EECO Brown Bag: Contraceptive Innovation Index

January 2023

Photo: Alexandra Angel. PSI.

Today's Agenda

Global Health Innovation Index

Contraceptive Innovation Index

- Hormonal IUD in Nigeria
- Caya Diaphragm in Niger

Panel Discussion

Audience Q&A

Global Health Innovation Index

Designed to evaluate early stage and scaling innovations across USAID's global health innovation portfolio

Evaluates innovations according to four core criteria:

- Health Impact
- Demand & Sustainability
- Organizational and/or Partner Capacity
- Progression to Scale

Innovations are scored with a color scale to indicate the strength and quality of available evidence

Scaling innovations is essential to achieve impact

Many creative solutions to global health challenges exist, but **only a few** have become **true game changers**. Innovation alone does not create impact

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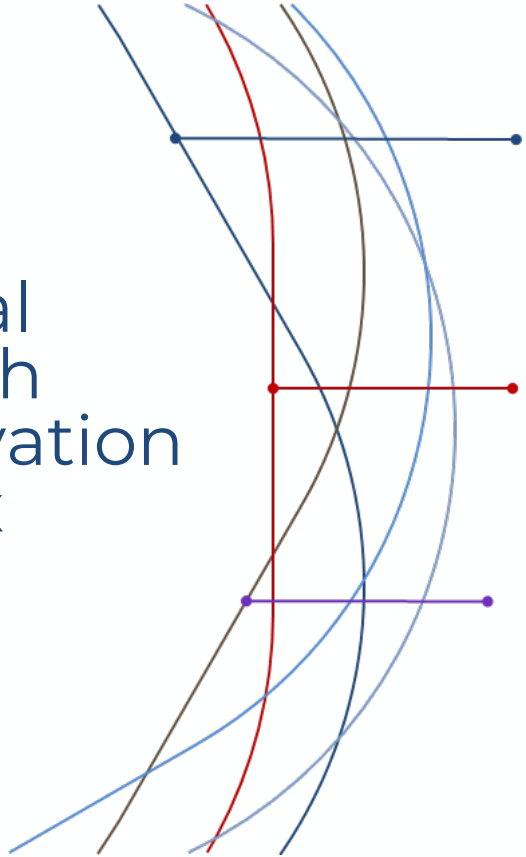
Impact is created by **focused and committed scaling**, delivering innovations to more people more **reliably, efficiently**, and with ongoing improvements in **quality**

The Global Health Innovation Index



Provides a **versatile tool to evaluate** a diverse range of health innovations at every stage of development to assess which ones are the **most promising** and should be considered for further support

Highlights some of the **most promising near-term innovations** to support **greater adoption** and incorporation in ongoing health programming

Designed specifically for **national governments, donors, partners,** and **our own health teams** to assess health innovations for their readiness and suitability to scale

The Index uses a framework of four criteria to evaluate global health innovations

Key:

- Strong Proven Evidence
- Mixed or Inconclusive Evidence
- No Evidence Available
- Evidence of No or Poor Impact

Health Impact

- Most important criteria
- Improves health outcomes relative to the status quo
- Addresses a critical gap

Ex) Does this innovation relate to an important driver of morbidity or mortality?

Demand & Sustainability

- Willingness by stakeholders (i.e. healthcare workers) to use the innovation
- Innovation is affordable for target market

Ex) Is there a sustainable way to pay for this innovation?

Organizational Capacity

- Capacity to manage strategic planning, production, sales, marketing and distribution
- Ability to manage stakeholder and partner relationships

Ex) Can this organization and/or their partners reliably produce and distribute this innovation at scale?

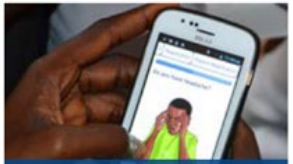
Progression to Scale

- Cleared regulatory and technological hurdles
- Has a clear path to scale or proven ability to scale

Ex) Has this innovation cleared regulatory and technology hurdles to scale?

The Index highlights 9 promising global health innovations

BEMPU HEALTH TEMP WATCH: PREVENTING HYPOTHERMIA IN LOW BIRTH WEIGHT BABIES



DIMAGI: TECH TOOLS FOR HEALTH WORKERS

DRIPASSIST: A SIMPLE TOOL FOR SAFE IV INFUSIONS

GRADIAN HEALTH SYSTEMS: ANESTHESIA TECHNOLOGY THAT DOESN'T REQUIRE ELECTRICITY

KEHEALA: BEHAVIORAL SCIENCE BASED TREATMENT SUPPORT PROGRAM

LIVING GOODS: PERFORMANCE DRIVEN MODEL FOR DELIVERING LOW COST CARE AND MEDICINES

MUSO AND PROCCM: PROACTIVE, WELL SUPPORTED COMMUNITY HEALTH SYSTEMS

PREMISE: REAL TIME DATA FOR HEALTH WORKERS AND POLICY MAKERS

WORLD MOSQUITO PROGRAM: USING WOLBACHIA TO PREVENT DISEASE TRANSMISSION

Contraceptive Innovation Index

Adapted through two-part workshop with key stakeholders to reflect the complexities of contraceptive markets

Evaluates contraceptive technologies with the greatest potential for impact using four revised criteria:

- User Demand & Impact
- System Factors & Sustainability
- Supplier Capacity
- Progression to Scale

Contraceptive Innovation Index

USER DEMAND & IMPACT

What is the evidence that the product will improve health, wellbeing, and/or choice over the status quo?

- Does the product address a critical gap in the contraceptive market (e.g., overcomes access barriers, offers unique features valued by end-users)?
- Which market segments are likely to use it? How strong is the evidence t hat they want this product?
- What are the risks of unintended consequences (e.g., environmental damage, effects on local suppliers)?
- In the short and long term, how might this addition affect the overall market for contraception (e.g., mCPR, method mix, unintended pregnancies averted, equity)?

Contraceptive Innovation Index

SYSTEM FACTORS & SUSTAINABILITY

What is the willingness and capacity of health system actors (e.g., providers, MOH) to add the product to the current offering? In the case of self-care methods, how feasible is use in this setting?

Considering costs alongside demand and impact, what is the cost-effectiveness over time?

- What are the full costs of adding the product (e.g., product cost, provider training, demand creation, savings from de-prioritization of older product)?
- Who will pay (e.g., balance of public/private sector use) in the short and long term future? How aligned are costs with willingness and ability to pay?
- Is it feasible to achieve price sustainability given near- and long-term financing and other considerations (e.g., estimated time to supply diversification)?

Contraceptive Innovation Index

SUPPLIER* CAPACITY

Is there a potential for more than one supplier in this method category?

Do product specifications align with requirements of procurer(s) and health system realities (e.g., shelf-life, storage conditions)?

- What is the supplier's capacity to adapt the product as needed (e.g., languages, duration of use, shelf-life, storage conditions)?

What is the supplier's capacity to manage production (including over- or under-estimation of demand), quality assurance, sales, marketing, and pharmacovigilance (e.g., experience with other contraceptive products)?

What is the supplier's commitment to this market, ability to manage stakeholder relationships, and openness to direct rather than centralized procurement?

What is the supplier's level of financial resourcing and stability?

Can we adequately manage risk to the supplier (e.g., advance market commitments, possible public relations impact of a challenging launch)?

*Suppliers can include innovators, licensees, and generic manufacturers

Contraceptive Innovation Index

PROGRESSION TO SCALE

Have all available channels of access (e.g., public and private facilities, pharmacies and drug shops, community-based distribution) been considered?

What policies, tools, or guidelines would need to change for the innovation to deliver on its potential impact (e.g., over-the-counter sales, self-administration)?

To what extent has this innovation already scaled?
Or is there a clear path to scale? For example:

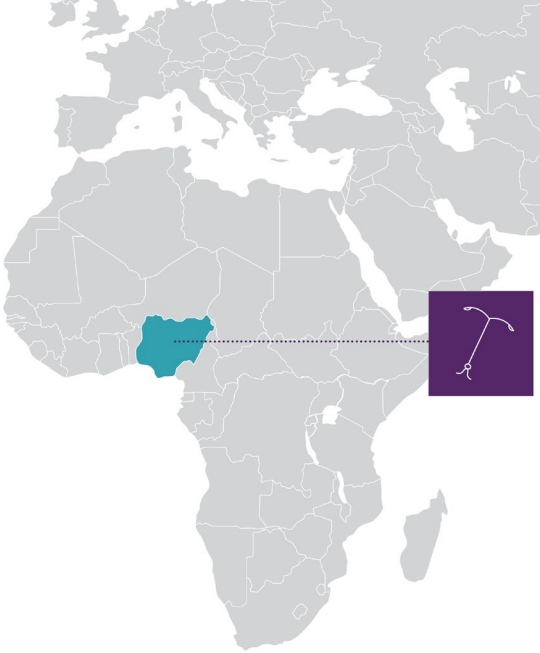
- Have potential roadblocks been considered and plans made to address them?
- Has the World Health Organization (WHO) included the product/method in guidelines?
- Has the product cleared regulatory hurdles or will clear them soon (e.g., WHO Pre-Qualification (PQ) or Stringent Regulatory Authorities (SRA) approval, national registration)?
- Is the product listed in donor agencies' procurement catalogs (if relevant)?

Hormonal IUD in Nigeria

- The Hormonal IUD Access Group, comprised on donors, researchers, suppliers and service delivery organizations, developed and coordinated a shared learning agenda for the method.
- Pilot introductions of the hormonal IUD in Kenya, Madagascar, Nigeria and Zambia demonstrated high levels of acceptability and continuation of the method.
- In 2021, USAID and UNFPA added the hormonal IUD to their catalogs, enabling procurement by Ministries of Health and donor-funded projects.
- Several countries, including Nigeria, have developed and begun to implement strategies to scale up access to the method.

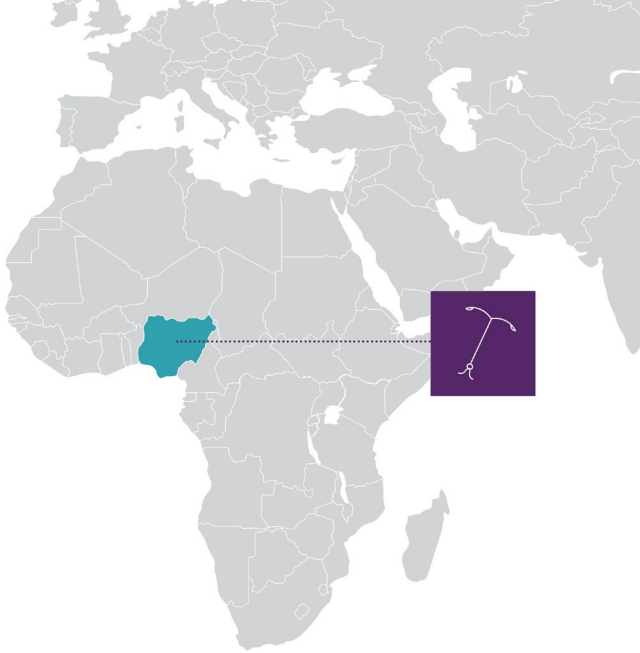
- The hormonal IUD is a highly effective, long-acting and reversible contraceptive method.
- The hormonal IUD also offers non-contraceptive lifestyle and health benefits, including fewer side effects and reduced or paused menstrual bleeding.

Hormonal IUD in Nigeria



USER DEMAND & IMPACT	SYSTEM FACTORS & SUSTAINABILITY
Proven positive evidence	Proven positive evidence
The hormonal IUD has been found to have broad appeal across demographic health segments in Nigeria, including new FP users, those who have previously only ever used short-acting methods, and those who discontinued use of other methods.	The FMOH developed and adopted a national plan for an incremental and phased approach to scale up the method nationwide in 2021. Reception of the hormonal IUD among providers has been very positive, with enthusiasm about participating in trainings to offer the method.

Hormonal IUD in Nigeria



SUPPLIER CAPACITY	PROGRESSION TO SCALE
Proven positive evidence	Proven positive evidence
Multiple suppliers offer this product and have demonstrated a commitment to LMIC markets including Nigeria. Global demand has not surpassed production capacity, although attention to capacity limits needs to continue as demand grows.	Three hormonal IUD products* have already been approved by the national regulatory authority in Nigeria. National guidelines have already been adapted to include the hormonal IUD. Funding has been secured for initial phases of scale-up.

**Mirena, Avibela and Eloira*

Caya Diaphragm in Niger

- With support from USAID, PATH and partners developed Caya through a human-centered, iterative design process to address the limitations of traditional diaphragms.
- A pilot introduction of Caya in Niger demonstrated acceptability of the method among women and their partners, as well as that both facility-based providers and community health workers could successfully offer the method.
- The Caya diaphragm and accompanying gel are not available for procurement through the USAID or UNFPA catalogs.

- The Caya diaphragm is an on-demand, non-hormonal, reusable barrier method of contraception.
- Caya is “one-size-fits-most” and does not require a provider fitting to obtain.
- The Caya diaphragm is labeled for use with a contraceptive gel, like the Caya Gel.

Caya Diaphragm in Niger

USER DEMAND & IMPACT	SYSTEM FACTORS & SUSTAINABILITY
Medium quality early evidence	Medium quality early evidence
Caya users appreciate this on demand, self-use, and non-hormonal FP option. The method fills a gap for users looking for this combination of method benefits. In many contexts, there is potential for Caya to be entirely self-care; users might learn about, obtain and initiate use of the method entirely outside of health facilities.	Following a pilot introduction in Niamey, Niger, the MOH expressed interest in expanding method availability to more remote areas to better understand acceptability and feasibility in these settings. The pilot introduction established that community health workers and facility-based providers alike can offer the method successfully.

Caya Diaphragm in Niger

SUPPLIER CAPACITY	PROGRESSION TO SCALE
Medium quality early evidence	Medium quality early evidence
Due to Caya's one-size-fits-most design, procurement and stock management is far simpler and more manageable than for traditional diaphragms. As a medical device, instead of an active drug, it is a highly stable commodity with a 5-year shelf-life. However, Caya gel's shelf-life and storage conditions present challenges.	While distribution of Caya through the public sector, the private sector, and community-based distribution has been piloted, pharmacy-based distribution has not yet been attempted in Niger. The product has 510(k) authorization from the US FDA and CE Mark in the EU. Both Caya diaphragms and Caya gel are registered in Niger.

Panel Discussion

Rachel Wood, USAID Center for Innovation & Impact

Ashley Jackson, PATH

Gertrude Odezugo, USAID Nigeria Mission

George Barigye, PATH Uganda

Abi Winskell, PSI

Photo: Evelyn Hockstein. Medicines360

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Questions?

Thank you!

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