


# How are we supporting product development?

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For Pillar 1 Team  
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# Presentation Outline

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 Pillar 1 Approach



Mix of Strategies

Participatory consultations (DCs)  
Quantitative surveys (MSS)  
Rapid, non-research polling (RNN)



Some Key Findings from Dual Prevention DC



Plans for year 3

# Design to Delivery (D2D)

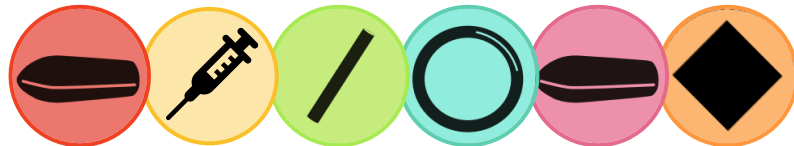
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**Goal:** provide research feedback loop

from end-users, their networks, and other stakeholders (health care providers, drug regulators, local policy makers, advocates)

to Product Developers to inform ongoing development and/or modification of products

thereby enhancing acceptability, adherence, feasibility, and ease of delivery.



# D2D Pillar 1 Goal and Objectives

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- Generating insights on acceptability of and preferences for HIV prevention products from end-users and key influencers
  - Rapid dissemination
  - Reaching beyond trial sites and clinical trial participants
  - Informing both target product profile and target market profile
- Specific areas of interest from the USAID R&D Framework

## 4. User acceptability & access

4.a. Side effect/discomfort

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4.b. Complexity/difficulty

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4.c. Burden of administration on end users

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4.d. Discreteness once administered

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4.e. Packaging

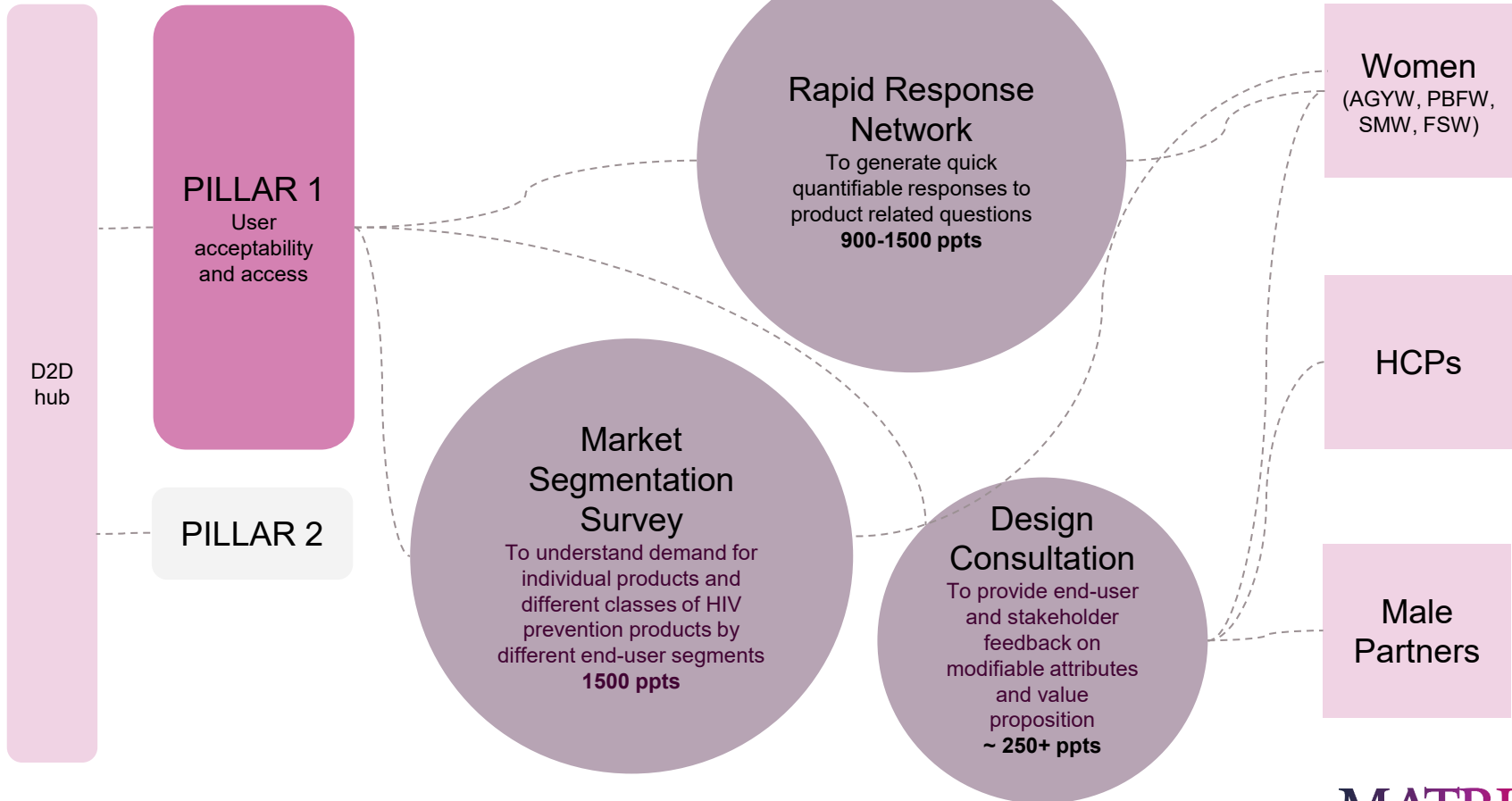
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4.f. Healthcare provider adoption

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4.g. Removability

# Overview - Pillar 1



# Mix of Strategies

# Design Consultations

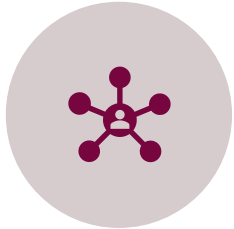
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In-person, interactive workshops



Use of prototypes, visual materials and participatory activities



Encourages participants to put themselves in the place of the end-user or key influencer



Generates qualitative insights into the social, health systems, cultural contexts that shape product acceptability

## Collateral in Use





# Formal Surveys (Market Segmentation Surveys [MSS])

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Face-to-face or  
electronic recruitment



Larger sample size,  
outreach beyond  
clinical trial sites



Standardized  
questions



Allows for  
comparisons across  
geographies, products  
and end-user  
segments



Ex., MSS or proposed  
survey of PBFW

# Quick Polling through Rapid Response Network (RRN)

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Use	Use of RRN to verify information from various meetings and consultations
Obtain	Obtain quick “product preference” data from various types of participants
Invite	Invite participants to in-person activities
Gain	Gain visual data/photos on participant ecosystems (e.g. where participants store contraceptive products, what SRH products are currently available OTC)

# Highlights from the Kenyan Design Consultations

# Purpose of Design Consultation 2

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- To elicit in-depth feedback on **dual-purpose (HIV and pregnancy prevention) indications** of four products and additional information on the non-ARV FDI
- To generate actionable information on **specific modifiable dual-purpose product attributes** and details on the contextual “how” of product use that may have implications for product design, packaging, or framing
  - Trade-offs
  - Messaging
  - Partner effects on choice/use

**Sessions:** 3 sessions at each participating local site, each engaging 20-24 potential end-users identifying with a particular group

**Timing:** July-August 2023

# Session/group structure

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## 3 sessions held in Thika, July 19 – 25

- Adolescent girls and young women  
(AGYW, n = 23)
- Pregnant/breastfeeding and stable partner/married women  
(PBFW/SMW, n = 25)
- Female sex workers  
(FSW, n = 24)

## 5 products reviewed at each

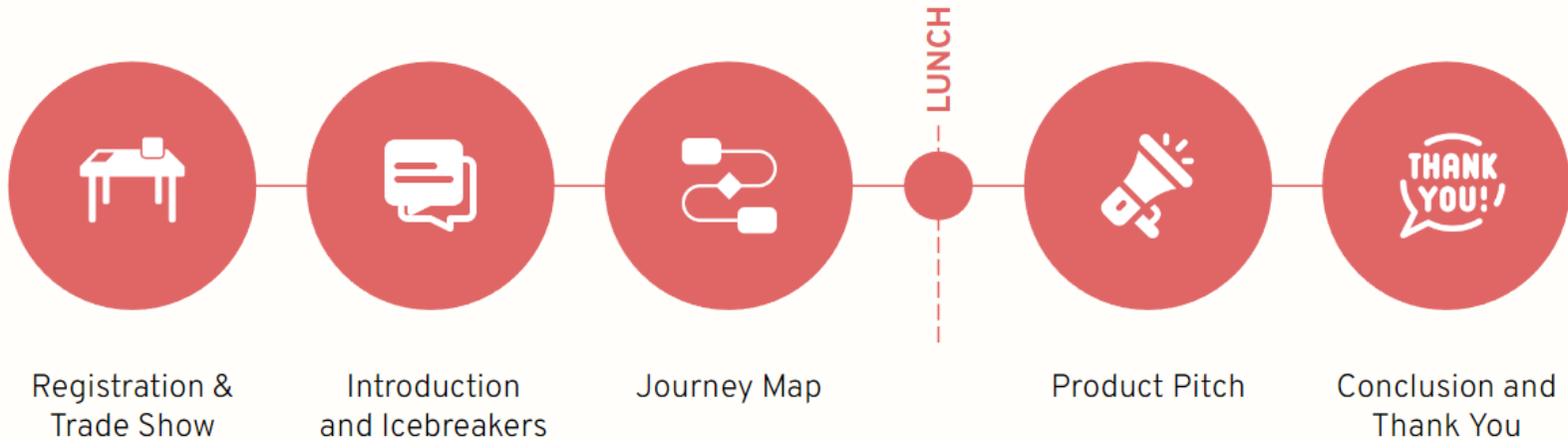
- Non-ARV FDI\*
- DP Film
- DP IVR
- DP Hydrogel
- DP Pellets

\*not dual purpose

Kenya N = 72; expect similar from other sites for total N ~300

# Flow of Activities

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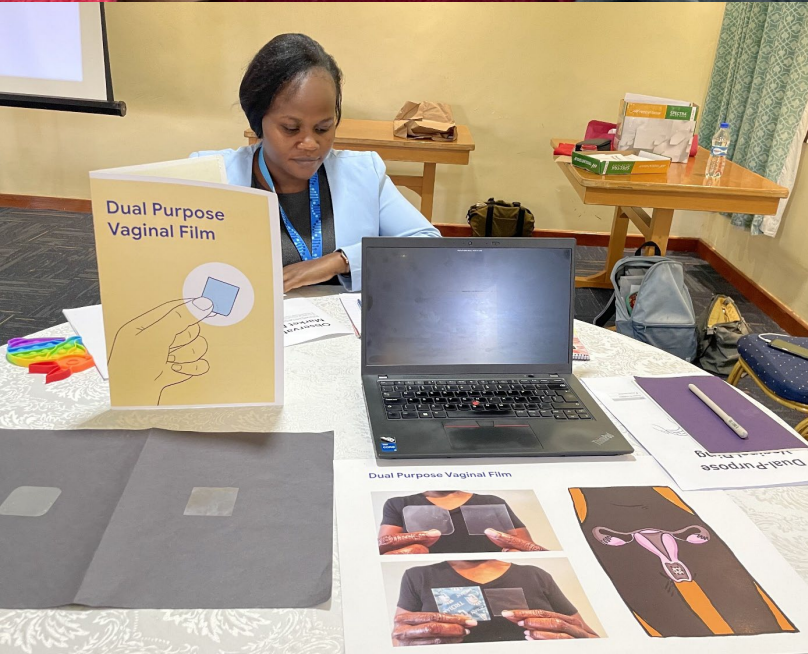


Source: Quicksand



## Dual Purpose Vaginal Film Marketplace notes

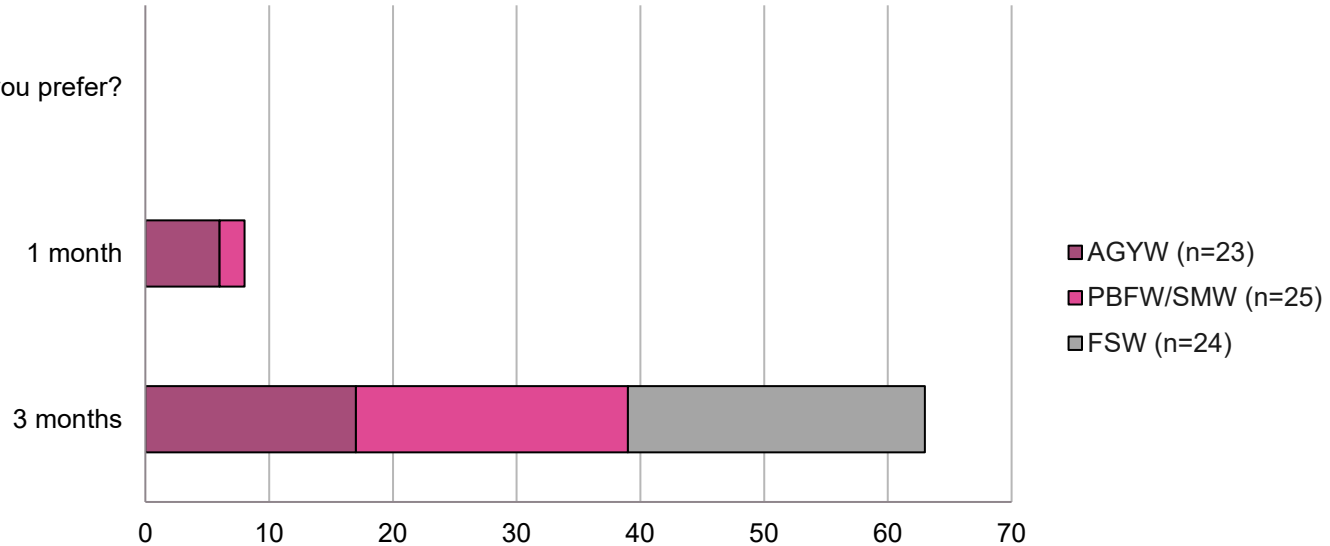
- Women often/repeatedly wrapped the film around their finger (see left) when imagining insertion
- Curious about the texture, comparisons to polythene; “This is like plastic made from drugs?”
- Wondered about lubrication needed for insertion; use during menses
- Appreciated self-insertion
- Desire for hygienic insertion



# Dual Purpose Ring: Duration preferences

- Nearly 90% of participants (and all FSW) preferred 3-month protection.

2. What duration would you prefer?





# Implantable Pellets: Insertion(s) v duration

Over 80% of participants preferred longer duration of protection, even if multiple insertions

## BENEFITS of LONGER DURATION (1 yr)

- Cost effective, convenient
- Confidence in prevention, peace of mind
- Long compared to other products offering months of protection
- Many (PBFW, FSW) would prefer longer still, 2-3 years like Jadelle

*Because she is used to having the double insertion of the Jadelle implant, and since the same technology is used in the pellet implants insertion, she does not have a problem. (PBFW/SMW)*

## CAVEAT about LONGER DURATION (1 yr)

- Product is new, may need a shorter trial period to make sure she likes it

*For a start, it should be for a shorter period of three to six months, and after that, she can take the two insertions, which will serve for a longer time. (FSW)*

*If it is my first time, I would try one insertion for a shorter period. If it is good for my body, I will decide to have multiple insertions for a longer period. (AGYW)*

# Hydrogel Injectable: 2 injections for longer duration

Two injections for longer protection preferred by most participants (78%) across groups.

## Preference for 2 injections and longer duration based on:

- Fewer clinic visits – more cost effective; saves time; less interference with daily routines
- Feel pain just once

*There will be reduced clinic visits hence save on time and she will continue with her daily activities without interference. (PBFW/SMW)*

A few preferred 1 injection to try the new product first and monitor any side effects before committing to longer duration

*She may want to start with the three-month injection to monitor the side effects before she decides to go for the longer duration. (FSW)*

# Non-ARV Vaginal Insert: Marketplace notes



- Curious whether prototype texture was same as product – chalky feel, dentable with finger
  - Prototype wore down after handling
- Wondered how they would insert something so small with long nails
- *“Using fingers is messy, down there is not all that rosy” (PFW/SMW)*
- Wondered how they would know it was inserted correctly/far enough

# Cross-Product Findings

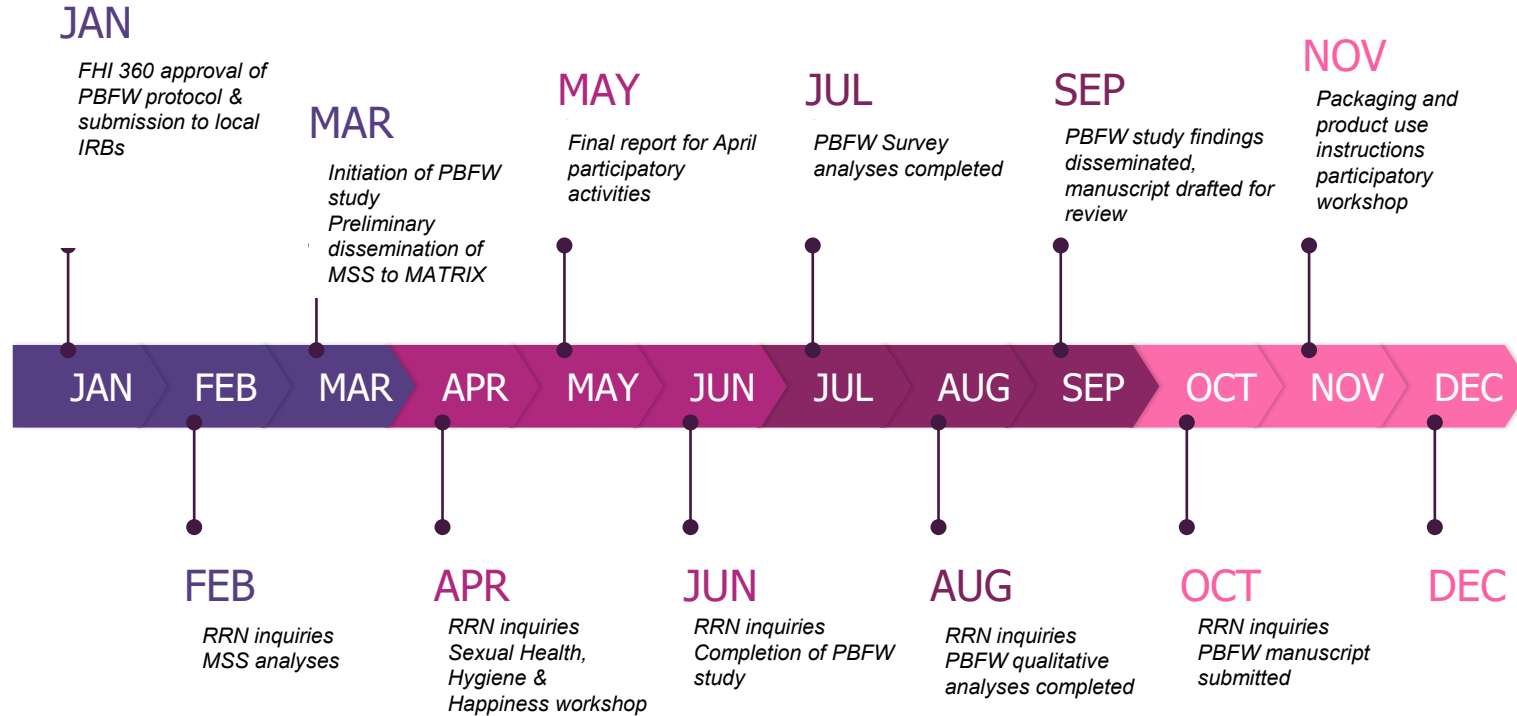
Dual prevention products were highly appreciated across groups as:

- Convenient
- Saving money (product costs, transport costs, opportunity costs)
- Saving time (fewer clinic visits)
- Reducing mental burden
  - Remembering separate visits
  - Remembering separate products
  - Remembering to take pills (OC or PrEP)
- Likely to improve adherence
- Providing peace of mind
- Minimizing side effects (one product rather than two)

*She does not need to go find another pregnancy prevention product. This saves her time she could use to do other things. Also, she would not have to adjust her schedule to rush and take her PrEP pills. (FSW, film)*

# Progress and Plans

# Timeline



**Year 3**

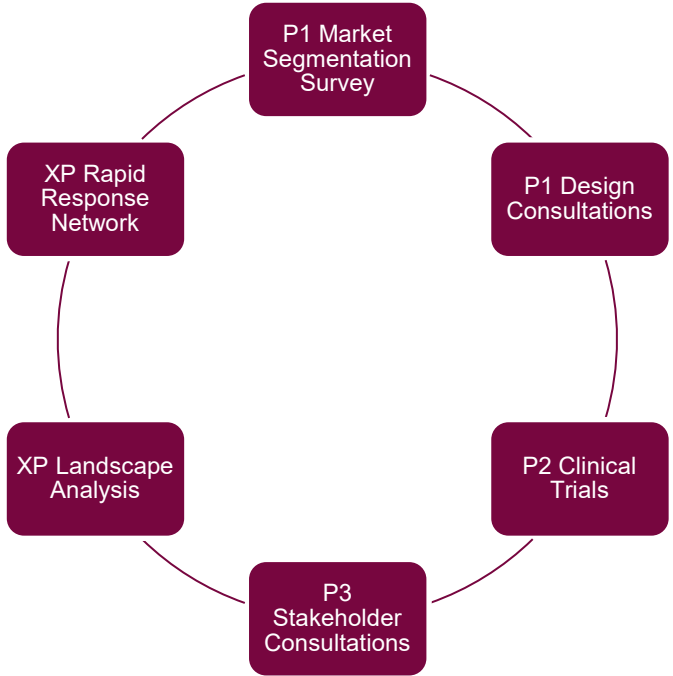
# Initial Ideas for Workplan Year 3

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- Finalize analyses from MSS in Q1
- Pregnant & Breastfeeding addendum to MSS in Q1-3
- Routine use of RRN for PD-related questions and use by Pillar 2, Pillar 3 and BACH
- Participatory activities (DCs or other?)

# Integrating Results with D2D Outputs

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*The contents in this presentation are those of the presenter and do not necessarily reflect the view of the U.S. President's Emergency Plan for AIDS Relief, the U.S. Agency for International Development or the U.S. Government.*

