

# Shaping and strengthening markets for a new era of choice-based HIV/SRH programming: Lessons from HIV & FP product introduction



## AVAC/BioPIC and WHO

Wednesday, 1 March 2023 | Meeting Summary

### Background/Rationale

Decades of experience from contraception show that individuals benefit from a range of prevention options that meet their needs at different times in their lives and the availability of choice actually expands the proportion of individuals accessing effective prevention. Increased choice has been associated with increased persistence on chosen methods and better health outcomes. While the family planning (FP) field has a diverse method mix and well-established implementation practices dating back decades, access to these products has remained a challenge, especially within public FP clinics which often have a limited number of methods on offer, effectively limiting choice for women who want to use contraception.

As new HIV pre-exposure prophylaxis (PrEP) products move closer to entering the market, including [injectable cabotegravir for PrEP](#) (CAB for PrEP), the [dapivirine vaginal ring](#) (PrEP ring) and the [Dual Prevention Pill](#) (DPP), there is an opportunity to design choice-based programs that apply lessons and successes from HIV and FP product introduction and push the envelope with new innovations. Delivery of biomedical HIV prevention options within FP settings remains nascent, despite a sharp rise in uptake of oral PrEP globally. Stakeholders rolling out novel prevention technologies are forging a new path for FP and HIV product introduction, one that:

- **centralizes coordination** across stakeholders;
- ensures a **smooth and swift transition** from regulatory approval to rollout;
- equips a **range of provider cadres and delivery channels** and
- **meaningfully consults and listens to potential end users** at all stages of development and implementation.

Under the Biomedical Prevention Implementation Collaborative (BioPIC), AVAC and WHO convened a Think Tank with donors, implementing partners and advocates to discuss how to effectively grow and strengthen choice-based prevention markets in order to meet the diverse and comprehensive health needs of various populations. Presentations can be found [here](#).

### Meeting Objectives:

1. Present lessons from recent and next-generation FP and HIV prevention product introduction, including on market shaping coordination and delivery of SRH and HIV prevention, to identify models and strategies that can be adapted for choice-based programs.
2. Identify gaps and make recommendations for establishing choice-based programs and markets, and defining what success would look like.

## Key Insights

### Enabling environment

- **Sustained leadership is key** to taking integration projects and interventions from the pilot/trial phase to scale. More attention must be paid to health systems to achieve and sustain progress.
- **Innovative financing mechanisms are critically needed to support organizational change** to integrate and scale up HIV and FP programs that are typically delivered separately, including budgeting, supply chain and monitoring and evaluation.
- Important to **coordinate and convene HIV/SRH partners** to disseminate results from integration projects, share best practices and promote new technologies and interventions.
- Need to **implement supportive policies to catalyze country-level action**, including integrated HIV/SRH strategies and integrating HIV prevention into primary health care.
- **Country investment in universal health coverage (UHC) and primary health care** is a critical foundation for people-centered integration and an opportunity to disrupt historic silos. Domestic resource mobilization efforts can lead the way by re-envisioning integration and choice beyond HIV and FP spaces.

### Service delivery

- **Use human-centered design (HCD) principles to design interventions** to reflect user preferences. In Uganda, this approach led to the expansion of HIV self-testing (HIVST) distribution models in: (1) public-sector facilities (including ante- and post-natal and maternal and child health clinics); (2) workplaces; (3) communities and (4) the private sector via pharmacies and nurse-led clinics, with community- and peer-based distribution emerging as the top models.
- **Bundling HIV prevention with SRH and other health products and services** (e.g., nutrition and water, personal hygiene, medicines) is a successful approach for reaching focus populations, particularly via community-based distribution. Ante- and post-natal care, cervical cancer screening, STI management and primary health care are opportunities, in particular to reach young people.
- **Think bi-directionally:** HIV programs should leverage the breadth of FP service delivery channels (including differentiated models) to integrate HIV prevention. In Uganda, integrating FP into HIV prevention services through the PEPFAR DREAMS program led to high uptake of FP methods when co-delivered with HIVST.
- **Tailoring delivery models to focus populations** ensures risk (e.g., of HIV and/or pregnancy) is generally aligned with services offered (e.g., HIV, SRH and/or other health services), potentially mitigating concerns around optimal use of often limited resources.
- **Purpose-build integration models for different facility types.** From larger hospitals to smaller primary health care facilities, identify the most appropriate models for integration that do not overburden providers and still meet clients' diverse needs. Striking this balance will help create efficiencies for both providers and clients.
- **Developing an action plan** to introduce [high-impact practices](#) can spur implementation.

### Global health ecosystem

- **Aim to create “healthy market” conditions:** resilience to financial and supply shocks, prices affordable to consumers and sustainable to suppliers, adequate supply to meet funded demand, quality services and adoption of new technologies that keep pace with shifting consumer

preferences.

- **Support cross-product and cross-sectoral introduction** to employ a holistic approach when new prevention products are rolled out and understand interplay between products in different markets. SEMA Reproductive Health is a new platform designed to do this to promote healthy SRH markets.
- **Leverage lessons from FP on delivering informed choice** from the user and health systems perspectives to push for choice-based markets – even when choice is perceived to conflict with traditional market drivers.
- **Strengthen engagement with private sector**, which tends to be attuned to what users want.
- **Lack of dedicated resources means integration is no one's responsibility.** There is a disconnect between prioritization of integration on paper and limited incentives and requirements for donor-funded implementing partners to implement integration in practice.
- **Without a business case highlighting impact and cost-effectiveness of integration**, donors have not made integration a priority. Donor agencies also limited by siloed funding mechanisms that are in place and are interested in breaking down silos themselves.

## Recommendations and Way Forward

- **Choice-based markets should be guided by** national government market oversight, local entrepreneurship and platforms that facilitate co-creation of solutions to market challenges by country and global stakeholders.
- **Leverage the PEPFAR Country Operational Plan (COP) process and Global Fund funding requests** to advocate for resource allocation towards integration efforts. PEPFAR and Global Fund have signaled a willingness to support country plans that seek to strengthen HIV/SRH programs.
- **Utilize FP2030 country commitments** to catalyze and foster accountability for HIV/SRH integration goals.
- **Produce a business case for integration** to understand and quantify potential efficiencies gained.
- **Sign onto and implement The Choice Manifesto** created by the African Women Prevention Community Accountability Board (AWPCAB). In addition, **commit to applying [choice principles for HIV prevention](#)** developed under the MOSAIC project.
- **Continue the conversation:** With choice in biomedical HIV prevention on the horizon, there remains a need to prepare programs and systems for integrated, choice based HIV/SRH markets. Dialogues and partnerships across countries, sectors and stakeholders are paramount to realizing this vision.

## Additional Resources

- [Championing Choice in a Multi-product HIV Prevention Market](#) – *MOSAIC webinar*, March 2023
- [Generating Demand for HIV Biomedical Prevention in the Era of Choice](#) – *BioPIC webinar*, June 2022
- [Catalyzing action on HIV/SRH integration: lessons from Kenya, Malawi, and Zimbabwe to spur investment](#) – *Global Health Action*, March 2022
- [Integration of HIV prevention and sexual and reproductive health in the era of anti-retroviral-based prevention: findings from assessments in Kenya, Malawi and Zimbabwe](#) – *Gates Open Research*, September 2021