

Every child desired



Ir. Peter van de Graaf

Industrial designer (ir. Delft 1988) Entrepreneur Product development *Kiva* lecturer coach *TU/e*

What is my contribution?



problem x 7000,000,000 =



= total problem



7 billion now Growth until 2100: from 7 to at least 10 billion Growth in Africa: from 1,1 to 3,7 billion

North:

- 28 million pregnancies a year.
- 49% unplanned.
- 36% aborted.

South:

- 182 million pregnancies a year
- 36% unplanned.
- 20% aborted.

In Africa alone 90 women die each day through botched abortions..

Carl Djerassi, father of the pill: 50% of all pregnancies are unplanned, 50% are unwanted.

A bad start in life

Bronnen:

When Pregnancies are Unwanted, By Nancy Felipe Russo, Ph.D., Arizona State University and Henry P. David, Ph.D., Transnational Fami <u>http://www.djerassi.com/icsi2/index.html</u> http://www.guttmacher.org/pubs/fb_IAW.html



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Target "every child desired" - Choice



Ideal Contraception

- Man & woman can decide for themselves, at every moment, if they are going to have babies, or:
- No brainer no active control required (sex is an instinctive urge)
- No trouble
- No cost
- No health impact

Now possible:

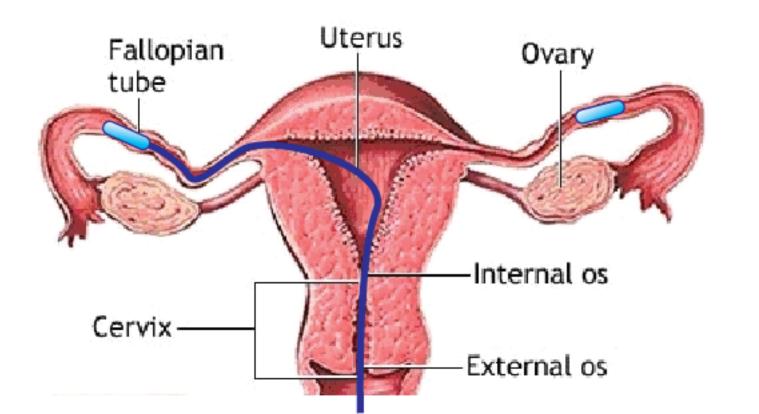
- Reversible sterility
- Change with little trouble
- No incision
- No recurring cost
- Mechanical over chemical
- Women over men





Concept Choice: Overall

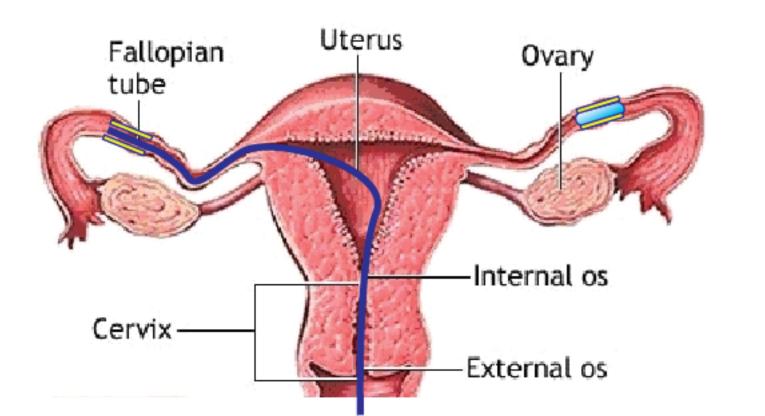
Placing valves in fallopian tubes to control fertility over lifetime





Concept Choice: Step 1 foundation

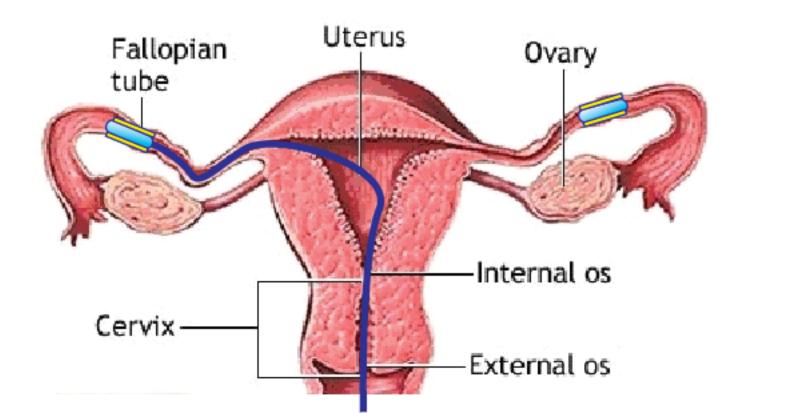
Placing stents, for a stable foundation. Valves can always be removed, if desired.





Concept Choice: Step 2 valves

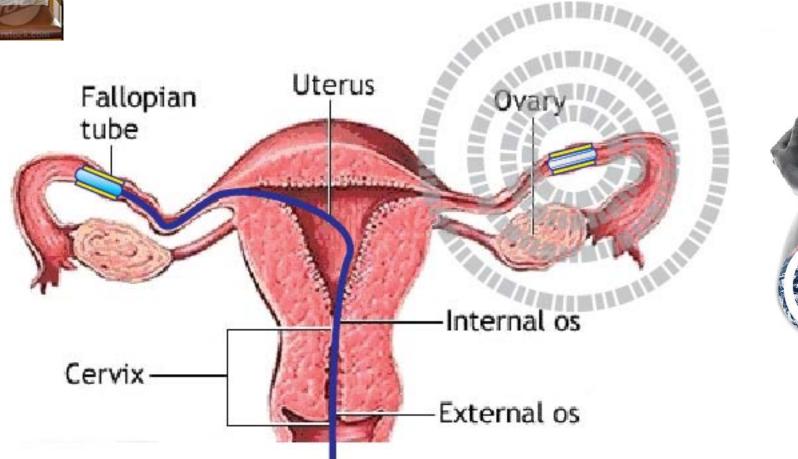
Placing valves. No scar tissue.





Concept Choice: Step 3 Wireless energy

Valves can now be opened and closed from the outside. At rest there is no energy in the system. Energy is transferred through radio waves at times of change.

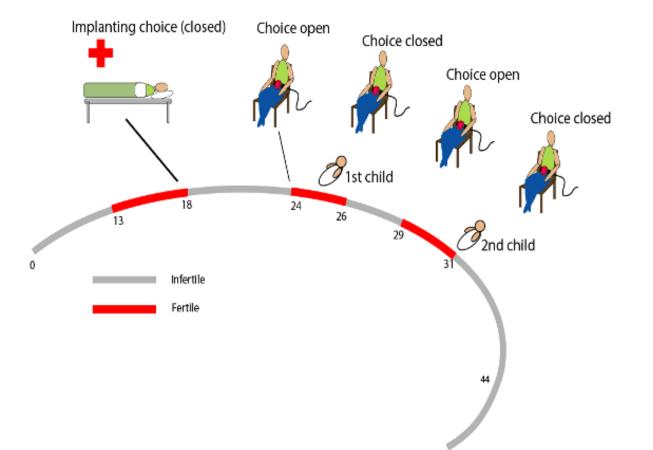


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Concept Choice: Life with Choice

A woman decides to change her fertile/infertile status only a few times in her life. She goes to a medical post, and an antenna belt will be placed on her abdomen. After 15 minutes her status has changed.



Challenge:

- Cilindrical
- Size: diameter 2 mm, length minimal
- Valve minimum obstruction
- Closure: sperm cell 5ц
- No energy in passive state
- Energy storage sufficient for one mode change
- Energy transfer less than 2 hours
- Communication about status in energised state

Current status:

- Start project September 2012
- Valve solution early 2013
- Satisfying electro-mechanical concept spring 2013
- Not MRI compatible
- New concept September 2013 to be checked and patented



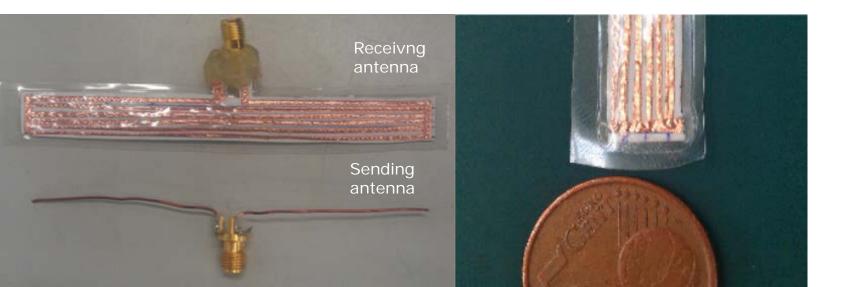
Wireless part 1

- Under development with Centre for Wireless Technology, Technical University Eindhoven
- Special thanks to the good people of Electrical Engineering and especially to prof. Peter Baltus
- 3 Bachelors final projects: antenna, energy storage, actuation
- Seeking masters student to take up challenge

Wireless part 2

Antenna (Teun van de Biggelaar)

- 100 mm λ/2, 170 MHz
- 6 folded dipole antenna
- Magnetic antenna not MRI compatible



Wireless part 3

- Water simulating human body, antenna's 15 cm apart, then human body
- The presented wireless power link has a loss of -28 dB at 200 MHz
- To supercapacitor 0,5F 38 minutes charging time
- 50 mm antenna λ/4, 200 MHz?
- Find location and polarization



Next steps

- Building 20:1 model to show actuator/valve/volume package
- Building 1:1 dummy model to show dimensions
- Check current concept with gynaecologists/stent makers/implant experts
- Patent!
- Market acceptation study
- Dummy testing on rabbits
- Build optimized wireless system

Partners & Endorsement:

- Prof. Dr. Fauser
- Prof. Dr. Laven
- Prof. Dr. Ir. Baltus
- Prof. Dr. Bouten
- Prof. Dr. Ir. De Wit

- gynaecologist Utrecht Medisch Centrum
- gynaecologist Erasmus Medisch Centrum
- head Centre for Wireless Technology TU/e
- head Smart Interventions Health TU/e
- head Smart Diagnostics Health TU/e
- Prof. Dr. Ir. v/d Vosse cardiovascular Biomechanics TU/e
- EPC TU/e (joint engineering)
- Animal Medicine Utrecht University (animal testing) ٠
- Hemolab (tissue modelling)
- Helmond Blue Medical (stents)

Value Proposition

From the North (1st model)

- Safety
- Comfort
- Freedom

Early adopters: young tech-savvy women

To the South (3-4 rd model)

- Safety
- Affordability

"Every Child desired"

Earnings Model

Value derived from 5 times exchange of IUD (spiraaltje) \$ 500/time = \$ 2500 total for a life with two kids, \$ 500 for M.D. Dependant on health system in the country.

Choice Value Chain

- \$100 costprice/set
- \$750 sales price to distributor
- \$1500 distributor to location (e.g. hospital)
- \$ 2000 to final customer (woman)

Choice earnings model:

- 1. R&D & outside research & licence income
- 2. Choice incorporated in larger company



Growth Expectation

- 1000 women 1st year
- 10000 women 3rd year
- 100000 women 5th year
- Access through gynaecologists (Essure)



Timeline/Finance

•	1st year 1st half	1st iteration	6	50K
•	1st year 2nd half	2nd iteration	10)0K
•	2nd year	team formation		
•	2nd year	fully functional prototype	4()0K
٠	3rd year	production version	80)0K
•	3rd year	first placement in woman		
٠	4th year	full scale clinical trial	2	Μ
•	5th year	sales (North)		
•	7th year	begin development version South		

Exit strategies:

- Bring product to market after clinical trials (see Essure)
- Sell company before clinical trials

Challenge

- "Only an idiot who did not know it could not be done, could find the solution" (quote glued to Paul Mages desk, the designer of the hydropneumatic suspension of the Citroen DS).
- "Certainty of death, small chance of success, what are we we for?" (Gimli, Lord of the Rings)



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"Every child desired" Thank you for your attention

Peter van de Graaf

