Five lessons from introduction and scale-up of long-acting contraceptives

KATE H. RADEMACHER, MHA SENIOR TECHNICAL ADVISOR, FHI 360







Recent experiences with 'market shaping' for long-acting contraceptive products







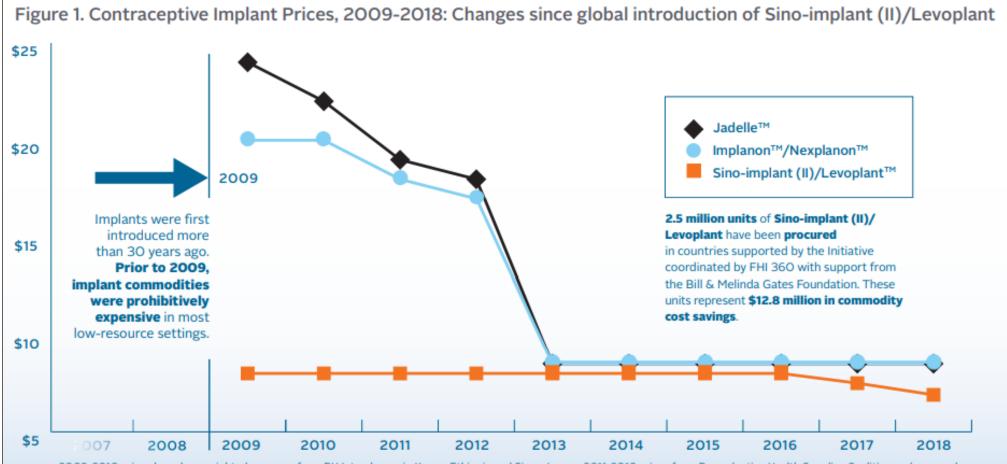
Contraceptive implants

Contraceptive injectables

Depot medroxyprogesterone acetate (DMPA-SC)

Hormonal intrauterine device (IUD)

Insight 1: Critical importance of having multiple quality assured suppliers for affordable pricing and adequate supply



2009-2010 prices based on weighted averages from RH Interchange in Kenya, Ethiopia and Sierra Leone. 2011-2018 prices from Reproductive Health Supplies Coalition and press releases issued by the manufacturers. All prices are in U.S. dollars.

Insight 2: Volume guarantees have potential to transform markets but can also have unintended consequences

NEWS

Guaranteed Impact: volume guarantees for contraceptive implants

GLOBAL HEALTH: SCIENCE AND PRACTICE Dedicated to what works in global health programs

PROGRAMMATIC REVIEW & ANALYSIS

Liftoff: The Blossoming of Contraceptive Implant Use in Africa

Roy Jacobstein^a

Contraceptive implant use is rising rapidly, substantially, and equitably in many sub-Saharan African countries, across almost all sociodemographic categories. Gains in implant use have exceeded combined gains for IUDs, pills, and injectables. Key contributing factors include sizeable reductions in commodity cost, muchincreased commodity supply, greater government commitment to expanded method choice, and wider adoption of high-impact service delivery practices that broaden access and better reach underserved populations. Continued progress in meeting women's reproductive intentions with implants calls for further investment in quality services for both insertion and removal, and for addressing issues of financing and sustainability.



Insight 3: Value in having a shared learning agenda across projects/countries including joint dissemination



COMMENTARY

A Global Learning Agenda for the Levonorgestrel Intrauterine System (LNG IUS): Addressing Challenges and Opportunities to Increase Access

Kate H. Rademacher,^a Tabitha Sripipatana,^b Anne Pfitzer,^c Anna Mackay, Elaine Menotti,^b Hayley Traeger^g

The LNG IUS is one of the most effective forms of reversible contraception a benefits but is currently not used at scale in any Family Planning 2020 focu developed a shared learning agenda to answer critical questions, harmonia and facilitate introduction of the method within the context of informed choi

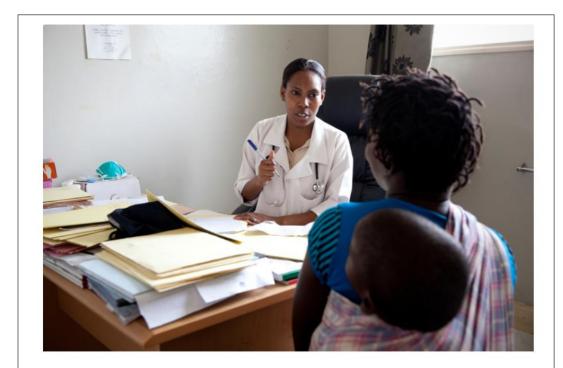
BACKGROUND

The levonorgestrel intrauterine system (LNG IUS) is one of the most effective forms of reversible contraception with efficacy rates similar to subdermal implants and copper intrauterine devices (IUDs).¹ The LNG IUS to its *Essential Medi* method's advantag by colleagues (Hut previously in this j available at scale o of the Family Plan

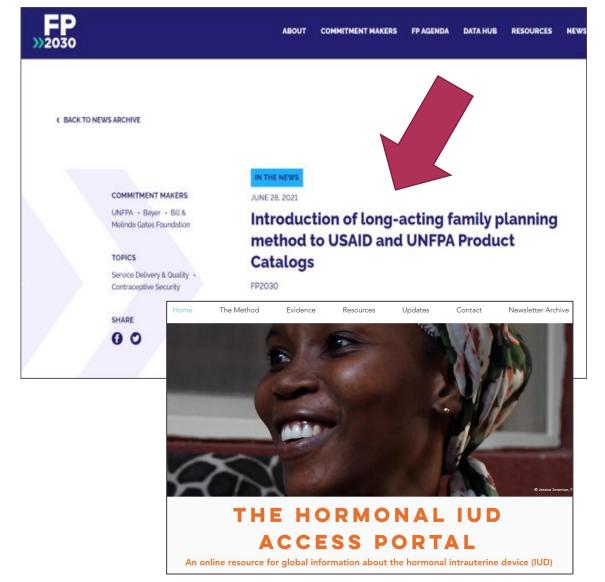
Overview of recent research studies

Project	Research Timeframe	Country	Participants at Baseline ¹	Study Design	Service Delivery Context	Geographic Region	Funder	Lead study implementers
	2018-2020	Madagascar	N=242	Longitudinal prospective survey within 12 months of insertion	19 social franchise clinics	Mahajanga, Toamasina, Antsiranana & Antananarivo	USAID	WCG Cares, PSI
	2018-2019	Zambia	N = 166		19 public sector clinics	Copperbelt & Muchinga		
	2017-2019	Nigeria	N =205	Longitudinal prospective survey within 12 months of insertion	40 social franchise clinics	18 states	USAID	PSI, Society for Family Health
SIFPO-2	2018-2020	Zimbabwe	N= 156		6 social franchise clinics	Harare, Manicaland, Midlands, Masvingo & Bulawayo		PSI
	2017-2019	Kenya	N = 432*	'Enhanced' M&E data, follow-up phone interviews, FGDs with providers	56 public sector clinics	Kisumu & Migori	USAID	Jhpiego
aternal and Child urvival Program	2017-2019	Zambia	N=754*		41 public sector clinics	Eastern, Central, Southern, Luapula Province		
LEAP Eng-ius initiative	2018-2019	Nigeria	N = 888**	Mixed methods: Longitudinal prospective survey, IDIs, FDGs, costing	40 social franchise clinics	18 states	Bill & Melinda Gates Foundation	FHI 360, PSI, Society for Family Health
	2018-2019	Zambia	N = 710**		20 public sector clinics	Copperbelt & Muchinga		

Insight 4: Power of high-trust partnership



Applying the power of partnership to evaluation of a long-acting contraceptive



Insight 5: Product introduction 'fatigue' can be a challenge; consider multi-method approach

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Contraceptive Method Introduction to Expand Choice

This Strategic Planning Guide is intended to lead program managers, planners, national policy makers, and other stakeholders through a strategic process to coordinate the introduction of contraceptive methods through public and private access channels. The guide was developed through consultation with technical experts and summarizes guidance from key resources for method introduction. It provides an overview and links to other resources for more depth and detail. Successful contraceptive introduction efforts typically include the seven elements in Figure 1. These elements are not listed as linear steps because the process is often iterative; revisiting and adapting approaches is often necessary to set the stage for scale-up.

Introducing new contraceptive options, including multiple products within a method category, into a health system and market can contribute to broader efforts to meet individuals' needs and desires throughout their reproductive lives.

New method introduction efforts should always align with the rights-based <u>Principles Underpinning High Impact</u> Practices for Family Planning.

Figure 1. Elements of contraceptive method introduction



Element 1: Plan and coordinate for sustainability through country leadership.

Decisions about if and how to introduce contraceptives should be based on end-user needs and preferences, with stewardship by Ministries of Health. Introduction requires intentional planning and coordination between public and private sector actors at the global, national, and sub-national levels, 'including Ministries of Health, normative bodies, national regulatory authorities, donors, procurers, suppliers, distributors, service delivery organizations, technical assistance partners, advocates, providers, and end user communities, especially <u>adolescents</u> and others without <u>equitable access</u> to family planning.

Country leadership can help ensure sustainability, especially because requirements for future large-scale implementation need to be accounted for in the design of initial introductions.² Clear coordination mechanisms are needed to provide oversight and support.³

Implementation tips:

- Through local leadership, develop and periodically revisit costed introduction plans (such as this
 template⁴ for DMPA-SC introduction plans, and these examples of tools for costing plans⁴). Plans should
 identify clear roles and responsibilities (making sure to address all groups listed above), risks and
 mitigation strategies, and adequate financing sources for all activities.
- Establish clear mechanisms for coordinating introduction on an ongoing basis. See these examples⁶ of how to integrate new method introduction activities within existing technical working groups or create dedicated, time-limited task forces or subcommittees linked with broader mechanisms.
- Link national/subnational introduction activities with global or regional efforts to ensure translation of
 evidence across countries. Coordination should support alignment of national demand and available global
 supply. Global market shaping² can help address barriers faced by manufacturers.

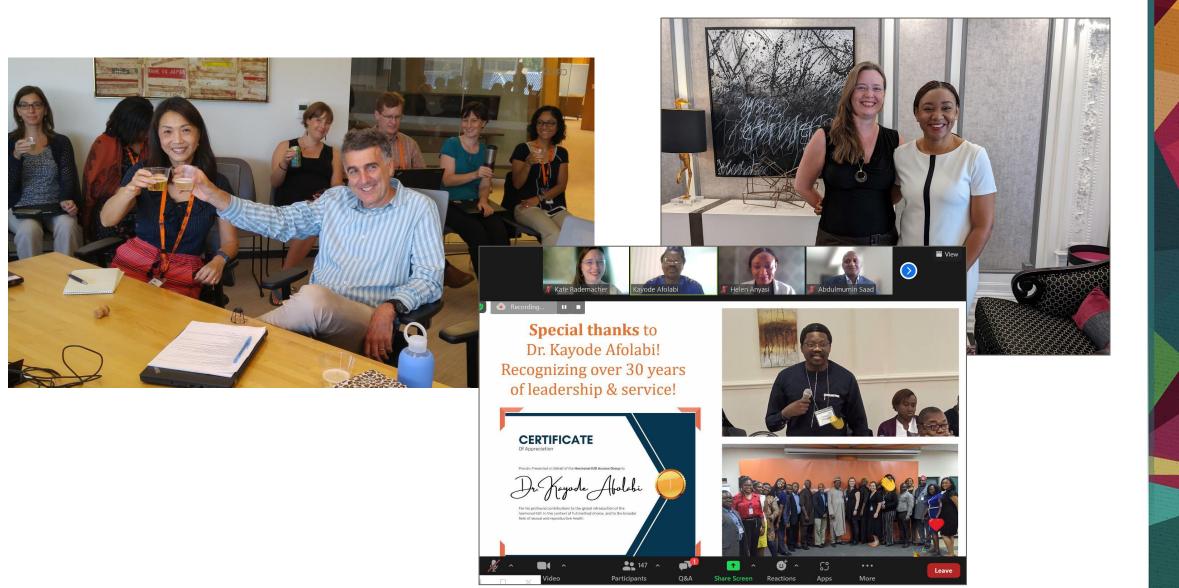
SEMA REPRODUCTIVE HEALTH

Iome About Us V News & Resources Careers



http://www.fphighimpactpractices.org/

Bonus insight: Take time to celebrate successes including key milestones on the journey! ©



ACKNOWLEDGMENTS

Thank you!



MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

