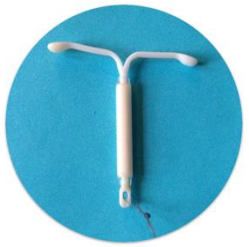
HORMONAL IUS UPDATES:
New Insights and Steps Toward Scale
DAY 2

A **two-part** virtual meeting:
Wednesday, June 24, 9:00am–11:00 EDT
Thursday, June 25, 9:00am–11:00 EDT

Co-sponsored by the Hormonal IUS Access Group & Method Choice Community of Practice

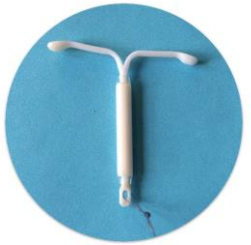
Meeting Objectives



Days 1 & 2

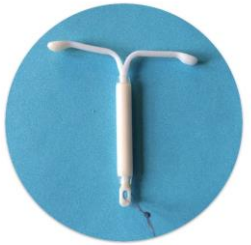
- Review key features of the hormonal IUS and current product availability in LMICs
- Share updates from Hormonal IUS Access Group including updates on supply- and demand-side efforts to expand method choice
- Build an understanding of the current global evidence including data on client and provider perceptions and experiences with the method
- Discuss key learnings from pilot introduction activities in Kenya, Madagascar, Nigeria, Zambia and elsewhere
- Share existing service delivery tools and identify gaps
- Review global learning agenda and discuss plans to make updates
- Discuss how to move forward, taking into account the COVID-19 pandemic

AGENDA – DAY 1 / SESSION 1



9:00-9:15	**Welcome & Introduction** • Greeting • Review of meeting objectives and broader goals of expanding contraceptive method choice	Speakers: Rita Badiani, E2A Trish MacDonald, USAID
9:15-9:25	**Rapid review of method characteristics and products**	Dr. Saad, Abdulmumin USAID
9:25-9:35	**Hormonal IUS Access Group Updates**	Facilitator: Devon Cain, CHAI Speakers: Tabitha Sripipatana, USAID Anna Hazelwood, DFID
9:35-10:25	**Five Key Questions** • Review of global learning agenda • Synthesis of research results • Questions / Discussion	Speakers: Kate Rademacher, FHI 360 Kendal Danna, PSI Deborah Sitrin, Jhpiego Aurélie Brunie, FHI 360
10:25-10:55	**Supplier Panel** • ICA Foundation • Bayer • Medicines360 – Sally Stephens • Pregna • Questions / Discussion	Facilitator: Saumya Ramarao, Population Council Jim Sailer, Population Council Frank Strelow, Bayer AG Sally Stephens, Medicines360 Mukul Taparia, Pregna
10:55-11:00	**Closing** • Review of agenda and goals for Day 2	Speaker: Fariyal Fikree, E2A

AGENDA – DAY 2 / SESSION 2



9:00-9:10	**Welcome** • Review of Day 1 / Objectives for Day 2	Speaker: Laneta Dorflinger, FHI 360
9:10-9:45	**Country Panel: Planning for phased roll-out of hormonal IUS** • Updates from Nigeria • Updates from Zambia • Lessons learned from Brazil • Next steps with country planning • Questions / Discussions	Speakers: Dr. Afolabi, FMOH, Nigeria Loyce Munthali, USAID, Zambia Dr. Luis Bahamondes, Brazil Devon Cain, CHAI
9:45-10:15	**Key sub-populations and the hormonal IUS** • Women living with HIV • Postpartum women • Youth and review of global learning agenda • Questions /Discussions	Speakers: Dr. Catherine Todd, FHI 360 Anne Pfitzer, Jhpiego Kate Rademacher, FHI 360
10:15-10:25	**Rapid review of service delivery tools and key resources**	Ashley Jackson, PSI/WCG
10:25-10:45	**Provision of LARCs in the era of COVID-19** • Questions / Discussions	Dr. Saad, Abdulmumin USAID Dr. Gathari, Jhpiego/Kenya
10:55-11:00	**Closing** • Way forward including summary of next steps	Speaker: Tabitha Sripipatana, USAID

Have a question or comment?

Click the Q&A icon at the bottom of your Zoom screen

Hormonal IUS Technical Consultation

Day 2 Speakers & Facilitators

Laneta Dorflinger
FHI 360

Dr Kayode Afolabi
Federal MOH, Nigeria

Loyce Munthali
USAID/Zambia

Dr Luis Bahamondes
UNICAMP, Brazil

Devon Cain
CHAI

Dr Catherine Todd
FHI 360

Kate Rademacher
FHI 360

Anne Pfitzer
Jhpiego

Ashley Jackson
PSI/WCG

Dr Gathari Ndirangu
Jhpiego

Dr Abdulmumin Saad
USAID

Tabitha Sripipatana
USAID

Expanding contraceptive choice in Nigeria: Potential role of hormonal intrauterine system (IUS) in method mix

Dr. Kayode Afolabi
Director/Head, Reproductive Health Division,
Family Health Department,
Federal Ministry of Health

June 25, 2020

Hormonal IUS Technical Con

Family planning in Nigeria

Figure 1. Family planning context in Nigeria among married women (15-49)

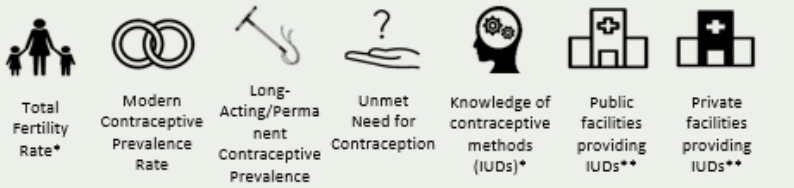
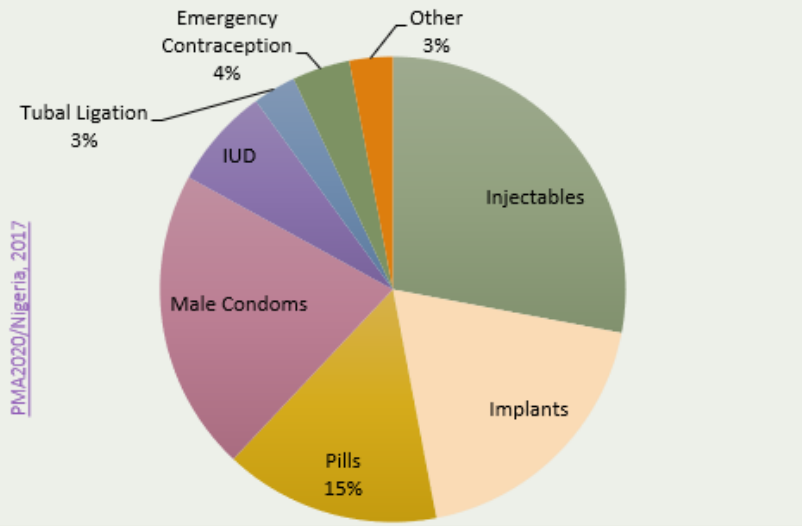


Figure 2. Modern method mix among married contraceptive users aged 15-49



- According to the PMA 2018 Nigeria survey, 18% of all women and 19% of married women use a modern contraceptive method.
- Among married women (ages 15-49), 23% have an unmet need for family planning.
- Relative to all women, married women more frequently use long acting or permanent contraceptive methods (4% vs. 6%).
- Currently, 6% of married contraceptive users have an intrauterine device (IUD).
- Whereas modern contraceptive use is very low in more rural and less literate NE and NW states, levels are significantly higher in southern zones, particularly the SW

All data for married women (15-49) from the PMA 2020 Nigeria 2018 survey unless otherwise specified.
*Nigeria DHS 2018.
**Nigeria FP Blueprint 2014

Hormonal IUS - Method Attributes

Advantages

- Highly effective
- High continuation rates
- Rapid return to fertility after removal
- Discreet
- Safe for breast feeding
- Can lead to reduction in menstrual blood loss
- Approved treatment for women suffering of heavy menstrual bleeding
- May provide clinical treatment for anemia

Disadvantages

- Requires a skilled provider for insertion and removal
- Instruments/equipment needed
- Discomfort and/or privacy issues at time of placement
- No protection from STIs/HIV

Key Opinion Leaders' perceptions of hormonal IUS

- 17 KOLs interviewed who were identified by peers as leaders in RH/FP

Perceived advantages among KOLs

- **Reduced menstrual bleeding***
- **Duration of use/long-acting**
- **Non-contraceptive health benefits**
- **Reduced cramps/pain**
- Effectiveness
- Potential to cause amenorrhea
- Rapid return to fertility
- Minimal side effects/ lower dose of hormone

Perceived barriers among KOLs

- **High current commodity cost**
- **Shortage of trained providers**
- **Low availability of method**
- **Invasiveness of insertion procedure for clients**
- Provider bias
- Fear of hormones/ side effects
- Fear of amenorrhea
- Competition with implants

*Responses in **bold** were the most common among respondents

Hormonal IUS Introduction

Federal MOH is committed to expanding contraceptive choices by increasing access to the hormonal IUS through an intentional, phased approach

- Building upon positive results generated by pilot introduction efforts, a consortium of government, donors and partner organizations are committed to formally **introduce the hormonal IUS beyond pilot settings**
- Goals include:
  1. Introduce the hormonal IUS beyond pilot settings and sustainably increase access and quality of care in the context of full method choice
  2. Assure supply security over time
  3. Continue to implement a robust learning agenda

- **June 2020 Status:** Draft national "Hormonal IUS Strategic Introduction and Scale-Up Plan" currently under development
- **Next step:** To be reviewed by New/Underutilized Contraceptive Technology Committee of RH TWG

Hormonal IUS Introduction Strategy

Nigeria is adopting a phased approach to introduce hormonal IUS

- Introduction objectives include:
  - To introduce hormonal IUS into the basket of FP commodities procured for the public sector
  - To build capacity of health workers to provide hormonal IUS to women who want them
  - To integrate hormonal IUS into existing processes, including the national health logistics management information system (NHLMIS) and the National Health Management Information Systems (HMIS)
  - To educate women of reproductive age on hormonal IUS and its availability as a new method

Photo credit: LEAP LNG IUS Initiative

The Strategy Includes Two Phases

- **Preparation phase:**
  - Mapping resources,
  - updating in-service training curricula,
  - developing all supply plan mechanisms,
  - finalizing demand generation activities; updating and establishing monitoring & supervision tools to support the introduction of hormonal IUS.
- **Implementation phase:**
  - Conducting Training
  - coordinating supply of commodities to support
  - demand generation activities and
  - data collection activities.

On the road to increasing access to the hormonal IUS…
Moving forward together

Expanding Contraceptive Choice:
Increasing Access to the Hormonal Intrauterine System in Zambia

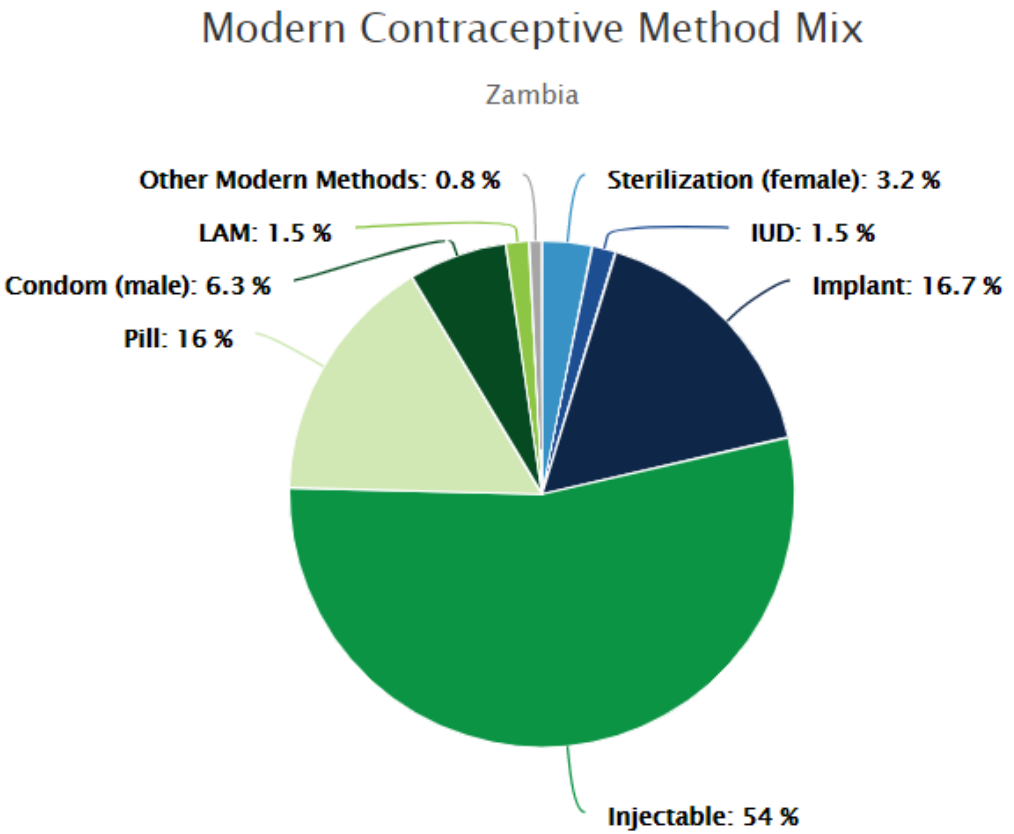
Loyce Munthali
USAID/Zambia
June 25, 2020

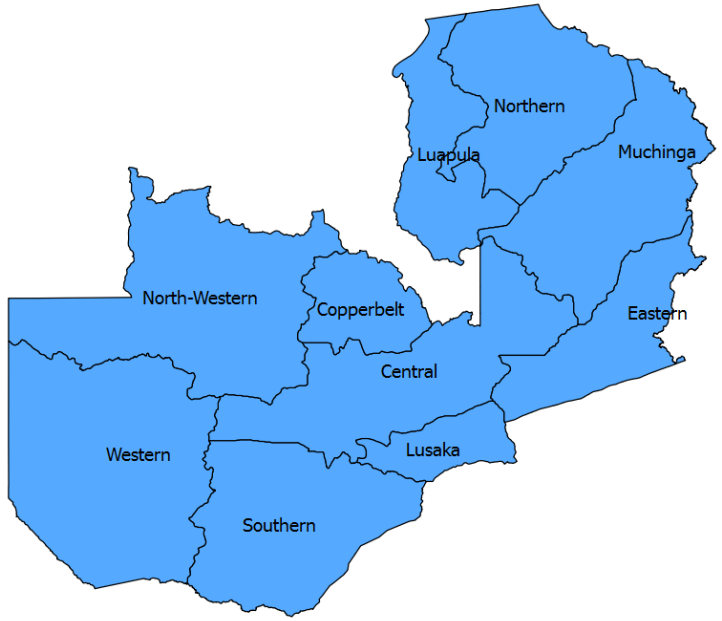
Family Planning in Zambia

Zambia DHS 2018	
mCPR (UMW*)	43%
mCPR (MW)	48%
Unmet Need (MW)	20%
Demand Satisfaction* (MW)	72%

UMW – sexually active unmarried women
MW – married women
*sexually active unmarried women
**69% of demand satisfied by modern method

Source: Zambia DHS 2018





Ensuring access to a full **contraceptive method mix** is essential so that individuals are able to freely choose contraceptive methods that best meet their reproductive desires and needs.

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Recent research - hormonal IUS pilot activities

	2017-2019	2018-2019	2019-2020
Provinces	Eastern, Central, Southern, Luapula Provinces	Copperbelt & Muchinga	Copperbelt & Muchinga
Study population	395 women who received hormonal IUS or CuT & FGDs with providers	155 hormonal IUS users & surveys with providers	710 hormonal IUS users and users of other FP methods; interviews with providers, FGDs youth
Methods overview	'Enhanced' M&E data, follow-up phone interviews, FGDs	Longitudinal prospective survey	Mixed methods: Longitudinal prospective survey, IDIs, FDGs,
Funder	USAID-funded	USAID-funded	Bill & Melinda Gates Foundation
Implementing partners for research	MCSP, SM360+, Jhpiego	WCG, SFH, PSI	FHI 360, PSI, SFH, WCG
Product used in study	All program sites in the studies used product donated by the ICA Foundation		

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Next steps

- A national meeting was convened in Lusaka in October 2019 to review emerging evidence about the hormonal IUS. Following the meeting, recommendations were presented to the national Family Planning Technical Working.

- Given the favorable experiences with the hormonal IUS that were documented among both providers and women**, the FP TWG recommended that the MOH consider endorsing broader introduction and phased scale-up of the hormonal IUS** in order to achieve the larger goal of expanding contraceptive choice.

- Following this, the **MOH requested partners to support development of a national strategy for expanding access to the hormonal IUS** using a phased and focused approach to ensure continued commodity security. Development of this plan is underway and the key highlights in the strategy include: Training, Supply Chain, Demand Generation, Coordination and M&E.

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ICA FOUNDATION
Lessons learned from Brazil

Luis Bahamondes
Professor of Gynecology
University of Campinas Medical School
Campinas, Brazil

ICA FOUNDATION
International Contraceptive Access

MILESTONES

- From 2007 to February 2020, we received 36,240 units of LNG IUS.
- The devices are distributed to 24 health centers,15 of which are based at teaching hospitals.
- Among the insertions: 73.4% were for contraception and 27.6% for medical indications, mostly for heavy menstrual bleeding (HMB).

MILESTONES

- More than 1,500 HCPs trained
- 31 Research reports with data about the LNG IUS were published
- 27 HCP performed post-graduate research with the LNG-IUS
- Using the 26,600 insertions only for contraception with a conversion factor of 3.3 years of protection per unit inserted, we calculate that the donation provided 87,780 Couple Years of Protection (CYP) to women in Brazil.

MILESTONES

- The distribution of the product to teaching institutions disseminated knowledge to interns, residents, and gynecologists about the process and value of this new technology.

- Learned how to manage the side effects (including potential abnormal bleeding), which can be a burden to users and HCPs if not properly attended to.

ADVANTAGES

- Free importation charges;
- University of Campinas help in the logistics of importation;
- New provision to the centers only after we received the forms of insertions.

CHALLENGES

- How to cover the cost of storage at the custom and distribution by mail of the LNG IUS to recipient institutions;
- Commitment of the recipients clinics in the long term;
- Lack of resources to made in site visits

LAST MESSAGE

- The LNG IUS is not available at the Brazilian Health System because barrier by the MoH;
- Almost only the units at the public system are those donated by the ICA Foundation;
- However, due to pressure from HCPs some municipalities start to acquire some units;
- Nevertheless, the only hormonal IUS registered in the country is Mirena®

Contraception 101 (2020) 367–369

Contents lists available at ScienceDirect

Contraception

journal homepage: www.elsevier.com/locate/con

Commentary

The benefits and limitations of donating new contraceptive technology: The case of the International Contraceptive Access (ICA) Foundation and the LNG IUS Program in Brazil ☆,☆☆

Laura Miranda [a], John Townsend [b], Anibal Faúndes [a], Luis Bahamondes [a,*]

[a] Department of Obstetrics and Gynecology, University of Campinas Faculty of Medical Sciences, Campinas, Brazil
[b] The Population Council, Washington DC, USA

Next steps with country planning

Hormonal IUS Access Group

June 25, 2020

Steps to prepare for successful targeted introduction

- Coordinate
- Understand Target Market
- Develop Introduction Strategy
- Update National Guidelines and Essential Medicines List (EML)
- Register Product/Ensure Waiver is possible
- Develop Costed Rollout Plan
- Quantify and Procure Product
- Align on High Quality and Cost-Effective Capacity Building Model
- Update Monitoring System
- Develop Demand Generation Strategy and Materials
- Align on Key Performance Indicators for Introduction and Key Learning Questions

Thank you!

- Partners, stakeholders and governments considering or planning hormonal IUS introduction and seeking to coordinate as part of the Hormonal IUS Access Group should reach out to Devon Cain at dcain@clintonhealthaccess.org or Kate Rademacher at krademacher@fhi360.org

Q&A

June 25, 2020

Intrauterine contraception for women living with HIV: Safe & acceptable addition for a comprehensive method mix

Catherine Todd, MD, MPH

Associate Director, Reproductive, Maternal, Newborn, & Child Health Division
**On behalf of the Safety and Acceptability of Two IUDs among Cape Town HIV-positive Women: A RCT (2IUDnCT) Study Team*

June 25, 2020

Intrauterine contraception for women living with HIV: Safe & acceptable addition for a comprehensive method mix

Catherine Todd, MD, MPH

Associate Director, Reproductive, Maternal, Newborn, & Child Health Division
**On behalf of the Safety and Acceptability of Two IUDs among Cape Town HIV-positive Women: A RCT (2IUDnCT) Study Team*

USAID FROM THE AMERICAN PEOPLE | NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development | CUNY The City University of New York | UNIVERSITY OF CAPE TOWN IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD | fhi360 THE SCIENCE OF IMPROVING LIVES

Overview

- Family planning concerns unique to women living with HIV (WLHIV)
- Intrauterine contraceptives (IUC): the overlooked LARCs
- Evidence for safety
- Evidence for acceptability
- Events & data with market-shaping potential
- Next steps

WLHIV & Contraceptive Challenges

- People living with HIV identified as vulnerable group for focus as part of comprehensive family planning services.
- Most methods considered safe in MEC; however, hormonal method efficacy compromised by some ART regimens.
- Confluence of challenges result in higher unmet need for family planning & mistimed pregnancy rates.

IUCs for WLHIV: the overlooked LARCs

- LARC methods available & cost-effective in high HIV prevalence settings but under-utilized, particularly copper IUDs and hormonal IUS.

- Provider & peer perceptions may impede IUC use among WLHIV, particularly surrounding risk of other reproductive tract infections.

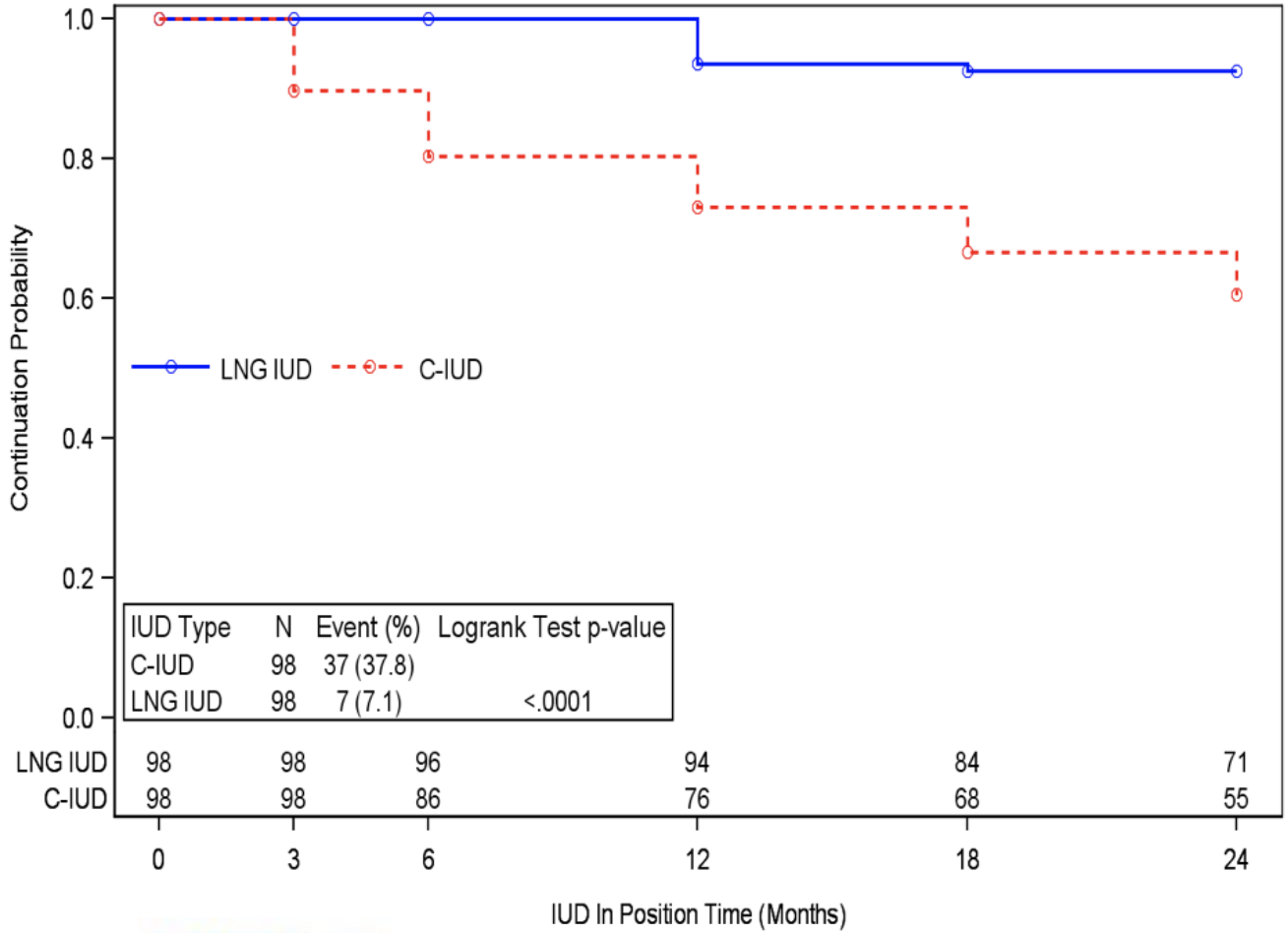
- Best practice of integrated FP-HIV care dissuasive from more time & skill-intensive methods

IUCs for WLHIV: Safety Summary

- Low risk of pelvic inflammatory disease with IUC use; similar risk between hormonal IUS & copper T-380.
- No significant increase in plasma or genital tract HIV RNA load with use of either copper IUD or hormonal IUS or comparing between them; more data for hormonal IUS.
- Pregnancy rate variable but within published range.
- Significant hemoglobin increase with hormonal IUS

IUCs for WLHIV: Acceptability

- Data variable by context; more data for C-IUD.
- RCTs comparing hormonal IUS vs. C-IUD with variable results; continuation>60%.
- Continuation at 2IUDnCT end approximately 80% overall; retention similar by IUC.

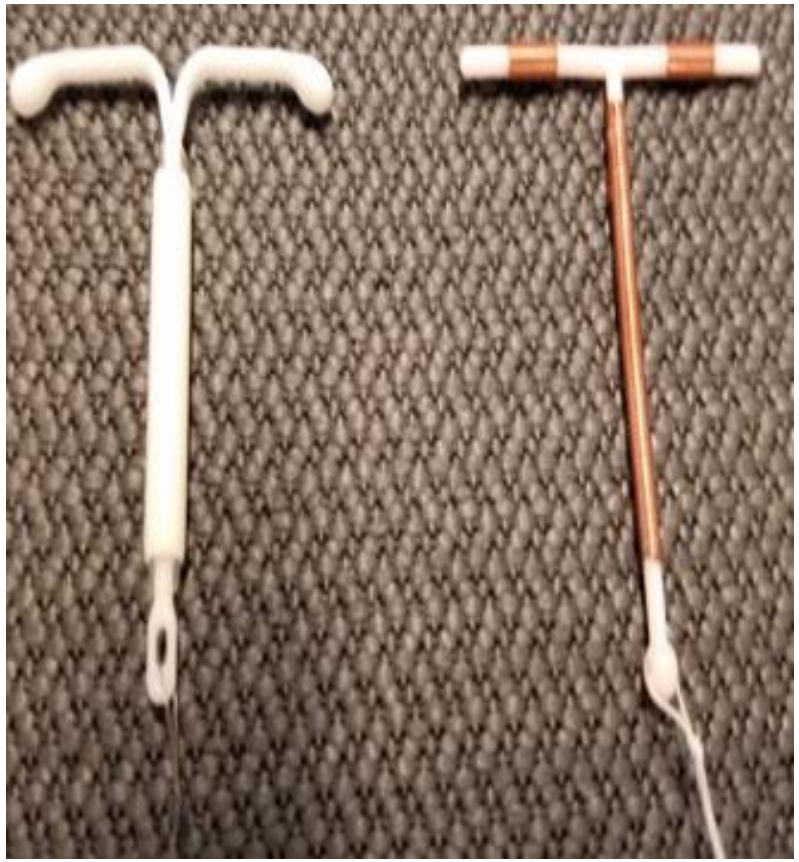


Why is this important now?

- Enhanced contraceptive counseling need amidst dolutegravir-based ART expansion & possible neural tube defect risk

- COVID pandemic impacting LARC access & appeal; ART access & preventing mother to child transmission (PMTCT) risk important considerations

- Expanded access to hormonal IUS in LMICs



Next Steps & Considerations…

- Given acceptability & safety among WLHIV, evidence supports copper IUDs and the hormonal IUS as viable LARC option.
- Hormonal IUS currently included in some Costed Implementation Plans for postpartum family planning; consider link to PMTCT, Early Infant Diagnosis, or cervical cancer screening for accelerated uptake among WLHIV.
- Support provider education & targeted SBC incorporating safety & acceptability data.

Acknowledgements

Our participants for their time and trust

2IUDnCT investigators:
Landon Myer (co-PI)
Catherine Todd (co-PI)
Heidi Jones
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Katie Murie
Olga Venfolo
Jennie Morgan

UCT:
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Sheree Keever
Doug Taylor
Pai-Lien Chen
Jaim Jou Lai
Charlie Morrison

NHLS:
Marvin Hsiao

NATIONAL HEALTH LABORATORY SERVICE

Western Cape Government
Health

NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development *R01 HD071804*

USAID FROM THE AMERICAN PEOPLE *Preventive Technologies Agreement*

In-kind donations from: Bayer Pharmaceuticals (Mirena® IUDs); Sekisui Diagnostics (Osom® BV Blue and Trichomonas); Cepheid Inc (Xpert CT/NG cartridges); Alere/Abbott (Determine Syphilis RDTs)

USAID FROM THE AMERICAN PEOPLE NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development

The City University of New York

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

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Postpartum women and hormonal IUS

Selected data from MCSP studies in Kenya and Zambia

Anne Pfitzer and Deborah Sitrin, Momentum Country and Global Leadership

25 June 2020

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MOMENTUM A Global Partnership for Health and Resilience

Program context

Kenya

Prior program activities to establish LARC mentors

- Primarily working to support LARCs in FP units

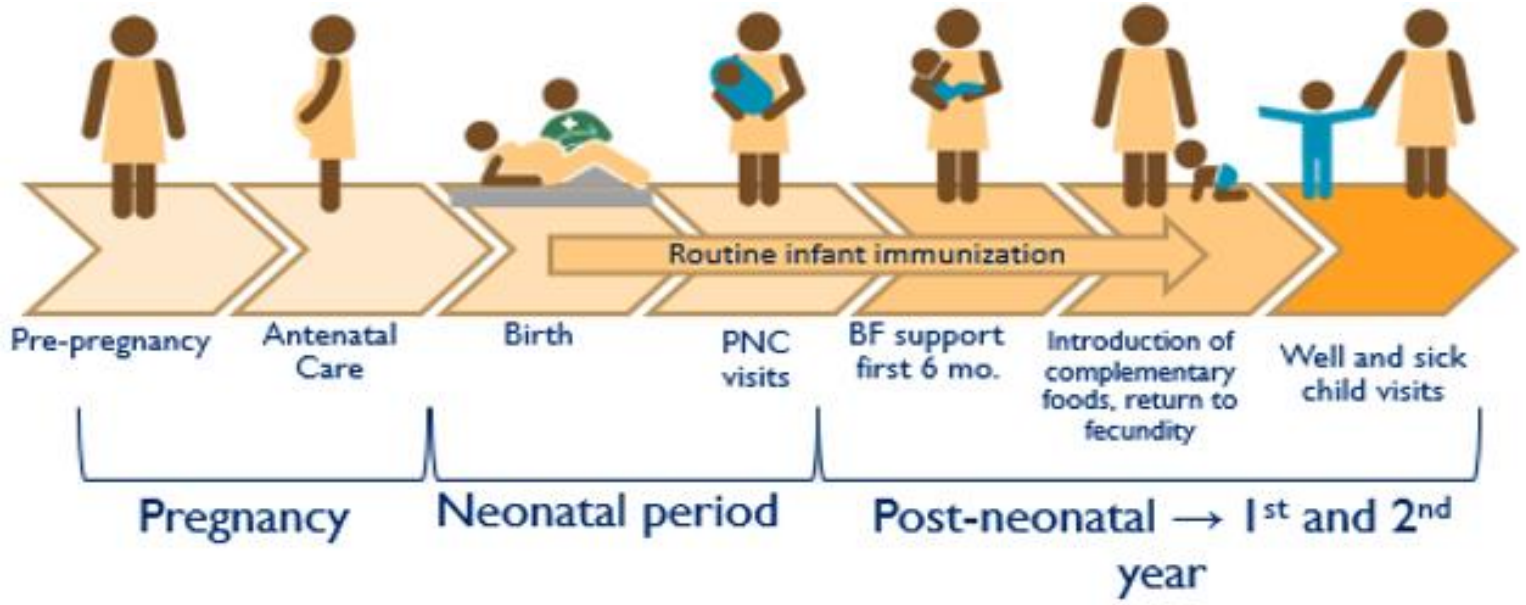
With hormonal IUS introduction, also supported new skills in PPIUD

- Onsite training & mentorship for LARCs across interval, postpartum and postabortion

Zambia

Leveraging Safe Motherhood program, with support for EmONC

- Onsite training & mentorship for LARCs broadly, with hormonal IUS one of those methods
- All timings of insertion covered
- Trainees/mentees frequently working in MCH settings



Poll: If you were to guess… what proportion of women would you predict were postpartum versus non post-partum among those who adopted a hormonal IUS in Kenya and Zambia?

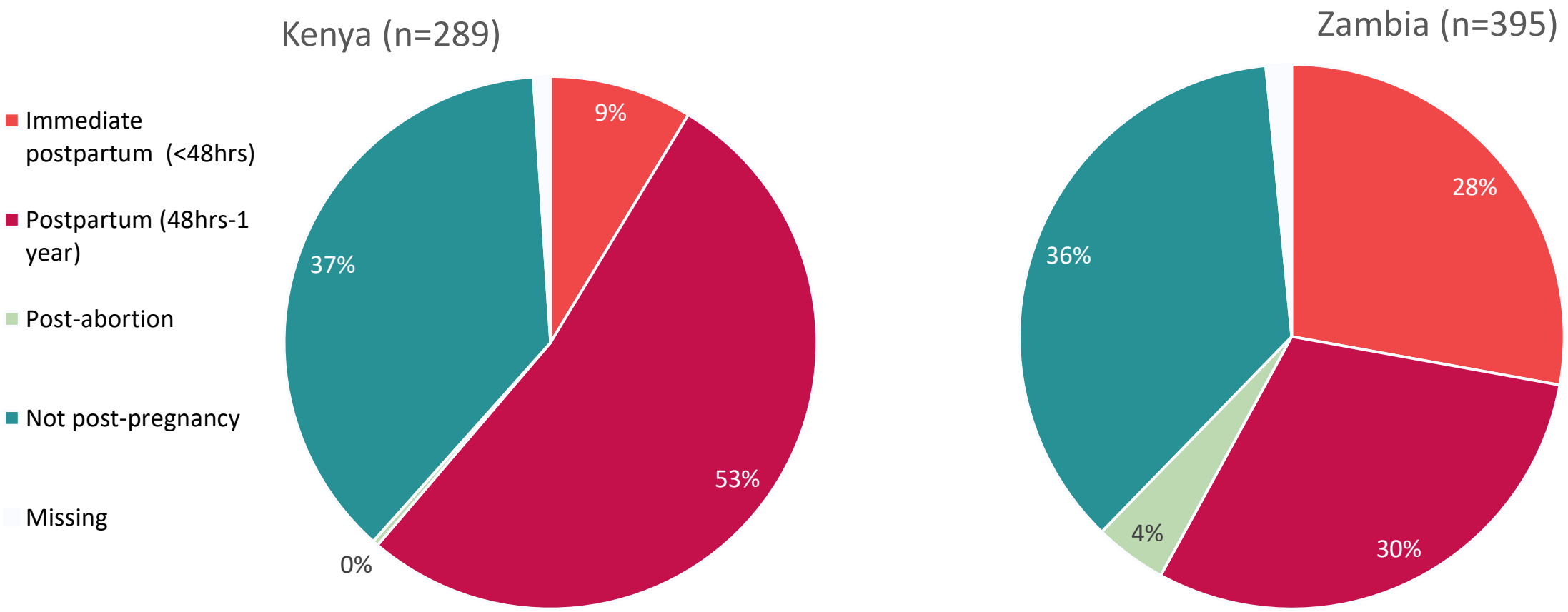
a) 9-12% postpartum

b) 25-28% postpartum

c) 58-62% postpartum

d) 75-77% postpartum

Timing of hormonal IUS insertion across studies



Insights from provider FGD qualitative data

Themes and Illustrative quotes

Perceived advantages of an immediate postpartum insertion

Importance of counseling in ANC for pre-discharge PP uptake

Provider assignments linked to skills development and confidence

Generally, insights do not differ for hormonal IUS than they would for PPIUD generally

Just like any other IUD, it may give someone cramps after insertion but you find when a woman is post-delivery, she has that normal cramping of the abdomen, so when you insert in postpartum, the cramping happens at the same time so the woman may not feel it is from the IUD, it's just an after pain.

Kenya, Kisumu03 Mentor

What I have seen is that a lot of women know about this when they are pregnant, you counsel them when they just come back from labour it is easy to insert the method immediately after one delivers other than doing it when they come for family planning

Zambia_Choma Mentor

Because most of the clients who've used PPFP are prepared or counselled at ANC. In my facility we do what we call group ANC. So at least some of them pick up the method because they were informed about PPFP services at ante-natal clinic. Others don't pick because they don't have information, they are introduced about family planning post-delivery […] she does not comprehend therefore the uptake at that particular time is low.

Kenya, Kisumu01 Mentee

But postpartum after delivery usually at the hospital level [. . .] it's the partners when they come to deliver they are usually on their own and most of our females believe the husband is the one who is supposed to make a decision for them. That is the main challenge that we face for postpartum family planning.

Zambia, Kabwe Mentor

Okay, so for interval, personally I feel 90% proficient and for immediate postpartum because of lack of enough practice I would score myself at about 75%

Kenya, Kisumu03 Mentor

GLOBAL LEARNING AGENDA

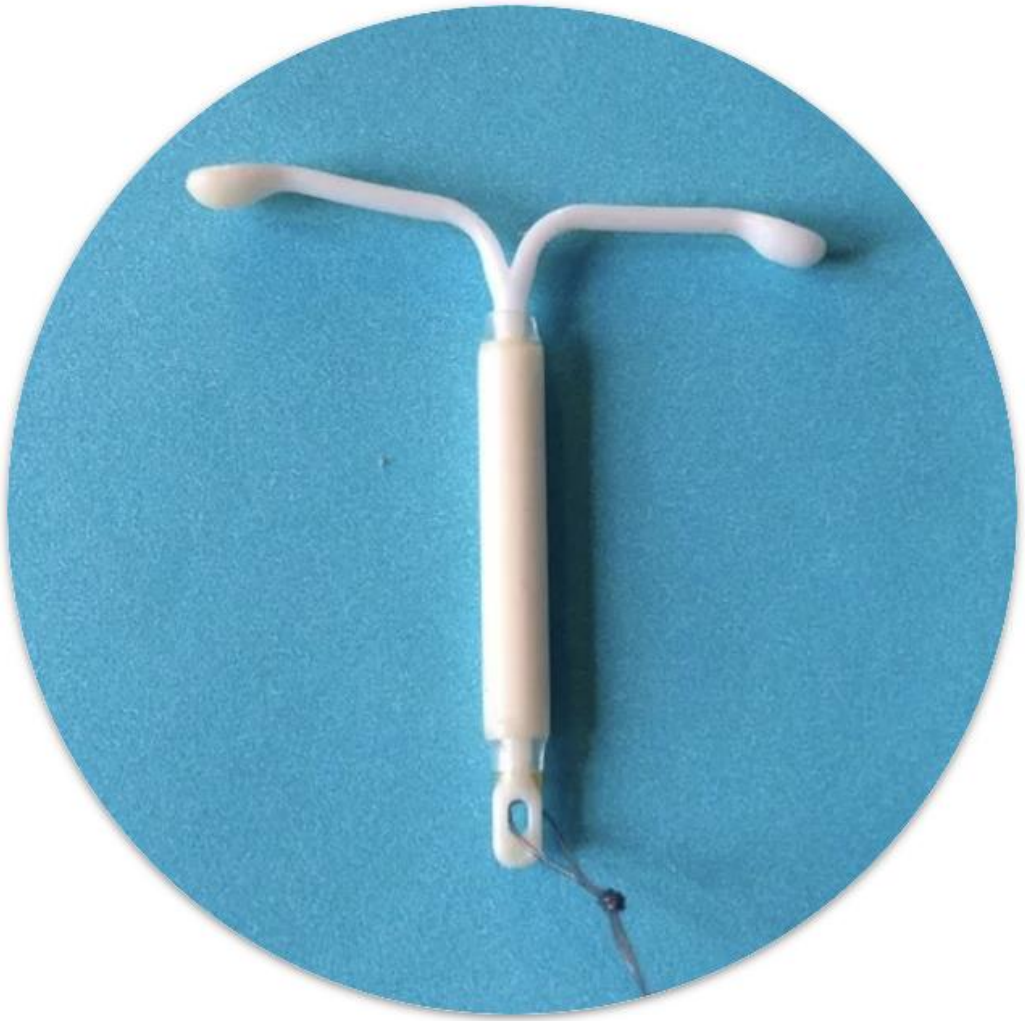
Kate Rademacher, FHI 360
25 June 2020

Overview of recent research studies

Project	Research Timeframe	Country	Participants at Baseline[1]	Study Design	Service Delivery Context	Geographic Region	Funder	Lead study implementers
EECO Expanding Effective Contraceptive Options	2018-2020	**Madagascar**	N=242	Longitudinal prospective survey within 12 months of insertion	19 social franchise clinics	Mahajanga, Toamasina, Antsiranana & Antananarivo	**USAID**	**WCG Cares, PSI**
	2018-2019	**Zambia**	N = 166		19 public sector clinics	Copperbelt & Muchinga		
SIFPO-2	2017-2019	**Nigeria**	N =205	Longitudinal prospective survey within 12 months of insertion	40 social franchise clinics	18 states	**USAID**	**PSI, Society for Family Health**
	2018-2020	**Zimbabwe**	N= 156		6 social franchise clinics	Harare, Manicaland, Midlands, Masvingo & Bulawayo		**PSI**
Maternal and Child Survival Program	2017-2019	**Kenya**	N = 432*	'Enhanced' M&E data, follow-up phone interviews, FGDs with providers	56 public sector clinics	Kisumu & Migori	**USAID**	**Jhpiego**
	2017-2019	**Zambia**	N=754*		41 public sector clinics	Eastern, Central, Southern, Luapula Province		
LEAP LNG-IUS INITIATIVE	2018-2019	**Nigeria**	N = 888**	Mixed methods: Longitudinal prospective survey, IDIs, FDGs, costing	40 social franchise clinics	18 states	**Bill & Melinda Gates Foundation**	**FHI 360, PSI, Society for Family Health**
	2018-2019	**Zambia**	N = 710**		20 public sector clinics	Copperbelt & Muchinga		

1 – Number of participants in quantitative surveys at baseline

*Study total includes LNG-IUS and Copper IUD adopters
**Study total includes LNG-IUS, Copper IUD, and implant users



QUIZ!

In the LEAP study in Zambia, what percentage of hormonal IUS adopters were under the age of 25?

a) 6%

b) 15%

c) 20%

d) 30%

DEMOGRAPHICS

KEY TAKEAWAY: **Across research studies, a portion (ranging from 6%-43%) of hormonal IUS users were under the age of 25. In all settings, the majority of users were married.**

		EECO Madagascar	EECO Zambia	SIFPO-2 Nigeria	SIFPO-2 Zimbabwe	Maternal and Child Survival Program Kenya	Maternal and Child Survival Program Zambia	LEAP Nigeria	LEAP Zambia
Age	**<25**	**30%**	**17%**	**6%**	**23%**	**43%**	**22%**	**8%**	**30%**
	25+	70%	82%	94%	77%	57%	78%	92%	70%
% married		78%	84%	97%	77%	86%	84%	97%	78%
Participants at baseline		224	116	205	156	289	395	266	153

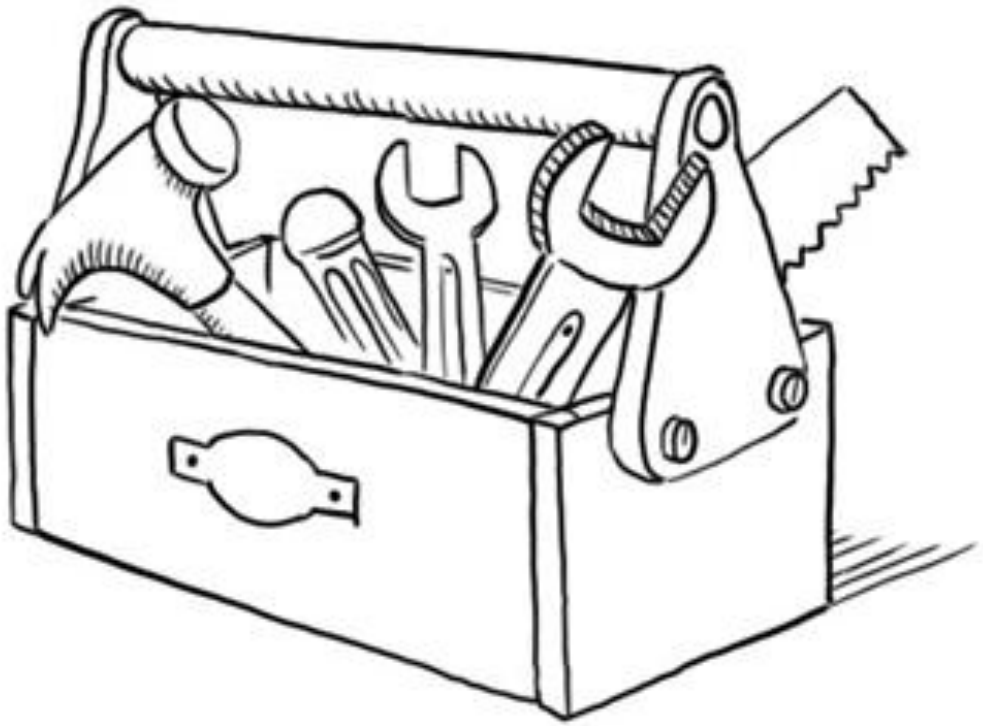
Global Learning Agenda
A. Client Demand
1. What are the profile(s)/characteristics of the clients who will use this product?
2. Does the LNG IUS have the potential to 'revitalize' the IUD market in FP2020 countries?
3. Would introduction of the LNG IUS increase FP use overall/increase contraceptive prevalence rate(s)?
4. How do continuation rates of the LNG IUS compare to continuation rates of other FP methods including LARCs?
5. Does immediate postpartum access to the LNG IUS increase use of postpartum FP overall?
B. Demand generation / marketing
6. What are effective demand creation strategies with different populations and in different sectors?
7. Can promotion of family planning including the LNG IUS be integrated into other health sectors?
C. Service Delivery
8. How can we overcome barriers that have impacted provision of copper IUD when introducing LNG IUS?
9. What are health care providers' perceptions of this product?
10.What are effective service delivery models for LNG IUS provision? How does it differ by context?
D. Non-Contraceptive Attributes
11. How does knowledge of noncontraceptive attributes of the LNG IUS affect uptake and use?
12. What are perceptions of amenorrhea among providers and various client segments?
13. Can scale-up of the LNG IUS help reduce rates of anemia?
E. Cost-Effectiveness and Pricing
14. To what extent is the LNG IUS cost-effective compared to other FP methods including other LARCs?

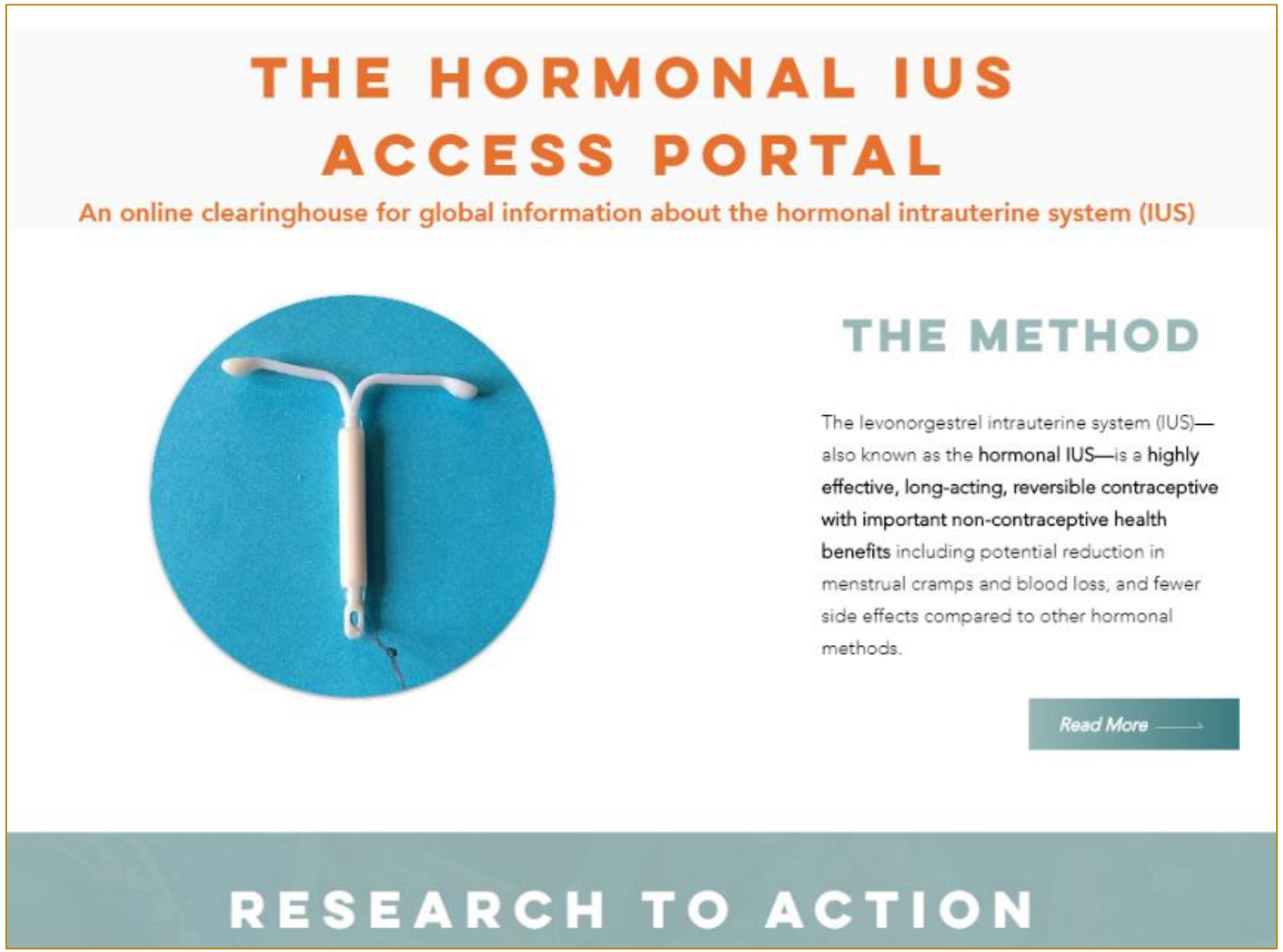
Global Learning Agenda published in: Rademacher KH, Sripipatana T, Pfitzer A, et al. A global learning agenda for the levonorgestrel intrauterine system (LNG IUS): addressing challenges and opportunities to increase access. Glob Health Sci Pract. 2018;6(4):635-643.

Rapid review of IUS service delivery tools and other key resources

Ashley Jackson, Deputy Project Director

Expanding Effective Contraceptive Options (EECO)





Hormonal IUS Access Portal

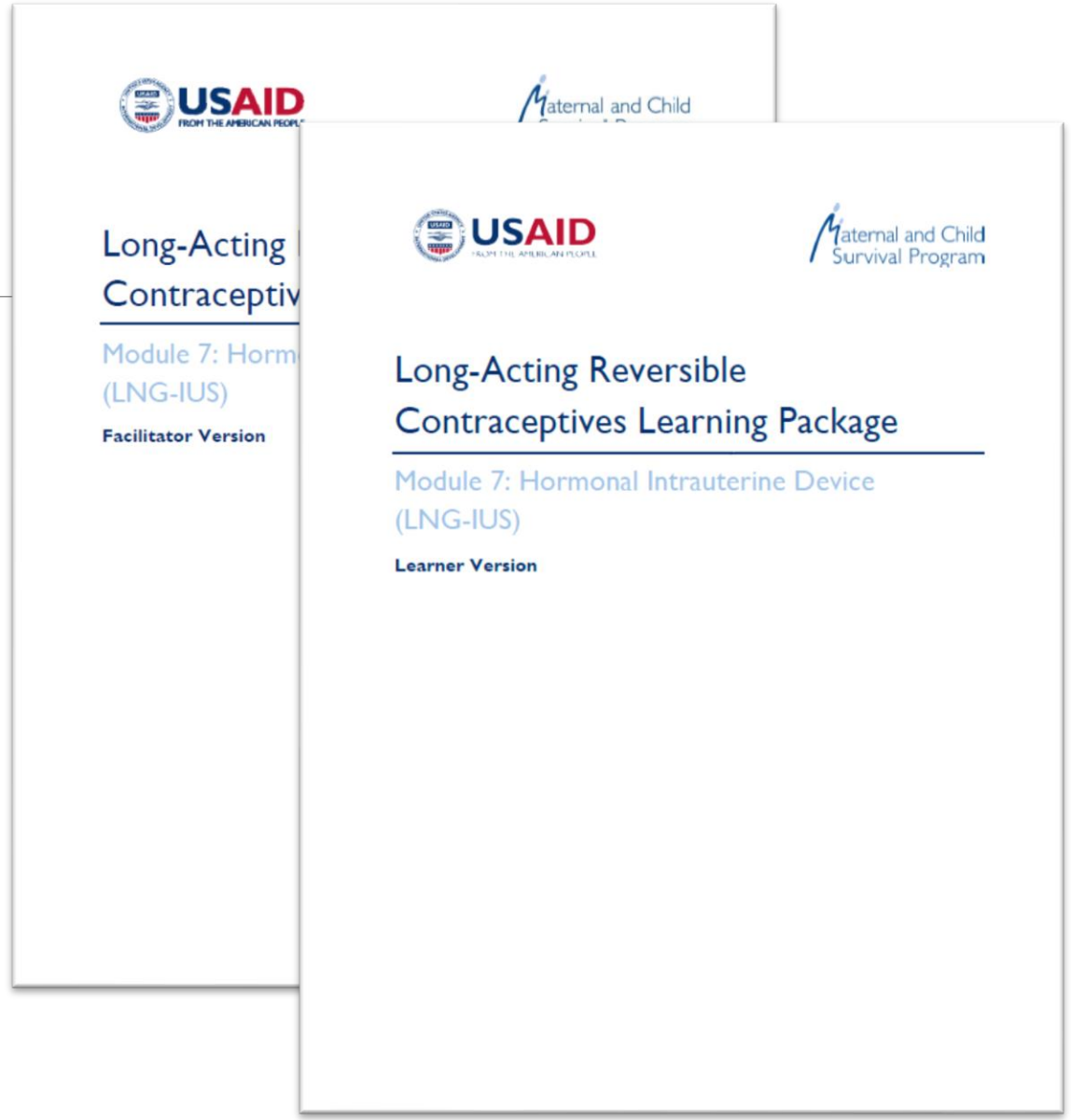
All of these resources and more will be available via the new **Hormonal IUS Access Portal**

www.iusportal.org

Provider training

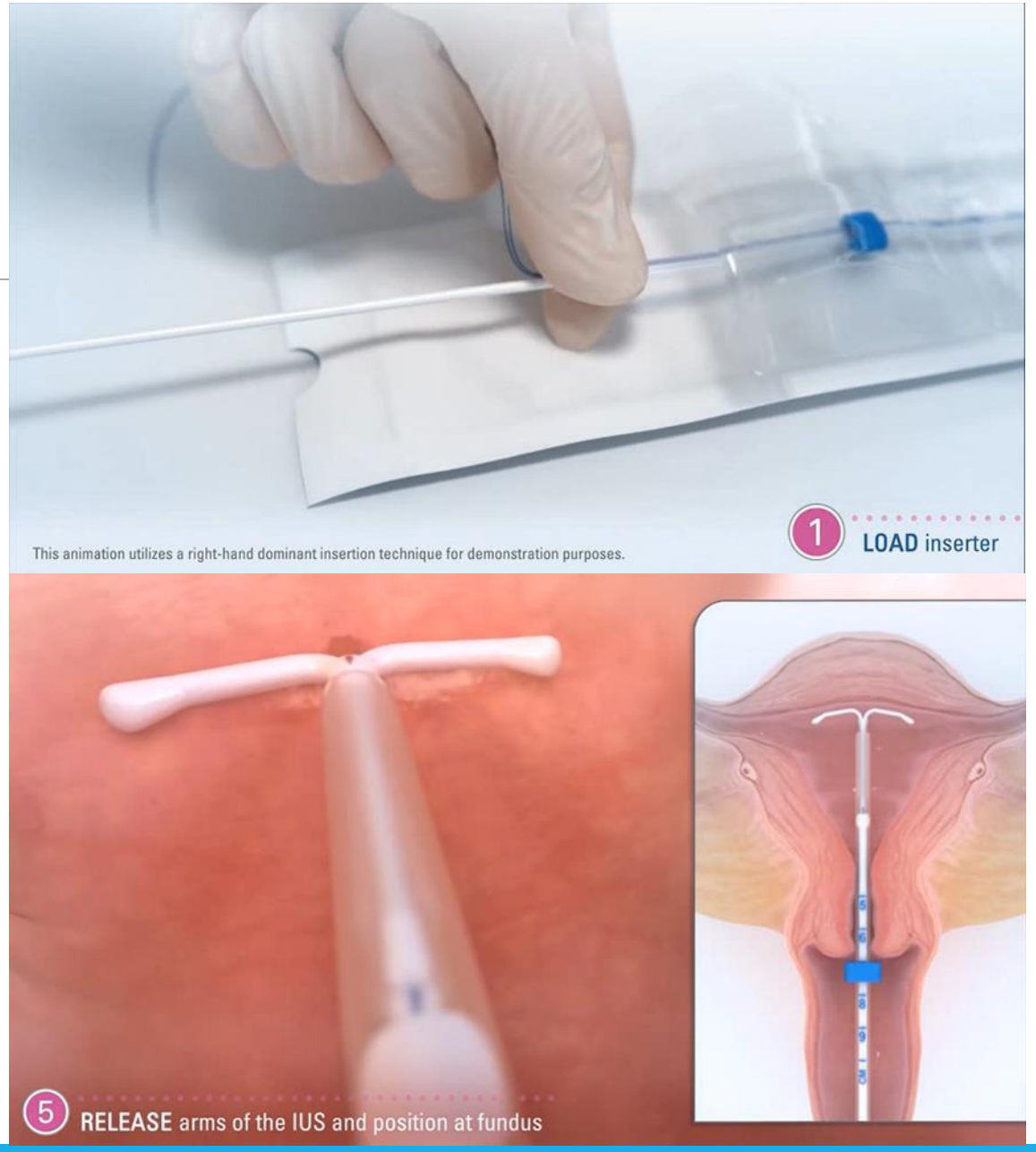
LARC Learning Resource Package (LRP) from MCSP includes a module on hormonal IUS services:

- Facilitator and learner versions
- English, French, and Spanish



Provider training

Avibela® insertion video from M360 can serve as a reminder of the steps of insertion and safety information for trained providers

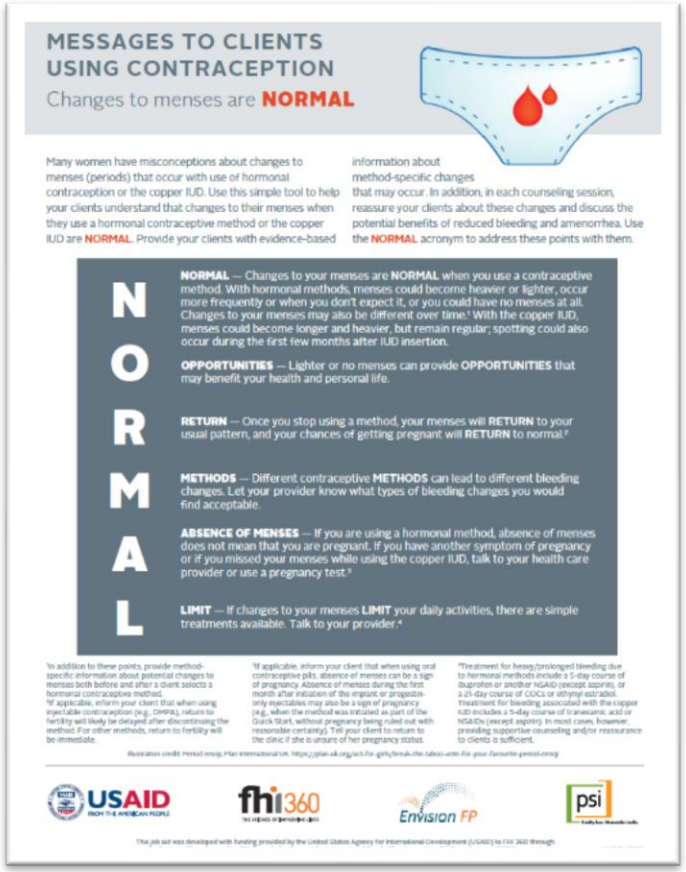


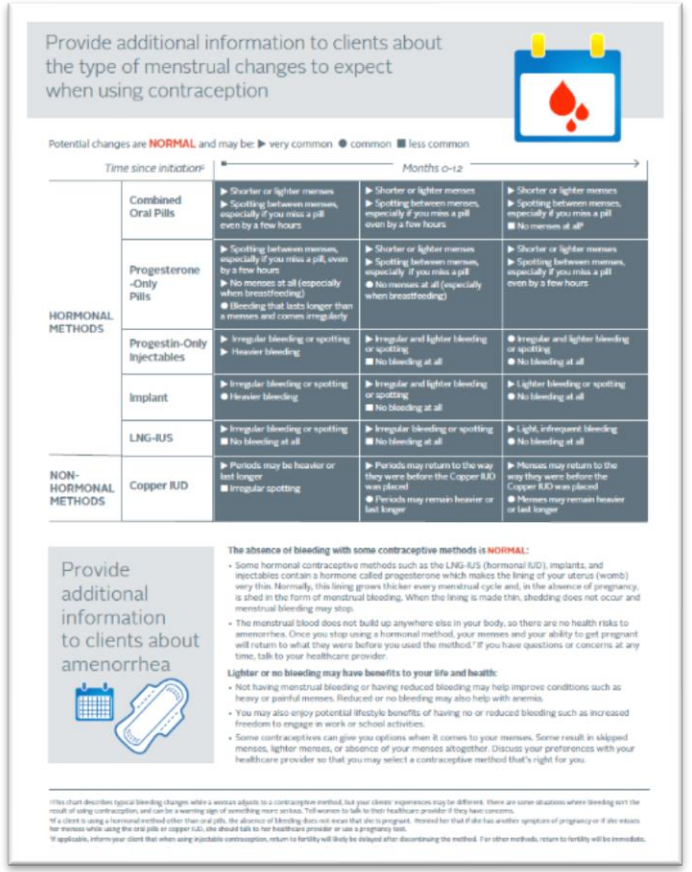
Avibela is a registered trademark of Medicines360

“NORMAL” job aid for counseling on menstrual bleeding changes

How to counsel FP clients on bleeding changes associated with the use of hormonal FP methods and copper IUDs

- New page on the type of menstrual changes to expect with each method
- Developed by FHI 360 and PSI with funding from USAID





User profiles

LEAP developed descriptions of the women most likely to use the IUS

- Based on LEAP, EECO, and SIFPO2 data from Nigeria and Zambia

Purpose: to inform product introduction marketing campaigns

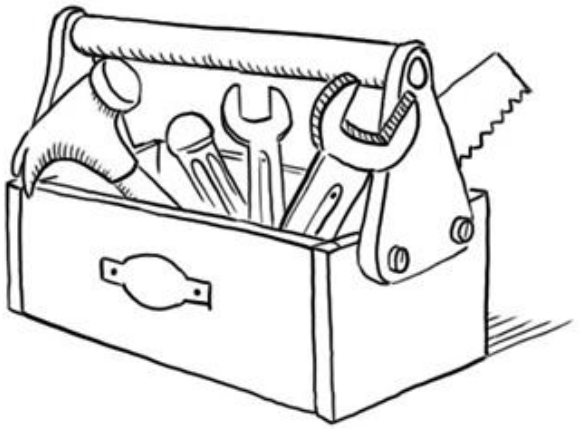
Demand generation

EECO developed posters and brochures in English and French to interest clients in speaking with a provider about the IUS

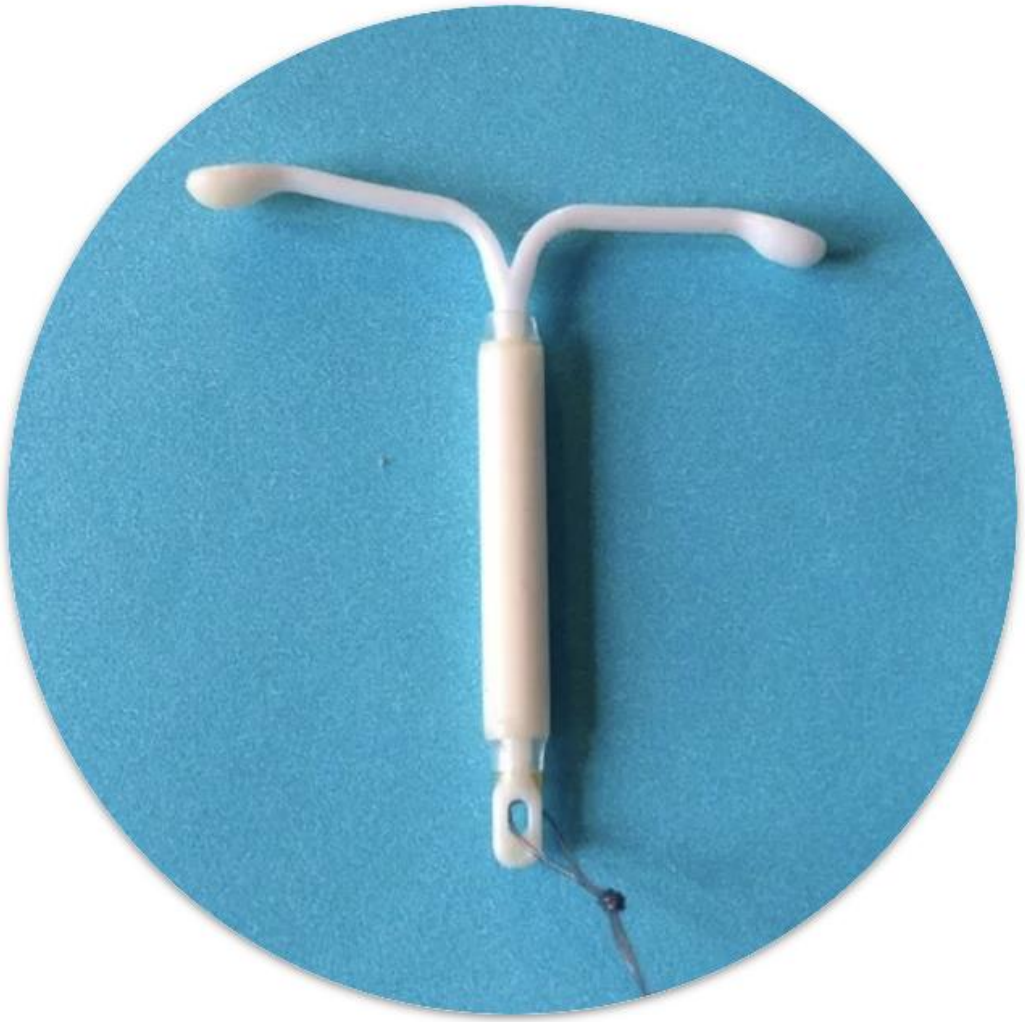
Summary

Look on the Hormonal IUS Access Portal for:

- Provider training curriculum and resources
- NORMAL job aid
- User profiles for demand generation
- Sample posters and brochures
- And many more resources



https://www.iusportal.org/



QUIZ!

During COVID-19, what are some strategies we can use to ensure continued FP provision including LARCs?

a) Explore potential to do virtual counseling through cell phone/digital platforms

b) If LARC/PM cannot be offered, make a future appointment when availability can resume. In the meantime, ensure the client has access to another contraceptive method that meets his/her needs.

c) Provide removal services to clients who wish their LARC removed as the situation permits, counsel for a back-up method when removal is not possible.

d) All of the above

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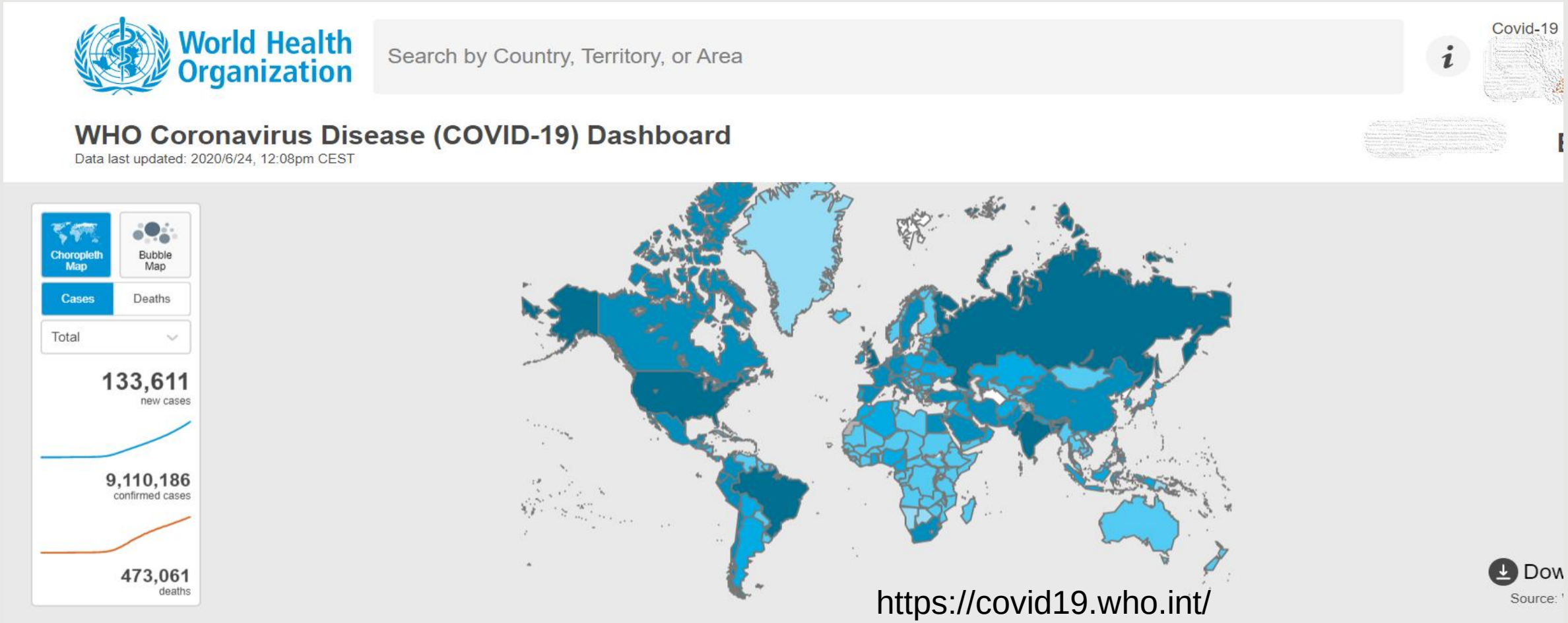
Hormonal IUS Meeting
Provision of LARCS in the Era of COVID-19

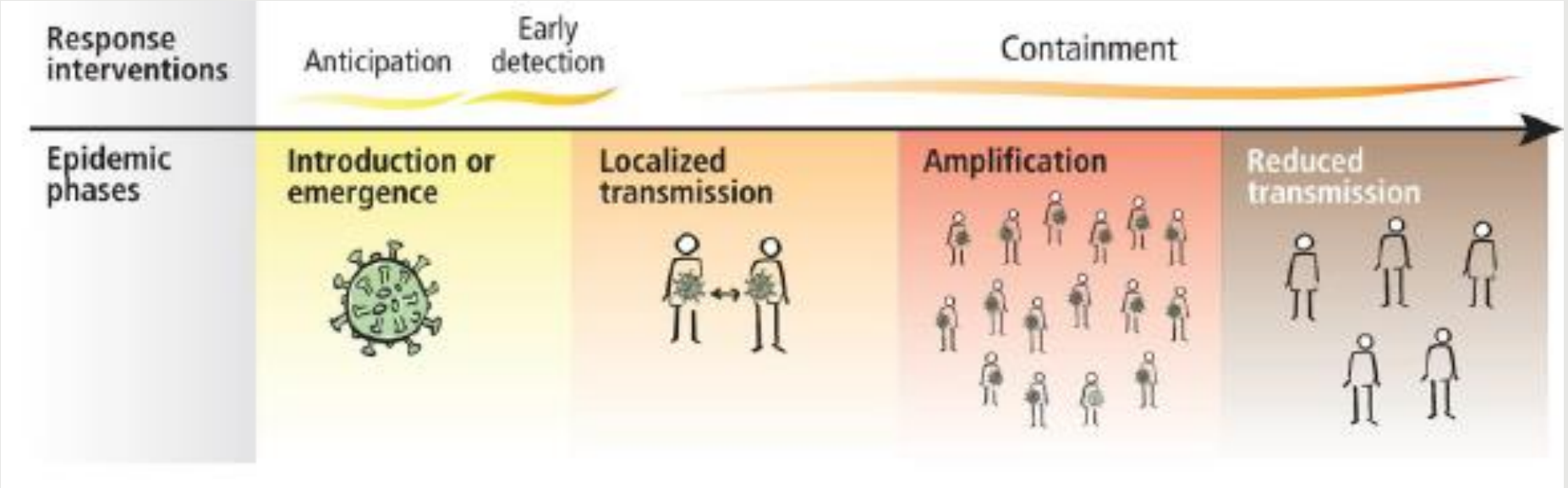
Saad Abdulmumin MD, PhD
Senior Technical Advisor
Office of Population and Reproductive Health
June 26, 2020

Global Situation



Globally, as of **12:08pm CEST, 24 June 2020**, there have been **9,110,186 confirmed cases** of COVID-19, including **473,061 deaths,** reported to WHO.

Epidemic Phases and Transmission Scenarios



Transmission scenarios for COVID-19:

1. Countries with no cases (No cases);
2. Countries with 1 or more cases, imported or locally detected (Sporadic cases);
3. Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases);
4. Countries experiencing larger outbreaks of local transmission (Community transmission).

WHO, 2020. Critical preparedness, readiness and response actions

Key Message

Family planning is an essential life-saving health intervention, and is recognized as such in humanitarian, disaster and emergency settings.

All contraceptives are safe and MEC guidelines remain unchanged in/during the COVID-19 response.

WHO, other global organizations, donors and NGOs have issued statements and guidance documents stating that voluntary, informed, **family planning and contraceptive supplies are core elements of essential health care that need to be maintained in/during the COVID-19 response.**

Method Choice & Clinical Considerations - 1

Support **method choice** for all users, including new users, when access to a broad range of FP methods may be constrained.

- Partner with other service delivery providers, including NGOs and FBOs
- If LARC/PM cannot be offered, make a future appointment list of clients with their contact information to reach out to them when availability can resume. In the meantime, ensure the client has access to another contraceptive method that meets his/her needs.

Disseminate resources/information for provision of FP counseling and methods safely during a COVID-19 pandemic.

- WHO's operational planning guidelines provide guidance on prioritizing essential care.

Method Choice & Clinical Considerations - 2

Mitigate risk of **method discontinuation** by current users due to supply disruption or inability to access health facilities.

- Explore potential to do virtual counseling through cell phone/digital platforms.
- Use existing health hotlines for FP counseling and follow up consultations around side effects or other concerns.
- Consider alternative forms of commodity distribution such as through the private sector.
- Provide removal services to clients who wish their LARC removed as the situation permits, counsel for a back-up method when removal is not possible.

Evidence for Extended Use of IUD/IUS

Method	Approved duration of use	Evidence for extended duration of use	Considerations/comments
Hormonal IUS 52mg	5 years	7 years	Counsel clients to use a back-up method after 6 years of use
Cu IUD	10 years	12 years	Counsel clients under 40 years to use a back-up method after 10 years of use

Ti AJ, Roe AH, Whitehouse KC, Smith RA, Gaffield ME, Curtis KM. Effectiveness and safety of extending intrauterine device duration: a systematic review. Am J Obstet Gynecol. Published online January 15, 2020. doi:10.1016/j.ajog.2020.01.014

Health System Considerations

- Expand **capacity at lower level facilities** for delivery of methods ordinarily provided at regional referral hospitals (e.g., LARCs). **Strengthen engagement with the private sector** to provide non-emergency care including routine family planning.

- District and primary health facility teams may want to **establish practical and reliable communication channels with local leaders** (phone trees, Whatsapp groups, etc.).

- **Protect health care workers**, including community health workers, and their ability to continue providing voluntary informed family planning safely.
  - Further details on WHO's guidance on rational use of PPE during COVID response and shortage of supply
  - Further details on WHO's guidance on the use of masks in the context of COVID-19

Population sub-groups: Postpartum and post-abortion - 1

During the pandemic **postpartum and postabortion women** continue to need access to family planning.

Women who deliver, or are treated for complications of abortion, in a health facility should be counseled and offered a FP method before discharge

- Support postpartum women to practice exclusive breastfeeding and LAM, and counsel when to transition to other methods
- LARCs can be provided immediately following childbirth or PAC
- Women who are symptomatic or positive for COVID-19 should be treated in a separate room with appropriate IPC practices used.

Population sub-groups: Postpartum and post-abortion - 2

- The number of ANC and PNC contacts might be condensed to fewer visits (based on country policy), or combined with telehealth calls or CHW visits.
- Counseling on PPFP should be done during each contact, with information on where to obtain specific contraceptive methods.
- Consider scheduling appointments, CHW distribution, pharmacy access, mobile outreach, along with health facility provision of contraceptive counseling and method provision.
- Utilize telehealth, mobile phones, or other communications for management of side effects.

Provision of LARCs in the Era of COVID-19

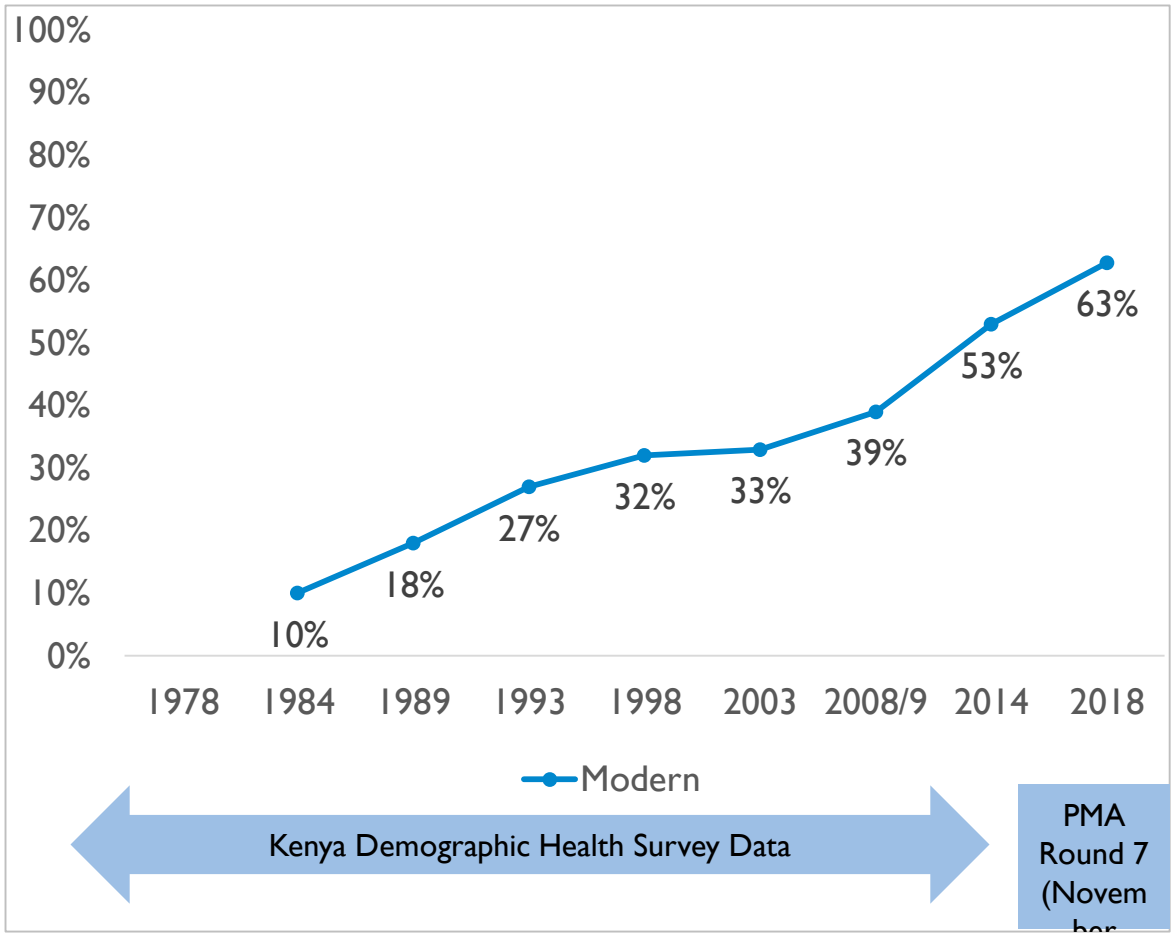
June 25, 2020

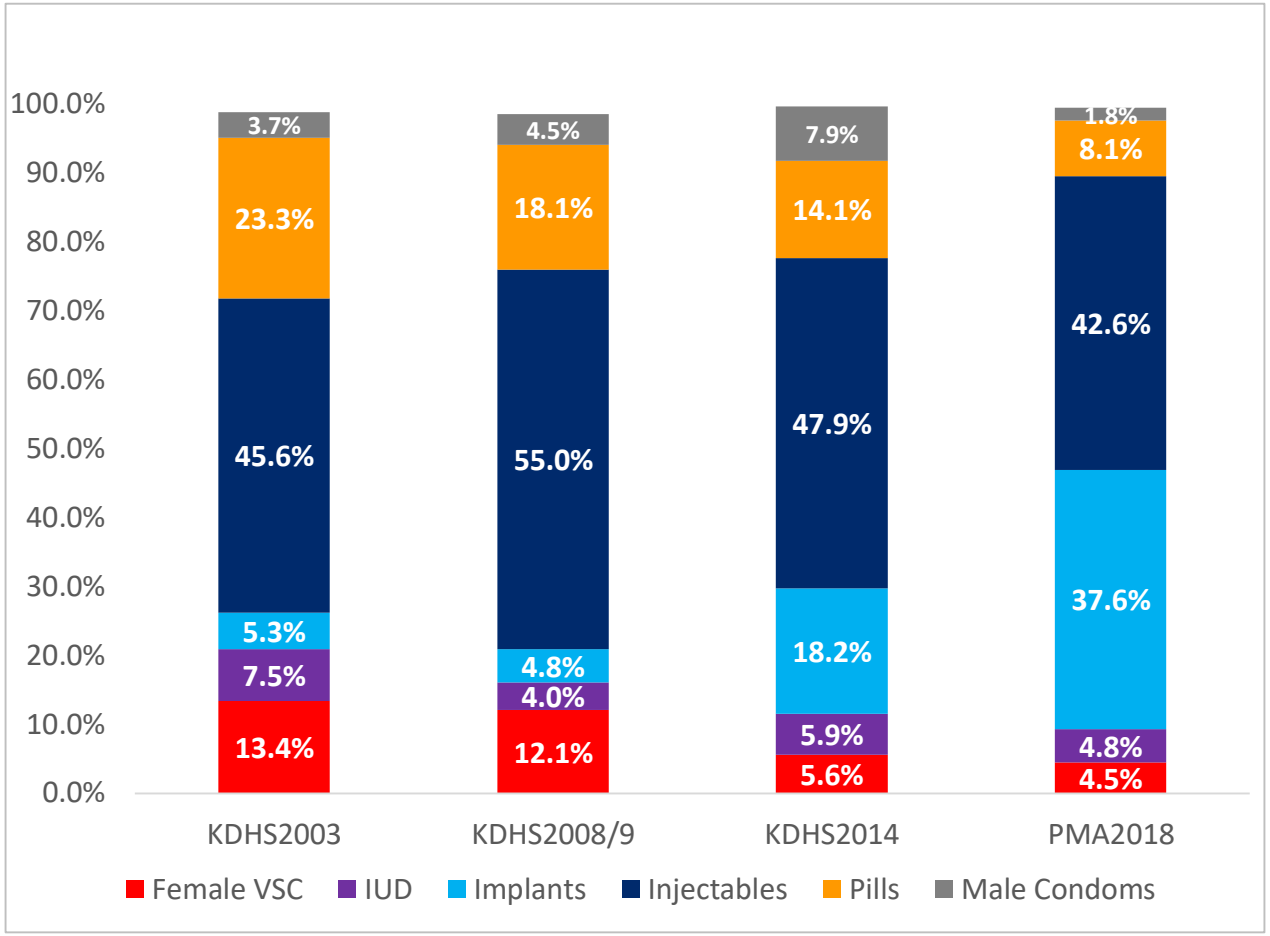
Gathari Ndirangu, MD (Ob/Gyn)
Jhpiego Kenya

Johns Hopkins University Affiliate

jhpiego

Kenya mCPR and Method Mix





FP Services Disruption

- Estimates in Kenya 30% reduction in FP in March 2020[1]
- Unintended consequences of the response[2,3]
  - Strained health care systems;
  - Redirected resources;
  - Lockdowns (local or national) and travel restrictions;
  - Shutdown of health services;
  - Physical distancing;
  - Reluctance to go to health facilities;
  - Economic slowdown.

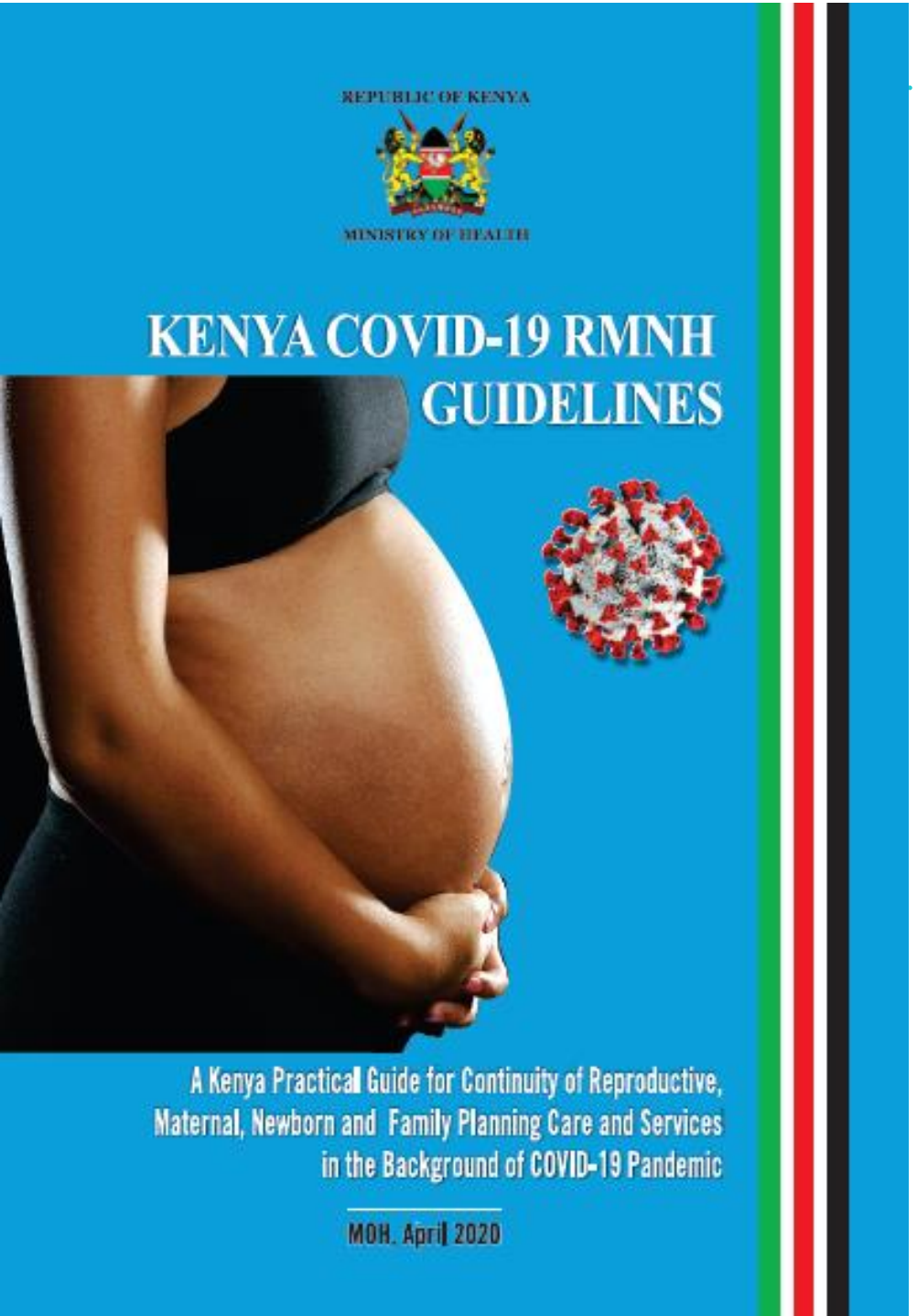
1. Ekirapa, 2020. COVID-19 Series: The challenges of maintaining health services and scaling up to respond to COVID-19 – the experience of Kenya. https://maintainsprogramme.org/blog/covid-19-series-the-challenges-of-maintaining-health-services-and-scaling-up-to-respond-to-covid-19-the-experience-of-kenya/
2. World Health Organization, COVID-19: operational guidance for maintaining essential health services during an outbreak, 2020, https://www.who.int/publications-detail/covid-19-operationalguidance-for-maintaining-essential-health-services-during-anoutbreak
3. Riley et al, 2020. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries Guttmacher Institute International Perspectives on Sexual and Reproductive Health vol. 46, 73-76. https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health

FP Service Disruption

*"There is a lot of defaulters within the community for immunization, **FP**, ANC whom we cannot reach physically following the government 'stay at home' policy"* -CHV

"Lack of masks can make me not come to the hospital because I don't have money to buy the mask…I am not allowed to come into the facility without a mask" -Adolescent girl

jhpiego



- Practical guide for continuity of RMNH/FP services
- Evidence from other countries, organizations, and institutions; results of rapid assessment
- Accompanying tools- job aids, IEC materials

Service Delivery Shifts for Continuity of FP

- FP is a time sensitive essential service
- FP services on 24-hour basis
- Respect voluntarism and informed choice
- Quality and safety to HCW and client
- Privacy and confidentiality
- Interval and post-pregnancy
- Remote counseling and history-taking (toll-free phone)
- Scheduled visits for in-person visits
- Modified stock level at health facility
- Rational use of methods
  - Short-acting
  - LARC
  - Defer VSC
- Extended prescription for client-controlled methods
- Extended use for LARCs
- COVID-19 preventive measures
- Hormonal IUS for HMB

jhpiego

FP Service Recovery

- Virtual dissemination of guidelines
- Initial disruption gradually recovering
  - PPE
  - Resumption of movement
- Private health sector an alternative source of services, including pharmacies
  - Capacity building for QI, IPC
- Prepare equipment and supplies ahead of time to minimize time in the room
- Considerations for adolescents, PLHIV, PWDs

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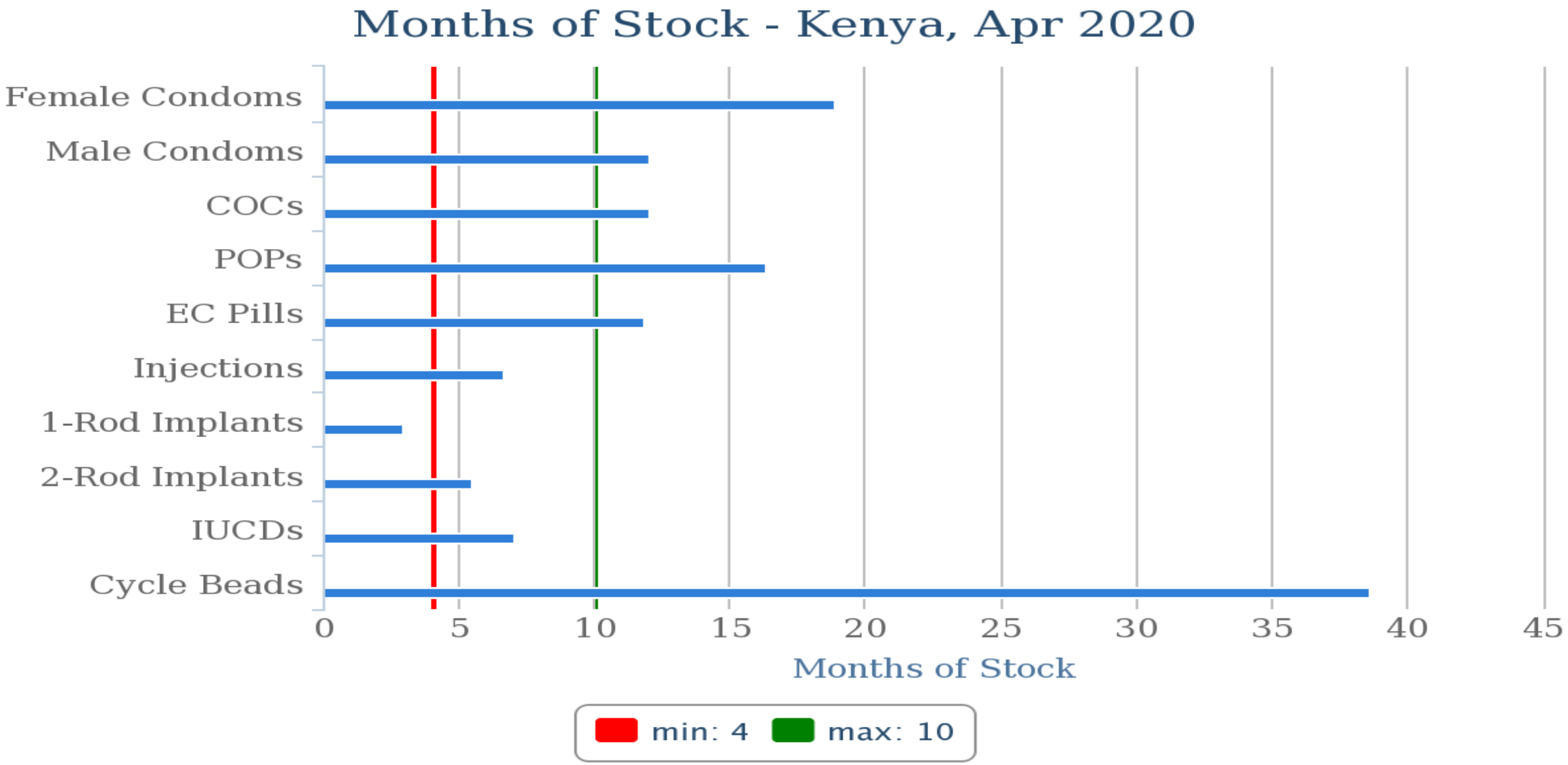


Source: DHIS–2

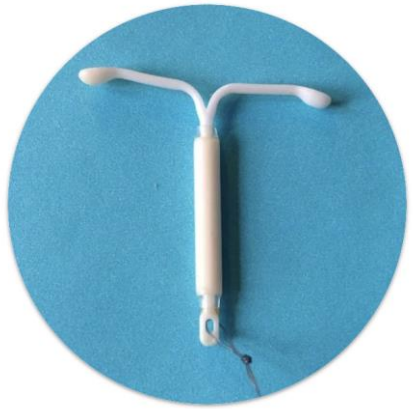
https://familyplanning.nascop.org/home/national-method-mix

jhpiego

Response to Challenges

- PPE for CHVs
- Telehealth- SMS, phone
- Curfew passes
- Toll-free phone lines
- Hiring of additional HRH
- Opportunity to expand access to self-care

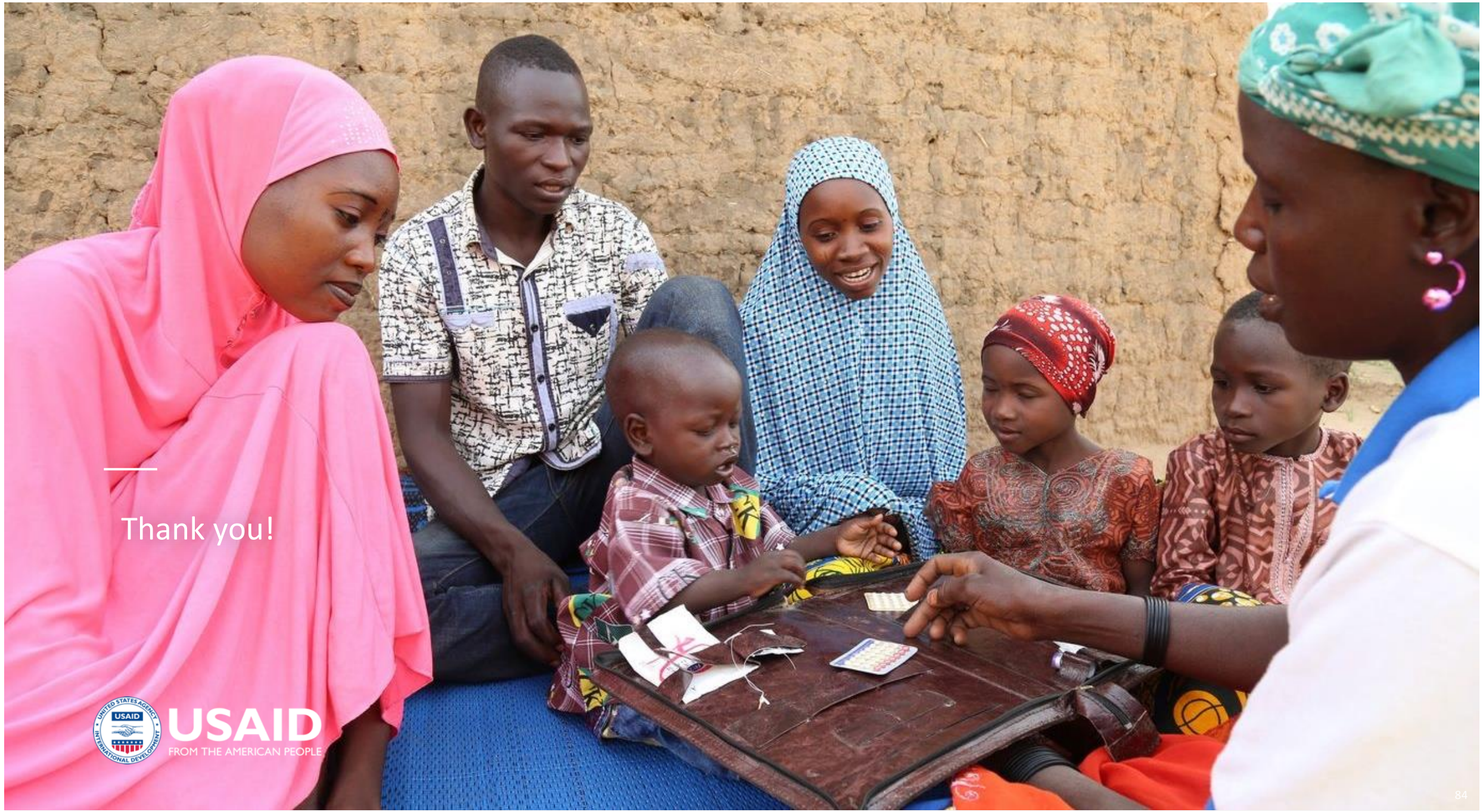
New resource!



The Hormonal IUS Access Portal

An online resource for global information about the hormonal intrauterine system (IUS)

www.iusportal.org



Thank you!

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