



# Injectable Contraceptives In India: A Policy Perspective

September 6, 2012

Shuvi Sharma  
Futures Group International India Pvt. Ltd.



# Injectable Contraception



# Types of Injectable Contraceptives Available

## Depo-Medroxyprogesterone acetate (DMPA)

- Depo
- Depo-Provera
- Megestron, and
- Petogen

## Norethisterone enanthate (NET-EN)/ norethindrone enanthate

- Noristerat, and Syngestal

## Medroxyprogesterone acetate/ estradiol cypionate

- Cyclofem,
- Ciclofem,
- Ciclofemina,
- Cyclo-Provera,
- Feminena,
- Lunella, and
- Novafem, etc.

# The Method

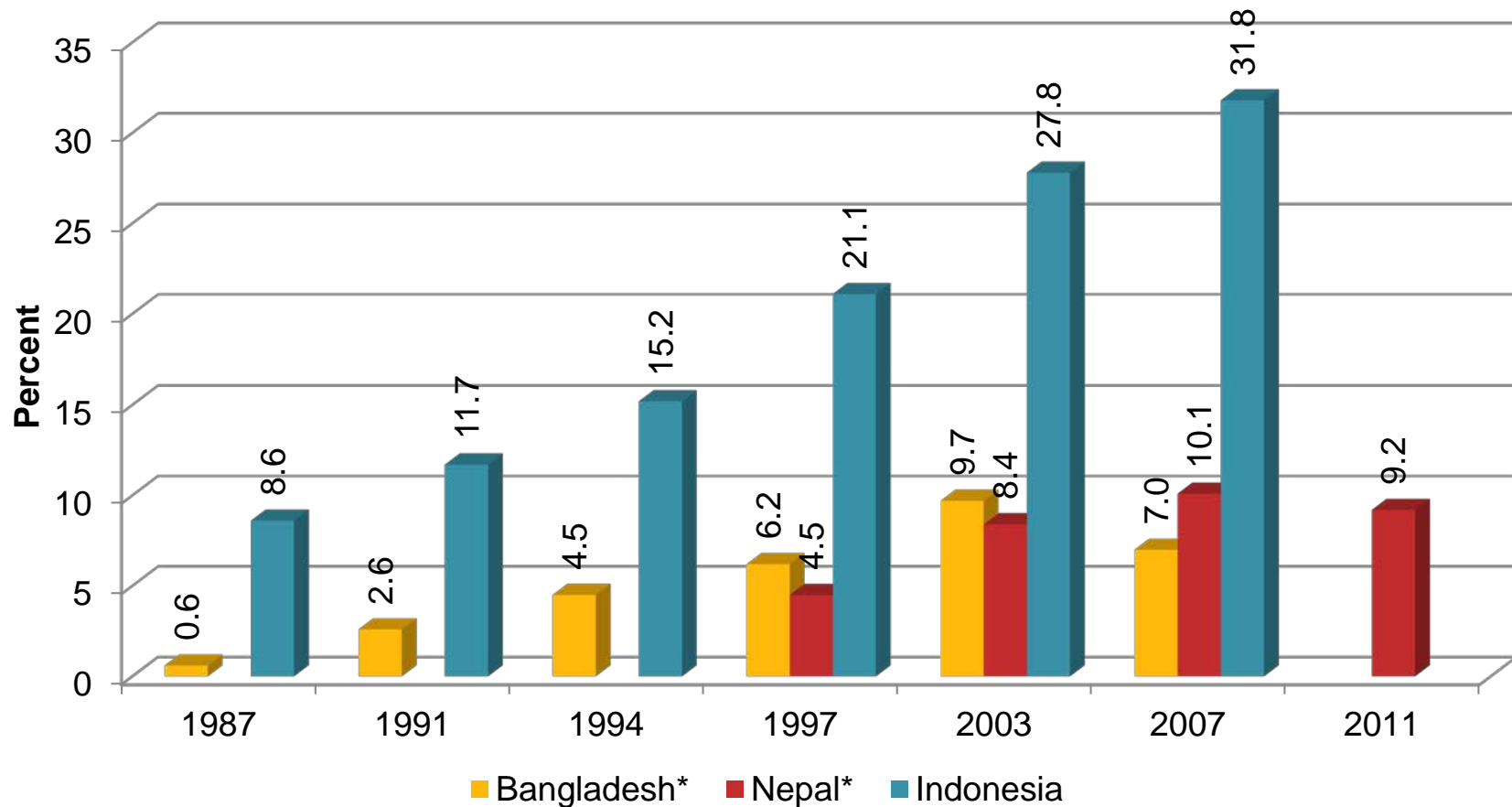
## ■ Advantages

- Highly effective
- Privacy in use
- Suitable for use as post-partum contraceptive

## ■ Disadvantages

- Return of fertility
- Changes in bleeding pattern
- No protection for STIs
- Need for counselling to reduce discontinuation

# Trend in use of Injectable for different countries



Source: Demographic Health Surveys, Measure DHS for various years & countries.

\*: For Bangladesh and Nepal, some of the years are slightly different from the years mentioned in X-axis

# Historical Background of Injectable in India



	NET-EN	CYCLOFEM	DMPA
1981-85	Phase IV <b>pre program introduction</b> trials of NET-EN begin ('83-'84)		
1986-90	Approved for marketing in private sector ('86) Women's group file petition in Supreme Court ('86)		
1991-95			Approved by US FDA ('92) Approved for marketing in India. Post marketing surveillance recommended ('93) Case filed in SC for ban ('93-'94) DTAB – no DMPA in government FP program ('95)
1996-2000	Expert Group Meeting on Injectable Contraception at Mumbai ('98) Supreme court case ends - stay not granted ('00)		PMS finds DMPA safe and effective ('94-'97)
2001-05	Feasibility study by ICMR ('02-'08)		Court case ends. DMPA not banned. Directs DTAB to review drug regularly. ('01) Expert Group Meeting on Injectable contraceptives at Manesar ('04)
2006 till date	Pre-program introduction in 40 centres ('09)		Expert Group meeting on injectable contraceptive – DMPA at MoHFW -2010

# Demand and Supply of Injectable





# Access to Injectable Contraceptives

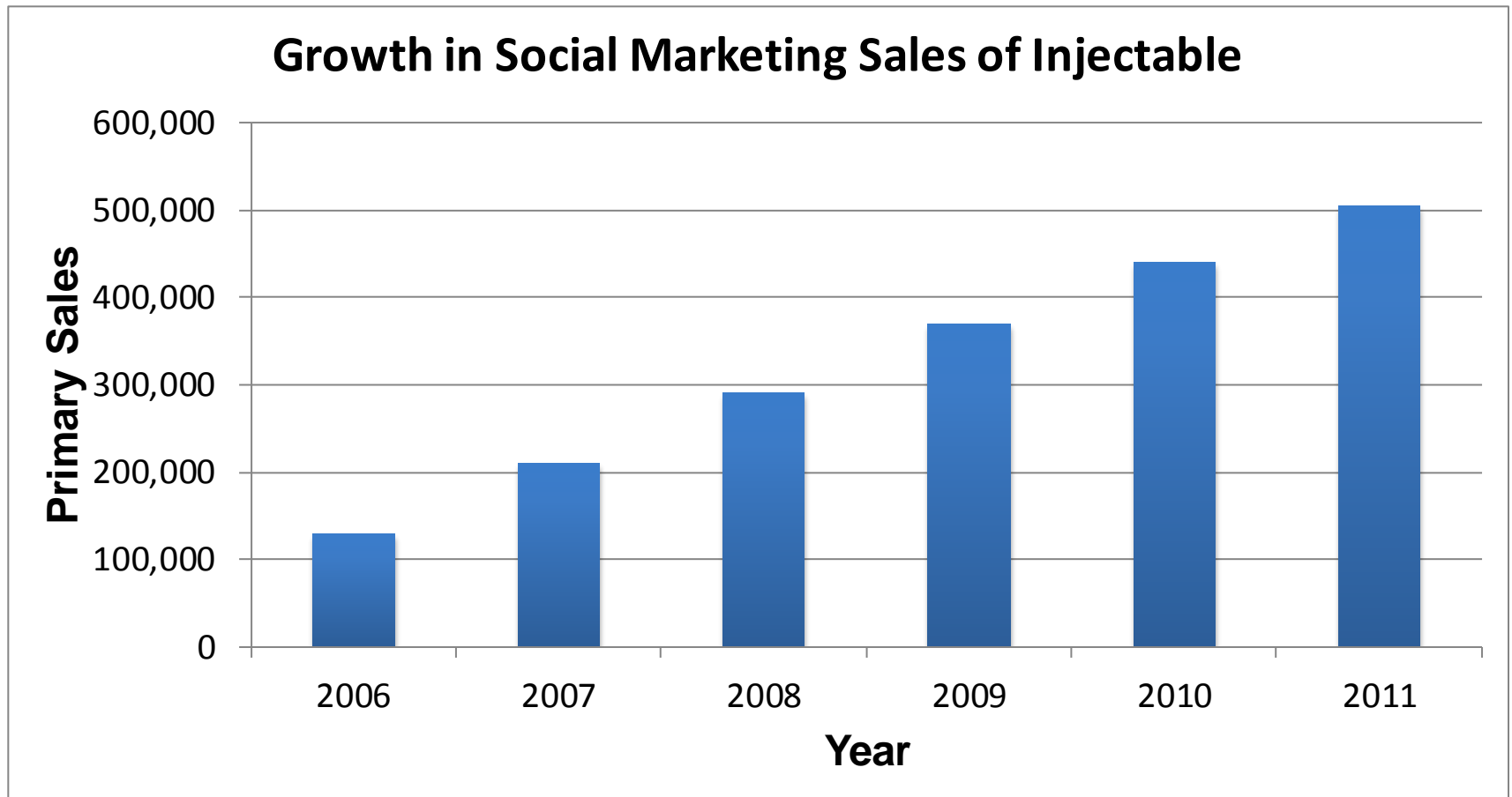
- WHO Medical Eligibility Criteria (2009) state health providers with limited clinical judgment can also provide injectable contraceptive safely under defined conditions
- In India, only MBBS doctors in the private sector allowed to provide DMPA
- Available through pharmacies and drug shops as a Schedule H drug
- Providers in the public sector report 20 to 30 percent clients request injectable contraception

# Supply and Pricing

	Brands	Manufacturer / Marketer	MRP
1	Khushi	Star Drugs & Research Labs / Population Health Services (India)	Rs 60/-
2	Pari	Famy Care Ltd. /Janani	Rs 50/-
3	B Sure	World Health Partners	Rs 100/-
4	Procosteron - 150	Star Drugs & Research Labs / Population Services International	Rs 120/-
5	Depo Provera	Pfizer	Rs 230/-
6	Myone Depo	Sun Pharmaceuticals India Ltd	Rs 100/-
7.	Petogen	Hindustan Lifecare Ltd	Rs 175/-
8.	Depo Progestin	Harshen Laboratories / DKT India	Rs 65/-
9.	Depo Provera	Pfizer Limited/ DKT India	Rs 100/-

The prices indicated are the Maximum Retail Price (MRP) of the respective brands

# Steady Increase in Private Sector



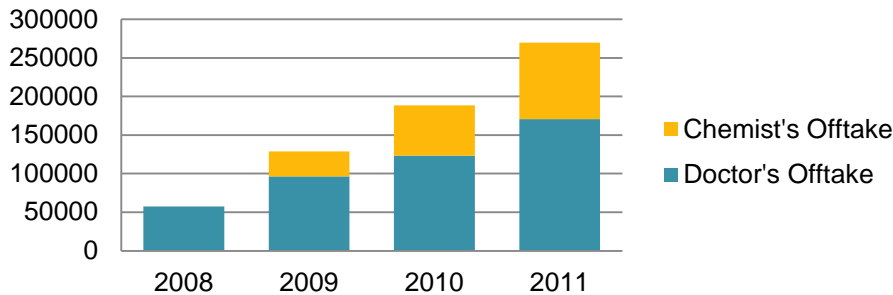
Source: Primary sale figures from Janani, PSI, PHSI, DKT and WHP. Excludes sales of Pfizer, Famycare and HLL Lifecare

# Implementation Experience

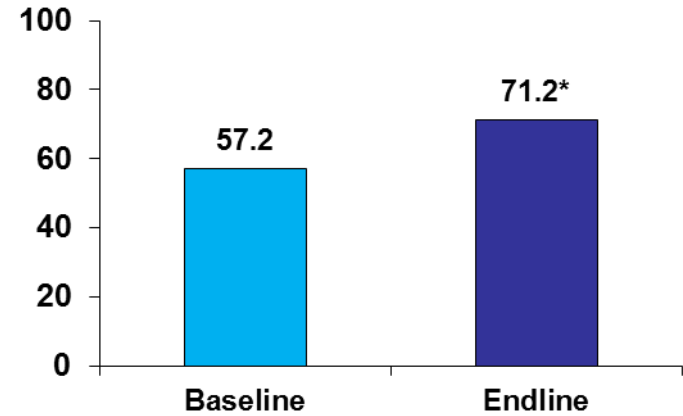


# Dimpa Experience

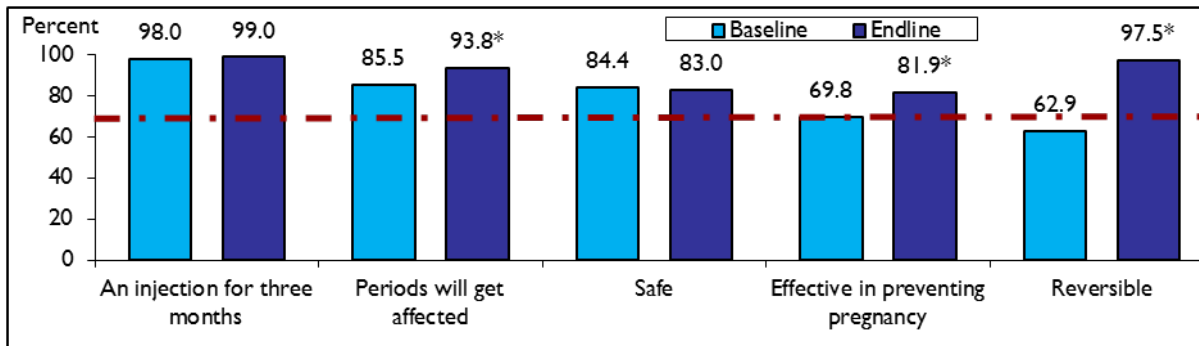
**Consolidated Ob/Gyn's / Chemist's Sales Data**



*The offtake of DMPA from network clinics and chemist shops has been growing at 70 percent on a Year-on-Year basis for the last three years\**



*Positive attitude towards DMPA and screening clients appropriately\*\**



*Providers discussing key aspects of DMPA with mystery clients\*\**

# Sambhav Vouchers in Jharkhand

- Piloted under Voucher in Gumla (two blocks) through an NGO
- Services provided at two accredited facilities in Gumla block, full time ambulances available for transportation
- High SLI women three times more likely to use modern spacing methods compared to low SLI
- FP uptake increased with strong interest shown in newer methods
- Injectables accounted about 43% of methods availed through vouchers from Nov 2010-October 2011

# Profile of an Injectable User for Vouchers

- Name: Usha Devi
- Village: Bargain
- District: Gumla
- Age:21
- Age at marriage: 17
- No. of living children: 3
- Now an injectable user on her third dose



# The Potential

**Total female married  
between age 15-49 in  
Gumla Sadar and  
Sisai blocks**

**15,008 in Sisai and 20,553 in Gumla Sadar  
Total: 35,561**

**No. of first dose  
users**

**Potential increase in  
CPR**

**Injectable**

**1023**

**2.88**

(November 2010 to October 2011)



# Key Barriers



# Demand and Supply Side Barriers

- High Costs
- Limited availability
- Limited awareness on injectable contraceptive
- Misconceptions and lack of proper counseling
- Provider bias- most doctors do not counsel on Injectable or provide the method
- Not available in the government system affects the method not available to many women

# Policy Level Barriers

- No review of DMPA by Drug Technical Advisory Board
- Government priority to strengthen existing methods
- Varying government position on injectable contraceptive - viz a viz leadership
- Need for release of pre-program trial findings
- Systematic evidence building
- Apprehension among advocates to approach the women's group
- Discussions on injectable mostly within the advocates



**HEALTH  
POLICY  
PROJECT**

**Thank You**



**USAID**  
FROM THE AMERICAN PEOPLE

# Way Forward

# Way Forward-Advocating Differently

- Approach increasing the access to injectable contraceptives from rights and pro-poor perspective
- Cultivate a larger base of advocates - academicians, UN Bodies, WHO etc. and engage with government through one-on-one/small group advocacy
- Advocacy groups needs to bring donors on a common platform
  - Programming support for implementation of large programs to generate evidence for demand and increase user base
  - Strong demand from the community should emerge for the method
- Develop a professionally managed and consistent advocacy strategy
  - A strong PR plan and crisis management plan should be ready
  - Strong strategy to approach and engage the women's groups
  - One-on One advocacy with the DTAB/ICMR to review the issue again as directed by the Supreme Court