FAMILY PLANNING

RHSC Annual Meeting
October 24, 2014

Monica Kerrigan
Perri Sutton
Trisha Wood Santos
“Family planning and access to contraception—including information, supplies, and services—is an issue that I am passionate about, and it has become one of my personal priorities at the foundation. I believe it’s one of the most urgent issues of our time.”

—Melinda Gates
OUR GOALS

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
We support national governments that are leading the development and implementation of their national plans for family planning.

We also invest in innovative technology, supply and demand approaches to expand high-quality, voluntary family planning.

OUR APPROACH
KEY PRINCIPLES

- Voluntarism
- Quality of Care
- Innovation
- Equity
- Local Ownership
- Partnerships
FIVE INITIATIVES FOR DRIVING CHANGE

1. Accelerate country action
   Countries develop & execute costed implementation plans (CIP) to reach national FP goals

2. Influence and mobilize

3. Performance monitoring & accountability

4. Evidence to optimize service delivery

5. Contraceptive technology

Goals
- Additional 120M women served
- Accelerated universal access

Long-term impact
- Reduce maternal and child mortality and morbidity
- Increase equity and empowerment for women and girls
- Unlock the potential for countries to capture economic benefits of their demographic dividend

Principles – respect rights; promote equity; include youth; leverage partnerships

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

1. Defined as voluntarism, informed choice, participation, accountability, protection against coercion

© 2013 Bill & Melinda Gates Foundation

November 5, 2014
STRENGTHEN POLICY AND ADVOCACY

We work to keep family planning on the global agenda and improve funding and policy support.

- Holding donors and developing countries accountable
- Advocating for better family planning policies
- Providing advocacy and communications support to partners
We support countries that are committed to expanding access to high-quality, voluntary family planning to reduce maternal and newborn mortality and improve family health.

- India and Nigeria
- Indonesia, Pakistan, Ethiopia, Kenya, and Democratic Republic of the Congo
- Senegal and Niger—supporting the Ouagadougou Partnership
7 CRITICAL COMPONENTS TO SUPPORT ACCELERATION OF NATIONAL FP PROGRAMS

- Commitment and Leadership
- Engagement and Coordination
- Data, Analysis, Feedback and Accountability
- Planning and Policy
- Implementing solutions
- Resource mobilization
- Testing solutions
- Local adaptation
- National plan and policy
- Political will
- Stakeholder alignment

Source: Adapted from “Elements of Success in Family Planning Programming” (USAID Series J, Number 57) based on team analysis & stakeholder input
We invest in monitoring systems to track changes in contraceptive use and help all FP2020 countries monitor progress toward their goals.

- Results every 6 and 12 months (to supplement country surveys every 3 to 5 years)
- Better service delivery statistics
- Standard metrics
- Reliable data at national and sub-national levels
We build evidence about what works to address supply and demand barriers on a large scale and in multiple countries.

- Identifying and scaling up effective solutions
- Understanding complex barriers to contraceptive access and use
- Bringing promising research findings and practices to donors, countries, and partners
INVEST IN NEW CONTRACEPTIVE METHODS

We invest in innovation to address barriers to contraceptive use and meet the needs of women at different stages of life.

- Developing technologies that meet the needs and address barriers for use
- Expanding contraceptive options to include next-generation implants, longer-acting injectables, and on-demand methods
- Collaboration with the foundation’s HIV program to develop new technologies that prevent both pregnancy and HIV acquisition
<table>
<thead>
<tr>
<th>User Group Profile</th>
<th>Profile Description</th>
</tr>
</thead>
</table>
| **Non-users who don’t want more children** | • Women who do not want more children  
• Need highly effective contraceptive methods that are longer lasting than current methods (e.g. more than 10 years) |
| **Non-users due to side effects**       | • Not using or discontinued use due to side effects  
• Includes documented side effects, either through experience or as a reason to prevent adoption |
| **Youth**                              | • Age 15-24  
• Sexually active  
• Has a need for discretion and wants to prevent pregnancy |
| **Non-users who are harder to reach**   | • Not easily reached via traditional FP programs, vulnerable  
• Often poor and uneducated |
| **Non-users who have infrequent sex**   | • Women who have infrequent sex  
• Often do not understand risk of pregnancy or think benefits of contraception outweigh issues of use |
| **Women who want HIV protection & contraception (MPT)** | • Women who believe they are at risk of HIV and would like to use a single method to protect against HIV and contraception |
CURRENT PIPELINE OF PRODUCTS TO MEET WOMEN’S NEEDS

<table>
<thead>
<tr>
<th>User Segment</th>
<th>Discovery</th>
<th>Early Development (Preclin, Ph1, Ph2)</th>
<th>Late Development (Ph3)</th>
<th>Developing World Registration/Launch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Users who don’t want more children</td>
<td>Polidocanol</td>
<td>Long-acting, user-controlled implant</td>
<td>Coated copper-T IUD</td>
<td>6-month injectable Portfolio of 4 products</td>
</tr>
<tr>
<td>Non-Users due to side effects</td>
<td>3 non-hormonal vaginal products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harder-to-reach Non-Users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Users who have infrequent sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women who want HIV protection &amp; contraception</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Polidocanol**: Long-acting, user-controlled implant
- **Coated copper-T IUD**: 3 non-hormonal vaginal products
- **6-month injectable Portfolio of 4 products**: Non-Users who don’t want more children
- **Vaginal ring Supporting 2 products**: Non-Users due to side effects
- **On-demand OC**: Young Women
- **GCE Condoms**: Harder-to-reach Non-Users
- **Novel vaginal MPTs**: Non-Users who have infrequent sex
- **Sayana Press**: Women who want HIV protection & contraception
Common Symptoms
- High Price
- Low Uptake
- Unstable Supply
- Unknown Quality

1. 1 and 2 rod implants
   - Unstable/unpredictable demand due to high price
   - Volume guaranty to reduce price and increase access
     - 50% increase in implants distributed from ‘12-’13 and
     - ~$140M in savings through 2014

2. 3-month injectables
   - Unstable supply (sole supplier) and unknown quality
   - Technical support to generic manufacturers to achieve WHO Prequalification and increase supply; decrease overall price