



expand family planning choices,  
advance gender equality,  
and involve communities



October 2012

## Stanford Graduate School of Business publishes lessons learned from commercializing CycleBeads, a global health innovation

At this point, you are most likely familiar with CycleBeads® and its role in family planning and reproductive health programs worldwide. CycleBeads is the color-coded tool that facilitates use of the Standard Days Method® for women and couples, and helps providers, community health workers, and teachers instruct women and girls about fertility awareness.

CycleBeads, as a product for social impact, plays another important role: to help other global health innovators learn from the experience of what it took to commercialize CycleBeads in the global marketplace.

The Global Health Innovation Project at the Stanford Graduate School of Business recently included CycleBeads in the [Global Health Innovation Insight Series](#)--a collection of vignettes that capture interesting issues, learnings, and ideas regarding the business-like challenges that global health innovators face when bringing social innovations to scale. The following three briefs use the CycleBeads experience to demonstrate important lessons in (1) understanding market/stakeholder dynamics, (2)

### CycleBeads I: Building Acceptance for a Simple Idea

GLOBAL HEALTH  
Innovation Insight Series



#### CYCLEDADS I: Building Acceptance for a Simple Idea

THE PROBLEM/IDEASPACE  
Unplanned pregnancy impacts not only women of childbearing age and their families, but also results in significant costs to the countries where they live. Even with methods like the Pill, condoms, and sterilization, more than 100 million women in developing countries are affected by unplanned pregnancy each year. In India alone, there are 100 million women of childbearing age, and 10 million of them are currently sexually active. According to a report by the United Nations, if all women of reproductive age used the most effective forms of modern family planning methods in all countries with an annual cost per user of less than \$2 million,

the number of unplanned pregnancies would drop to zero.

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### CycleBeads II: Creating a Dual Market

GLOBAL HEALTH  
Innovation Insight Series



#### CYCLEDADS II: Creating a Dual Market

THE PROBLEM/IDEASPACE  
Developing countries often suffer from a lack of infrastructure and also result in significant costs to the countries where they live. Even with methods like the Pill, condoms, and sterilization, more than 100 million women in developing countries are affected by unplanned pregnancy each year. In India alone, there are 100 million women of childbearing age, and 10 million of them are sexually active. According to a report by the United Nations, if all women of reproductive age used the most effective forms of modern family planning methods in all countries with an annual cost per user of less than \$2 million,

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### CycleBeads III: Implementing Too Much, Too Soon

defining a viable business model, and (3) sales, marketing, and distribution, respectively:

**CycleBeads I: Building Acceptance for a Simple Idea** describes the process of building acceptance and generating demand for a global health innovation.

**CycleBeads II: Creating a Dual Market** showcases the viability of re-packaging a global health innovation for different target markets to support a sustainable business model.

**CycleBeads III: Implementing Too Much, Too Soon** demonstrates the potential pitfalls of rolling-out a global health innovation without considering the strength of the country's larger health system.

## ANNOUNCEMENTS

### New SDM course on USAID's Global Health eLearning Center

The USAID Global Health eLearning Center just launched a new edition of the SDM eLearning course. This revised course includes more programmatic resources, cutting-edge research results, and a new section on SDM integration into family planning programs. [Log in and take the course today!](#)

The screenshot shows the USAID Global Health eLearning Center interface. On the left, a sidebar lists course modules: SDM Basics, SDM Use, SDM Service Delivery, Provider Perspective and Common Method Barriers, Integrating SDM into Programs, and Final Exam & Check Out. The main content area displays the "SDM Basics" module, specifically the "How Effective is the SDM?" section. It features a graph titled "Effectiveness" comparing various methods based on the percentage of women pregnant in the first year of use. The graph includes data for Spermicides, Female condom, Standard Days Method, Male condom, Oral contraceptives, IUD (Tcu-380A), Female sterilization, and Implants. A callout box on the right provides a "Did You Know?" fact about the SDM's efficacy rate of 95% with correct use, citing Arévalo M, Jennings V, Sinsai I, 2002. The USAID logo is visible in the top right corner.

### Georgetown University hosts CUGH Conference March 14-16, 2013

Georgetown University hosts the 4th annual conference of the Consortium of Universities for Global Health (CUGH) on March 14-16, 2013. This conference, titled "Global Health: Innovation | Implementation | Impact!"

### GLOBAL HEALTH Innovation Insight Series



CYCLEBEADS III: Implementing Too

Much, Too Soon

THE PROBLEMANAGEMENT SPACE

Optimal pregnancy directly affects women of childbearing age and their families. Yet, many women do not have access to the information, skills, and services they need to make informed decisions about their reproductive health. Inadequate access to family planning services can result in unwanted pregnancies, which can lead to complications during pregnancy and birth, and even death. This leads to the often-repeated bottleneck of limited family planning services in developing countries. This lack of access to reproductive health services is reflected both in rural and urban areas. This is particularly true in countries like India, China, and Nigeria. Population Foundation and the Guttmacher Institute, providing data specific to modern contraceptive use, show that in India, 100 million women are not using any method of family planning.

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### Upcoming Events

Come visit IRH's exhibit or hear us present at the following upcoming events:

#### American Public Health Association

San Francisco, CA | Oct. 27-31, 2012

[View presentation schedule](#)

#### Global Symposium on Health Systems Research Beijing, China | Oct. 31 - Nov. 3, 2012

#### Consortium of Universities for Global Health

Washington, DC | March 14-16, 2013

Visit [www.irh.org](http://www.irh.org)

brings together over 1,000 members to examine cutting-edge issues in global health. Conference organizers seek abstracts for individual and panel presentations. The deadline for submissions is November 15, 2012. For more information visit <http://2013globalhealth.org/>.



## IRH joins the mHealth Alliance

IRH is a new member of the [mHealth Alliance](#)! mHealth Alliance members are united in their commitment to sharing knowledge, advocating for solutions, and driving collective action to use mobile technologies to improve health outcomes. As a member, IRH will have the opportunity to learn from others, as well as access educational resources.

Read about IRH's mhealth work: [CycleTel Brief](#)

## IRH AT APHA 2012

At the American Public Health Association (APHA) in San Francisco this year, October 27-31, IRH will present on various topics, including CycleTel, Most Significant Change methodology, Social Network Theory, Each One Invites Three Campaign, the GREAT Project, and others. Come visit us there!

View our [IRH Presentation & Poster Schedule](#)

Focus Areas  
Projects  
Research  
Resources

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