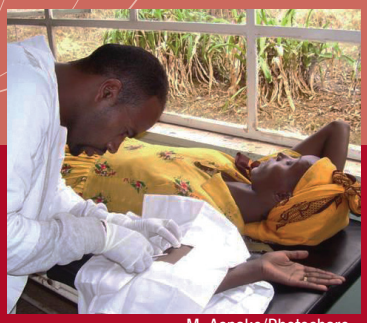
Policy brief



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Strategies to increase use of long-acting and permanent contraception

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Special Programme of Research, Development and Research Training in Human Reproduction

World Health Organization

From Evidence to Policy: Expanding Access to Family Planning

Strategies to increase use of long-acting and permanent contraception

Policy and Programmatic Actions

- Support strategies to make long-acting and permanent methods (LAPM) available and acceptable, to broaden the range of contraceptive options for individuals to choose from.
- Promote strategies that reach women and men in their communities.
- Provide ongoing training and supervision for intrauterine device and implant insertion and removal techniques. Implement by identifying a select number of providers in high-demand areas with adequate infrastructure. Allow for continued support, mentoring, monitoring, reporting and solving of problems, and evaluation of outcomes, to encourage continued provision of care.
- Enact policy that enables family planning and LAPM provision by as wide a range of health care providers as possible according to their competencies.
- Evaluate the cost-effectiveness and long-term institutionalization of different types of service delivery and financing mechanisms that increase access to LAPMs.

Background

Unintended pregnancy contributes significantly to maternal morbidity and mortality in the developing world (1, 2). More than half of all pregnancies are unintended, and globally, large disparities exist in access to the most effective methods of contraception (3). Promoting equitable access to the full range of modern contraceptive methods is essential for the health and empowerment of women, and the development of societies.

The most effective methods of contraception are frequently the least available. These long-acting and permanent methods (LAPM) include the intrauterine device (IUD) and the progestogen implant, as well as male and female sterilization. The IUD and progestogen implant are reversible, and may also be referred to as long-acting reversible contraception (LARC). These methods are useful for couples wishing to space pregnancies. Male and female sterilization are permanent methods for couples who have completed childbearing. LAPM is used broadly to refer to all methods.

Currently, efforts are centring on improving the options offered to women, in particular increasing access to LAPM (4–7). Barriers to the use of LAPM are multifactorial (8) and exist at the patient, provider, health system, and national levels. For example, myths and misperceptions persist among women, men, families and providers alike. Maintaining a consistent supply of drugs, devices and trained providers has been problematic. Costs of implementing LAPM service delivery programmes have been cited as a barrier by governments (8). The most efficient and cost-effective strategies to increase LAPM provision are not known, which leaves programmes unsure how to best implement services.

Methods

To identify strategies to increase access to LAPM, a systematic review of the literature was conducted. PubMed and Cochrane databases were searched from inception through June, 2012. A combination of keywords and Mesh phrases were used, to identify articles in any language, pertaining to service delivery, financial, or communication interventions to increase access to, and utilization of, implants, IUDs, or sterilization (male or female). Examples of study interventions of interest include service delivery innovation, such as mobile delivery of LAPM; financial innovation, such as reproductive health vouchers; or communication strategies.

The grey literature was also searched. We searched Google Scholar using the same keywords. Websites of nongovernmental organizations were also reviewed. These included the websites of the DFID, Marie Stopes International, Population Council, PSI, and The World Bank. Experts in the field were contacted to obtain additional sources. All references were hand searched to identify additional sources. Articles were included if they reported on a LAPM and provided data on utilization, cost, quality or access outcomes. Data was excluded if outcome data was not provided, or a LAPM was not included in the study. Findings were presented at a technical conference to an expert working group.

Between 27 June and 29 June 2012, the World Health Organization (WHO) convened a consultation of experts to review global strategies to increase access to modern methods of family planning for women and men globally. The technical consultation brought together 37 participants from 17 countries; 16 agencies were represented. The multidisciplinary group comprised experts in international family planning, including clinicians, researchers, epidemiologists, programme managers, policy-makers and civil society constituents. Research and programme data were evaluated to identify optimal strategies for improving family planning provision. Four areas of focus were determined: increasing access to long-term and permanent methods of contraception, reaching target populations, optimizing human resources, and addressing unmet needs of women who come into contact with the health system.

At the consultation, the technical and programme experts reviewed the scientific evidence and programme experience presented on interventions to increase access to LAPM. The review assessed data on utilization, cost, quality and access outcomes. Three operational areas of focus were identified: health system strengthening, financial interventions, and communication strategies.

Conclusions

Family planning is fundamental to the health of women, their families, and their community. Modern contraception is highly effective in preventing unintended pregnancy, and reducing maternal mortality. Strategies to make LAPM more available and acceptable widen the range of contraceptive options from which women can choose. A broad evidence base supports the acceptability of LAPM, and shows their discontinuation rates to be among the lowest and their cost-effectiveness among the highest among modern methods (3, 9). Barriers to LAPM utilization are multifactorial. Action at the policy, health system, and community level is urgently needed to promote these methods as options for women and their families. The following are the recommended actions from the technical consultation.

Recommended policy actions

Government and donor commitment to LAPM is critical for programme success. Governments should dedicate funds for family planning, including LAPM, in their national budgets.

- Enact policy that enables family planning and LAPM provision by as wide a range of health care providers as possible according to their competencies.
- Eliminate medical and non-medical barriers to LAPM, such as requiring the need for parent and partner consent, or limiting the use of methods based on the individual's age or parity.
- Collaborate and coordinate service delivery between public and private sectors. A whole market approach that leverages the private and public sectors will best provide family planning broadly.
- Minimize regulatory, financial, and logistical barriers to LAPM. A reliable and broad reaching commodity supply chain is essential. Policy can promote this by:
  - Fast-tracking procedures, that speeds up registration of contraceptive commodities, including generic versions, and decreases customs barriers.
  - Increasing the number of prequalified suppliers of commodities, to decrease the cost of all contraceptives
  - Increasing the duration of expert review panel (ERP) approval from 1 to 3 years
  - Developing a strong and functional health information system, to prevent commodity stock outs. This will provide ongoing monitoring and feedback for providers and programmes, while facilitating quality control, record-keeping, and sufficient commodity supply.

Recommended programme actions

- Provide ongoing training and supervision for IUD and implant insertion and removal techniques. Implement by identifying a select number of providers in high-demand areas with adequate infrastructure. Allow for continued support, mentoring, monitoring, reporting and solving of problems, and evaluation of outcomes, to encourage continued provision of care.
- Promote strategies that reach women and men in their communities.
- Community health workers should provide information, counselling, and referrals for insertions, removals, and follow-up for LAPM.
- Support outreach programmes with ongoing training, capacity-building, follow-up, and monitoring of long-term sustainability and outcomes.
- Develop social franchise programmes for local capacity-building.
- Integrate family planning, including LAPM provision, as an essential aspect of service during the antenatal period, immediately and over the first postpartum year, and during abortion and post-abortion care.
- Develop integrated communications for engaging communities and addressing counselling and continuation issues.
- Involve men in family planning. Increase awareness and counselling on vasectomy, in conjunction with expanding the availability of vasectomy services at appropriate levels of the health system.

Recommended research actions

- Evaluate the cost-effectiveness and long-term institutionalization of different types of service delivery and financing mechanisms that increase access to LAPMs.
- Evaluation of programmes should go beyond the life of the programme's funding; there is a need for long-term impact evaluation.
- Research should be carried out and evaluated by independent parties rather than the implementing agencies to eliminate conflicts of interest.
- Implement the research agenda with respect to task-shifting for LAPM.

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