

# IMPLANT ACCESS PROGRAM: EXPANDING FAMILY PLANNING OPTIONS FOR WOMEN

The global family planning community is working to ensure that more women around the world have access to contraceptive options and family planning services and information. As part of this global effort, a group of organizations collaborated to make contraceptive implants—a previously less accessible family planning option—more available to women in the world’s poorest countries.

Since the launch of the Implant Access Program (IAP) in 2013, tremendous progress has been made toward expanding contraceptive access and options and strengthening global family planning systems overall.



Woman receives a contraceptive implant at Mathare North Health Center in Nairobi, Kenya.  
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## THE FAMILY PLANNING LANDSCAPE

Globally, more than 200 million women who want to prevent or delay pregnancy are not using modern contraception. At the 2012 London Summit on Family Planning, global leaders set an ambitious goal of providing 120 million more women and girls in the world’s poorest countries with access to modern contraceptives by 2020. Achieving the FP2020 goal will require strong, coordinated efforts to overcome barriers to access and to expand options so women can voluntarily choose the methods that best meet their needs.

There is high demand for long-acting reversible contraceptives (LARCs), including implants, in developing countries, where access to health clinics is often limited and stock-outs are common. Overall demand for LARCs is increasing significantly, particularly when they are consistently available and supported by strong counseling and clinical services.<sup>1</sup>

### THE IMPLANTS

**Jadelle®** is a two-rod, progestin-only implant that provides effective contraception for women for up to five years.

**Implanon®** is a single-rod, progestin-only implant that provides effective contraception for up to three years and comes in a pre-loaded sterile applicator. **Implanon NXT®** offers a next-generation applicator designed for easy and rapid, single-handed insertion and will replace Implanon.

Proper insertion—subcutaneously in the upper arm—and removal of contraceptive implants requires trained healthcare providers.

## THE IMPLANT ACCESS PROGRAM

A group of public and private organizations collaborated to make Bayer HealthCare’s Jadelle® and MSD’s Implanon® and Implanon NXT® available to women in the world’s poorest countries at price reductions of approximately 50% through 2018.

Other organizations involved in the agreement include: the Bill & Melinda Gates Foundation; the Clinton Health Access Initiative (CHAI); the governments of Norway, Sweden, the United Kingdom and the United States; and the Children’s Investment Fund Foundation (CIFF), with support from the United Nations Population Fund (UNFPA). The IAP supports the recommendations of the UN Commission on Life-Saving Commodities to increase the availability of quality, life-saving commodities for women’s and children’s health.

The price reductions were just the first step. The IAP organizations also are collaborating closely with a number of other international organizations to train health workers on counseling and proper implant insertion and removal; reduce supply chain disruptions; increase service delivery quality and availability; and raise awareness about implants at the community level. Donors and governments are working together to ensure adequate funding is available in all FP2020 countries to take these critical next steps.

1. For additional information on the demand for LARCs see: Three Successful Sub-Saharan Africa Family Planning Programs: Lessons for Meeting the MDGs (Ethiopia, Malawi, Rwanda), USAID/Africa Bureau, 2012.

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## KEY PROGRAM ACHIEVEMENTS

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- **Access:** The total number of implants procured across the world's poorest countries has tripled — growing from 2.4 million units in 2011 to **7.7 million units** projected for 2014.
- **Cost Savings:** Implant price reductions are expected to lead to more than **US\$140 million** in savings for donors and developing country governments in the program's first two years.
- **Training & Service Delivery:** A standardized implant curriculum for inclusion in existing health worker training programs on LARCs has been implemented. **More than 11,800 health workers had been trained on counseling and proper insertion and removal of implants by the end of 2013.**
- **Forecasting:** A set of tools and standard language has been developed to share and coordinate forecasting information among key stakeholders. John Snow, Inc. (JSI) has provided technical assistance on forecasting to Burkina Faso, Cameroon, Chad, the Democratic Republic of Congo (DRC) and Indonesia.<sup>2</sup>

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## LOOKING AHEAD

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The IAP organizations are committed to expanding access to a full range of contraceptive options and helping the global community reach the FP2020 goal. Near-term areas of focus include:

- **Enhancing Training Efforts:** **Jhpiego recently launched a Providing Contraceptive Implants Learning Resource Package (LRP), which includes training materials for health workers. The LRP, available for download online, has been accessed by more than 2,200 individuals from more than 30 countries within the first month, and efforts are being made to continue expanding its reach. CHAI has also developed a dashboard tool to help local governments track where providers have received training, where services are being provided, and where gaps persist. It will be moved to a web-based platform later this year.**
- **Strengthening Forecasting & Supply Planning:** IAP organizations are improving forecasting and supply planning systems to increase efficiency and flexibility and accommodate new orders throughout the year.
- **Improving Service Delivery:** IAP organizations are identifying ways to scale up high-impact interventions—such as mobile services and dedicated family planning days—and sharing evidence about best practices in service delivery. Additionally, **Norway-based RemovAid** is developing a new implant removal technology for use by mid- and lower-level health workers in developing countries. The device is currently in development with first clinical testing expected in 2015.
- **Monitoring Progress:** The IAP organizations are coordinating existing monitoring and evaluation efforts to consolidate the evidence base related to implants as part of a full range of contraceptive methods.

2. JSI will be providing additional technical assistance on forecasting in 2014; requests for support can be sent to Laila Akhlaghi at [laila\\_akhlaghi@jsi.com](mailto:laila_akhlaghi@jsi.com)

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## CASE STUDIES

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### **Jhpiego: Improving Implant Access by Matching Supply with Demand in Kenya**

Prior to the IAP, there was growing demand for, but a limited supply of, LARCs in Kenya. When Jadelle® and Implanon® became available at reduced prices, a steady supply of implants became more accessible at the central level, but were not yet effectively used by facilities. Through coordination with existing local projects—such as the Jhpiego-led Kenya Urban Reproductive Health Initiative (Tupange)—both the number of health facilities offering implants and the proportion of family planning users choosing implants has increased.

By supporting an additional Jhpiego-led project, Accelerating Scale-Up of Implants (ASI), the IAP has helped Tupange sites improve commodity security and supported the training of more than **92 public sector providers** on LARCs. Through collaboration with Tupange, **ASI has provided more than 6,600 implants at 22 public sector facilities through early 2014** and expanded the reach of Tupange's integrated service delivery approach.

### **EngenderHealth: Expanding Contraceptive Access and Options in the DRC**

The unmet need for family planning is very high among women of reproductive age in the DRC. EngenderHealth, UNFPA and the Ministry of Health are working to expand contraceptive access and options for women across the country.

In May 2014, EngenderHealth and local providers launched a mobile outreach campaign in four clinics in the N'Sele district of Kinshasa. For six days, service providers, community health workers, the media, theater troupes and families learned about family planning. In addition to the methods generally available at local clinics (injections and condoms), implants, intrauterine devices, pills, condoms and CycleBeads® were also offered. The concepts of client rights and contraceptive method choice were emphasized through both communications efforts and counseling.

Of the 1,038 women enrolled at the four sites, 81% (696) elected to adopt a modern family planning method—and a large majority of these women chose implants. This demonstrates strong local demand for family planning options and, in particular, for long-acting, reversible contraceptive methods like implants. Clients who accepted implants noted that implants had not been an option for them in the past and welcomed the opportunity to access this method in their community.