Private sector delivery opportunities for the Dual Prevention Pill: Lessons from FP for the introduction of MPTs

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AVAC and FP2030 convened a webinar with family planning (FP) and sexual and reproductive health (SRH) stakeholders to highlight new findings on private sector opportunities for the Dual Prevention Pill (DPP), a daily oral pill that prevents HIV and pregnancy, in Kenya, South Africa and Zimbabwe. The webinar explored lessons and successes from the FP experience to identify how FP/SRH stakeholders can help pave the way for smooth introduction of multi-purpose prevention technologies (MPTs) like the DPP in private sector channels.

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Key takeaways

- Delivering FP services and particularly oral contraception (OC) in the private sector is common practice, with a broad range of cadres permitted to provide FP commodities in many countries, but is comparatively nascent for pre-exposure prophylaxis (PrEP). Channels for DPP introduction in the private sector will hinge on where PrEP delivery is authorized.
- Kenya, South Africa and Zimbabwe were prioritized to build an initial knowledge base and plan for DPP introduction based on overlapping high HIV incidence and unmet need for FP, scaled-up PrEP programs and moderate-to-high OC use, but these are not the only potential markets for the product launch.
- There is potential to roll out the DPP in certain private sector channels concurrently with public sector introduction in Kenya, South Africa and Zimbabwe, due to the expansion of private sector models for oral PrEP since 2020.

Additional resources

For the latest resources on the DPP, visit the DPP homepage. For more information, please see:

- DPP Audience & Provider Insights for the DPP Research and Marketing Plan summary and full report (August 2022): findings from HCD research with women, male partners and providers in Kenya, South Africa and Zimbabwe
- Private Sector Delivery Opportunities for the DPP: Kenya, South Africa and Zimbabwe (July 2022): scoping of potential private sector channels for DPP introduction
- How Market Preparation for the Dual Prevention Pill is Reimagining Prevention Programs for a Future with MPTs (July 2022): AIDS 2022 satellite session on the DPP
- Consultation with FP/SRH Stakeholders on the DPP and meeting summary (April 2022): key discussion points and questions from initial DPP consultation
- FAQs on the DPP (April 2022): compilation of frequently asked questions, co-developed with HIV prevention and SRH advocates in Kenya, Malawi, South Africa and Zimbabwe

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- Pharmacies and networked private providers show high potential for DPP rollout in all three countries. E-pharmacies, telehealth and telemedicine are growing in Kenya and South Africa, which could increase access to the DPP particularly for adolescent girls and young women (AGYW).
- Where and how the DPP is promoted should seek to mitigate stigma. A marketing plan for the DPP should include community sensitization and investment in social behavior change communication to generate awareness of the product.
- Building buy-in amongst private FP providers will be critical to optimizing DPP delivery, dispelling myths and misconceptions and supporting women to cope with concerns about side effects, a common reason for OC discontinuation.
- Challenges identified for private sector rollout include limited involvement of the private sector in national PrEP coordination mechanisms, e.g., technical working groups, varied cadre restrictions for PrEP and OC and lack of policies and regulations in place for newer private sector channels, such as telehealth.
- Willingness-to-pay and pricing models for the DPP will need to be clarified and better defined. Subsidies are likely to be required, especially in the short term and in price-sensitive markets.

Top questions

For a comprehensive list of frequently asked questions, see *FAQs on the DPP*.

What is the added value of introducing the DPP in the private sector, given the high intersection of HIV burden and unmet FP need is among lower-income women and women in rural areas?

Because the DPP contains OC, many DPP users are likely to be OC users who are interested in a product with added HIV prevention. Data show that many women obtain OC via the private sector, making it an important entry point to reach those same users with the DPP, especially if the DPP is positioned as "OC plus." By contrast, long-acting reversable contraceptives (LARCs) are primarily distributed in the public sector.

Private sector and self-care models can reduce high client burdens and supply chain bottlenecks in public sector health facilities, and potentially increase access for women in urban markets. Existing private sector infrastructures and incentive systems can be leveraged to roll out the DPP. However, this will require a strong focus on pricing models, including ability-to-pay and profit margins, so clarifying pricing models for the DPP will be critical.

What are key considerations for generating demand for the DPP in the private sector, based on lessons from PrEP and FP?

During early oral PrEP introduction, limiting promotion to key populations (KPs) created stigma around PrEP that was challenging to undo. Promoting the DPP widely to the general population, focused on the benefits and branded as a lifestyle product rather than a medical product, will help to mitigate potential stigma that is associated with both PrEP and FP products.

Clear and well-placed information that reaches end users directly is especially important in the private sector, certain channels have more limited interaction with a provider, such as pharmacies. Marketing should promote preventive behaviors broadly, as some countries prohibit promotion of health products in mass media. Community sensitization is an essential component of demand generation, as it diffuses information beyond end users to reach male partners and other key influencers of product use.

End-user research has surfaced potential creative directions for the DPP, which will be iterated on in co-creation workshops and used to develop a DPP demand generation and marketing strategy in 2023.

How can private sector healthcare providers be engaged around DPP delivery?

Unlike with consumers, there are no restrictions on promotion of health products to providers. As such, ensuring providers understand the DPP is critical to cascade accurate information to end users, who may come to a provider with myths and misconceptions about the product.

Yet providers can sometimes be a barriers to uptake, and addressing provider bias toward delivering particular FP methods or services to particular clients, such as AGYW, has been challenging. Training and sensitization around the DPP is necessary to equip providers to counsel and support end users. Reducing frequency of visits to facilities by offering multi-month dispensing – which is common for OC refills in Kenya and Zimbabwe – can improve convenience and affordability for women accessing the DPP in the private sector.

What pricing models are being considered for the DPP?

While the cost of the DPP is not yet known, the DPP will likely require subsidization to make it accessible and affordable. Subsidies have been found to increase access to both FP and HIV products. For example, PS Kenya found that HIV self-test kits supported by subsidies led to increased sales: a cost of US $2.50 yielded 5,000 kit sales per month, while US $1.50 yielded 9,000 kit sales per month. However, when subsidies were removed and the price increased to US $6.20, sales decreased to 1,200 kits per month. Because oral PrEP is significantly more expensive than OC, defining a pricing structure for the DPP will be important to identify viable private channels.

What can advocates do to garner support for DPP rollout in the private sector?

Advocates have a unique role to play in pushing for delivery of prevention products in as many channels as possible in order to reach the most people. This includes working with policymakers to enshrine HIV/SRH integration in national policies and strengthen integration of PrEP/FP services. PrEP is rarely offered while FP is widely offered in the private sector, a gap that could be narrowed by expanding PrEP access in pharmacies and other channels and adding PrEP to national health insurance schemes. Though the private sector is incentivized by a profit motive, offering PrEP and eventually the DPP there will yield a public health benefit by facilitating greater accessibility for end users.