

Introduction of Contraceptive Technologies: Lessons for Microbicides Access

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The Good News

- “The Contraceptive Revolution”: increase in developing country contraceptive use from 10% in 1960 to 60% in 2005
- Total fertility rate declined from 6 to 3 births per woman
- New contraceptive technologies were key, despite highly skewed use patterns

The Not-So-Good News

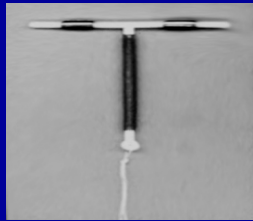
- This success took 40 years to achieve
- The work is not over: 17% of women still have unmet need for family planning
- Many difficult challenges and failures along the way – technology roller-coaster

The Bad News

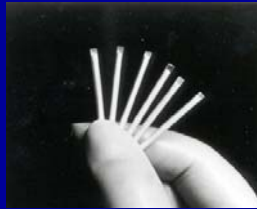
- After initial donor enthusiasm, funding declined as priorities shifted (no MDG for RH)
- Low contraceptive use in most African countries, where HIV/AIDS is highest.

History of three new RH/FP Technologies

IUD



Implant



Female Condom



Intrauterine Devices (IUD)

- First modern long-acting, reversible contraceptive – Lippes Loop, 1960
- Early enthusiasm, vigorous introduction, vertical programs
- 2nd Generation: Copper T IUD, most cost-effective, 1970.
- 170 million users by 2005, but highly skewed
- Provider dependence; user fears
- Dalkon Shield failure, U.S. market collapse
- 3rd Generation: progestin-releasing IUD, Mirena

Highly Skewed IUD Use

Percentage of women of reproductive age in married or consensual unions using IUDs.
(Source: UN 2003)

High Use

- China and Vietnam (36 – 38%)
- Former Soviet Union (9 – 56%)
- Scandinavia, France (20-36%)
- Six Middle Eastern countries (15-36%)
- Cuba (44%)

Moderate Use

- Eight Latin American countries (10-14%)
- Iran, Indonesia (8%)

Negligible Use

- Sub-Saharan, East and West Africa (1-4%)
- Asia, excluding China and Vietnam (0-5%)
- India (2%)
- Brazil (1%)
- North America (1%)

Implants

- Norplant: next long-acting “magic bullet”, 1983
- Highly effective, long-acting, no gyn procedure, “minor” bleeding, cost 20X more than Copper T
- High stakeholder enthusiasm, major international introduction effort
- 30 country “pre-introductory trials”, regulatory approvals, WHO post-marketing study
- 2nd generation: Jadelle, Implanon – easier to insert, similar cost, limited LDC uptake thus far

Norplant Backlash

- Reaction to side-effects
- Overly directive providers, poor counseling, high cost
- Ethical, legal, and cultural challenges
- Media overly enthusiastic, then negative
- Withdrawal from U.S., U.K. markets
- After 20 years, >1% use in LDCs, except Indonesia at 4.6%

Female Condom

- First dual use method in AIDS era
- Female-initiated, effective, requires user education, more costly than male condom
- Weak procurement systems
- Slow uptake, moderate use in only 4 countries
- Insufficient sustained donor and national support; inadequate procurement
- Renewed advocacy efforts - perseverance
- 2nd generation products

Distribution Channels

- Government health systems - largest but uneven, weak in Africa
- Civil society – advocacy, pioneering demonstrations, quality
- Social marketing, private – OTC, potential for microbicides
- National strategies combining all three

Lessons for Microbicides

1. Beware the New Magic Bullet Syndrome

Lessons for Microbicides

2. Cost Matters

Lessons for Microbicides

3. Secure Strong, Sustained Stakeholder Support

Lessons for Microbicides

4. Perseverance is Essential

Lessons for Microbicides

5. Pay Close Attention to Real & Perceived Side-Effects, and Media Reactions

Lessons for Microbicides

6. International
Procurement and
Logistics Systems
Essential

Lessons for Microbicides

7. Every Country and
Cultural Setting is
Different

Lessons for Microbicides

8. Country Access
Strategies - Existing
National, NGO, and
Commercial Delivery
Systems

Lessons for Microbicides

9. 2nd Generation
Products Offer New
Access Opportunities

Lessons for Microbicides

10. Expect the Unexpected: the Roller-Coaster

Lessons for Microbicides: Summary - 1

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