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REPORT

MEETING WITH EXTERNAL EXPERT PARTICIPANTS
TO PROVIDE ADVICE ON
A.I.D. RESEARCH PRIORITIES IN CONTRACEPTIVE DEVELOPMENT

OCTOBER 20, 1982

Table of Contents

	page
Current Program Description	1
Input from A.I.D Mission and the Population Sector Council	1
Issues and Discussion	
A. Current A.I.D. research modus operandi	2
B. A.I.D. technical staff	2
C. Funding levels	2
D. Priorities	3
E. Product development	3
F. Product planning	3
G. Safety studies	3
H. Developing country involvement	4
I. Other points made	5
Conclusion and Summary	5
Appendix	
Agenda	6
Table 1 Biomedical Research for Contraceptive Development Fiscal Years 1978-1982	7
Table 2 Major Research Activities - IFRP	8
Table 3 Major Research Activities - PARFR, Population Council (ICCR), Johns Hopkins University	9
Table 4 Principles Underlying A.I.D.. Contraceptive Development Research ..	10
Table 5 USAID Missions' Responses to Cable on Research Priorities	11
Table 6 Discussion Topics	12
External Expert Participants	13
Population Sector Council Participants	14
Review Letters from External Experts	15

Meeting with External Expert Participants
to Provide Advice on
A.I.D. Research Priorities in Contraceptive Development

October 20, 1982

Report

The purpose of the meeting was to bring together a group of outside experts, along with staff from the Bureau for Science and Technology and members of the Population Sector Council to discuss and to provide guidance to the Agency's program in contraceptive development. The meeting was chaired by Dr. J. Jarrett Clinton, Agency Director for Health and Population. A list of the outside experts and participating members of the Population Sector Council is included in the appendix. Also included in the appendix is a set of letters received from outside experts after they had reviewed the draft report of the meeting.

Current Program

The meeting began with a review by Dr. James Shelton, Chief, Research Division (ST/POP), of the Agency's current research activities. This was followed by a presentation of the major principles currently guiding the Agency's research program and its corresponding modus operandi. (See Tables 1-4 in the appendix.) The Agency's current program is highly applied in orientation with a primary emphasis on developing new and improved methods of contraception, and secondary objectives of technology introduction and institution strengthening. Consistent with the principle of voluntarism and informed choice it strives for a wide diversity of contraceptive methods and utilizes a diverse set of ideas and organizational approaches. Given A.I.D.'s relatively small number of technical staff devoted to contraceptive development, the Agency has supported several major research organizations in programs to undertake the major portion of the work. Nevertheless, all research is actively followed and directed by Agency staff.

Input from A.I.D. Missions and the Population Sector Council

Responses from A.I.D. missions to the worldwide cable of September 3, 1982 on research priorities are summarized in Table 5. While there is no consistent pattern of response, the various cables do tend to emphasize immediate programmatic concerns. These include development of methods perceived as being particularly useful in ongoing family planning programs (such as various long-acting methods) and efforts to understand and improve acceptance and delivery of contraceptive methods.

Members of the Population Sector Council also shared this programmatic orientation. Specific priorities for emphasis conveyed at the meeting included:

- practical methods, simple to understand and use
- methods nearest to completion
- long-acting methods, specifically injectables
- low cost of methods
- methods not requiring a physician's prescription
- methods easy to deliver and amenable to current service programs

- methods amenable to local production
- improvements in sterilization
- improvements in methods with noncontraceptive benefits such as the prevention of venereal disease
- methods appropriate for adolescents
- methods most appropriate in conjunction with breastfeeding
- improved methods of natural family planning
- methods which minimize vaginal bleeding, particularly in Islamic societies
- methods with reduced side effects generally
- methods which reflect the perspective and situation of potential users

Issues and Discussion

A major part of the meeting was devoted to issues and discussion. Although a number of issues were proposed for discussion (see Table 6), the format was deliberately left open and the outside experts were encouraged to discuss any issues they believed to be relevant. Clearly there was not unanimity on every issue; every issue was not discussed by each individual. Nevertheless, a fairly strong consensus emerged in a number of matters. The following projects appeared to reflect the preponderance of opinion in certain major areas.

A. Current A.I.D. Research Modus Operandi

The experts appeared to believe that the current "game plan" was reasonable, particularly in view of the strong Agency mandate for relevance to current family planning programs and to the limited number of A.I.D. technical staff. In fact, one expert went out of his way to stress that the A.I.D. research program had become successful in the past and that recommended alteration should be considered a matter of "finetuning" the program. Specific support was expressed for continuing the pluralistic approach to the field, continuing to focus on applied aspects of contraceptive development, and continuing to maintain flexibility to support any new small or large opportunities that might arise.

B. A.I.D. Technical Staff

Recognizing the overall personnel constraints faced by the Agency, there was general consensus that the number of in-house technical staff devoted to contraceptive development research should be increased.

Due to various departures and reorganization, the research program has been directed using just over one full-time person equivalent for the last year or two. Although A.I.D. actively directs the program and must approve every recent project, the sheer number of projects involved means that A.I.D. staff are stretched very thin. There was clear opinion that the program could benefit significantly from an increase in in-house technical staff.

C. Funding Levels

While there was some difference of opinion about exactly how much need there was for increased A.I.D. funding, there was agreement that at least some missed opportunities did exist. One group member observed that increased support was needed for the obstacles and unforeseen pitfalls which inevitably

occur and to which organizations are often unable to respond optimally. There was clear agreement that a major infusion of funds would probably not be wise, but a more gradual, careful increase in support would be most cost-effective. Consistency of support was considered perhaps most important.

D. Priorities

The group clearly recommended that A.I.D. should focus its resources and attention toward bringing to fruition those methods which appear closest to ultimate use. Examples might include the Norplant implant, the Copper T 380 IUD, the norgestrel-releasing IUD, and the microencapsulated injectable contraceptive. There appeared to be several reasons for this recommendation including A.I.D.'s particular mandate and interest in the applied area, as well as the strong programmatic need for new and better long-acting methods. While advising emphasis on methods near at hand, there was also support for other selected research activities such as the isolation and purification of inhibin, with the understanding that such research was a very long way from any ultimate contraceptive development.

E. Product Development

Related to the recommendation of stressing methods near-at-hand was a recommendation to bolster "product development" efforts. This aspect of contraceptive development includes such activities as limited method modifications, regulatory liaison and approval, licensing, packaging, support materials, market testing, and post-marketing surveillance. Many of these activities have often largely been carried out by the private sector and it is clearly optimal to involve private industry in these activities to the maximum extent possible. For a variety of reasons, however, industry may be reluctant to totally underwrite all of these activities and scientists and technologic innovations have traditionally not interfaced well with this aspect of contraceptive development. The group was fairly strong in its recommendation to try to improve this aspect of our program including liaison with private industry. Since many of the near-at-hand methods have been developed by the Population Council, it would seem reasonable to examine this issue in that context.

F. Product Planning

Related to the idea of focusing on certain major near-at-hand methods was the suggestion that A.I.D. might adopt a more formal planning process to bring those products to actual program use. The Agency might determine the group of leads which are of the highest priority and perhaps adopt the team leader and task force approach used by industry to plan and track the various steps toward development.

G. Safety Studies

There was general acknowledgement of the value of studies of contraceptive safety including recognition that additional knowledge might help keep methods in the market place. Nevertheless, the group believed that A.I.D. should undertake such studies on a fairly selective basis as good opportunities arise.

H. Developing Country Involvement

Clearly the Agency's program has considerable developing country involvement through clinical trials, local adaptation and technology introduction. The group recognized, however, that with a few exceptions such as Mexico and India, primary research capability in developing countries will continue to remain very limited. Recognizing that such capabilities are limited, it was nevertheless recommended that A.I.D. should continue to look for opportunities to support investigators in developing countries.

I. Other Points Made

A number of other points were made by various group members during the course of the discussion. Many were made by only one outside expert and/or are fairly specific to particular projects.

1. IFRP should upgrade the nature of support it provides to collaborating research centers to provide ongoing support and enable more continuous collaboration.
2. A.I.D. should assess the open competition approach it has funded through PARFR. On balance has it produced sufficient research successes over dead ends or would an alternative mechanism work better?
3. The PARFR workshops and the publication "Research Frontiers in Fertility Regulation" both contribute in a worthwhile manner to the field of contraceptive development.
4. A.I.D. should be prepared to accept its losses when certain research leads appear unlikely to succeed.
5. A.I.D. coordination with other agencies in the field has been good. A.I.D. should continue to look for opportunities for joint participation or joint sponsorship of projects.
6. The research organizations A.I.D. supports should be guided to do what they do best.
7. Institution strengthening including technology transfer such as the microcomputer IFRP has provided to three developing country research programs, should be further encouraged.
8. A.I.D. should support in some way the activities of the W.H.O. Special Programme in Human Reproduction.
9. A.I.D. should focus on long-acting hormonal methods of contraception, and nonsurgical female sterilization. At the same time nonsurgical sterilization was cited as an example where AID should be wary of projects which may become "stuck in the development phase" for an unacceptably long time.

Conclusion and Summary

The meeting on research priorities in contraceptive development research brought together six outside experts, the Population Sector Council, and staff from the Bureau for Science and Technology. With the help of cable responses from the field, and input from the Population Sector Council members, the meeting appeared to be successful in presenting the Agency's particular needs and orientation toward this type of research. In view of the Agency's particular programmatic orientation, the outside experts believed the Agency's program is essentially on track but offered a number of useful and constructive suggestions in order to increase its productivity.

AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR SCIENCE AND TECHNOLOGY

Contraceptive Technology Meeting
October 20, 1982
9:00 a.m. - 5:00 p.m.
1601 North Kent Street, Room 520
Rosslyn, Va.

AGENDA

- 8:30 a.m. Coffee and Donuts
- 9:00 a.m. Introduction - Dr. Jarrett Clinton
- 9:15 a.m. Review of Current A.I.D. Contraceptive
Research Program
(Table 1-3) - Dr. James Shelton
- 10:15 a.m. Rationale and Modus Operandi of
Current Program
(Table 4) - Dr. James Shelton
Dr. J. Joseph Speidel
- 10:45 a.m. Break
- 11:00 a.m. Specific Concerns of Missions and
Regional Bureaus
(Table 5) - Dr. James Shelton
- Sector Council Members
- 11:45 a.m. Lunch Break
(Orleans House)
- 1:15 p.m. Issue Discussion by Outside Experts
(Table 6) Dr. Gabriel Bialy
Dr. Linda Atkinson
Dr. Michael J.K. Harper
Dr. Sheldon Segal
Dr. Gordon Duncan
Dr. Roberto Rivera
- 4:15 p.m. Recommendations and Conclusions - Dr. Jarrett Clinton
- 5:00 p.m. Adjournment

TABLE 1

Biomedical Research for Contraceptive Development
Agency for International Development
Fiscal Years 1978-1982

	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>Estimated 1983</u>
International Fertility Research Program (IFRP)						
Research Contract	3,200	3,400	3,000	2,040	3,927	
Support Grant	1,600	1,835	1,800	2,260	1,358	
Program for Applied Research in Fertility Regulation (PARFR)	900	1,500	1,910	1,500	1,600	
Population Council (ICCR)	325	746	552	269	1,156	
Johns Hopkins - Simplified Techniques	350	450	510	-	-	
Washington University	225	332	-	-	-	
Battelle	29	-	-	-	-	
W.H.O. Special Programme	-	-	-	3,000	-	
TOTAL	6,629	8,263	7,772	9,669	8,041	8,400

TABLE 2

MAJOR RESEARCH ACTIVITIES

IFRP

Vaginal Foaming Contraceptive Tablets
Vaginal Sponge
Post Partum IUD's
Comparative Oral Contraceptive Trials
Comparative Female Sterilization Studies
Levonorgestrel Releasing IUD
Tailless IUD
Quinidine
NFP Evaluation
Lactation Studies
Contraceptive Safety Studies
Reproductive Age Mortality Studies (RAMOS)

Maternity Care, Fetal Wastage Studies
Institution Strengthening
Technology Introduction

TABLE 3

MAJOR RESEARCH ACTIVITIES

PARFR

90-day Microencapsulated NET injectable
180-day Microencapsulated NET injectable
NET - Cholesterol Fused Pellets
Reversible Vas blocking Device (SHUG)
Reversible Female Sterilization - fimbrial hoods
MCA - Nonsurgical Female Sterilization
Anti Sperm Vaccine (LDH-C₄ fragment)
Spermicides - acrosin and hyaluronidase inhibitors
PARFR Workshops

POPULATION COUNCIL (ICCR)

Vaginal Ring
LHRH Analogs
Inhibin
Norplant II - U.S. trials
Copper T Preintroduction

JOHNS HOPKINS UNIVERSITY

Nonsurgical Female Sterilization - Tetracycline, etc.

TABLE 4

PRINCIPLES UNDERLYING A.I.D. CONTRACEPTIVE DEVELOPMENT RESEARCH

- Primary Objective: Improved and better understood contraceptive methods
- Secondary Objective: Strengthening of developing country institutions
- Voluntarism and Informed Choice - diversity of contraceptive methods
- Diversity of Approaches - ideas and organizations
- Emphasis on applied and "Mission oriented" research
- Linkage with service delivery and technology transfer
- Balance between population action programs and research
- Comprehensive contraceptive development research program, from applied research through service delivery
- Flexibility to meet opportunities
- Limited number of A.I.D. technical staff
- "Wholesaling" with active direction of A.I.D. staff
- Constraints - legislative, regulatory, procedural
- Cooperation with other agencies and private industry

TABLE 5

USAID MISSIONS' RESPONSES TO CABLE ON CONTRACEPTIVE RESEARCH PRIORITIES

- Bangladesh - Injectables, implants, nonsurgical sterilization, comparative OC trials, OC Formulation, Longacting copper IUD, sterilization morbidity
- India - Anti-HCG Vaccine, further collaboration
- Indonesia - OC and IUD trials (IFRP), Norplant, injectables, institution strengthening, social science
- Pakistan - Factors affecting fertility change and acceptance of current methods
- Sri Lanka - Supports research but needs careful look and should not sacrifice support for services, training, operations research, etc.
- Guatemala - Lactation - contraception studies
- Paraguay - Institution strengthening
- Costa Rica - Not especially in favor, should largely be supported by pharmaceutical companies. Favor improved methodologies and more operative areas
- Tanzania - Defers to S&T/POP, not government of Tanzania priority
- Kenya - Operations research, fertility determinants
- Swaziland - Family planning motivation and methods
- Liberia - Male contraceptive, family planning acceptance
- Somalia - Operations research, venereal disease, attitudes toward family planning
- Jordan - More culturally acceptable methods
- Thailand - Long acting methods such as norplant, monthly injectible, nonsurgical female sterilization, reduced dosage O.C., male method, congenital effects, longterm effects on non-caucasians
- Upper Volta - Effective injectables like Depo Provera at reasonable price
- Egypt - Better coordination of indigenous research activities and institution strengthening through Egyptian National Academy of Sciences
- Sudan - Standard and low dose OC studies with implications for lactating women

TABLE 6
DISCUSSION TOPICS

1. Appropriateness of A.I.D. Modus Operandi
2. Appropriateness of portfolio; project specific comments
3. Coordination and information exchange among agencies
4. Joint planning, decision-making, among research organizations
5. Missed opportunities
6. More concentrated efforts
7. "Hand off" problem between stages of contraceptive development
8. Relationships with industry - licensing, liability, FDA, etc.
9. Role of safety studies
10. Role of institution strengthening
11. Developed country vs developing country as site for research
12. User perspective-market research
13. Funding levels, funding strategies
14. Comments on strategy paper

External Expert Participants
A.I.D. Research Priorities in Contraceptive Development
October 20, 1982

Participants

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Chief, Contraceptive Development Branch
Center for Population Research
National Institutes of Child Health
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Program Officer
Population/Urban Poverty
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Dr. Michael J.K. Harper
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San Antonio, Texas

Dr. Sheldon Segal
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The Rockefeller Foundation

Dr. Gordon Duncan
Manager, Scientific Liaison
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Members of the Population Sector Council
Attending October 20 Meeting on
Research Priorities in Contraceptive Development

Dr. J. Jarrett Clinton
(S&T/HP)

Dr. J. Joseph Speidel
(S&T/POP)

Ms. Maura H. Brackett
(LAC/DR)

Mr. Lenni W. Kangas
(NE/TECH)

Mr. William Trayfors
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November 17, 1982

Dr. James Shelton
Research Division
Office of Population
U.S. International Development
Cooperation Agency
Agency for International Development
Washington, D.C. 20523

Dear Jim:

I apologize for not replying sooner with my comments about the minutes of the October 20th meeting. In general, I feel that you have caught the tenor of the meeting remarkably well and I have no major substantive comments, except on p. 4, item I, 9. My feeling was that while the group were in favor of trying to get at least one method of non-surgical sterilization into widespread use, that if this could not be accomplished fairly speedily the group were not in favor of extending funding for methods that had been stuck in the development phase for several years. However, this is perhaps a minor point of semantics! There is a typographical error on p. 5, l. 1: "The meeting on research priorities..."

Otherwise everything is fine and the meeting was excellent and interesting. I would like to thank you and Dr. Clinton for inviting me to participate. If I can be of further assistance, please do not hesitate to call.

With kind regards,

Yours sincerely,

Michael J.K. Harper, Ph.D., Sc.D.
Professor

NOV 18 1982



National Institutes of Health
Bethesda, Maryland 20205

Landow Building
Room 7A04
November 12, 1982

James D. Shelton, M.D.
Research Division
Office of Population
Bureau for Science and Technology
Agency for International Development
Room 312
SA 16
Washington, D.C. 20523

Dear Dr. Shelton:

Thank you very much for forwarding to me a copy of the minutes from the meeting of October 20, 1982. I should like to take this opportunity to express my positive feelings toward the substance of the meeting and for the carefully documented minutes. The minutes are a true reflection of the discussions and recommendations made at that meeting.

I should like to make a few brief comments with respect to your report. I find the willingness on the part of the Agency to support projects, such as inhibin purification, a very important step. If it is undertaken, it must be done with the understanding that it may require long-term support and collaboration with other agencies that have been funding this area of research for some time.

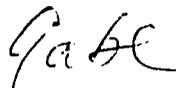
The overall positive statement on collaboration with other agencies indicates the maturity of thought on the part of AID. The task of bringing to fruition new, acceptable methods of fertility regulation is so critical that input from all sectors of the research community is mandated.

I should like, once again, to emphasize the importance of increasing the in-house technical staff. There is no question in my mind that if AID simply wishes to increase the funding for its current constituency, they can do so without an increase in the in-house staff. On the other hand, if the Agency wishes to have an active role in the management of its research program, then it is incumbent that it secure the services of additional experts. Outside technical advice can go only so far and an active management of a \$8.4 million program requires more than two individuals.

Page 2 - Dr. Shelton

I do hope you will find these comments helpful. I am looking forward to active collaboration between AID and NIH.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Gabe".

Gabriel Bialy, Ph.D.

Chief

Contraceptive Development Branch
Center for Population Research
National Institute of Child Health
and Human Development

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PHARMACEUTICAL RESEARCH
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Research Manager
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19 November, 1982

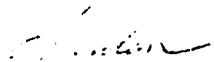
Dr. James D. Shelton
Research Division, Office of Population
Bureau for Science and Technology
U. S. Agency for International Development
Washington, D.C. 20523

Dear Jim:

I truly did appreciate the opportunity to participate in the review of your research program. Hopefully some of my suggestions were of merit, and were offered in a way that would warrant still further industry participation in such roles in the future. Your minutes do reflect the salient recommendations. Good luck should you have the opportunity to implement them.

With best regards,

Sincerely,



Gordon W. Duncan

GWD/bms