

The Supporting Agency Collaboration Committee (SACC)

Background

Support for MPTs has increased over the past decade and their development is endorsed and informed by women, men, civil society, healthcare providers, and policymakers. Yet, the development of MPTs is scientifically complex, and the justification for financial investment for clinical development remains indeterminant for most MPT products. Since it's launching in 2009, the Initiative for MPTs (IMPT) has convened technical experts, advocates and other stakeholders working in the areas of contraception and prevention of HIV and other sexually transmitted infections (STIs) to help identify MPT field-wide priorities and gaps. Outcomes of these stakeholder convenings and action area assessments have been published in peer-reviewed publications to help inform the field on the necessary pathways to advance the most promising MPTs to the market. A summary of these as of December 2021 is available [here](#). The MPT field is currently supported by a limited number of funders, including public, private and foundation funders with diverse funding mandates and priorities. The SACC convenes bi-annually to collectively refine and address prioritized action areas and gaps. Prioritize action areas as of September 2022 are illustrated below.

The Supporting Agency Collaboration Committee (SACC)

Established in 2013, the mission of the Supporting Agency Collaboration Committee (SACC) is to facilitate collaboration and consensus among supporting agencies, maximizing the efficiency and effectiveness of MPT funding.

The SACC is comprised of representatives from a growing number of government agencies, private foundations, and other MPT supporters worldwide. Members of the SACC convene virtually twice a year to share current MPT funding priorities and activities, refine and address field-wide gaps and challenges for MPT development, and minimize duplication of efforts. SACC members represent the following public and private sector entities:

Adjuvant Capital
Bill & Melinda Gates Foundation
Centers for Disease Control and Prevention
Children's Investment Fund Foundation
Eunice Kennedy Shriver National Institutes of Child Health and Development (NICHD)
Indian Council for Medical Research
Male Contraceptive Initiative
NIH Division of AIDS (DAIDS)
NIH Enteric and Sexually Transmitted Infections Branch (ESTIB)
Unitaid
United Nations Population Fund (UNFPA)
USAID Office of HIV/AIDS
USAID Office of Population and Reproductive Health

The SACC is currently co-chaired by representatives from CIFF, NIH ESTIB, NICHD, and USAID OHA.

For inquiries related to the SACC and/or the MPT Priority Action Areas & Gaps, please [contact us here](#) – we would love to hear from you!

As of September 2022, the priority **MPT Fieldwide Action Areas** identified by the SACC are as follows:

1. A productive ecosystem of MPT product R&D

- Ecosystem expansion - Part 1: Expanding MPT R&D with a focus on new products
 - Expanded pipeline of researchers for expanded product R&D
 - Enhanced physical infrastructure for product R&D
 - Geographic expansion for MPT R&D in terms of primary researchers and collaborative efforts
 - Expanded generic licensing opportunities and geographically broad manufacturing base
- Ecosystem expansion - Part 2: Achieving appropriate funding to support necessary expansion of MPT ecosystem
 - Novel and innovative funding and investment approaches to ensure successful development of MPTs through commercialization and scale-up
 - Enhanced ability for cost-effective collaborations

2. Improved understanding of reproductive biology for the purpose of new pharmaceutical development for MPT R&D

- Enhanced focus on non-hormonal MPTs
- Enhanced focus on male contraceptive options
- Expanded understanding of cervicovaginal microbiome, pharmacogenomics, etc.
- Expanded understanding of underlying conditions in those likely to use MPTs (e.g., perimenopause, cognitive disabilities, other underlying health issues)

3. Expanded understanding of socio-behavioral research (SBR) considerations among underrepresented groups in MPT research, including

- People under the age of 18
- People with gynecological conditions
- Sexual and gender minority (SGM) populations
- Older populations (e.g., perimenopausal women)
- Those known to metabolize drugs differently (e.g., obese individuals, Down syndrome individuals)

4. Expanded understanding of market considerations to help ensure successful commercialization and uptake of MPTs, including

- Market segmentation and target segment identification
- Switching between products and triggers estimates
- Demand forecasting

5. Enhanced understanding of innovative approaches for MPT clinical trials that address regulatory and ethical challenges of testing multiple indications in the same trial