

# ***Supporting Agency Coordination and Cooperation in the Development of Contraceptive Methods Appropriate for Provision and Use in Low Resource Settings***

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**Panel Session:** *From Bench to Bedside: Perspectives on the  
Challenges and Opportunities for Introducing New Contraceptives*

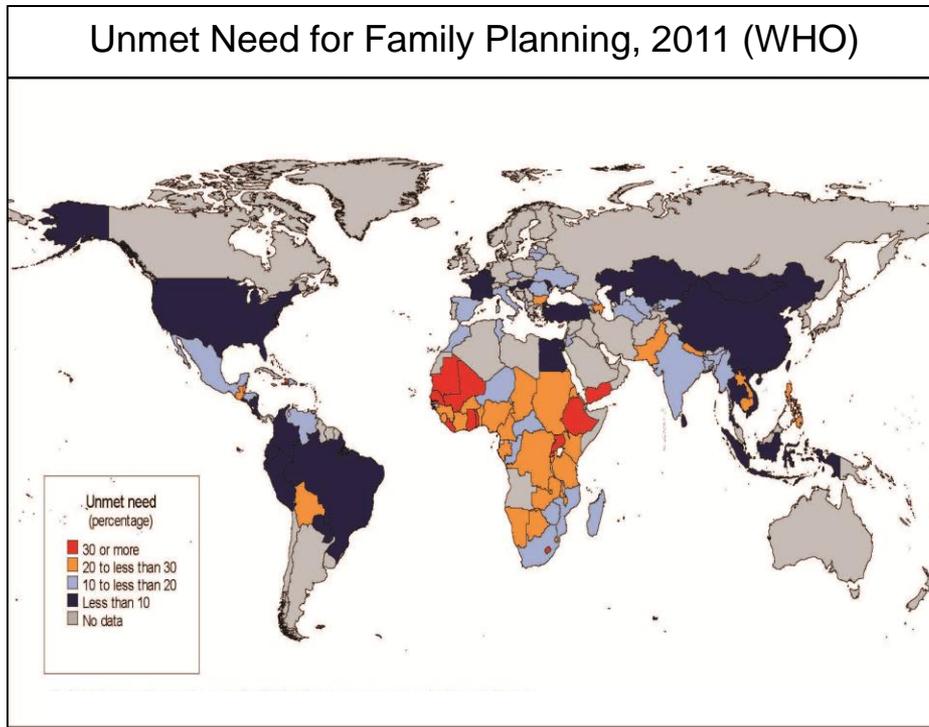
**International Conference on Family Planning**

12-15 November 2013

Addis Ababa, Ethiopia

# The Global Public Health Rationale for Collaboration in FP/RH R&D, Part 1

- Despite more than 50 years of success in the development, introduction and use of FP, more than 222 million women in low resource countries still have an unmet need\*.



## **Method-related reasons account for 70% of unmet need:**

- ✓ Concerns about side effects: **22%**
- ✓ Appropriate for infrequent use: **21%**
- ✓ Appropriate for use by post-partum or breast-feeding women: **17%**
- ✓ Partner opposes the method: **10%**

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

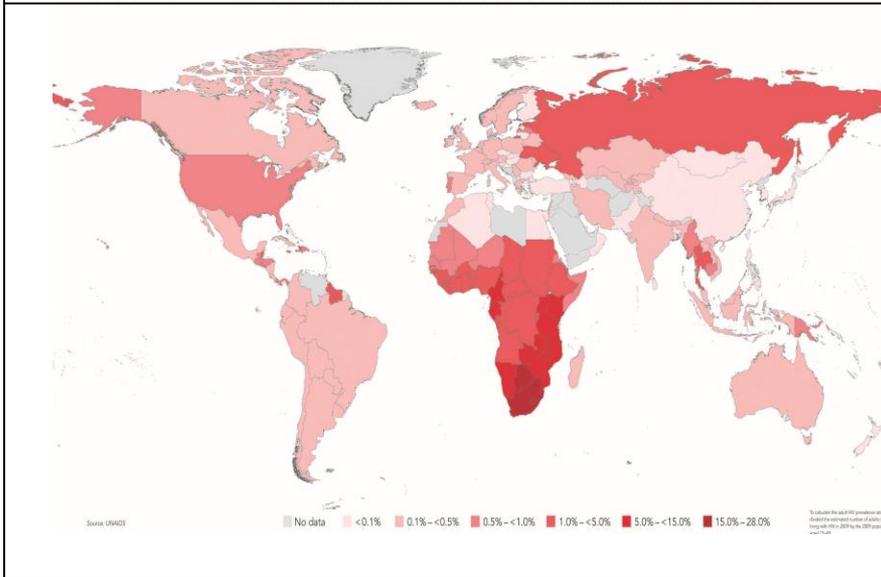
# The Global Public Health Rationale for Collaboration in FP/RH R&D, Part 2

- There is also a great need for women-centered methods that prevent HIV and other sexually transmitted infections (STIs). Each year, more than two million women die of AIDS, and cervical cancer caused by Human Papillomavirus (HPV)\*.

\* WHO, 2012. *Global prevalence and incidence of selected curable sexually transmitted infections – 2008: Overview and estimates.*

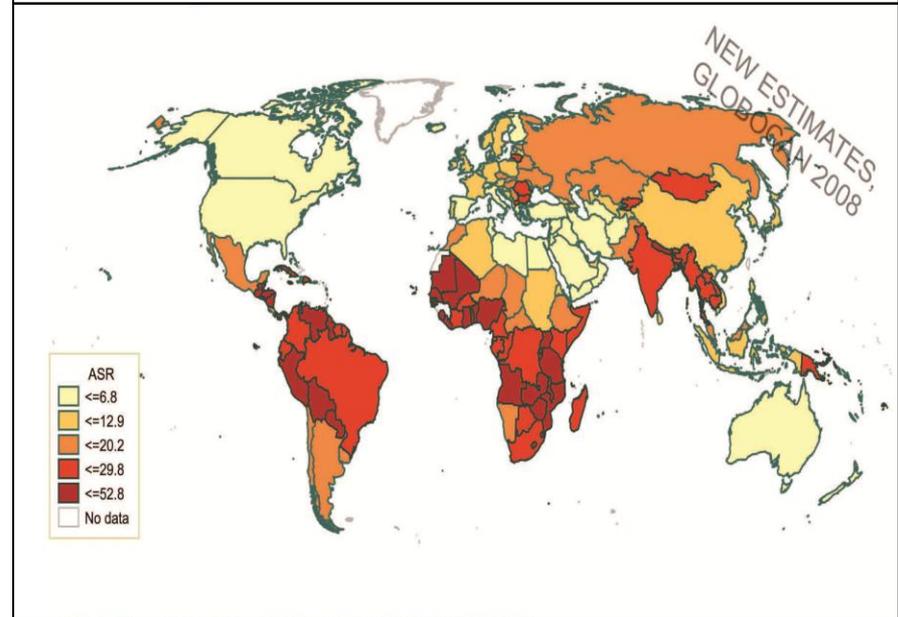
## 2010: A global view of HIV infection

33.3 million people [31.4–35.3 million] living with HIV, 2009



- ❖ Each year, 1.8 million women die of AIDS...
- ❖ ... and 2.7 million more become infected with HIV

## Cervical Cancer Incidence Rate, 2008

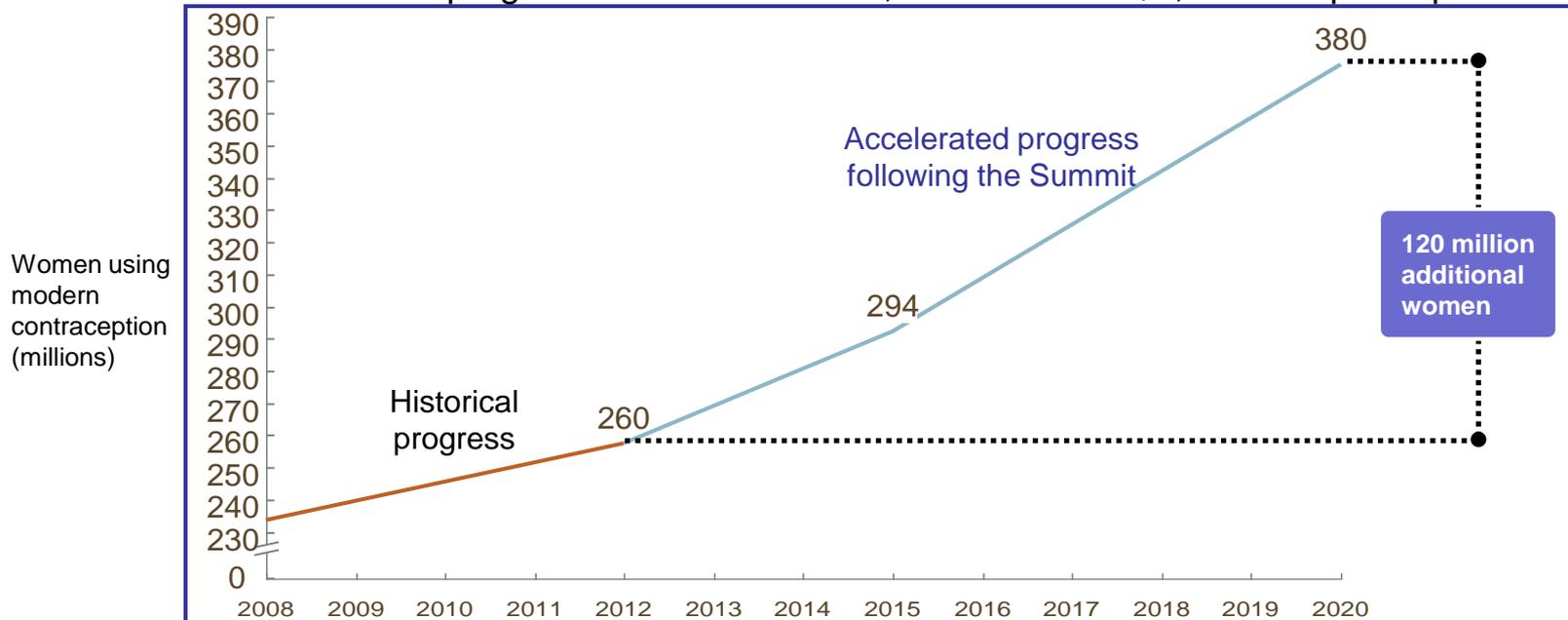


- ❖ Annually, 275,000 women die of cervical cancer
- ❖ New vaccines against HPV infection could ultimately prevent ~500,000 new cases of cervical cancer every year in resource-poor settings

# July 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 assuring access to voluntary FP to 120 million additional 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, could help to contribute to reaching the FP Summit goal.*

# Determining Common Priorities: Outcomes of Related FP/RH R&D Reviews and Landscape Analyses

## ➤ **USAID External Contraceptive R&D Review (2006)**

Recommendations: USAID's contraceptive R&D program should focus on the following critical unmet needs: non-hormonal methods, dual protection (pregnancy/HIV) methods, male contraception, and non-surgical sterilization. Any new method should be appropriate for delivery and use in low resource settings.

## ➤ **Bill & Melinda Gates Foundation Landscape Analysis (2010)**

Outcomes: BMGF prioritized support for methods for women in *three discovery areas*: pericoital, non-hormonal, and permanent; and *five late-stage technologies* with high-impact potential: pericoital “on demand” pill; long-acting injectable; vaginal rings; Sino-Implant (II); and Sayana Press.

## ➤ **US Institute of Medicine “Future of Contraceptive R&D” meeting (2012)**

Recommendations: The recently-established *Contraceptive Technology Donors Working Group* should expand to include other donors and foundations, and establish and prioritize a contraceptive R&D agenda that addresses gaps that need to be filled.

## ➤ **Initiative for Multipurpose Prevention Technologies (IMPT) “Product Prioritization” process (2012)**

Recommendations: 1) Donors and developers strongly encouraged to reach consensus on development objectives; 2) Important to identify single MPT leads through common R&D pathways; 3) Coordinated investment and collaborative development is critical.

# Supporting Agency Collaboration on FP/RH R&D

## Contraceptive Technology Donor Working Group (CT-DWG)

established in 2010

as a result of the Gates Foundation FP/RH Biomedical R&D landscape analysis,  
and subsequent donor mapping exercise

### ORGANIZATION

**Secretariat:** Gates Foundation

#### **Membership:**

- US NIH / National Institute of Child Health & Human Development (**NICHD**)
  - **USAID**, Office of Population & Reproductive Health
    - Other donors as identified

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

# Supporting Agency Priorities for FP/RH Biomedical R&D

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

- ✓ **Refined FP methods** that are more effective, acceptable, affordable, and easier to provide and/or use
- ✓ **New FP methods** that fill “duration of effectiveness” gaps in the existing method mix, or that address other barriers to use
- ✓ **Multipurpose prevention technologies (MPTs)** for unintended pregnancy, HIV and other STIs



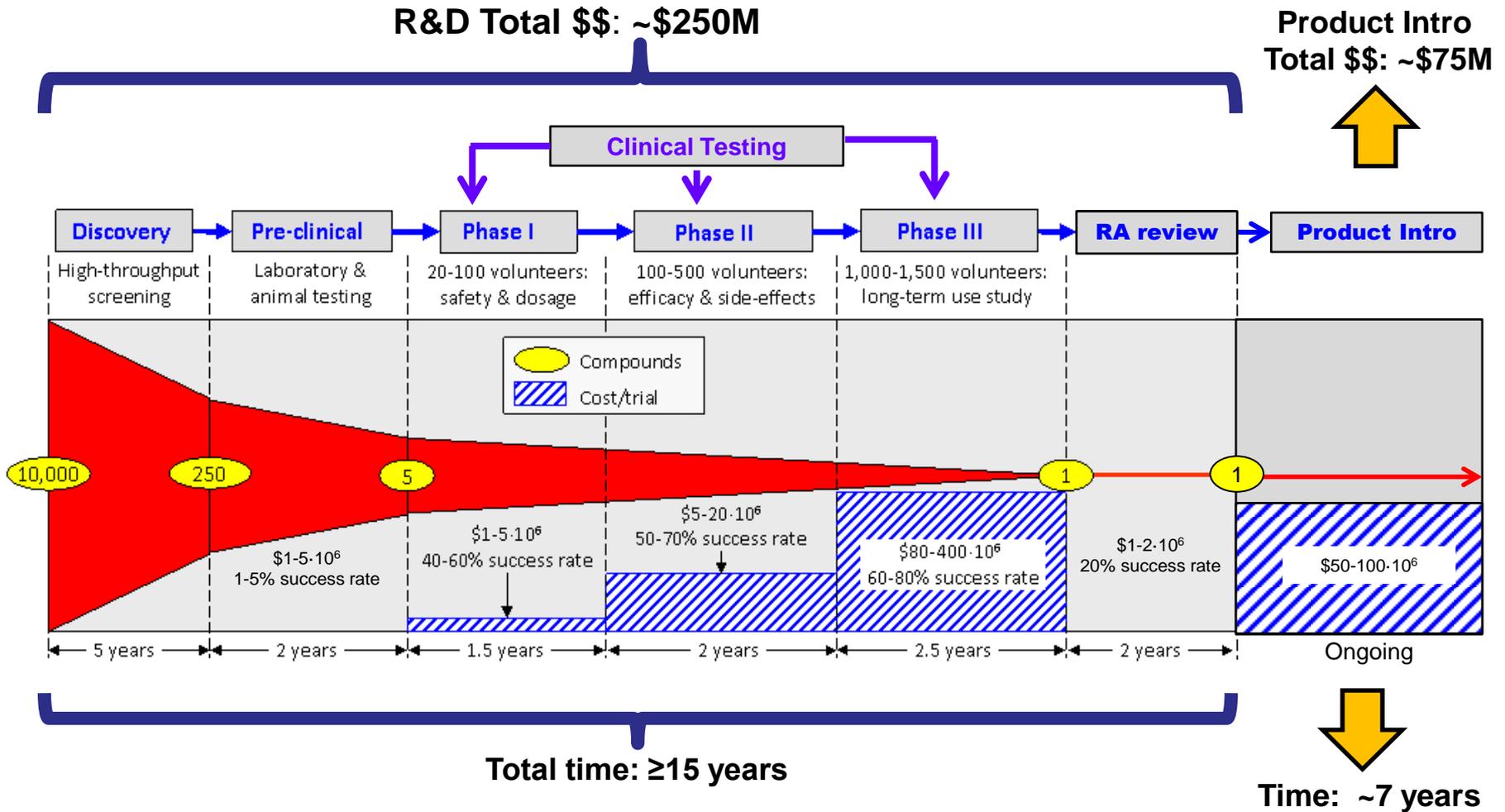
# Leveraging Supporting Agencies' Strengths to Enhance Collaboration on FP/RH R&D

## CT-DWG Members' Respective Focus:

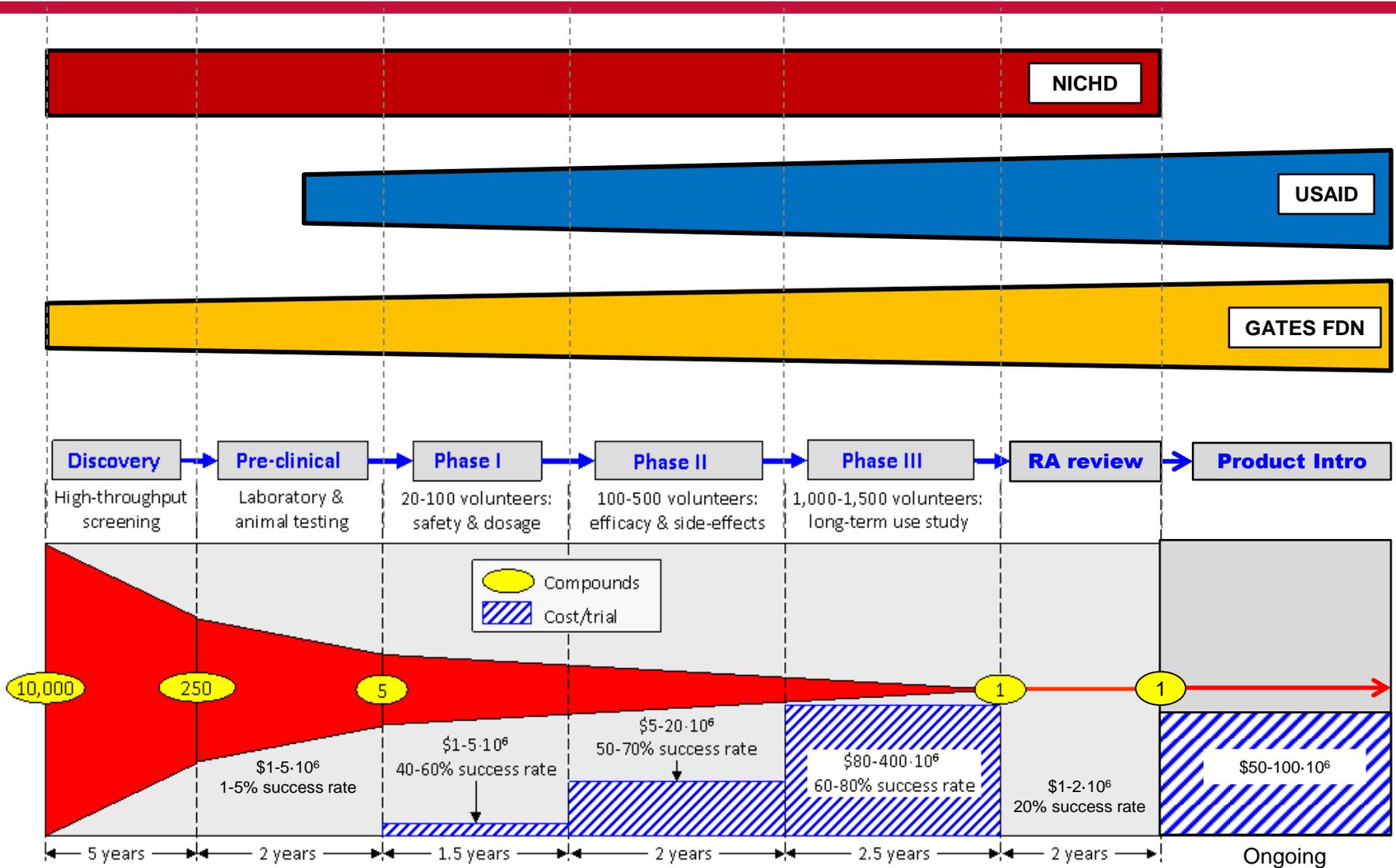
- **NICHD** -- Leads on R&D of new contraceptive methods for men and women. Early products undergo biological testing and preclinical toxicology. Qualified products are evaluated for safety and effectiveness in the NICHD Contraceptive Clinical Trials Network.
- **USAID** -- Leads on R&D of contraceptives and MPTs for women that are appropriate for provision and use in low resource settings.
- **Gates Foundation** -- Leads on efforts to reduce the risk of introducing new contraceptive products; takes on longer term, higher risk investments in contraceptive discovery, research and development.



# FP/RH R&D and Introduction: What it Takes



# FP/RH R&D and Introduction: the Essential Role of Supporting Agency Coordination



# *Future Aims of Supporting Agency Coordination on FP/RH R&D*

- ❖ **Further address the method-related reasons for unmet need by developing contraceptive products that are:**
  - ✓ Non-hormonal
  - ✓ Appropriate for use by post-partum and breast-feeding women
  - ✓ Appropriate for occasional use by women who have infrequent sex
  - ✓ Discreet (can be used without the partner's knowledge or consent)
  
- ❖ **Expand research on new technologies with high impact potential:**
  - ✓ Nonsurgical permanent contraception for women and men
  - ✓ Long-acting, reversible contraceptive methods
  
- ❖ **Support “flagship” contraceptive R&D projects that provide:**
  - ✓ Long term commitment to the full product development and innovation process
  - ✓ Flexibility to incorporate scientific break-throughs and other opportunities
  - ✓ Responsiveness to method-related concerns as they arise from the field

***Thank you!***