

Shaping and strengthening markets for a new era of choice-based HIV/SRH programming

Lessons from HIV & FP product introduction

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March 1, 2023

Meeting Objectives and Outputs

Objectives

- **Present lessons from recent and next-generation FP and HIV prevention product introduction** to identify models and strategies that can be adapted for choice-based programs
- **Identify gaps and make recommendations** for establishing choice-based programs and markets, and defining what success would look like



Expected Outputs

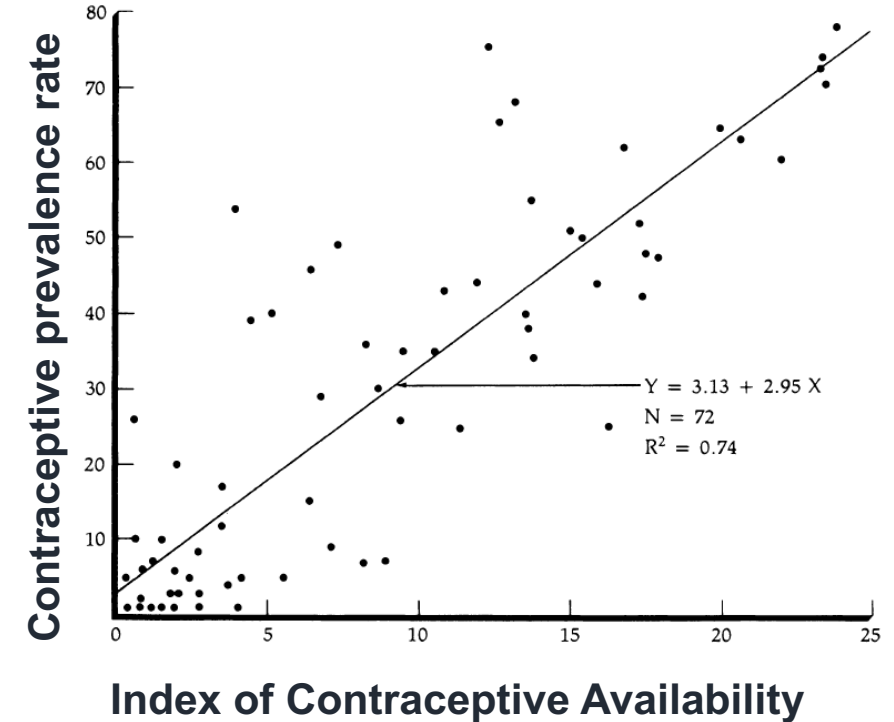
- ✓ Recommendations on how to cultivate and strengthen healthy, integrated SRH/HIV prevention markets
- ✓ Recommendations on how to scale up models for choice-based programs
- ✓ Proposed strategies to accelerate new product introduction and scale-up
- ✓ Recommendations for defining success for choice-based programs

Amplify Lessons for Choice-Based Programs

Title	Presenter
Shaping and strengthening markets for a new era of choice-based HIV/SRH programming	Wawira Nyagah, AVAC <i>Senior Program Manager, Product Intro & Access</i>
Leveraging Global Partnerships to Elevate FP and HIV Integration	Dr. Sheila Macharia, FP2030 <i>Managing Director, East and Southern Africa Regional Hub</i>
Integrating Family Planning and HIV Service Delivery Models in Uganda	Fiona Walugembe, PATH/Uganda <i>Project Director</i>
From Pushing Products to Strengthening Markets: Redesigning SRH Market Shaping	Alexis Heaton, SEMA Reproductive Health <i>Head of Data & Analytics</i>
Assessing Global Market Barriers and Opportunities for PrEP-FP Integration	Nora Miller, Mann Global Health <i>Director of Operations</i>
Discussion	All

More Choice = Greater Uptake Across Products

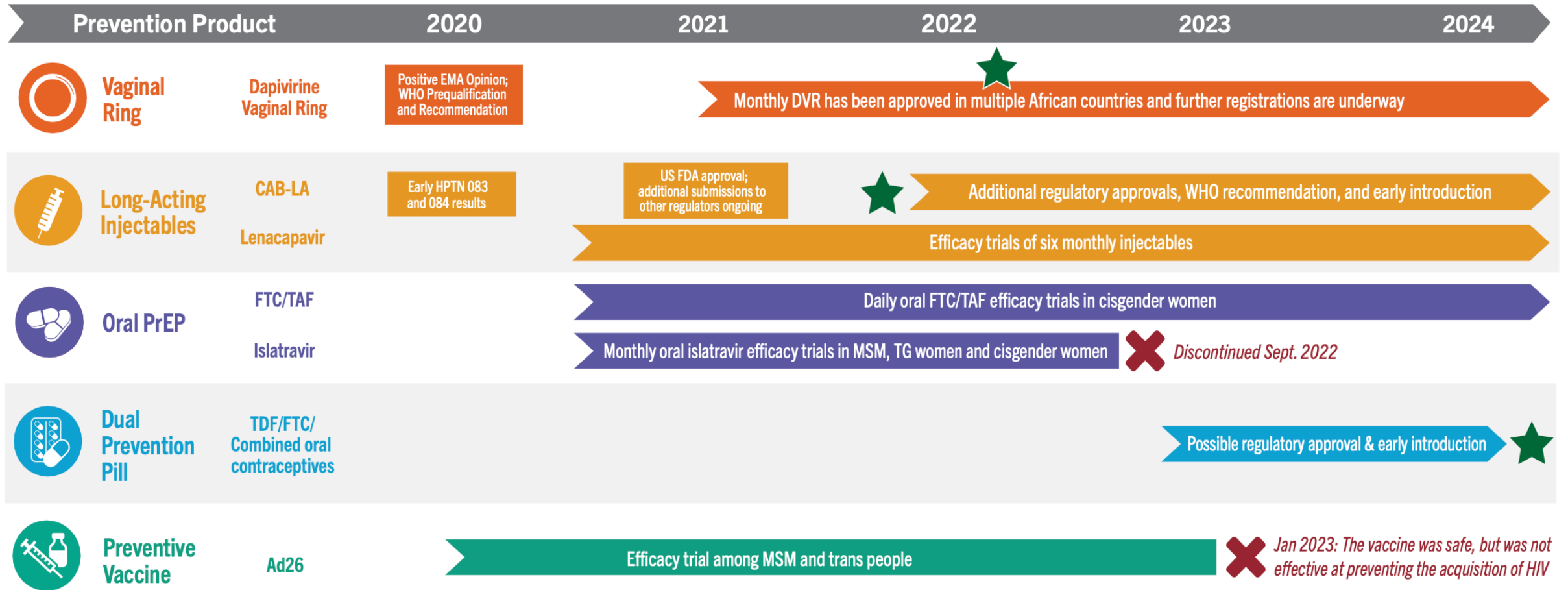
- WHO systematic review (231 articles) showed **increased choice associated with:**
 - Increased persistence on chosen method
 - Better health outcomes
 - 12% increase in contraceptive prevalence for each additional method
- Introduction of DMPA-SC in Uganda alongside range of FP methods saw a **statistically significant increase in uptake of *all* contraceptive methods** provided, doubling couple years' protection (CYPs) per month on average
- Emerging evidence that delivering oral PrEP and FP together increases uptake, including via FP service delivery points (POWER, Project PrEP)



Buchbinder, SFDPH (2020); Gray et al., RHRU (2006); Jain AK, Stud Fam Planning (1989).

Preparing Markets for a Diverse HIV Px Pipeline

New HIV prevention options are an opportunity to learn from & integrate with FP



So how do we do this?

BioPIC Coordination Mechanism

Set up in 2018 as cross-regional coordination mechanism and learning platform to support successful introduction of new HIV biomedical prevention products

- **Convening** mechanism for stakeholders to generate commitments
- **Clearinghouse** to monitor, collate and distribute information on the many ongoing and future activities related to HIV prevention product introduction;
- **Catalyst** for solutions to address prioritized roadblocks to product introduction and scale-up through convening Thinks Tanks includes [Plan for Accelerating Access and Introduction of Injectable CAB for PrEP](#)



Learning from New FP/HIV Product Introduction

Stakeholders rolling out novel prevention technologies are forging a new path for FP and HIV product introduction that:

- ✓ **Centralizes coordination across stakeholders** to ensure a smooth and swift transition from regulatory approval to rollout
- ✓ **Equips a range of provider cadres and delivery channels**, with the aim to cascade delivery to community level
- ✓ **Meaningfully consults and listens to potential end users** at all stages of product and program development and implementation

Thank you!

Leveraging Global Partnerships to Elevate FP and HIV Integration

Dr Sheila Macharia, FP2030

Managing Director, East and Southern Africa
Regional Hub

FP2030: A Global Family Planning Partnership



What We Know

Integration can introduce health services that may not be initially sought by the community.

Integration can reduce the costs of implementation, leading to more positive outcomes for reduced financial investment.

Integration can generate demand for and increase uptake of essential health services by working across sectors and existing systems.

Integration improves the engagement of both sexes in activities and has a particularly positive influence on male engagement

Current Considerations

- Is there progress in Integration? Slow in several sub-Saharan countries
- Growing body of evidence
- Policies and strategies - differing progress
- Health Systems need greater attention
- Financing requires innovative approaches



Meeting Family Planning and HIV Health Needs

Leveraging Global Partnerships to
Elevate FP and HIV Integration

Increasingly
emphasis is being
given to client-
centered care

Implications on
current planning,
implementation and
financing
processes.

Change may require
policy support

Leadership is
required for the long
term



FP2030: Opportunities



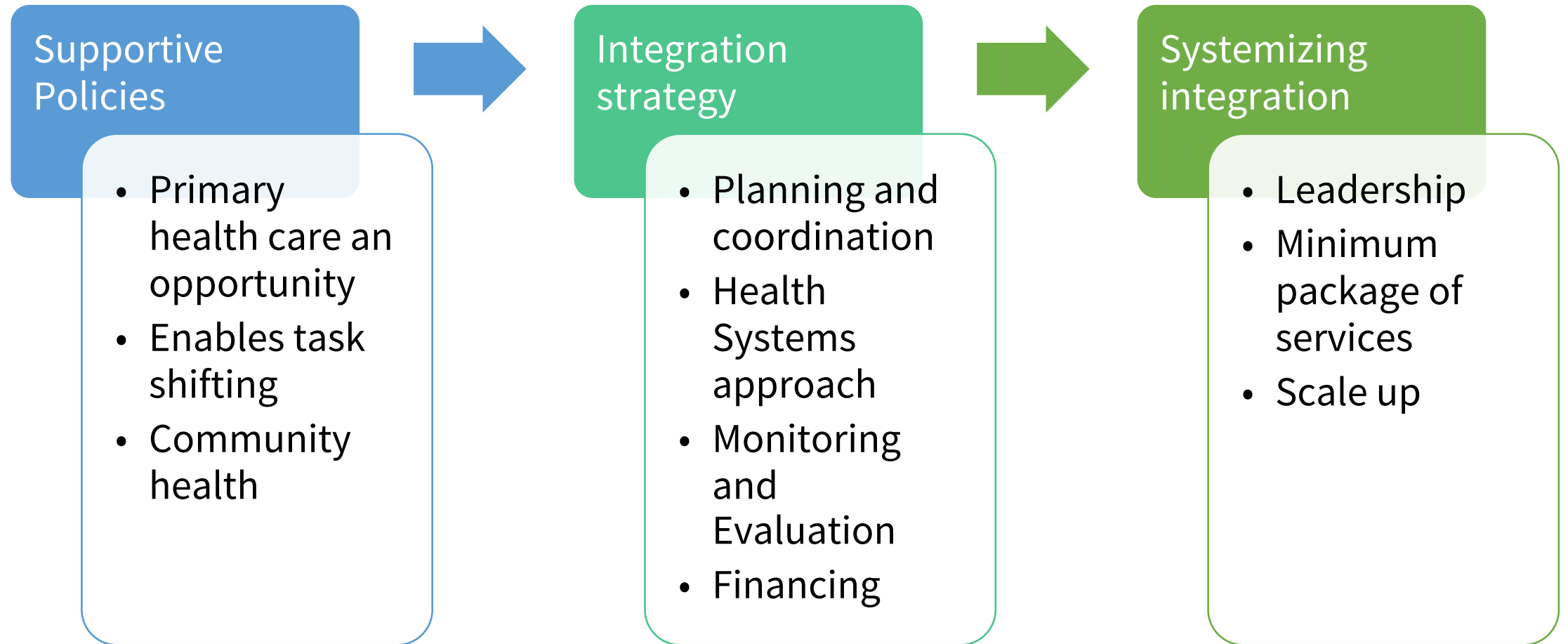
Mobilize and drive FP-HIV integration, and other integration models- in country commitments.

Collect, disseminate data and broker FP-HIV and integrated services technical assistance to commitment-making countries

Support integration advocacy priorities

Coordinate and convene FP-HIV partners to disseminate FP-HIV integration results, share best practices and promote new technologies/products

Advocacy for Integration: A Reality Check



Organizational Change

- Coordination, planning, and physical space
- Referral Systems
- Supply Chains
- Health Commodities
- Human Resources – trained, supervised, motivated
- HMIS : indicators



Advocating for a Long Term View

- Innovative financing mechanisms needed
- Flexibility in use of external resources
- Continuous learning and adaptation
- Care for health workers to ensure predictable quality services



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March 1, 2023 ,

Pre-formed panel: Ushering in a New Era of Choice for Comprehensive Sexual and Reproduction Health and HIV Prevention

Integrating family planning and HIV service delivery models in Uganda

Fiona Walugembe | Project Director | PATH/Uganda

Co-authors: Justine K. Tumusiime, Edson Twesigye, Davina Canagasabey, Ibou Thior, Ashley Jackson



Intersecting health challenges facing adolescent girls and young women

- Pregnancy, childbirth, and HIV-related diseases are the top causes of mortality among adolescent girls and young women (AGYW) in sub-Saharan Africa¹
- In Uganda:
 - 1 in 4 adolescent girls is pregnant or has a child.²
 - AGYW comprise 10% of the population but represent 29% of all new HIV infections.³
- Bundled HIV and family planning (FP) services delivered outside clinic settings could improve access to contraception, HIV prevention, and other services relevant to the needs of AGYW.

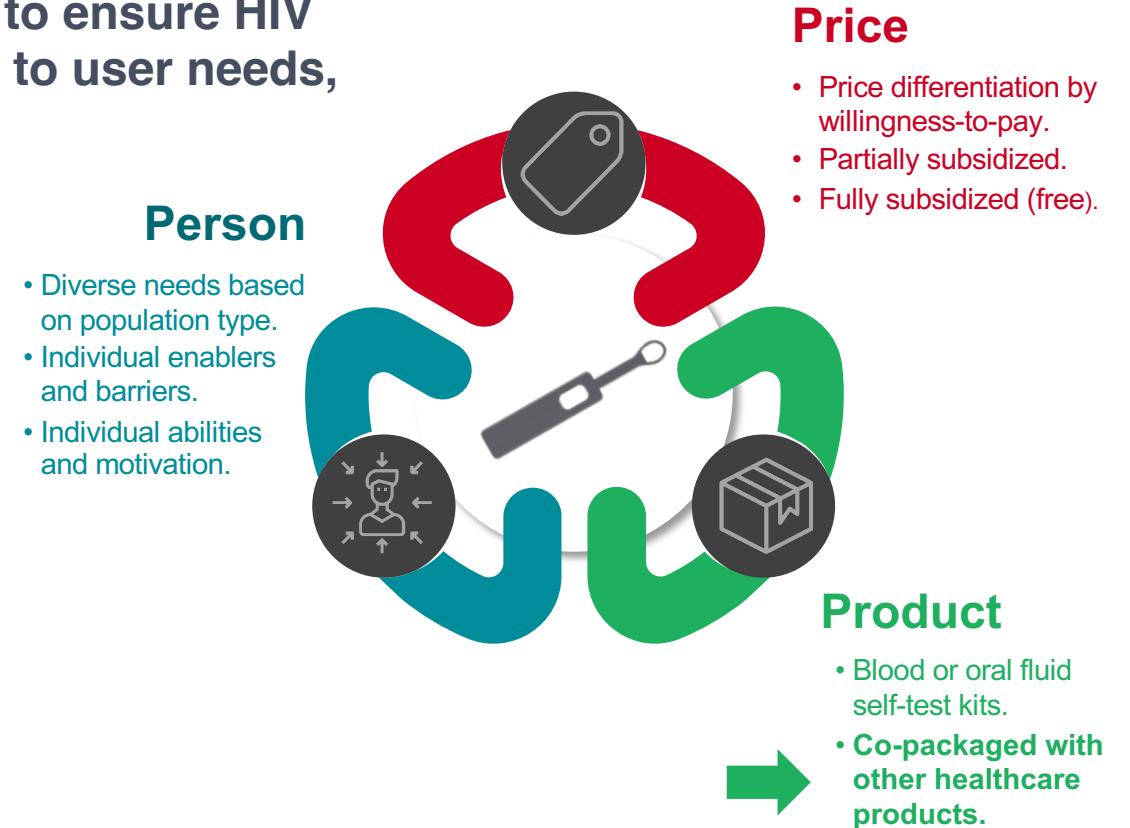


A health worker speaking in front of hand-drawn posters showing a Sayana Press device and a syringe and vial labeled "Depo-IM."

Designing user-responsive HIV self testing distribution models

PATH leveraged human-centered design principles to ensure HIV self-testing (HIVST) expansion that was responsive to user needs, including AGYW.

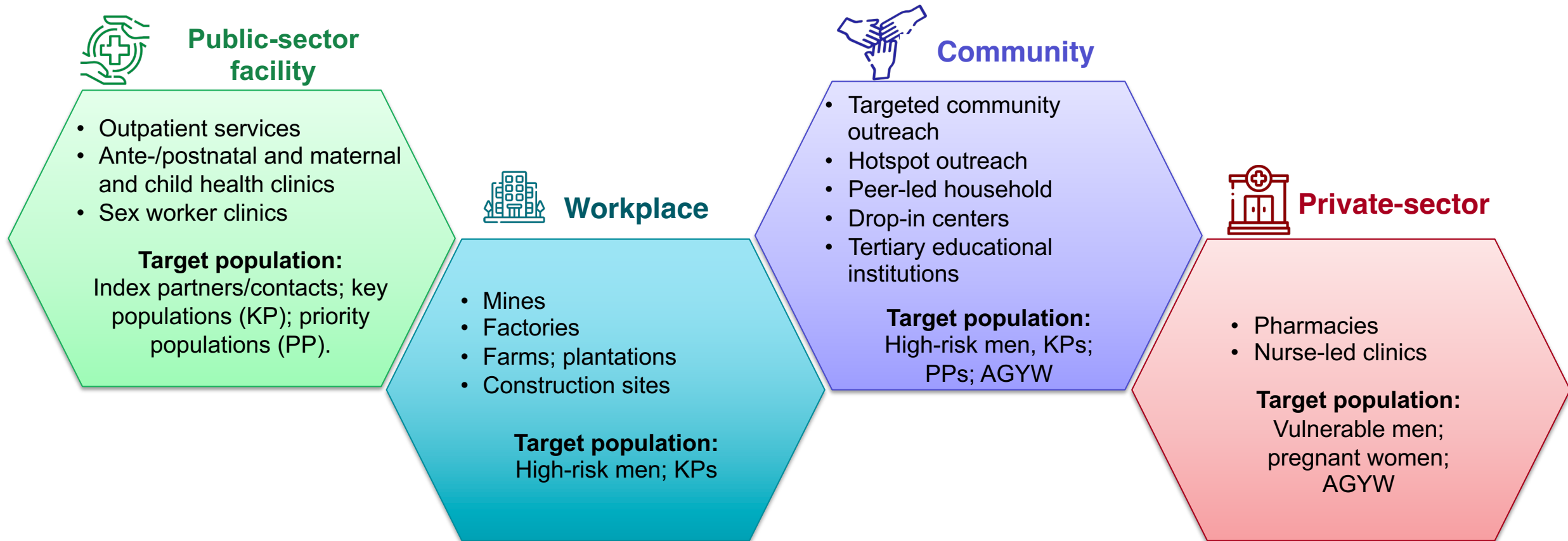
- Landscape assessment conducted across eight regions of Uganda to:
 - Identify HIVST service preferences.
 - Develop user- and provider-responsive distribution models.
 - Inform HIVST communication plans.
- Three audience segments:
 - Past and potential HIVST users.
 - Public and private sector healthcare providers.
 - Government-affiliated health personnel.



Expanded HIVST distribution models in Uganda

The landscape assessment led to the development of HIVST distribution models under four modalities designed to reach specific population groups (Figure 1):

Figure 1: Expanded HIVST distribution modalities and models in Uganda.



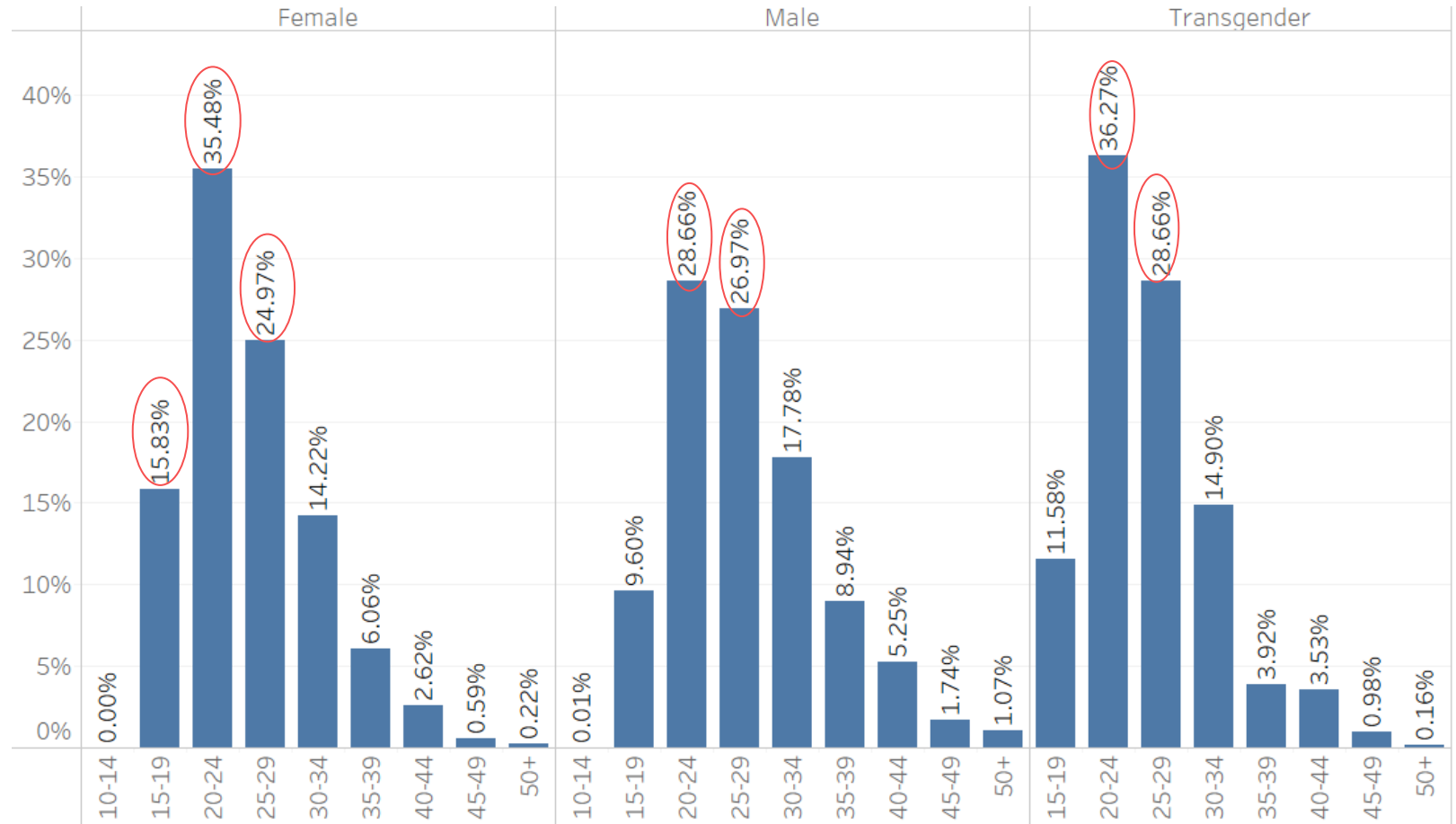
203,441

HIVST distributed across
three districts of Uganda
from November 2021
through September 2022.

HIVST models effective at reaching young people with HIV testing services

Figure 2: HIVST distribution by age and gender, November 2021–September 2022 .

- **58% of HIVST kits were distributed to young people aged 20-29 years of age.**
- Majority (48%) were distributed to female sex workers.
- **9,314 AGYW** accepted HIVST kits.

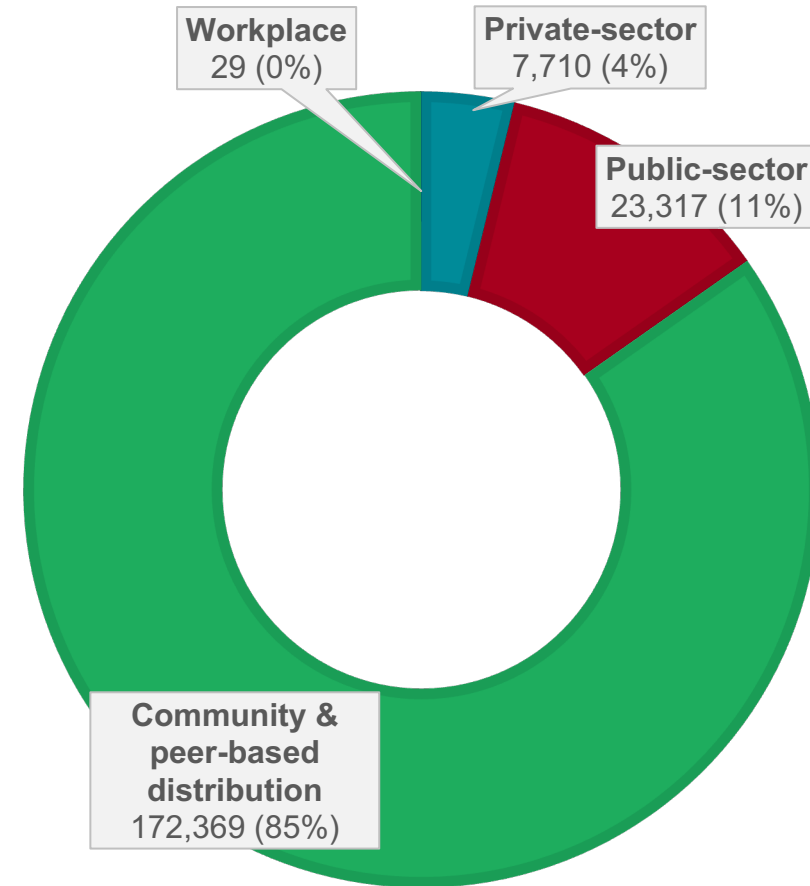


HIVST primarily distributed through community and peer-based distribution modalities

Figure 3: HIVST distribution by modality, November 2021–September 2022 .

■ Private-sector ■ Public-sector ■ Community & peer-based distribution ■ Workplace

- Majority (85%) of HIVST kits were distributed through community and peer-based distribution models (Figure 3).
- **Targeted community outreach** (67,600; 33%) and **peer-led, door-to-door** (51,429; 25%) distribution were the top two distribution models.



Scaling integrated sexual and reproductive health services through bundled HIVST and FP services

HIVST offered an opportunity to integrate HIV services into existing community-based models for distribution of sexual and reproductive health (SRH) products.



Health Entrepreneurs

What: Bundled packages of products/services tailored for population needs (e.g., SRH/HIV; personal hygiene; nutrition and water; medicines).

How: Sell bundled packages door-to-door in rural areas.

Who: All population segments.



Peer distribution

What: Bundled HIV and SRH commodities (e.g., HIVST; PrEP referrals; DMPA-SC; condoms; emergency contraceptive).

How: Peer-to-peer distribution of HIVST.

Who: AGYW through DREAMS platform; Men at sports betting arenas.



Pharmacies

What: Bundled HIVST, condoms, and emergency contraceptive pills (offered at lower price point).

How: Online ordering with home deliveries.

Who: High-risk men; AGYW; KPs (especially sex workers).



Integrated FP/HIV services through DREAMS mentors and peers for AGYW

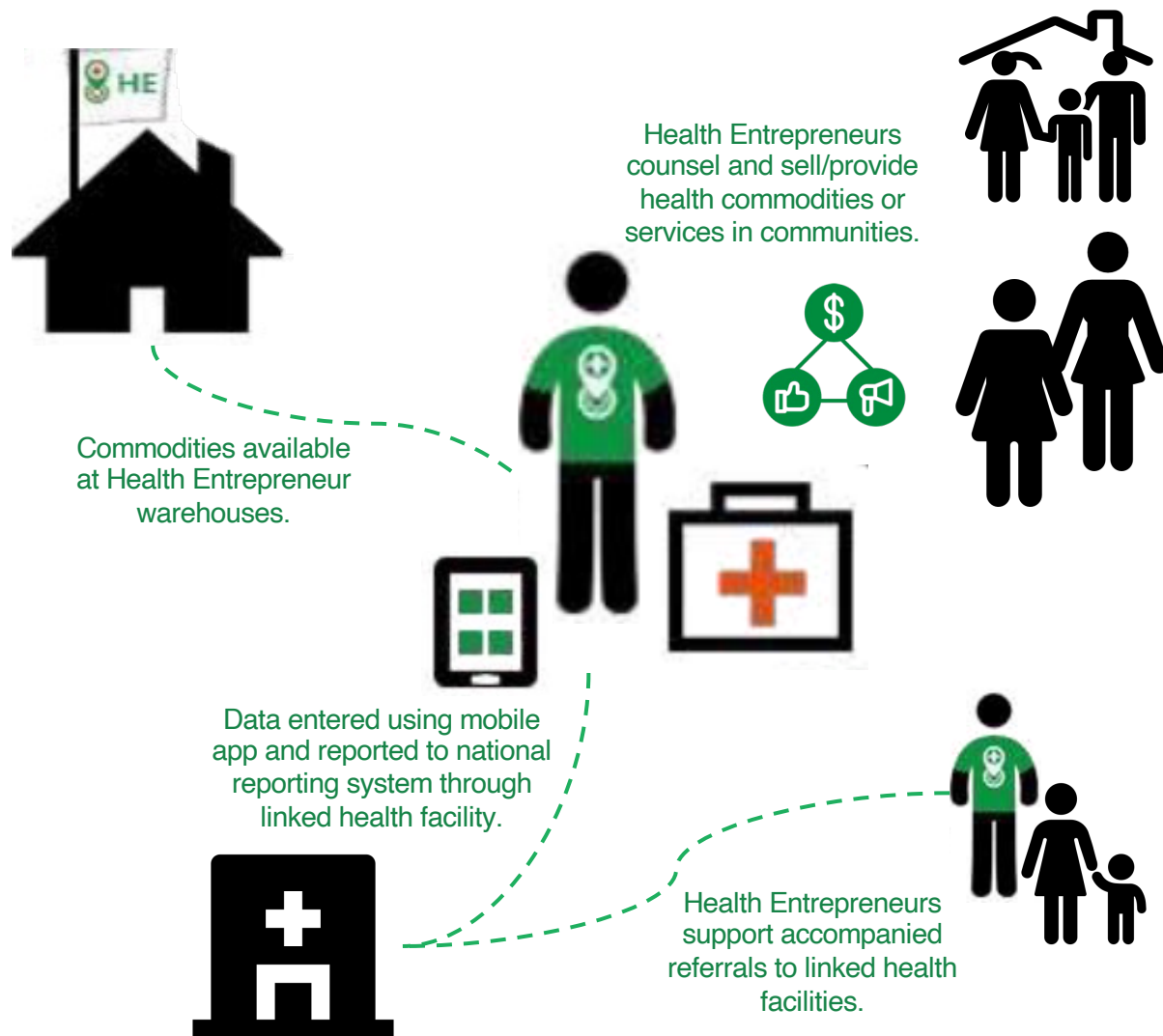
- PATH's DMPA-SC *Self-Injectable Best Practices* project applied human-centered design principles to develop, implement, evaluate, and cost distribution of contraceptive services in the public- and private-sector.
- We collaborated with Mildmay Uganda to strengthen integration of FP services within existing HIV programming for AGYW, including adolescent-friendly safe spaces: public areas, such as schools and community centers where AGYW meet with female mentors and providers to receive integrated health services; and through DREAMS mentors.

Photo caption: Local Uganda non-governmental organization, Mildmay Uganda, offers integrated, adolescent-responsive FP-HIV counseling and services.



Photo: PATH/Will Boase

Bundled essential health services through Health Entrepreneurs



Health Entrepreneur product menu

SRH/HIV

- Pregnancy test kits
- Short-term FP methods (including DMPA-SC)
- HIVST kits (blood and oral)
- Condoms
- Lubricants

Nutrition and water

- Nutritional porridges for children and pregnant women
- Water filters
- Multivitamins

Personal hygiene

- Toothbrush
- Toothpaste
- Sanitary pads
- Vaseline

Medicines

- Antimalarials
- Deworming medicine
- Paracetamol
- Oral rehydration salts and zinc
- Pain relieving oil

Lessons to take forward

- HIV and FP funding silos continue to pose challenges for integration → way forward is to advance **integrated, person-centered models**.
 - Differentiated models that enable services to be decentralized to community and private-sector outlets.
 - Task-shifting to enable nurses, lay providers, and peers to distribute HIV, FP, and other essential services.
 - Integration at both service delivery and systems level (e.g., data, supportive supervision).
- **Human-centered design** is critical to develop person-centered services that cater to an individual's holistic health needs and ensuring service uptake.
- PATH plans to continue supporting the Government of Uganda test bundled HIV/FP service models to better understand its potential for improving access to integrated HIV and SRH prevention services, especially among AGYW.



Photo: PATH/Edson Twesigye

Acknowledgements

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Population Services International

PATH:

HIV Self-Testing Africa Initiative (STAR-III) project

Self-Injectable Best Practices project



Photo: Joshua Mwesigwa.

PATH
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SEMA

REPRODUCTIVE HEALTH

Ushering in an Era of Choice
From Pushing Products to Strengthening Markets:
Redesigning SRH Market Shaping

Alexis Heaton

Making markets work for consumers



Market Dimensions

- Financing
- Supply
- Consumer Demand
- Price
- Quality
- Product Adoption

Market Foundations

- Data Availability
- Institutional Base
- Analytical Tools
- Partnership

Drivers and principles to create SEMA

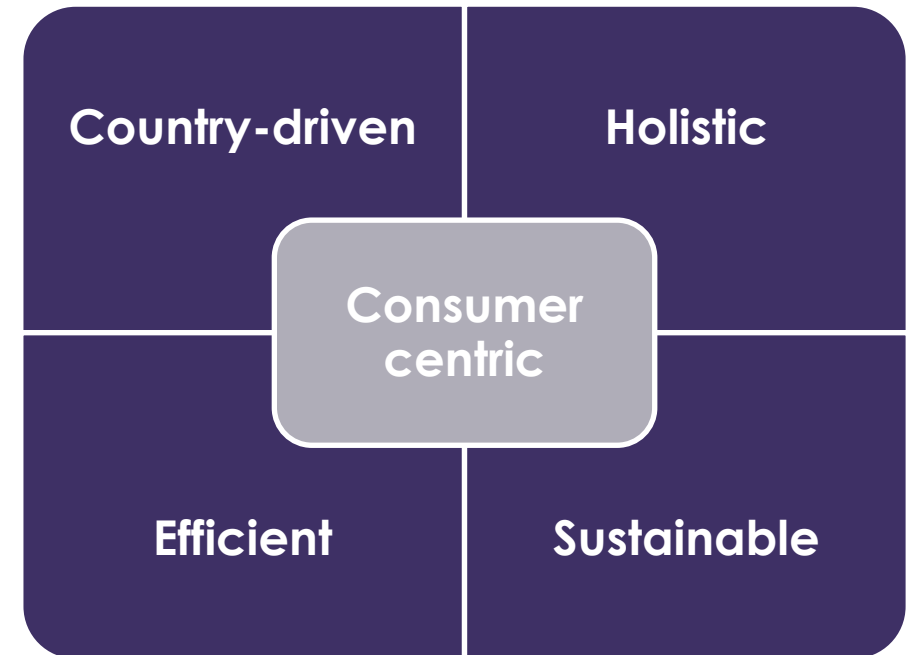
Challenges

- Limited resilience to funding shocks
- Critiques regarding market-shaping (inadequate coordination, donor-driven, single product)
- Variable country contexts

Opportunities

- Country government market oversight
- Local entrepreneurship & solutions
- Potential need for platform to facilitate country and global co-creating/executing market solutions

SEMA Design Principles



SEMA: potential areas of strategic focus & interventions

2 In these countries...

Burkina Faso, Nigeria, Senegal, others (TBD)

Market Monitoring

Market Coordination

Consumer Data / Insights

Product Financing

Procurement

Supply Security

Strengthen country stewardship and national market performance

Improve performance of global product market ecosystem

Solve product-specific market challenges

Hormonal - IUD

Injectables

Medical abortion

TBD

1 Our goals...

4 While also driving market improvements for these products...

3 Focused on these cross-cutting areas supporting regions, countries and the SRH portfolio broadly...

SEMA: promoting comprehensive SRH & HIV prevention choice

- Broad SRH portfolio flexibility
- Holistic product market management approach
- Country solutions (product financing, procurement strategies, market information) support multiple products
- Engaging private sector

Challenge: supporting countries as market stewards



Thank you

Assessing Global Market Barriers and Opportunities for PrEP–FP Integration

FEBRUARY 2023



Motivation for analysis

2.

To date, most of the energy and resources to advance PrEP-FP integration have focused on promoting change at the national level (i.e., policy change) and/or at the service delivery level (e.g., program design).

1.

Many individuals have a co-existing need or desire to prevent unwanted pregnancy and sexual transmitted infections including HIV throughout their reproductive lives.



3.

Progress at the service delivery level remains a challenge, with limited examples of successful integration.

4.

In addition, inadequate attention has been given to the global market dynamics that can create barriers or opportunities for PrEP-FP integration.



What is known about PrEP–FP integration?

Key takeaways from review of the literature:

- While there is a substantial body of evidence related to FP–HIV integration more broadly, there are few examples specific to PrEP–FP integration.
- Separately, the HIV and FP fields both have multiple examples of successful market shaping interventions that have expanded access to commodities at the global and national levels.
- Lessons learned from market shaping approaches in FP and HIV fields have not yet been applied to the goal of expanding access to PrEP products through an integrated model with FP.



3

KEY FINDINGS

Overview of our approach

- Sourcing from the literature review and preliminary conversations with stakeholders, we compiled a list of major barriers to PrEP-FP integration along key market dimensions: 1) Plans and policies, 2) resource management, 3) monitoring and reporting, 4) service delivery, 5) demand generation, and 6) informal rules.
- In collaboration with MOSAIC's country partners in Kenya, Nigeria, Zambia, Zimbabwe, and South Africa, we tested and refined this list.
- We coded barriers by where they exist and where change would need to occur to enable integration. Our coding differentiated between:
 - **Global-level barriers:** These barriers are driven largely by the actions, systems, and processes of global actors, such as major donors and/or multilateral bodies
 - **National-level barriers:** These barriers are driven largely by the actions, systems, and processes of national or local actors, such as national policymakers and Ministries of Health, implementing partners, and/or professional associations

Barriers to PrEP-FP integration (1/2)

Challenge driven by:

- Global-level barriers
- National-level barriers

Integration Barriers

Plans & Policies

- Integration is typically not a core responsibility for any individual or coordinating body
- Dedicated resources for integrated processes/systems are limited
- Lack of a “business case” to prove the potential impact of integration

Resource Management

- Separate funding streams for HIV and FP lead to siloed planning, budgeting, and service delivery
- Integrating PrEP into FP without additional resources risks reducing the quality of both services
- In some settings, both HIV and FP programs experience regular commodity stockouts that can hinder integration efforts
- Scale of funding is skewed towards HIV and FP community is hesitant to share resources as a result

Monitoring & Reporting

- Facility or program monitoring and reporting tools are siloed, with different registers for each service
- HIV prevention and FP take different approaches to follow-up & monitoring

Informal Rules

- Culture of “choice” in FP versus focus on “targets” in HIV

Barriers to PrEP-FP integration (2/2)

Challenge driven by:

- Global-level barriers
- National-level barriers

Integration Barriers

- FP providers often not trained to provide HIV services, including PrEP, and may not be legally allowed to provide HIV services in some countries ●
- HIV risk screening, testing, and counseling are not regular practices in FP services ●
- Providers in smaller clinics already provide integrated services, but many have not yet been trained in PrEP provision ●
- With any service delivery model, provider attitudes toward PrEP provision, especially for AGYW, will be a challenge for integrated services – as they are for independent services ●

Service Delivery

Demand

- Few examples of integrated demand creation ●

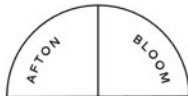
A deeper dive on global barriers to integration

Identified global barriers to integration

- **Siloed funding streams** for FP and PrEP procurement and service delivery make integration difficult (e.g., often different implementing partners will be responsible for FP vs. PrEP within a region).
- Lack of **incentives or requirements** for donor-funded implementing partners to coordinate across work streams.
- **Limited resourcing of FP programs**, which are under-funded relative to HIV programming.
- A lack of dedicated **human and financial resources** to support integration often means that integration is no one's responsibility
- A **misalignment in the formal and informal rules and culture** that govern PrEP and FP programs.
- A challenge underlying all of these barriers is the lack of a clear **"business case"** for the impact and cost-effectiveness of PrEP-FP integration. As a result, few donors have prioritized integration in the work they support.

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