

New & Underused Reproductive Health Technologies Caucus (NURHT) | 17 October 2023, 9am - 1pm

NURHT Chair: Julie Heinsen
Adlon 3 Ballroom

WELCOME TO THE NURHT MEETING AT RHSC'S GENERAL MEMBERSHIP MEETING 2023

As you take a seat, please consider sitting with others who have the same preferred language as you. We will have simultaneous AI Translation for the Plenary Components of this meeting, but the smaller group discussions will be easier with those who speak the same preferred language as you.

Welcoming Remarks & RHSC Strategy Re-Design

JULIE HEINSEN

Chair, NURHT Caucus | Program Officer, Injectables Access Collaborative



Available AI Translation

- Available via QR code and URL on table (audio option available via headphones)
- Adjusting Session Speaker Language

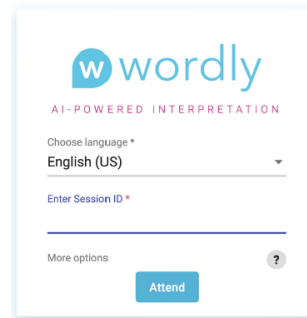
Example Session How to Use Live Translation

Step 1



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<https://attend.wordly.ai/join/XYJA-9454>

Step 2



Choose Language
Click Attend

Step 3



Read Captions on Device
Use Headset for Audio

We appreciate your patience and understanding as the AI and our glossary continue to learn and make improvements.



strategy re-design



Reproductive Health
SUPPLIES COALITION

Coming Together: New or Underused?

MEGAN CHRISTOFIELD

Principal Technical Advisor for Family Planning & Self-Care at Jhpiego



FACILITATED DISCUSSION: The Role of Advocacy in Accelerating Access to New & Underused Reproductive Health Technologies



MODERATOR

EVE BRECKER
Associate Director,
Civic Engagement,
PAI



JAMES MDALA
Program Director,
Marie Stopes Zambia



JONATHAN MBUNA
Advocacy and
Training Manager,
Pakachere



RHSC

NURHT:

*The Role of Advocacy in
Accelerating Access to New &
Underused Reproductive Health
Technologies*

October 2023

PAI
pai.org

Advocacy Barriers

NURHT

Ensuring access to supplies and technologies has unique advocacy barriers to include, but are not limited to:



Political will



Funding



Policies

Advocacy Pathways

NURHT

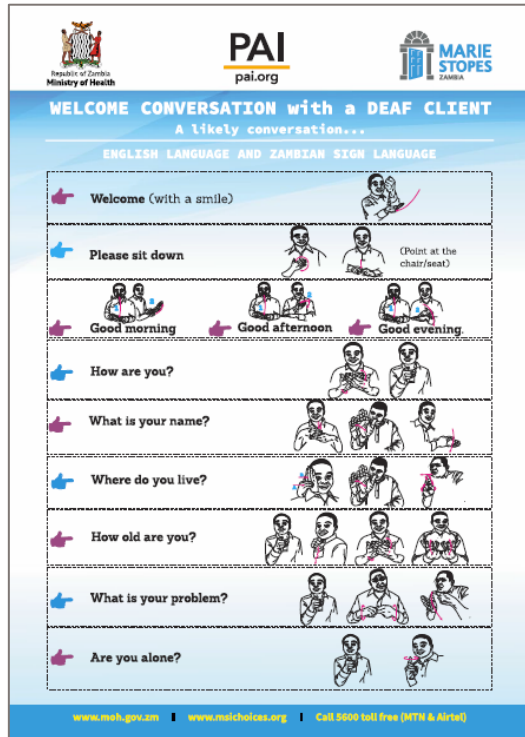
Depending on the barrier at hand, there are several opportunities to focus advocacy work:

- Registration
- Budgeting
- Service provision
- Mail order/transit
- Essential medicines lists

• Other?

Case Studies

NURHT



Local and national level examples of advocacy approaches for advancing less accessible RH technologies:

- Pakachere
 - Emergency contraception via youth advocates
- Marie Stopes Zambia
 - Provider job aids in Zambian sign language



Reflection

NURHT

How might the NURHT Caucus better utilize advocacy approaches to achieve its goals?

-

How can we better integrate advocacy approaches into NURHT planning?



COFFEE & TEA BREAK

11:00 - 11:30am

Please be back by 11:25am so that we can begin our next session on time!

PANEL: Consumer-Facing Digital Health Platforms: Opportunities to Leverage Digital Tools as a New RH Technology



MODERATOR

JULIE HEINSEN
NURHT Caucus Chair;
Program Officer,
Injectables Access
Collaborative, PATH



BEN BELLOWS
Co-Founder & Chief
Business Officer, Nivi



WINTANA BELAI
Director of Program
Incubation, Maisha
Meds



KIERSTEN DEHAVEN
Business
Development &
Global Partnership
Lead, Kasha



The conversational platform for health

Using AI and behavioral science to help people achieve their own aspirations for health

Ben Bellows, Chief Business Officer

ben@nivi.io | +1-240-481-7476



Optimizing the health journey from awareness to action

Health Consumers
empowered for self-care & self-reliance



askNivi
enabling outcomes

Health Awareness & Engagement

Uptake of Products & Services

Actionable Insights on Consumer Demand & Behaviors

Health Promoters
such as NGOs
can efficiently communicate with and serve beneficiaries

Service & Product Providers
such as pharmacies
can engage and expand their customer base

Health Payors
such as insurance funds
can offer cost-effective coverage for valuable services

Manufacturers
such as pharma
can craft solutions to facilitate affordable access to medicines

●●● Typical askNivi journey for a user

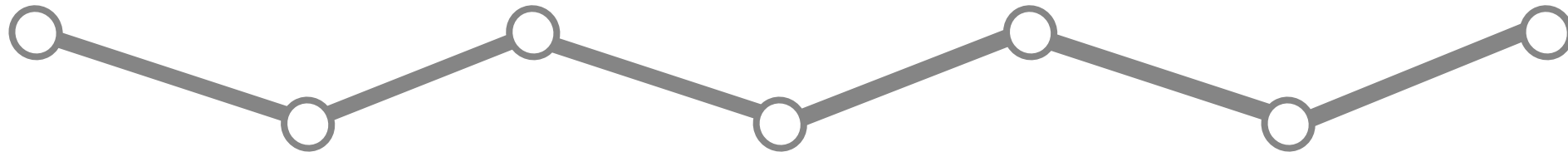


Engagement

Knowledge

Actionable Info

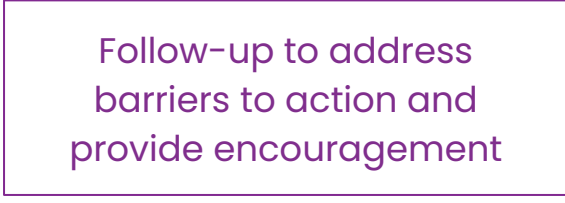
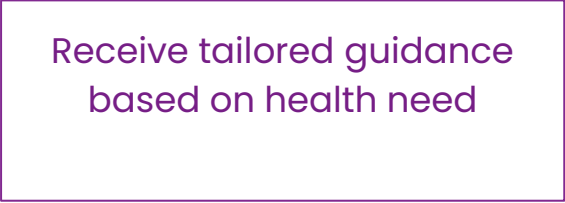
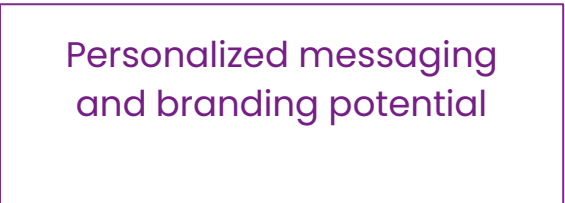
Action



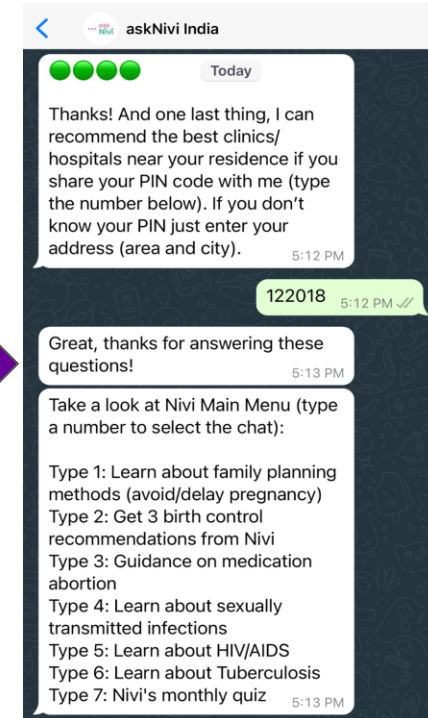
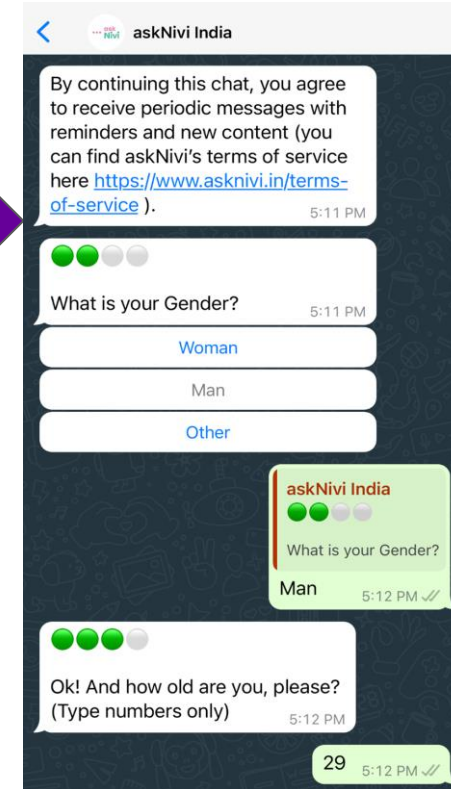
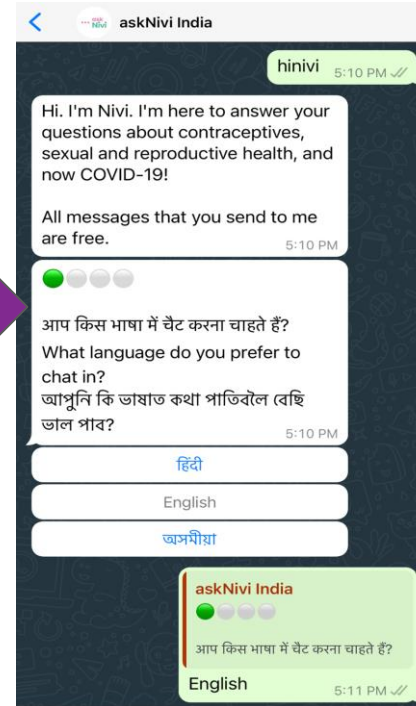
Welcome Message

Screening

Nudges & Reminders



● ● ● User onboarding



Marketing campaign
Conducting online and offline campaigns to direct audiences to askNivi

Easy onboarding
User onboarding is a simple 3-step process where we ask for gender, age, and PIN code

Family Planning Digital Counseling

askNivi India

Take a look at Nivi Main Menu (type a number to select the chat):

- Type 1: Learn about family planning methods (avoid/delay pregnancy)
- Type 2: Get 3 birth control recommendations from Nivi
- Type 3: Guidance on medication abortion
- Type 4: Learn about sexually transmitted infections
- Type 5: Learn about HIV/AIDS
- Type 6: Learn about Tuberculosis
- Type 7: Nivi's monthly quiz

7:18 pm

Chat with us about birth control methods that can help delay or prevent pregnancy!
Also get a method recommendation from Nivi that's best for you and your partner 🍌

Pick an option from below: 7:18 pm

- Type 1: Condom (a thin rubber sheath placed on the penis during relations)
- Type 2: Birth Control Pill (a tablet taken every day by women)
- Type 3: Intrauterine Contraceptive Device or IUD (tiny plastic device inserted in the womb, available in two types: copper T and hormonal IUD)
- Type 4: Injection (given every 1 or 3 months to women)
- Type 5: Implant (long-acting contraceptive method)
- Type 6: Natural Methods - safe days for women and withdrawal for men (requires no pills, injections or operation)
- Type 7: Sterilization (permanent method to avoid pregnancy for both men and women)
- Type 8: Emergency Contraceptive Pill (taken each time by woman after unprotected sex)
- Type 9: Let Nivi recommend 3 methods for you and your partner

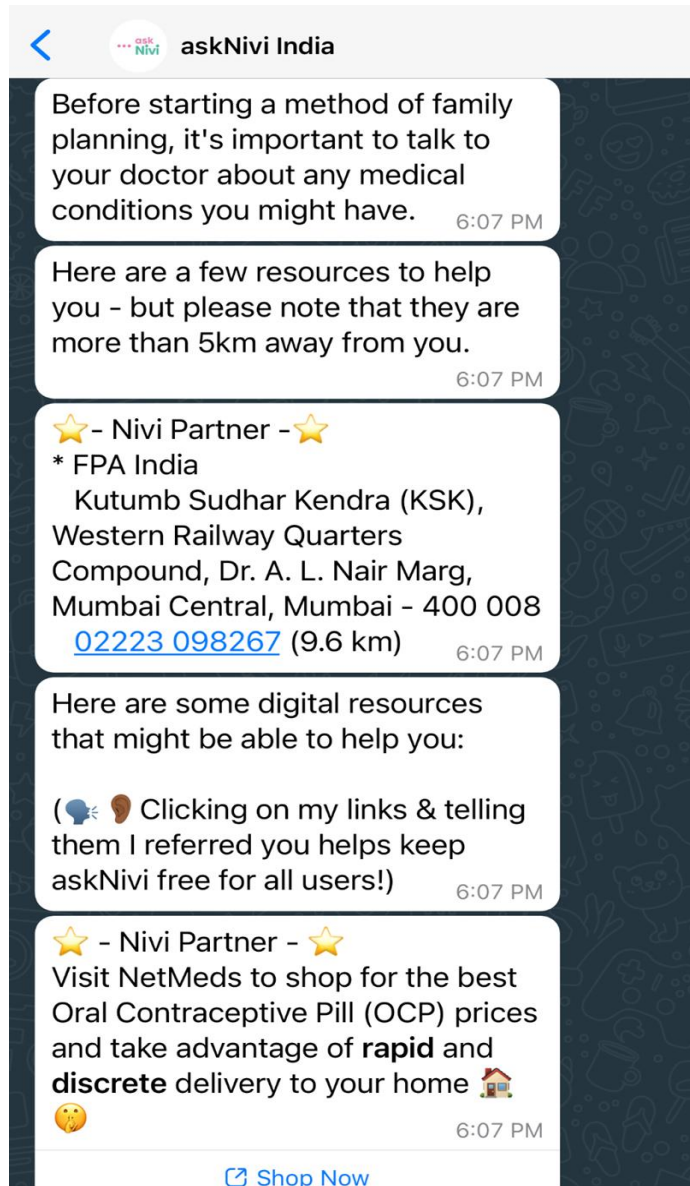
FP Conversations

Nivi guides users through a digital counseling session that elicits fertility preferences and contraceptive history to recommend the 3 most appropriate methods for the user

Learn & act

Under "Condom", for example, users not only learn what they are, they can also learn about facts, benefits & disadvantages of using them. The user can act on this information by finding out where to procure condoms from.

Family Planning Referrals



Physical referrals

Nivi can make referrals for specific FP products (e.g. FPA India for condoms/pills/injections) to geo-located providers. Sponsored offerings are available on a performance basis. Referrals to multiple nearby geo-located locations improve the likelihood that a user takes action.

Digital referrals

Referrals for specific FP products to e-commerce and e-pharmacy links confirm engagement with a click and allow Nivi to easily support users at scale

askNivi: Built for Scale and Health Equity

Distribution Model

WhatsApp

2.24 billion global users

795 million users in India by 2025

Health Journeys

10 reproductive & maternal health
infectious diseases

HCPs

14,800+

Geographies

India, Kenya, Nigeria

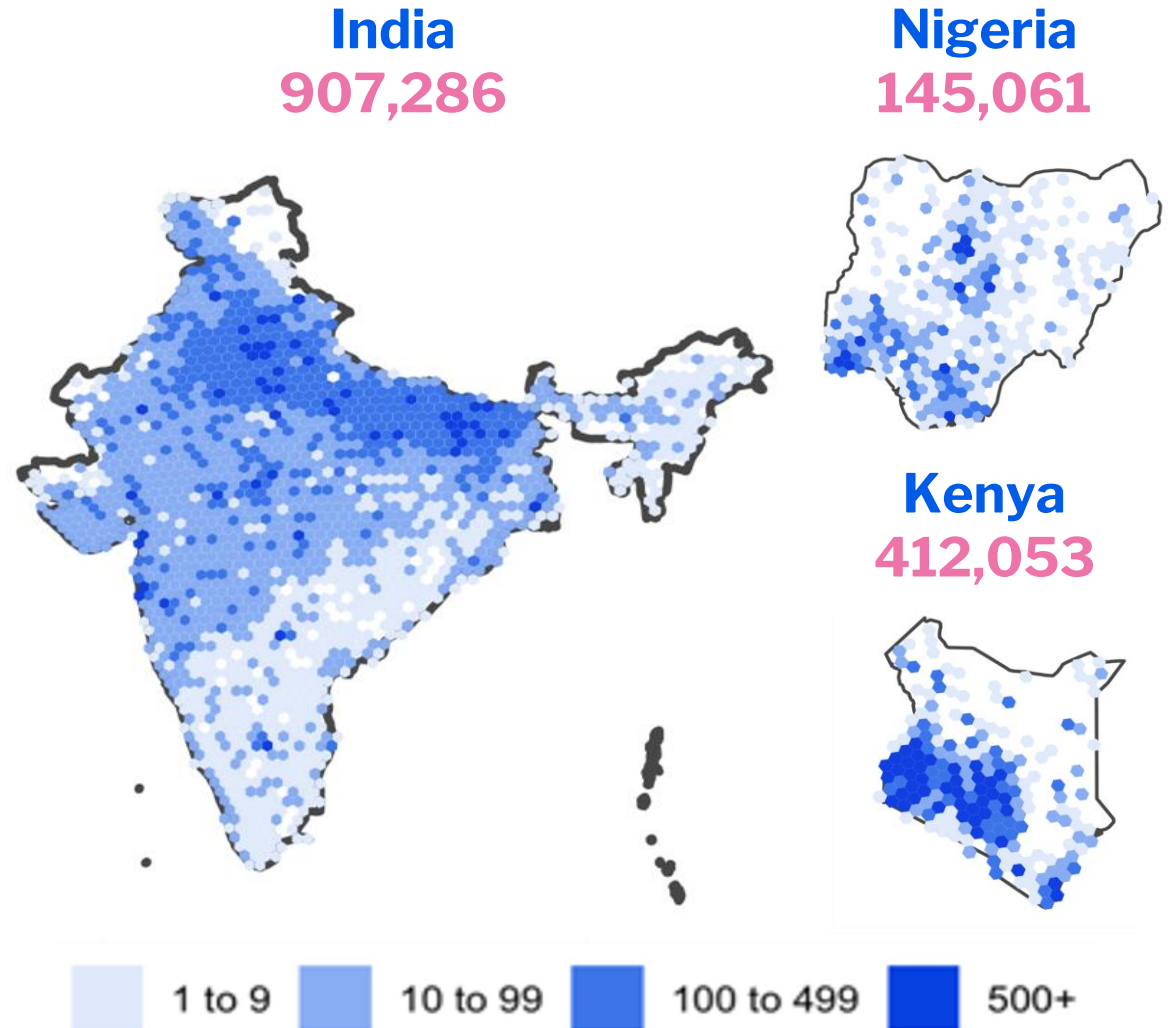
Multi-lingual

5 languages

askNivi: Broad Adoption in Three Geographies

1.5M
Users

228,137
Referrals



Nivi Products

● ● ● Sustainability: 3 products on 1 platform

Nivi Impact



Deliver health information and behavior change to priority populations

\$1,500

average monthly fee

AND

per user engagement fee

Nivi Performance



Generate commission-based sales and service delivery

7% commission of retail price

or

monthly listing fee

Nivi Insights



Uncover Insights into segmented consumer preferences and demand for therapeutic

SaaS

(based on therapeutic area & populations covered)

Questions over coffee

When deciding on whether to **“build or buy”**, consider:

- What are your project outcomes?
 - Generate awareness, referrals, or insights
- What price do you put on achieving project outcomes?
 - Not necessarily the input-based cost
- What are baseline needs of your project?
 - geographic reach, feature set, population segments to engage
- What is the longevity of your initiative?
 - Will your solution live beyond the grant? Is your aim to make it sustainable?



Maisha Meds

Digital Infrastructure for last mile universal healthcare

Oct 2023



#RHSUPPLIES2023

16-20 OCTOBER 2023

ACCRA, GHANA

#ITSABOUTSUPPLIES

RHSUPPLIES.ORG/GMM2023

Maisha Meds' innovative solution improves healthcare for low-income patients paying out-of-pocket for care

Network of over 2,600 clinics, pharmacies, drug shops in Kenya, Uganda, Tanzania, Nigeria, and Zambia

Digital point of sale tool - Android-based software helps pharmacies track sales and manage inventory, with 18 million+ patient encounters supported in last 5 years

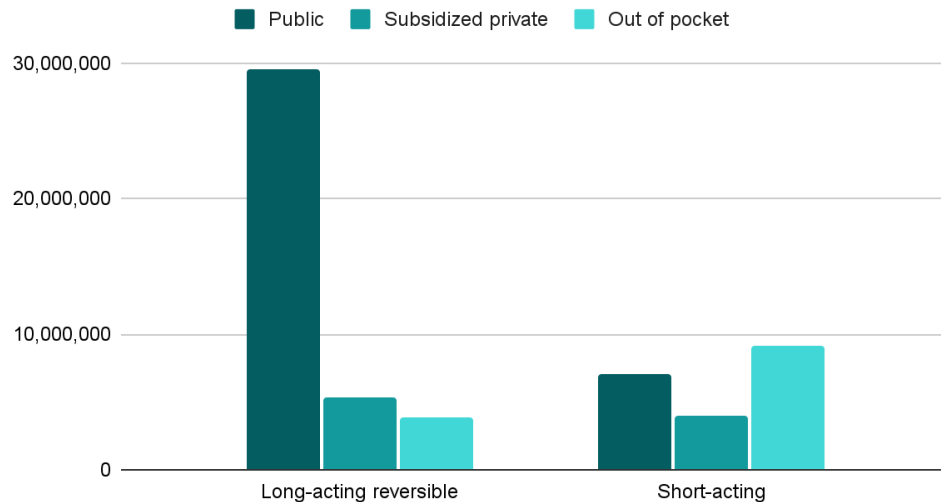
Digital reimbursement programs have provided discounted WHO-prequalified testing and medication to over 250,000 patients

Transparent claims and payments platform facilitates direct patient discounts and subsidies, with \$25mil in grant funding raised to date to support growth + iteration



LARC use much lower in private sector, where AGYW are 2-3x as likely to access care as they are in the public sector

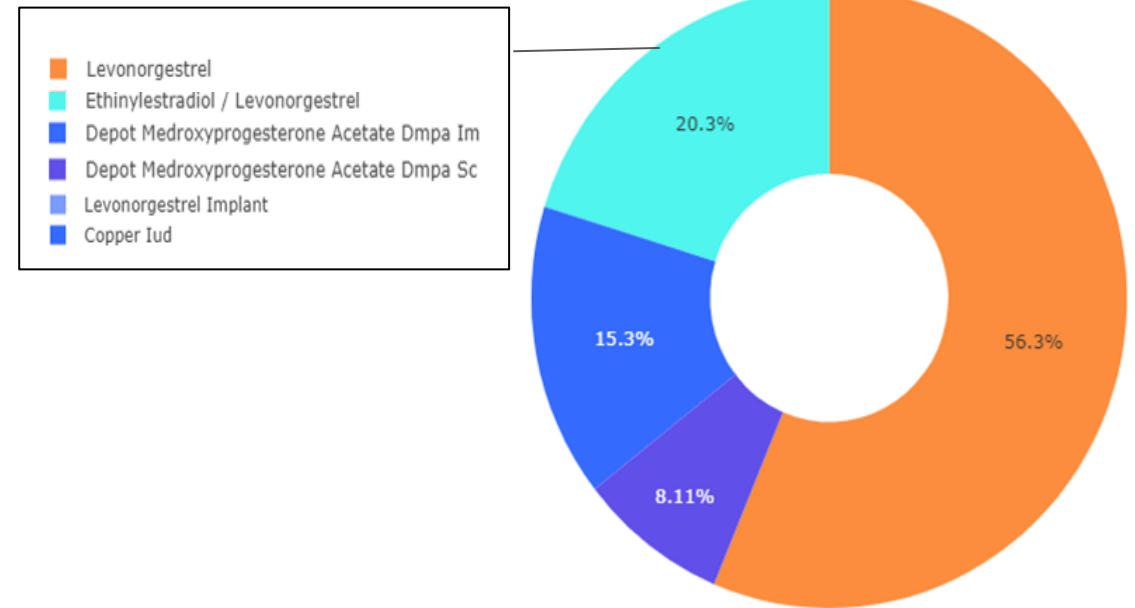
Contraceptive type and payer, 2018



Current majority funding focused on long-acting reversible methods is primarily spent via the public sector, where it is **less likely to reach AGYW**

For those accessing care out of pocket in the private sector, almost twice as many patients are accessing short-term methods that can be **5-10x more expensive** on a couple-years of protection (CYP) basis relative to long-term methods

Sum (n=622,000 sales)

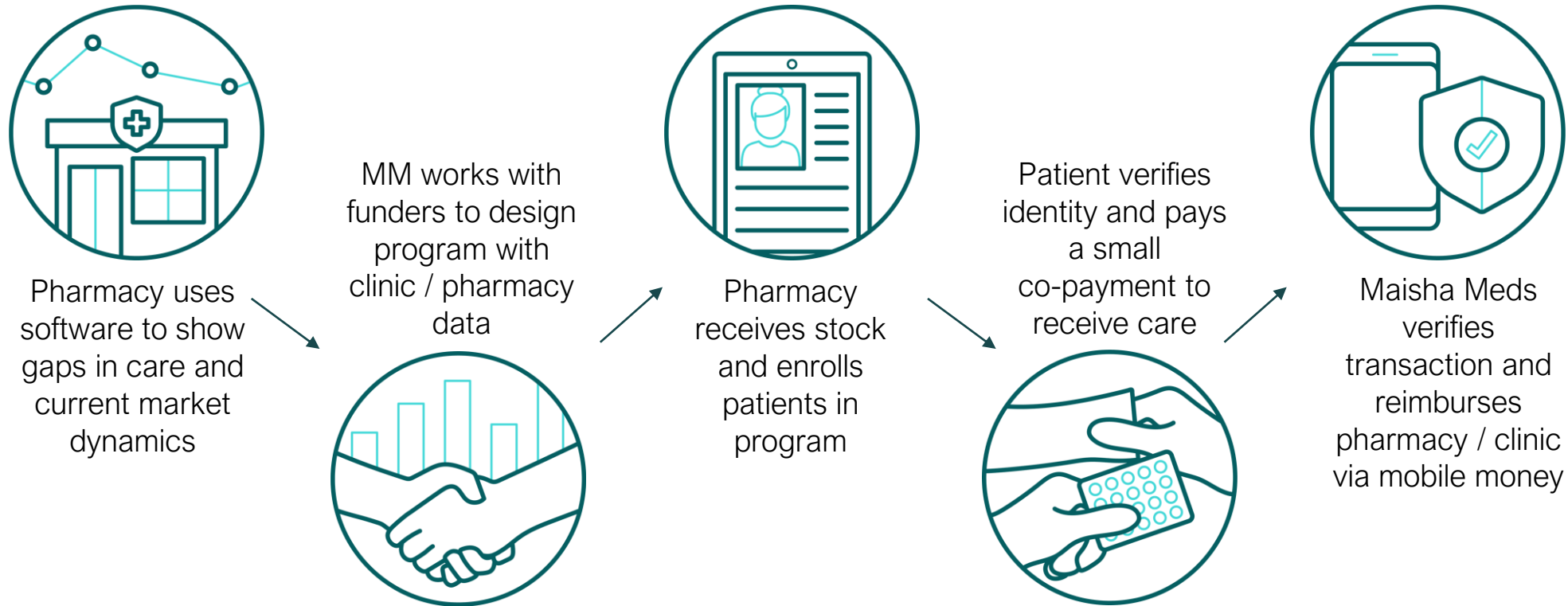


In private sector, emergency contraceptives are majority of sales, while **LARCs are much lower**

In the private sector, uncertain demand for newer long-acting methods like DMPA-SC can limit their availability

Data from Maisha Meds point of sales software in use in >1,600 private pharmacies and clinics in Kenya, Uganda, Nigeria and Tanzania supporting over 6 million patient encounters annually

Maisha Meds has built a payments platform to enable direct patient and pharmacy/clinic subsidies



Every month, ~900,000 patients access care across our network and we directly pay for 18,000 patients to access malaria care, injectable contraceptives, and HIV care

Maisha Meds' Digital Reimbursement Program

The Maisha Meds Digital Reimbursement Program pays for healthcare on behalf of patients to shift behavior towards adopting higher-impact products like quality-assured and long-acting contraceptive methods. The program captures and verifies patient details, and pays pharmacies via mobile money for care that has been delivered.

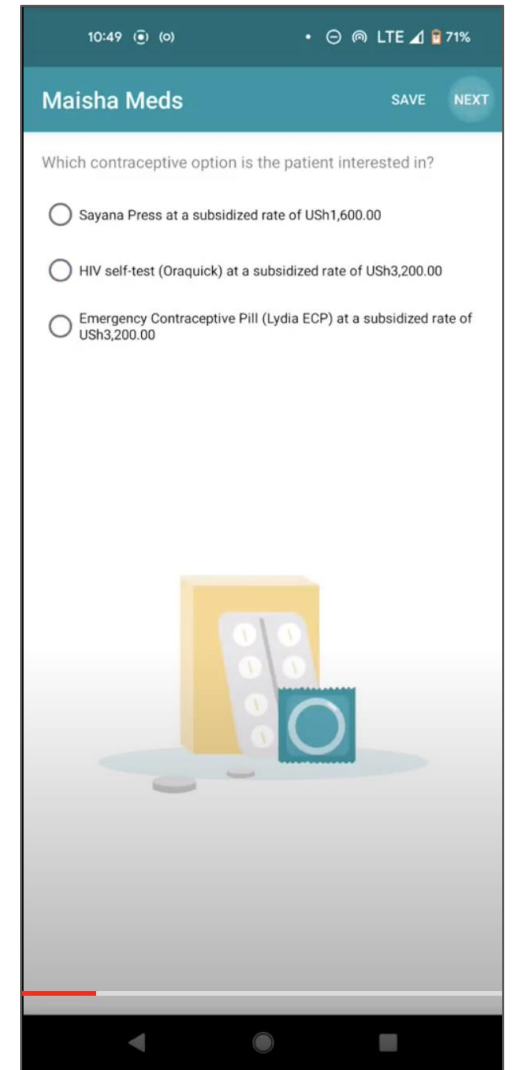
Primary objective is to improve access to healthcare for patients by motivating providers to deliver affordable and quality care, enabled by technology.

Benefits to the pharmacy

- Access to WHO-prequalified products
- Higher revenue based on increased foot-fall (300% ROI)
- Facilitates real-time subsidy experimentation via tech and payments
- Differential subsidy delivery by geography or sub-populations

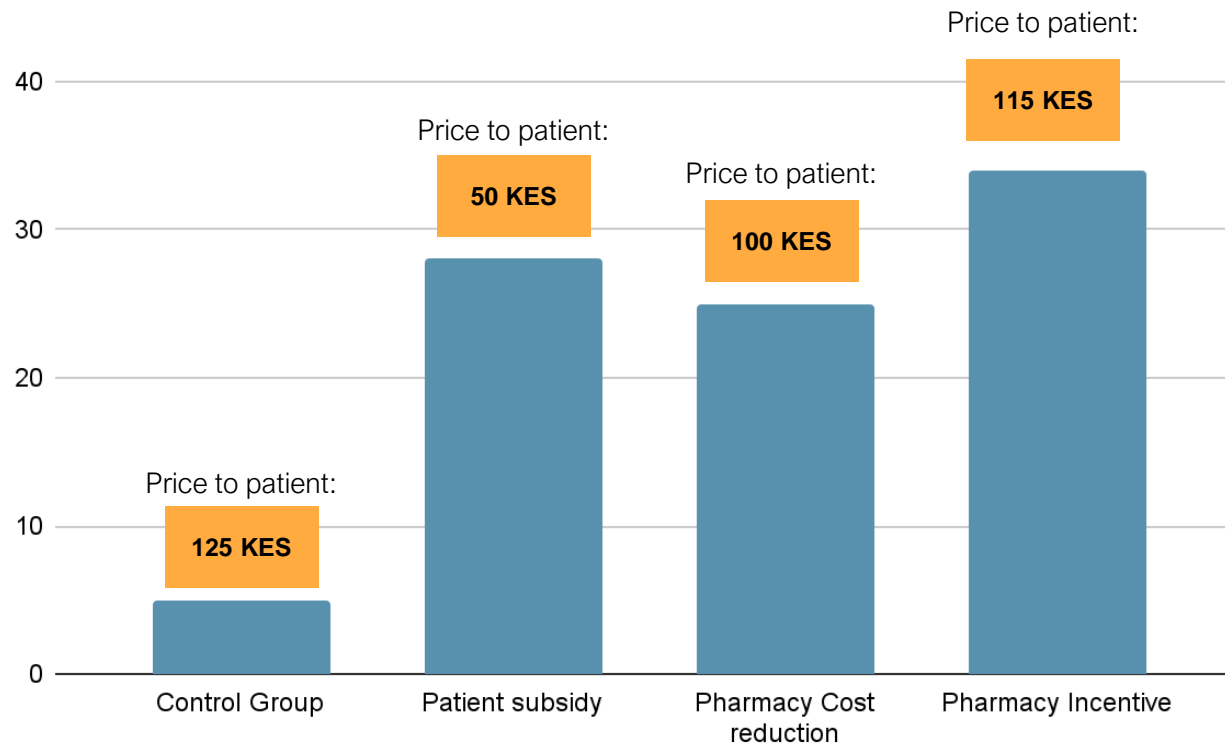
Benefits to the patient

- Access to **quality** and **discounted** care (Malaria; Family Planning; HIV-ST; HIV PreP*); with 300-500%+ higher adoption



An RCT by UC Berkeley found that P4P payments & discounts/subsidies can increase longer-acting method use by 400%+ relative to control

Discounts and P4P payments improve distribution of DMPA-SC



- The study demonstrates that patient discounts / subsidies and provider pay-for-performance (P4P) provide equivalently and large increases in adoption of products and can increase the share of longer-acting methods within contraceptive mix
- Still a focus on ensuring choice across a basket of products
- Additional work to understand how to promote choice among a range of contraceptive options and for self-injection of DMPA-SC

*Please note that these are preliminary results for limited circulation only

Focus at next stage will be to scale the pharmacy subsidy arm while conducting research to promote choice and access between several family planning methods

Next steps: expand focus to enable contraceptive choice

- Ensure all contraceptives available at affordable prices across network
- Test performance pay focused on counseling across methods
- Provide discounts / subsidies in line with value / cost-effectiveness of product (higher subsidies in private sector for longer-acting methods)
- Develop approach to demand creation for new product launches (like vaginal ring and newer implants)

*Photo credit: Planned Parenthood



Interested in developing programs for contraceptive access for 3 million+ women across 3 countries

- Maisha Meds is in conversations now with several groups to refine the technology, partnerships, government policy framework, and further evidence base to scale this approach to family planning access in several countries
- The goal is to support **3 million women** across **10,000 facilities** using the software for all sales across 4 countries with long-term sustainable financing via outcomes funding approach at a cost of **< \$3 per woman**
- Interested in additional research to support bundling for self-injection of DMPA-SC and wallet-based payment solutions to support contraceptive choice
- Additional RCTs or scale-up programs in process for **HIV PrEP** and **malaria** (funded by BMGF) with long-term goal to build a basket of essential health products that can be accessed via private sector for improved quality of care



Target

+ 10,000 facilities, 3 million women with FP



Budget

+ \$15m to scale, outcomes funding to sustain



Location

Kenya, Uganda, Nigeria



Funding

Outcomes payments; commodities donations

Current funding commitments from BMGF (Malaria team) to support scale-up across 3 countries and beginning conversations with family planning groups to support supplemental scale-up of contraceptives.

Goal to develop transparent results-based financing approach that can pay for success and leverage existing commodities purchases



Our team and funders



Jessica Vernon, MD, CEO
Stanford, IPA, McKinsey
Medicine, economics, informatics



Jenny Cheng, CTO
MIT, Google, Warby Parker
Product, engineering, Android



Deepa Shekar, COO
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Curtin U, I&M Bank, Bankwest
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Daniel Rosen, MD of New Business
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Sisi Pan, CSO
BCG fmr partner, CHAI, Flare, HBS
Strategic planning, growth financing



*Click pictures for LinkedIn profiles

THANK YOU!

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Maisha Meds

ROUNDTABLE: Leveraging Self-Care to Expand Access to RH Supplies



MODERATOR

BONNIE KEITH

Senior Advisor, Policy,
Advocacy, and
Learning, Injectables
Access Collaborative



MIRANDA BUBA ATARE

Nigeria Country
Coordinator, Injectables
Access Collaborative



ABIGAIL WINSKELL

Project Director,
Delivering Innovation
in Self-Care (DISC), PSI



PETRA PROCTER

Senior Program
Manager, Concept
Foundation

Nigeria: Building an Enabling Environment to Scale Up Access to SRMH Self-Care Products and Services

MIRANDA BUBA ATARE

NURHT Caucus Meeting, 17th October 2023.

Context:

Since 2017, the Federal Ministry of Health in Nigeria has championed the introduction and scale-up of DMPA-SC as a new contraceptive product to accelerate progress towards improving contraceptive access and choice.

These efforts have:

- strengthened government-led product introduction and scale-up strategies
- provided the necessary momentum to scale-up access to other SRMH self-care interventions.



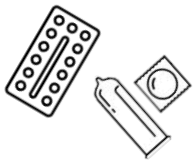
Nigeria SRMH Self-Care Guidelines

Nigeria developed its **National Guidelines on Self-Care for Sexual, Reproductive and Maternal Health** to accelerate progress towards achieving universal coverage of SRMH services through rapid, safe and effective uptake of self-care interventions.

Practice Areas



Improving antenatal, delivery, postpartum and newborn care



Providing high quality services for FP

Safe post-abortal care



Combatting STIs including HIV/AIDs and HPV

Self-Care interventions have the potential to improve access to sexual reproductive health services, information and supplies, providing greater autonomy of women and girls and improving their health and well-being.

Nigeria's policy environment unlocks opportunities to drive SRMH self-care scale-up and promote resilience:

Policies

Private Sector Engagement Strategy

National Guidelines for State-funded procurement of FP products

National Self-Care Guidelines for SRMH

NHLMIS

Task-shifting, Task-sharing Policy

National Self-care Demand Generation Strategy



Opportunities

Strategic Partnerships

Manufacturing network diversification

Sustainable Financing options

Data visibility to support supply chain performance improvements

Increase HRH capacity to facilitate scale-up of self-care interventions to the community level

Drive awareness and interest in SRMH self-care products/services



Practice

Some self-care products included in CBD mechanisms

Constitution of a self-care Coordination Committee

Integration of self-care indicators into NHLMIS

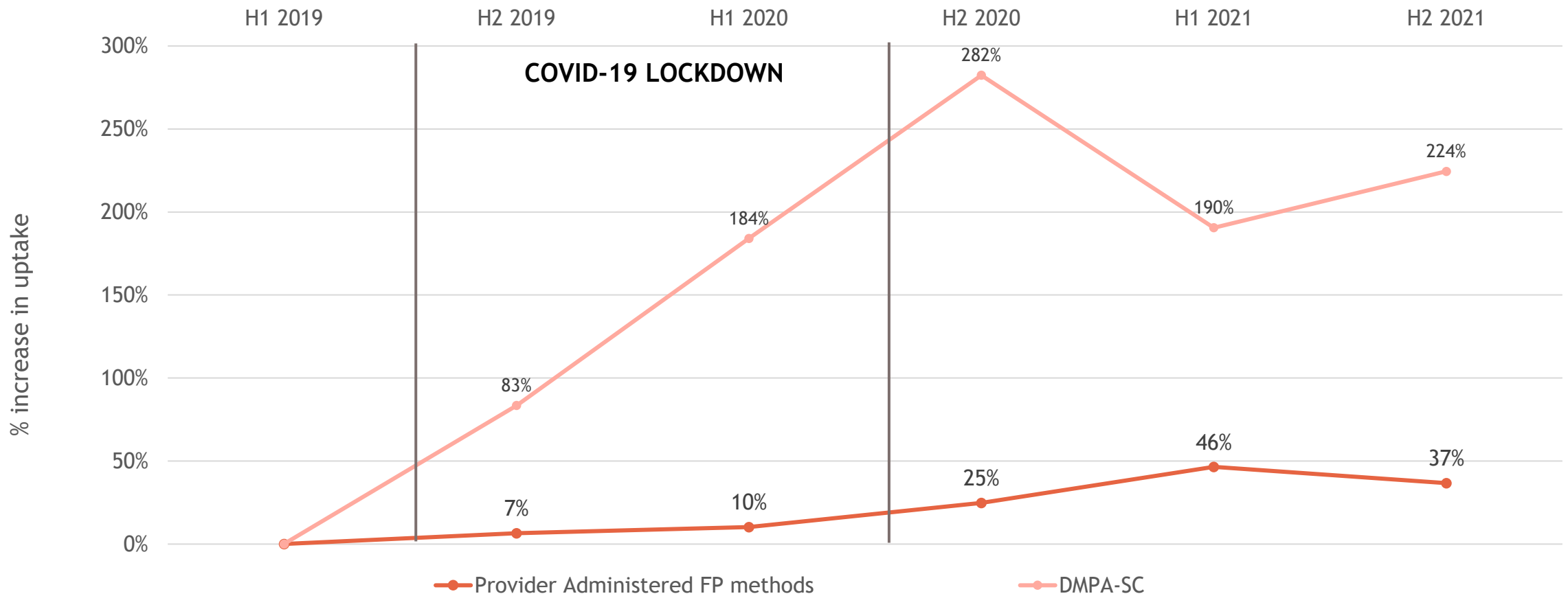
Sub-national contribution to the procurement of FP products

Advocacy on national self-care guidelines at sub-national levels

Development of a M&E framework

What we've seen

The increased uptake of self-injectable DMPA-SC during the COVID-19 lockdown highlights how self-care interventions can enhance resilient supply chains even during significant disruptions to the health system



Learnings



- ❖ Working across programs/sectors has potential to break down silos and offer powerful support to PHC/UHC
 - *SRMH self care represents many services and products making coordination complex but critical*
 - *It is important to engage key stakeholders and perspectives (i.e., youth, private sector, humanitarian) in all aspects of the self care movement.*
 - *More work needs to be done to better engage considerations for humanitarian context*
- ❖ Some self care products markets are less mature (e.g., HPV self-sampling, ovulation prediction kits) and may need intensive programming to fully scale-up
- ❖ Ensuring consistent supply of self-care products and building provider capacity are essential to harnessing the potential of self-care

STRONG SUPPLY CHAINS SAVE LIVES

JSI's approach to strengthening and scaling consumer-centric supply chains

OUR FOCUS

JSI is committed to ensuring that people have on-demand access to high-quality, affordable health commodities where, when, and how they want to receive them.



TRANSFORMING HEALTH
SUPPLY CHAINS
POWERED BY DATA



CONNECTING SUPPLY AND
DEMAND



DEVELOPING AND SHAPING A
HEALTHY MARKETPLACE

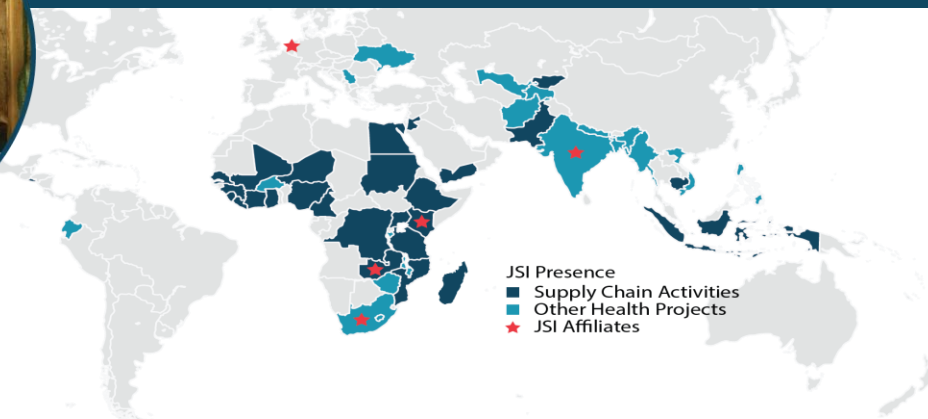


SOLVING TOMORROW'S HEALTH
SUPPLY CHAIN CHALLENGES

OUR GLOBAL REACH

With over **40 YEARS** of experience, JSI uplifts health supply chains worldwide to increase access to quality and affordable health commodities in

OVER 30 COUNTRIES



Thank you!

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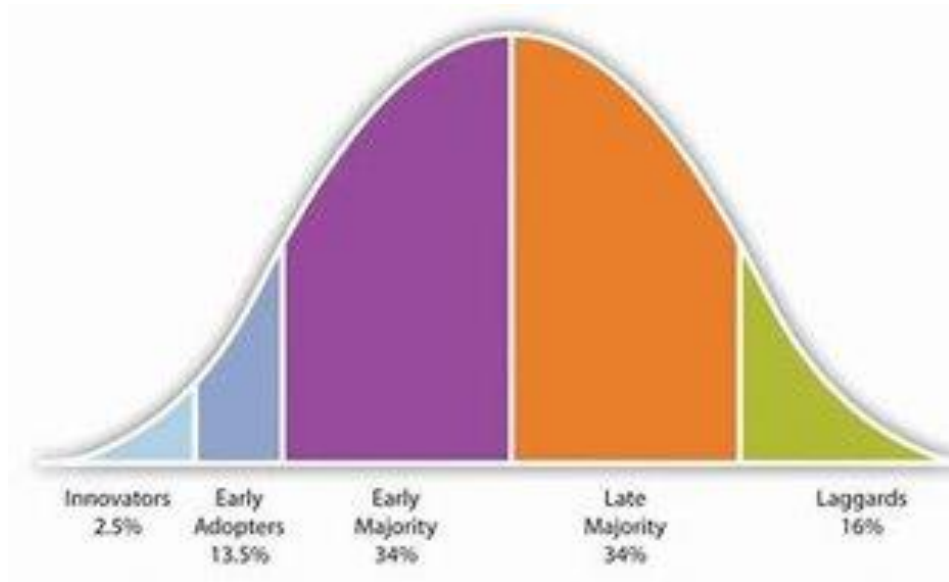
@jsihealth

The Importance of Behavior Change to Unlock the Potential of New Contraceptive and Self-Care Innovations

ABIGAIL WINSKELL

Project Director, Delivering Innovation in Self-Care (DISC), PSI

Innovation requires behavior change



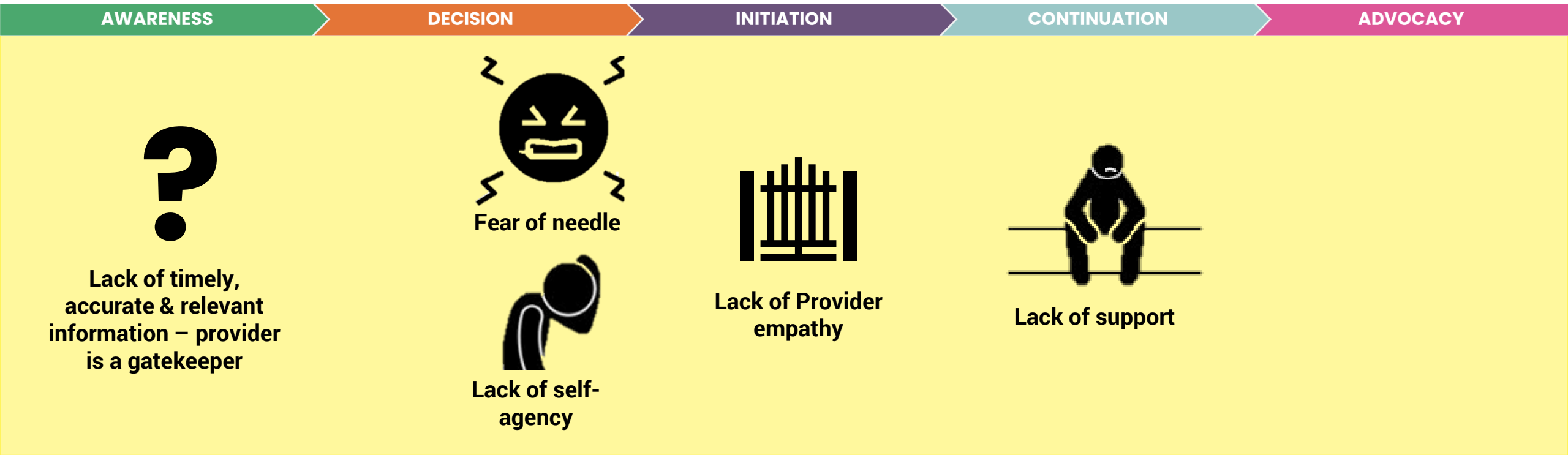
To reach mass-market success, it is necessary to reach the 'tipping point' of 'acceptance'.

People need to be aware of it....

...find it relevant and credible...

... and access it easily.

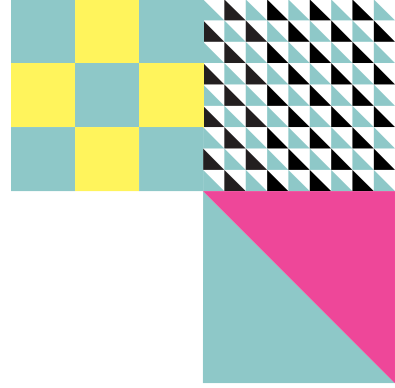
Self-Inject offers many benefits but women face significant barriers in access.





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.

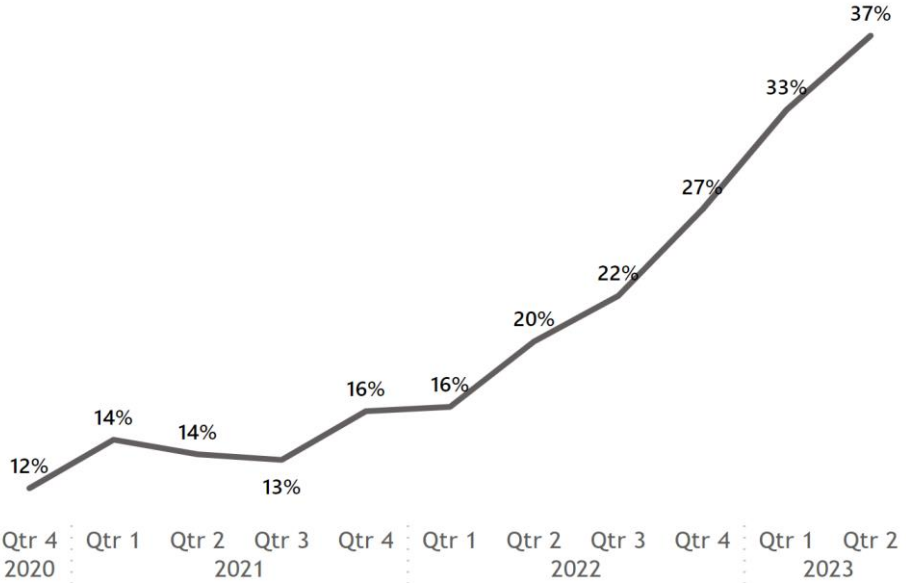


Provider empathy training – increasing capacity to coach women through their fears and increase agency.

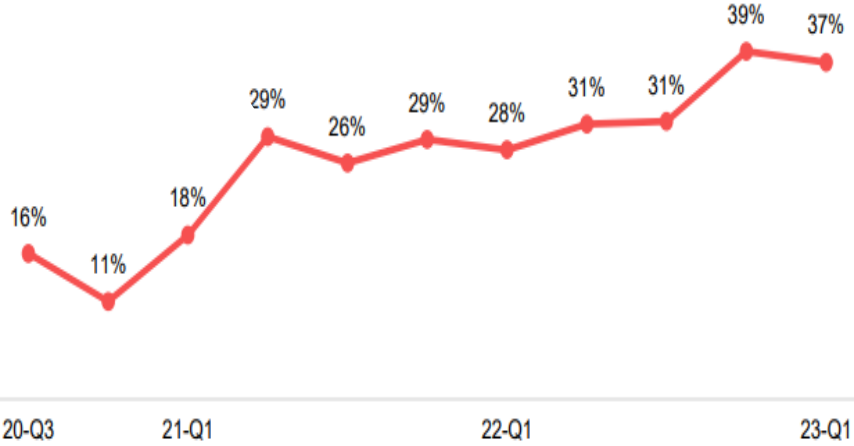
Accelerating growth in national Self-Inject markets in Nigeria & Uganda



NG National % SI of DMPA-SC (HMIS)



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



DISCUSSION



- Reproductive health innovation requires sufficient investment in demand and behavior change, as well as supply and the enabling environment.
- Self-care innovation is a very new behavior for providers and users.
- Dedicated investment in one innovation method can still be balanced with informed choice.

We need to unlock the full power of innovation for people
and the health system!

Regulatory Processes for Self-Care SRH Products: Status & Standardization

Petra Procter, NURHT Caucus Meeting, 17th October 2023

Regulatory processes for OTC contraceptives

The rise in demand and uptake of self-care interventions for contraception and medical abortion have direct implications on the regulatory status of these products and the processes required to ensure that the quality of the medicines and safety of individuals are safeguarded.

In particular, the procedures to allow for a change in status from a prescription only medicine (POM) to over the counter (OTC) status are important and require a clear and transparent pathway.

Self-care interventions, including medicines OTC, are important for sexual reproductive health and rights since they can allow individuals to make informed decisions regarding their contraceptive use and fertility intentions.

Research approach

- Analysis of existing regulatory procedures allowing switch from POM to OTC
- Additional analysis of diagnostic tests (pregnancy-, fertility-, and HPV self-tests) and their regulatory and other formal statutory processes and pathways allowing for self use in 13 countries.
- Determine whether countries had formal OTC medicines lists and the products that were included/identify criteria for inclusion
- Identify regional/national trends based upon Income levels and other cultural and socio-economic factors that may impact self care access.

Hormonal contraceptive products in National EMLs and OTC lists

24 countries have a national Essential Medicines List (EML), which includes one or more hormonal contraceptive. In Morocco and Nigeria, no RH products were included in the national EML.

Inclusion of hormonal contraceptives in published OTC listings, or in national drug databases varies widely and inconsistent with their availability in practice. While 11 countries have a formal OTC list, only 4 contain hormonal contraceptives (Bangladesh, China, Ethiopia and Lebanon).

Overall, in all countries (with and without official OTC lists), emergency contraception is the most clearly formally defined OTC product, particularly those containing levonorgestrel. In some countries, formulations containing ulipristal acetate are more restricted than those containing levonorgestrel.

Formal regulatory processes and procedures to switch products from POM to OTC

- 43.3% (13/30) of the sampled countries have a formal regulatory procedure in place to apply for the POM to OTC switch.
- In countries which distinguish between POM and OTC classification, the criteria for OTC status is primarily based on efficacy/safety risk assessment and medical eligibility criteria.
- In high-income countries, this may include pharmacist screening at point of access ('behind-the-counter' rather than OTC). Specific criteria, ranges and designation and medicines differ from country to country.
- Most countries have procedures for the regulation of diagnostics (10 of 13 countries investigated) and in those countries where information is available, pregnancy- and fertility tests are classified as low risk, while HPV self-tests are classified as one risk level higher.

Formal regulatory processes and procedures to switch products from POM to OTC

Countries with stronger health systems and therefore stronger regulatory functions (rather than geographic location) are more likely to have distinctions between POM, OTC, and other less stringent access options.

Classification	Formal process OTC %
High Income	83.0
Upper Middle-Income	62.5
Lower Middle Income	15.4

Points to Consider

Are regulatory processes a positive attribute to support self care, providing the confidence to users that a medicine is proven to be safe and effective for its intended purpose?

Are regulatory processes a barrier to increased self care through designating a medicine as provider dependent in terms of prescription only access?

Would the self care agenda benefit from a defined and harmonized approach to regulation allowing for necessary scrutiny to ensure safety and effectiveness, but designated for OTC access from the outset?

Activity Prioritization & Next Steps

JULIE HEINSEN

Chair, NURHT Caucus | Program Officer, Injectables Access Collaborative



Closing Remarks

JULIE HEINSEN

Chair, NURHT Caucus | Program Officer, Injectables Access Collaborative



THANK YOU