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Playing Nice in the Sandbox: Collaboration to expand choice and fill gaps in the contraceptive method mix

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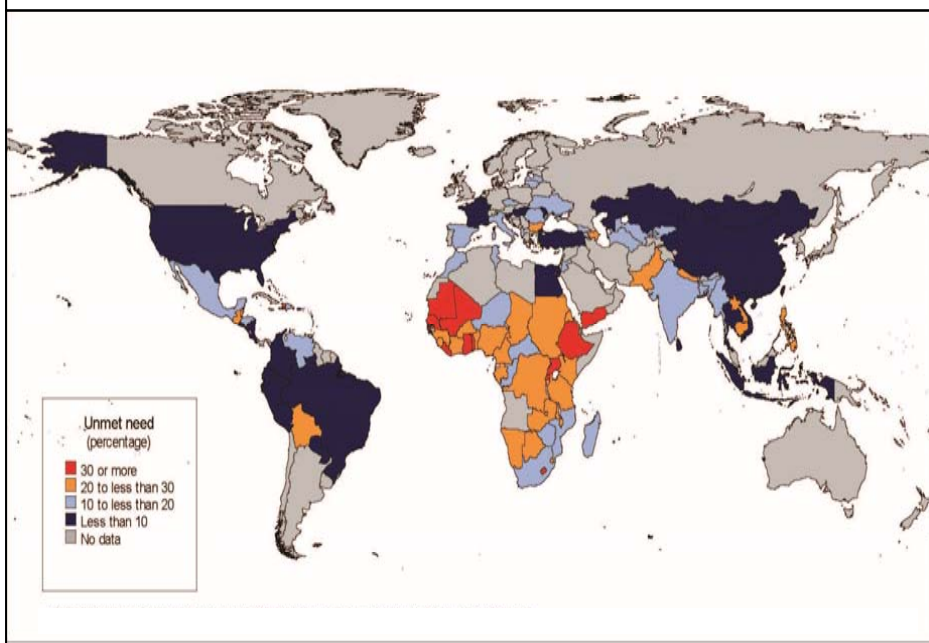
Reproductive Health Supplies Coalition Annual
Meeting
NURHT Caucus
22 October 2014

Why Does USAID Invest in FP/RH R&D?



- Despite major advancements over the last 50 years in family planning R&D, introduction and use, more than 222 million women in low resource countries still have an unmet need*.

Unmet Need for Family Planning, 2011 (WHO)



Annually, this unmet need leads to:

- ❖ 80 million unintended pregnancies
- ❖ 40 million abortions
- ❖ 290,000 pregnancy-related maternal deaths

Method-related concerns account for 70% of unmet need:

- ✓ Health / side effects: 22%
- ✓ Infrequent sex: 21%
- ✓ Post-partum / breast-feeding: 17%
- ✓ Partner opposition: 10%

* Guttmacher Institute, 2012. *Adding it up: Costs and benefits of contraceptive services.*

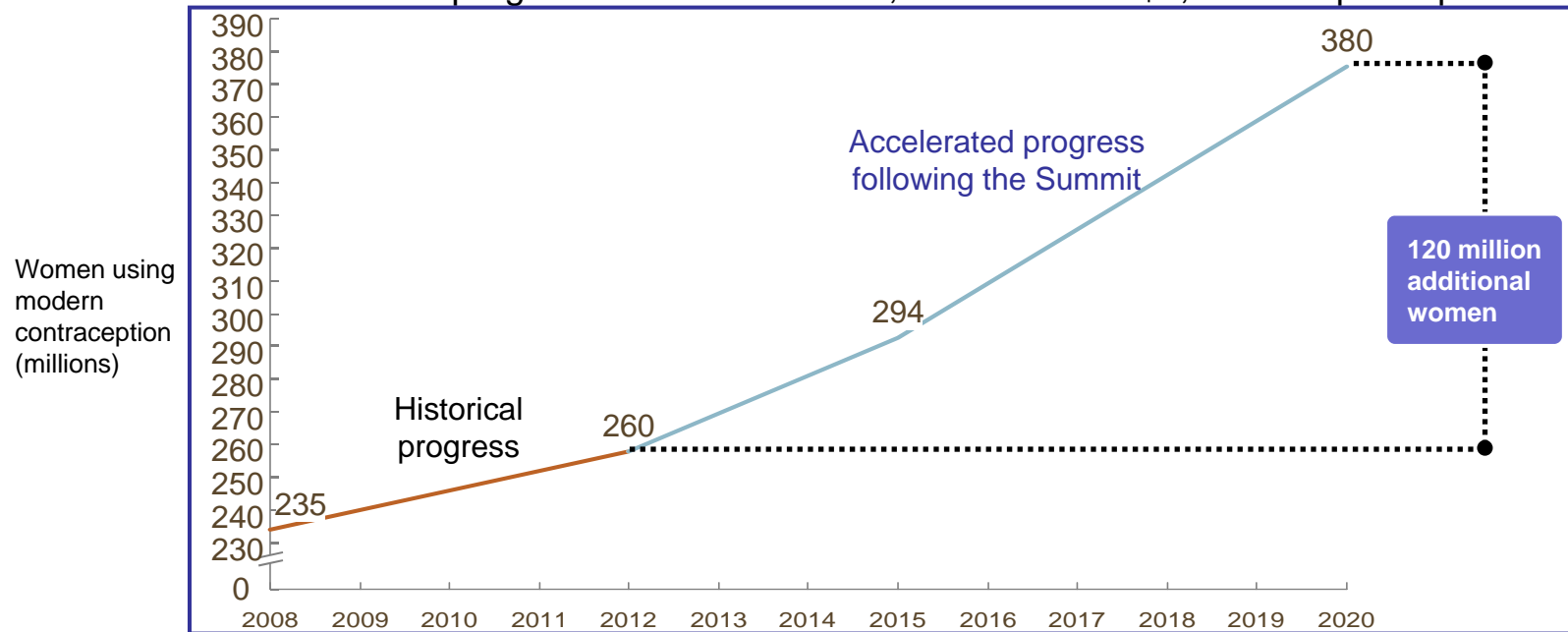
Expanded Donor Collaboration on FP/RH



June 2012 London Summit on Family Planning

Governments, foundations, private sector and civil society organizations from around the world came together and committed more than **\$2.6 billion** to the goal of reducing unmet need by 120 million women by 2020.

Estimated progress to 2015 and 2020, 69 countries <\$2,500 GNI per capita



New and refined FP products designed to address the method-related reasons for unmet need, and that also prevent HIV and other STIs, would contribute substantially to meeting the FP Summit goal.

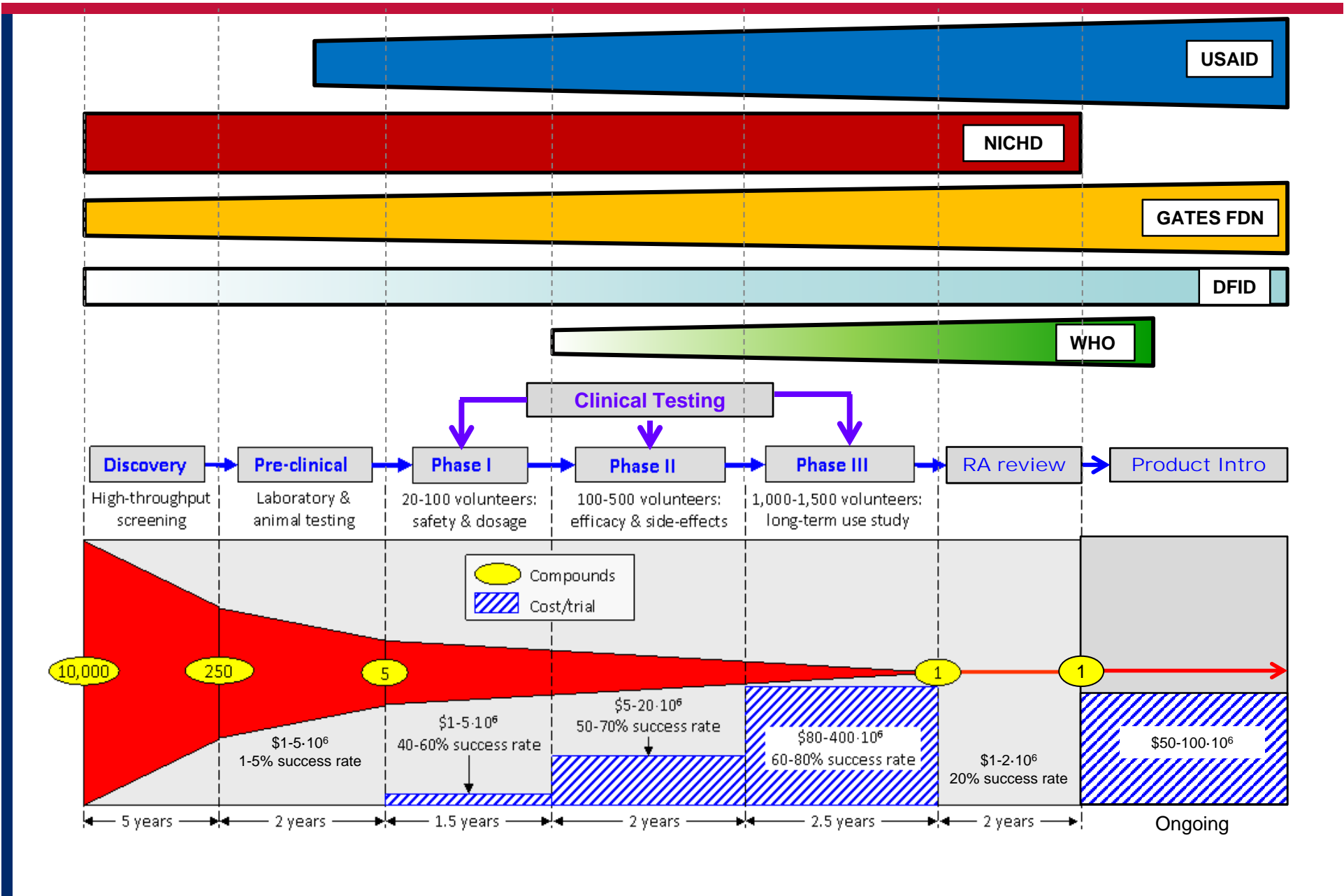
Prevention products that better meet the needs of women as their sexual and reproductive health concerns change over time:

1. **Improved contraceptive technologies** that are more effective, acceptable, affordable, and easier to provide and/or use
2. **New contraceptive technologies** that fill “duration of effectiveness” and acceptability gaps in the existing FP method mix

Gender Equality and Female Empowerment Policy: “to improve the lives of citizens around the world by advancing equality between females and males, and empowering women and girls to participate fully in and benefit from the development of their societies.”



FP/RH R&D and Introduction: the Essential Role of Donor Coordination



Contraceptive Technology / Dual Protection Donor Working Group (CT-DWG)

established in 2010
as a result of the BMGF FP/RH Biomedical R&D landscape analysis,
and subsequent donor mapping exercise

ORGANIZATION

Secretariat: BMGF

Membership:

- US NIH / National Institute for Child Health & Human Development (**NICHD**)
 - US NIH / National Institute for Allergies and Infectious Diseases (**NIAID**)
 - **USAID**, Office of Population & Reproductive Health
 - **DFID** (invited)
 - **WHO** (invited)

Schedule of meetings: face-to-face bi-annually,
and by teleconference as needed

Donor Collaboration on FP/RH R&D, cont'd



CT-DWG Members' Respective Focus:

- **NICHD** -- Leads on R&D of male contraceptives; coordinates the Contraceptive Clinical Trials Network.
- **NIAID** -- Leads on developing and testing HIV/STI prevention; coordinates the Microbicide Trials Network.
- **USAID** -- Leads on R&D of contraceptives and MPTs for women that are appropriate for provision and use in low resource settings.
- **BMGF** -- Leads on introduction activities for the NES/EE Vaginal Ring, Sino-Implant, and Depo sub-Q in Uniject.
- **DFID** -- Supports product development partnerships (PDPs) to develop a portfolio of FP/RH and HIV/STI prevention products.
- **WHO** -- Provides international normative guidance on existing FP/RH and HIV/STI prevention methods; convenes Task Forces on the R&D of new prevention methods; coordinates the prequalification process for new products on behalf of developing country regulatory authorities.

