

IMPLANT ACCESS PROGRAM: EXPANDING FAMILY PLANNING OPTIONS FOR WOMEN

The global family planning community is working to ensure that more women around the world have access to contraceptive options and family planning services and information. As part of this global effort, a group of organizations collaborated to make contraceptive implants—a previously less accessible family planning option—more available to women in the world’s poorest countries.

Since the launch of the Implant Access Program (IAP) in 2013, tremendous progress has been made toward expanding contraceptive access and options and strengthening global family planning systems overall.



Woman receives a contraceptive implant at Mathare North Health Center in Nairobi, Kenya.
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THE FAMILY PLANNING LANDSCAPE

Globally, more than 200 million women who want to prevent or delay pregnancy are not using modern contraception. At the 2012 London Summit on Family Planning, global leaders set an ambitious goal of providing 120 million more women and girls in the world’s poorest countries with access to modern contraceptives by 2020. Achieving the FP2020 goal will require strong, coordinated efforts to overcome barriers to access and to expand options so women can voluntarily choose the methods that best meet their needs.

There is high demand for long-acting reversible contraceptives (LARCs), including implants, in developing countries, where access to health clinics is often limited and stock-outs are common. Overall demand for LARCs is increasing significantly, particularly when they are consistently available and supported by strong counseling and clinical services.¹

THE IMPLANTS

Jadelle® is a two-rod, progestin-only implant that provides effective contraception for women for up to five years.

Implanon® is a single-rod, progestin-only implant that provides effective contraception for up to three years and comes in a pre-loaded sterile applicator. **Implanon NXT®** offers a next-generation applicator designed for easy and rapid, single-handed insertion and will replace Implanon.

Proper insertion—subcutaneously in the upper arm—and removal of contraceptive implants requires trained healthcare providers.

THE IMPLANT ACCESS PROGRAM

A group of public and private organizations collaborated to make Bayer HealthCare’s Jadelle® and MSD’s Implanon® and Implanon NXT® available to women in the world’s poorest countries at price reductions of approximately 50% through 2018.

Other organizations involved in the agreement include: the Bill & Melinda Gates Foundation; the Clinton Health Access Initiative (CHAI); the governments of Norway, Sweden, the United Kingdom and the United States; and the Children’s Investment Fund Foundation (CIFF), with support from the United Nations Population Fund (UNFPA). The IAP supports the recommendations of the UN Commission on Life-Saving Commodities to increase the availability of quality, life-saving commodities for women’s and children’s health.

The price reductions were just the first step. The IAP organizations also are collaborating closely with a number of other international organizations to train health workers on counseling and proper implant insertion and removal; reduce supply chain disruptions; increase service delivery quality and availability; and raise awareness about implants at the community level. Donors and governments are working together to ensure adequate funding is available in all FP2020 countries to take these critical next steps.

1. For additional information on the demand for LARCs see: Three Successful Sub-Saharan Africa Family Planning Programs: Lessons for Meeting the MDGs (Ethiopia, Malawi, Rwanda), USAID/ Africa Bureau, 2012.

KEY PROGRAM ACHIEVEMENTS

- **Access:** In 2015, more than **10.5 million** implants were distributed in the world's poorest countries—a **39%** increase from 2014 and 130% increase from 2012. During the first three years of the IAP (2013 - 2015), **25.2 million** implants have been distributed.
- **Cost Savings:** Implant price reductions led to more than **US\$100 million** in savings for donors and developing country governments in 2015, and **US\$240 million** since the program launched in 2013.
- **Sustained Access Pricing:** Merck and Bayer recently announced plans to maintain access pricing for contraceptive implants in the world's poorest countries. Both companies committed to extend their respective access pricing commitments for an **additional five years**, through 2023.
- **Forecasting and Supply Planning:** Applying new tools and processes to improve coordination between partners, the coordinated supply planning (CSP) group helped to prevent stock-outs of implants in **nine countries** and avoid overstocks in **five countries** in 2015. The systems developed by the CSP group are now also being used to support supply planning for injectables.
- **Training & Service Delivery:** IAP partners continue to monitor and address issues that arise from the increased availability of implants. In 2015, several IAP partners collaborated to develop a standardized consumables key to support both implant insertion and removal. These kits are available for purchase through UNFPA's AccessRH. In addition, partners have been experimenting with on-the-job refresher trainings as a cost-effective strategy. On-the-job training for the improved one-rod implant, IMPLANON NXT®, has been piloted in Kenya and is now being rolled out to accelerate the country's transition to this method.
- **Implant Removals Taskforce:** IAP partners have actively engaged with the family planning community to discuss the challenges related to ensuring access to quality implant removal services. The group has outlined a consensus on effective practices for expansion, as well as priorities for research and learning. This topic remains a global priority, and the task force work will continue throughout 2016 to ensure that this critical component of quality is actively monitored and strengthened.

CASE STUDY

EngenderHealth: Avoiding Unplanned Pregnancies in Uganda

Najjingo Madde (age 42) lives in central Uganda, 37 km from the equator. Najjingo and her husband have nine surviving children; the eldest is aged 26 years old, and the baby is now 5. Two additional children died at early ages. The family depends on subsistence farming, and they struggle to sustain their large family.

Najjingo began using contraceptives more than a decade ago—when she still had “few children”—and decided to use pills. However, refilling her stock of pills was difficult, since the only government health facility that provided free contraceptives was over 10 km away. “Many times, I would spend a number of days without swallowing any pills.” As a result, Najjingo had three unplanned pregnancies. Six months ago, a village health worker told Najjingo about a team of health care workers coming to a nearby health facility. She talked that night with her husband, who agreed that she should visit the health center to get more information about reliable contraceptives. After being counseled on a wide range of available methods, Najjingo accepted a hormonal implant. She reports that she has not experienced any major side effects as a result of using an implant. Najjingo noted that she missed her menstrual periods for the first three months, but the provider had mentioned this possibility before she accepted the method, so she was not scared.

Najjingo and her husband, Suleiman, are thrilled: “We are no longer worried about having an unwanted pregnancy,” says Suleiman. “We hope to give our children better schooling, food, and clothing.”

Like Najjingo, thousands of other women in Uganda wish to space their births or stop bearing children altogether, and 34% of women have an unmet need for family planning. Efforts are building across the country to improve access to information, services, and supplies to meet the need for family planning and improve the lives of women and families.

DEVELOPMENTS IN THE IMPLANTS FIELD

- **Updated Medical Eligibility Criteria:** In June 2015, the World Health Organization (WHO) released its Medical Eligibility Criteria for contraceptive use, Fifth edition (or MEC). This edition of the MEC presented a significant shift, reducing restrictions around use of hormonal contraceptives, including implants, for breastfeeding women who are less than six weeks post-partum. Increasing options for women immediately post-partum dramatically increases the opportunity for women to space births. The opportunity to provide family planning services shortly after birth is enormous; over the next year, more than 130 million births will take place in low and middle income countries.
- **Implants/HIV interaction:** Discussion continues at a global level regarding whether changes are needed to the WHO's current position on implants for HIV+ women who are on efavirenz-based antiretroviral treatment (ART). (The WHO's current MEC notes that the benefits of implants outweigh the risks for this cohort of women). Prospective studies are nascent and will require some time before any revised decision can or should be made. In the interim, global guidance remains as follows: HIV+ women on efavirenz who choose implants as their method should be advised of possible reduced contraceptive efficacy, the importance of dual protection and the availability of other family planning methods for consideration.