

# 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**

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Technical Officer

Accra, 20 October 2023

**POLICY CURES RESEARCH.**

## About Policy Cures Research

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- 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



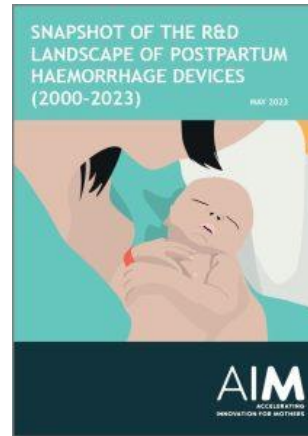
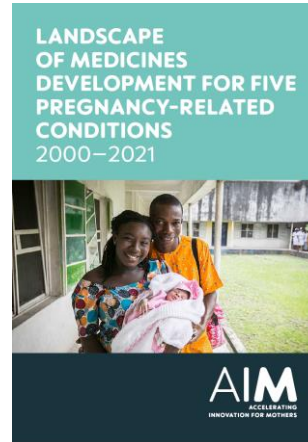
**Contraception**  
**HPV and HPV-related cervical cancer**  
**Pre-eclampsia and eclampsia**  
**Post-partum haemorrhage (PPH)**  
**Sexually transmitted infections (STIs)**  
**Multipurpose prevention technologies (MPTs)**  
Hepatitis B  
HIV/AIDS

**SRH: LMIC-applicable R&D  
funding**

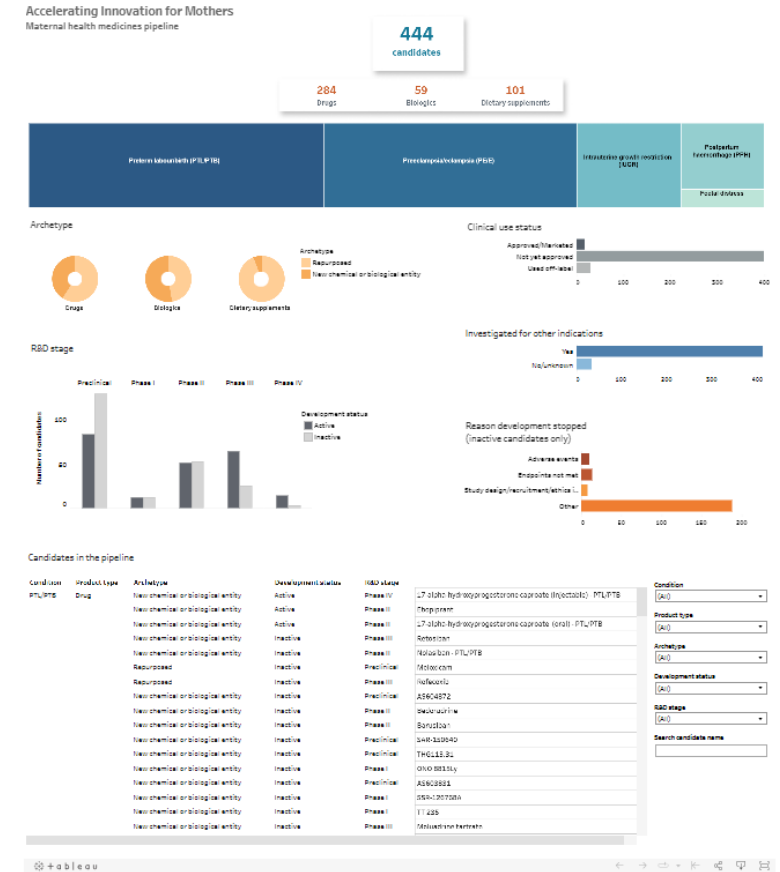


# Accelerating Innovation for Mothers

## POLICY CURES RESEARCH.



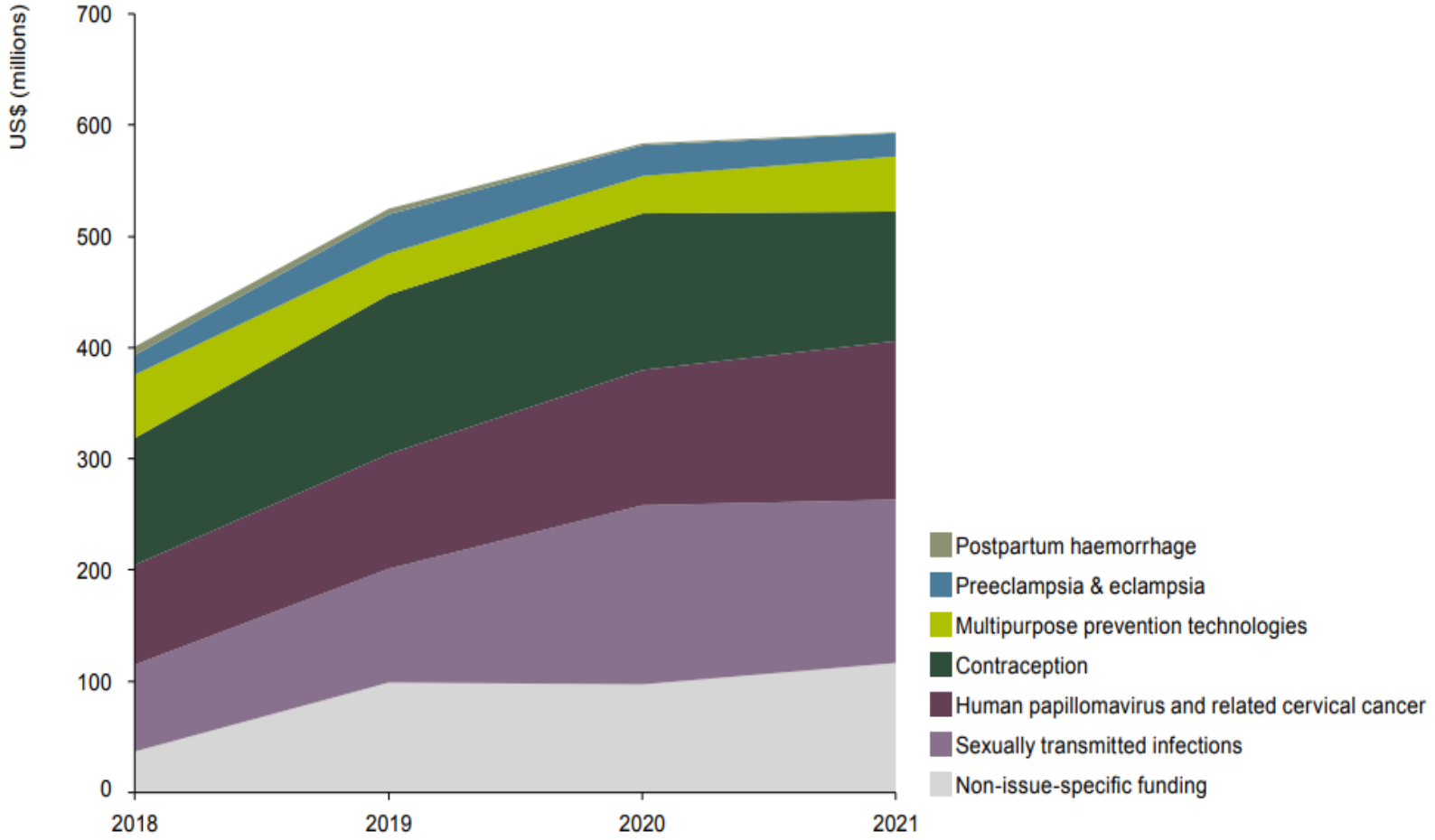
### The pipeline of medicines for five pregnancy-related conditions



# SRH R&D funding: 2018 - 2021

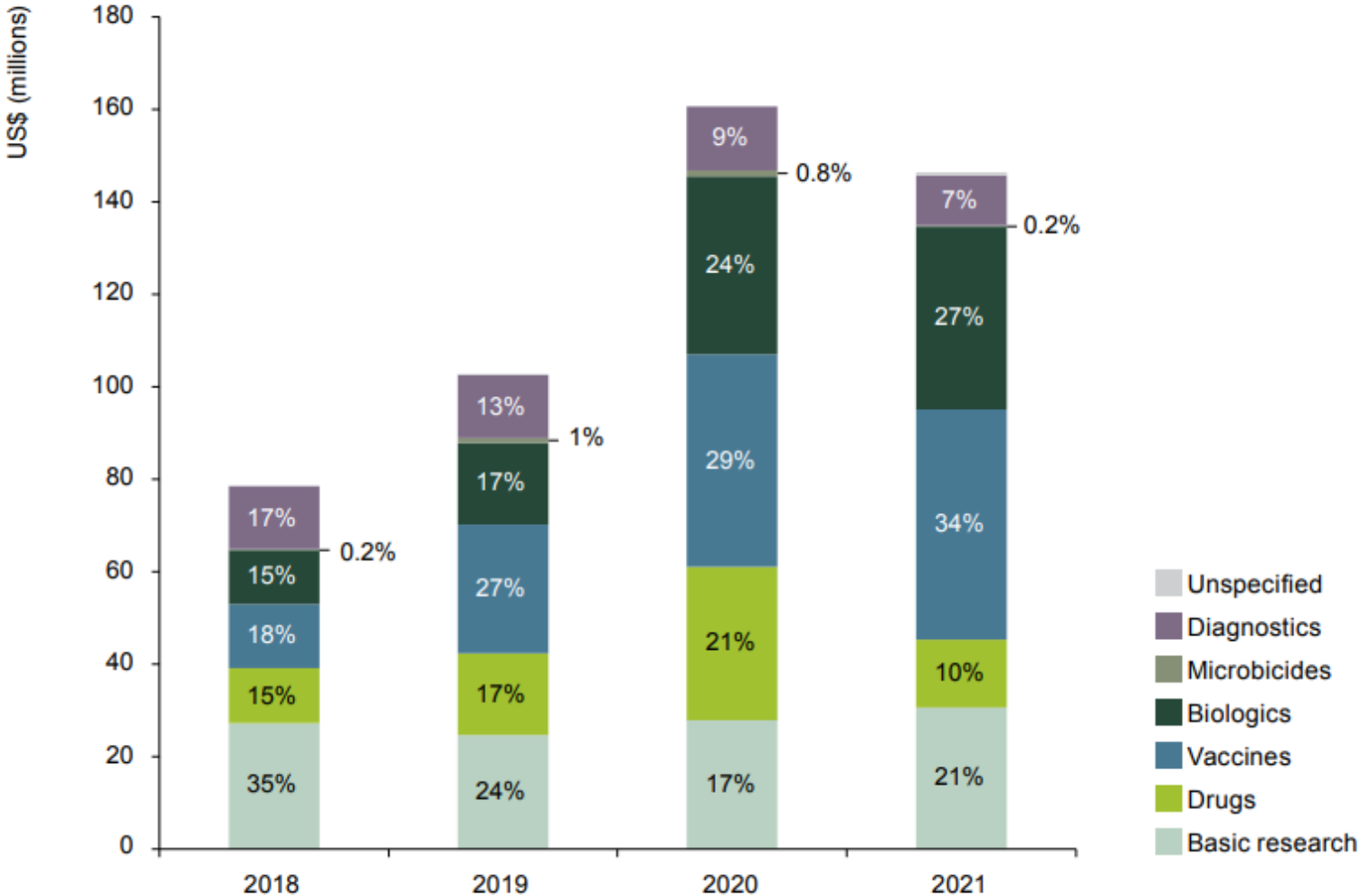
# Funding not equal: Non-maternal SRH funding grows, maternal health R&D investments lagging

  
**G-FINDER**  
Total funding  
**2,102**  
MILLION  
2018 - 2021



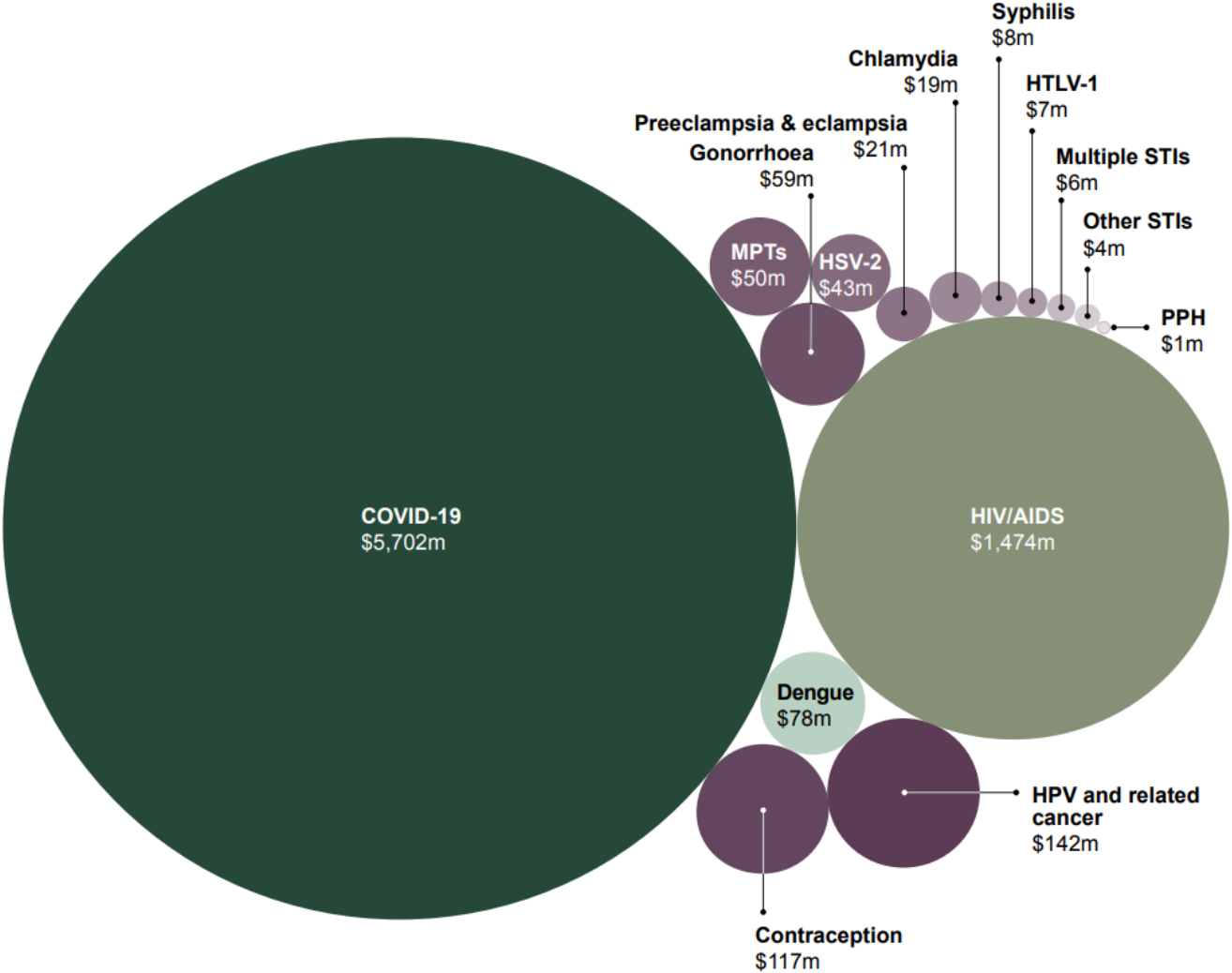
Total funding for SRH R&D by disease or health area (2018 - 2021)

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



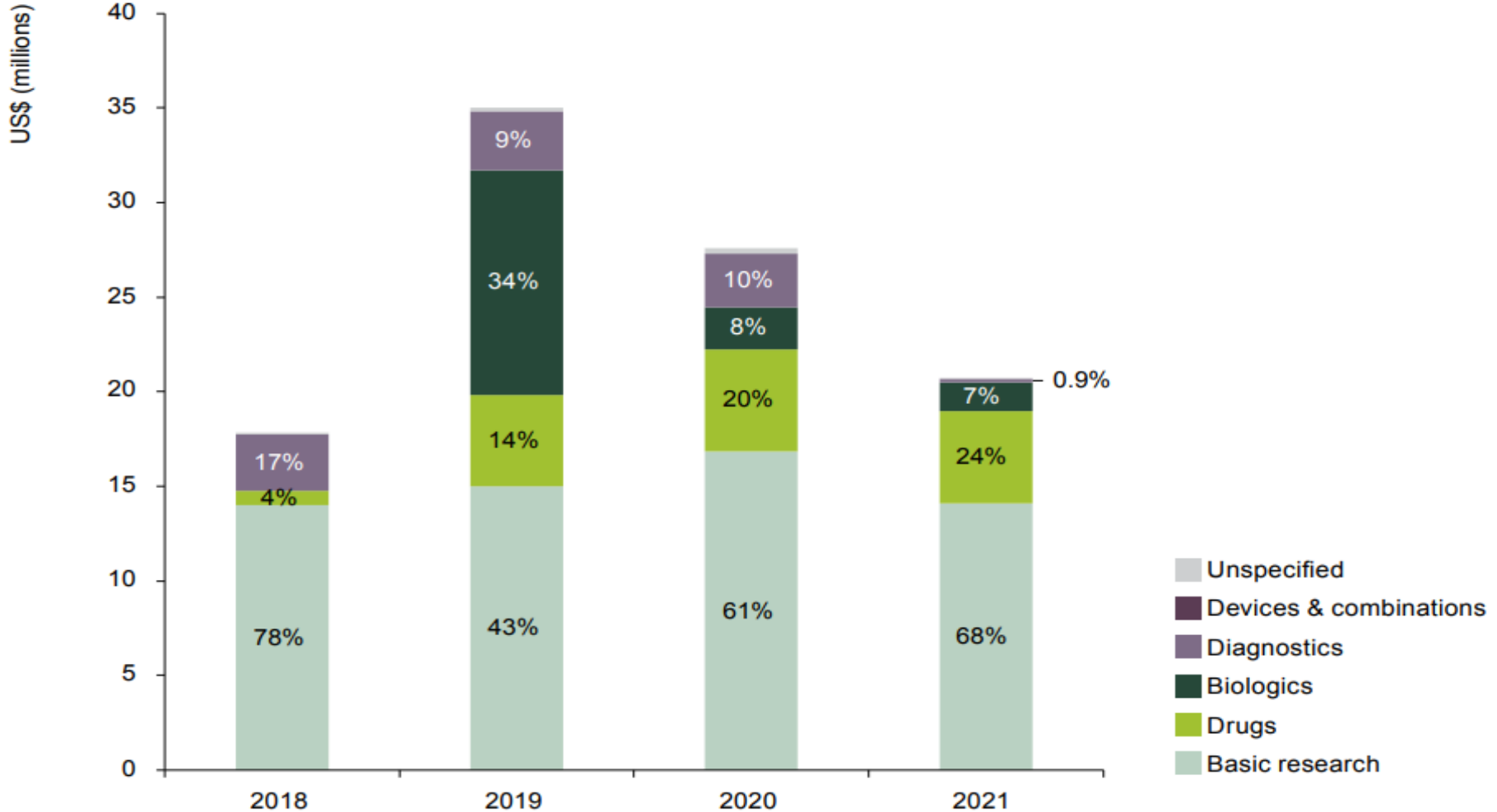


# R&D funding to SRH versus COVID-19, HIV/AIDS and dengue 2021 (US\$ millions)

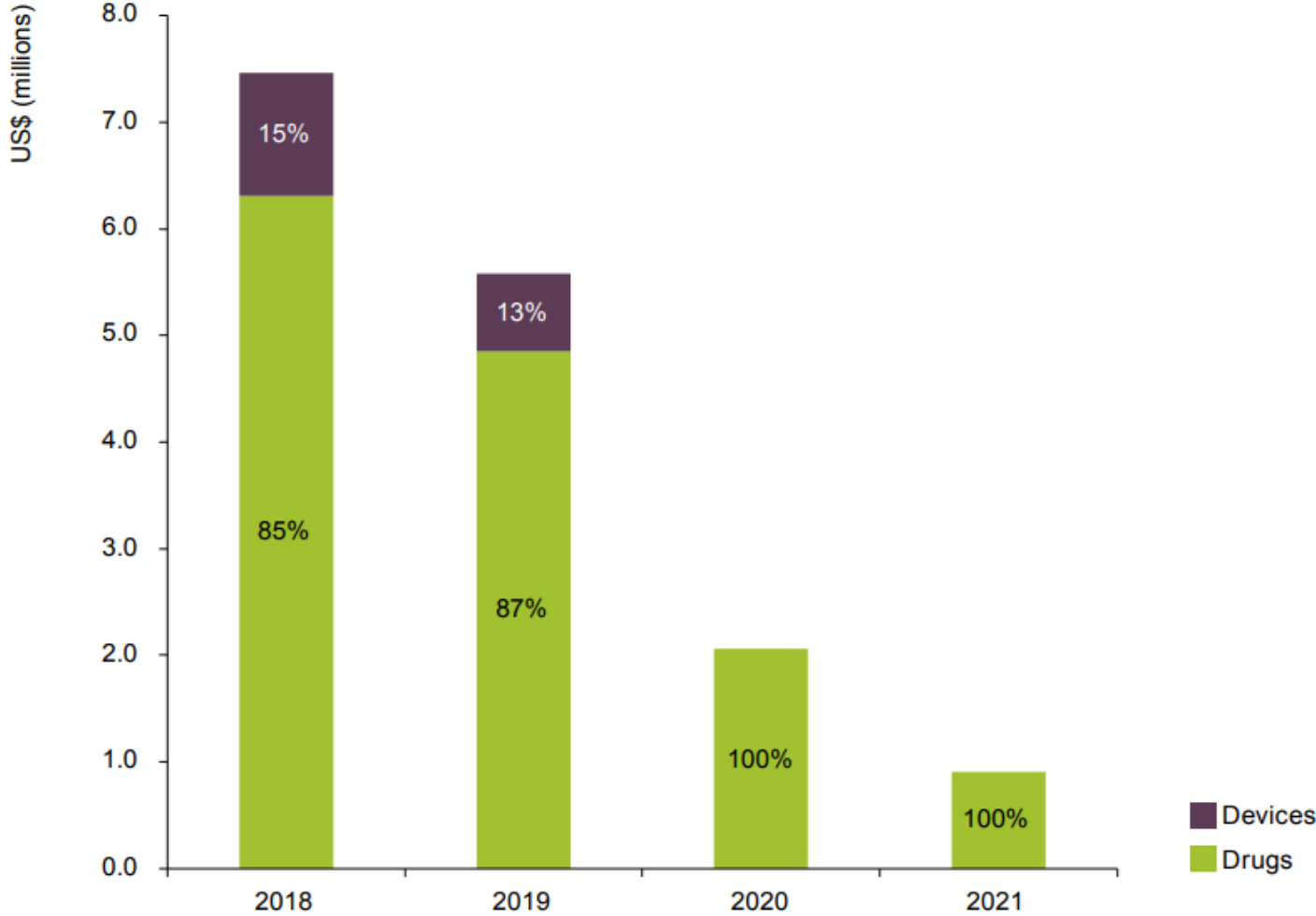


**How about funding for  
maternal health issues?**

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

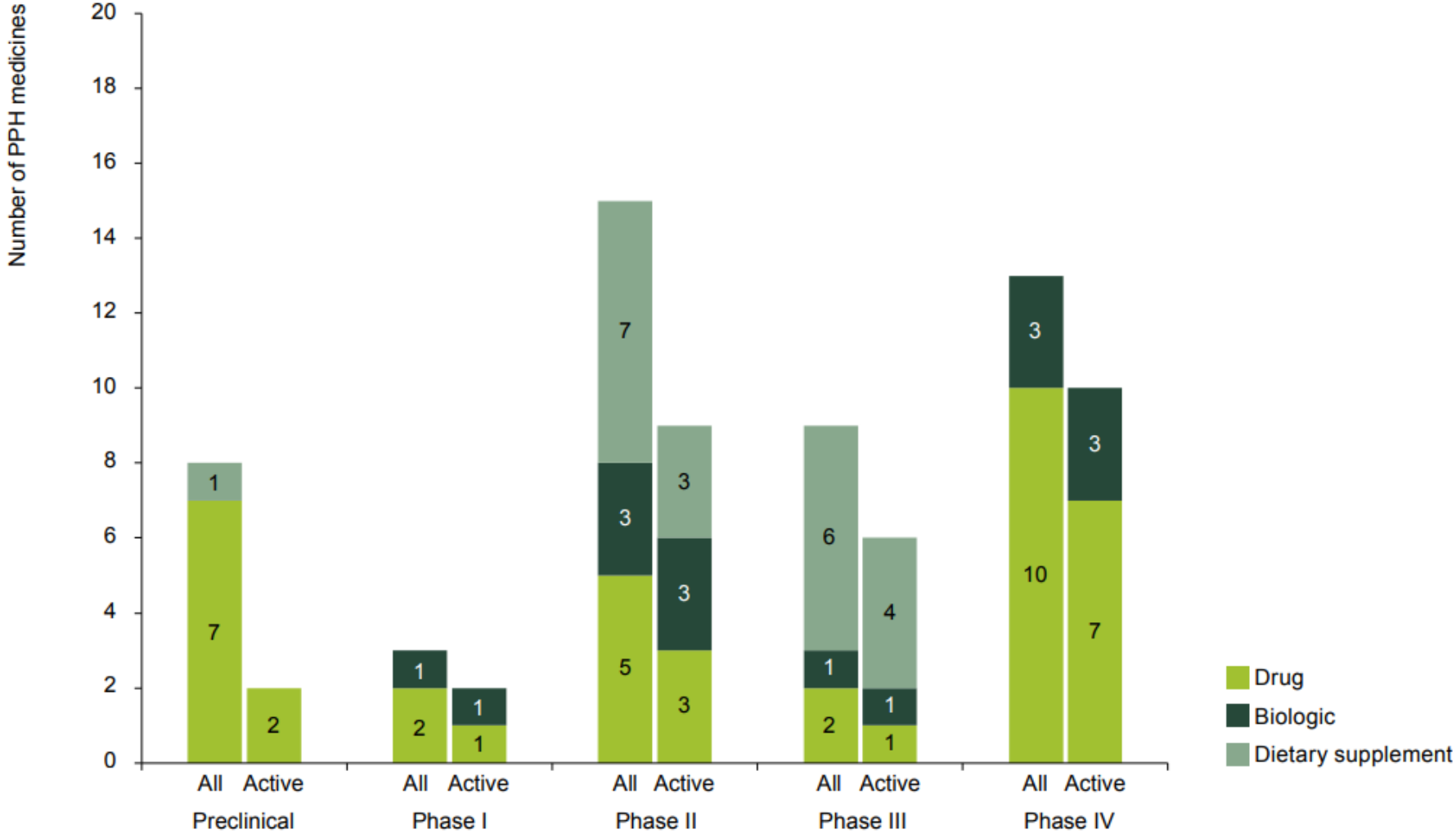


# Postpartum haemorrhage R&D funding by product type 2018 - 2021

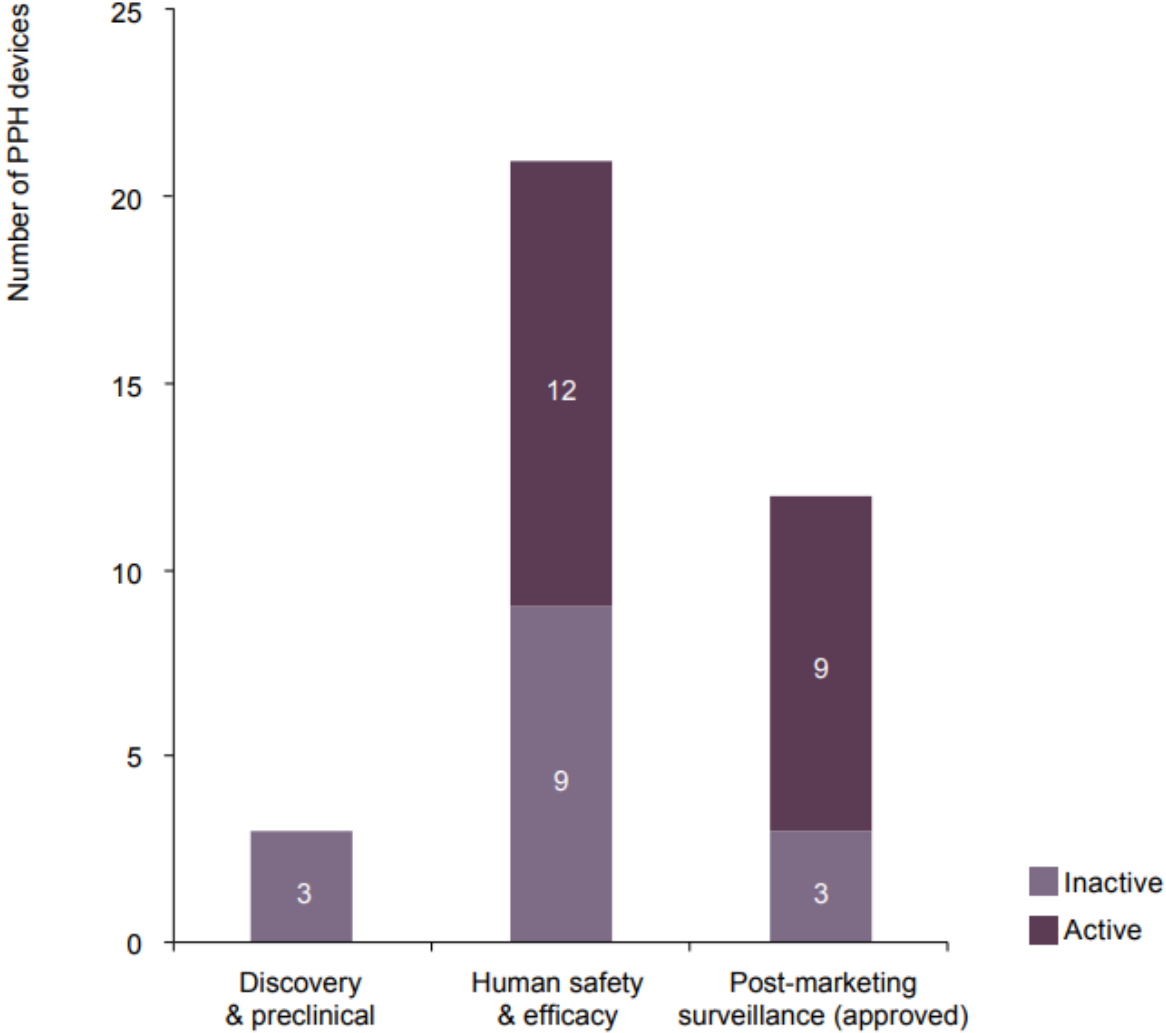


# Maternal health pipeline: PPH

# Postpartum haemorrhage medicines pipeline 2000 - 2023



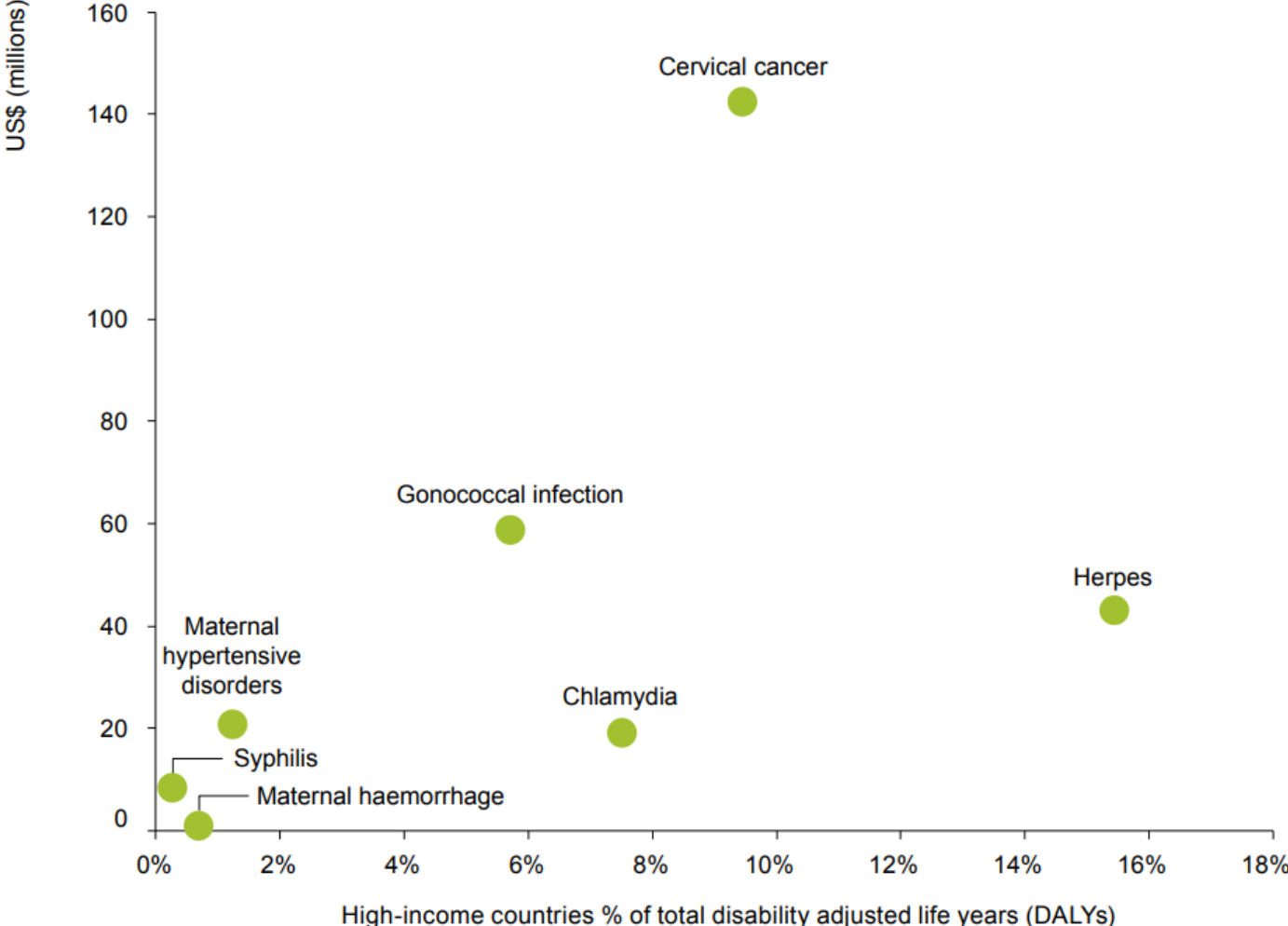
# Postpartum haemorrhage devices pipeline 2000 - 2023

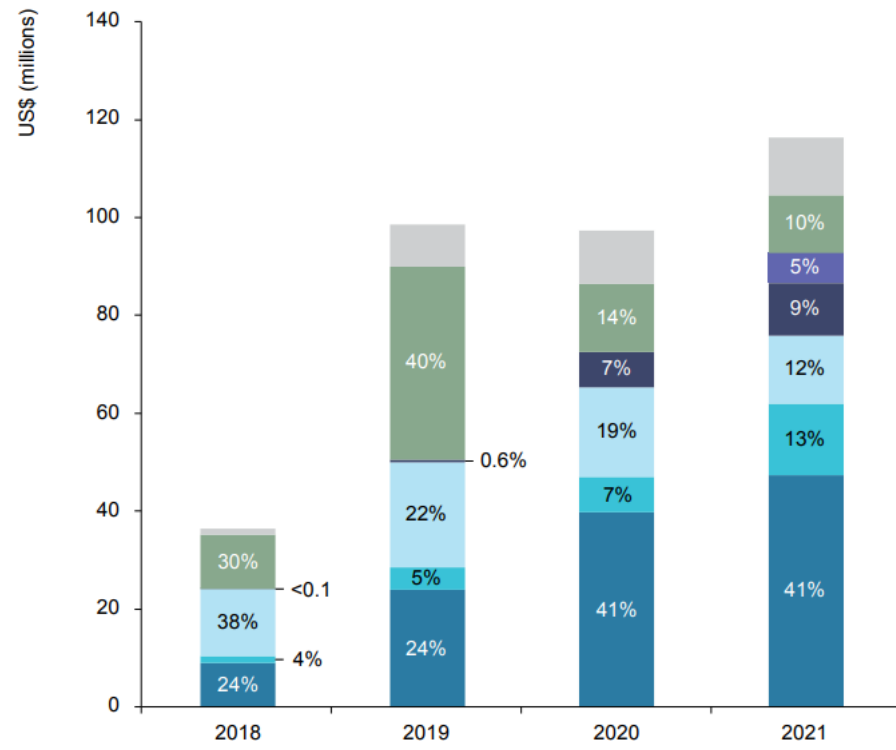


# Looking past the numbers



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

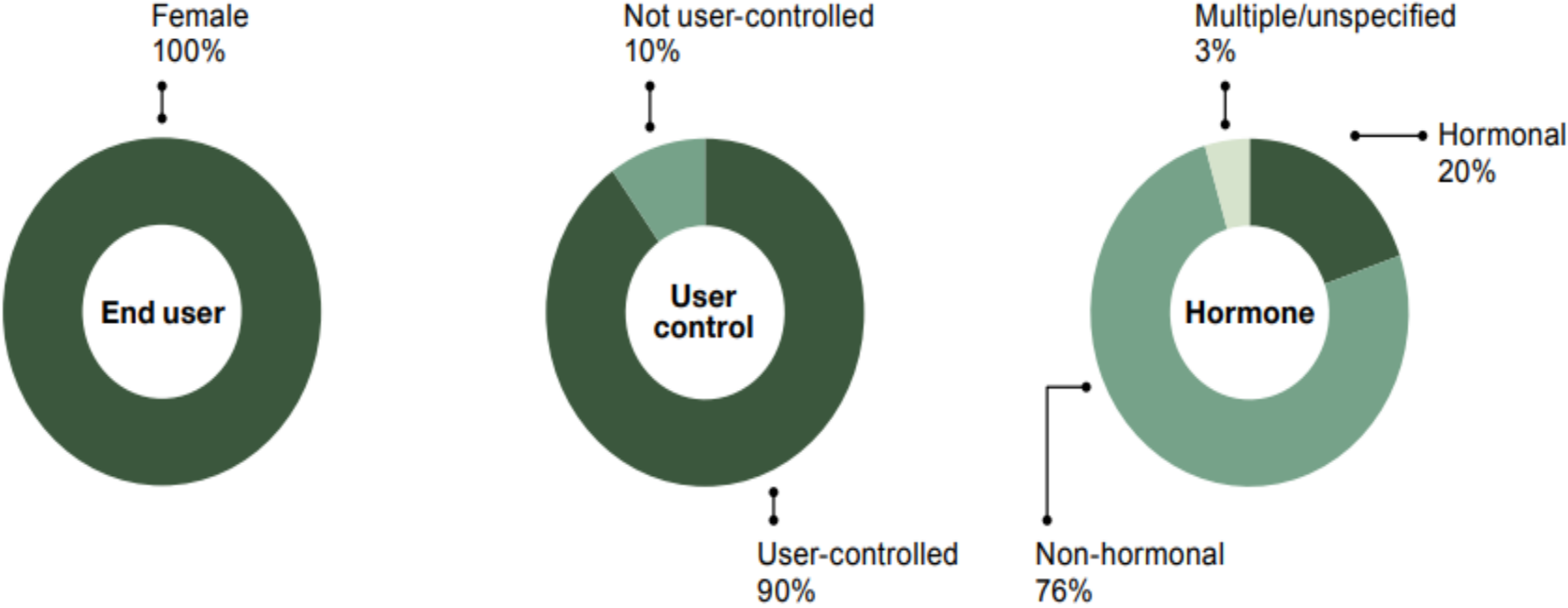




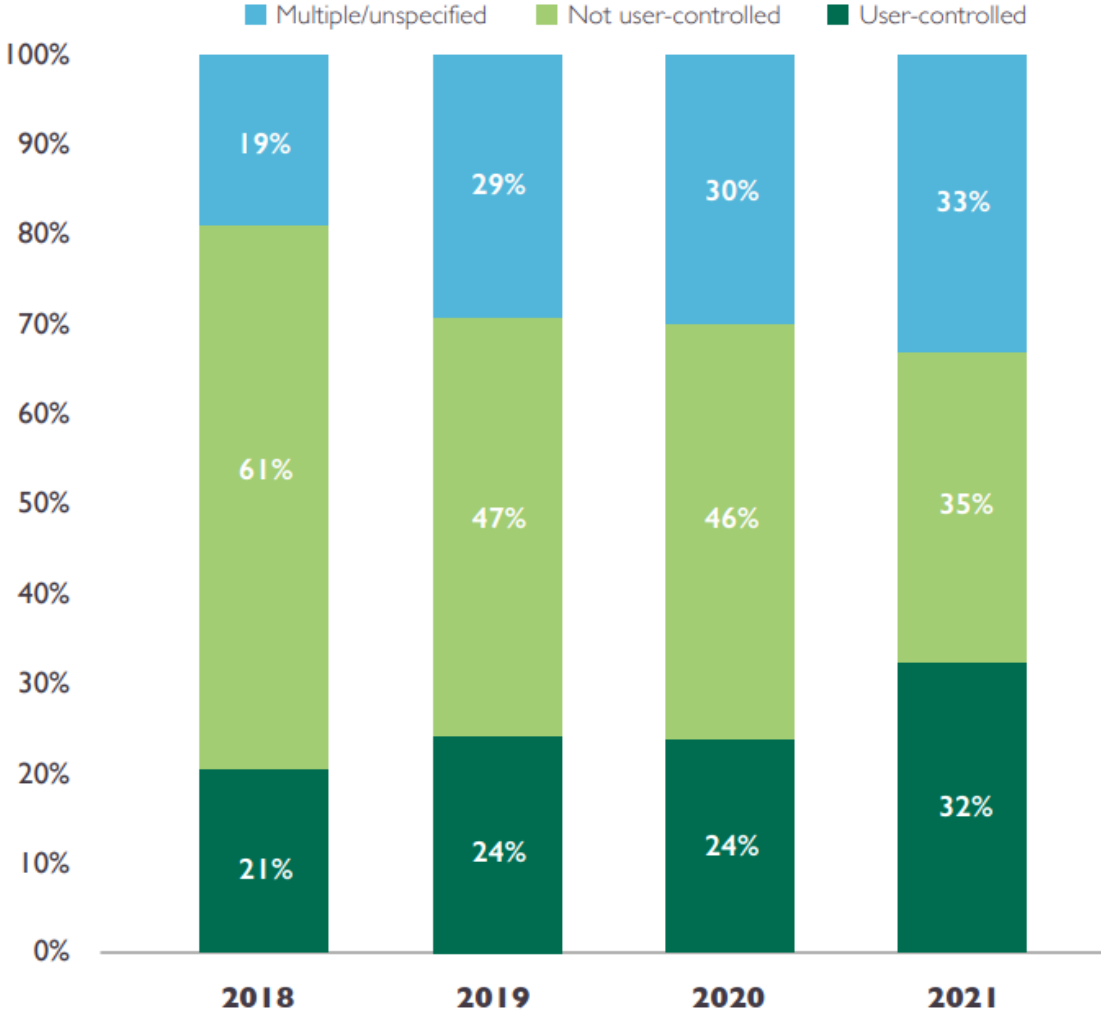
- Other R&D
- Core funding
- Platform technologies**
- Biologics-related platform technologies
- General diagnostic platforms & multi-disease diagnostics
- Adjuvants and immunomodulators
- Drug-related platform technologies
- Vaccine-related platform technologies

# 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



# Contraceptive Innovation Index

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



# Contraceptive Innovation Index

## 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 that 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)?



# Contraceptive Innovation Index

## SYSTEM FACTORS & SUSTAINABILITY



**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)?

# Contraceptive Innovation Index

## SUPPLIER\* CAPACITY



**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

# Contraceptive Innovation Index

## 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	<p>Development of products responsive to consumer preferences</p> <p>Advocacy for investment</p> <p>Investment in product development</p> <p>Tradeoff decisions within a portfolio</p>	<p>Advocacy, investments, and planning for:</p> <p>Country prioritization, regulatory steps</p> <p>Access pricing and other market shaping interventions</p> <p>National introduction plans</p>	<p>Supply planning by procurers and Ministries of Health for public and private sector distribution</p> <p>Production planning for manufacturers</p>	
Time Horizon	Long-term forecasts			Short-term forecasts

# Avoiding Common Pitfalls

## Pitfall

## Potential Solution

### Overstatements in consumer research

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

- 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 self-report

### 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





# DISC

Delivering innovation  
in self-care

Abigail Winskell, Project Director



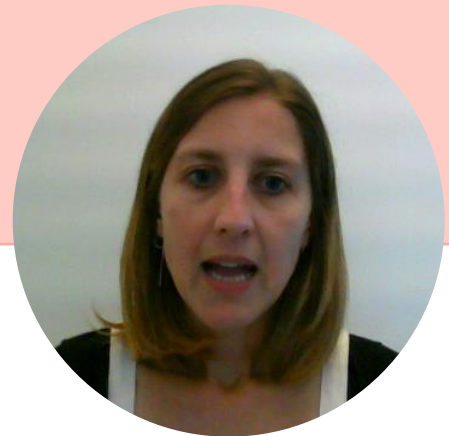
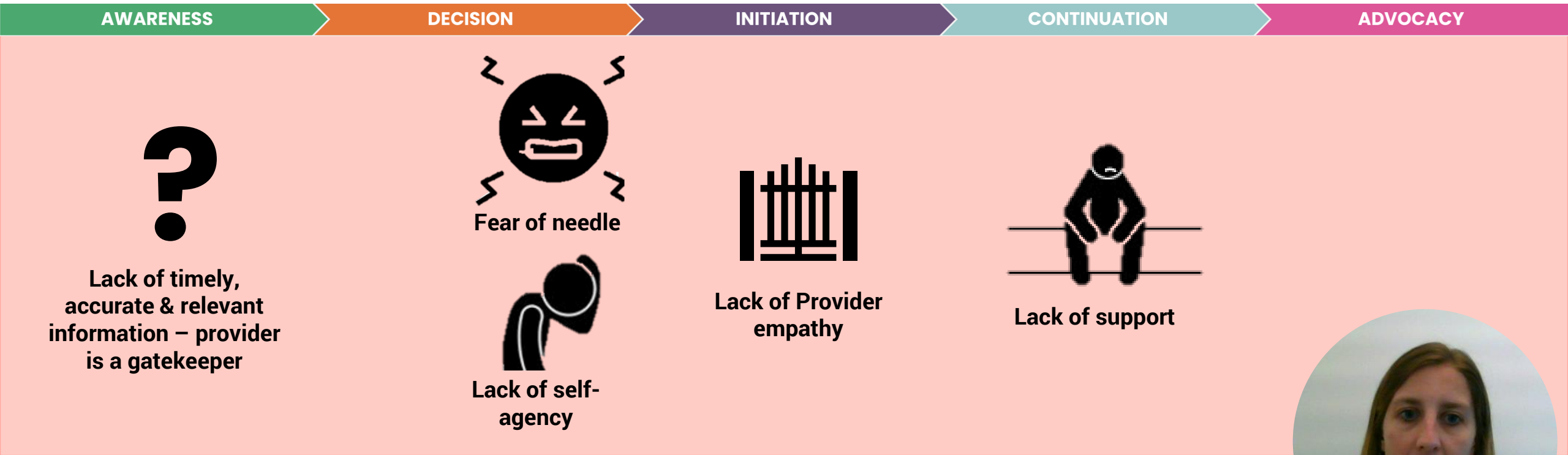


# Self-injection offers many benefits...

- ✓ 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.



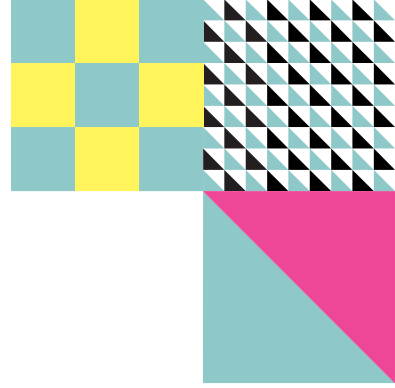
... however, women face significant barriers in access.





**DISC**  
Delivering innovation  
in self-care

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 **self-injection journey** - to take up, sustain use of, and advocate for self-injection.



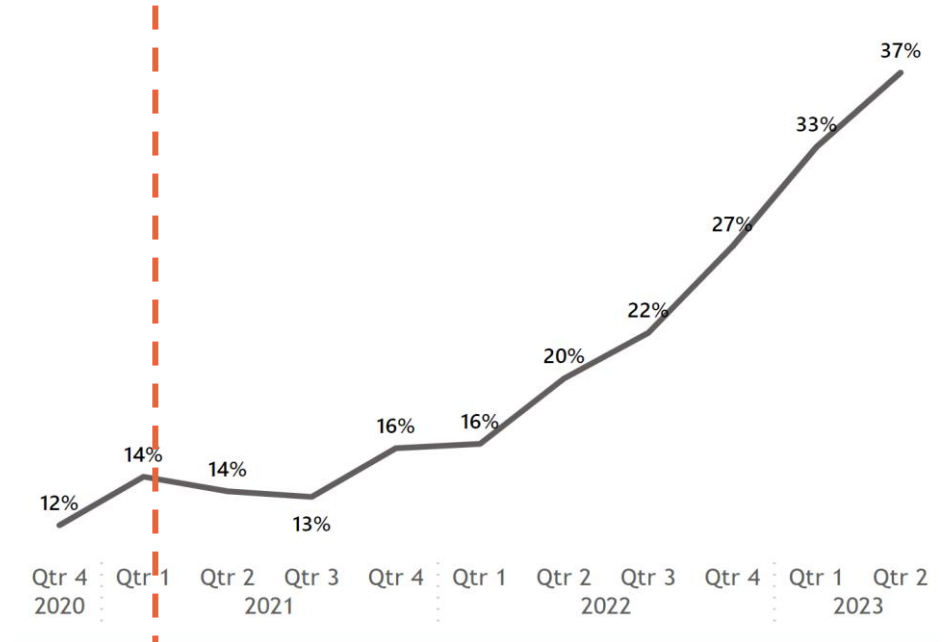
**Provider empathy training** – increasing capacity to coach women through their fears and increase agency.



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

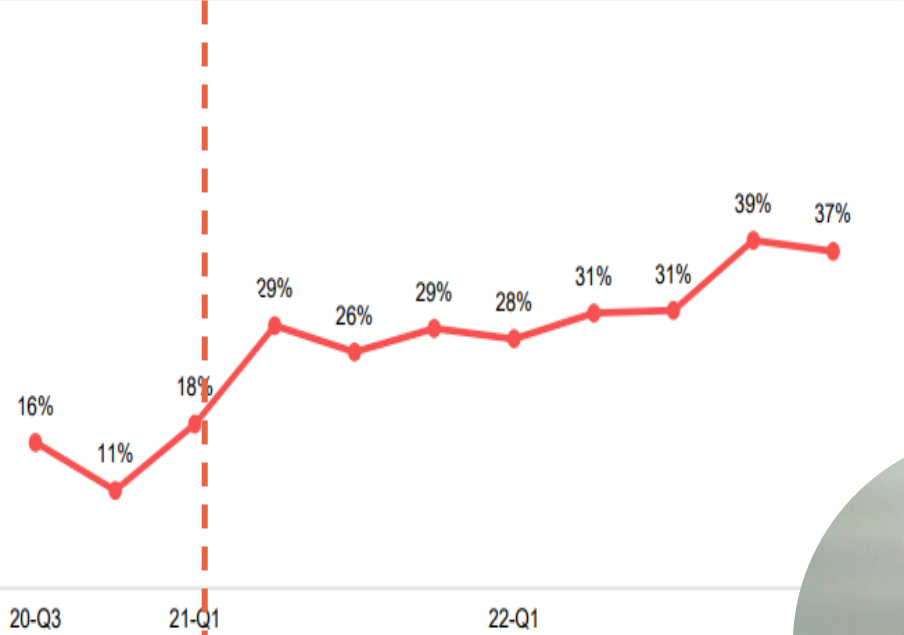


**NG National % SI of DMPA-SC (HMIS)**



DISC scale-up

**UG National % SI % of DMPA-SC (Access Collaborative)**



DISC scale-up





# DISC

Delivering innovation  
in self-care

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**Thank You!**

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Questions?