



POLICY CURES RESEARCH



Agenda

G-FINDER report

Maya Goldstein, Policy Cures Research

Calliope and CTI Exchange

Amelia Mackenzie, FHI 360

Donor perspective on contraceptive R&D

Kirsten Vogelsong, The Bill & Melinda Gates Foundation

Reflections on contraceptive R&D: Past and future

Laneta Dorflinger, FHI 360

Panel discussion and Q&A

G-FINDER report

Maya Goldstein, Policy Cures Research







POLICY CURES RESEARCH.

SEXUAL AND REPRODUCTIVE HEALTH RESEARCH AND DEVELOPMENT: UNDERSTANDING THE SPECTRUM



SRH survey scope

The Process

- Broad sector-wide stakeholder consultation
- Expert Advisory Group comprising 23 global experts in SRH

The Criteria

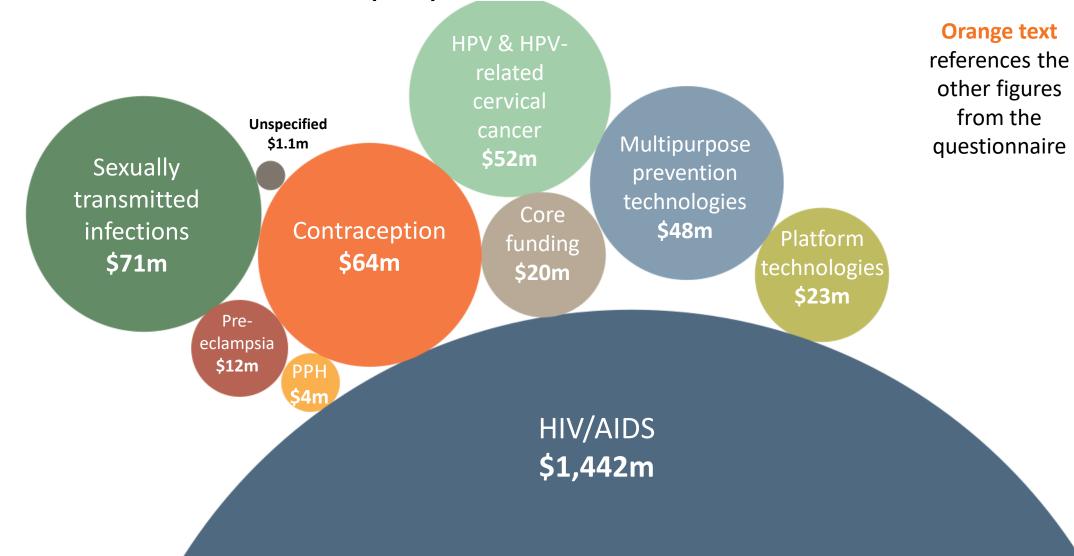
- > The SRH area is a significant health issue affecting people in LMICs
- > There is a need for new products (i.e. there is no existing product, or improved or additional products are needed to meet the needs of people in LMICs)
 - > 7 issues and associated products gaps
 - Surveyed the sector for investments made FY2018

To be included in the report, R&D must be for:

Products that are appropriate to and suitable for LMIC contexts (for example: heat stable, easy-to-use, or do not require a skilled professional to administer them)



SRH R&D investment overview 2018 (USD)



What was \$64m spent on?

- Most spent on short-term methods (\$24m, 37%) –
 mostly drugs e.g. 6-monthly injectables, oncemonthly pills.
- Then on long-acting reversible methods (LARCs, \$18m, 28%) mostly devices & combination products. e.g. IUSs and vaginal rings with longer duration. **Annovera, the 1-year heat-stable vaginal ring is now FDA approved (2018).
- Much smaller amounts to on-demand methods (\$3.7m, 5.7%) – mostly devices e.g. new or improved barrier methods with user experience in mind; and to innovative, non-surgical permanent methods (\$3.6m, 5.6%).
- 71% (\$46m) female vs 14% (\$9.2m) male although latter an evolving area of research. e.g. NES/T gel.

Duration of action	Drugs C	Devices &	ombination of the combination of	d (otal o	of total
On-demand	1.4	2.3	-	3.7	5.7
Short-acting	19	4.0	1.1	24	37
Long-acting reversible (LARC)	5.2	13	-	18	28
Permanent	-	-	3.6	3.6	5.6
Multiple or unspecified duration	5.4	0.6	9.2	15	24
Total	31	19	14	64	100

- No reported funding



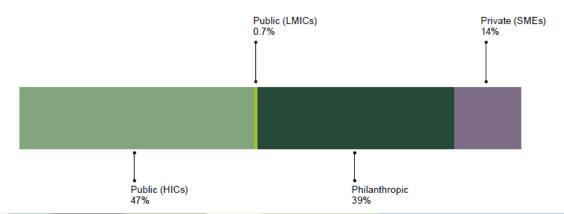


Who provided the funding?

14 funders (including aggregate industry) in 2018

- Gates Foundation (\$24m, 37%) and US NIH (\$21m, 33%) were dominant funders largely unchanged trend of philanthropic and public sector support.
- But there was some interest from industry (\$8.6m, 14%) – notably women-focused SMEs.
- 99% HIC public sector from US

Contraception R&D funding by sector 2018



Top funders of contraception R&D 2018

Funder	S\$ (millio	o of total
Gates Foundation	24	37
US NIH	21	33
Aggregate industry	8.6	14
USAID	5.2	8.1
Population Council	3.3	5.2
Male Contraceptive Initiative (MCI)	0.5	0.8
South African MRC	0.4	0.6
Parsemus Foundation	0.3	0.5
Tara Health Foundation	0.2	0.3
Research Council of Norway	0.2	0.2
Reproductive Health Investors Alliance	0.1	0.2
Chinese NSFC	<0.1	0.2
Subtotal of top 12	64	99.8
Total	64	100

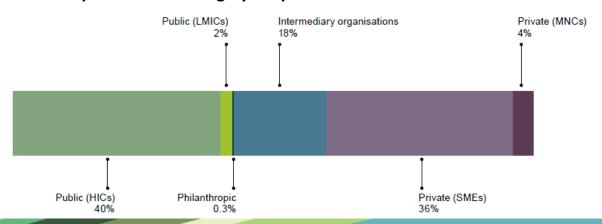
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Who received the funding (and did the R&D)?

70 recipients in 2018 - top 12 made up 85% of total

- Aggregate industry = 20 pharmaceutical companies (\$26m) –
 40% of all funding received
- But FHI 360 was the largest single recipient (\$8.6m, 13%) mostly for CTI Initiative (Gates) and Envision FP (USAID)
- Public (\$27m, 42%) and private (\$26m, 40%) sector orgs nearequal, but intermediaries play important role (\$11m, 18%)

Contraception R&D funding by recipient sector 2018

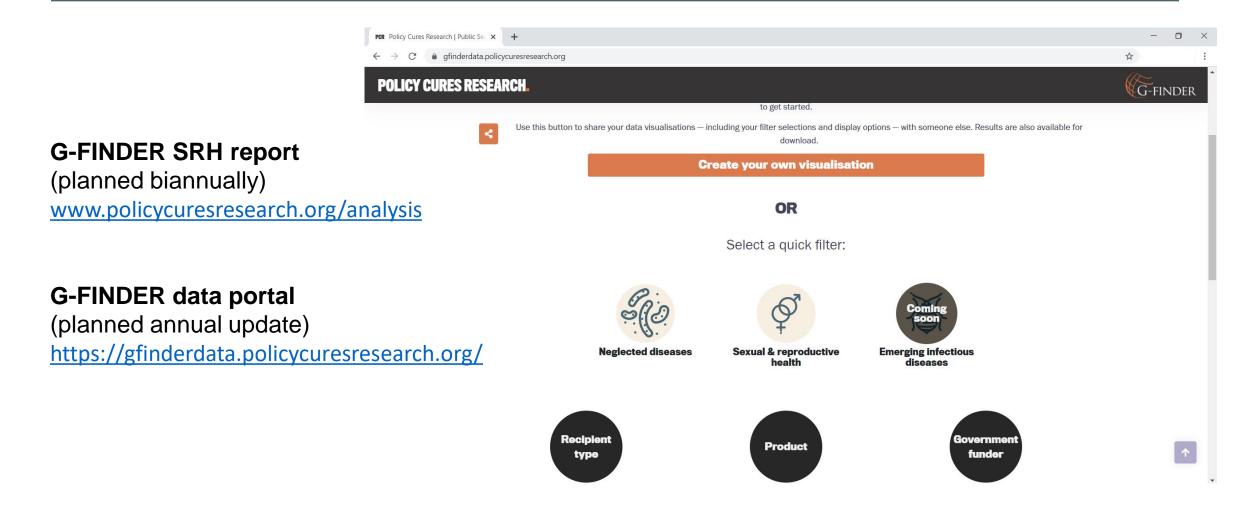


Top recipients of contraception R&D funding 2018

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Recipient	S\$ (millio	of total
Aggregate industry	26	40
FHI 360	8.6	13
Oregon Health and Science University	4.2	6.6
University of Minnesota	3.4	5.4
Population Council	3.3	5.2
Boston University	2.4	3.8
WomanCare Global (WCG)	1.7	2.6
SRI International	1.4	2.2
Baylor College of Medicine	1.2	1.9
Northwestern University	1.1	1.7
CONRAD	1.0	1.5
Cardiff University	0.6	0.9
Subtotal of top 12	54	85
Total	64	100

Access to the data



Calliope and CTI Exchange

Amelia Mackenzie, FHI 360





CALLIOPE kah-LY-ah-pee

The Contraceptive Pipeline Database

pipeline.ctiexchange.org

Note: We continue to add new entries and update the Calliope database. Slides presented here are illustrative and do not reflect a final version of the site.



WELCOME TO

CALLIOPE kah-LY-ah-pee

The Contraceptive Pipeline Database

Calliope, the Contraceptive Pipeline Database, houses information on potential contraceptive targets and leads in early development, products in pre-clinical and clinical development, and a selection of products with limited market availability. Calliope is coordinated by FHI 360 as part of the Contraceptive Technology Innovation (CTI) Exchange, www.ctiexchange.org, with support from the Bill & Melinda Gates Foundation.

Explore the database below using the keyword search, the search filters, and the two display options. For each entry in the database, click on the entry name to view its full information.

See our How to Use page for additional guidance and our About and Glossary pages for more information.

Recently Updated

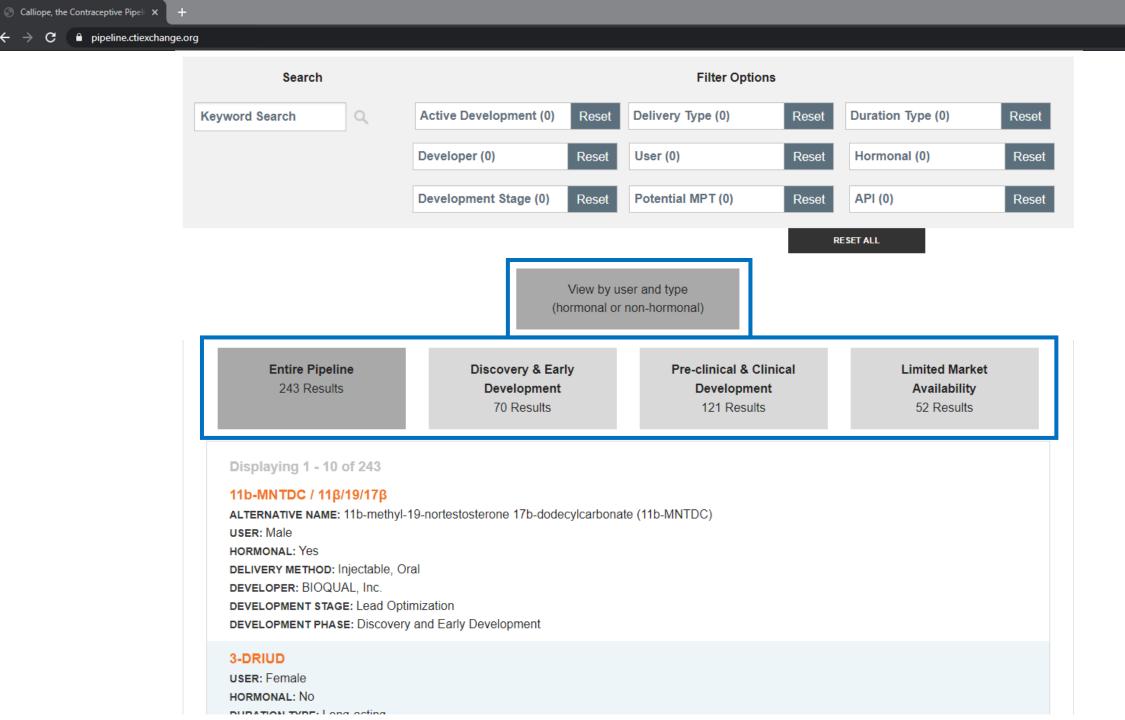
ADCY10 and cAMP CABYR

RTI-4587-073(I)

Subtilosin

Tamsulosin

Search		Filter Options					
Keyword Search	Q	Active Development (0)	Reset	Delivery Type (0)	Reset	Duration Type (0)	Reset
		Developer (0)	Reset	User (0)	Reset	Hormonal (0)	Reset
		Development Stage (0)	Reset	Potential MPT (0)	Reset	API (0)	Reset



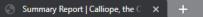
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View by development phase

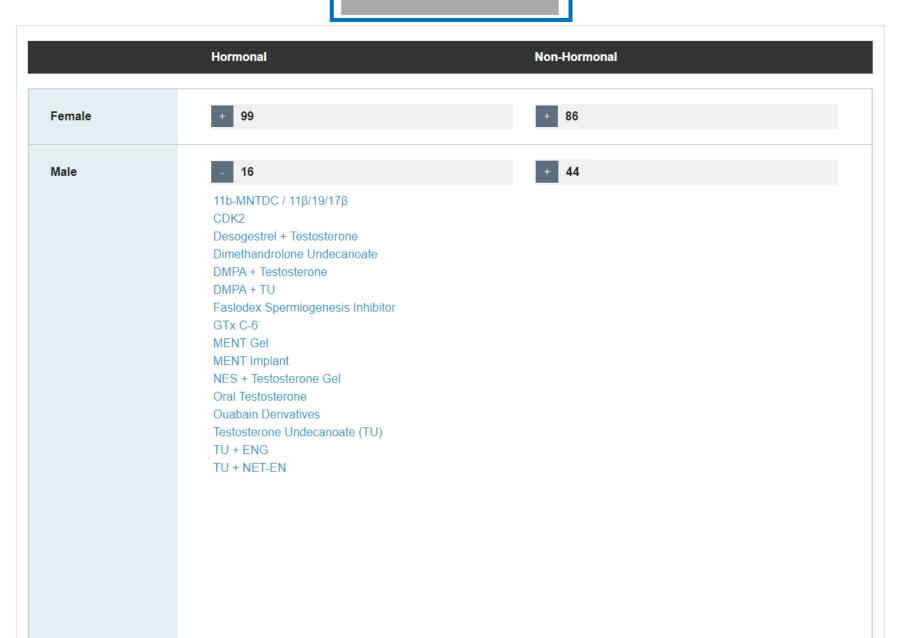
	Hormonal	Non-Hormonal
Female	+ 99	+ 86
Male	+ 16	+ 44
Print full report		

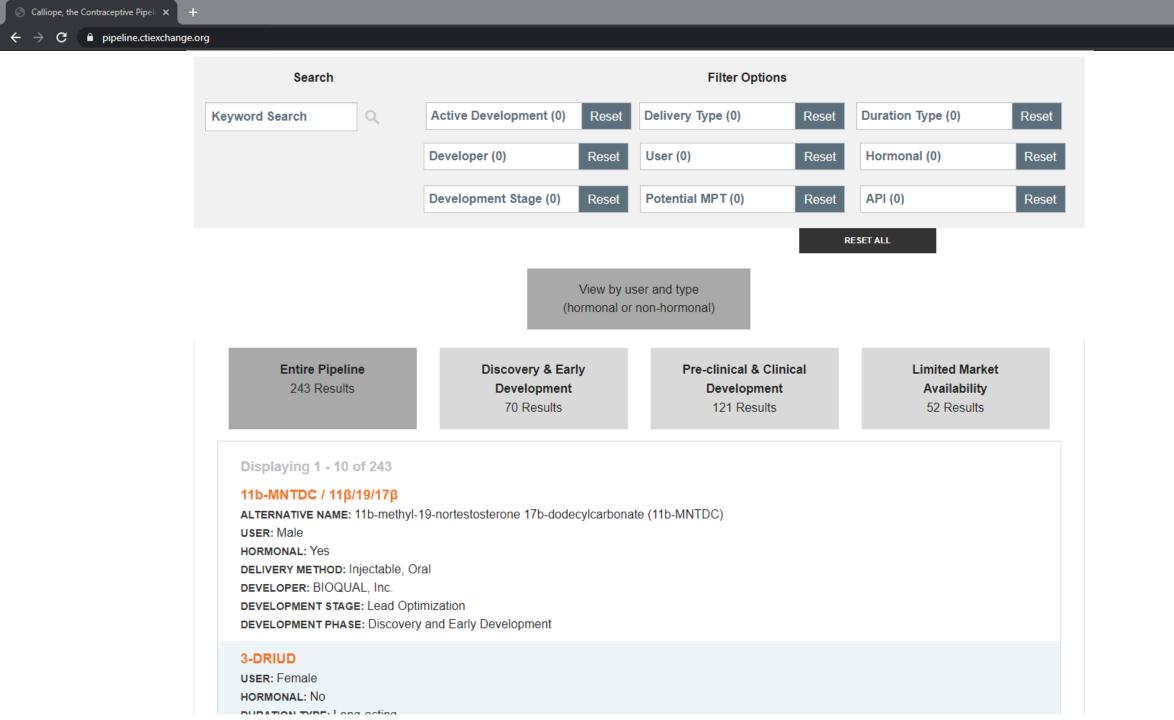




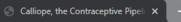
← → C pipeline.ctiexchange.org/summary-report-table#view

View by development phase





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DEVELOPMENT PHASE: Discovery and Early Development

ADCY10 and cAMP ®

ALTERNATIVE NAME: Adenylate Cyclase 10 and cyclic adenosine monophopshate, sAC and cAMP, soluble adenylyl cyclase

USER: Female, Male HORMONAL: No

DEVELOPMENT STAGE: Target Validation

DEVELOPMENT PHASE: Discovery and Early Development

ADGB ®

ALTERNATIVE NAME: Androglobin, Calpain-7-Like Protein, C6orf103, Chromosome 6 Open Reading Frame 103, CAPN16, CAPN7L

USER: Female, Male HORMONAL: No

DEVELOPMENT STAGE: Target Identification

DEVELOPMENT PHASE: Discovery and Early Development

Adjudin

ALTERNATIVE NAME: AF-2364

USER: Female, Male HORMONAL: No

DURATION TYPE: Short-acting

DELIVERY METHOD: Injectable, Oral, Other

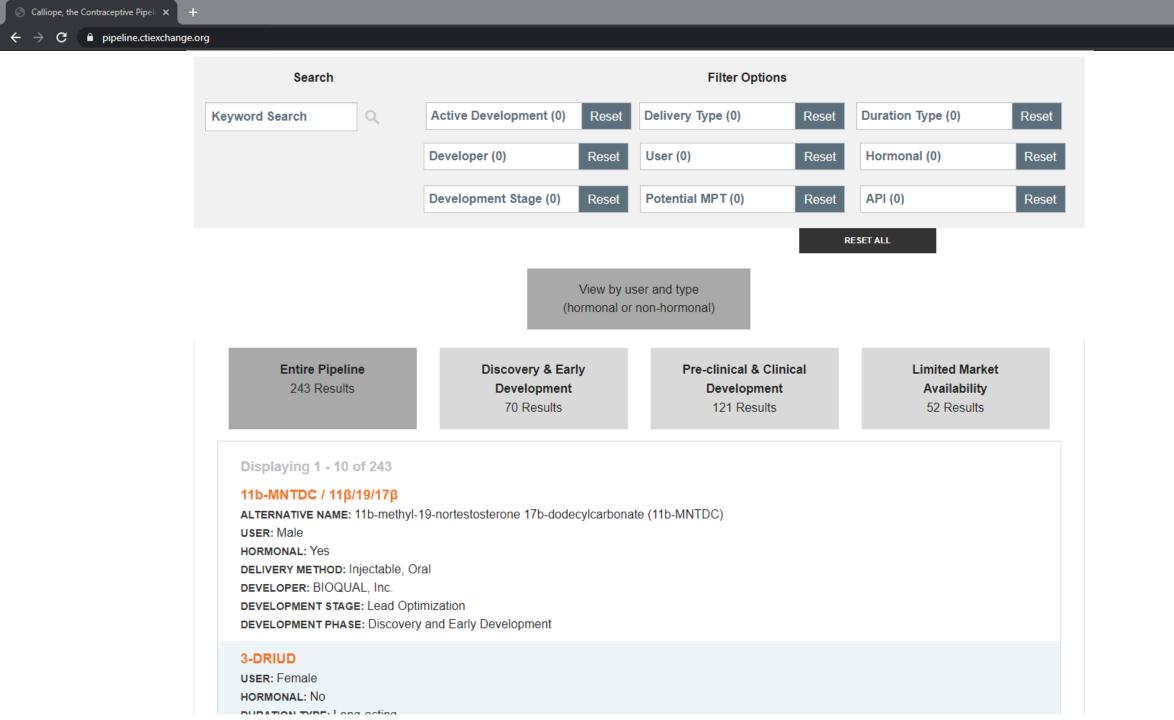
DEVELOPER: Population Council

DEVELOPMENT STAGE: Lead Optimization

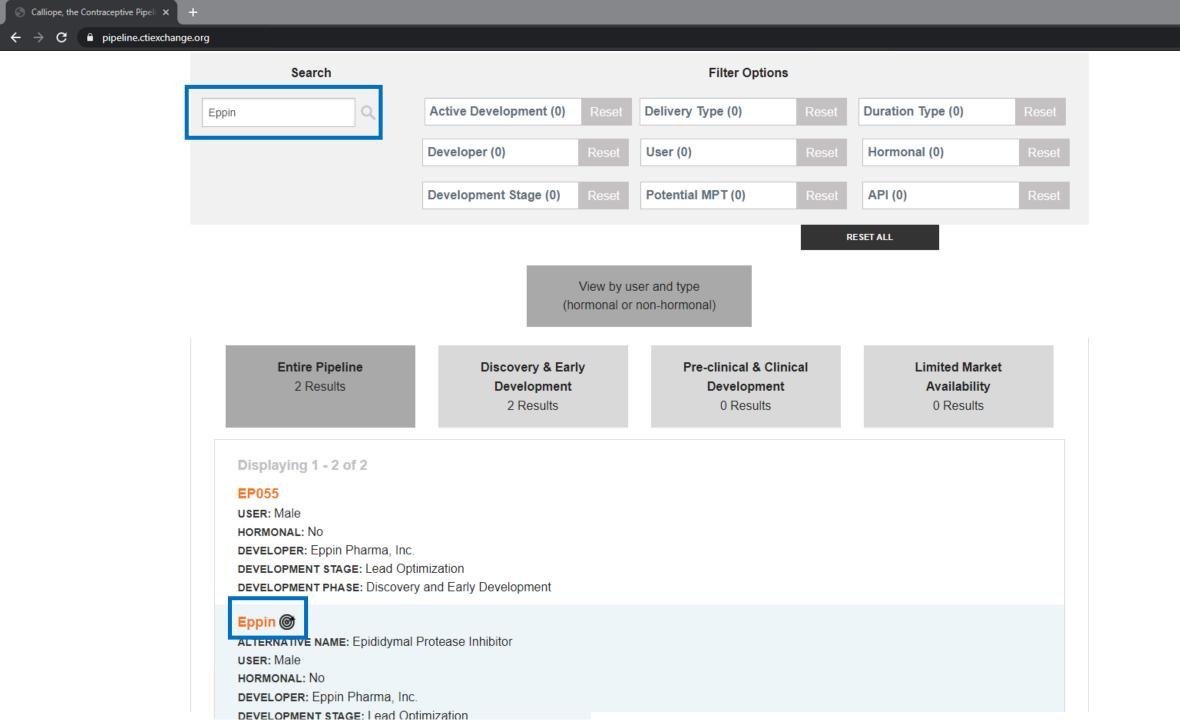
DEVELOPMENT PHASE: Discovery and Early Development

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CALLIOPE kah-LY-ah-pee

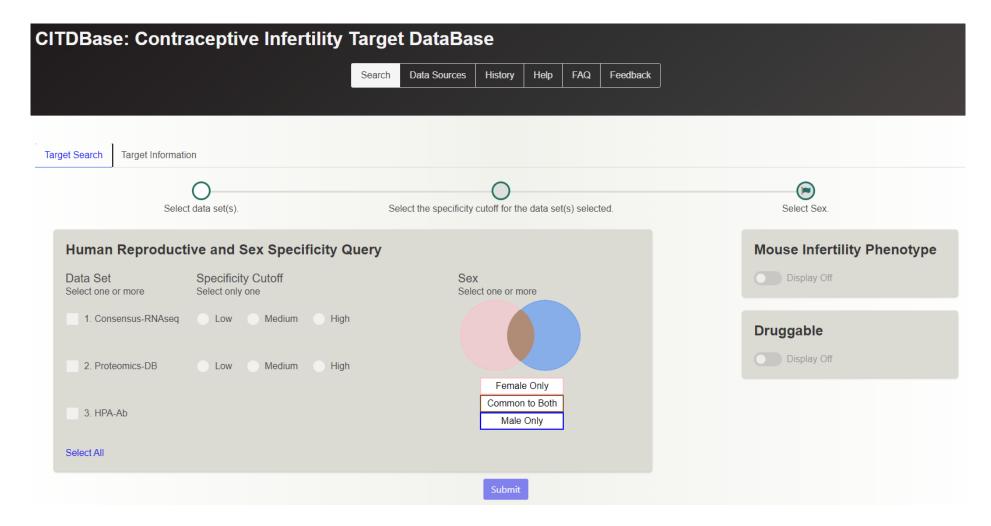
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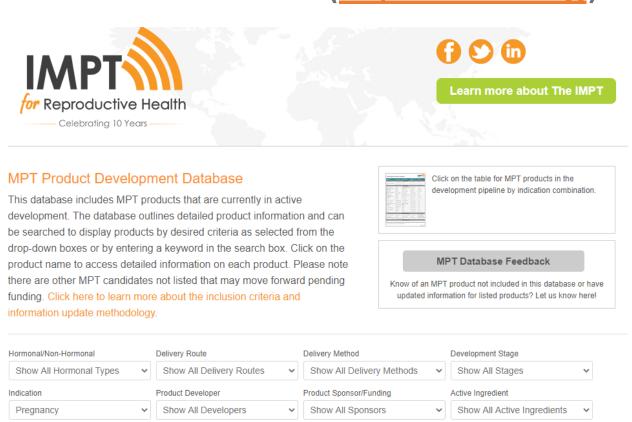


Other databases: CITDBase (www.citdbase.org)





Other databases: MPT Product Development Database (mpts101.org)





Key Word Search

17 product(s) found



www.ctiexchange.org



ctiexchange.org

Home

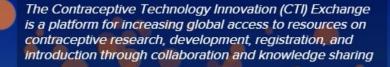
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Resources

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Advancing Contraceptive Innovation



Updates from the Exchange

The latest news, blogs, events, and announcements from the CTI Exchange





Join us August 26th to learn ...



Donor perspective on contraceptive R&D

Kirsten Vogelsong, The Bill & Melinda Gates Foundation





Reflections on contraceptive R&D: Past and future

Laneta Dorflinger, FHI 360





5 things to be excited about in contraceptive R&D

- Public-sector funding has fueled research on contraceptive innovation for several decades and continues
- Philanthropic foundations are increasing investments in contraceptive R&D
- Novel partnerships are expanding (NGOs, academia, pharma, foundations, public sector) and donor coordination increasing
- Funding for discovery is growing, with focus on targets for non-hormonal approaches (male and female)
- User-centered design is being emphasized, helping ensure products will meet user needs and desires (including potential non-contraceptive benefits)

Panel discussion and Q&A





Thank you

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@PCuresResearch



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info@policycuresresearch.org



