



# Save Lives, Alleviate Poverty, Spur Development: Invest in Long-Acting and Permanent Methods of Contraception

Advocacy Brief No. 1

The need for effective, modern family planning (FP) has never been greater than it is today, as the largest cohorts in human history move through their reproductive years. FP is not only a human right, it is **critical to individual health and well-being and to a country's economic development**. FP is also one of the most **cost-effective and acceptable** preventive health measures. It saves the lives of women and children, prevents mother-to-child transmission of HIV, and enables couples to choose the number, spacing, and timing of their children.

These outcomes **reduce poverty, decrease strain** on already fragile health care systems and economies, **slow population growth**, and **spur development**. Global experience confirms that without broad availability and use of effective modern FP methods and services, fertility levels will remain unsustainably high, the problem of maternal and child mortality will continue to be intractable, and national development will be held back.

## Did you know?

- **More than 350 million couples worldwide have limited or no access** to effective and affordable FP, especially to long-acting (intrauterine devices [IUDs], hormonal implants) and permanent (female sterilization, vasectomy) methods (LAPMs), the most effective and cost-effective of all methods.
- LAPMs are popular when made available, and one or more LAPM is **suitable for almost all women and for any reproductive intention** (spacing, delaying, or limiting births).
- Effective FP could save the lives of **100,000–200,000 women and more than 1 million infants and could prevent 500,000 children from losing their mothers due to pregnancy-related deaths**. Most such deaths occur in South Asia and Sub-Saharan Africa.
- **A woman in Sub-Saharan Africa faces a one in 22 lifetime risk of maternal death**. For every 109 births in Sub-Saharan Africa, there is one maternal death.
- **More than 3.5 billion people live today on less than \$2 a day**, including 75% of all people living in South Central Asia and 72% of those living in Sub-Saharan Africa.
- The world's 2007 population of 6.6 billion will **grow by another 1.4 billion** by 2025. Of this increase, **93% will occur in the world's impoverished countries**.
- In the next two decades, **just to maintain current levels of contraceptive use, FP services will have to expand by more than 40%**. Yet maintaining current contraceptive prevalence rates (CPRs) will fall far short of protecting everyone who wants to prevent pregnancy.

Despite growing demand and high unmet need for spacing of births for two or more years, or for limiting births after reaching desired family size, overburdened and underresourced health systems are often unable to meet the needs of the populations they serve. People who desire to plan their families, particularly the poor and vulnerable, need champions to act on their behalf to **ensure that ample, sustained investments are made** in securing the availability and accessibility of an array of modern FP methods and services that includes LAPMs. You can be such a champion.

## LAPMs: Vital Options for Clients and Programs

Long-acting methods (IUDs and implants) and permanent methods (female sterilization and vasectomy) are by far the most highly effective of all modern FP methods. They are also very safe, convenient, and cost-effective. Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting subsequent births; permanent methods are most appropriate for those who have reached their desired fertility. Yet despite the appropriateness and utility of LAPMs in helping couples to achieve these reproductive intentions, availability and/or use of an LAPM for delaying, spacing, or limiting births is low in many countries—even in countries that have made substantial investments and progress. For example, Kenya has worked successfully to expand LAPM access in its programs, and more than 8% of married women there use an LAPM, including 180,000 women using an IUD. This represents more than one-quarter of all modern method use; nonetheless, not even one couple in 17 who wish to space their pregnancy for two or more years is using a long-acting method (implant or IUD) in Kenya. Similarly, while Bangladesh has more than 3.7 million users of LAPMs, only one couple in seven who wish to limit further births is using an LAPM to do so. In countries that place less of an emphasis on LAPMs, policy makers, program managers, and clinicians responsible for funding, managing, and/or providing FP services (especially as services are decentralized and programming responsibility is devolved to lower levels) are often unaware of the high actual or potential demand for LAPMs and of their many benefits to clients and to health care systems.

Benefits to Clients	Benefits to Health Care Systems
<ul style="list-style-type: none"> <li>• LAPMs are <b>highly effective</b>: One in 125 women, or even many fewer, become pregnant in the first year of use with various LAPMs, whereas failure rates with resupply methods are one in 33 (injectables), one in 12 (oral contraceptives), or one in seven (condoms).</li> <li>• LAPMs are <b>suitable for any reproductive intention</b> (i.e., to delay, space, or limit births).</li> <li>• One or more of the LAPMs are <b>suitable for almost all women</b> (younger and older; once-pregnant or never-pregnant; postpartum or postabortion; breastfeeding or not breastfeeding; and HIV-positive or HIV-negative).</li> <li>• LAPMs are <b>convenient</b>, they are <b>easy to use</b>, and they afford a <b>long duration</b> of worry-free, continuous protection (3–12 years or more); in addition, long-acting methods are easily reversed.</li> <li>• LAPMs are <b>very safe</b>: Minor complications occur in 10% or fewer procedures; serious complications are rare; few medical conditions pose an unacceptable health risk to all LAPM use.</li> <li>• LAPMs are <b>popular when made available and affordable</b>. For example, in Malawi, despite very limited health resources and widespread poverty, 6% of married women (one in every five modern method users) use sterilization. Experience in Kenya and Bangladesh, cited above, also demonstrates LAPMs' popularity.</li> </ul>	<ul style="list-style-type: none"> <li>• LAPMs effectively <b>prevent unwanted pregnancy, abortion, maternal morbidity, and transmission of HIV to newborns</b>, all of which drain scarce health system resources.</li> <li>• LAPMs <b>do not require continuous resupply</b>, thus reducing the ongoing burden on health care providers and systems.</li> <li>• <b>Discontinuation of LAPMs is much lower</b> than with continuous resupply methods. (It is highly inefficient and costly for clients to start and then soon stop contraception, which often leads to unplanned pregnancies. Discontinuation rates worldwide after one year are much lower for implants (6%) and IUDs (16%) than for oral contraceptives (48%) and injectables (49%).)</li> <li>• Three LAPMs—IUDs, female sterilization, and vasectomy—are <b>the most cost-effective of all methods</b>. And while the initial price of implants is high, they can also be cost-effective when used for several years. For example, for the same 3.5 years of protection, the annualized cost of an IUD is \$0.58, whereas it is \$13.50 for injectables and \$10.90 for oral contraceptives. While the initial price of implants is high, if a woman uses the Jadelle implant for a full five years, the cost per cycle (at \$21 per implant, 13 cycles per year) is \$0.32, within the \$0.16–\$0.63 cost per cycle of contraceptive pills.</li> </ul>

## Act Decisively, Act Now

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LAPMs are needed and wanted by people wishing to plan their childbearing, which is vital to achieving a healthy society and other national development goals. National policy makers and public health personnel in developing countries, along with leaders in the international donor and multilateral communities, must work in concert to protect the health and well-being of individuals and societies by investing in and sustaining support for FP in general and for LAPMs in particular.

### **National policy makers and health planners can ...**

- Incorporate provisions for adequate funding and staffing of FP programs—including for LAPM commodities and supplies, clinical equipment, trained providers, and other facility needs—in five-year national development plans and sector-wide assistance programs
- Legislate a line item within the Ministry of Health’s annual budget for LAPM commodities, supplies, and equipment
- Incorporate the supplies, instruments, and equipment required for LAPMs into contraceptive security strategies and include them on essential drug and equipment lists
- Develop or revise health providers’ FP training curricula (for counseling and clinical services) to include training in LAPMs for a range of health professionals (e.g., physicians, clinical officers, nurses, and midwives)

### **Regional and district planners and managers can ...**

- Identify available funding sources, learn how to access them, reach out to those who influence funding decisions, and dedicate a line item in their annual budget for FP—including LAPMs
- Ensure that health provider personnel are adequately trained, are posted at service sites, and are supported, supervised, motivated, and rewarded to provide quality LAPM services
- Restructure the health supervision system to integrate FP into overall supervision systems, to ensure that services are delivered, monitored, and evaluated, including LAPM services
- Project contraceptive supply needs using state-of-the-art analytic tools (e.g., Reality  $\checkmark$ ) and plan ahead to procure needed FP and LAPM commodities, supplies, equipment, and trained personnel
- Inform the public by designing and implementing communications activities that address myths and misconceptions, inform communities about FP and LAPM service availability, and promote behavior change to foster use of effective contraception for spacing, timing, and/or limiting births

### **International donors and multilateral organizations can...**

- Invest in, and sustain support for, FP service and training programs, including for LAPMs
- Program population, health, and nutrition activities holistically to ensure synergy of supply, demand, and policy/advocacy inputs and activities
- Collaborate with sister donor and technical assistance agencies to ensure that all necessary support for FP, including LAPMs, is provided and well-coordinated
- Sustain a focus on the fundamentals of care (informed and voluntary choice, clinical safety, and ongoing quality improvement) to promote quality FP services, including LAPMs
- Promote best practices for fostering change and scaling-up FP services, including best practices for wider LAPM access and use, to achieve sustained program improvement and expansion

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