

Multipurpose Prevention Technologies *for* Reproductive Health

*Accelerating Research on Multipurpose Prevention
Technologies for Reproductive Health*

11-12 December, 2012

India Habitat Centre - New Delhi, India



What have we learned from other reproductive health technologies?



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11-12 December, 2012
India Habitat Centre - New Delhi, India

Diversity of Women; Diversity of Needs



Photo courtesy of AGI

- Unmet need for FP of 215 million women in developing countries translates annually to:
 - 53 million unintended pregnancies
 - 25 million abortions
 - 590,000 newborn deaths
 - 90,000 pregnancy-related deaths
- South & West Asia has largest unmet need:
 - 88 million women
 - 41% of TOTAL unmet need
- Africa has made the least progress in family planning:

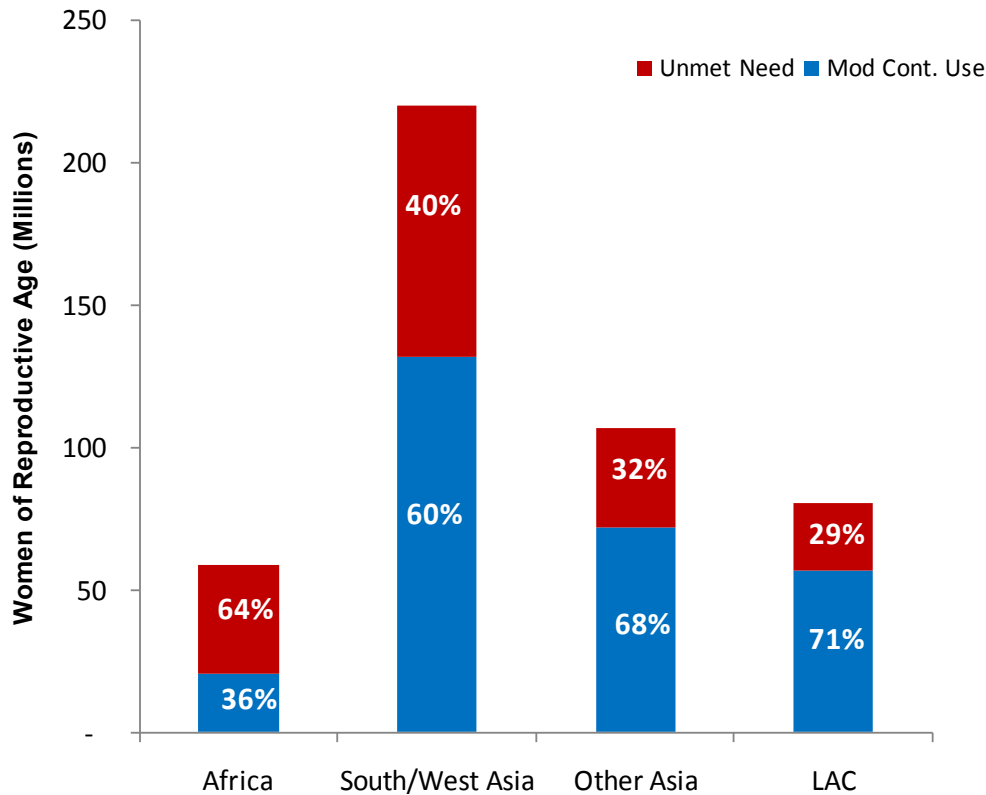
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Contraceptive Use and Need by Region



Although Africa has made the least progress in meeting the demand for family planning, the largest absolute unmet need is in South & West Asia

Source: AGI, 2004 and Guttmacher "Adding it Up" report, 2009

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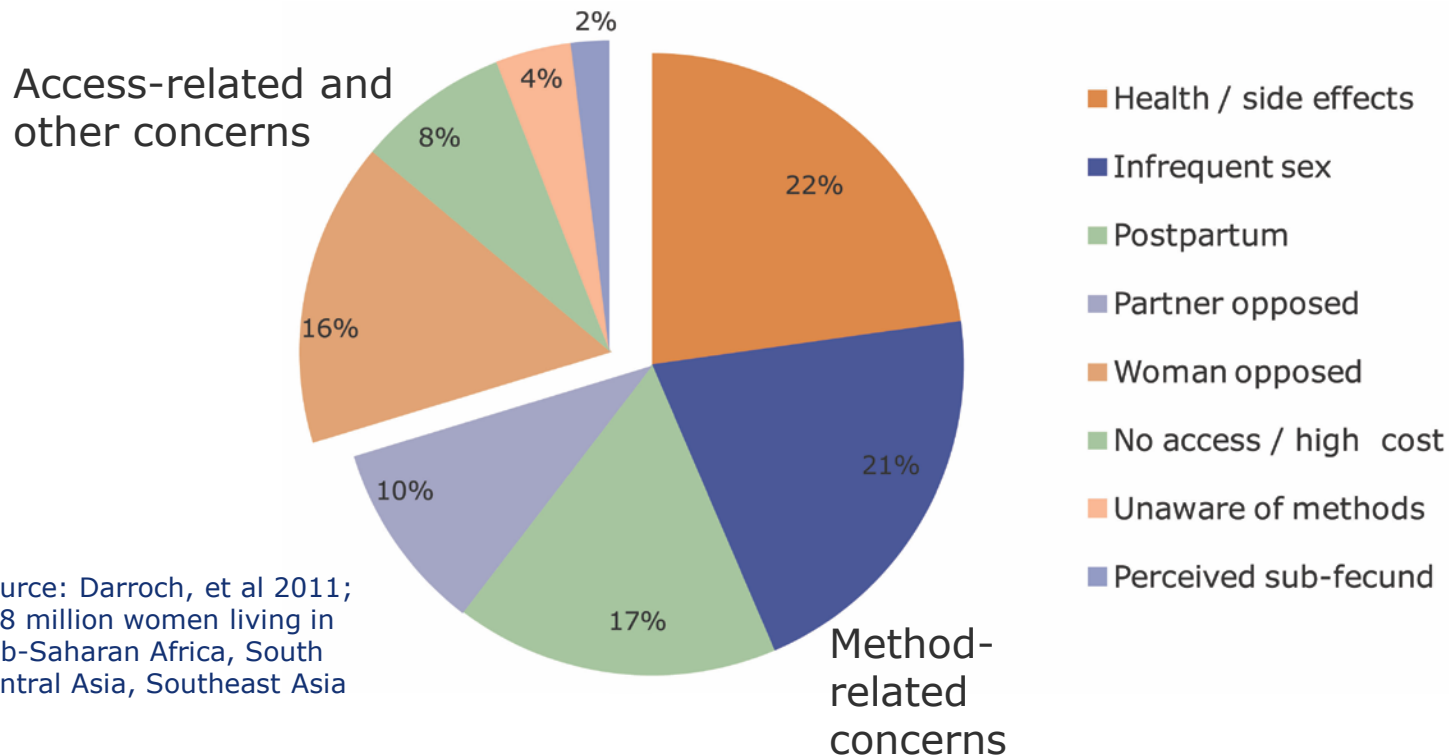


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What Reasons do Women Give in the DHS for Non-use?

Women with unmet need for modern contraceptives, 2008



Source: Darroch, et al 2011; 148 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia

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Across Products, Geographies, and Time, Women Want to Know...

- 1. Does it work?** *(and some sense of how well, in understandable format)*
- 2. Does it cause harm?** *(to me, my partner, my baby if breastfeeding)*
- 3. Does it jeopardize my future fertility?** *(will I be able to get pregnant in future if I want to?)*
- 4. Does it disrupt my relationship with partner?** *(issues of trust, pleasure, secrecy, social cost)*

Brady, M. Analysis, 2012

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Weighing and Balancing

Product attributes, efficacy, safety, “ease” of use, locus of control, social cost, pleasure, price, service delivery approach



Brady, M.

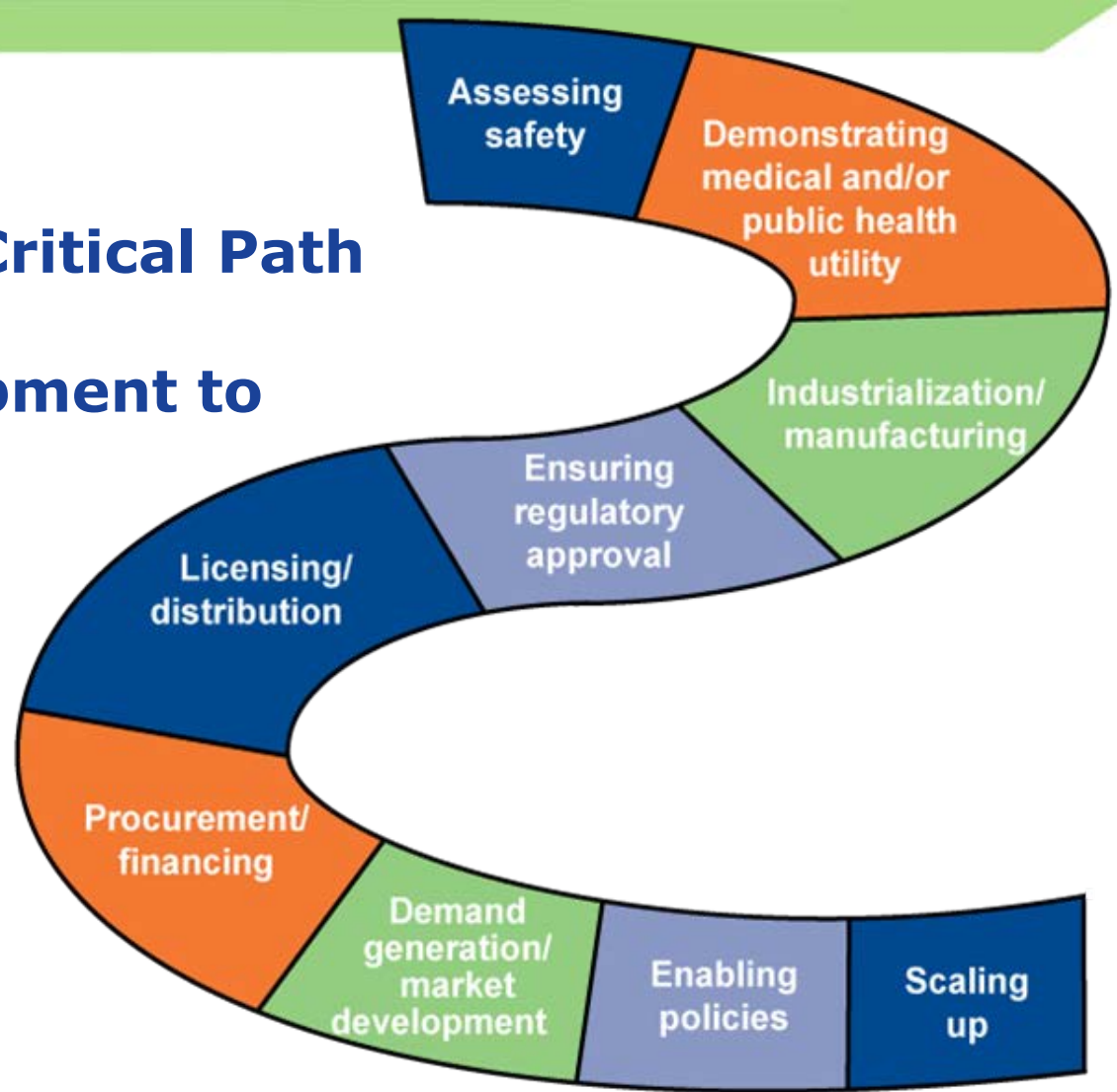
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Constructing a Critical Path from Product Development to Introduction



Brady, M., Critical Path Framework
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Case Studies

Product Characteristics:

- Over-the-counter (OTC) vs. by prescription (Rx)
- Skilled clinician involvement vs. limited or none
- User-controlled vs. provider dependent
- Coitally-related vs. coitally-independent
- Local vs. systemic effects
- Different durations of action as a component of effectiveness

Case Studies:

1. Female Condom
2. Emergency Contraception
3. Contraceptive Vaginal Rings
4. Vaginal Gels
5. ARV - treatment

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Case Study #1: Female Condoms (FCs)



Product Characteristics:

- OTC (no Rx)
- No clinician involvement
- User-controlled
- Coitally-dependent
- Local effects
- Short duration of action

What we've learned:

- ❖ Strong provider and policy bias from the outset
- ❖ Vicious cycle of low demand and high cost
- ❖ “Learning curve” for acceptability and use; improves with time
- ❖ Sexuality, communication & negotiation skills should be embedded in user education
- ❖ Consistent use is optimal, but difficult to achieve

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Case Study #2: Emergency Contraception



Product Characteristics:

- OTC and Rx depending on country
- Coitally-dependent
- User-controlled
- Information key to use
- Time-sensitive (effectiveness related to timing)
- Short duration of action

What we've learned:

- ❖ Women express interest in **post-coital and peri-coital** methods
- ❖ Women use EC even when other effective contraceptive products available; suggests demand
- ❖ Easing restrictions (OTC) expands access but
 - *difficult to monitor product safety/quality*
 - *counseling limited*
 - *requires women to have \$ to purchase*
- ❖ Multiple brands (30+) on the market indicates commercial viability

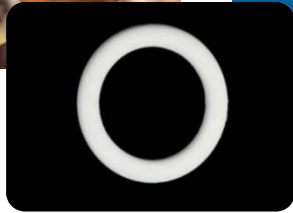
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Case Study #3: Contraceptive Vaginal Rings



Product Characteristics:

- Rx
- Initial clinician involvement
- Some user involvement
- Coitally-independent
- Local effects
- Mid- to long duration of action

What we've learned:

- ❖ Several types of CVRs are in use, mostly in developed countries
- ❖ Duration of action and protocol for use differ by ring type (1-mo, 3-mo, 12-mo)
- ❖ Does not require daily action by the user, **but does require user effort**
- ❖ **Expulsion and partial expulsion occur** – need to document, and proactively address vis-à-vis
- ❖ Need more data on women's experiences with CVRs in a variety of settings (**sanitary conditions, toileting and hygiene practices, rural vs. urban**)

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Case Study #4: Vaginal Gels



Product Characteristics:

- Rx (in clinical trials)
- User-controlled
- Coitally-dependent
- Local effects
- Short duration of action

What we've learned:

- ❖ Many *assumptions* about what women will do; some are true and some are not.
- ❖ *Assumption* about gels and gel use
 - “women won't touch themselves”
 - “dry” sex important, thus don't want lubrication
- ❖ *Reality:* Many women report liking the gel, found sex less painful, and in some cases, more pleasurable

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Case Study #5: HIV Treatment Adherence

What we've learned about bolstering adherence:

❖ **Examples of tested strategies**

- cognitive-behavioral interventions
- social support interventions
- home visits, mhealth

❖ **Maintaining adherence over time**

- Incomplete adherence normative; evident in Rx and prevention

❖ **Sustained adherence support is needed**

- adherence decreases over time
- intervention effects dissipate over time

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Insights from Field of Marketing



- Selling pleasure (or other positive attribute) often successful
- New product category offers opportunity to *shape the category* and *shape the market*
- Adoption takes time, but can be influenced

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Uptake of New Technologies: Diffusion of Innovation



Speed of uptake depends on *how much behavior change is required, type of service delivery approach, price, marketing investments*

See Bass, Frank. "A New Product Growth Model for Consumer Durables." *Management Science*, 1969.

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Product Introduction Needs to Demonstrate....

- Capacity of *systems* and *providers* to deliver product with quality and safety
- Affordability and acceptability (to consumer, program, govt. funder)
- Normative agencies (WHO, UNAIDS, etc) support
- Access and use by “key” and diverse population groups (market segmentation) can be achieved
- Longer-term outcomes; how X fits into overall method mix (e.g. contraceptive method mix or HIV prevention mix)

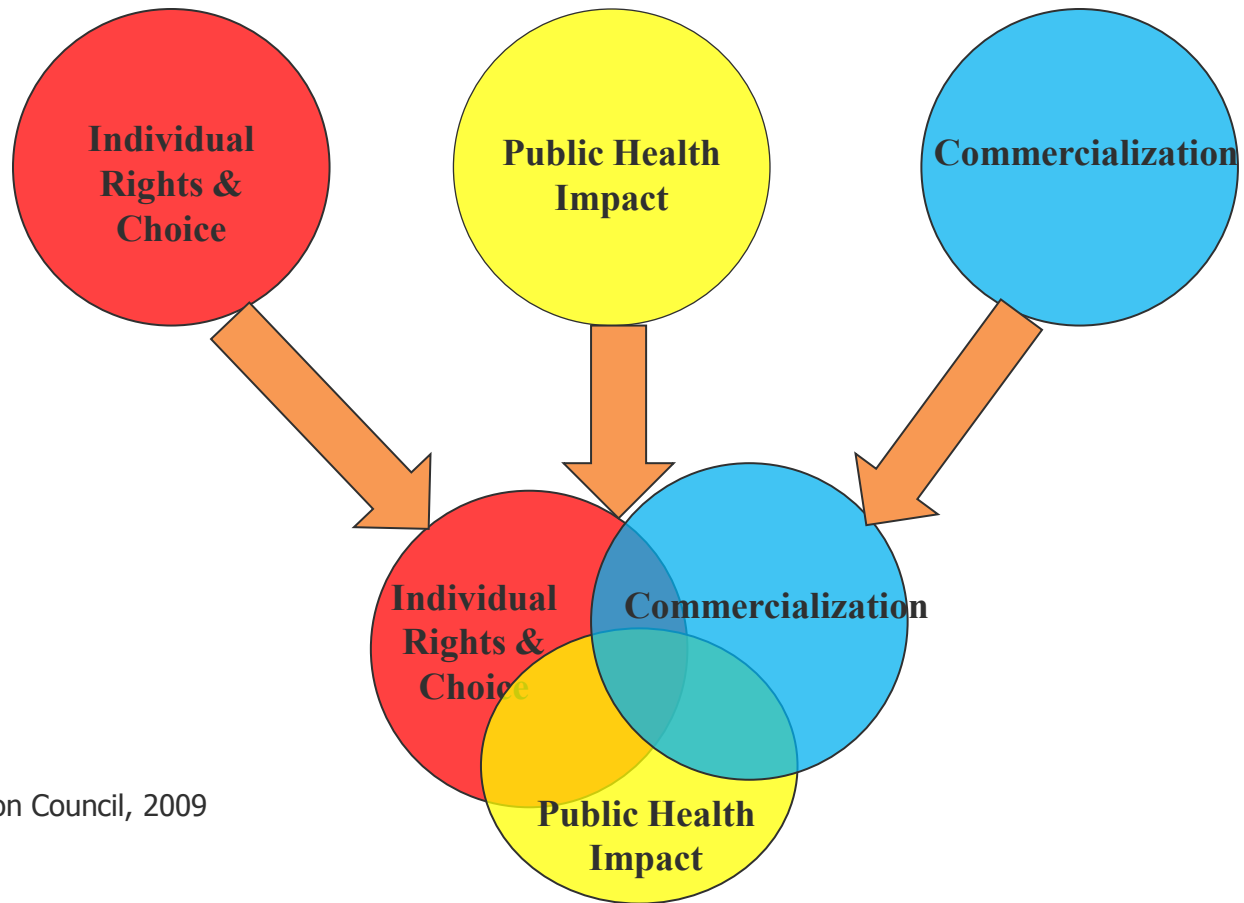
Brady, M. 2011

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Aligning Goals



Brady, M., Population Council, 2009

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Ultimate Goal: Happy Healthy Futures

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