Expanding access and increasing choice through introduction of new contraceptive methods

Lessons from implant scale up and applications for introduction of Sayana Press

9 October 2015

BMGF strategy and vision for new FP product introduction

Maryjane Lacoste, Senior Program Officer, Bill & Melinda Gates Foundation

9 October 2015

Our Goals for Family Planning

Today to 2020

Bringing access to family planning to an additional

120M WOMEN

without coercion or discrimination

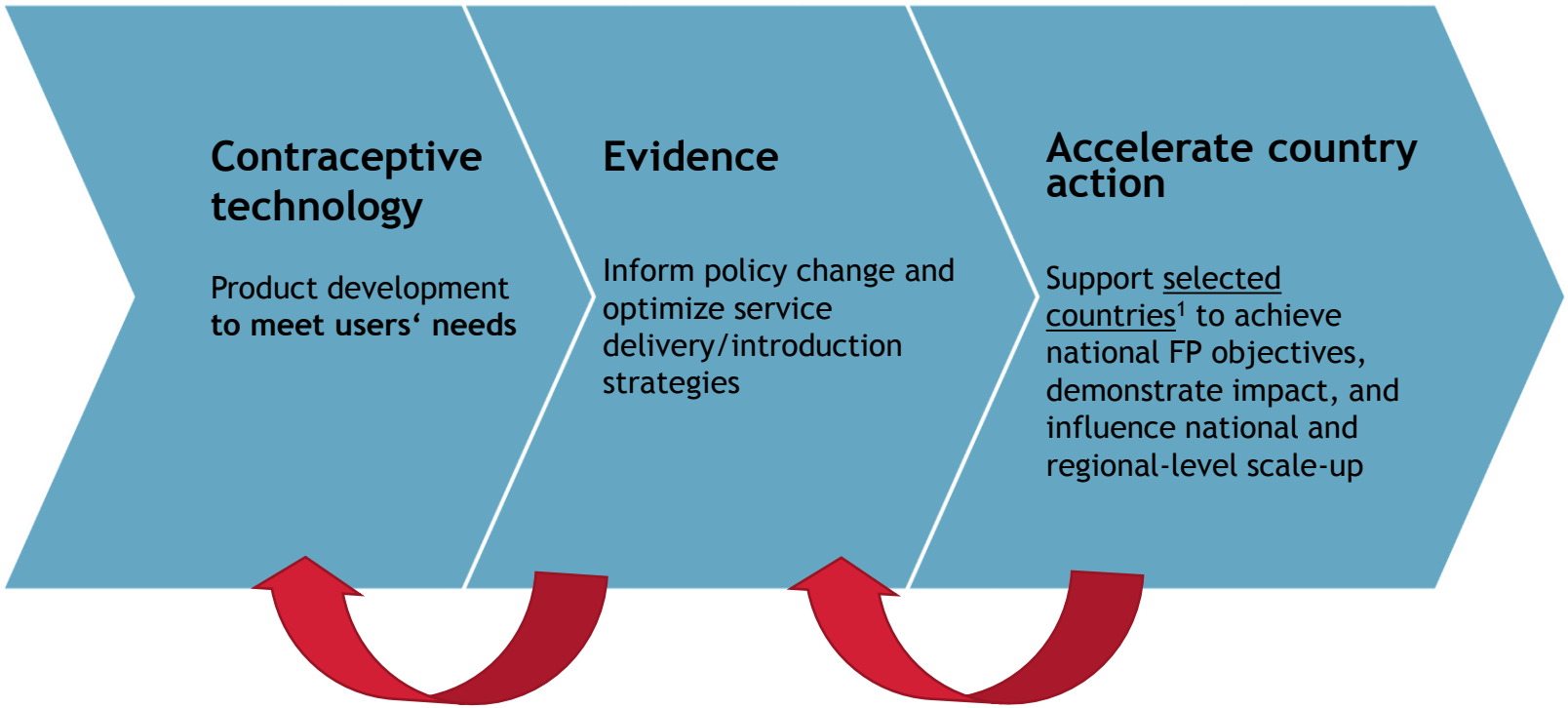
Beyond 2020

Progress toward

UNIVERSAL ACCESS

to voluntary family planning

Three FP strategic initiatives directly support product introduction



1. India, Nigeria, Indonesia, Pakistan, DRC, Ethiopia, Kenya, and Ouagadougou Partnership (demonstrations in Senegal & Niger)

Investment criteria and key considerations

- Impact
- Relationship to strategy
- Donor landscape and coordination

What we can bring to the table

- Creative financing mechanisms
- Targeted research efforts to support development, introduction, scale up
- Flexibility to address gaps that are not able to be covered by others
- Convening partners to develop collaborative solutions

USAID Considerations: Procurement and Introduction of New Contraceptive Products

Reproductive Health Supplies Coalition
Oslo, Norway

Victoria Graham, Sr. Technical Advisor
USAID/GH/PRH/SDI

October 9, 2015

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USAID Procurement Highlights

- **Offers a wide-range of Methods**: USAID seeks to offer a wide-range of high quality contraceptive options to maximize choice and equity.
- **Value of Shipments:** USAID is the single largest bi-lateral procurer of contraceptives. In the mid-1980s the value of USAIDs annual shipments were over $30 million; in recent years, the annual shipment values have been as high as $125 million.
- **Product Portfolio 1960-Present:**

  1960-1980 – male condoms, OCs, IUDs, vaginal foaming tablets.

  1992 – implants added

  1994 – injectables added

  1998 – female condoms added

  2004 – last year vaginal foaming tablets offered

  2011 – Emergency contraceptives added

  2014 – The injectable Sayana Press added

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USAID/Washington Procurement Considerations

- Stringent Regulatory Status: SRA, WHO/PQ, CE Mark
- Effectiveness
- Client and provider acceptability
- Unit price
- Demand from USAID Missions and field programs
- Registration in USAID priority countries
- Other considerations: shelf-life, partnerships, scalability, level of provider, transportation costs

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USAID/Mission Introduction Considerations – Sayana Press

- Unique characteristics of Sayana Press
  - All-in-one injection device with a very small subcutaneous injection needle
  - Reduction in transportation burden
  - Potential to shift policy
  - Contains 1/3 less DMPA (104mg) and 35% less volume (0.65ml) than Depo Provera
- Client preferences and method mix
- Availability of appropriate service delivery channels
- Introduction costs – e.g. training, advertising and promotion
- Unit cost
- Agreement by the Ministry of Health
- Registration – SRA and in-country registration

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Thank you!

The role of generic drugs in the Reproductive Health market-place

Lester Chinery, Director of Operations, Concept Foundation

9 October 2015

The role of generics in Reproductive Health

- To contribute toward creating and sustaining a healthy market:
  1. Providing competition and improving value for money for donors and buyers.
  2. Ensuring security of supply avoiding single source reliance, increasing manufacturing capacity to meet forecast demand.
  3. Scaling up of programmes to maximize impact.

Improving value for money and ensuring security of supply

- Competition - the number of quality assured RH products has risen from 8 in 2011 (all innovators) to 28 in 2015 – an increase of 20 products of which 90% are generics.
- VFM - the unit price of the most widely used combined oral contraceptive formulation has decreased by circa 15% in past 5 years as more quality competition emerges.
- Supply security – there is currently only 1 QA depot medroxyprogesterone acetate (DMPA) injectable:
  - Supply constraints in 2008, led to large volume purchasing of a generic substitute supplied at a competitive price – resulting in a degree of competition between 2008-2011.
  - From 2012, with no current competitors, unit prices remain higher than optimal.
  - Concept Foundation's support to generic manufacturers.

Generics and new technologies

- Patents and ensuring early access to low and middle income markets.
- Balancing commercial incentives and public/ donor investments.
- Forward planning for competition and supply security for new and improved technologies (e.g. subcutaneous DMPA in Uniject).
- Concept Foundation's product development programme.

Implants, strategic investing for access

- Improving access to meet rising demand for implants:
  - Innovative financing – Minimum Volume Guarantee to achieve lower prices combined with,
  - Donor investments in generic manufacturing of Sino Implant II and increasing competition.
- Market shaping to achieve broader access, through lower prices and the ability to meet demand on a sustainable basis.

Thank you!

Transitioning to Implanon NXT

Lessons learned for future product transitions and introductions

Alice Kang'ethe, CHAI

9 October 2015

How do you transition service delivery to a new product?

- Look for efficiencies by segmenting health worker training
  - Health workers already providing implants
  - Health workers not yet providing implants
- Coordinate efforts to avoid confusion
  - Create a unified transition plan between the MoH, service delivery partners, and supply partners
- Track health workers who have been trained in which methods and which geographies have transitioned can help prevent duplication of efforts and identify gaps

How do we effectively supply the new product while avoiding wastage of the old one?

- Use unified national transition plan for service delivery to inform supply plan and forecast for both incoming and outgoing methods
- Consider past consumption patterns of the outgoing method and potential implications for uptake of the new method
  - Chart out product split over time and ensure sufficient buffer stock
- Consider the service delivery investments being made and the timeline of the transition—how well is it funded, where?
  - Shift buffer stock to geographies with less investment and slower transition as needed
- Consider implications of transition on demand for alternative products (e.g. 2 rod implant)
- Consider high capacity, high volume service delivery channels with greater flexibility (e.g. NGO outreach) to avoid wastage of leftover product

How can two product presentations co-exist in the supply chain?

- Distribution should be part of any transition or introduction plan, and should be timed and coordinated with service delivery investments
- A country may wish to segment product introduction geographically, by level of the health facility, or by type of provider training
  - Jointly supply NXT and Classic to newly trained health workers
  - Switch products sent to subnational geographies when training threshold is met
  - Options all require careful coordination between service delivery and supply chain personnel
- Track service delivery investments like training to ensure newly trained health workers receive the new product to maintain their skills
- Where both products will be available simultaneously (e.g. intramuscular and subcutaneous DMPA), the effort goes beyond the transition and will require systemic changes

Consideration in future product transitions/introductions

- Carefully weigh the costs of introduction/transition with the benefit of the new product
- Consider not just the price of the commodity, but also roll out costs:
  - Service delivery investments, like training, orientation, and updating guidelines
  - Supply chain adjustments, such as reprinting LMIS forms, and potential wastage of product being replaced
  - Management bandwidth/resources required to make the switch
- Is the new product preferred by clients? Health workers? Will it actually lead to increased uptake?

For most women, including women who want to have children, contraception is not an option; it is a basic health care necessity.

-- Louise Slaughter