Global Procurement of the Dual Prevention Pill

Informing the Introduction of Multipurpose Prevention Technologies

CONSIDERATIONS AND CHALLENGES

July 2022

CLINTON HEALTH ACCESS INITIATIVE

Contents

Objectives

1. Provide an overview of key rules, regulations, processes and potential barriers related to global procurement (i.e., PEPFAR, The Global Fund, UNFPA, USAID) for the DPP.

2. Highlight recommended approaches and considerations to ensure that the DPP and future MPTs can be procured efficiently.

3. Highlight recommended approaches and considerations which are relevant for the future procurement of MPTS.

The DPP is at the leading edge of the MPT pipeline. Its introduction represents an opportunity to identify and address procurement challenges for multi-indication products, unlocking efficiencies for future MPTs

MPT R&D Pipeline Overview

Early Development:
Pre-clinical and Phase I trials

Long-Acting Implants

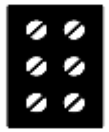
Long-acting Injectables

Vaginal Rings

Vaginal Film

Micro-array Patches

Late-Stage Development



Dual Prevention Pill

DPP Product Overview

- 28-day regimen oral pill for HIV and pregnancy prevention
- TDF/FTC (oral PrEP) + LNG/EE
- Co-formulated bilayer tablet, in a cold form blister in a wallet pack
- Timelines from Viatris suggest the DPP could be ready for FDA submission in early 2024

DPP Potential Advantages

For Users: An additional, integrated option to simultaneously prevent HIV and pregnancy

For Health Systems: Potential to integrate and streamline FP and HIV prevention service delivery

For Policymakers: Build MPT product introduction experience, bridging HIV and FP siloes

Advanced planning for procurement is essential to guarantee timely, predictable, and sufficient quantities of product to meet demand. All new products face procurement hurdles, but the DPP - as an MPT, will bring novel challenges. This analysis sets out key procurement rules, regulations and barriers as a resource to support introduction of the DPP, and future MPTS.

Notes: [1] F/TAF-based DPP has also been proposed; findings from this analysis will be applicable to both DPP formulations.

CHAI has undertaken analysis of procurement needs and challenges for the DPP across four major global procurers and social marketing organizations. Lessons for future MPTs procurement have been identified

Approach

1. Desk research and analysis
2. Validation with CHAI internal expertise
3. External engagement

Scope

	Cross-cutting issues for global DPP procurement
PEPFAR, The Global Fund To Fight AIDS, Tuberculosis and Malaria	Requirements and processes for the **two largest global procurers of HIV/AIDS products**
UNFPA, USAID FROM THE AMERICAN PEOPLE	Requirements and processes for the **two largest global procurers of contraceptives**
Social Marketing Organizations MSI REPRODUCTIVE CHOICES, dkt INTERNATIONAL, psi	Advantages and challenges for DPP procurement from **social marketing organizations**

Insights are presented across the following categories

Cross-cutting issues		Procurer-specific	
Coordination and Integration	Packaging & efficiency trends	Legal/policy	Process
Supply security and affordability	Evidence needs for procurers	Regulatory	Guidelines

NB: Not all categories are relevant to all procurers

Insights for the DPP

Insights for future MPTs

*Dual Prevention Pill Market Preparation and Introduction Strategy. August 2021. Link.

Executive summary: This analysis identifies critical insights to inform future Consortium work, which can support timely procurement of the Dual Prevention Pill, while clearing a pathway for future MPTs

Clarify US Government approach (PEPFAR, USAID) to MPT procurement.
A clear pathway will not only support the DPP but provides a powerful incentive for continued MPT development.

Ensure the PEPFAR process for FDA approval can be extended to PrEP and MPTs.
This will provide an approval pathway for generic PrEP not used in treatment and support interest of generic suppliers in HIV prevention, including in the DPP and future MPTs.

Engage with procurers to understand regulatory and guideline needs, and engage with normative bodies early
Dual indication products such as MPTs have an enhanced need for early communication between procurers and normative bodies to align on and understand regulatory and guideline expectations across both HIV and reproductive health. Allowing enough lead-time will be critical.

Early consideration of supply security and the need for multiple suppliers
Concerns have been noted about the potential challenges of a single supplier for the DPP market. A robust analysis of supply-side needs is required: assessing risks; mapping the actions needed to smooth the path for additional manufacturers; and identifying likely candidates for DPP manufacture.

Explore mechanisms that support smaller scale procurement.
This includes existing coordination platforms, social marketing organizations, and procurer initiatives which support new product introduction. A coordination platform for MPTs may be a future need.

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Large procurers will require stringent evidence of supply security, cost-effectiveness, and demand. Potential barriers to entry of additional DPP suppliers should be explored

Supply security and affordability

- ✓ A single manufacturer for the DPP (Viatris) is anticipated for the initial years of DPP supply. **DPP supply security and affordability will be a critical concern of governments and global procurers**.
- ✓ Viatris has stated that production capacity is estimated to be sufficient for the initial years. Viatris has not yet shared an estimated price for the DPP.
- ✓ The early years of DPP intro should be leveraged as a learning opportunity to demonstrate a sustainable market attractive to future suppliers, both for the DPP, and for MPTs more broadly.
- ✓ As DPP demand clarifies, dialogue with Viatris should be maintained, and additional capacity planned for with sufficient lead-time should additional suppliers need to enter the market.

Stakeholders indicated that DPP pricing should ensure it is a cost-effective option compared to current interventions to gain traction. The need, timeline, and barriers associated with expanding supply capacity for the DPP should be explored to provide reassurance to governments and procurers and to improve additional value for money.

Evidence needs for procurers

- ✓ Large procurers can set a **high bar on global evidence of impact**. For new interventions to gain traction with procurers and donors, those seeking to secure procurement will need to be prepared:
  - Clinical trial effectiveness
  - Cost-effectiveness
  - Need / demand estimates
  - Evidence of demand (e.g., preference elicitation studies)
- ✓ Women aged 20-40, already on COCs or PrEP, or not currently on COCs or PrEP, have been suggested as early-adopters of the DPP. This would position the DPP as a niche product during early introduction.* **Procurer perspectives about the possibility of lower volumes and - initial - limited potential for economies of scale compared to other FP commodities will need to be secured**.

Partners engaged in securing DPP procurement will need to package clear and compelling evidence to secure procurer engagement. Sensitization around the possibility for initial lower volumes will need to be secured.

*Dual Prevention Pill Market Preparation and Introduction Strategy. August 2021. Link.

Low launch volumes of the DPP may necessitate use of coordination platforms. DPP packaging may need sensitization with procurers who prioritize efficiency and MMD

Coordination and integration

- ✓ The estimated cost and lower initial volumes of the DPP compared to other HIV prevention and FP commodities have led stakeholders to posit that initial procurement may be from HIV/AIDS agencies.*
- ✓ The DPP could be integrated into ARV coordination mechanisms such as the **ARV Procurement Working Group (APWG)** which support low-volume procurement. The **Global Family Planning Visibility and Analytics Network** (GFPVAN) is a platform in the FP space which provides similar coordinating function and support.
- ✓ As the DPP is established and further MPTs near the market, both HIV and FP stakeholders should be engaged in considering the value-add of **a coordination platform for MPT procurement**.

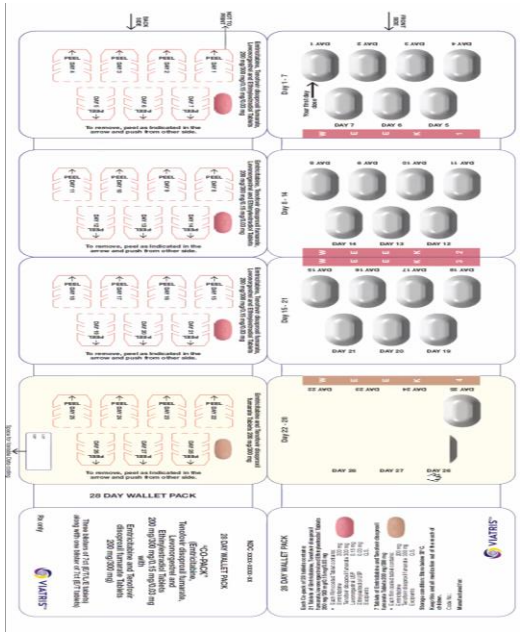
DPP procurement could be coordinated initially through existing mechanisms for low-volume procurement such as the APWG, or potentially GFPVAN.

As MPTs options grow, a procurement coordination platform aimed at these products which includes both HIV and FP stakeholders could be explored.

*Dual Prevention Pill Market Preparation and Introduction Strategy. August 2021. Link.

Packaging & Efficiency Trends

- ✓ Procurer preferences for packaging trend towards space saving, cost saving, and facilitating shifts in dispensing. **Products which facilitate space saving, have a longer shelf-life, minimize waste and facilitate multi-month dispensing (MMD)** may be preferred.
- ✓ The current presentation of the DPP (a 28-pill carton with blister packaging) is bulkier than bottles. MMD of the DPP is likely to be significantly less discreet than, for example, 90-count bottles.



Mock-Ups of Viatris DPP Primary Packaging (*as of Feb 2021*)

The current presentation of the DPP may necessitate initial sensitization with ARV procurers who prefer carton less ARVs and may be concerned about the impact on feasibility of MMD.

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The mandate of PEPFAR regarding DPP (and future MPT) procurement urgently needs to be clarified. This will provide an additional development incentive to upstream MPTs

PEPFAR

Legal/Policy/Guidance

- ✓ Current PEPFAR policy/practice **means PEPFAR funds are not permitted to be to be used to procure contraceptives** (except for male and female condoms, responsibility for which was delegated to OHA/SCH from GH/PRH in 2017). Unless clarified, this could pose a barrier to procurement of the DPP and future MPTs.
- ✓ Both statute and regulations permit that PEPFAR may procure *HIV/AIDS pharmaceuticals*, and *ARVs which appear on the PEPFAR Consolidated List of Approved ARVS.* This has not yet been interpreted in the light of an ARV-containing multipurpose prevention technology which is *both* an 'HIV/AIDS pharmaceutical' and a contraceptive.
- ✓ Whether or not a pharmaceutical will be procured by PEPFAR is decided based on evaluation from the Bureau for Global Health, Office of HIV/AIDS, Supply Chain for Health Division (OHA/SCH).
- ✓ Decisions regarding contraceptive procurement are taken by the Director of the Bureau for Global Health, Office of Population and Reproductive Health GH/PRH.
- ✓ **Procurement of the DPP (and future MPTs) could be supported by positioning as an HIV/AIDS preventative ARV, and within PEPFAR's remit**.
- ✓ A new PEPFAR coordinator is in place. PEPFAR is due for reauthorization in 2023. **It is critical to gain clarity from OHA/SCH and GH/PRH leadership on MPT procurement, ahead of DPP FDA submission.**

Early sensitization and coordination between OHA/SCH and GH/PRH is essential to clarify US Gov procurement policy for the DPP, and whose mandate it resides within.

A pathway for the procurement of MPTs by USG will provide a powerful development incentive for future products.

Sources: United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. Link. Rules for Procurement of Commodities and Services Financed by USAID. 2012. Link.
ADS Chapter 312 Eligibility of Commodities. Revised 2020. Link.

To support expedited approval and PEPFAR procurement, access to FDA consideration for prevention products not used in treatment and future MPTs needs to be clarified

Regulatory

- ✓ Antiretroviral medicines procured by PEPFAR must either have full US FDA approval or be tentatively approved by US FDA via the PEPFAR program (the latter enables PEPFAR procurement even where the innovator maintains US exclusivity rights).*
- ✓ **Eligibility for the PEPFAR program for ARVs for PrEP <u>not</u> already used in treatment is currently not allowed. The DPP and future MPTs would also not be allowed**.
- ✓ The PEPFAR Interagency ARV Prioritization Committee notes that 'prioritization of ARVs for PrEP may be considered in a different policy document', indicating ARVs for PrEP have been considered.

Additional suppliers of the DPP may face challenges securing FDA approval (and PEPFAR procurement) if there are exclusivity rights in the US and will need to use WHO PQ, a lengthier process.

Eligibility for the PEPFAR program for HIV prevention products not used in treatment and MPTs for the PEPFAR program should be urgently clarified.

Guidelines

- ✓ Planning for PEPFAR procurement should also address whether the product is noted in the PEPFAR Country/Regional Operational Plan Guidance (COP/ROP). While inclusion in COP/ROP guidance is not essential for procurement, it provides a rationale for procurement and determines conditions under which products should be prioritized for procurement.
- ✓ Inclusion in WHO Guidance facilitates inclusion in COP/ROP guidance.
- ✓ Both 2020 and 2021 editions of COP/ROP guidance included an explicit reference to contraceptives not being permitted for procurement. This guidance is newly absent from the 2022 edition.

Planning for PEPFAR procurement should ensure efforts to include the DPP in COP/ROP guidance, and clarity around the conditions for DPP procurement. This means early sensitization and active engagement in the COP/ROP process.

Sources: PEPFAR ARV Formulation Priorities guide link. *PEPFAR is able to procure non-FDA approved products only where they are deemed ineligible for FDA approval.

A dual approach to Global Fund procurement of the DPP which both supports countries in concept note development, while sensitizing the GF secretariat is recommended

Process

- ✓ **Investment decisions at the Global Fund are primarily country-led**, requiring Ministries of Health and other stakeholders to advocate within a country-led dialogue.
- ✓ **Prioritization of proposed activities for financing takes place during country dialogue**. Data plays a large role, including data on co-investments, costing, cost-effectiveness, and presentation of program impact.
- ✓ **Decisions on allocations are made during country concept note development**, with data again playing a strong role, and the capacity to implement being a key consideration.
- ✓ **The Global Fund Secretariat remains critical. The Secretariat determines overall strategic priorities for the Global Fund which frame guidance to countries** and influences concept note approval.
- ✓ The Global Fund Technical Review Panel (TRP) externally assesses requests for funding, informed by - alongside their technical expertise - strategic priorities from the Global Fund Secretariat.
- ✓ Finally, the Global Fund Grant Approval Committee (GAC) is comprised of Global Fund leadership and major partners, and approval is influenced by TRP feedback, Global Fund strategic priorities and committee expertise.

Engaging with and influencing Global Fund financing allocations for the DPP will need to consider the dynamic between country level concept note development and Secretariat decision-making. A dual approach which sensitizes the Global Fund secretariat, key influencers of Global Fund strategic priorities (UNAIDS, WHO, PEPFAR) while supporting countries to ensure that data in support of DPP introduction is available and can be used in concept note development.

Securing Global Fund procurement of the DPP will require careful consideration of timelines for regulatory approval and inclusion of the DPP in treatment guidelines

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Regulatory / Guidelines

- ✓ ARVs procured using Global Fund resources must either be prequalified by the WHO, and/or authorized for use by a stringent regulatory authority (for example, the US FDA, or the EMA).
- ✓ There is an exemption for time-limited procurement in the absence of these requirements being met, provided the product has been reviewed by the Expert Review Panel of the GFATM.
- ✓ In addition to WHO prequalification and/or authorization by a stringent regulatory authority, **GFATM requires that medicines procured with Global Fund resources appear in national or institutional and/or WHO Standard Treatment Guidelines or Essential Medicines Lists.**

Early engagement and sensitization with WHO and the provision of relevant evidence will be essential to ensure the inclusion of the DPP in guideline meetings and a timely WHO recommendation.

- ✓ For a product to be considered for WHO prequalification it must be included in an Invitation to Manufacturers to Submit an Expression of Interest for Product Evaluation (EOI).
- ✓ Products contained in an EOI must already be included in the WHO Model Essential Medicines List, in relevant WHO treatment guidelines, or be the subject of a WHO recommendation.
- ✓ The standard timeline for FDA review is 10 months with the possibility of a priority review of 6 months. The WHO Model Essential Medicines List is updated every two years. WHO PQ can take up to 24 months.

Global Fund procurement planning should carefully consider expected timelines for regulatory approval, and inclusion in treatment guidelines and/or Essential Medicines Lists. Early sensitization with relevant stakeholders, should be undertaken to minimize unnecessary delays.

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Responsibility for procurement of the DPP and future MPTs needs to be clarified between GH/PRH and OHA/SCH

Legal/Policy/Guidance

- ✓ **Contraceptives procured using USAID funds must be procured under Global Health, Office of Population and Reproductive Health (GH/PRH) contracts unless otherwise approved**.
- ✓ PRH determines which products can be made available under such contracts. Currently these include condoms, oral contraceptives, IUDs, injectable and sub-dermal implants.
- ✓ PRH can add to this list as new products become available and could consider the addition of MPTs. This should be aligned with OHA/SCH, which bears responsibility for authorization of US Gov procurement for non-contraceptive pharmaceuticals.
- ✓ GHSC-PSM is the organization who purchases and delivers commodities and would be a key stakeholder in any approach.

Process

- ✓ Requests for purchases under USAID agreements come from Missions and other USAID operating units.
- ✓ In coordination with partners or recipients whose programs request contraceptives and/or condoms, Missions provide annual or more frequent estimates of need to GH/PRH. These estimates include product needs for up to two future calendar years.
- ✓ Approval is granted taking into consideration whether the product meets GH/PRH quality, acceptability, and affordability standards
- ✓ Responsibility for procurement of condoms was delegated to OHA/SCH in 2017**. Responsibility for procurement of the DPP and MPTs could likewise be agreed between PRH and OHA/SCH**.

Early sensitization and coordination between OHA/SCH and GH/PRH, is essential to clarify US Gov procurement policy for the DPP and for future MPTs.

Sources: USAID Automated Directives System Chapter 312 Link. GHSC-PSM.

Sensitization with UNFPA on catalog inclusion, requirements for treatment guideline inclusion, and if funding streams for new products can be leveraged is recommended

Process

- ✓ Products permitted for procurement by UNFPA should normally be included in the UNFPA catalog. The Catalog comprises quality-assured commodities related to sexual and reproductive health and humanitarian response. The catalog already includes both the oral contraceptives LNG/EE and daily oral PrEP (TDF/FTC), which comprise the DPP.
- ✓ Procurement of pharmaceutical products not covered in the Catalog must receive clearance from UNFPA Procurement Services Branch (PSB).
- ✓ UNFPA has a newly launched a pilot funding stream for 'new and lesser used' products. Though it does not yet explicitly include MPTs, this could be explored as a vehicle for the DPP during initial years of product introduction.

Early engagement with UNFPA is recommended to work to ensure inclusion of the DPP in the UNFPA catalog, and explore the potential to leverage, in the interim, of the funding stream for new and lesser-used products.

Regulatory and Guidelines

- ✓ Guidance* determines that UNFPA will only procure hormonal contraceptives that have SRA approval, or WHO prequalified status, or have been reviewed by the WHO Expert Review Panel of Reproductive Health (RH) Medicines.
- ✓ UNFPA prioritizes procurement of reproductive health (RH) medicines which appear in the WHO Model List of Essential Medicines and in WHO Standard Treatment Guidelines, with guidance naming The WHO Reproductive Health Guidelines and the WHO Integrated Management of Pregnancy and Childbirth (IMPAC) Guidelines.

Early sensitization with UNFPA to understand quality assurance needs is recommended. This should include definitively confirming - with sufficient lead-time and in partnership with WHO - the need for/advantage of inclusion of the DPP in both WHO RH Guidelines in addition to WHO HIV Guidelines. As a hormonal contraceptive with a dual indication, this may be a new consideration for UNFPA and may also impact future MPTs.

Sources: UNFPA Quality Assurance Policy for Reproductive Health Medicines. Link. UNFPA QA Framework for Procurement. Link. UNFPA Supplies Annual Report 2020. Link.

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Social marketing organizations should be explored as a complementary avenue for procurement which can support targeted delivery of the product to potential users

Social Marketing Organizations and DPP Delivery

- ✓ Social marketing organizations (SMOs) can be **nimble and responsive and support diversity** in what, when, how, and from whom clients can obtain RH commodities.
- ✓ SMOs can also address issues related to driving demand and reaching challenging geographic locations and are positioned to deploy differentiated approaches to address the needs of different population segments.
- ✓ Young women in DPP target introduction countries often meet their family planning needs - including OCPs - through private sector channels (e.g., pharmacies).* Early DPP analysis concluded that SMOs should form part of introduction, particularly when considering private sector DPP introduction.

Potential advantages

- ✓ Well-positioned to target precise population segments. Initially, the DPP may have a niche consumer base (women aged 20-40, who are already on COCs or PrEP/or neither).
- ✓ Due to enhanced ability to tailor to consumer segment, SMOs may be more receptive to smaller volumes and considerations of DPP macro-level cost-effectiveness and affordability.
- ✓ Enhanced ability to access private sector delivery points such as private pharmacies.

Potential challenges

- ✓ As in the public sector, SMO driven access may also require support to achieve needed training, licensing, and support for providers (including counselling, referral and linkages).
- ✓ SMO models will need to ensure that M&E and reporting are integrated within national systems appropriately.

Social marketing organizations may be an important mechanism to target population segments who may desire (and benefit from) the DPP, and future MPTs. In some cases, they may be more flexible than larger procurers with considerations of volume and macro-level cost-effectiveness when compared to existing options.

*Private Sector Analysis for the DPP (Kenya and RSA) 2020. Link. HIP Family Planning. Social Marketing: Using marketing principles to improve contraceptive access, choice and use. 2021. Link.

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