

The Contraceptive Implant:

Global Evidence & Marie Stopes International's Experience

Martyn Smith 6th September 2012





Contraceptive Unmet Need in India

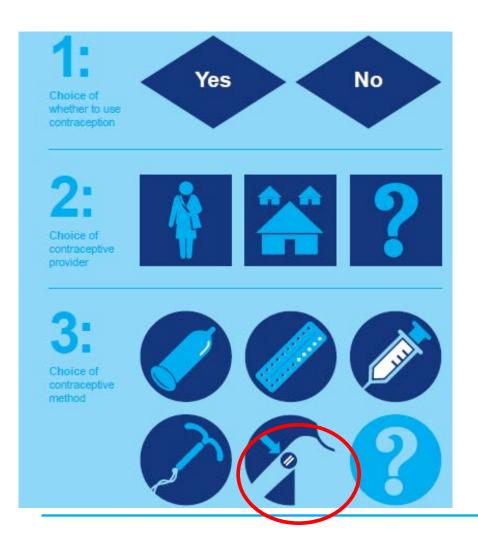
- 31million women in India still have an unmet need for family planning.*
- Addressing this need can prevent 15m unintended pregnancies, 1m unsafe abortions, 2000 maternal deaths.**
- Use of modern methods at 48.5% with long acting reversible methods (IUD) at 1.7% in India.***

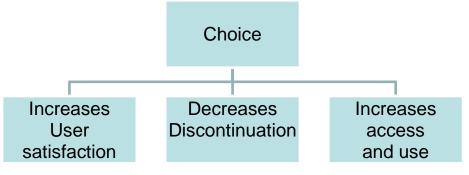
^{*}Srivastava Dhiraj Kumar, Gautam Pramod, Gautam Roli, Gour Neeraj, Bansal Manoj, A study to assess the unmet needs of family planning in Gwalior district And to study the factors that helps in determining it, *National Journal Of Community Medicine 2011 volume 2 issue 1*

^{**} Impact Estimator .MSI

^{***} NFHS III

Choice is Important







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 productsincluding 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

	Implanon	Jadelle	Sino-implant (II) (Zarin, Femplant, Trust, Simplant)
Formulation	68 mg etonogestrel in 1 rod	150 mg levonorgestrel in 2 rods	150 mg levonorgestrel in 2 rods
Approx. Insertion & Removal time	Insertion: 1 min Removal: 2-3 min	Insertion: 2 min Removal: 5 min	Insertion: 2 min Removal: 5 min
Labeled duration	3 years	5 years	4 years
Trocars	Pre-loaded disposable	Disposable	Disposable
Cost per Year (if used for duration)	\$6.00	\$3.60	\$2.00
WHO Prequalification	Yes	Yes	Application submitted









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.**

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.

Country	No of units		
10 Asian countries	40,421 units		
Bangladesh	8,213		
Pakistan	15, 981 units		
Nepal	4,315		
Other South Asian Countries	11,912		
Cambodia, Vietnam, Mongolia, Myanmar, Papua New Guinea, Timor Leste, Yemen			

Implant is provided through MSI Blue Star Social Franchisees



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.

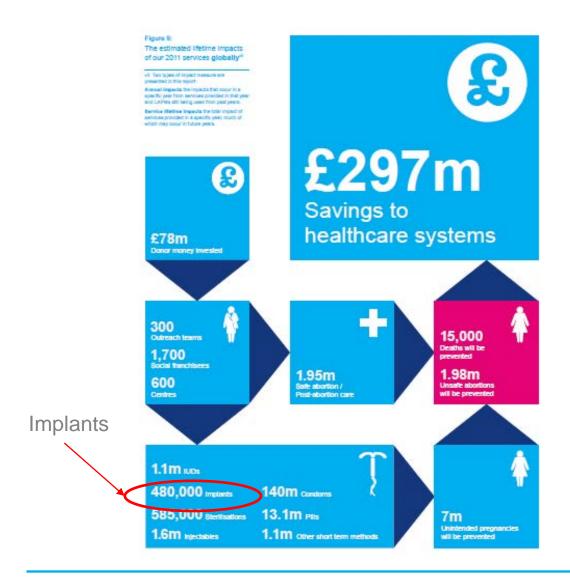


Implants at MSI

- 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 *

^{*}Retrospective evaluation study in Tanzania , Sierra Leone, Ethiopia, Madagascar, Pakistan and Myanmar





Impact on
Cost Saving
to Health
Care systems



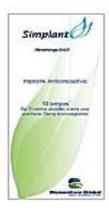
Implant Initiative at MSI

 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



MARIE STOPES

*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).

^{**}Public health impact calculated from MSI Impact Calculator version 1.2 available at www.mariestopes.org.



For more information on the Sino-Implant Initiative email: Sino_implant@fhi360.org
Tracey.Brett@mariestopes.org



