

Empowering FP/RH Innovations for Scale

MOMENTUM Innovation Accelerator

Summary and user's guide

Scale-up guide

Toolkits and templates

Scale-up lessons and
case studies



USAID
FROM THE AMERICAN PEOPLE



Scaling up FP/RH innovation is crucial, but currently it faces challenges

Innovations are necessary to achieve your collective health goals

The global community is behind pace in achieving **family planning (FP) and reproductive health (RH) goals**. As of 2020, in a report by the Guttmacher Institute, **218 million women of reproductive age in low- and middle- income countries (LMICs) had an unmet need for modern contraception**. Furthermore, as reported by the UNFPA, 111 million unintended pregnancies occur in LMICs every year, accounting for 49% of pregnancies, of which 60% will end in abortion. As of 2021, according to WHO, 45% of abortions were considered unsafe. Overall, efforts to meet demand are **lagging behind global goals**.

Innovations are necessary to accelerate progress but require investment and other meaningful support to get to scale. The FP/RH market has unique and changing dynamics, such as increasing **product and service delivery options** and opportunities for **self-care**, which necessitate specific focus. Additionally, **voluntarism and informed choice** are key principles that guide U.S. Agency for International Development (USAID) programming as well as ensuring that users are being offered a broad range of methods.

Given these dynamics, and the broad range of stakeholders involved, careful planning and prioritization of FP/RH innovations is needed.

Stakeholders face challenges in helping to scale up innovations

“It would be amazing to have a guide that actually answers the question of how to prioritize within a country, as it’s one of your most important considerations.”

– Global donor in FP/RH innovations

“It’s really difficult to convene different government stakeholders and build alignment and buy-in, as different agencies are speaking different languages.”

– FP/RH innovator

“Overall, the sustainability of innovations post-project has been really low due to mismatch between financing needed and what is offered.”

– USAID Mission

Given this need, the resources in Empowering FP/RH Innovations for Scale are designed to help accelerate progress (*details on next page*)

Empowering FP/RH Innovations for Scale

Empowering FP/RH Innovations for Scale is a set of resources to provide an approach to stakeholders to better assess and support the scale-up of FP/RH innovations and accelerate progress towards FP/RH goals. Along with a summary, this includes a scale-up guide, toolkits and templates, and scale-up lessons and case studies. These resources are not exhaustive and build off and reference other tools and resources (*see conclusion*).

Current resource

Resources included



Summary and user's guide

An overview of the resources shared and guidance on how to use them

Content covered

Describing resources and key users, and providing context for how resources can be used together



Scale-up guide

A guide to identify, evaluate, and support FP/RH innovations for introduction and scale-up

Sharing a roadmap for approaching FP/ RH innovation scale-up through four chapters:

- Align on a vision
- Expand horizons
- Evaluate potential
- Support sustainably



Toolkit and templates

A comprehensive collection of all PPT and Excel templates referenced in the scale-up guide for facilitators to utilize

Providing materials that can be utilized for various tasks, including conducting meetings, aligning on goals, identifying barriers and drivers, and evaluating and prioritizing innovations



Scale-up lessons and case studies

A set of insights based on experiences in FP/RH innovation scale-up

Illustrating lessons in practice through:

- Country-level lessons
- Innovator case studies
- Lessons by introduction and scale-up components, such as *market and user considerations*
- Cross-cutting lessons, such as *by innovation type*






The Empowering FP/RH Innovations For Scale suite of resources can be found at :

<https://usaidmomentum.org/resources/>

Resources for various stakeholders

These resources were designed for various stakeholders, but with key audiences in mind, including innovators, public health officials, donors and funders, investors, and implementing partners. Representatives of these groups were consulted as part of developing these resources. Stakeholder can use these resources differently and adapt or separate them out as needed. The table below highlights these user groups and the questions these resources can help address. These resources also include guidance for “facilitators” and early adopters of the tool who may wish to help others navigate these documents.

This list of stakeholders is not exhaustive. Other user groups, with other needs, could include community organizations (e.g., considering how to prioritize different innovations locally), health care professionals (e.g., identifying sources/types of innovations), academic and research institutions (e.g., considering innovation impact).

Stakeholder groups	Illustrative names and titles	Example key questions resources address ¹
 Innovators	Pooja Chief executive officer at a start-up innovating in RH	<ul style="list-style-type: none"> • What are the key criteria that stakeholders look at when evaluating FP/RH innovations? • Who are the right stakeholders to engage for country-level innovation scale-up?
 Public health officials	Valence Deputy director of FP in a LMIC	<ul style="list-style-type: none"> • What role do innovations play in achieving your FP/RH goals? • How can you best prioritize between different innovations? • Who are the key stakeholders to bring together for additional technical expertise and resources?
 Donors and funders	Caroline USAID Mission FP team lead	<ul style="list-style-type: none"> • What criteria are other stakeholders using in this space? • What are best practices in gathering evidence for innovation evaluation? • Which other stakeholder can you engage to ensure sustainable scale-up?
 Investors	Jeannine Head of an LMIC-based impact investing firm	<ul style="list-style-type: none"> • How can you build a pipeline for FP/RH specific innovations? • What FP/RH-specific investment criteria can you consider? • What sustainable business models can help FP/RH innovations generate long-term value?
 Implementing partners	Lance Project manager for NGO working alongside donor	<ul style="list-style-type: none"> • What are the key considerations to make innovations sustainable? • How can you prioritize the different innovations you are supporting? • How can you engage with donors and other officials to support scale-up?

1. Not exclusive or exhaustive. Detailed user considerations are also shared per chapter. One individual or organization can fill more than one role.

Scale-up lessons and case studies

To help successfully scale up FP/RH innovations, stakeholders can learn **from current and previous experiences** of countries and the scale-up journeys of different innovations. This document serves to highlight insights and lessons across four lenses: country-level lessons, innovation case studies, introduction and scale-up categories (such as market and user considerations), and other factors. These insights were developed through **100+ consultations** with stakeholders (e.g., innovators, public health officials, donors and funders, accelerators).

Four lenses of scale-up lessons and case studies

1 Country-level lessons

This first section provides a fact pack on FP/RH and lessons from FP/RH innovation scale-up in four countries (Kenya, Rwanda, Nigeria, India). These countries are part of the [USAID MOMENTUM](#) suite of countries and were selected based on their recent innovation-related efforts and experience with different innovations, as well as geographic diversity.

2 Case studies

The second section highlights case studies that represent a wide spectrum of FP/RH innovations, such as different types of innovations (e.g., product and digital) or special areas of focus, such as self-care.

3 Introduction and scale-up categories

The third section highlights insights from country-level lessons and case studies across components of introduction and scale-up, as defined by [USAID's Ready, Set, Launch](#) framework: Market & User, Manufacturing & Distribution, Clinical Evidence & Regulatory, Policy, Advocacy & Financing, and Coordination.

4 Other factors (e.g., innovation type)

The fourth section highlights lessons across other factors of interest, including innovation types and users.

Each section highlights **key insights**, which represent critical lessons from FP/RH scale-up, unique considerations based on context, and/or lessons shared more consistently.

Resources reference Ready, Set, Launch components of scale-up

These resources build on existing guides, including USAID's Ready, Set, Launch - a **country-level launch-planning guide** for global health innovations that highlights five inter-connected core components of scale-up. **These five components are referenced across multiple resources in Empowering FP/RH Innovations for Scale.**

Ready, Set, Launch Core Components

Potential considerations (can differ by innovation type)

Market & User

- Who is the target user? What influences them? What else do we know about users?
- How can demand be further generated?
- What do we know about market dynamics and current access?
- What points of care/points of access are most relevant?

Manufacturing & Distribution

- Are economics and costs in line with ability and willingness to pay?
- What are the target delivery channels to reach users?
- Who might the key distribution partners be?

Clinical Evidence & Regulatory²

- What are key considerations for regulatory approval (if needed)?
- What clinical or other evidence might be needed?
- How long does the regulatory approval process take?

Policy, Advocacy, & Financing

- Who are the key decision-makers or opinion leaders?
- What is the process for including innovations in appropriate protocols/lists and within policies?
- Who can provide the necessary resources for scale-up activities?

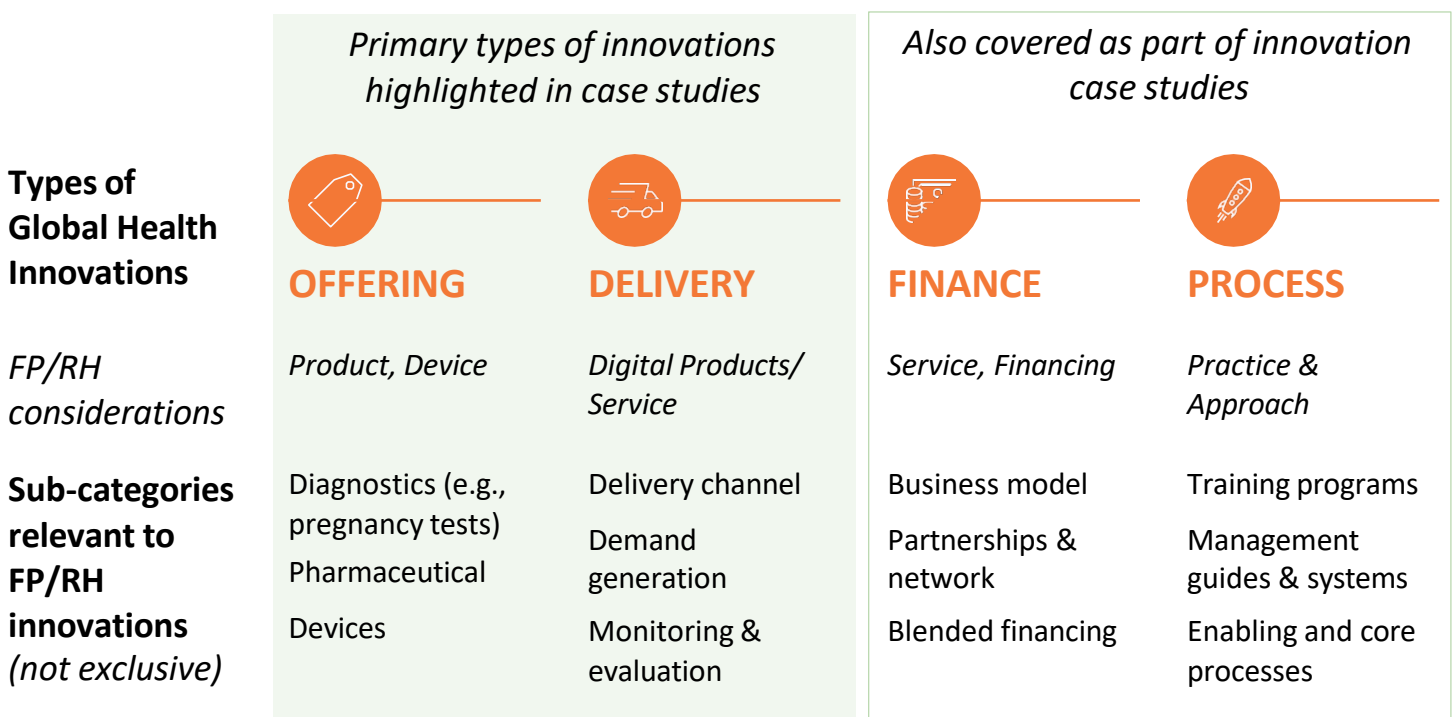
Coordination

- Who can coordinate and support launch in-country?
- Who are other key stakeholders and how can they be engaged?
- What are other considerations for in-country launch?

2. "Clinical Evidence and Regulatory" can include Clinical Evidence and Product/Service Regulation for FP/RH innovation

Case studies showcase a broad landscape of FP/RH innovations

Accelerating the path to achieving FP/RH goals requires a wide range of innovations. Below is a description of different types of possible FP/RH innovations, referencing Types of Global Health Innovation as noted in USAID – *Innovation Realized*. Of note, any FP/RH innovation can have digital features or can be bundled across multiple types. Some of these innovation types, particularly products and digital platforms/tools, are highlighted later as part of our innovator case studies.



Digital as a core theme that cuts across FP/RH innovations (*bundles across multiple types of innovations is also possible*)

Contraceptives can be devices and/or pharmaceuticals. They can be further categorized based on other factors such as:

- Method type (barrier, intrauterine, sterilization)
- Hormonal vs. non-hormonal
- Duration (Emergency, short-acting, long-acting)
- User-controlled vs. provider-administered

Policy & regulatory considerations

will vary significantly based on factors including:

- Type of innovation (product, service, digital)
- Country/region
- Regulatory body

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FP/RH Innovation Scale-Up Lessons include a synthesized overview and four different lenses

Synthesized FP/RH innovation scale-up lessons



1 Country-level lessons

Overview of country lessons by countries:

- Kenya
- Rwanda
- Nigeria
- India

2 Case studies

Lessons from select experiences of FP/RH innovations scaling up:

- Hormonal IUD Access Group
- DMPA-SC
- Jacaranda PROMPTS
- Babyl Health
- Maisha Meds

3 Introduction and scale-up categories

Synthesized insights across:

- Market & User
- Manufacturing & Distribution
- Clinical Evidence & Regulatory
- Advocacy & Financing
- Coordination

4 Lessons across other factors

Lessons on factors such as:

- Innovation type
- User behavior

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FP/RH Innovation Scale-Up Lessons include synthesized overview and four different lenses

Synthesized FP/RH innovation scale-up lessons



This section provides a high-level synthesized overview of the key insights shared throughout this document. As throughout the document, these insights are shared across the five *Ready, Set, Launch* core components

- Rwanda
- Nigeria
- India

2 Case studies

Lessons from experiences of FP/RH innovations scaling up:

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Key insights for FP/RH innovation scale-up

The *Ready, Set, Launch* framework provides an approach to review key lessons. Some of these lessons may apply to other health sectors, but all are deemed particularly important considerations for FP/RH. These are not exhaustive and reflect a subset that have emerged from case studies and consultations. Additional insights and details are shared in each of the following sections of this document.

Ready, Set, Launch Core

Components

Key lessons overview

Markets & User	<p>Unique dynamics – User engagement through research and user testing informs understanding of demand and delivery channel for FP/RH, including privacy and cultural considerations.</p> <p>Accelerating trends – There are growing trends, backed by organizations (e.g., WHO) towards self-care and over-the-counter innovations (e.g., digital tools and self-injection).</p> <p>User channel considerations – Channels with broad reach, discreteness, and minimal friction (e.g., digital) can increase adoption, especially with support of influential stakeholders.</p>
Manufacturing & Distribution	<p>Uninterrupted access – Given the need for continuous use, resilient supply chains, supported by sustainable financing, should be built to limit interruptions, with necessary contingency planning.</p> <p>Non-clinical distribution channels – Distribution may include a broader range of channels (e.g., pharmacies, e-commerce) that not all innovations require prescription.</p> <p>Delivery channel integration – Integration with other healthcare delivery channels, where women access care (including for their families) and may act as decision maker, can provide an entry point for FP/RH innovations.</p>
Clinical Evidence & Regulatory	<p>In-country adaptation – Additional evidence may be needed in-country through pilots or implementation research, even if scaled-up in similar regions.</p> <p>Regulation considerations – Certain FP/RH innovations may have varying regulation pathways due to non-clinical channels and direct-to-consumer considerations.</p> <p>Evidence needed – Evidence generation can be particularly important with changes in care models (e.g., self-care) and should be considered early in innovation launch planning.</p>
Policy, Advocacy, & Financing	<p>Existing ways of working – Task-sharing and scope of practice policies may impact the ability of healthcare professionals to administer FP/RH innovations and may impact access.</p> <p>Adaptation of policy and advocacy – Policy and advocacy efforts should consider country and regional history regarding FP/RH and other relevant topics when planning for scale-up.</p> <p>Cost-sharing unlocks – Some FP/RH innovations could have cost sharing between organizations or government, given the value of the related information innovation may provide (e.g., user feedback to inform services or referrals).</p>
Coordination	<p>Co-creation – Co-creating launch and scale-up plans with public health and other government officials can better ensure sustainable scale-up and support over time.</p> <p>Local coordination – Depending on resources available, local teams or champions can be helpful to coordinate with local stakeholders and build detailed but flexible roll out approaches.</p> <p>Broad perspectives – A network of stakeholders, such as clinicians, community health workers, educators, and the media can provide users with clinically-tested information to make sound decisions.</p>

Market & User



Detailed insights in Section 3:
Introduction and scale-up categories

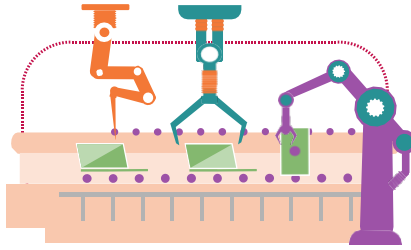
- There are unique demand and delivery channel dynamics for FP/RH to consider, in part due to **privacy and other cultural considerations**. User engagement through market research and testing can help identify unique context and highlight nuances.
- FP/RH innovators can build **nuanced value propositions for users** by expanding agency, broadening choices, and considering how to tailor experiences across several dimensions, including flexibility, privacy, access, and trust-building.
- There are growing trends, backed by public health organizations (e.g., WHO) towards self-care and over-the-counter innovations (e.g., digital tools and self-injection).
- FP/RH innovations can scale by using **existing infrastructure** within markets; a **deep understanding of users** can inform whether to use existing or new channels.
- Channels with **broad reach, discreteness, and minimal friction** (e.g., digital) can increase adoption, especially with support of influential stakeholders.

“

How we reached users really mattered – they want to discuss these matters privately

– Innovator

Manufacturing & Distribution



Detailed insights in Section 3:
Introduction and scale-up categories

- Given the need for continuous use, **resilient supply chains, supported by sustainable financing**, should be built to limit interruptions, with necessary contingency planning.
- **Training and capacity strengthening** for health care workers (e.g., pharmacists, midwives) is necessary to improve distribution and increase adoption.
- Distribution may include a broader range of **non-clinical and other channels** (e.g., pharmacies, drug shops, e-commerce) given that not all products/services require a prescription or specialized health workers. There may be opportunities to use existing distribution channels.
- Integration with **other health care delivery channels**, where women access care for themselves and their families and often make family health care decisions, can provide a **unique entry point** for FP/RH innovations.

“

Because there wasn't long-term supply chain security, we had no more hormonal IUDs left to give out in country

– Implementing partner

Clinical Evidence & Regulatory



Detailed insights in Section 3:
Introduction and scale-up categories

- Initial market entry may include navigating **different regulatory processes** in each country and engaging **multiple stakeholders** to build buy-in.
- Additional evidence may be needed in-country through **pilots or implementation research**, even if scaled up in similar regions.
- Some FP/RH innovations may need **clinical evidence of effectiveness and continuation/adherence** alongside evidence of successful scale-up.
- Certain FP/RH innovations may have varying regulation pathways due to **non-clinical channels and direct-to-consumer considerations**.
- Evidence generation can be particularly important with **changes in care models** (e.g., self-care) and should be considered early in innovation launch planning.

“

We had to show evidence of our success in-country in order to build government buy in

– Innovator

Policy, Advocacy & Financing



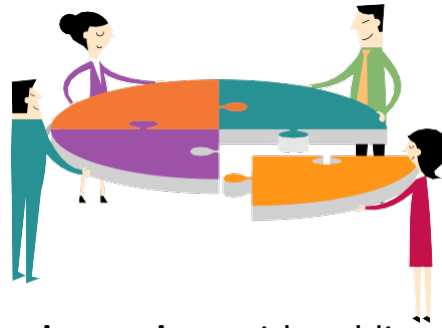
Detailed insights in Section 3:
Introduction and scale-up categories

- **Task-sharing and scope of practice policies** may impact the ability of health care professionals to administer FP/RH innovations and may impact access.
- Policy and advocacy should be considered at **multiple levels**, particularly in decentralized systems where procurement and policy can happen at more local levels.
- Policy and advocacy efforts should consider **country and regional history and underlying dynamics** regarding FP/RH and other relevant topics.
- Integrating **long-term affordability** for end users through a mix of channels and ultimate payers (e.g., out-of-pocket, subsidies) can require **different financing mechanisms** that recognizes market dynamics.
- Some FP/RH innovations could have **cost sharing** between organizations or parts of the public sector, given the value of the related information it may provide, such as understanding of de-identified feedback from users. For example, county governments or hospitals may opt to provide and pay for digital health services to improve their access to data to inform services.

“
There can be ways to collaborate and even share costs with different public sector stakeholders

– Innovator

Coordination



Detailed insights in Section 3:
Introduction and scale-up categories

- **Co-creating launch and scale-up plans** with public health and other government officials can better ensure sustainable scale-up and support over time.
- Depending on resources available, **local teams or champions** can help to coordinate with local stakeholders and build detailed but flexible roll-out approaches.
- Given that FP/RH can be accessed in a wide variety of clinical and non-clinical channels and that users are influenced by many actors (e.g., health care professionals, retailers, educators, peers, community leaders), **coordination for launch and scale across many stakeholders** is vital.
- **Scale-up collaboratives** can enable coordination among the varied stakeholders, help track progress, and adapt roll-out where needed.
- FP/RH may leverage **private market actors and channels** more than other health care sectors, which may impact avenues for financing and distribution as well as coordination needs.
- **Synchronizing investments** across financing partners is necessary to ensure alignment with supply and demand considerations.
- A **network of stakeholders**, such as clinicians, community health workers, educators, and media advocates can provide users with clinically-tested information to make sound decisions.

“

You need to have in-country teams that can engage government officials and build the right relationships for scale-up

– Innovator

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FP/RH Innovation Scale-Up Lessons include synthesized overview and four different lenses

Synthesized FP/RH innovation scale-up lessons



1 Country-level lessons

Overview of country lessons by countries:

- Kenya
- Rwanda
- Nigeria
- India

Country-level lessons can help share experiences and best practices between stakeholders. These lessons were developed from a series of country-specific consultations with various stakeholders, including innovators, public health officials, and donors and funders in four countries. Each country-level lessons page is preceded by data to provide more country-specific context. These are not exhaustive and only reflect a snapshot of the in-country market; additional research is encouraged.

2 Case studies

Lessons from select experiences of FP/RH innovations scaling up:

- Hormonal IUD Access Group
- DMPA-SC
- Jacaranda PROMPTS
- Babyl Health
- Maisha Meds

3 Introduction and scale-up categories

Synthesized insights across:

- Market & User
- Manufacturing & Distribution
- Clinical Evidence & Regulatory
- Advocacy & Financing
- Coordination

4 Lessons across other factors

- Lessons on factors such as:
- Innovation type
- User behavior

Kenya – FP/RH Country View

Overall FP market context ³

mCPR (all women) 45.4%

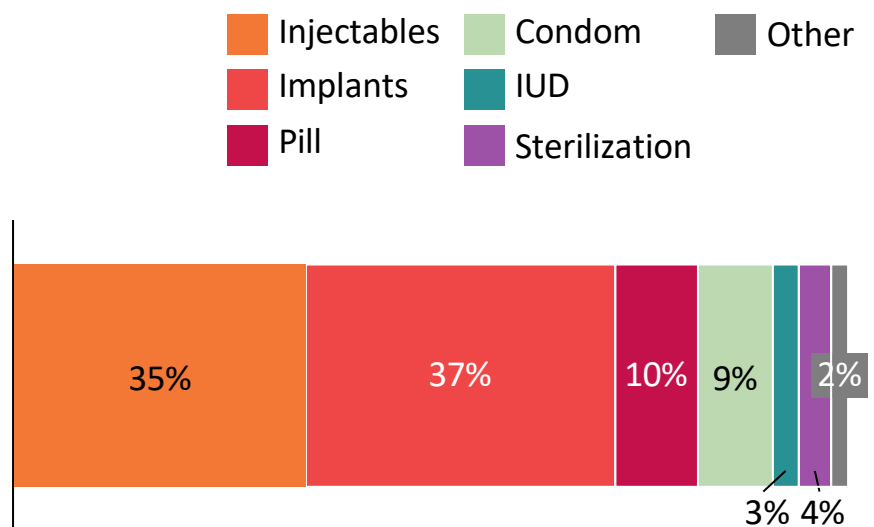
Unmet need (all women) 14%

Demand satisfied (all women) 76.5%

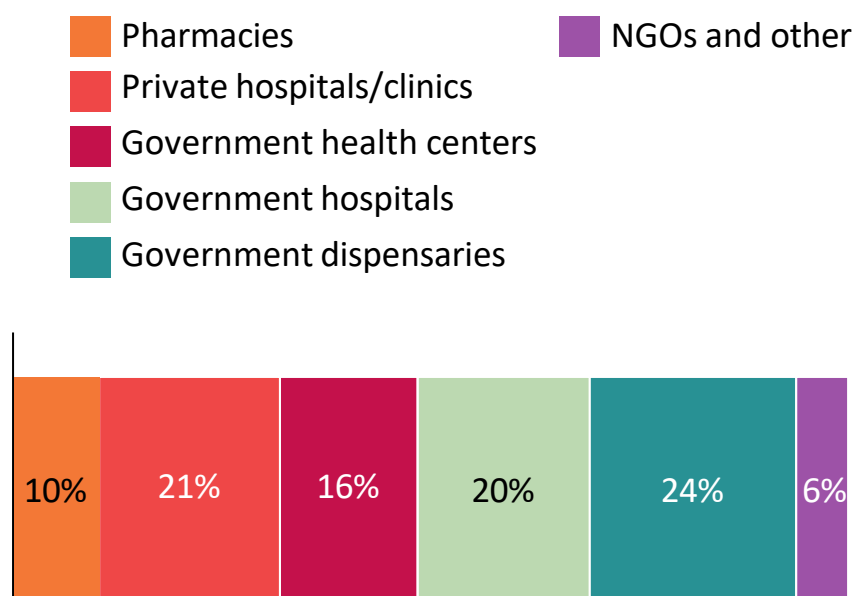
Net increase in mCPR for all women (2016-2019) -0.2%

Net increase in mCPR for all women (2019-2022) 1.8%

Distribution of modern method use for contraceptive users, % of modern method users



Breakdown of where contraceptive methods are accessed, % of total



mCPR, modern contraceptive prevalence rate

3. <http://www.track20.org/Kenya> ; part of 2021 Progress Report for FP2030

NOT EXHAUSTIVE

Kenya: Emerging country lessons for FP/RH innovation scale-up



Ready, Set, Launch Core Components

Overall lessons

Key insights

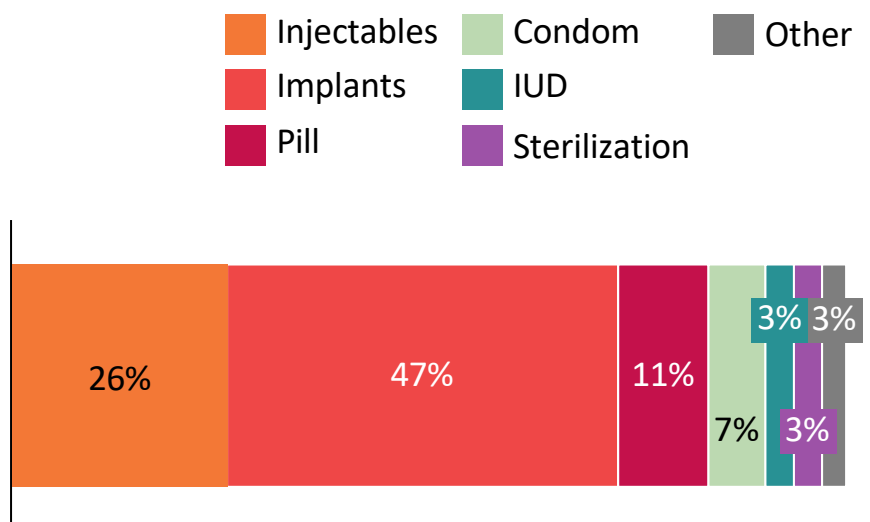
Market & User	<ul style="list-style-type: none"> Refining and iterating an innovation's value proposition with an initial set of counties where pilots occur can ease the process of scaling into other counties at later stages Public health officials may prioritize certain innovations if it has sufficient demand from users, based on pilot assessments Social marketing organizations may play an important role in demand generation at the county level, as well as for delivery of FP/RH products, services, and other innovations
Manufacturing & Distribution	<ul style="list-style-type: none"> Continuous capacity strengthening through training local health care providers and health care organizations can help support sustained adoption Sub-national governments may also need capability building support from national government or other partners to better manage local roll-out Recent growth in FP/RH innovation ecosystem in Kenya is partially driven by a rise in digital innovations and associated stakeholders
Clinical Evidence & Regulatory	<ul style="list-style-type: none"> The RAPTIS (Reproductive, Maternal, Neonatal, Child, and Adolescent Health Products and Technologies Innovation Steering) Committee, which sits at the Ministry of Health, was created in 2020-2021 and brings together stakeholders to review FP/RH and other reproductive, maternal, newborn, and child health innovations to help prioritize resources and support, develop scale-up plans, and incorporate into budgets for sustainable financing The RAPTIS Committee scans for potential innovations in-country and globally and may include health care providers as part of the discussions on innovation prioritization Public health officials generally may prefer to see evidence of in-country success before scale-up, even if positive evidence from another similar region is available
Policy, Advocacy, & Financing	<ul style="list-style-type: none"> There has been a recent increase in interest in self-care models of health, aligned with policies on self-administration of FP/RH innovations Changes in government policy around FP (e.g., involvement of guardians in FP decisions) may impact which stakeholders to engage in policy and advocacy to support innovation scale-up Local advocacy and policy support can be important particularly in markets with decentralized governments and delivery channels; demonstrations, advocacy, or peer-to-peer sharing at the local level may help accelerate scale-up The RAPTIS Committee may engage the Kenyan Treasury to discuss resource availability and allocation National government may be able to create incentives for counties to procure FP/RH and other products and services Pharmacy networks and associations could be important stakeholders depending on types of innovation, but may vary based on geography Donations and private donors currently play larger roles in funding access to FP/RH commodities, such as hormonal IUDs
Coordination	<ul style="list-style-type: none"> Key development partners in-country (e.g., donors and funders, implementing partners) may help facilitate scale-up by helping identify key public sector stakeholders to engage Coordinating county-level rollout may benefit from decentralized approaches to better incorporate varying county-level contexts and priorities Local facilities and actors (e.g., medical officers) may need additional coordination and resources support to cascade and disseminate innovation at scale

Rwanda – FP/RH Country View

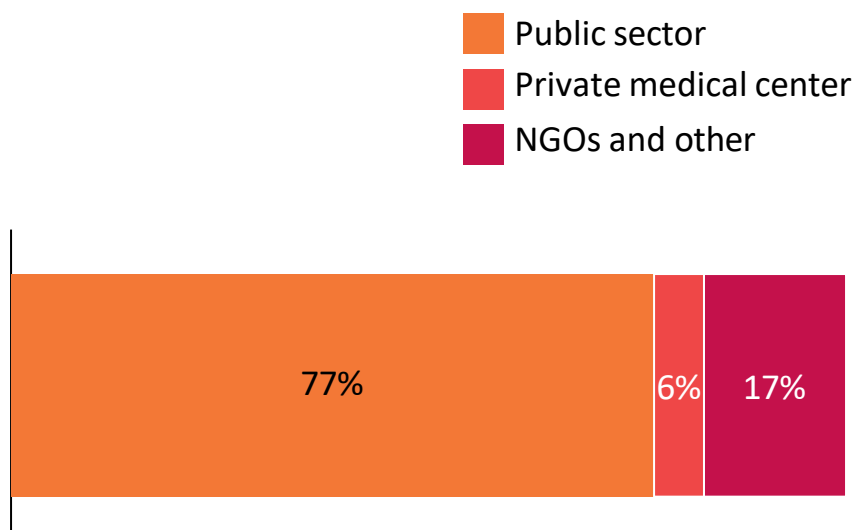
Overall FP market context ⁴

mCPR (all women)	35.7%
Unmet need (all women)	12.6%
Demand satisfied (all women)	73.9%
Net increase in mCPR for all women (2016-2019)	4.1%
Net increase in mCPR for all women (2019-2022)	2.8%

Distribution of modern method use for contraceptive users, % of modern method users



Breakdown of where contraceptive methods are accessed, % of total



4. <http://www.track20.org/Rwanda>; part of 2021 Progress Report for FP2030

NON-EXHAUSTIVE

Rwanda: Emerging country lessons for FP/RH innovation scale-up



Ready, Set, Launch Core Components

Overall lessons

Key insights

Market & User

- Innovators and implementing partners can potentially **generate demand** and build relevance by disseminating information through **media channels**
- Potential gaps in **understanding impact of interventions and target beneficiaries' unmet needs** may limit ability to increase uptake

Manufacturing & Distribution

- Digital channels have recently helped increase adoption of FP/RH services by providing **broad reach, minimal friction, and discreteness**
- Depending on local FP/RH experience, community health workers may need additional **training support and capacity strengthening** to deliver and administer innovations
- Districts with health facilities spread farther apart may need **more resources to distribute** and scale FP/RH innovations

Clinical Evidence & Regulatory

- **New country regulatory process** and subsequent ramp-up period may impact **process and timeline** of regulatory reviews and may require additional adjustments
- After supporting the scale-up of innovations, public health officials may look for **sustained evidence of impact** to determine continued support
- USAID Mission and other Rwandan organizations have used tools to evaluate which interventions can **increase mCPR**

Policy, Advocacy, & Financing

- FP/RH and other innovators in Rwanda must **collaborate closely with government** in co-creating introduction and scale-up plans
- Public-sector driven innovations are often developed in partnership with the **Rwandan Biomedical Centre** and the **Ministry of Health**
- Building off **existing electronic medical records** in collaboration with public health agencies could accelerate user understanding and improve user experience (e.g., **faster and more accurate patient registration**), and could help with progress monitoring
- Recent focus on digital/telehealth innovations in **national insurance program** may present an opportunity to further broaden the reach to different user segments

Coordination

- When government officials help showcase innovation scale-up (e.g., introductions and keynotes at meetings), it can **build additional traction**
- Building **local-level trust** with health care professionals, partners, and local government is key for scaling up FP/RH innovations

Nigeria – FP/RH Country View

Overall FP market context ⁵

mCPR (all women) 12.9%

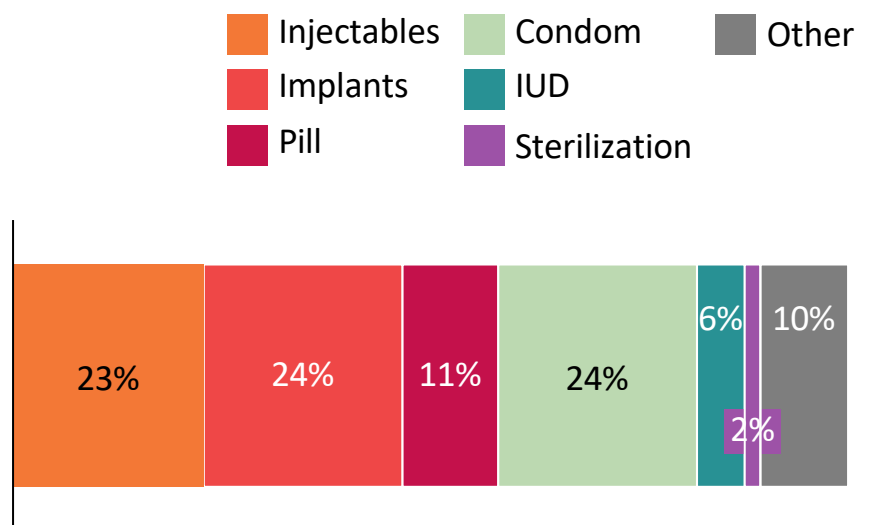
Unmet need (all women) 18.4%

Demand satisfied (all women) 41.4%

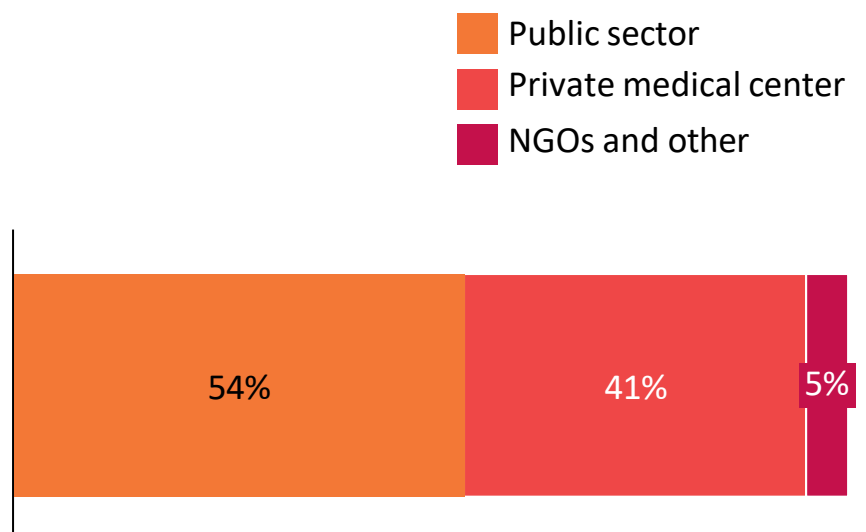
Net increase in mCPR for all women (2016-2019) 0.9%

Net increase in mCPR for all women (2019-2022) 1.5%

Distribution of modern method use for contraceptive users, % of modern method users



Breakdown of where contraceptive methods are accessed, % of total



5. <http://www.track20.org/Nigeria> ; part of 2021 Progress Report for FP2030

Nigeria: Emerging country lessons for FP/RH innovation scale-up



Ready, Set, Launch Core Components

Overall lessons

Key insights

Market & User	<ul style="list-style-type: none"> Along with products, recent FP/RH innovations types in Nigeria also include approaches to programming, service delivery, sustainable financing, etc. Scaling up FP/RH innovations in-country may require considering how to navigate and overcome gender norms and provider biases The private sector has supported FP/RH innovations in areas such as social marketing, but was currently reported to be most active in southern regions of country There may be more limited data on user demand in certain regions in Northern Nigeria, where there is also varying demand; the limits in user demand visibility make it more challenging to evaluate demand patterns at a granular level and stakeholders could use different indicators, such as consumption/usage of FP commodities
Manufacturing & Distribution	<ul style="list-style-type: none"> Private patent medicine vendors, civil society organizations, and NGOs can help significantly expand reach of FP/RH innovations Product innovations that are not branded may be impacted by leakage (free product being sold for profit) Potential disparities in training capacity across the country may limit the distribution of innovations that require healthcare workers training
Clinical Evidence & Regulatory	<ul style="list-style-type: none"> The Nigerian Ministry of Health has a FP technical working group, with a subcommittee on new and underutilized contraceptive technologies, which reviews FP/RH products or services and identify support for introduction and scale-up This committee's considerations for scale-up could include acceptability, demand, feasibility, continuity, and potential side effects
Policy, Advocacy, & Financing	<ul style="list-style-type: none"> Government priorities may include scaling up post-partum family planning (PPFP) resources, hormonal IUDs, preventing and mitigating violence against women, improving quality of services, and integrating FP/RH services across various clinics⁶ National government can support launch and scale-up of innovations, but resources for scale-up of innovations may vary by state
Coordination	<ul style="list-style-type: none"> Broader stakeholders (e.g., donors, private sector) can play a role in coordinating logistics for FP/RH product delivery channels due to existing capabilities or infrastructure In coordinating with private providers, there may be additional considerations around training capacity and scope of practice policies

6. <https://fp2030.org/nigeria>; Stakeholder interviews

India – FP/RH Country View

Overall FP market context ⁷

mCPR (all women) 42.8%

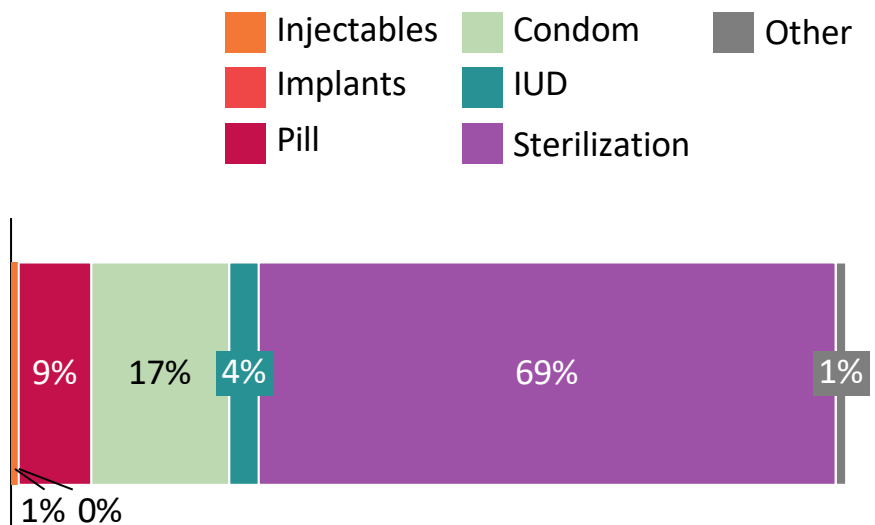
Unmet need (all women) 12%

Demand satisfied (all women) 81.7%

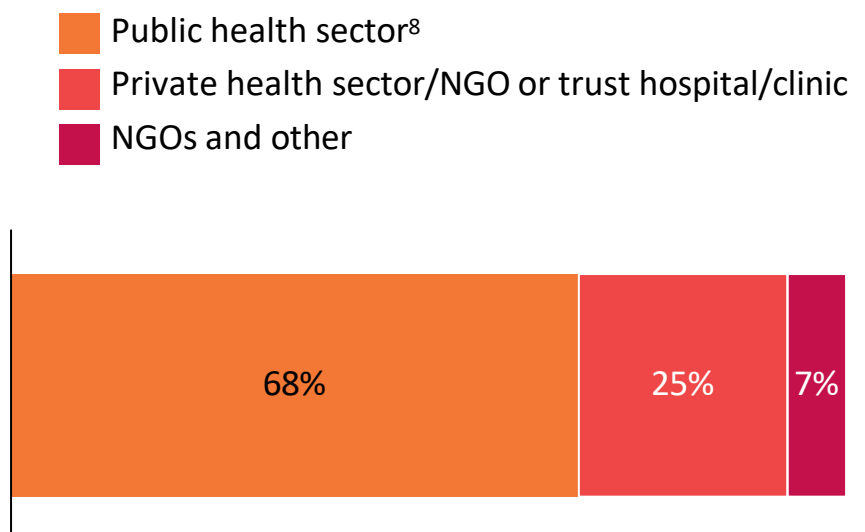
Net increase in mCPR for all women (2016-2019) 2.8%

Net increase in mCPR for all women (2019-2022) 1.2%

Distribution of modern method use for contraceptive users, % of modern method users



Breakdown of where contraceptive methods are accessed, % of total



7. <http://www.track20.org/India> ; part of 2021 Progress Report for FP2030

8. While sterilization is often accessed through public channels, other modern methods of contraceptive may be accessed through a wide variety of channels

India: Emerging country lessons for FP/RH innovation scale-up



Ready, Set, Launch Core Components

Overall lessons

Key insights

Market & User	<ul style="list-style-type: none"> Comparatively higher mCPR rates are largely driven by the sterilization method, so new approaches or other FP/RH innovations introduction/scale-up may require additional education, behavior change, and training for both health care professionals and end users Innovations may scale on a state-by-state basis, as user markets are often divided based on regional and cultural differences, such as language Using influencers can help accelerate the speed of messaging, particularly to adolescents and youth; engaging younger populations in product design can help increase adoption Use of emergency contraception may be under-reported and growing in-country, varying based on region and other factors
Manufacturing & Distribution	<ul style="list-style-type: none"> There has been a significant recent growth in digital delivery channels (e.g., e-pharmacies), however, these may be reaching higher-income populations Public health leaders may have a preference for local manufacturing in FP/RH products and commodities where possible Majority of FP/RH products and services are provided through public channels (e.g., sterilization), but additional modern contraceptives products are increasingly flowing through private channels There are multiple different health care provider types (e.g., physicians, ASHAs) and channel types that could be considered, depending on the populations that the innovations seek to reach
Clinical Evidence & Regulatory	<ul style="list-style-type: none"> Public health officials may look for proven in-country impact along with academic research and clinical evidence around FP/RH innovations Long-term financing sources can be unlocked by tracking and achieving key performance indicators around outcomes and behavior changes
Policy, Advocacy, & Financing	<ul style="list-style-type: none"> Currently, there are coalitions of private industry stakeholders (e.g., manufacturers), that are also supporting FP/RH advocacy efforts Digital innovators are considering business models that include advertising on products and platforms to address long-term hosting and upkeep costs FP/RH funding for innovators is primarily grant-driven, with perceived lower investments in equity/debt as funders and investors may have less confidence in return on investment; growth opportunities do exist
Coordination	<ul style="list-style-type: none"> Launch and scale-up plans should consider meaningful differences between and even within states (e.g., language, contraceptive use, methods preferred) Private sector partners can also significantly support scale-up in areas such as marketing and design of FP/RH innovations

Table of Contents

FP/RH Innovation Scale-Up Lessons include synthesized overview and four different lenses

Synthesized FP/RH innovation scale-up lessons



1 Country-level lessons

Overview of country lessons by countries:

- Kenya
- Rwanda
- Nigeria
- India

2 Case studies

Lessons from select experiences of FP/RH innovations scaling up:

- Hormonal IUD Access Group
- DMPA-SC
- Jacaranda PROMPTS
- Baby! Health
- Maisha Meds

There are many types of potential FP/RH innovations and these case studies provide a brief snapshot of digital, product, and other FP/RH innovations. Each innovation has two pages that describe key information (e.g., geographies launched, value proposition, select impact metrics, evidence and demand for innovation), and one page describing some of the insights that can help inform future FP/RH innovations.

3 Introduction and scale-up categories

Synthesized insights across:

- Market & User
- Manufacturing & Distribution
- Clinical Evidence & Regulatory
- Advocacy & Financing
- Coordination

4 Lessons across other factors

Lessons on factors such as:

- Innovation type
- User behavior

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NOT EXHAUSTIVE

Hormonal IUD Access Group (1/2)

The Hormonal IUD Access Group is a global consortium of governments, donors, researchers, manufacturers, procurement agencies, and service delivery groups that are collaborating to expand access to the hormonal intrauterine device (IUD) in LMICs; supported by a Catalytic Opportunity Fund, other donors, and stakeholders.

Geographies launched:

(not exhaustive)

Madagascar, Kenya, Nigeria, Rwanda, Zambia, Uganda

Types of hormonal IUD:

(not exhaustive)

Mirena™ (Bayer AG) and Avibela™ (Medicines360)

Access Group includes:

- **Steering committee** with donor and procurement representatives looking at global supply and demand strategies; this includes non-decision-makers as a Secretariat
- **Partners** support introduction at country level by enabling government leadership with targeted and phased strategy
- **Operations group** to monitor market health, develop communications, support country needs and other parts of Access Group

Value proposition:

Reported highly effective, long-acting, reversible contraceptive with important non-contraceptive considerations (e.g., reduced menstrual flow)

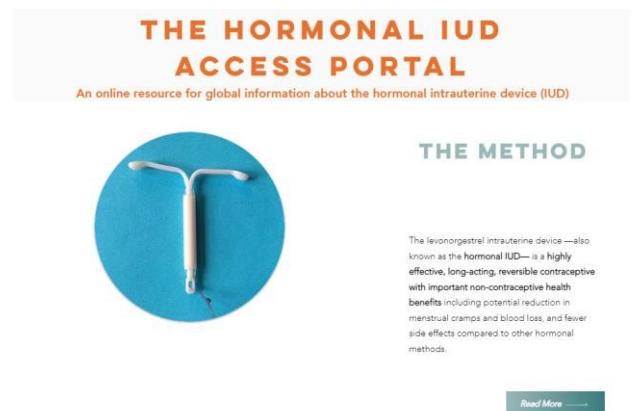
Select impact metrics:

- Through this program, 3,200+ women have received a hormonal IUDs in Kenya
- 1,711 IUD insertions provided in Madagascar between April 2018 and June 2020 in network facilities before full launch
- In a Nigeria study, ~85% of women and ~95% of health care providers believe a hormonal IUD is effective and safe

Other Key Dimensions

- Format: Product
- User: Women of reproductive age

There are several other organizations providing hormonal IUDs, such as ICA Foundation and DKT; this case study is focused on the Access Group



Screenshot from Hormonal IUD Access Portal website

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NOT EXHAUSTIVE

Hormonal IUD Access Group (2/2)

The Hormonal IUD Access Group is a global consortium of governments, donors, researchers, manufacturers, procurement agencies, and service delivery groups that are collaborating to expand access to the hormonal intrauterine device (IUD) in LMICs; supported by a Catalytic Opportunity Fund, other donors, and stakeholders.

Category of innovation: Product

Top considerations for launch/scale-up

Sustainable financing to support procurement of commodities for hormonal IUDs; the Access Group benefits from ring-fenced financing by UNFPA where product orders are exempted from the ceilings in UNFPA's new strategy for supplies financing partnerships

Different registration and approval process for hormonal IUDs at national and sub-national level

Availability of financing for introduction activities

Key support needed to scale

Support in sustainable funding for hormonal IUDs to increase accessibility

Support in identifying market entry strategies and building government buy-in for product roll-out

Key funders

USAID, Catalytic Opportunity Fund (managed by Clinton Health Access Initiative, funded by the UK's Foreign, Commonwealth & Development Office [FCDO] and the Bill & Melinda Gates Foundation [BMGF]), commodity funding from procurers including UNFPA

Evidence & demand for innovation

Evidence Quality: 99% effective; high continuation and satisfaction due to a range of reported factors, such as long duration and reduced side effects

Access: Introduced by governments in Zambia, Kenya, Madagascar, with support from UNFPA (non-exhaustive)

Affordability: Shown as most cost-effective alternative to copper-T IUD from a health system and societal perspective

Efficiency: Data suggests up to 99% effectiveness in preventing pregnancies; 70% of users switched to hormonal IUDs due to reduce bleeding

Availability in LMIC: Hormonal IUD Access Group has launched in Zambia, Uganda, Kenya, Rwanda, Nigeria, and Madagascar

Sustainability in LMICs: Commodity supported by donations; there might be potential long-term supply challenges

Demand Demand in LMICs: 91% of women who used an hormonal IUD in Madagascar expressed interest in continuing; example of advertising focused on method's role in reducing menstrual flow

Key partnerships

Hormonal IUD Access Group, SEMA, ICA Foundation

“

Many innovations are introduced, but sustainability beyond the launch stage can often be lacking

- Implementing partner

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Hormonal IUD Access Group: Scale-Up Lessons

The Hormonal IUD Access Group is a global consortium of governments, donors, researchers, manufacturers, procurement agencies, and service delivery groups that are collaborating to expand access to the hormonal intrauterine device (IUD) in LMICs; supported by a Catalytic Opportunity Fund.

Key insights

Ready, Set, Launch Core Components

Overall lessons

Market & User	<ul style="list-style-type: none"> Sharing materials at areas of high congregation has led to successful demand generation (e.g., posters and flyers in hair and massage salons) High continuation and satisfaction rates are reportedly attributed to effectiveness, long duration, convenience, potential for reduced bleeding, and fewer side effects compared to other hormonal methods Price significantly impacts product uptake; in Madagascar initial introduction price was reduced by half to increase demand Ability to reverse/remove contraceptives and return to fertility are key concerns for women considering FP/RH products
Manufacturing & Distribution	<ul style="list-style-type: none"> Long-term market competition and supply reliability can be ensured through multiple quality-assured suppliers active at scale Ensuring capacity to train health care providers to administer hormonal IUDs can accelerate ability to introduce and scale-up Additional investments and support for method introduction and distribution, including demand creation and monitoring and evaluation, can better help inform scale-up plans
Clinical Evidence & Regulatory	<ul style="list-style-type: none"> Governments often want to see demonstration projects using local data and evidence, which may require additional time and funding Building buy-in with public sector stakeholders through registration is a key initial step so that product could be authorized for in-country use with women Addition of hormonal IUD to USAID and UNFPA catalogs will help expand public sector access
Policy, Advocacy, & Financing	<ul style="list-style-type: none"> Innovation channels for scale-up can be limited or defined based on national policies, (for instance, policies around guardians' roles can impact scale-up) Sustainable funding is necessary to ensure market entry and impact by overcoming constraints (e.g., building on UNFPA financing)
Coordination	<ul style="list-style-type: none"> Country coordination with government-led introduction plan, supported by global and country-level partners, can lead to successful scale-up Local stakeholders and private sector collaborators can play a key role in facilitating implementation and supporting the scale-up of FP/RH innovations, using existing infrastructure and relationships (e.g., training and dissemination)

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DMPA-SC (1/2)

DMPA-SC Access Collaborative and Catalytic Opportunity Fund (COF) efforts in countries, including Nigeria, are supporting the scale-up of the contraceptive DMPA-SC, including for self-injection. The COF is a funding mechanism administered by the Clinton Health Access Initiative (CHAI).

Initial launch date

DMPA-SC Access Collaborative launched in 2017, COF in 2019

Geographies launched

Access Collaborative technical assistance has spanned 55 countries, recent focus included Democratic Republic of the Congo, Kenya, Madagascar, Nigeria, Senegal, Uganda and Zambia

Recent COF applications open to 30+ countries, including Nigeria, Senegal, Mali, Burkina Faso, Nigeria, DRC, Zambia, Uganda, Kenya, and others

Value proposition

DMPA-SC allows for ease of use and administration, and potential for self-injection; additionally shown to have higher continuation than DMPA-IM

Financing

Funded primarily by donors in Nigeria

Select impact metrics

9,000+ women self-administering DMPA-SC two years after roll-out in COF countries (as of May 2021)

75,000+ providers trained in DMPA-SC through Access Collaborative as of 2019

10-15% higher continuation rate for DMPA-SC vs. DMPA-IM

Other Key Dimensions

Format: Product

User: Women at reproductive age

DMPA-SC Access Collaborative

Putting a new type of injectable contraception within reach



Increased access to contraception is one of the best ways to build strong economies, create healthy families, and advance the sexual and reproductive health and rights of women. Subcutaneous DMPA, or DMPA-SC, is an innovative injectable contraceptive that can dramatically expand access and choice for women and adolescent girls when offered as part of a broad method mix. Because it is easy to use and requires minimal training, DMPA-SC is a simple addition to service delivery channels in both the public and private sectors, and even enables women to self-inject. An initiative called the DMPA-SC Access Collaborative is helping bring DMPA-SC within reach in several countries by working with ministries of health and



Screenshot from [DMPA-SC Access Collaborative website](#)

Source: USAID; Stakeholder interviews; [Advanced FP](#); [RH Supplies](#); [JSI](#); [FP Options Webinar](#); [FP Options DMPA-SC](#); [PATH](#); Published research; [FP Options Nigeria](#)

Any lessons or other information shared is not meant to be construed as medical, policy, or regulatory advice

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DMPA-SC (2/2)

DMPA-SC Access Collaborative and Catalytic Opportunity Fund (COF) efforts in countries, including Nigeria, are supporting the scale-up of the contraceptive DMPA-SC, including for self-injection. The COF is a funding mechanism administered by the Clinton Health Access Initiative (CHAI).

Category of innovation: Product

Description & scale

Subcutaneous (SC) depot medroxyprogesterone acetate (DMPA), first introduced in Nigeria in 2015; uses Uniject device

Scale-up and introduction in LMICs supported by donor groups such as Access Collaborative and COF

Key considerations for scale

Building buy-in with national and sub-national governments through gathering and sharing evidence

Identifying provider training opportunities to integrate product as part of normal distribution through health centers and considering additional training and education required for self-injection

Advocating for policies and regulations to realize promise of self-administration

Ensuring reliable supply of DMPA-SC through sustainable financing sources

Developing data-backed monitoring approaches to sustain and adapt roll-out approach as needed

Evidence & demand for innovation

Evidence Quality: 99% effective at preventing unintended pregnancies when administered correctly and on time⁹

Access: Within Nigeria, access within certain states; however, supply constraints have limited scale-up

Affordability: Purchased for \$0.85-\$1/dose in certain regions (2017); cost per Couple-Years of Protection of \$7.69 in community-based distribution¹⁰

Efficiency: >\$200 saved per DALY by using self-injecting DMPA-SC compared to DMPA-IM

Availability in LMIC: >40 countries have introduced or scaled-up DMPA-SC by 2021; 19 including self-injection

Sustainability in LMICs: Current supply constraints are being addressed; generics and other products are in development

Demand Demand in LMICs: 92% of women in study would recommend DMPA-SC to a friend or family member, and 10-15% higher continuation rate for DMPA-SC vs DMPA-IM

Key funders

COF: BMGF, CIFF, FCDO, USAID; Access Collaborative: Multiple donors

Key partnerships

COF (CHAI), Access Collaborative (including PATH and JSI), national ministries of health

“

Innovations that allow for self-care may require higher levels of evidence to build buy-in

- Implementing partner

9. [Advance Family Planning](#)

10. [Contraception Journal](#) - Costs of administering injectable contraceptives through health workers and self-injection

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DMPA-SC: Scale-Up Lessons

DMPA-SC Access Collaborative and Catalytic Opportunity Fund (COF) efforts in countries, including Nigeria, are supporting the scale-up of the contraceptive DMPA-SC, including for self-injection. The COF is a funding mechanism administered by the Clinton Health Access Initiative (CHAI).

Ready, Set, Launch Core

Key insights

Components

Overall lessons

Market & User	<ul style="list-style-type: none"> Self-injection requires significant behavior change, which may require multiple focused training sessions for providers and users Market analyses should not view country as one, as different regions may have significantly varied user preferences and delivery channels Part of DMPA-SC target audience is also individuals with disabilities, given the additional opportunity to provide value through self-injection, task-sharing, and ease of use
Manufacturing & Distribution	<ul style="list-style-type: none"> Self-injection requires additional training and behavior change strategies for women, but training and behavior change strategies are also needed for health care providers, especially where task-sharing occurs Having multiple manufacturers and additional capacity may help provide sustainable supplies of commodities and other innovations Global price agreements allow for increased access, but longer-term sustainability will likely require additional supplies of commodity and a continued focus on pricing Training was updated to be decentralized, which can reduce overall costs and allows for regionally tailored approaches Unbranded innovations can be impacted by leakage (e.g., free product being sold by private providers for a profit) Last-mile distribution remains a key challenge for increasing uptake in certain regions
Clinical Evidence & Regulatory	<ul style="list-style-type: none"> Evidence generation for self-injection required concerted time and effort and some public officials need more sustained proof of success to build buy-in (e.g., newsletter sharing data and progress to date) Innovators and funders may want to explore different value propositions and generate the necessary evidence to support them, as it may unlock additional funding and resources to accelerate scale-up State-level buy-in and involvement is crucial to scale-up success, which can be fostered through co-developing market-entry approaches
Policy, Advocacy, & Financing	<ul style="list-style-type: none"> Policy decision to move directly to self-injection (e.g., Malawi) can change uptake trajectories Innovative financing, like the Catalytic Opportunity Fund, allows implementing partners to develop projects focused on their specific regions Successful scale-up requires financing not only for product introduction, but also in routine investments in foundational health systems DMPA-SC funding landscape is largely donor-focused
Coordination	<ul style="list-style-type: none"> Access Collaborative has enabled coordination and sharing of best practices across geographies to improve scale-up efforts Partners were selected based on where additional resources were needed Working with private providers requires additional consideration of country-specific policies (e.g., some providers may not be allowed to administer injectables in certain countries)

Source: USAID; Stakeholder interviews; [Advanced FP](#); [RH Supplies](#); [JSI](#); [FP Options Webinar](#); [FP Options DMPA-SC](#); [PATH](#); Published research; [FP Options Nigeria](#)

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NOT EXHAUSTIVE

Jacaranda PROMPTS (1/2)

PROMPTS is an AI-driven, free-for-use SMS service that gives pregnant women and mothers behavioral nudges, answers health-related questions, and assists in referrals for emergency care during and after pregnancy, including FP/RH services.



Launch date:

Initial launch in 2019 in Kenya

Geographies launched:

Kenya, eSwatini, scoping in Ghana

Value proposition:

Educates pregnant women and moms, enables care triage, and aggregates patient satisfaction for facilities

Financing:

Largely donor-driven but there are opportunities for blended financing; cost-sharing for PROMPTS from government partners is gaining in traction as there is demonstrated interest from facilities to cover enrollment campaign costs

Select impact metrics:

- Users are 2.3x more likely to take up FP within 8 weeks after birth
- 85% of mothers flagged with danger sign go to hospital

Other Key Dimensions

- Format: SMS-based support package
- User: Expectant and new moms



Screenshot from Jacaranda PROMPTS website

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NOT EXHAUSTIVE

Jacaranda PROMPTS (2/2)

PROMPTS is an AI-driven, free-for-use SMS service that gives pregnant women and mothers behavioral nudges, answers health-related questions, and assists in referrals for emergency care both during and after pregnancy, including FP/RH services.



Category of innovation: Bundle of services

Description & scale

PROMPTS supports pregnant women and new mothers through “nudge” messages, a clinical helpdesk service, and collections data from mothers on quality of care in 930+ public facilities across 20 counties in Kenya, with recent expansion in eSwatini and scoping in Ghana

Substantial coverage with 1.8 million+ mothers enrolled, and 70,000 new registrations each month through partnerships and opt-out enrollment with facilities¹¹

Key considerations for scale

Support from governments to expand (e.g., collaboration with Ghanaian government on feasibility assessment)

Support in considering other use cases for PROMPTS platform

Key funders

BMGF, USAID, Grand Challenges Canada, UBS Optimus, CRI Foundation, Deerfield, Johnson & Johnson

Evidence & demand for innovation

Evidence Quality: PROMPTS drives an increase in care-seeking; users are 2.3x more likely to take up FP within 8 weeks of birth, 85% of mothers flagged with danger signs to hospitals, and 90% perform key steps during normal/complicated deliveries

Access: 1,250+ partner facilities in 20 counties in Kenya, with recent expansion elsewhere

Affordability: At scale, cost of \$0.74/mother reached; free for use to all mothers

Efficiency: AI helpdesk features increase efficiency of 2-way communications, 70,000 new mothers added each month

Availability in LMIC: Available in Kenya, reviewing feasibility in Ghana and eSwatini, and looking at opportunities to expand in Uganda, Zambia, and other sub-Saharan countries

Sustainability in LMICs: Service leverages existing mobile network; also aims to educate pipeline of clinicians and innovators to lead systems change; leveraged county buy-in

Demand Demand in LMICs: 1.8 million+ mothers enrolled (44% of expectant/new mothers in Kenya), with recent expansion elsewhere

Key partnerships

20+ county governments across Kenya, DataKind, partner facilities, CHAI



A big consideration for us is exploring how we can better serve this demographic in other ways

- *Jacaranda Health team*

11. In opt-out programs, users are automatically enrolled/registered but can choose not to use program services

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Jacaranda PROMPTS: Scale-Up Lessons

PROMPTS is an AI-driven, free-for-use SMS service that gives pregnant women and mothers behavioral nudges, answers health-related questions, and assists in referrals for emergency care both during and after pregnancy, including FP/RH services.



Key insights

Ready, Set, Launch Core Components

Overall lessons

<p>Market & User</p>	<ul style="list-style-type: none"> Market entry involves both a user demand assessment (e.g., how many individuals in region may need FP/RH services, how many are being served currently), which can be conducted through a more generalized template, and specific entry strategy, which requires customization as needs can vary greatly between countries Investors and funders are also interested in diversifying risk by considering multiple markets for scale-up where possible Once a county is supportive, user enrollment and engagement can be increased through various channels including direct enrollment online or opt-out enrollment after healthcare visits Co-creating content through testing with focus groups with women and testing with nurses, providers, and county leadership helps improve buy-in and impact Scale-up can come from finding other ways to utilize core capabilities (e.g., technical support, demographic awareness) and expanding to consider more of a woman's journey, including FP/RH needs
<p>Manufacturing & Distribution</p>	<ul style="list-style-type: none"> The innovation itself is a factor for success as it is designed for engagement; a two-way, AI-enabled help desk was built and refined based on demand from users; the ability to triage 3,500 messages a day is a challenge that Jacaranda has overcome and met through digital tools The ability to personalize the system based on county or stakeholder preferences (e.g., frequency of texts received) improves PROMPTS positioning through better fulfilling demand for services
<p>Clinical Evidence & Regulatory</p>	<ul style="list-style-type: none"> Having medical oversight in alignment with national policies (e.g., Kenya Ministry of Health guidelines) can strengthen quality of service Randomized controlled trials, published in 2018 for Jacaranda, can serve as foundation for evidence; evidence can be refreshed and updated through monthly tracked key performance indicators Building a clear value proposition with initial set of counties increases ease of moving into other counties Speed of regulatory processes can vary significantly by countries and relevant FP/RH stakeholders, but can be accelerated by showing in-country evidence of success
<p>Policy, Advocacy, & Financing</p>	<ul style="list-style-type: none"> There is potential to cost share with different organizations or parts of government (e.g., county governments or hospitals may opt to provide and pay for digital health services) given the value that innovation can provide in understanding users and obtaining de-identified feedback from them As investment in FP can be quite siloed from maternal health investments, thus innovators may need to engage a broader set of stakeholders; governments may not have specific budgets for digital health tools More actively involved funders and accelerators can help engage the right public-sector stakeholders to fast-track conversations around support and scale-up
<p>Coordination</p>	<ul style="list-style-type: none"> Partnerships with counties have been critical for PROMPTS to roll out at significant scale in facilities in Kenya; trust-building has been a focus for Jacaranda as it approaches counties with a transparent agenda and demonstrates the system's impact to care seeking Criteria to evaluate potential partners include funding visibility, business model alignment, and timeline

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NOT EXHAUSTIVE

Babyl Health (1/2)



Babyl Health (from Babylon Health in the UK) is the largest digital-health provider in Rwanda, providing users access to consultations with doctors and nurses, prescriptions via phone, and an AI-powered information service to improve the patient experience, including with FP/RH.

Initial launch date:

2016

Geographies launched:

Rwanda

Value proposition:

Largest digital health provider in Rwanda, AI-powered information service to support triaging of health care needs

Financing:

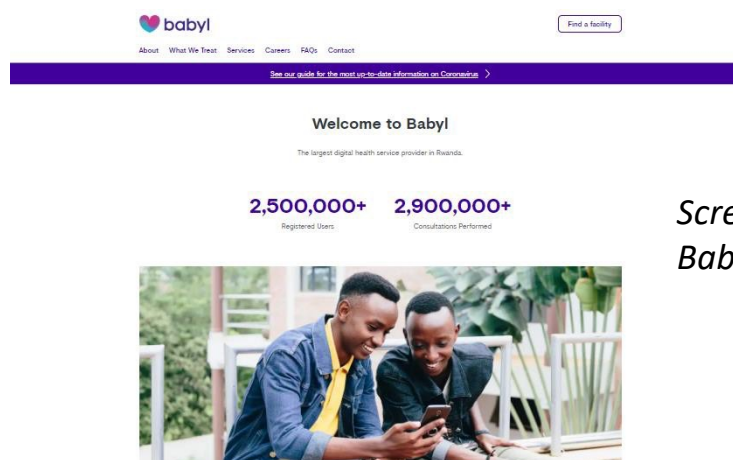
Initial funding from Babylon Health and grant from BMGF; building out multiple revenue streams, including fee for service contract with national insurer, and pay-as-you-go services

Select impact metrics (as of Dec 2021):

- 98% of users are satisfied with the service
- 2.9m+ consultations performed
- 23% of consultations led to lab visits
- 500+ health facility partners
- 7% of all appointments were for users aged 16-20 (in 2021)
- FP/RH is 3rd most common topic of support

Other Key Dimensions

- **Format:** Digital service providing access to resources such as doctor/nurse consultations, prescriptions & laboratory tests via SMS, and an AI-powered information service to triage key complaints
- **User:** Rwandan citizens needing care, doctors and nurses providing care, pharmacies and laboratories offering health care services



Screenshot from Babyl website

Source: Babyl leadership interviews; “Building & scaling digital-first primary health care: The Babyl Rwanda Case Study”, 28 April 2022

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NOT EXHAUSTIVE

Babyl Health (2/2)



Babyl Health (from Babylon Health in the UK) is the largest digital-health provider in Rwanda, providing users access to consultations with doctors and nurses, prescriptions via phone, and an AI-powered information service to improve the patient experience, including with FP/RH.

Category of innovation: Delivery channel, digital

Description & scale

Babyl provides tele-access to doctors and nurses, prescriptions and laboratory tests via SMS and an AI-powered information service to improve speed and quality of questions asked of patients while providing standardized clinical notes. **FP/RH services were one of the first services offered and is one of the top three consultations reasons addressed by Babyl.**

2.5m+ (30% of Rwandan adult population) are utilizing the service. In 2020, Babyl signed **10-year partnership** with the Rwandan government to provide every person over the age of 12 with access to digital health consultations.

Key support needed for scale-up

Close collaboration with Rwandan government (e.g., Ministry of Information Communication Technology, Ministry of Health) to scale-up tele-health care service availability, first focused on catalyzing growth and then to public-private contract.

Key funders

Babylon, BMGF, RSSB (government insurance)

Evidence & demand for innovation

Evidence **Quality:** 98% of users say that they were satisfied with Babyl's service

Access: 500+ health facility partners; now all ages over 12 have access to digital consultations

Affordability: Consultations can be covered by insurance (Mutuelle, RAMA, private insurance, etc.) or pay-as-you-go options

Efficiency: Triaging systems, scheduling and high utilization enables very efficient use of clinician time, providing up to 7.5 consultations an hour

Availability in LMIC: Currently only available in Rwanda, but significant scale achieved (see above); may be looking for other potential countries for expansion

Sustainability in LMICs: Service leverages existing mobile network (no internet connection required) and may reduce burden on medical professionals through triaging medical issues that require professional attention

Demand **Demand in LMICs:** 30% of users for FP/RH topics said they had no other way of getting advice

Key partnerships

Rwanda Ministry of Health, Ministry of Information Communication Technology, Rwanda Social Security Board, Rwanda Development Bank

“ ” **Users highly value the ability to get discrete advice and support on FP/RH from digital tools like Babyl**

- Babyl team

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NOT EXHAUSTIVE

Babyl Health: Scale-Up Lessons

Babyl Health (from Babylon Health in the UK) is the largest digital-health provider in Rwanda, providing users access to consultations with doctors and nurses, prescriptions via phone, and an AI-powered information service to improve the patient experience, including with FP/RH



Ready, Set, Launch Core Components

Overall lessons

<p>Market & User</p>	<ul style="list-style-type: none"> Users value discreteness in discussing FP/RH issues, leading to FP/RH topics being the third most frequent health area treated High satisfaction rate due to limited friction in registration and faster access to service Virtual access to doctors and nurses with ability to provide prescriptions or issue lab tests can reduce travel and waiting time at health centers Platform initially built for smartphones, but due to lower penetration of smartphones, was updated so that users with non-smartphones can also access
<p>Manufacturing & Distribution</p>	<ul style="list-style-type: none"> The platform could enable cost reduction for health systems through multiple lenses, such as early intervention and prevention of long-term complications, more efficient support from clinicians and use of electronic patient records Use of AI-powered tools has potential to enhance efficiency for nurses and other healthcare workers by triaging cases with need for in-person consultation Having health center agents and call center support staff allows better handling of volume and identification of patients that need clinical staff support
<p>Clinical Evidence & Regulatory</p>	<ul style="list-style-type: none"> Independently conducted studies (ongoing with Univ. of Rwanda, Berkeley, etc.) can serve as strong sources for evidence and build buy-in with stakeholders Building evidence was crucial for buy-in, first starting with targeted scope and expanding overtime to include other services and utilize nurses based on successful results Clarity for innovators on key government agencies and conveners can help better build government support and navigate regulatory processes
<p>Policy, Advocacy, & Financing</p>	<ul style="list-style-type: none"> Reimbursement by the government insurance increased user uptake, including allowing for easier payment processes using existing infrastructure The government's vision and support for an integrated digital care model may create an environment more hospitable to innovations Changing registration to build off national ID systems allows for faster and easier user registration, increasing access (particularly for women) through shared phones Demonstrating success and aligning with national priorities can help unlock long-term government partnerships (e.g., Babyl's 10-year government contract allows all above age 12 to receive digital consultations)
<p>Coordination</p>	<ul style="list-style-type: none"> Establishing a local operations team for business and product development enabled closer relationships with key stakeholders and a development process that was aligned with local needs Providing professional development opportunities outside from specific training also generated interest from clinicians and demonstrated value to government and public health officials In-person visits and trainings at Babyl offices were highly effective in demonstrating value and opportunity to facility managers and healthcare workers

UPDATED AS OF NOVEMBER 2022 – NUMBERS SUBJECT TO CHANGE GIVEN RAPIDLY EVOLVING ROLL-OUT

NOT EXHAUSTIVE



Maisha Meds (1/2)

Building a digital-first approach to outcomes financing for essential health products, including FP/RH, in LMICs, by for example, providing pharmacies with a point-of-sale system to improve management of health product inventory, a streamlined process to reorder high quality medicines from trusted suppliers, and incentives and infrastructure to help better support their patients with evidence-based care.

Initial launch date:

2017

Geographies launched:

Kenya, Tanzania, Uganda, Nigeria, Zambia

Value proposition:

Improving pharmacy's ability to provide quality and affordable care through digital health platform, including point-of-sale technology and innovative pay-for-results approach

Financing:

1/3 annual revenue in 2021 earned from data and medication sales; launching outcomes funding approach with donors to earn revenue for serving patients

Select impact metrics:

- 4 million+ patients supported yearly across network
- Paying for health outcomes for 100,000+ patients in 2022
- Serving network of 1,400 health care providers
- Program has led to 330% (statistically significant) increase in access to appropriate malaria case management and long-acting contraceptives

% of sales as sexual and RH-related

Based on all transactions in POS network (as of 2022):

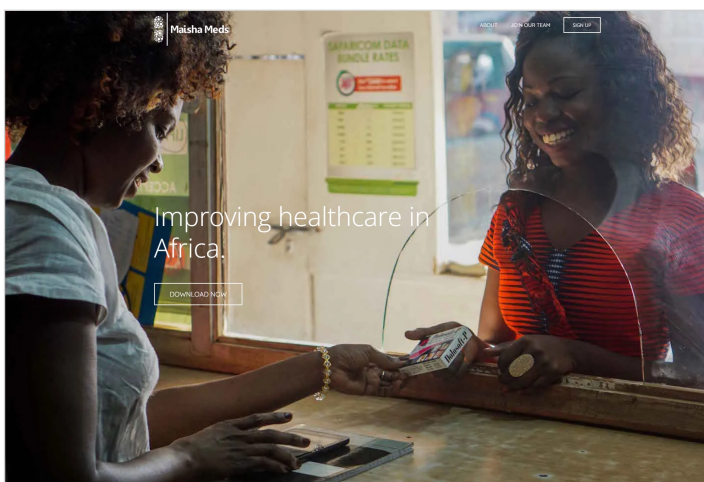
- 5.25% in Kenya
- 5.03% in Uganda
- 3.1% in Tanzania

Other Key Dimensions

- Format: Technology platform / infrastructure
- User: Pharmacies and clinics

Screenshot from

[Maisha Meds website](#)



UPDATED AS OF NOVEMBER 2022 – NUMBERS SUBJECT TO CHANGE GIVEN RAPIDLY EVOLVING ROLL-OUT

NOT EXHAUSTIVE



Maisha Meds (2/2)

Building a digital-first approach to outcomes financing for essential health products, including FP/RH, in LMICs, by for example, providing pharmacies with a point-of-sale system to improve management of health product inventory, a streamlined process to reorder high quality medicines from trusted suppliers, and incentives and infrastructure to help better support their patients with evidence-based care.

Category of innovation: Digital product

Description & scale

Three core solutions:

- Point-of-sale technology platform to support local pharmacies and clinics in completing sales and tracking orders and inventory
- Loyalty program for payment for health outcomes through select subsidies and vouchers
- Re-order capabilities with suppliers

Point-of-sale program currently in 1,400 facilities in Kenya, Uganda, Tanzania, Nigeria, and Zambia, with nearly 400 enrolled to support payment for health outcomes

Key considerations for scale

Building relationships and buy-in with pharmacy associations and local county governments

Creating sustainable growth to serve millions of patients

Developing innovative financing models to pay for health outcomes

Evidence & demand for innovation

Evidence Quality: 100% of products sold via loyalty program are WHO prequalified

Access: Program has led to 330% (statistically significant) increase in access to appropriate malaria case management and long-acting contraceptives, evaluated via a randomized controlled trial¹²

Affordability: Up to 80% decrease in price to patient via loyalty program, including FP/RH products

Efficiency: Better data on user preferences and needs to identify demand and allocate resources accordingly

Availability in LMIC: Growing to support 5,000 facilities and 1+ million patients yearly via loyalty program through partnership

Demand Demand in LMICs: Interest from ministries of health in other countries has led to expansion in Uganda and Nigeria

Key partnerships

National Malaria Control Programs across 3 countries, women's savings groups, local governments, BMGF, CIFF, USAID, Audere



There is an opportunity for more guidance on how to navigate developing local government relationships

- Maisha Meds team

12. [RCT](#), done in collaboration with UC Berkeley and USAID

UPDATED AS OF NOVEMBER 2022 – NUMBERS SUBJECT TO CHANGE GIVEN RAPIDLY EVOLVING ROLL-OUT

NOT EXHAUSTIVE

Maisha Meds: Scale-Up Lessons



Building a digital-first approach to outcomes financing for essential health products, including FP/RH, in LMICs.

Ready, Set, Launch Core

Components Overall lessons

Key insights

<p>Market & User</p>	<ul style="list-style-type: none"> Engaging with user groups that may have higher need for FP/RH services (e.g., female advocacy groups) can better generate demand FP/RH educational videos and other materials targeted to pharmacy and clinic staff can increase capacity and quality of care by improving knowledge and skills to understand innovations, and can also help generate demand with end users Pharmacy locations can also be utilized to generate demand through advertising flyers for FP/RH products and services Data on sales at different price points and region-specific demand can help identify user segments where subsidies can have the highest impact
<p>Manu- facturing & Distribution</p>	<ul style="list-style-type: none"> Effort to improve supply chains for WHO-prequalified FP/RH and malaria commodities has helped increase access for users Collaborating with suppliers and manufacturers helps leverage existing infrastructure and delivery channels for scale-up Existing supply chain challenges can limit ability of point-of-sale solutions to fill demand
<p>Clinical Evidence & Regulatory</p>	<ul style="list-style-type: none"> Engaging and registering with national ministry of Health is a prerequisite for building relationship with other stakeholders Effective evidence for government buy-in included case studies of success stories and dashboards showcasing usage Guidance for most effectively engaging county governments (e.g., in Kenya), or local councils and community leaders may be more limited or less available than that for national governments
<p>Policy, Advocacy, & Financing</p>	<ul style="list-style-type: none"> Leveraging anonymous insights on demand and usage of FP/RH services may help build buy-in with public health stakeholders Outcomes funding can serve as a source of more sustainable revenue, in partnership with key funders to improve accountability, transparency, and sustainability of global health programs by supporting project management and impact
<p>Coordi- nation</p>	<ul style="list-style-type: none"> Building relationships with pharmacy associations and other trade associations is crucial to reach wide spectrum of pharmacies and clinics; and relationships with associations can be accelerated by national and/or local government support Donor-funding programs are sometimes perceived as being short-term, thus requiring additional effort to develop longer-term relationships and buy-in from private sector stakeholders (e.g., pharmacies, facilities)

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FP/RH Innovation Scale-Up Lessons include synthesized overview and four different lenses

Synthesized FP/RH innovation scale-up lessons



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Overview of country lessons by countries:

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- Nigeria
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2 Case studies

Lessons from select experiences of FP/RH innovations scaling up:

- Hormonal IUD Access Group
- DMPA-SC
- Jacaranda PROMPTS
- Babyl Health
- Maisha Meds

3 Introduction and scale-up categories

Synthesized insights across:

- Market & User
- Manufacturing & Distribution
- Clinical Evidence & Regulatory
- Advocacy & Financing
- Coordination

This section provides a more detailed view of the insights learned across the core components of introduction and scale-up as defined in [USAID's Ready, Set, Launch](#). This section details the high-level insights shared in the synthesis section, adding additional lessons and nuances.

4 Lessons across other factors

Lessons on factors such as:

- Innovation type
- User behavior

Market & User:

Lessons for FP/RH innovation scale-up

Key insights

Key insights across Ready, Set, Launch Core Components

Women and end users

- There are unique demand and delivery channel dynamics for FP/RH to consider, in part due to **privacy and other cultural considerations**. User engagement through market research and testing can help identify unique context and highlight nuances
- FP/RH innovators can build **nuanced value propositions to users** by expanding agency, broadening choices, and considering how to tailor experiences across several dimensions, including flexibility, privacy, access, and trust-building
- Targeted **demand generation** (e.g., targeting professional women at hair salons) may help drive uptake in target markets
- Scaling up innovations may involve considering how to navigate and overcome **gender norms and provider biases**
- **Limited friction in registration** by building off existing infrastructure can lead to higher satisfaction and referral rates
- **Human-centered design** and **professionalized marketing** may be needed in FP/RH innovation given the breadth of user interests and behaviors
- Channels with **broad reach, discreteness, and minimal friction** (e.g., digital) can increase adoption, especially with support of influential stakeholders
- Engaging with user groups who may have **higher need for FP/RH services** (e.g., female advocacy groups) can help **generate additional demand**
- The ability to **personalize innovation** based on stakeholder preferences can improve innovation positioning

Health care workers and other stakeholders

- FP/RH educational videos and other materials **targeted to pharmacy and clinic staff** may also help enable them to generate demand with end users
- Investors may be interested in diversifying risk by **considering multiple markets** for scale-up where possible
- FP/RH innovations can scale by using **existing infrastructure** within markets; a **deep understanding of users** can inform whether to use existing or new channels
- Refining and iterating on a **value proposition** with an initial set of regions may ease scale-up into other regions
- **Co-creating content** through **testing with focus groups** with women, nurse, provider, and local officials can help improve buy-in and impact
- There are growing trends, backed by public health organizations (e.g., WHO) towards **self-care and over-the-counter** innovations (e.g., digital tools and self-injection)
- Innovation design can be **adapted to specific user environments** (e.g., AI-enabled innovations can incorporate feedback to adapt to user preferences, or languages/dialects)



How we reached users really mattered – they want to discuss these matters privately

- Innovator

Manufacturing & Distribution: Lessons for FP/RH innovation scale-up

Key insights

Key insights across Ready, Set, Launch Core Components

Manufacturing and supply chains

- Given the need for continuous use, **resilient supply chains, supported by sustainable financing**, should be built to limit interruptions, with necessary contingency planning
- Due to the significant impact that discontinuation can have on users, it is important to have a **resilient distribution network** that includes multiple channels and a highly functioning supply chain (e.g., on-time delivery, continuous delivery)
- Manufacturing capacity should be based on forecasts but also **iterated over time** by considering **strategic purchasing and new financing mechanisms**, as well as **lead time** in supply chain and **dynamics of other FP/RH offerings such as new products**
- Innovations that are not branded may be impacted by **leakage** (free product being sold for profit by private providers)

Distribution and delivery channels

- **Training and capacity strengthening** for health care workers (e.g., pharmacists, midwives) is necessary to improve distribution and increase adoption
- Distribution may include a broader range of **non-clinical channels** (e.g., pharmacies, drug shops, e-commerce) given not all products/services require a prescription or specialized health workers. There may be opportunities to use existing distribution channels
- Integration with **other health care delivery channels**, where women access care for themselves and their families and often make family health care decisions, can provide a **unique entry point** for FP/RH innovations
- Complex FP/RH payment dynamics can also **inform delivery channels** and include a mix of private, public, and out-of-pocket pay across commodity types
- Trends towards **integrated service delivery** in technical areas offers more FP/RH delivery channel opportunities
- **Fraud** can be a concern for digital platforms and requires internal or third-party solutions trained to **identify and prevent fraudulent transactions**



It's important to plan ahead in order to ensure a sustainable supply

- Implementing partner

Clinical Evidence & Regulatory: Lessons for FP/RH innovation scale-up

Key insights

Key insights across Ready, Set, Launch Core Components

Evidence generation

- Additional evidence may be needed in-country through **pilots or implementation research**, even if scaled-up in similar regions
- Evidence generation can be particularly important with **changes in care models** (e.g., self-care) and should be considered early in innovation launch planning
- Some FP/RH innovations may need **clinical evidence of effectiveness and continuation/adherence** alongside evidence of successful scale-up
- Utilizing key performance indicators to track **evidence of outcomes and behavior change** can help build buy-in with governments and other stakeholders
- Certain organizations or officials may need more **sustained proof of success** to build buy-in (e.g., newsletter sharing data and progress to date)
- Other key criteria of evidence can include **acceptability, demand, feasibility, continuity, and side-effect considerations**
- A key consideration in evidence can be the proven ability of innovations to **unlock additional funding and resources**

Regulatory considerations

- Initial market entry may include navigating **different regulatory processes** in each country and engaging **multiple stakeholders** to build buy-in
- Certain FP/RH innovations may have varying regulation pathways due to **non-clinical channels and direct-to-consumer considerations**
- Building buy-in with government stakeholders can help with **registration and approval** and identifying synergies with existing **data, infrastructure, and delivery channels**

“ ”

We had to show evidence of our success in-country in order to build government buy in

- Innovator

Policy, Advocacy & Financing: Lessons for FP/RH innovation scale-up

Key insights

Key insights across Ready, Set, Launch Core Components

Policy and advocacy

- **Task-sharing and scope of practice policies** may impact the ability of health care professionals to administer FP/RH innovations and may impact access
- Policy and advocacy should be considered at **multiple levels**, particularly in decentralized systems where procurement and policy can happen at more local levels
- Policy and advocacy efforts should consider **country and regional history and underlying dynamics** regarding FP/RH and other relevant topics
- Innovations that align with national FP/RH **policies, priorities and accepted best practices** (e.g., high-impact practices) can often build buy-in more effectively with policymakers and better reach users (e.g., building off existing electronic medical records)
- Advocacy for long-acting FP/RH methods often occurs through **more formal channels**

Financing considerations

- Integrating **long-term affordability** for end users through a mix of channels and ultimate payers (e.g., out-of-pocket, subsidies) can require different **financing mechanisms** that recognizes market dynamics
- Some FP/RH innovations could have **cost sharing between organizations or government**, given the value of the information that the innovation may provide, such as understanding of and de-identified feedback from users. For example, county governments or hospitals may opt to provide and pay for digital health services to improve their access to data to inform services
- Due to limited sustainable funding, some digital innovators consider transitioning business models, such as incorporating **advertising**, to address long-term hosting and upkeep costs
- Successful scale-up may require financing not only for product introduction, but also in **investments in foundational health systems**
- Local facilities and actors (e.g., medical officers) may require **additional resources and support** to disseminate innovation at scale
- More actively involved funders and accelerators could help **engage the right public sector stakeholders** to **fast-track** conversations around resources for scale-up
- Equity financing may be a new source of funding in FP/RH, especially for **platform innovations** (e.g., delivery channels, enabling tools)

“ ”

Equity investing is still quite unheard of in the FP space, but offers an opportunity for more sustainable scale-up

- Donor

Coordination:

Lessons for FP/RH innovation scale-up

Key insights

Key insights across Ready, Set, Launch Core Components

Launch and scale-up

- Depending on resources available, **local teams or champions** can be helpful to coordinate with local stakeholders and build detailed but flexible roll-out approaches
- **Co-creating launch and scale-up plans** with public health and other government officials can better ensure sustainable scale-up and support over time
- **Synchronizing investments** across financing partners is necessary to ensure alignment with supply and demand considerations
- **Scale-up collaboratives** can enable coordination among the varied stakeholders, help track progress, and adapt roll-out where needed
- **Private sector partnerships** can accelerate scale-up by offering platforms for shared services and infrastructure (e.g., telecom lines); this can further enable demand generation, broaden delivery channels, and engage private clinics

Adoption and uptake

- A **network of stakeholders**, such as clinicians, community health workers, educators, and media advocates can provide users with clinically-tested information to make decisions
- Given that FP/RH can be accessed in a wide variety of clinical and non-clinical channels and that users are influenced by many actors (e.g., health care workers, retailers, educators, peers, community leaders), **coordination for launch and scale across many stakeholders** is vital
- FP/RH innovations may leverage **private market actors and channels** more than other health care sectors given need to ensure broad access to services and products for users; this may open additional avenues for financing (e.g., public-private partnerships, advertising revenues) and distribution (e.g., supply chain); it may however require additional coordination
- Working with private providers requires **additional consideration of country-specific policies** (e.g., some cadres of providers may not be allowed to administer injectables in certain countries)
- Employees of private providers may have **greater challenges (e.g., scheduling)** to address **the new requirements** of certain innovation (e.g., training)
- If multiple funders are involved, **coordinating investments** is necessary to ensure equal impact and that regions are not under-served

“ ”

It's helpful to have in-country teams that can engage government officials and build the right relationships for scale-up

- Innovator

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- Coordination

4 Lessons across other factors

Lessons on factors such as:

- Innovation type
- User behavior

This section shares lessons and insights across other factors, including type of FP/RH innovation and user behaviors. Specifically, specific lessons are shared for digital, product, and bundled innovations, as well as for health care professionals and end users.

NON-EXHAUSTIVE

Factors for Success in Scale-Up: Innovation type

The lessons and insights identified in the previous sections can also be reviewed through the lens of innovation type. While the list below does not encompass all potential types of innovations, as discussed earlier, it summarizes some of the insights from the types of innovation discussed in most detail in the case studies section.

<i>Ready, Set, Launch Core Components</i>	Digital Examples: Maisha Meds, Babyl, Jacaranda PROMPTS	Product Examples: Hormonal IUD, DMPA-SC	Bundle Examples: Jacaranda PROMPTS¹³
Market & User	Building off existing digital tools, infrastructure, and networks can lead to higher user enrollment and referral rates	Demand generation is important particularly for new categories of products; launch plans should consider the most effective channels to engage with users	Products can evolve to address various FP/RH and broader health needs , and bundles can demonstrate innovations' capacity for interconnectedness and interoperability
Manufacturing & Distribution	Partnering with health facilities encourages user uptake and can bridge remote and in-person care; partnerships can include opt-out programs with consent to encourage enrollment	Establishing a reliable supply chain , including for ancillary products or consumables, is key for continuation for users and for overall scale-up; considering local manufacturing or multiple manufacturers can help mitigate potential supply constraints	A scale-up strategy should consider the existing infrastructure that can facilitate user adoption across the full bundle, with an ability to personalize when possible
Clinical Evidence & Regulatory	Understanding and aligning with regulatory officials on data privacy and ownership regulations can help identify opportunities where appropriate data sharing can support more integrated or coordinated care	Evidence of success through pilots in-country may be needed for products that require significant behavior or care delivery changes; demonstrating quality control early can help with scale-up	Innovations in a bundle can align across multiple government priorities by delivering solutions comprehensively and demonstrating evidence of outcomes
Policy, Advocacy, & Financing	Integration with existing health financing programs , including government insurance, can allow for more sustainable financing	Based on the type of innovation, there may be opportunities to diversify funding sources between public and private channels (e.g., insurance reimbursements)	Blended financing options can encourage demand for full bundle uptake, rather than individual product purchases
Coordination	Co-creation and coordination may be required across ministries depending on where digital sits in the government ; co-creation can encourage ministry of health buy-in and improve regional fit	Coordination between stakeholders is key not only for initial capacity strengthening, training, and integration into care delivery, but also for on-going program management	Uptake can be increased by cross-stakeholder integration of a bundle into an existing care model and supported by capacity strengthening as needed

13. Jacaranda PROMPTS offers primarily a messaging service, as detailed previously, but also offers additional value-adds to users (e.g., facility managers) through different services

NON-EXHAUSTIVE

Factors for Success in Scale-Up: User behavior

Alongside the type of innovation, insights into FP/RH innovation (e.g., FP/RH commodities) can also vary based on the user in mind, particularly if it is end users (e.g., residents, patients, health care professionals (e.g., point-of-sale technologies), and others as part of the FP/RH ecosystem.

<i>Ready, Set, Launch</i> Core Components	End Users (e.g., women)	Health Care Professionals/Others
	Factors to Launch & Scale	Factors to Launch & Scale
Market & User	User research and user engagement can inform not only how to approach roll-out (such as informing demand generation and delivery channel strategies), but can also inform demand forecasting and allow for continuous adaptation of the innovation	Innovators should look to demonstrate impact to quality of care and consider other factors that the stakeholder may care about (e.g., ease of use/workload, ability to reduce costs or generate other revenue)
Manufacturing & Distribution	Distribution through, and awareness by, facilities, local care centers, community health workers and non-clinical channels can ensure that the, full intended-user group is reached	Secure supply chains for commodities and ancillary products or consumables is key to establish longevity; so facilities should have personnel to the supply chain and needed parts to ensure long-term use
Clinical Evidence & Regulatory	In some cases, particularly when involving self-care , additional evidence generation may be needed, depending on the extent of user and clinician behavior change required for the innovation	Innovations that align with county, government, and facility regulations can minimize perception of risk
Policy, Advocacy, & Financing	Demand should be tested and developed such that there is buy-in from end users (e.g., ability and willingness to pay) to ensure financial sustainability of the innovation	Innovations should be budgeted for and included in national lists to encourage public sector facility and stakeholder buy-in; understanding and showing demand in advance may be critical to get inclusion; ideally they are promoted at a minimum in the FP/RH costed implementation plans or FP/adolescent sexual and RH
Coordination	Coordination on education and advertising campaigns with government stakeholders and can help enhance access, especially when first point of care is from government-managed facilities	Stakeholders should coordinate on training and availability of innovation to ensure sustainable scale-up; training materials and programs can be shared across programs to reach greater scale across health care professionals, technicians, and others

Conclusion



Innovation is crucial to help **accelerate pace** to achieve our FP/RH goals and broader Sustainable Development Goals

One of the biggest challenges facing innovations is **lack of sustainable support** as they scale up

This document shares lessons based on **past and current experiences** in FP/RH innovation scale-up to highlight key potential considerations

We hope that stakeholders can use these lessons as a **resource** to help empower FP/RH innovations and achieve our **collective health and broader ambitions**

*For other resources to support FP/RH innovation scale-up, please review the other resources in **Evaluating FP/RH Innovations for Scale** at:*
<https://usaidmomentum.org/resources/>

Additional resources

While this guide covers some topics, there are many more resources that stakeholders can use when it comes to innovation introduction and scale-up and FP/RH. A few of these are below.



- [FP2030 – Costed Implementation Plans](#)
- [United Nations Population Fund \(UNFPA\)](#)
- [USAID – Ready, Set, Launch](#)
- [USAID – Idea to Impact](#)
- [USAID – Global Health Innovation Index](#)
- [USAID – Investing for Impact](#)
- [USAID – Innovation Realized](#)
- [USAID – Family Planning – Voluntarism and Informed Choice](#)
- [FP High Impact Practices \(FP HIPs\)](#)
- [FP HIPs – task-sharing](#)
- [World Health Organization – Family Planning and Contraception](#)
- [World Bank – Innovative Financing & Financing Options](#)
- [MCSP - Supporting Country-Led Efforts to Scale Interventions](#)
- [ExpandNet - Practical Guidance for Scaling up Health Service Innovations](#)
- [Yale Global Health Institute – AIDED Model for Dissemination, Diffusion, and Scale-Up of Family Health Innovations](#)
- [Institute of Reproductive Health – Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Sexual and Reproductive Health](#)
- [Innovative Finance to Expand Access to Healthcare](#)
- [Inclusive Business Models in Healthcare](#)
- [The Future of Healthcare Value Creation Through Next Generation Business Models](#)
- [Demand Forecasting Approaches for New Contraceptive Technologies](#)

Disclaimers

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All lessons and information shared here are based on outside interviews, information that was shared, or publicly available information at the time of analysis between August and October 2022.

Any lessons or other information shared here is not meant to be construed as medical, policy, or regulatory advice.

Any lessons or other information shared here also does not necessarily reflect the official policy or position of any country, agency, or other consulted stakeholder.

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The data, lessons, and insights shared here are subject to change over time, and this document or the MOMENTUM Innovation Accelerator are not specifically responsible for representing the latest information after publication.

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