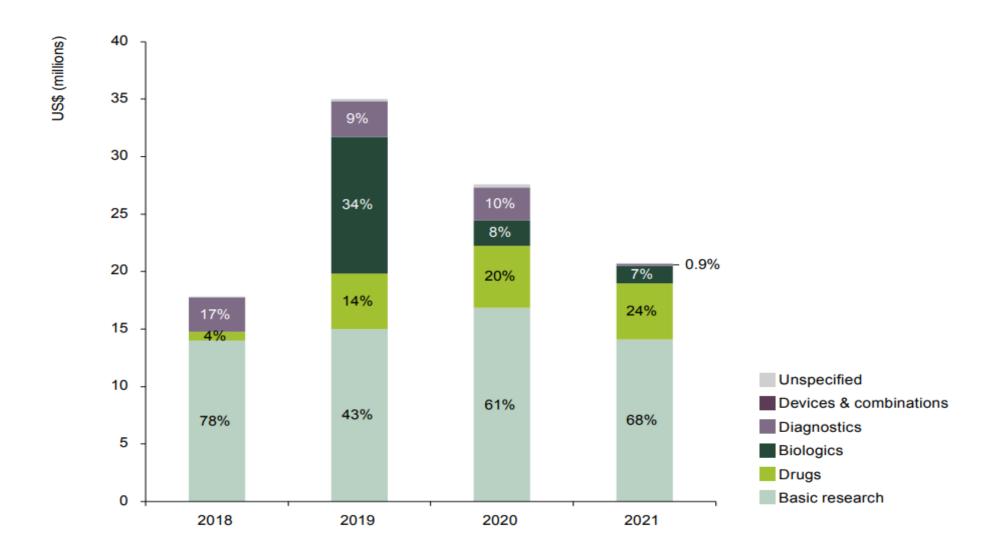


R&D funding to SRH versus COVID-19, HIV/AIDS and dengue 2021 (US\$ millions)

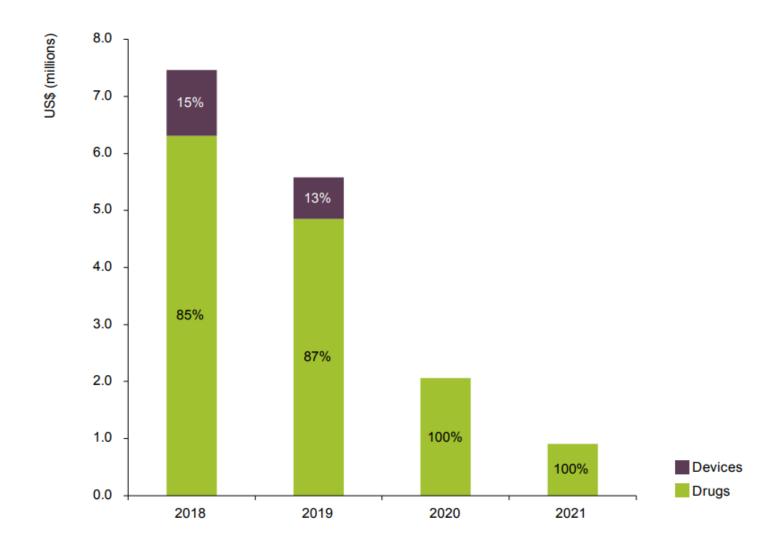


How about funding for maternal health issues?

Preeclampsia & eclampsia R&D funding by product type 2018 - 2021

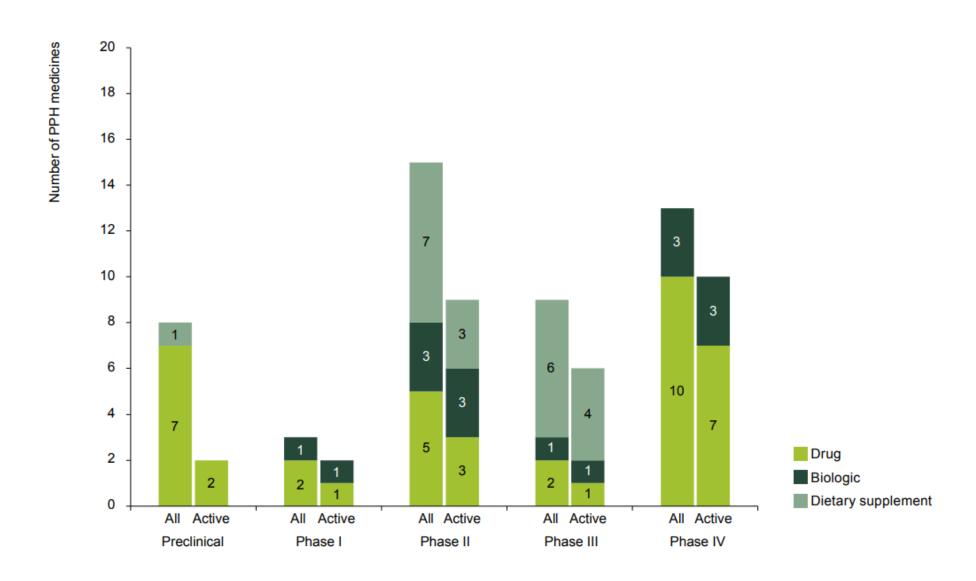


Postpartum haemorrhage R&D funding by product type 2018 - 2021

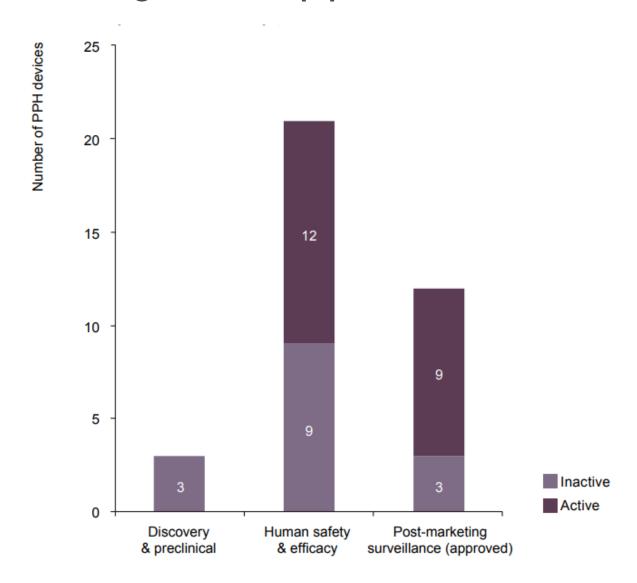


Maternal health pipeline: PPH

Postpartum haemorrhage medicines pipeline 2000 - 2023

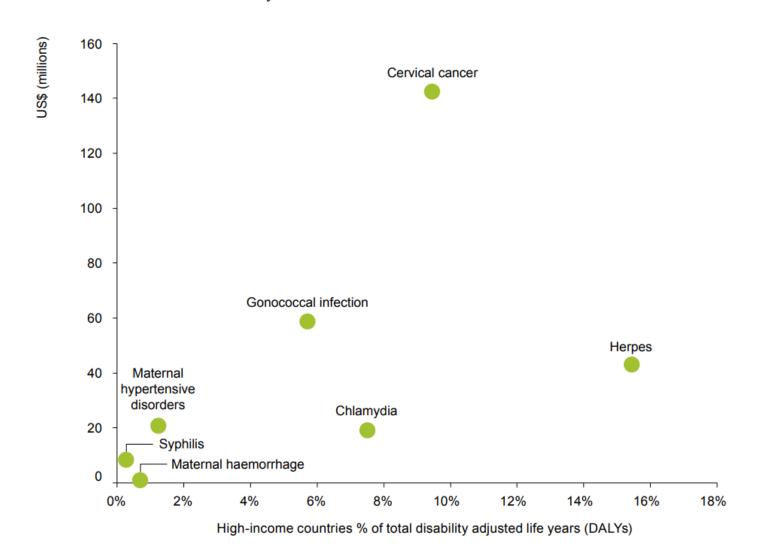


Postpartum haemorrhage devices pipeline 2000 - 2023



Looking past the numbers

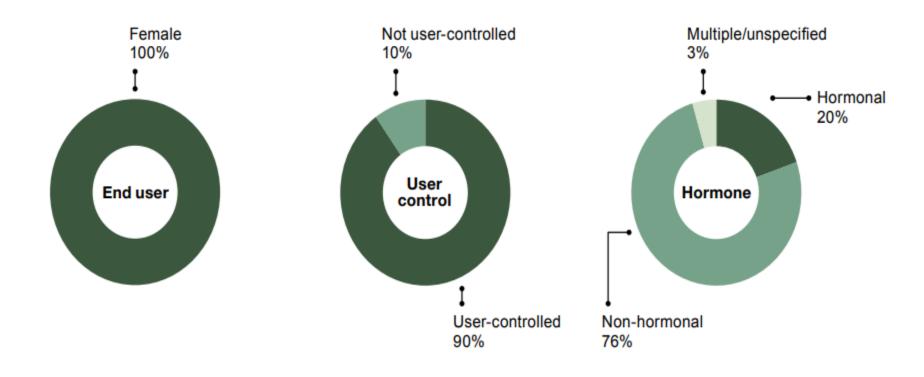
RECAP: Funding not equal - Total R&D funding and the burden of disease/health area in HICs, 2021



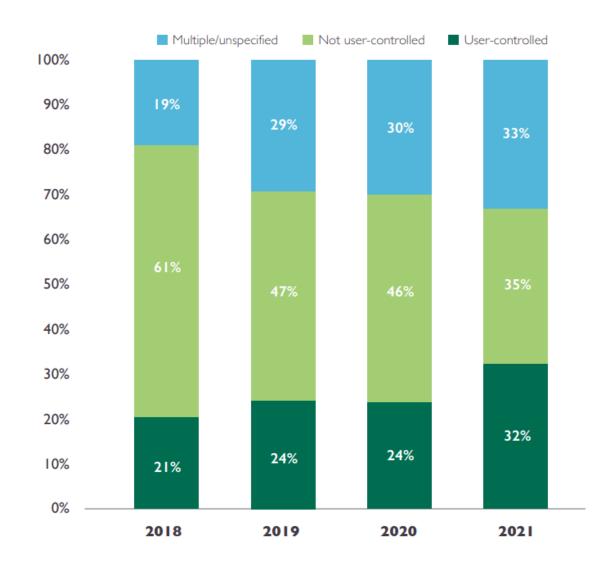
illions)	140							
US\$ (millions)	120 -							
	100 -						10%	
	80 -		40%		14%		5% 9%	
	60 -	30% - <0.1 38% - 4%			7% 19%		12%	
	40 -		22%	- 0.6%	7%			
	20 -		5% 24%		41%		41%	
	0 —	2018	2019	,	2020	-	2021	
Other R&D Core funding Platform technologies Biologics-related platform technologies General diagnostic platforms & multi-disease diagnostics Adjuvants and immunomodulators Drug-related platform technologies Vaccine-related platform technologies								

Some SRH R&D funding is becoming more user-focused and more diverse

Multipurpose prevention technology R&D funding, 2021



Contraceptive R&D funding by administration type 2018 -2021.



Thank You!

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Contraceptive Innovation in the Context of Limited Resources & Competing Priorities

TABITHA SRIPIPATANA, Catalyst Global















Adapted through a two-part workshop with key stakeholders to reflect the complexities of contraceptive markets

Evaluates contraceptive technologies with the greatest potential for impact using four revised criteria:

- User Demand & Impact
- System Factors & Sustainability
- Supplier Capacity
- · Progression to Scale



USER DEMAND& IMPACT



What is the evidence that the product will improve health, wellbeing, and/or choice over the status quo?

- Does the product address a critical gap in the contraceptive market (e.g., overcomes access barriers, offers unique features valued by end-users)?
- Which market segments are likely to use it? How strong is the evidence t hat they want this product?
- What are the risks of unintended consequences (e.g., environmental damage, effects on local suppliers)?
- In the short and long term, how might this addition affect the overall market for contraception (e.g., mCPR, method mix, unintended pregnancies averted, equity)?



What is the willingness and capacity of health system actors (e.g., providers, MOH) to add the product to the current offering? In the case of self-care methods, how feasible is use in this setting?

Considering costs alongside demand and impact, what is the cost-effectiveness over time?

- What are the full costs of adding the product (e.g., product cost, provider training, demand creation, savings from de-prioritization of older product)?
- Who will pay (e.g., balance of public/private sector use) in the short and long term future? How aligned are costs with willingness and ability to pay?
- Is it feasible to achieve price sustainability given near- and long-term financing and other considerations (e.g., estimated time to supply diversification)?



Is there a potential for more than one supplier in this method category?

Do product specifications align with requirements of procurer(s) and health system realities (e.g., shelf-life, storage conditions)?

 What is the supplier's capacity to adapt the product as needed (e.g., languages, duration of use, shelf-life, storage conditions)?

What is the supplier's capacity to manage production (including over- or under-estimation of demand), quality assurance, sales, marketing, and pharmacovigilance (e.g., experience with other contraceptive products)?

What is the supplier's commitment to this market, ability to manage stakeholder relationships, and openness to direct rather than centralized procurement?

What is the supplier's level of financial resourcing and stability?

Can we adequately manage risk to the supplier (e.g., advance market commitments, possible public relations impact of a challenging launch)?

^{*}Suppliers can include innovators, licensees, and generic manufacturers

PROGRESSION TO SCALE



Have all available channels of access (e.g., public and private facilities, pharmacies and drug shops, community-based distribution) been considered?

What policies, tools, or guidelines would need to change for the innovation to deliver on its potential impact (e.g., over-the-counter sales, self-administration)?

To what extent has this innovation already scaled? Or is there a clear path to scale? For example:

- Have potential roadblocks been considered and plans made to address them?
- Has the World Health Organization (WHO) included the product/method in guidelines?
- Has the product cleared regulatory hurdles or will clear them soon (e.g., WHO Pre-Qualification (PQ) or Stringent Regulatory Authorities (SRA) approval, national registration)?
- Is the product listed in donor agencies' procurement catalogs (if relevant)?

Demand Forecasting Approaches for New Contraceptive Technologies

- To strengthen the global health community's understanding and use of market sizing and demand forecasting for new and lesser used contraceptive technologies, we have:
 - Examined the methods, assumptions, and purposes of common forecasting approaches
 - Described common forecasting approaches
 - Recommended best practices for forecasting



Forecasting Purposes

Stage of Product

Early R&D

Later R&D

Yet to be Introduced at Scale

Available at Scale

Primary Users

Product Developers, Manufacturers, Donors, Institutional Buyers (including Governments), Implementers

Decisions
Informed by
Results

Development of products responsive to consumer preferences

Advocacy for investment

Investment in product development

Tradeoff decisions within a portfolio

Advocacy, investments, and planning for:

Country prioritization, regulatory steps

Access pricing and other market shaping interventions

National introduction plans

Supply planning by procurers and Ministries of Health for public and private sector distribution

Production planning for manufacturers

Time Horizon

Long-term forecasts

Short-term forecasts

Avoiding Common Pitfalls

Pitfall

Overstatements in consumer research

Consumer overestimation, exaggeration, and desirability bias can lead to overestimates of demand

Potential Solution

- Weight survey responses by likelihood of method uptake
- Consider consumer satisfaction with their current method

Failure to account for method discontinuation

Lack of discontinuation data for new methods

Even short periods of discontinuation (days between refills or skipped doses) can add up over the course of a yearly forecast

- Apply discontinuation rates for an appropriate proxy product with a similar refill profile
- Consider discounting for consumer selfreport

Not considering uptake in the context of the entire method mix

Consumers may be more interested in an existing method if it were presented in the same way as the new method

Market cannibalization - Users switching from existing method to the new method reduces impact on mCPR

 Present the full method mix when looking at potential uptake of a new method

Best Practices

- ✓ Harmonize definitions
- ✓ Develop a fit-for-purpose model
- ✓ Avoid common pitfalls
- ✓ Interpret existing forecasts carefully



ORIGINAL ARTICLE

Demand Forecasting Approaches for New Contraceptive Technologies: A Landscape Review and Recommendations

Elizabeth LaCraix, "Ashley Jackson, b Seth McGovern, "Kate H. Rademacher, "Claire W. Rothschild"

- The purposes of and methodologies for market size estimation and demand forecasting for new contraceptive methods vary widely. No single approach to forecasting fulfills all purposes, and a mismatch between purpose and methodology can lead to poor decisions.
- Several approaches can help forecasters account for the existing method mix. Some forecasts estimate shifts in the entire method mix and modern contraceptive prevalence, while others generate estimates of uptake or product use for a
- Historical trend data from similar contraceptive methods can help ground forecasts for new

Key Implications

- When developing a forecast or market size estimate, it is critical to choose a methodology fefor-purpose, reality test the results, consider method switching and effects on the broader method mix, communicate assumptions clearly. acknowledge uncertainty, and refresh forecasts as new information becomes available.
- When using a forecast or market size estimate to make decisions, it is assertial to confirm if the make decisions, it is to serial to Commit it are estimate was developed for this purpose, examine the assumptions in detail, and consider whether adjustments or a different approach are needed.

ABSTRACT

Introduction: Market size estimations and demand forecasts use a veriety of methodological approaches to inform decision-making around new (and lesser-week) contractions of the contraction of country new tune asser-usery commonspieve memors, nor contro-ceptive products ofready civalidate of scale in a market, historical captive products aready eventable of scale in a morker, historical procurement and consumption data can help to inform these foreprocessment and companyment used and resp to mornt sees were costs. However, little published guidance is available on approcons. remover, have pursuance gurconce a commone var appropriate approaches to estimating contraceptive demand in the

ansence or resource case.

Methods: This landscape review aimed to describe the variety of Methods: This landscape review aimed to describe the variety of approaches for modeling demand for new contrasptive meth-ods, highlight apportunities for alignment professional forecosting ous, ingragar opportunities for originates crowns torscowing practices, and make recommendations to support more accurate process, and make recommendation to support more occurrent forecasting and sound decision-making based on forecasts. We oregoing and some accountmental series on necessary the country of the published scientific and gray literature to inform the development of a semistructured guide for key informati interviews. reopment or a temperaturated guide air say movinant interviews.

We conducted interviews with 29 expent representing a spectrue of interests in morket size estimation and demand forecostruen or nearons in names have entermonent and tensor removed ing for new conhocospine methods (e.g., ministries of holds, manufacturers, technical assistance providers, and deteops, monuneurous, reconect assistance providers, and de-mand forecasting specialists). We coded notes from the inter-

news using memoric consists analysis.

Results: The purposes of market size estimation and demand netweet the purposes or manuse two estimation and common forecasting for conflocephie methods vary widely, or 40 or sociated model injusts and outputs. Key informants revealed a second confloration of the c Sociated model inputs and outputs, key sitematical remained to more standardized language around market size estimotion and demand forecasting and highlighted key recommenmotion and demond to recovering and regregated key recommendations; select models that are fit for purpose, dearly articulate canons; seecr mootes nor are re-to-purpose, crearly amounts assumptions and uncertainty in model outputs, consider a broad casespecial and uncontainty in mouse seques, consister a snoot range of contraceptive options in a forecast to capture the complete controllers supply environment, and perform a reality check of results and refresh assumptions.

cock or resus and remen assumption.

Conclusion: We recommend following a single decision pathway. Conclusion: We recommend belowing a simple discusor polimary to ensure that forecosts are fisher-purpose, with appropriate inputs, and assumptions deadly articulated. Common pricial around a final field to another the common pricial around the common p correspinating demand thould be avoided, incorporating best oransessaning amona snavas or process, incorporating one procless into forecasting overcises will ensure that models are useful for the stokeholders.

■ INTRODUCTION

In low- and middle-income countries, an estimated 218 million women do not want to have a child in the next 2 years or at all and are not using a modern method of contraception. When asked why they do not use modern family planning, the 2 most common

Prepulation Services International, Washington, DC, USA. PATH, Seomle, WA, USA. 1916 360, Durham, NC, USA

Consepordence to Elizabeth LaCroix (Macroix@psi.org).

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Delivering innovation in self-care

Abigail Winskell, Project Director

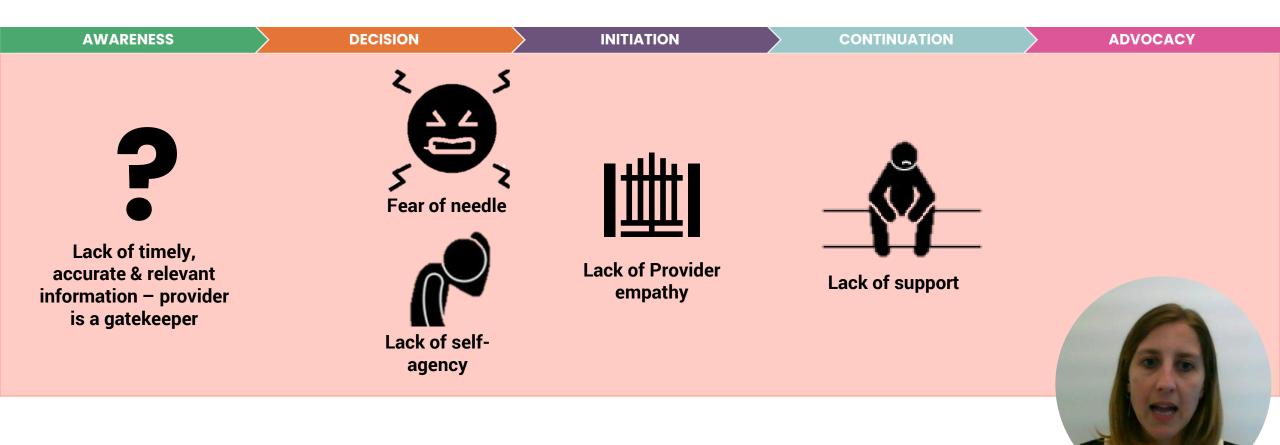
Self-injection offers many benefits...

- ✓ Puts power in women's hands convenience, saves money/time, less pain.
- ✓ Relieves some burden on providers (esp. public).
- ✓ Contributes towards FP2030 goals new users, lower discontinuation.



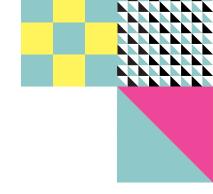
... however, women face significant barriers in access.







Bend the curve for self-inject by ensuring all women who choose this method have frictionless access.



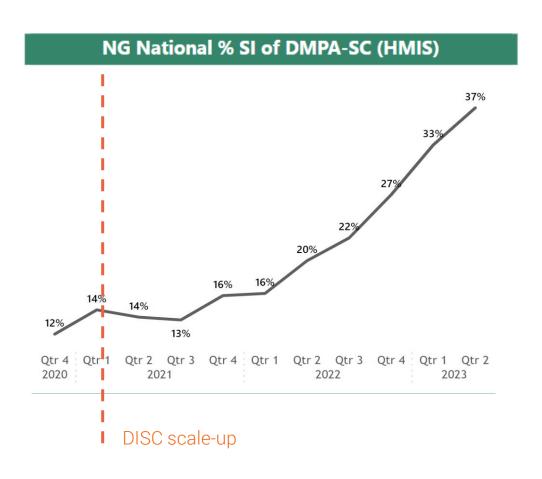
A behavior change ecosystem
that supports women
throughout their entire selfinjection journey - to take up,
sustain use of, and advocate
for self-injection.

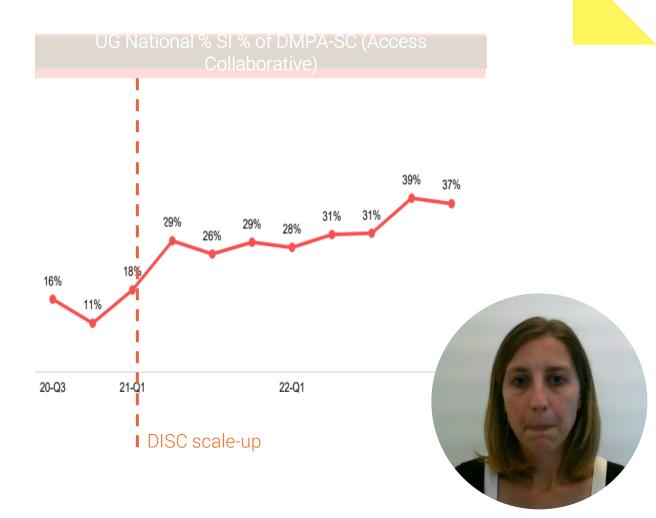
dille

Provider empathy training
- increasing capacity to
coach women through their
fears and increase agency.



DISC is accelerating growth in national Self-Inject markets in Nigeria & Uganda







www.psi.org/project/disc

disc.info@psi.org



Thank You!

Questions?