

Country Transition to NXT:

Lessons learned and applications for future product transitions and introductions

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— of the —
**REPRODUCTIVE HEALTH
SUPPLIES COALITION**

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Why did countries transition from Implanon Classic to Implanon NXT?

Similarities

- One-rod, three year implants
- 68 mg of etonogestrel
- WHO-prequalified
- 99% effective

Differences

- Radiopaque rod
- Improved insertion device limiting depth of insertion

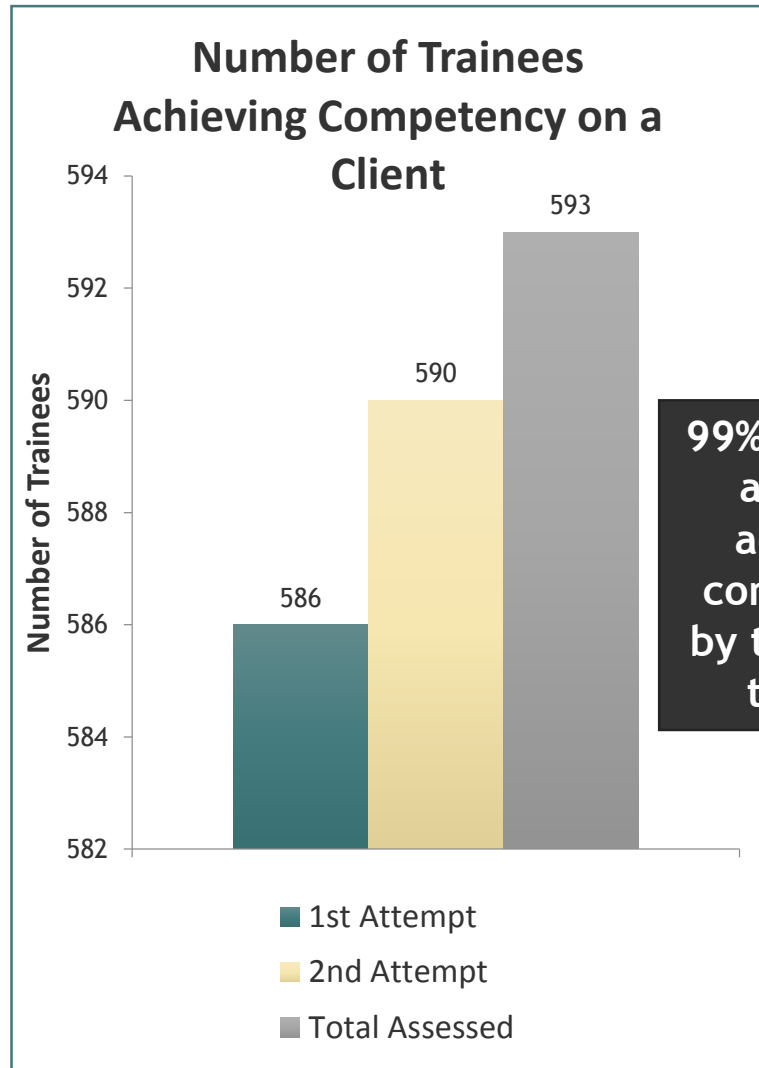
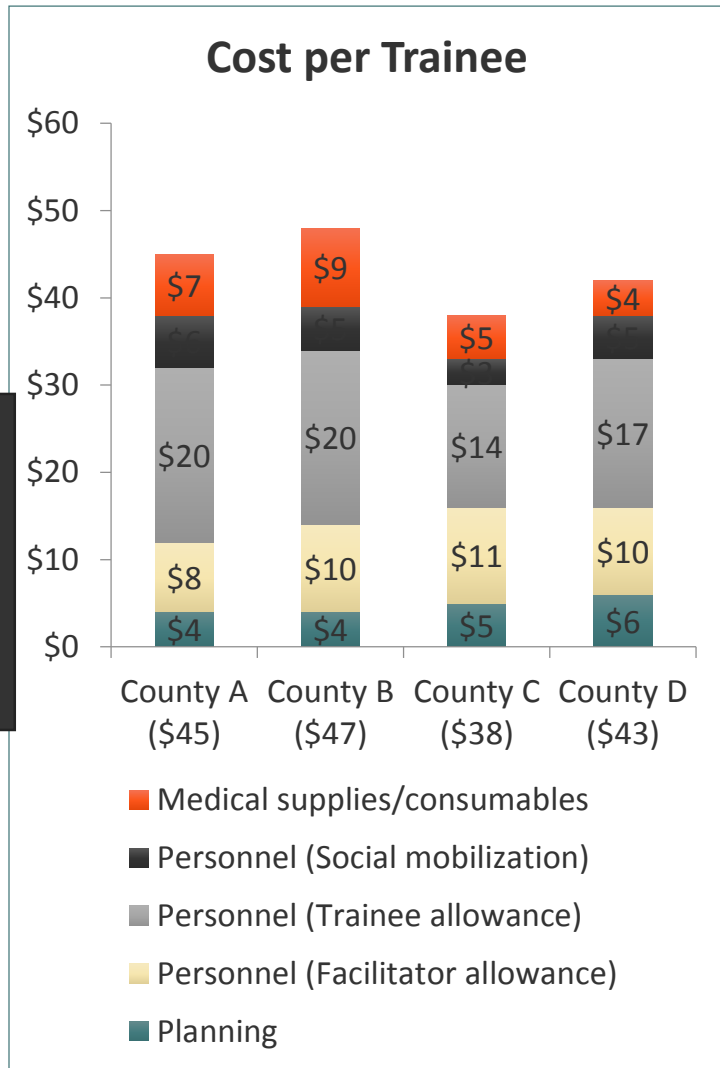
Safely and effectively operating the new device requires clinical training, even for those providers who were previously trained in and are experienced using Implanon Classic.

How do you transition service delivery to a new product?

- Coordinate efforts through a unified transition plan
- Prevent duplication of efforts and identify and resolve transition gaps by tracking introduction
- Look for efficiencies by segmenting health worker training
- Consider cost effective alternative training approaches such as on-the-job training (OJT)

NXT OJT

Average cost of \$43 USD per trainee



99% of clients assessed achieved competency by the end of training

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

- 1 Align supplies with scale-up plans
- 2 Assess consumption patterns of outgoing method to determine potential update of new method
- 3 Catalogue service delivery investments and timeline, and adjust supply plan and distribution plan to accommodate it
- 4 Determine implications of transition on demand for alternative products
- 5 Leverage high-capacity high-volume service delivery channels to avoid wastage if necessary

Ghana DHMIS2

Data criteria

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Ghana - 2015

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Age group of registrants

10-14 yrs	15-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	≥ 35 yrs	Total new registrants
5068	82627	185569	186235	133773	87899	681171

Brand name	Stock balance					Stock required		Unit price
	1	2	3	5	6	7	8	9
	Beginning	Received	Issued	Loss/ Demonstration/ Expired	Balance	Issued x months required	Quantity required	CEDIS
Lo-Fem	10075	4761	2807	288	11741	2807	-3320	0.2/cycle
Ovrette	4271	1255	1605	119	3802	1605	1013	0.2/cycle
M Condom	7884757	4093000	2470301	73418	9434038	2470301	-2023135	0.1/3 pcs
F Condom	252232	19760	23656	4279	244057	23656	-173089	0.03 pcs
								Total

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

- Include distribution in the transition/ introduction plan
- Time and coordinate distribution with service delivery investments
- Consider segmenting product introduction geographically, by level of the health facility, or by type of provider training
- 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

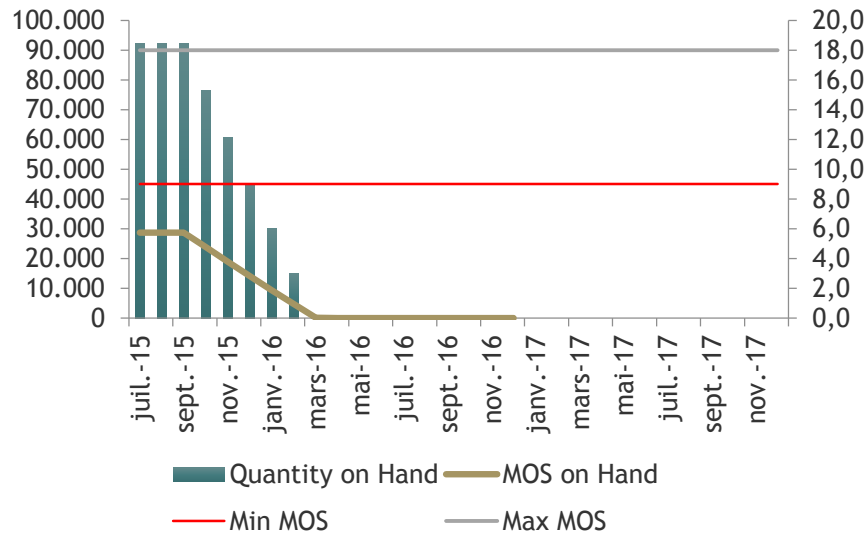
How can you use data and analysis to improve transition efficiency?

- Monitor consumption patterns and training status and adjust distribution plans accordingly
- Analyze available data by geography
- Phone call survey to determine and confirm stock movement
- Carefully track training roll out
- Global coordination using PPMR and pipeline data to plan, coordinate and adjust shipments in-country

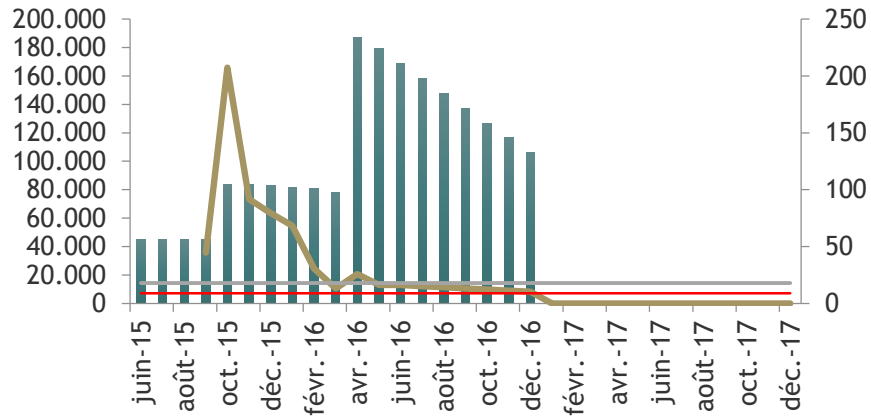
Training Mapping			
<p>Instructions: This sheet will help you to track any planned and completed trainings for NXT. In Column B, enter the name of the training partner. Enter the subnational geography where the training is occurring in column C. Enter the number of implant providers that will be trained in NXT in column D. When a training has been completed, enter the number of trained providers in Column E, and delete the planned training numbers from Column D</p>			
Partner	Province/County/State	Number of HCWs to be Trained on NXT Only: Planned	Number of HCWs Trained on NXT Only: Completed

NXT Refresher Training	
HCWs Trained (Completed)	-
HCWs to be Trained (Planned)	-
Target	-

Implanon Classic Supply



Implanon NXT Supply



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Tanzania Lessons Learned

- Trainings and commodity movements needs to be carefully planned
- Maintain communication between programs, training facilities, health facilities and Medical stores department about the new product
- Medical stores department staff need to be properly informed on the new product
- Logistics tools need to include the new product to facilitate requisition and distribution

Ghana Lessons Learned

- A serious focus on product availability is required
- Communication to all levels of the delivery system about the new product will build confidence and create awareness
- Strong coordination is needed
- Close data monitoring enables effective redistribution amongst all medical stores as needed
- Trainings are effective if targeted and it is helpful to use National and Regional Resource Trainers to carry out cascade training

Considerations for 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?
- Is there an enabling environment? What sector(s) are best positioned to lead the effort?

Questions?

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