



Findings from the pilot introduction of the Hormonal IUS in Madagascar

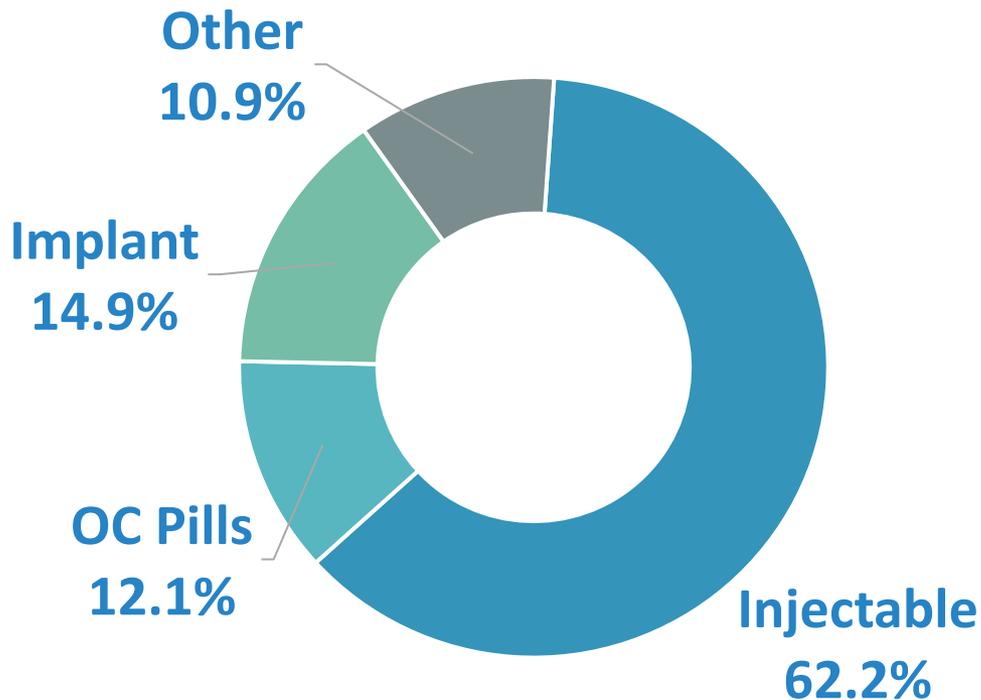


USAID
FROM THE AMERICAN PEOPLE



Family Planning Landscape

Method Mix in Madagascar



40% mCPR

65% Demand satisfied with modern methods

35% Unmet need

Sources: Multiple Indicator Cluster Survey 2018, Enquête TraC 2017

Among married/in union women

Hormonal IUS Product Overview



LEVONORGESTREL
INTRAUTERINE SYSTEM

- Highly effective
- Long-acting
- Reversible
- High rates of user satisfaction and continuation
- Easy to maintain
- Treatment of gynecological disorders, alternative to hysterectomy

Typically, users experience lighter and fewer days of menstrual bleeding, or infrequent or irregular bleeding.

Avibela® IUS



Avibela™
Avec moins de règles,
la vie est belle!

- Mon Contraceptif *moderne*
- Ma *liberté*
- Mes 3 années *de sérénité*
- La *solution* à Mon problème de règles

DEMANDEZ DÈS MAINTENANT À VOTRE MÉDECIN SI VOUS ÊTES ADMISSIBLE À AVIBELA™

WCG 

In 2018, Madagascar became the first country in the world to register the AVIBELA brand of the hormonal IUS.

The first facilities in the private sector began offering the product in April 2018.

Avibela is a registered trademark of Medicines360

EECO Service Delivery Model



28 providers in PSI Madagascar's Top Reseau network were trained to offer the IUS among a broad range of family planning methods available.

19 private providers outside of the network were also trained.

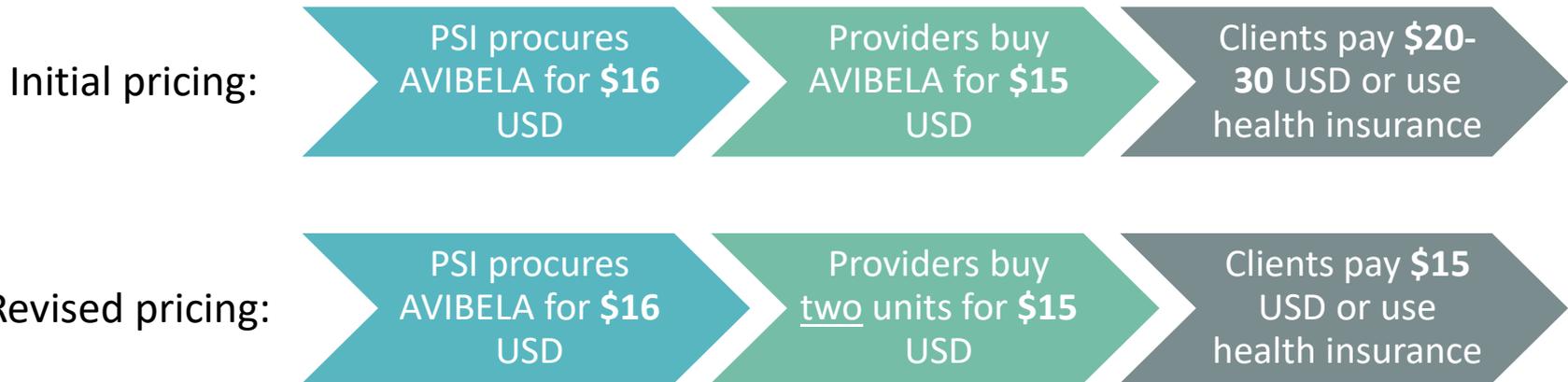


EECO supports IUS access at private sector facilities in the **Top Reseau** network in the Majunga, Diego, Antananarivo, and Taomasina provinces. EECO also distributes AVIBELA to private facilities outside of the network in these areas.



1711 IUS insertions have been provided from April 2018 - June 2020 in **Top Reseau** facilities. (EECO does not track insertions in non-network facilities.)

AVIBELA Pricing Model



- The EECO project adjusted its pricing structure for AVIBELA to test the potential for partial cost recovery while increasing equitable access to the method.
- While the upfront cost of the product is more expensive than other methods, EECO implements special service days with reduced pricing for youth and low-income clients. The project has seen spikes in demand with this approach.

EECO Demand Generation and Education Strategy



Interpersonal Communication (IPC) Agents educate communities and individuals on family planning and introduce them to this new method. Young, professional women are a key group for this style of promotion.



Radio programs and printed materials raise awareness about AVIBELA along with the full range of methods available at facilities.



Promotional materials for the IUS in Madagascar position the potential for lighter periods or amenorrhea with the IUS as a key benefit for potential users.



Study Methodology

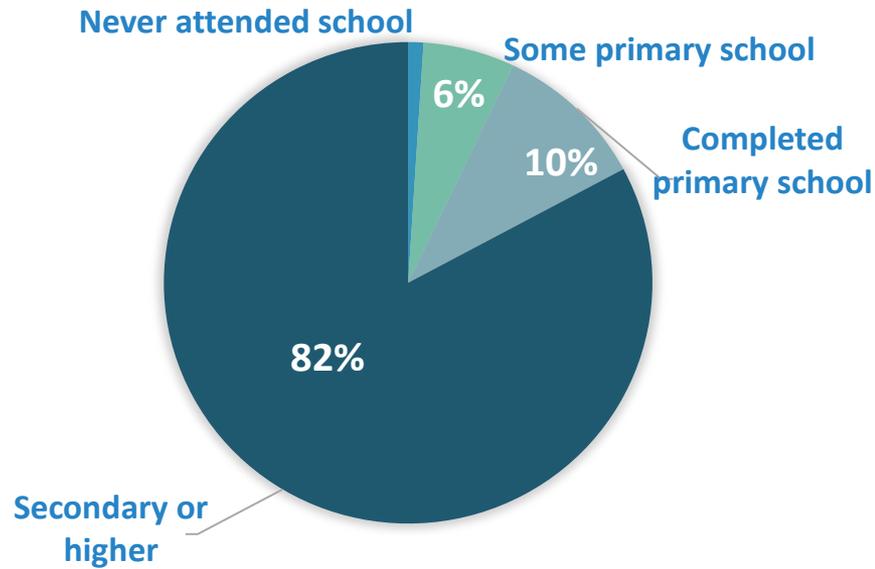
Longitudinal follow-up with IUS users and providers

- **242** women surveyed at baseline and **151** completed 3-month interviews.
- **23** providers offering the IUS surveyed at baseline and 9 months following training.
- Study objective was to understand user experiences and profiles, as well as IUS continuation rates.

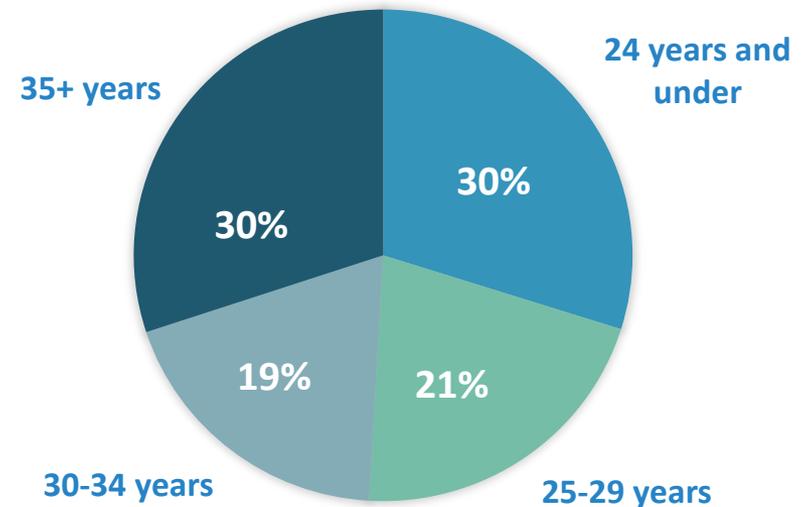
**EECO
research
with IUS
users and
providers**

Demographic Profiles

Education level of IUS clients at baseline (N=242)



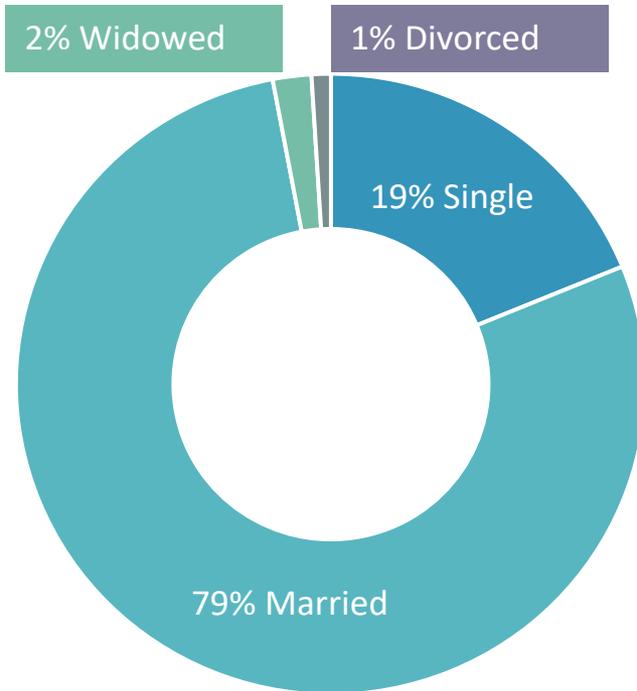
Age distribution of IUS clients at baseline (N=242)



The majority of IUS users had a secondary degree or higher. The age distribution was much more diverse, however, with **30% of users aged 24 and younger**.

Demographic Profiles

Marital status of IUS clients at baseline (N=242)



Fertility intention of IUS clients at baseline (N=242)



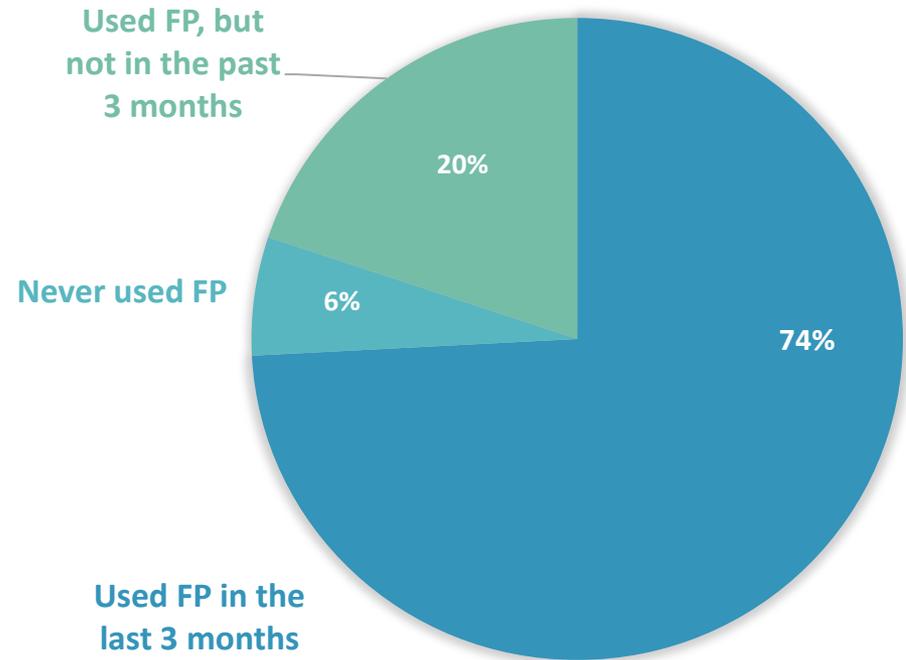
79% of IUS users surveyed were married or living with a partner, while **19% were single**. Their fertility intentions varied, but the **majority of users were looking to limit or space** their pregnancy by at least 1 year.

Contraceptive Use History

Most common reasons for discontinuing previous methods:

- Heavy bleeding
- Spotting/irregular bleeding
- Fear of infertility
- Headaches or other side effects
- Method difficult to use
- Worried about amenorrhea

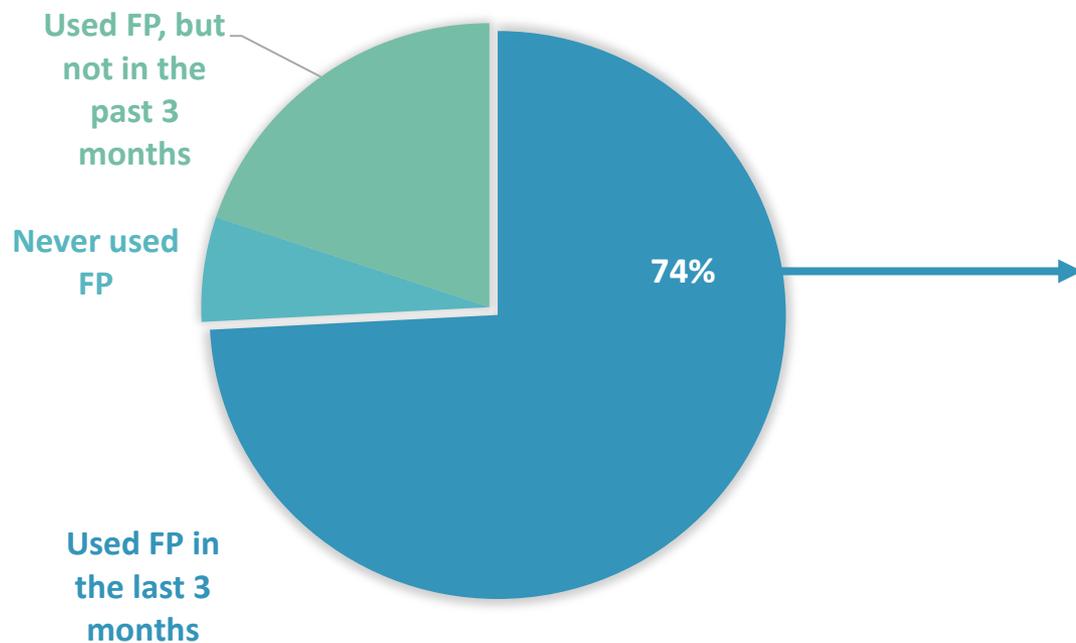
Prior method use for clients at 3-month follow-up (N=151)



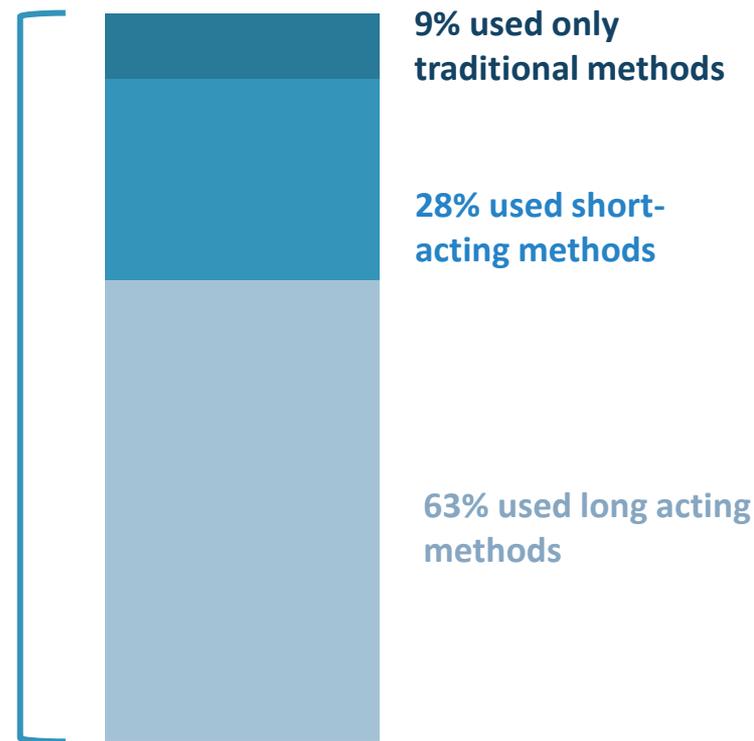
94% of clients who chose the IUS had previously ever used a method of contraception in their lives. However, **26% of women had not used any method in the 3 months prior to their IUS adoption.**

Prior Method Use

Prior method use for clients at 3-month follow-up (N=151)



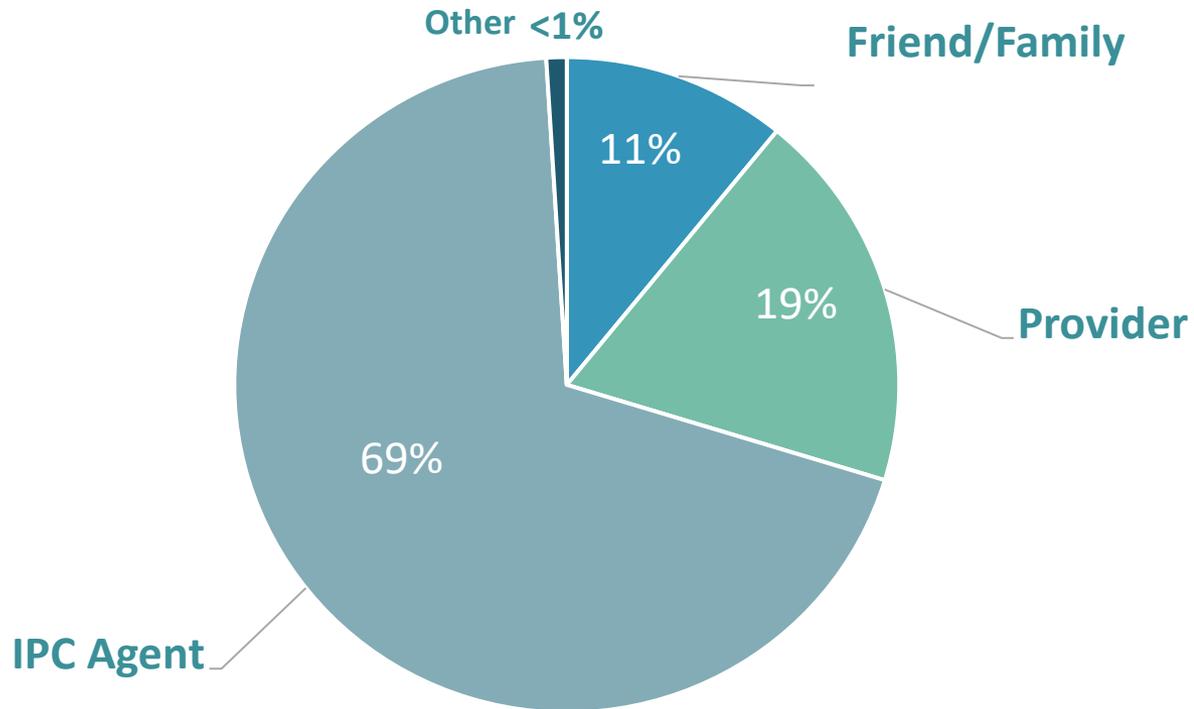
Type of method IUS “switchers” used recently (n=112)



Among those users who were switching to the IUS after recent method use, **37% switched from traditional or short-acting methods.**

Awareness

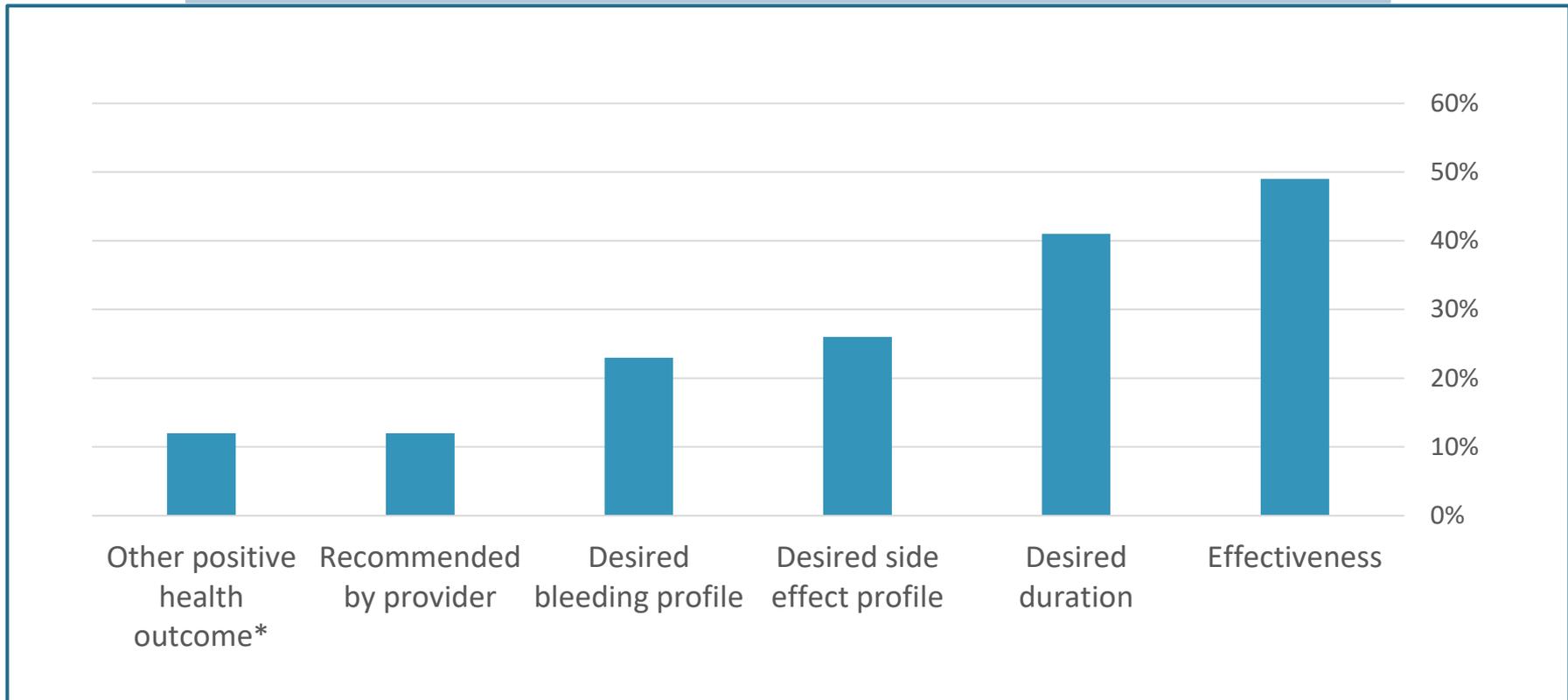
How did you hear about the IUS? (n=151)



IPC Agents are the primary source of information about the IUS. This is typical for new products that are not yet widely known in the community.

Reason for Choosing the IUS

Client responses to “Why did you choose the IUS?” (N=151)

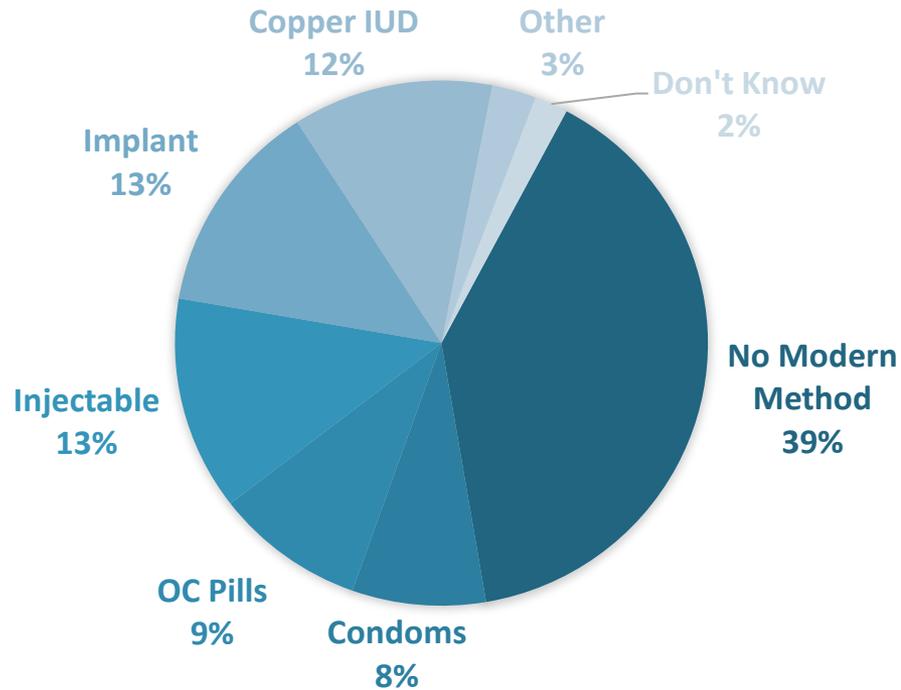


*includes treatment of other gynecological disorders, such as endometriosis

Attributes unique to the IUS, such as the side effect and bleeding profile of the method, were among the top 4 reasons users cited for choosing the IUS.

Alternative Contraceptive Choice

“What method would you have chosen if the LNG-IUS wasn't available?” (N=151)

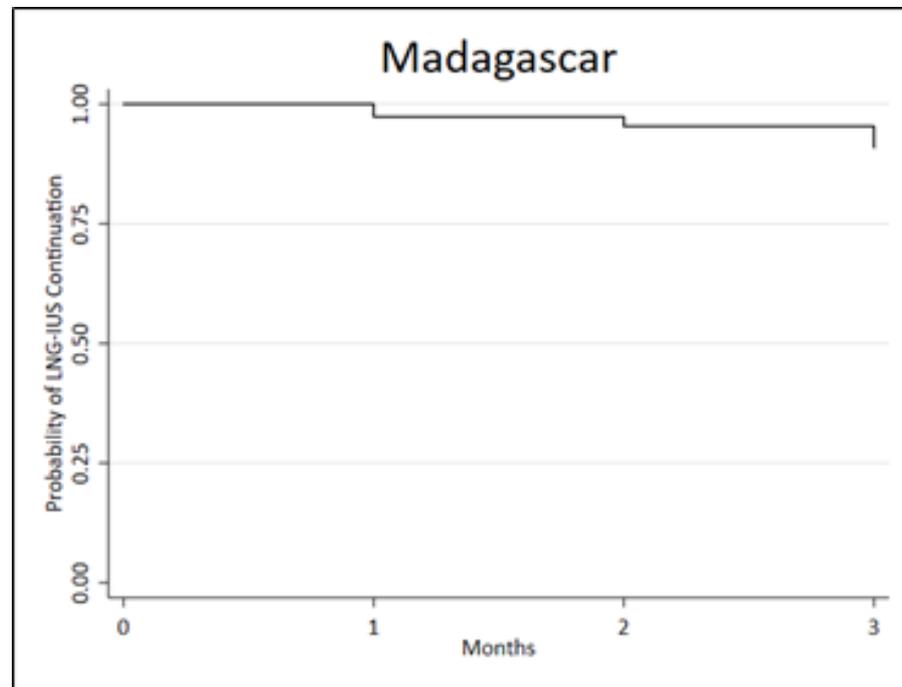


If AVIBELA had not been available on the day of service, **39%** of users report that they would have chosen a traditional method or no method at all.

Experience with the IUS

Likelihood of continuation after 3-months (N=151)

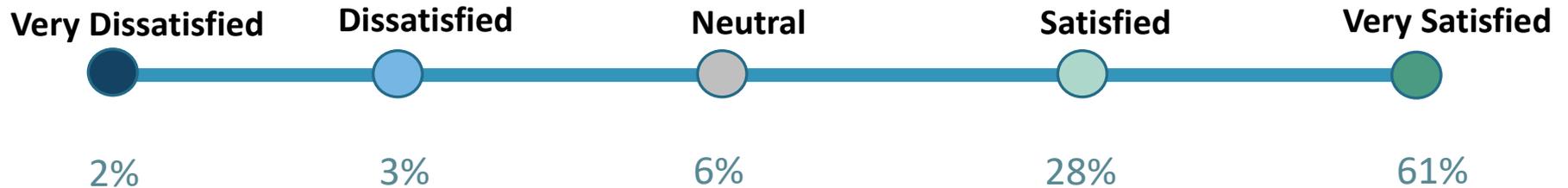
IUS Continuation at 1, 2 and 3 Months		
	Beg. Total	Continuation (%) [95% CI]
1 Month	151	97.35 [93.10 - 99.00]
2 Months	147	95.36 [90.52 - 97.76]
3 Months	106	90.87 [84.35 - 94.75]



The IUS continuation rate was high, as we see in other countries. Among users surveyed in Madagascar, the probability of continuation at three months was 91%.

Experience with the IUS

User satisfaction at 3-month follow-up (N=151)



After 3 months, 12 women were no longer using the IUS. Among those women the most common reasons for discontinuation were:



Overall users are satisfied with the IUS, with 89% reporting they are either satisfied or very satisfied after 3 months. This trend holds true for young clients as well.



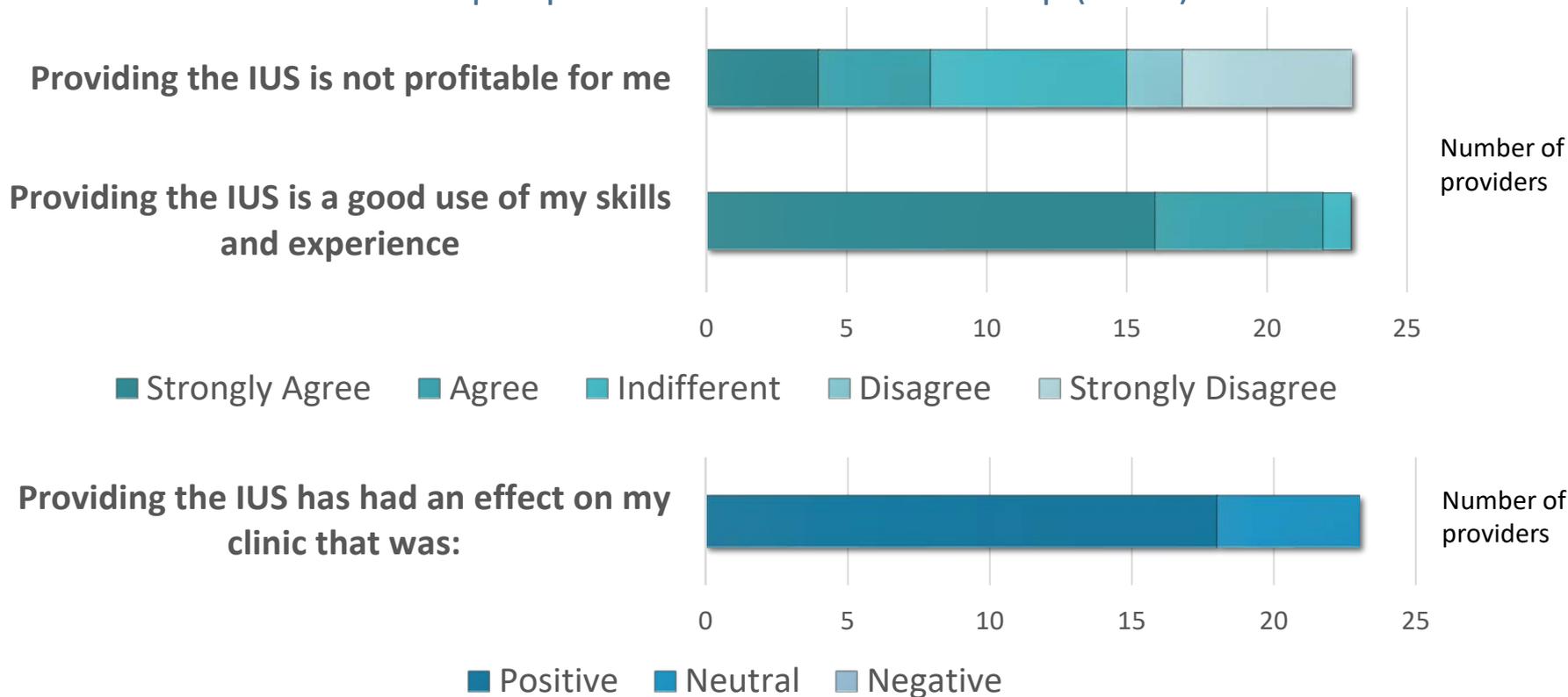
Honorina's Story

As a young woman in Madagascar studying to become a seamstress, **Honorina didn't want the stress of worrying about unintended pregnancy.** She had tried the traditional rhythm method but worried that it didn't provide enough protection. She had tried injectables but found it too inconvenient to visit the clinic every three months for another dose. Then, looking for effectiveness and convenience, Honorina tried the implant, but she found it difficult to manage the irregular spotting she experienced. None of these methods quite aligned with her **needs, preferences, and lifestyle.**

Finally, in 2018, Honorina found a method that was **just right for her: the hormonal IUS.** She chose the method after receiving counseling on the range of method options available in a clinic that receives training and support from PSI Madagascar. Honorina was attracted to the potential for **lighter, predictable periods,** as well as the **peace of mind** that the ease and effectiveness of the IUS would bring her.

Provider Perspectives

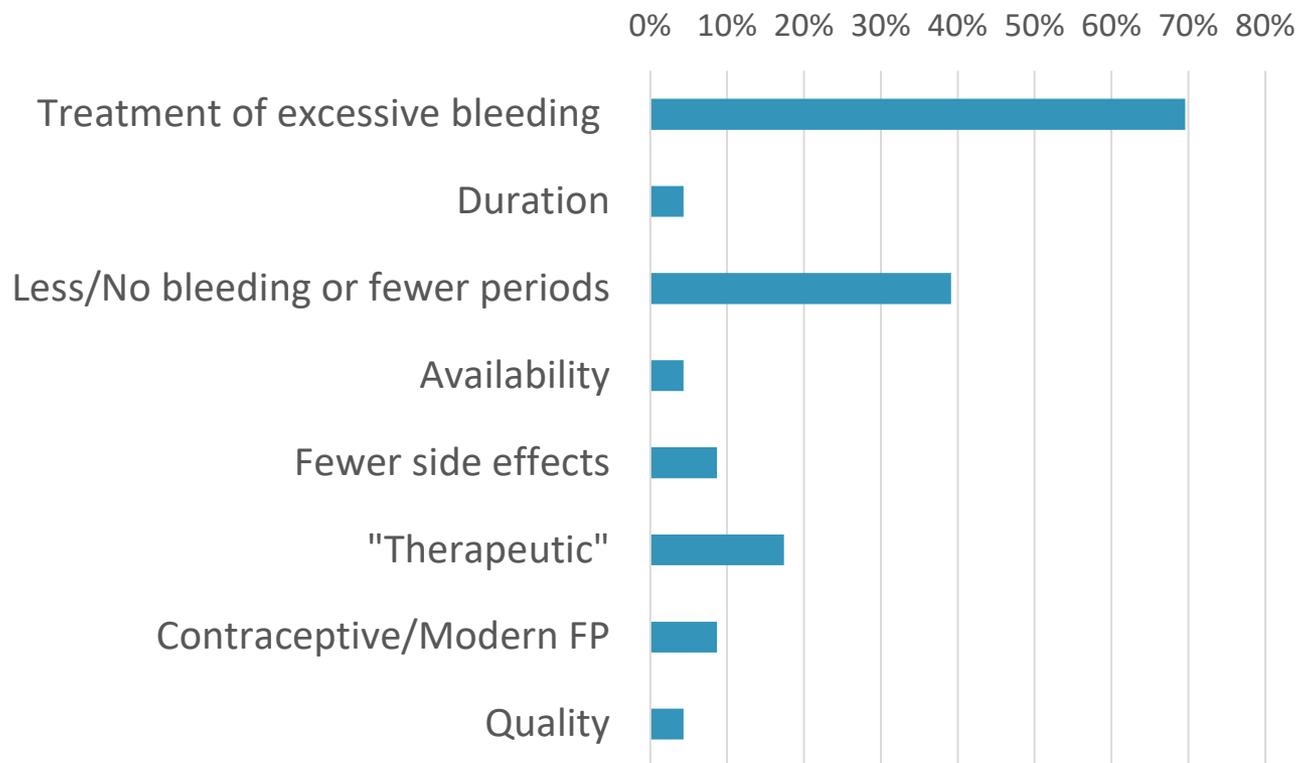
Provider perspectives at 9-month follow-up (N=23)



Only one third of providers reported that the IUS was profitable for their business. However, most providers agreed that providing the IUS was a good use of their skills and experience and had a positive effect on their clinic.

Provider Perspectives

Attributes that would be appealing to clients (N=23)



Providers felt the IUS would be most attractive to their clients who currently use:

1. Injectables
2. Implants
3. IUDs
4. OC Pills

Providers highlighted the potential for lighter periods and the treatment of excessive bleeding as a key attributes that appeal to their clients.

Conclusions

Expanding access to the hormonal IUS in Madagascar would provide a unique contraceptive option for women, including many whose needs are not met by other available methods.

The IUS was adopted by women with varied demographic profiles, including young and single women who are often underserved by FP programs.

The non-contraceptive benefits of the IUS, including lighter periods and treatment of gynecological conditions, added to its appeal for many users.

With high rates of satisfaction and continuation seen in this pilot setting, this highly effective contraceptive method has the potential to contribute to greater uptake of modern contraception if added to the range of FP options.

Scale-Up Considerations

- A hormonal IUS product is expected to be added to both the USAID and UNFPA procurement catalogues by early 2021, making the product available for widescale procurement and scale-up.
- Donor interest in the IUS is growing, with major actors like DFID committing procurement funds to support national scale-up plans.
- The MOHs of Nigeria and Zambia are developing strategies for a phased approach to scale up, along with Costed Implementation Plans to increase access.
 - We recommend developing such a strategy in Madagascar as well.
- The Ministry of Health of Madagascar has repeatedly expressed that they are eager to roll out IUS access in the public sector and see private sector access continue.

Sources and Contacts

For further reading about EECO's work in Madagascar, please access our technical brief on the EECO IUS introductions, available here in both French and English: [Lessons Learned from Introducing the LNG-IUS in Zambia and Madagascar](#)

With inquiries:

In Madagascar:

- Contact Francia Rasoanirina with questions about PSI's programs and IUS service delivery: franciar@psi.mg
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- Contact Danielle Harris at WCG Cares with questions about the EECO project: dharris@wcgcares.org

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Thank you!



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Expanding Effective Contraceptive Options

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