The Contraceptive Implant: Global Evidence & Marie Stopes International’s Experience

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Contraceptive Unmet Need in India

- 31 million women in India still have an unmet need for family planning.*

- Addressing this need can prevent 15 million unintended pregnancies, 1 million unsafe abortions, 2000 maternal deaths.**

- Use of modern methods at 48.5% with long acting reversible methods (IUD) at 1.7% in India.***

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* Srivastava Dhiraj Kumar, Gautam Pramod, Gautam Roli, Gour Neeraj, Bansal Manoj, A study to assess the unmet needs of family planning in Gwalior district And to study the factors that helps in determining it, National Journal Of Community Medicine 2011 volume 2 issue 1

** Impact Estimator , MSI

*** NFHS III
Choice is Important

1: Choice of whether to use contraception
   Yes  No

2: Choice of contraceptive provider

3: Choice of contraceptive method

Choice

- Increases User satisfaction
- Decreases Discontinuation
- Increases access and use
Implants: Promising Choice

• Hormonal Implants are small flexible rods or capsules that are placed just under the skin of upper arm.

• Mode of action: Inhibits ovulation and thickens cervical mucus.

• Hormonal implants are gaining popularity among a broad range of women wanting to time, space, or limit future pregnancies. A number of such products— including Implanon®, Jadelle®, and Sino-implant (II)® are available.
Benefits of Implants

• Highly effective
• Can be used both for spacing or limiting births
• No regular action needed by user
• Does not fail because of user error
• Continuation rates are higher than shorter-acting methods
• Lower burden on health system because fewer visits required
• Cost-effective in the long term
## Comparison of Implants

<table>
<thead>
<tr>
<th></th>
<th>Implanon</th>
<th>Jadelle</th>
<th>Sino-implant (II) (Zarin, Femplant, Trust, Simplant)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formulation</strong></td>
<td>68 mg etonogestrel in 1 rod</td>
<td>150 mg levonorgestrel in 2 rods</td>
<td>150 mg levonorgestrel in 2 rods</td>
</tr>
<tr>
<td><strong>Approx. Insertion &amp; Removal time</strong></td>
<td>Insertion: 1 min Removal: 2-3 min</td>
<td>Insertion: 2 min Removal: 5 min</td>
<td>Insertion: 2 min Removal: 5 min</td>
</tr>
<tr>
<td><strong>Labeled duration</strong></td>
<td>3 years</td>
<td>5 years</td>
<td>4 years</td>
</tr>
<tr>
<td><strong>Trocars</strong></td>
<td>Pre-loaded disposable</td>
<td>Disposable</td>
<td>Disposable</td>
</tr>
<tr>
<td><strong>Cost per Year (if used for duration)</strong></td>
<td>$6.00</td>
<td>$3.60</td>
<td>$2.00</td>
</tr>
<tr>
<td><strong>WHO Prequalification</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Application submitted</td>
</tr>
</tbody>
</table>
Global Evidence on Implants

• Implants’ **effectiveness** and convenience, has made them popular and high in demand in countries where they are available in family planning programs.*

• Implants have higher **continuation rates** after two years than most other reversible methods.**

• Studies have shown that use of implants has no impact on breast-feeding or the healthy development of breast-fed babies.**

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**2010 Quick Reference Guide to Family Planning Research 43
Global Evidence on Implants

• **Efficacy** rates of Implants are comparable to those of other long-acting and permanent methods.

• Pre-insertion **counselling** help women accept side effects and, as a result, reduce their early discontinuation.

• As a percent of the method mix—remains 0.03% worldwide, demand often exceeds supply.
Implants at MSI

Widely used in Africa and Asia and use increasing in Latin America.

<table>
<thead>
<tr>
<th>Country</th>
<th>No of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Asian countries</td>
<td>40,421 units</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>8,213</td>
</tr>
<tr>
<td>Pakistan</td>
<td>15,981 units</td>
</tr>
<tr>
<td>Nepal</td>
<td>4,315</td>
</tr>
<tr>
<td>Other South Asian Countries</td>
<td>11,912</td>
</tr>
<tr>
<td>Cambodia, Vietnam, Mongolia, Myanmar,</td>
<td></td>
</tr>
<tr>
<td>Papua New Guinea, Timor Leste, Yemen</td>
<td></td>
</tr>
</tbody>
</table>

Implant is provided through MSI Blue Star Social Franchisees

MSI partnership statistics 200-2010
Implants at MSI

• **Quality** is ensured through MSI clinical standards and protocols, clinical training protocols, ongoing clinical quality audits and technical assistance.

• In Madagascar less than 2% of women discontinued their implants three months after insertion, which testify to the quality of our services & client acceptability of Sino-II.*

• **Advocacy** - In Timor Leste, a protocol review by MSI, MoH and UNFPA helped remove restrictions on provision of implants by nurses.

*Retrospective evaluation study in Tanzania, Sierra Leone, Ethiopia, Madagascar, Pakistan and Myanmar*
Implants at MSI

• **Training of providers:** MSI’s skilled service providers are trained using materials and courses developed by the Medical Development Team from international best practice & research.

• Implant insertion is a **simple technique** and requires limited equipment.

• MSI recommend 4 day training on all spacing FP methods. For Implants we advocate 5 insertion and 2 removal on clients as a minimum criteria during training.

• MSI’s experience from Ethiopia and Sierra Leone shows the importance of training the widest possible network of government and private sector Doctors on implants to ensure wide **access to follow up** and potentially removal.

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*Retrospective evaluation study in Tanzania, Sierra Leone, Ethiopia, Madagascar, Pakistan and Myanmar*
Impact on Cost Saving to Health Care systems

300 Outreach teams
1,700 Social transporters
600 Centres

1.95m Safe abortion / Post-abortion care
15,000 Deaths will be prevented
1.98m Unsafe abortions will be prevented

1.1m IUCDs
480,000 Implants
140m Condoms
585,000 Sterilisations
13.1m Pills
1.6m Injectables
1.1m Other short term methods
7m Unintended pregnancies will be prevented

£297m Savings to healthcare systems
£78m Donor money invested

Implants
Implant Initiative at MSI

• MSI, FHI 360 with partners collaborate for registration and introduction of the low cost – Sino-Implant II
Over 730,600 units distributed to date in countries supported under project

Units translate into almost $8.4M in commodity cost savings*

Savings mean an additional 1 million units could be purchased

Estimated Impact of Units**

- Over 2.4 million couple years of protection from pregnancy
- 661,000 unintended pregnancies averted
- 2,600 maternal deaths averted
- 126,000 abortions averted
- $94M in savings to health system and families

Savings could also be reinvested in training or other health priorities

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*Impact is estimated based on distribution of 687,500 units (units damaged during delivery to Africa subtracted from total procurement). Savings are based on a price of US$8 per unit for Sino-implant (II), assuming the alternative is to purchase Jadelle. The average price for Jadelle was US$24 in 2009, US$22 in 2010, US$19 in 2011 and US$18 in 2012 according to information from the Reproductive Health Supplies Coalition (www.rhsupplies.org).

For more information on the Sino-Implant Initiative
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