A conversation with Victoria Jennings, January 30, 2020

Participants:

- Victoria Jennings, Director and Principal Investigator of the Institute for Reproductive Health, Professor in the Department of Obstetrics and Gynecology in the School of Medicine at Georgetown University.
- Juliette Finetti, Research Analyst at Charity Entrepreneurship

Note: These notes were compiled by Charity Entrepreneurship and provide an overview of the major points made by Victoria Jennings.

Summary: This conversation was one of Charity Entrepreneurship's interviews with experts in the field of family planning. It covers the following topics:

- Victoria's work at the Institute for Reproductive Health (IRH)
- Potential for impact of promoting the Standard Days Method (SDM), including evidence of its strengths and weaknesses, challenges and considerations related to its implementation, and promising implementation strategies.
- Considerations around voucher programs.

Assessment of the intervention: The Standard Days Method (SDM) is a fertility awareness contraceptive method that can be best promoted using either a necklace-shaped product called CycleBeads or a smartphone app. Efficacy and effectiveness trials in multiple contexts have proven it to be an effective contraceptive method. As of today, the evidence base is stronger for promoting this method with the physical CycleBeads, although the approach and information provided is the same for both strategies. If entrepreneurs were to implement this intervention, they could promote the use of the app through popular social media channels; this approach has the advantage of being well-targeted and having short feedback loops in terms of knowing how many people are using the app. The physical CycleBeads can be promoted through a variety of distribution strategies, depending on the context and how women usually access other contraceptives. Finally, some limitations relate to potential provider bias against this method compared to more medical approaches, and the fact that it is only appropriate for women with regular cycles who are able to communicate with their partners. Large distribution actors (e.g. UNFPA) do not seem to have invested significant resources in this type of contraceptive in the past, although some players are already implementing this in some countries (e.g. USAID, DKT).

Conversation notes (summarized)

1. Past and current work in the field

Victoria joined Georgetown University in 1985 and started the Institute for Reproductive Health (IRH). Since then, the IRH has focused on studying fertility awareness-based methods. Their experience with some of the more complex fertility awareness methods eventually led them to develop and test simpler approaches, so they could be diffused widely, especially in low-resource settings. Funded by USAID, the team developed the Standard Days Methods (SDM), among others. They also realized that in order to maximize impact, policy and advocacy work would be crucial. Much of this work, alongside their research, can be found on their website.

Their focus has always been that fertility awareness methods, and SDM in particular, are so easy to understand and use that they should be part of any comprehensive family planning program. They also emphasized the role of SDM (and other fertility awareness methods) in addressing the key reasons women around the world provide for avoiding contraception even when a pregnancy is unwanted - concerns about side effects, underestimation of likelihood of pregnancy/misunderstanding of their pregnancy risk, and the perception that contraceptive use would have negative social implications. To support SDM, Victoria and her team developed CycleBeads. Georgetown University licensed a company called Cycle Technologies, which is responsible for the manufacture, marketing, and distribution of CycleBeads globally. With the technical support of the IRH, Cycle Technologies also developed a CycleBeads smartphone app, which is available for download on iOS and Android.

2. Strength of the evidence and effectiveness

Victoria's experience showed that promoting the SDM through information alone (without CycleBeads or the app) is inadequate, because people could process the information better when accompanied by a concrete example. The physical CycleBeads were used for all efficacy trials, so she recommends we focus on this and the app.

There is a robust body of data and research around the SDM with CycleBeads in many different contexts, from efficacy and effectiveness trials to studies of best practices for integrating the method into programming. There is less evidence for app-centred promotion

for SDM, but only because it is more recent and the IRH has not had the opportunity to conduct many studies yet; so far the evidence is also strong. All the studies and the rollout in a dozen countries can be found on their website, which also includes information on people's perception of the app, their ability to use it, their willingness to continue using it over time, etc.

In terms of effectiveness, the information provided to the user for the CycleBeads and the app is the same, so effectiveness only depends on the extent to which women follow the guidance. Victoria believes that the app has greater potential for widespread implementation as it does not require a logistics system or trained providers, but entrepreneurs will need to consider the context before employing a delivery system. While we could use one or the other, the best strategy might be to offer both CycleBeads and the app.

3. Strengths and limitations

A potential limitation of this approach is the presumed lack of support from international organizations and health providers, who may be biased towards medical approaches to contraception. This is despite the great strength of this intervention - that women and couples can use it independently. Although they can benefit from the support of providers and local NGOs, they don't have to.

We also discussed drawbacks regarding the potentially limited reach of this method. Victoria agrees that this would not work for everybody (pointing out that no contraceptive method is appropriate for everyone), but that it can still cover a large proportion of women. The SDM has been tested and is proven to work for women who:

- have regular cycles between 26 and 32 days long, and
- can communicate with their partners about when they are able to have sex, or will use a condom during their fertile days.

Moreover, a new app is in development and will be released sometime this year, which aims to provide advice to women with greater cycle variability, increasing the pool of women who may be eligible. The improved app uses a method called dynamic optimal timing (Dot), developed by Cycle Technologies and which the IRH has evaluated through an efficacy trial. This will be incorporated into a broader technology that deals with other aspects of reproductive health.

4. Cost-effectiveness

For the product itself, we would need to negotiate a price with Cycle Technologies, which will depend on the number purchased.

USAID and Cycle Technologies have already negotiated a price for bulk orders of CycleBeads for developing countries. In most circumstances, Cycle Technologies uses similar pricing for others making bulk purchases for use in these countries.

The app is available worldwide at no cost to the user. If we want to incorporate specific marketing strategies in a particular country, and/or include the ability to collect information about user profile, user experience, or user behavior, entrepreneurs will need to work in partnership with Cycle Technologies to customize the app for that country.

5. Promising implementation strategies

Implementation strategy for the app: Promoting the use of the app would be relatively straightforward as all the information is contained within the app itself (FAQs, explanation videos, etc.). A local organization supporting women using the app and answering any additional questions, however, might be useful. Even so, this app has been promoted primarily through social media in the past, particularly Facebook. Cycle Technologies usually asks Facebook to notify all women in specific locations with certain characteristics (e.g. age range), who access the Facebook app with their phones, regarding the availability of the CycleBeads app, and clicking on it leads the user to a video explaining how it works. This dissemination strategy works well because information regarding the number of downloads and users is readily available. This offers an opportunity to collect data routinely and test different advertising strategies. Victoria noted that they were not able to test in-person promotion strategies (e.g. through health workers counseling) but as long as women have a smartphone and can download the app, this could be feasible.

Implementation strategy for the CycleBeads: CycleBeads (physical product) can be distributed and promoted through many different channels: at the health facility, through community health workers, through commercial outlets such as local drugstores, pharmacies, hair salons, etc. Usually, the distributors undergo a brief training, and can also use the information pamphlet that comes with the beads. Depending on where the women

are accessing the product, we could either distribute it for free or at a small price. This would really depend on the context and the channels that women most frequently use.

Promising geographies: Victoria is of the opinion that middle-income countries would be promising contexts for entrepreneurs to set up this intervention. Very low-income countries tend to be the focus of UNFPA and USAID programs, and opportunities for cost recovery would be greater in middle-income nations. She indicated that CycleBeads could be appropriate for some parts of Nigeria, Ghana, and the Middle East, and North African countries such as Jordan and Morocco.

6. Other stakeholders

UNFPA has been very focused on long-acting reversible contraception as well as female condoms, and have invested significant resources into these methods. They have purchased other methods including the CycleBeads based on requests from specific countries, but do not have them on their regular procurement list.

Victoria noted that the family planning space is fairly crowded, and so entrepreneurs will have to carefully navigate the setting in which they decide to implement the program, identify the other actors, and work to augment their work, rather than duplicate it.

In terms of funders, the foundations that typically support family planning might fund the SDM, such as the Gates Foundation. We were advised that foundations will provide more flexibility, rather than bilateral donors, who have very specific procurement processes. Victoria also mentioned the Templeton Foundation, Facebook CSR and the Chan-Zuckerberg Initiative.