

Hormonal Implants Technical Update June 23, 2009

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TOPICS:

- Elements of Successful FP Programs
- LAPMs
- Implants
- Introduction to the Implant Toolkit



Elements of Successful FP Programs

- Supportive government policies
- Evidence-based programming
- Strong leadership & good management
- Effective communication & outreach strategies
- Contraceptive supply & logistics system
- Well-trained, supervised & motivated staff
- Client-centered care for all groups
- Mix of service delivery points
- Free or inexpensive services for poor
- Integration with related health services

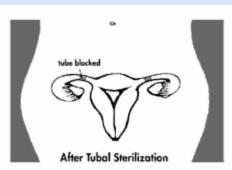


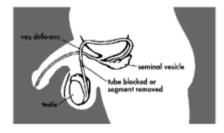




Long-Acting & Permanent Methods











Characteristics of LAPMs

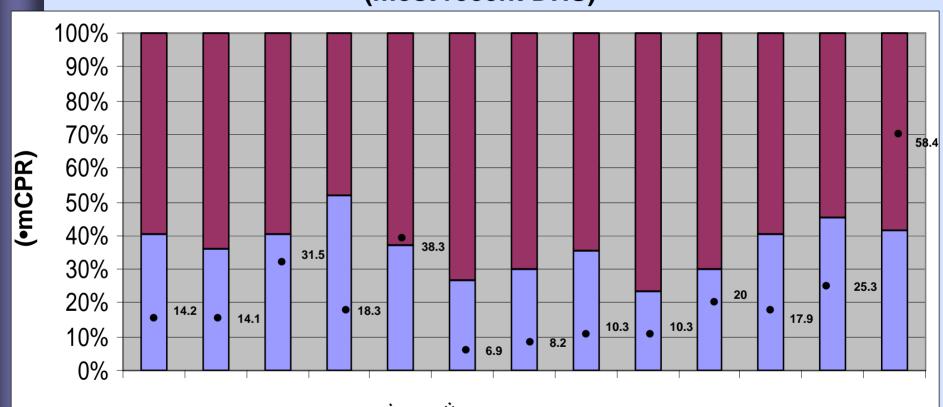
- Highly effective
- Long lasting
- High continuation / low discontinuation
- Cost-effective
- Wide eligibility







mCPR and Proportion of Unmet Need for Limiting and Spacing (most recent DHS)



Ethiopia Chana Kenya ascal Malami Mali Limit Snace

Limit Snace





Long-Lasting Duration of Effectiveness

Female Sterilization remainder of fertile years

Male Sterilization effective after 3 months for remainder of fertile years

Copper containing IUDs
 12 years

Hormone containing IUDs
 5 years

Norplant7 years

Sino-Implant (II)4 years (+)

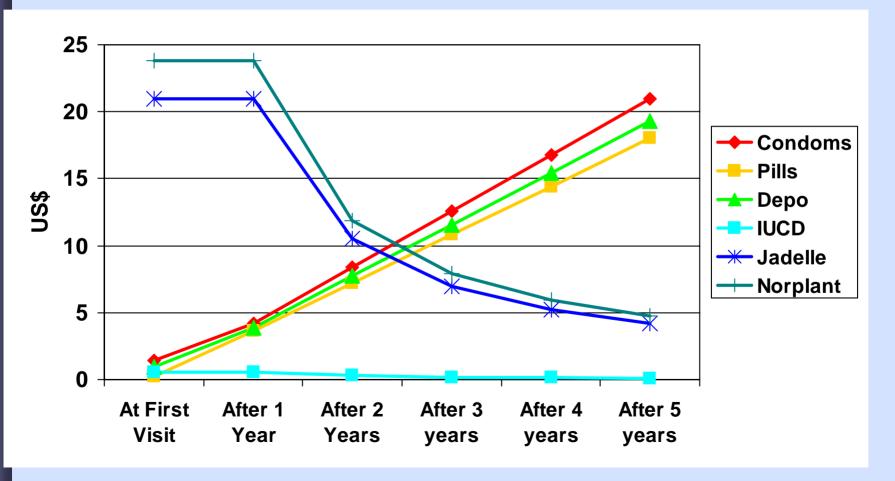
Jadelle5 years

Implanon3 years (+?)



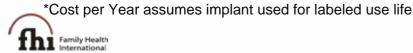


Long-Acting Contraceptives are Cost-Effective



Sino-implant vs. Jadelle and Implanon

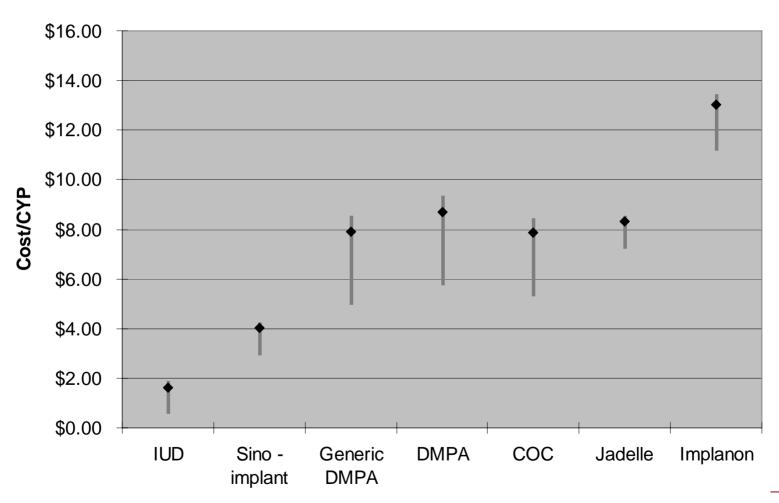
	Sino-implant (II)	Jadelle	Implanon
Manufacturer	Shanghai Dahua Pharmaceutical	Bayer HealthCare	Schering Plough/ Organon
Formulation	2 rods; 75 mg levonorgestrel	2 rods; 75 mg levonorgestrel	1 rod; 68 mg etonogestrel
Dimensions	2.4 mm x 44 mm	2.5 mm x 43 mm	2 mm x 40 mm
Labeled length of use	4 years	5 years	3 years
Trocars	Disposable	Autoclavable/ Disposable	Pre-loaded disposable
Cost of implant (US\$)	\$7.50 - \$8.50	\$21 - \$23	\$20 - \$28
Cost per Year*	\$1.90 - 2.10	\$4.20 - \$4.60	\$6.70 - \$9.30







Direct Cost per CYP by Method, 13 FP/RH Tier One Countries









Implant Scale-up

Strategies for quality and successful scale-up

- Advocacy
- Adequate pre-counseling leading to informed choice
- Trained Providers
- A robust clinical infrastructure
- Steady and increasing supply of implants
- Client information about timing of removal
- Reliable access to removal
- Demand creation through Community awareness and participation
- Appropriate supervision and evaluation

Implant Toolkit

- Modeled after and adapted from the IUD toolkit; hosted by INFO at JHU/CCP
- The implants toolkit will be an "expert-filtered" electronic toolkit maintained and hosted on the K4H Web portal
- It will contain state-of-the-art information and resources on hormonal implants
- The purpose is to ensure that the primary audience has the information and tools they need to know about and to provide implants
- The primary audiences are
 - Program managers
 - Health care providers
 - Policy makers at the local, regional and national levels
 - Trainers, especially those involved in managing or implementing pre-service training
 - Information officers in a position to facilitate use of the materials by program managers and health care providers



Implant Toolkit (continued)

- USAID has asked EH, FHI; and JHU/CCP to serve as the "initiating partners"
- Others CAs and technical experts from the larger family planning community, many of whom are here today will be invited to join working groups
- Significant progress has been made to date and Ruwaida Salem from the K4H Project will give us a short demonstration and toward the end of the meeting you'll have a chance to sign-up for content area working groups

