



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

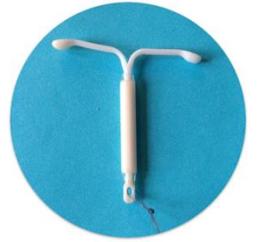
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A **two-part** virtual meeting:

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

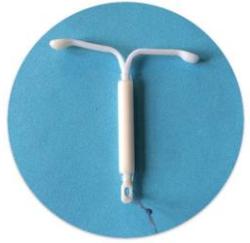


# Meeting Objectives

## 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

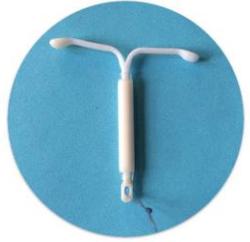


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<b>9:00-9:15</b>	<b>Welcome &amp; Introduction</b> <ul style="list-style-type: none"><li>• Greeting</li><li>• Review of meeting objectives and broader goals of expanding contraceptive method choice</li></ul>	Speakers: Rita Badiani, E2A Trish MacDonald, USAID
<b>9:15-9:25</b>	<b>Rapid review of method characteristics and products</b>	Dr. Saad, Abdulmumin USAID
<b>9:25-9:35</b>	<b>Hormonal IUS Access Group Updates</b>	Facilitator: Devon Cain, CHAI Speakers: Tabitha Sripipatana, USAID Anna Hazelwood, DFID
<b>9:35-10:25</b>	<b>Five Key Questions</b> <ul style="list-style-type: none"><li>• Review of global learning agenda</li><li>• Synthesis of research results</li><li>• Questions / Discussion</li></ul>	Speakers: Kate Rademacher, FHI 360 Kendal Danna, PSI Deborah Sitrin, Jhpiego Aur�lie Brunie, FHI 360
<b>10:25-10:55</b>	<b>Supplier Panel</b> <ul style="list-style-type: none"><li>• ICA Foundation</li><li>• Bayer</li><li>• Medicines360 – Sally Stephens</li><li>• Pregna</li><li>• Questions / Discussion</li></ul>	Facilitator: Saumya Ramarao, Population Council Jim Sailer, Population Council Frank Strelow, Bayer AG Sally Stephens, Medicines360 Mukul Taparia, Pregna
<b>10:55-11:00</b>	<b>Closing</b> <ul style="list-style-type: none"><li>• Review of agenda and goals for Day 2</li></ul>	Speaker: Fariyal Fikree, E2A

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# AGENDA – DAY 2 / SESSION 2



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<b>9:00-9:10</b>	<b>Welcome</b> <ul style="list-style-type: none"><li>• Review of Day 1 / Objectives for Day 2</li></ul>	Speaker: Laneta Dorflinger, FHI 360
<b>9:10-9:45</b>	<b>Country Panel: Planning for phased roll-out of hormonal IUS</b> <ul style="list-style-type: none"><li>• Updates from Nigeria</li><li>• Updates from Zambia</li><li>• Lessons learned from Brazil</li><li>• Next steps with country planning</li><li>• Questions / Discussions</li></ul>	Speakers: Dr. Afolabi, FMOH, Nigeria Loyce Munthali, USAID, Zambia Dr. Luis Bahamondes, Brazil Devon Cain, CHAI
<b>9:45-10:15</b>	<b>Key sub-populations and the hormonal IUS</b> <ul style="list-style-type: none"><li>• Women living with HIV</li><li>• Postpartum women</li><li>• Youth and review of global learning agenda</li><li>• Questions /Discussions</li></ul>	Speakers: Dr. Catherine Todd, FHI 360 Anne Pfitzer, Jhpiego Kate Rademacher, FHI 360
<b>10:15-10:25</b>	<b>Rapid review of service delivery tools and key resources</b>	Ashley Jackson, PSI/WCG
<b>10:25-10:45</b>	<b>Provision of LARCs in the era of COVID-19</b> <ul style="list-style-type: none"><li>• Questions / Discussions</li></ul>	Dr. Saad, Abdulmumin USAID Dr. Gathari, Jhpiego/Kenya
<b>10:55-11:00</b>	<b>Closing</b> <ul style="list-style-type: none"><li>• Way forward including summary of next steps</li></ul>	Speaker: Tabitha Sripipatana, USAID

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## 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)

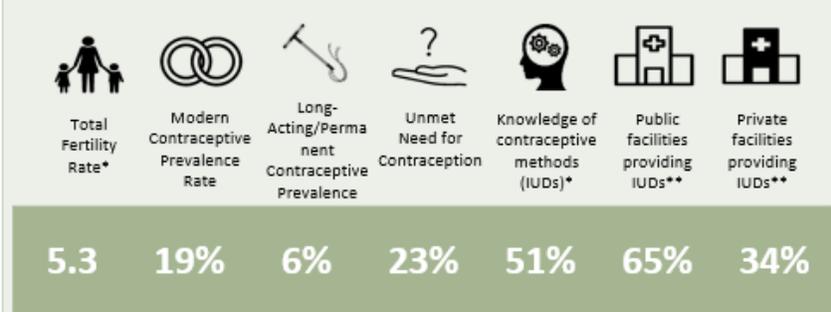
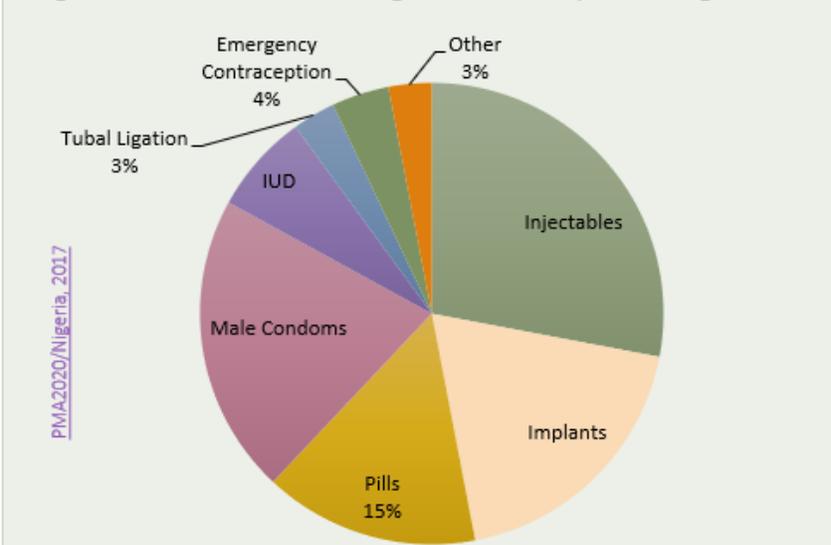


Figure 2. Modern method mix among married contraceptive users aged 15-49



- 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.

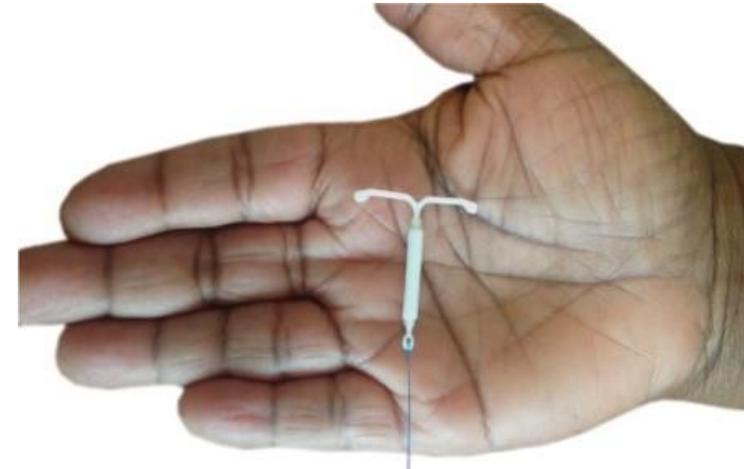
\*\*Nigeria FP Blueprint 2014

### 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**



**Perceived  
barriers 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

- **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**

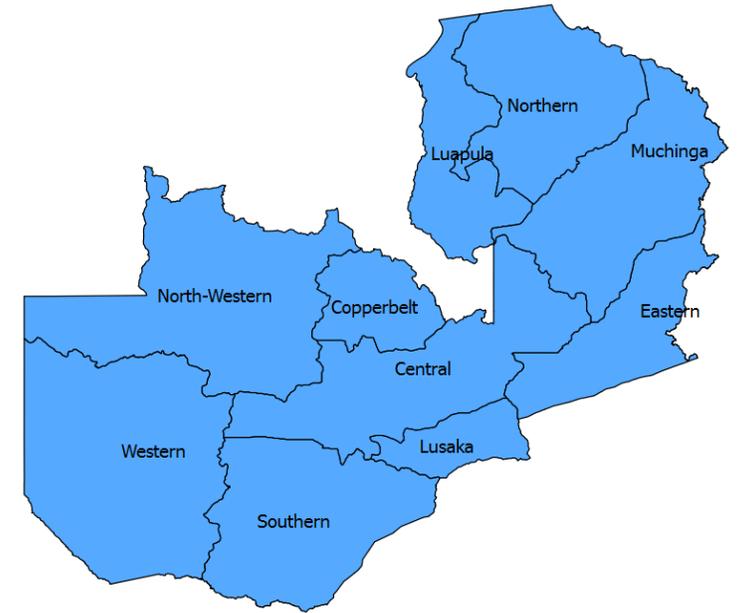
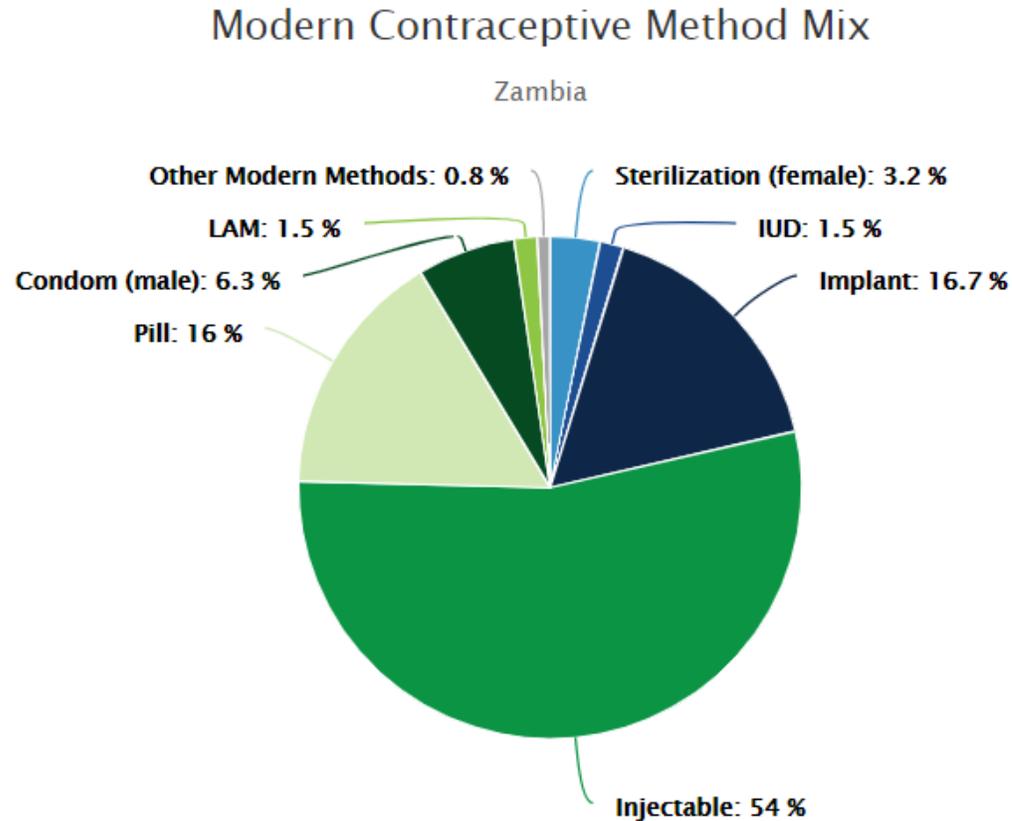
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**Loyce Munthali  
USAID/Zambia  
June 25, 2020**



# 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.



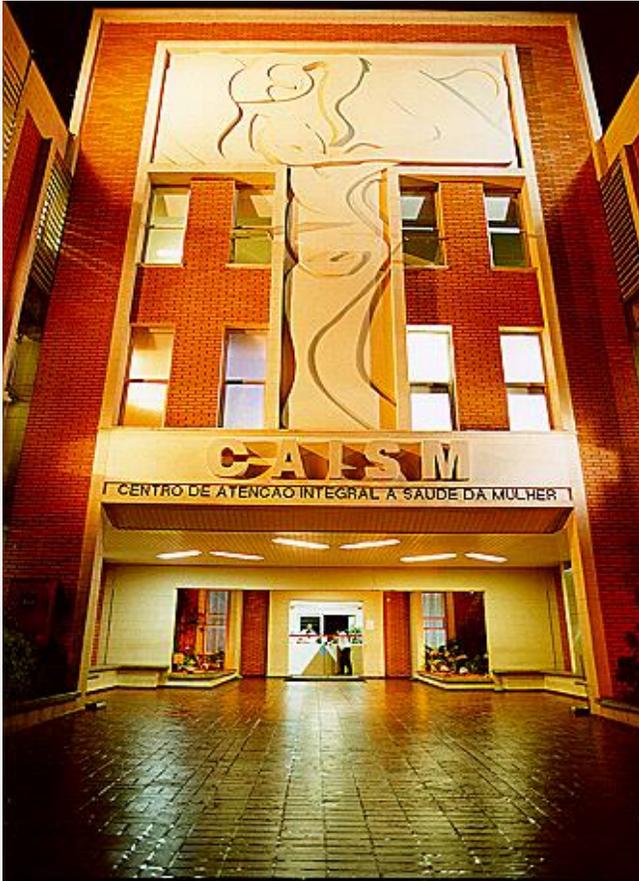
## Recent research - hormonal IUS pilot activities



	2017-2019	2018-2019	2019-2020
<b>Provinces</b>	Eastern, Central, Southern, Luapula Provinces	Copperbelt & Muchinga	Copperbelt & Muchinga
<b>Study population</b>	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
<b>Methods overview</b>	'Enhanced' M&E data, follow-up phone interviews, FGDs	Longitudinal prospective survey	Mixed methods: Longitudinal prospective survey, IDIs, FDGs,
<b>Funder</b>	USAID-funded	USAID-funded	Bill & Melinda Gates Foundation
<b>Implementing partners for research</b>	MCSP, SM360+, Jhpiego	WCG, SFH, PSI	FHI 360, PSI, SFH, WCG
<b>Product used in study</b>	All program sites in the studies used product donated by the ICA Foundation		

## 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.



# ICA FOUNDATION

## Lessons learned from Brazil

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



# 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®



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Contents lists available at ScienceDirect

## Contraception

journal homepage: [www.elsevier.com/locate/con](http://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<sup>a</sup>, John Townsend<sup>b</sup>, Anibal Faúndes<sup>a</sup>, Luis Bahamondes<sup>a,\*</sup>

<sup>a</sup>Department of Obstetrics and Gynecology, University of Campinas Faculty of Medical Sciences, Campinas, Brazil

<sup>b</sup>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](mailto:dcain@clintonhealthaccess.org) or Kate Rademacher at [krademacher@fhi360.org](mailto: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*



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of Child Health and Human Development*



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**fhi360**  
THE SCIENCE OF IMPROVING LIVES

June 25,  
2020

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# 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

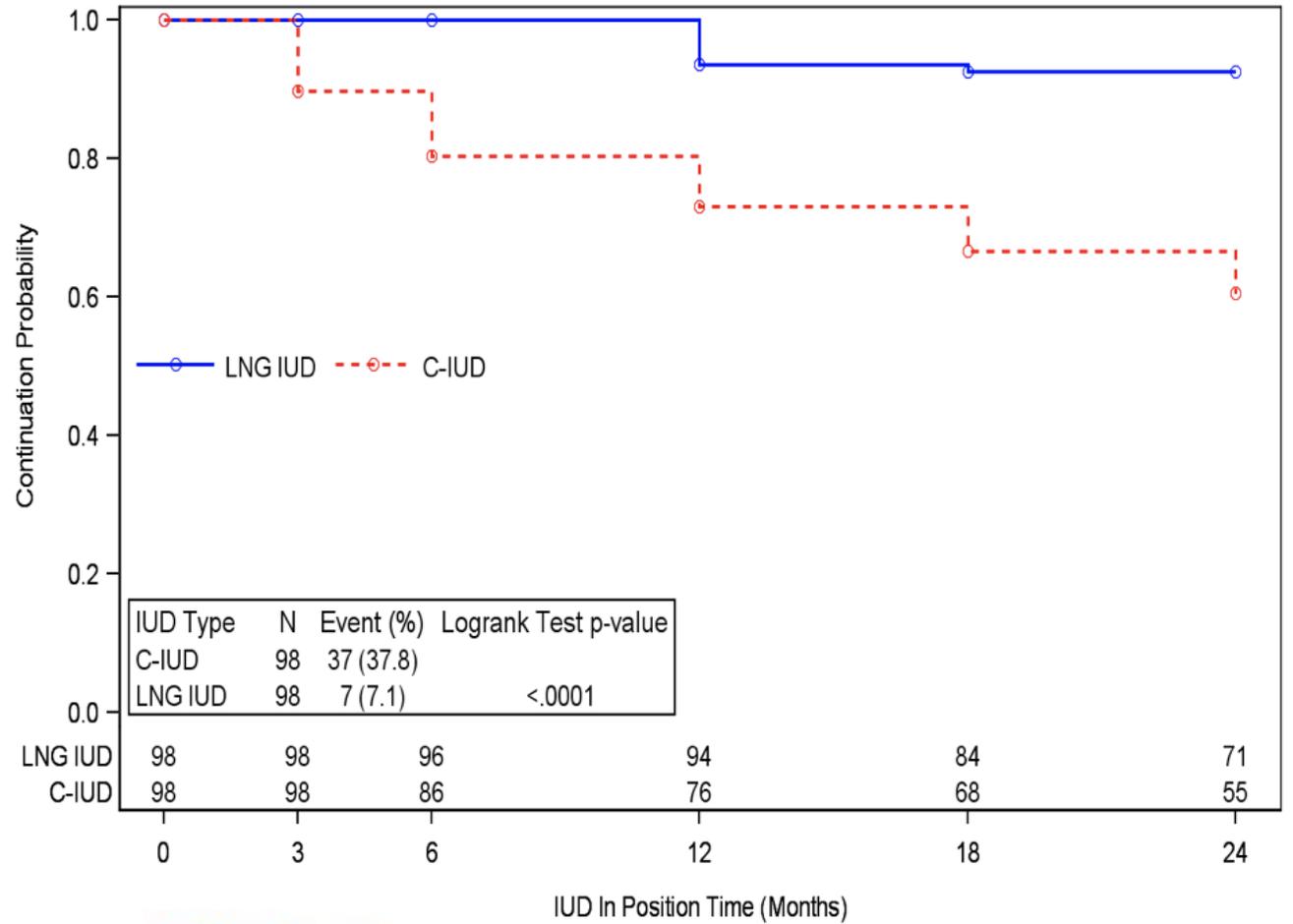
- LARC methods available & cost-effective in high HIV prevalence settings but under-utilized, particularly copper IUDs and hormonal IUS.
- Provider & peer perceptions may impede IUC use among WLHIV, particularly surrounding risk of other reproductive tract infections.
- Best practice of integrated FP-HIV 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  
Donald Hoover  
Greg Petro

**Gugulethu CHC:**

Linda Hlwaya  
Katie Murie  
Olga Venfola  
Jennie Morgan

**UCT:**

Jo-Ann Passmore  
Hoyam Gamielien  
Shameem Jaumdally  
Widaad Salie  
Olona Mzimkulu

**2IUDnCT team:**

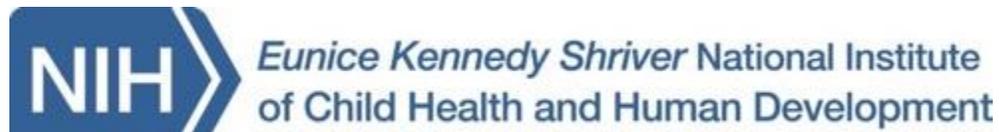
Linda-Gail Bekker  
Agnes Ronan  
Sharon Bakako  
Bernadette Gulwa  
Manana Bahumi  
Babalwa Zigebe  
Denver Arendse  
Nai-chung (Jack) Hu  
Nina Abraham

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Amanda Troxler  
Pairin Seepolmuang  
Sheree Keever  
Doug Taylor  
Pai-Lien Chen  
Jaim Jou Lai  
Charlie Morrison

**NHLS:**

Marvin Hsiao



**R01 HD071804**



***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)



# Postpartum women and hormonal IUS

Selected data from MCSP studies in Kenya and Zambia

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Anne Pfitzer and Deborah Sitrin, Momentum Country and Global Leadership

25 June 2020



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# Program context

## Kenya

Prior program activities to establish LARC mentors

- Primarily working to support LARCs in FP units

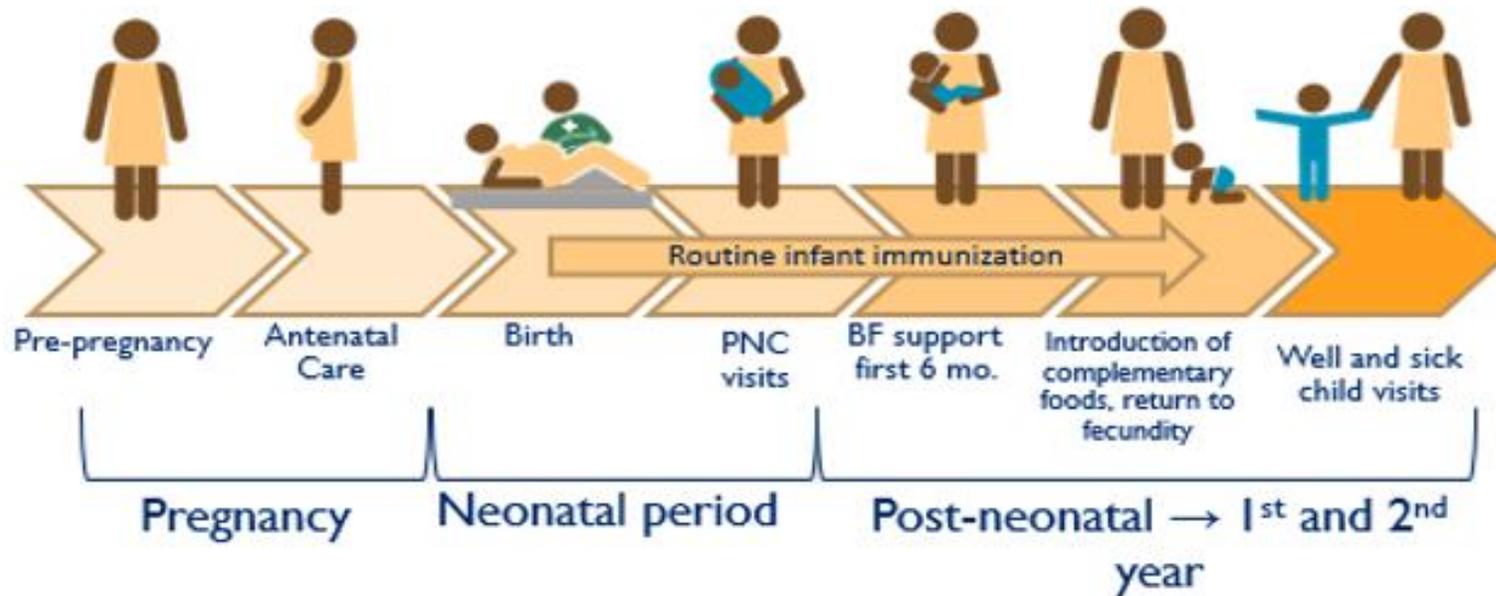
With hormonal IUS introduction, also supported new skills in PPIUD

- 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?

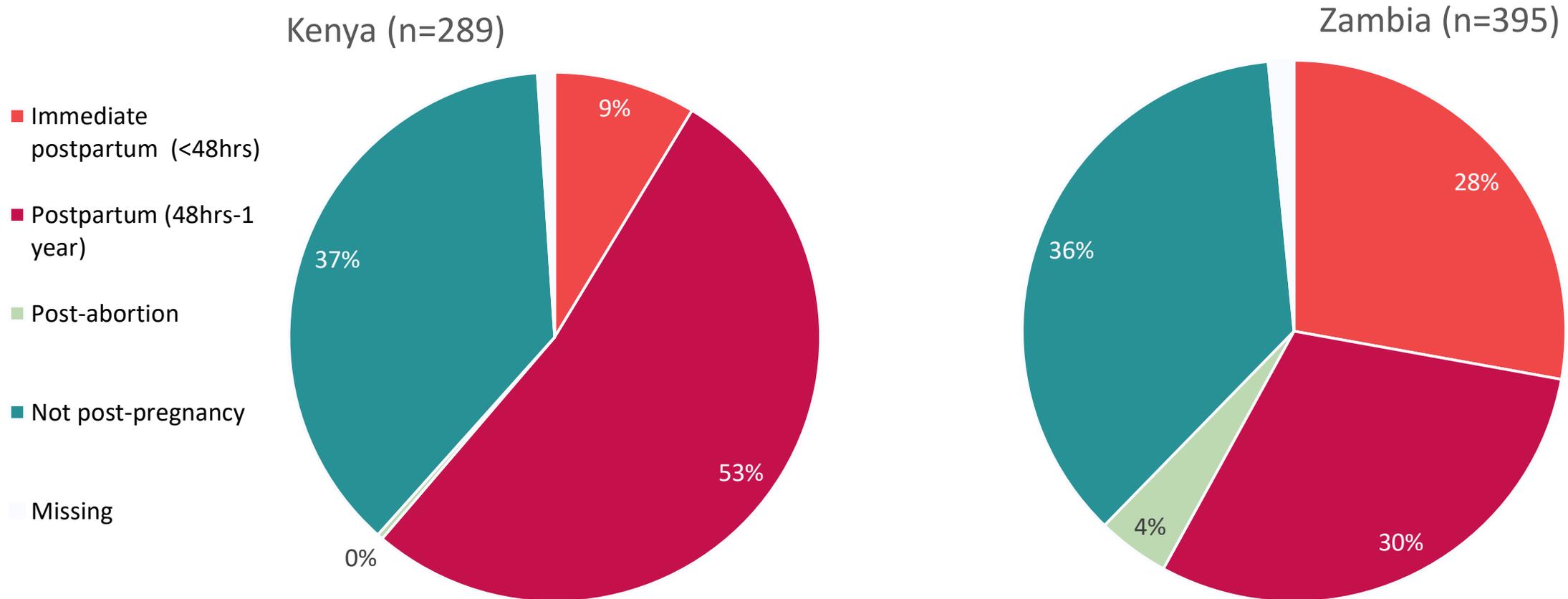
a) 9-12% postpartum

c) 58-62% postpartum

b) 25-28% 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**

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*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**

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*Because most of the clients who've used PFP 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 PFP 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**

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*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**

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*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**

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# GLOBAL LEARNING AGENDA

Kate Rademacher, FHI 360  
25 June 2020

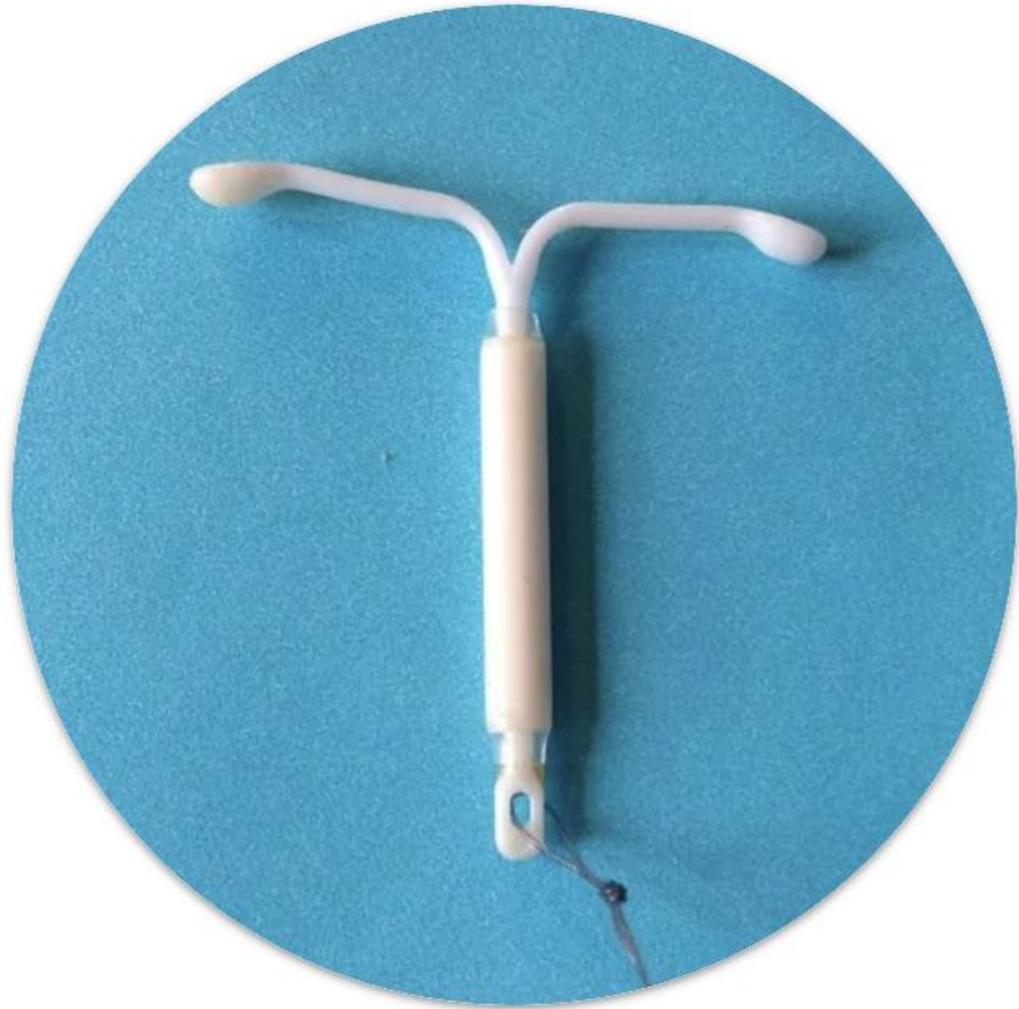
# Overview of recent research studies

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



		Madagascar	Zambia	Nigeria	Zimbabwe	Kenya	Zambia	Nigeria	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?

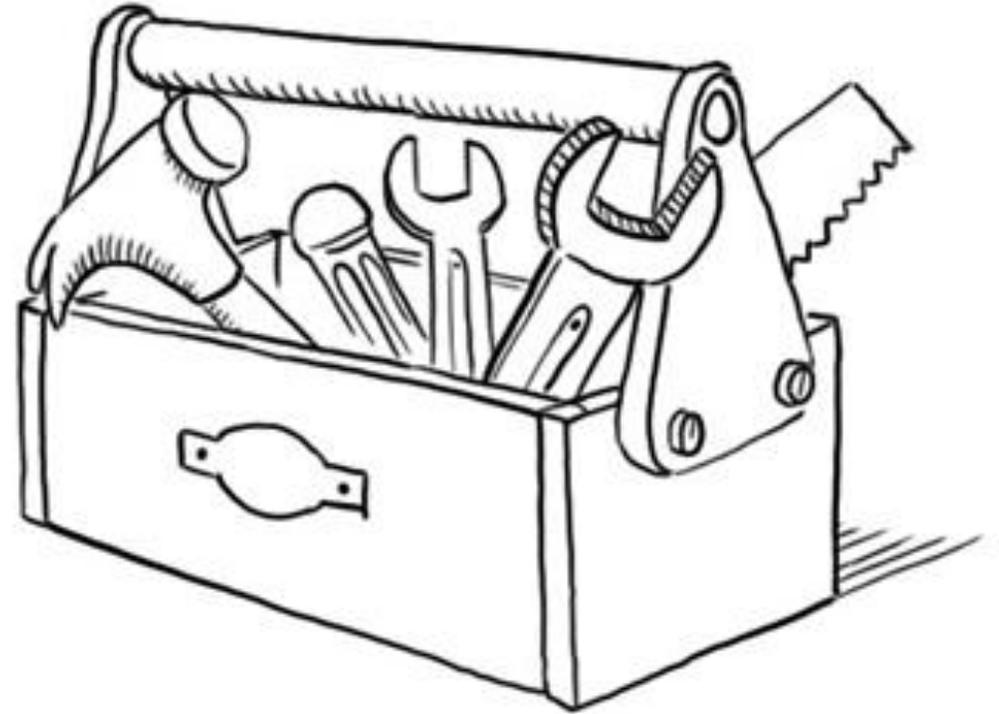
### E. Cost-Effectiveness and Pricing

14. To what extent is the LNG IUS cost-effective compared to other FP methods including other LARCs?

# Rapid review of IUS service delivery tools and other key resources

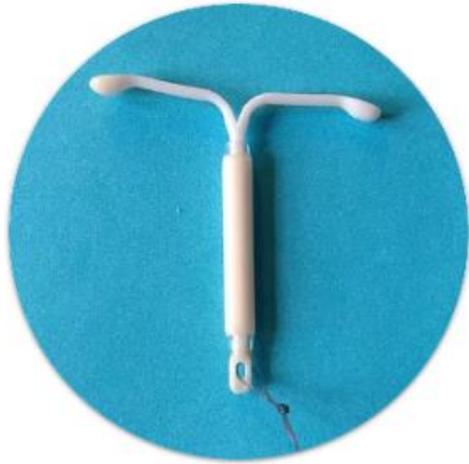
Ashley Jackson, Deputy Project Director

Expanding Effective Contraceptive Options (EECO)



# THE HORMONAL IUS ACCESS PORTAL

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



## THE METHOD

The levonorgestrel intrauterine system (IUS)—also known as the hormonal IUS—is a highly effective, long-acting, reversible contraceptive with important non-contraceptive health benefits including potential reduction in menstrual cramps and blood loss, and fewer side effects compared to other hormonal methods.

[Read More](#) —>

RESEARCH TO ACTION

# Hormonal IUS Access Portal

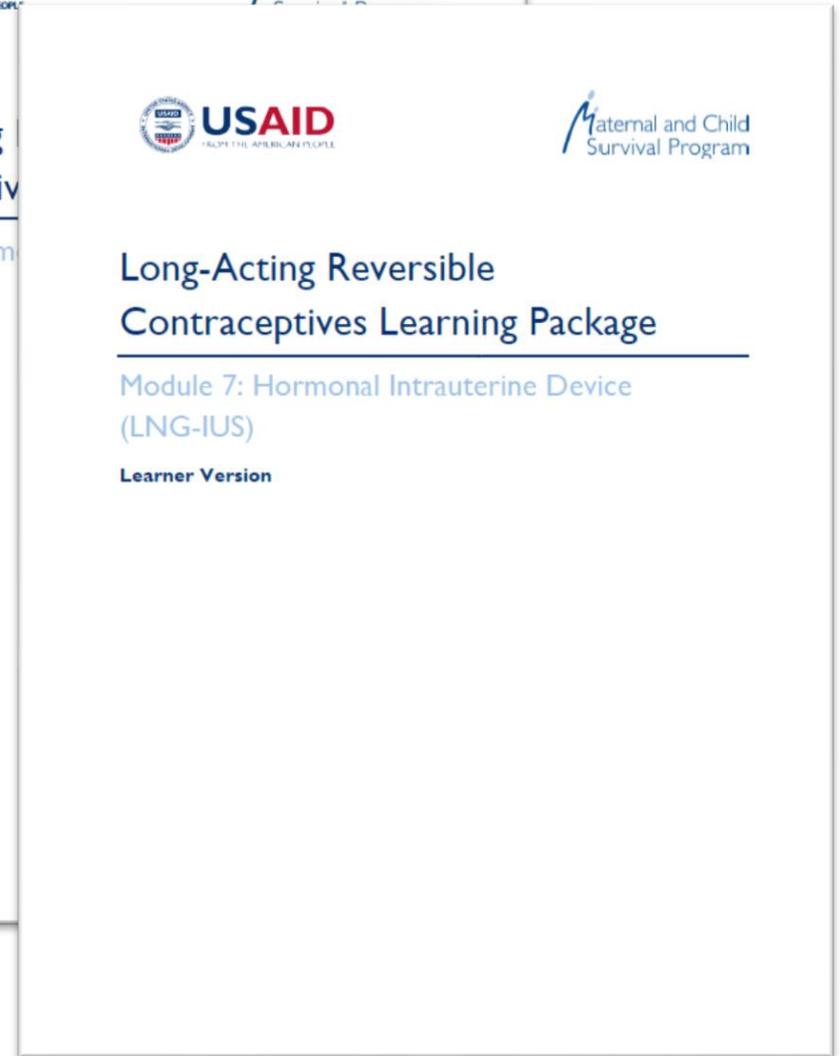
All of these resources  
and more will be  
available via the new  
**Hormonal IUS Access  
Portal**

[www.iusportal.org](http://www.iusportal.org)

# Provider training

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

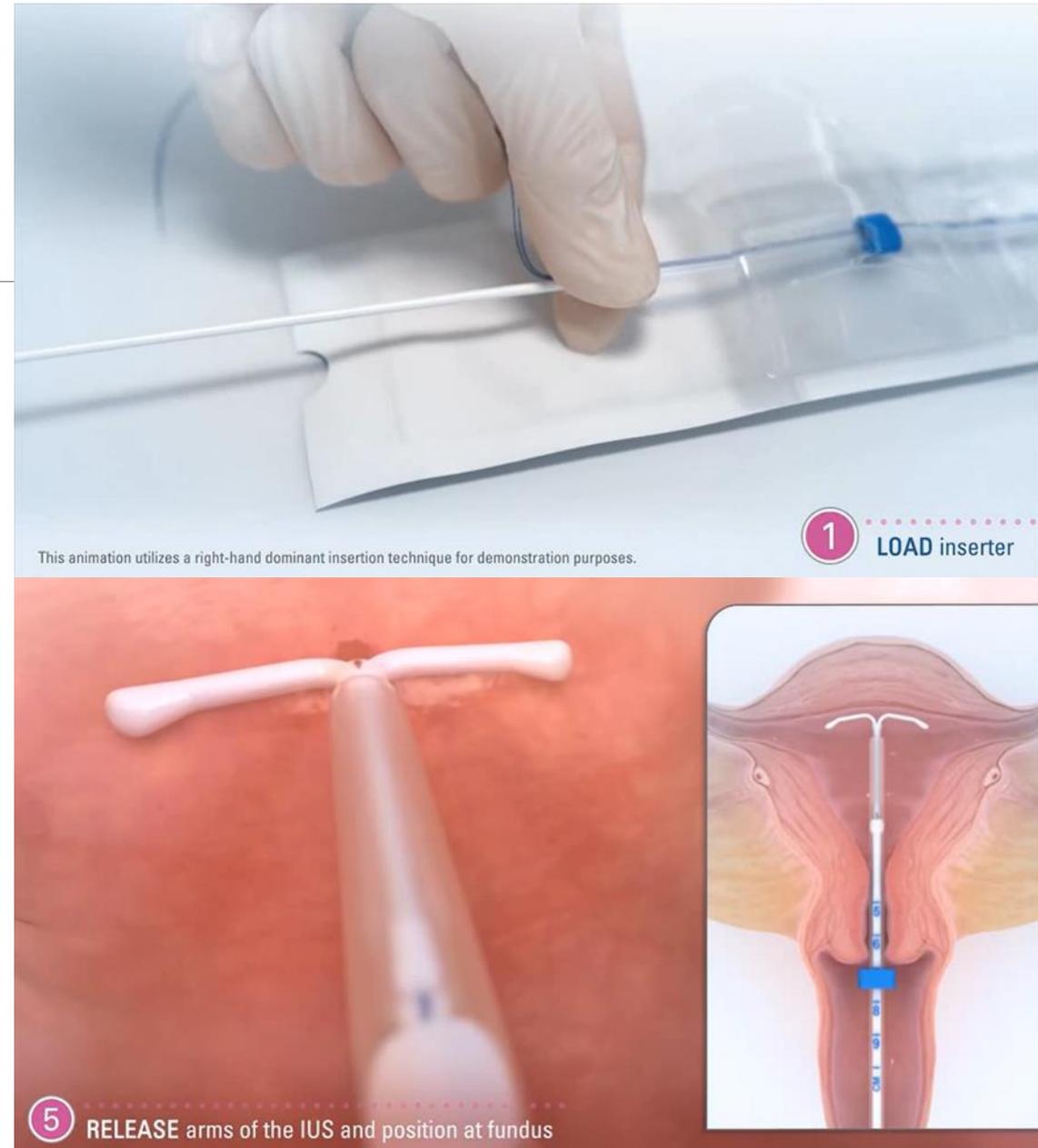
- Facilitator and learner versions
- English, French, and Spanish



# 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

## MESSAGES TO CLIENTS USING CONTRACEPTION

Changes to menses are **NORMAL**



Many women have misconceptions about changes to menses (periods) that occur with use of hormonal contraception or the copper IUD. Use this simple tool to help your clients understand that changes to their menses when they use a hormonal contraceptive method or the copper IUD are **NORMAL**. Provide your clients with evidence-based information about method-specific changes that may occur. In addition, in each counseling session, reassure your clients about these changes and discuss the potential benefits of reduced bleeding and amenorrhea. Use the **NORMAL** acronym to address these points with them.

**N** — Changes to your menses are **NORMAL** when you use a contraceptive method. With hormonal methods, menses could become heavier or lighter, occur more frequently or when you don't expect it, or you could have no menses at all. Changes to your menses may also be different over time. With the copper IUD, menses could become longer and heavier, but remain regular; spotting could also occur during the first few months after IUD insertion.

**O** — Lighter or no menses can provide **OPPORTUNITIES** that may benefit your health and personal life.

**R** — Once you stop using a method, your menses will **RETURN** to your usual pattern, and your chances of getting pregnant will **RETURN** to normal.\*

**M** — Different contraceptive **METHODS** can lead to different bleeding changes. Let your provider know what types of bleeding changes you would find acceptable.

**A** — If you are using a hormonal method, absence of menses does not mean that you are pregnant. If you have another symptom of pregnancy or if you missed your menses while using the copper IUD, talk to your health care provider or use a pregnancy test.†

**L** — If changes to your menses **LIMIT** your daily activities, there are simple treatments available. Talk to your provider.‡

To add to these points, provide method-specific information about potential changes to menses both before and after a client selects a hormonal contraceptive method. †If applicable, inform your client that when using injectable contraception (e.g., DMPA), return to fertility will likely be delayed after discontinuing the method. For other methods, return to fertility will be immediate.

‡If applicable, inform your client that when using oral contraceptive pills, absence of menses can be a sign of pregnancy. Absence of menses during the first month after insertion of the implant or progestin-only injectables may also be a sign of pregnancy (e.g., when the method was initiated as part of the Quick Start, without pregnancy being ruled out with reasonable certainty). Tell your client to return to the clinic if she is unsure of her pregnancy status.

†Treatment for heavy/prolonged bleeding due to hormonal methods includes a 5-day course of aspirin or another NSAID (except aspirin), or a 21-day course of COC or ethinyl estradiol. Treatment for bleeding associated with the copper IUD includes a 5-day course of tranexamic acid or NSAIDs (as tolerated). In most cases, however, providing supportive counseling and/or reassurance to clients is sufficient.

Illustration credit: Pictet Energy Plan International. <https://pictet-ek.org.uk/en/gifs/think-the-abstract-for-your-creative-pressing>






This job aid was developed with funding provided by the United States Agency for International Development (USAID) to FHI 360 through

## Provide additional information to clients about the type of menstrual changes to expect when using contraception



Potential changes are **NORMAL** and may be: ▶ very common ● common ■ less common

Time since initiation		Months 0-12		
<b>HORMONAL METHODS</b>	<b>Combined Oral Pills</b>	▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours	▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours	▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours ■ No menses at all
	<b>Progesterone-Only Pills</b>	▶ Spotting between menses, especially if you miss a pill even by a few hours ● No menses at all (especially when breastfeeding) ● Bleeding that lasts longer than a menses and comes irregularly	▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours ● No menses at all (especially when breastfeeding)	▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours
	<b>Progestin-Only Injectables</b>	▶ Irregular bleeding or spotting ● Heavier bleeding	▶ Irregular and lighter bleeding or spotting ■ No bleeding at all	▶ Irregular and lighter bleeding or spotting ● No bleeding at all
	<b>Implant</b>	▶ Irregular bleeding or spotting ● Heavier bleeding	▶ Irregular and lighter bleeding or spotting ■ No bleeding at all	▶ Lighter bleeding or spotting ● No bleeding at all
<b>NON-HORMONAL METHODS</b>	<b>LNG-IUS</b>	▶ Irregular bleeding or spotting ■ No bleeding at all	▶ Irregular bleeding or spotting ■ No bleeding at all	▶ Light, infrequent bleeding ● No bleeding at all
	<b>Copper IUD</b>	▶ Periods may be heavier or last longer ● Irregular spotting	▶ Periods may return to the way they were before the Copper IUD was placed ● Periods may remain heavier or last longer	▶ Menses may return to the way they were before the Copper IUD was placed ● Menses may remain heavier or last longer

### Provide additional information to clients about amenorrhea



**The absence of bleeding with some contraceptive methods is NORMAL:**

- Some hormonal contraceptive methods such as the LNG-IUS (hormonal IUD), implants, and injectables contain a hormone called progesterone which makes the lining of your uterus (womb) very thin. Normally, this lining grows thicker every menstrual cycle and, in the absence of pregnancy, is shed in the form of menstrual bleeding. When the lining is made thin, shedding does not occur and menstrual bleeding may stop.
- The menstrual blood does not build up anywhere else in your body, so there are no health risks to amenorrhea. Once you stop using a hormonal method, your menses and your ability to get pregnant will return to what they were before you used the method.† If you have questions or concerns at any time, talk to your healthcare provider.
- Lighter or no bleeding may have benefits to your life and health:**
  - Not having menstrual bleeding or having reduced bleeding may help improve conditions such as heavy or painful menses. Reduced or no bleeding may also help with anemia.
  - You may also enjoy potential lifestyle benefits of having no or reduced bleeding such as increased freedom to engage in work or school activities.
- Some contraceptive users can give you options when it comes to your menses. Some result in skipped menses, lighter menses, or absence of your menses altogether. Discuss your preferences with your healthcare provider so that you may select a contraceptive method that's right for you.

†This chart describes typical bleeding changes when a woman adjusts to a contraceptive method, but your client's experience may be different. There are some situations where bleeding isn't the result of using contraception and can be a warning sign of something more serious. Tell women to talk to their healthcare provider if they have concerns.

‡If a client is using a hormonal method other than oral pills, the absence of bleeding does not mean that she is pregnant. Menstrual signs of pregnancy or if she misses her menses while using the oral pill or copper IUD, she should talk to her healthcare provider or use a pregnancy test.

†If applicable, inform your client that when using injectable contraception, return to fertility will likely be delayed after discontinuing the method. For other methods, return to fertility will be immediate.

# 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

### Motivated Achiever (Nigeria and Zambia)

	Bio Data	Motivators	Barriers & Concerns
	Age: 25-35 Status: <u>Married</u> Children: 1-2	Working hard to improve her business/career or even travel before having more kids. May be <b>postpartum</b> .	Concerned about using a LARC if she is not limiting. Feels that reduced periods

### Security Seeker (Nigeria and Zambia)

	Bio Data	Motivators	Barriers & Concerns
	Age: 18-29 Status: Married or Single Children: 1-2	Likes that this method is <b>discreet</b> , meaning she can hide use from her partner. Heavy or irregular periods would tip off her partner.	Partner may be controlling and may not support use. Worries partner will feel the <b>strings</b> .

### Dissatisfied Switcher (Nigeria and Zambia)

	Demographics	Motivators	Barriers & Concerns
	Ages: 30-44 Status: Married Children: 2+	Dislikes other methods' <b>side effects</b> , including prolonged and painful periods. Searching for a method that is "compatible" with her body.  Wants something that will give her <b>health and energy and protect her fertility</b> so she can focus on her work and family and have <b>peace of mind</b> .  Likes idea of saving money on pads and avoiding the hassles, fatigue, and embarrassment of <b>periods</b> .  Some are <b>perimenopausal</b> and appreciate the therapeutic benefits.	Has concerns about <b>safety and side effects</b> (especially weight changes for Nigeria).  Fears the IUS may <b>harm</b> her by traveling in the body, via hormones released, or by blocking her periods.  May believe <b>periods</b> are necessary to cleanse the body. (However, amenorrhea was less of a concern for limiters within this profile group.)
	<b>Why she chose it</b>		<b>Key Insights</b>
	<i>"I got tired of heavy periods. Like a free person, I can do whatever I want without worrying about my periods."</i>		
	<b>Life stage</b>		<b>How to reach her</b>
	Balancing or Maturing		
	Key Metric	Indicator	
	Desire for more kids	In 3+ years or no more	
	Partner support for FP	High	
	Menstrual periods before IUS	Moderate or heavy	
	Past FP use	2+ methods	
	<ul style="list-style-type: none"> <li>Provider recommendation, which is influenced by medical detailing</li> <li>FP counseling and outreach to groups of women (e.g., workplace, women's groups, clinic waiting rooms)</li> <li>Satisfied client testimonials, discussions of likes and dislikes of previous methods used, explanations of side effects</li> <li>As appropriate and in line with local regulations, radio messaging and brochures to raise awareness</li> </ul>		

# Demand generation

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

**Où trouver Avibela™ ?**

PROVISEUR	Adresse	Téléphone
DUMERIE	Clinique des Femmes de Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
JESU	Clinique des Femmes de Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
AVANTAGE	Clinique des Femmes de Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
AVANCEE	Clinique des Femmes de Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999
	Clinique "La Femme" - Kinshasa	00254 99 999 999

**Facilitez vous la vie**

L'insertion d'Avibela™ se fait normalement en quelques minutes par un prestataire formé. Après un mois, retournez faire un contrôle de suivi, et pendant 3 ans, vous n'avez plus à vous soucier d'une grossesse non désirée ! Plus besoin de compter les jours fertiles, ni de faire des va et vient à la clinique ou à la pharmacie. Vous pouvez vous concentrer sur vos projets, et quand vous désirez avoir un bébé, retournez chez votre prestataire pour un retrait simple et rapide, dans la plupart des cas.

Demandez à votre médecin aujourd'hui si vous êtes admissible à **Avibela™**.

WCG | psi

**Avibela™**  
(levonorgestrel-releasing intrauterine system) 52 mg

Avec moins de règles, la vie est belle!

**Avibela™**  
With reduced periods  
Life is better

- My modern contraceptive
- My freedom
- My 3 years of peace
- The solution to my period problems

USAID | WCG | EECO

**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

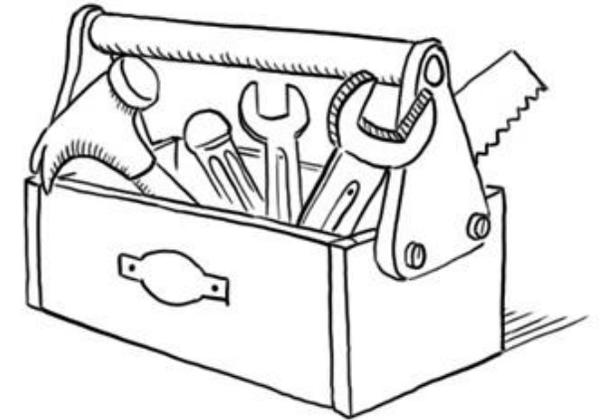
WCG | psi

# Summary

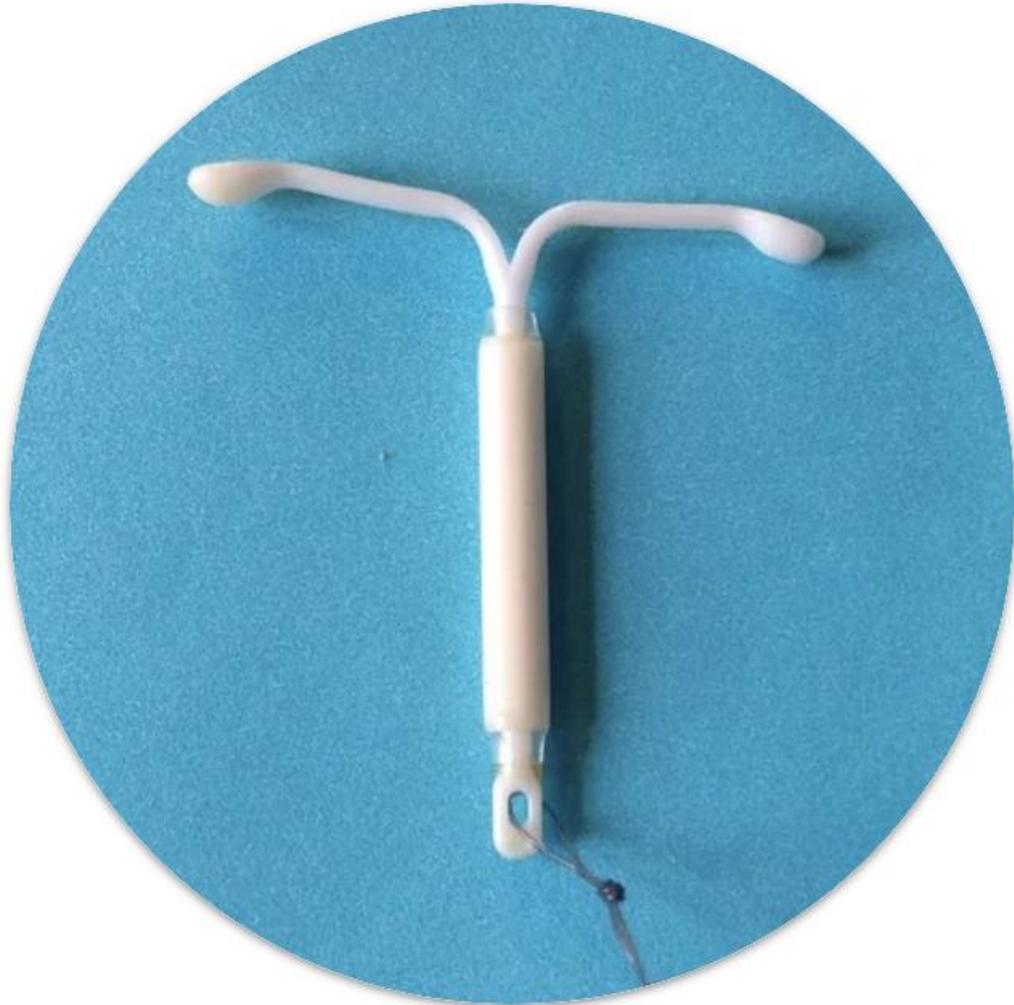
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Look on the Hormonal IUS Access Portal for:

- 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



# Hormonal IUS Meeting

## Provision of LARCS in the Era of COVID-19

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

# Global Situation

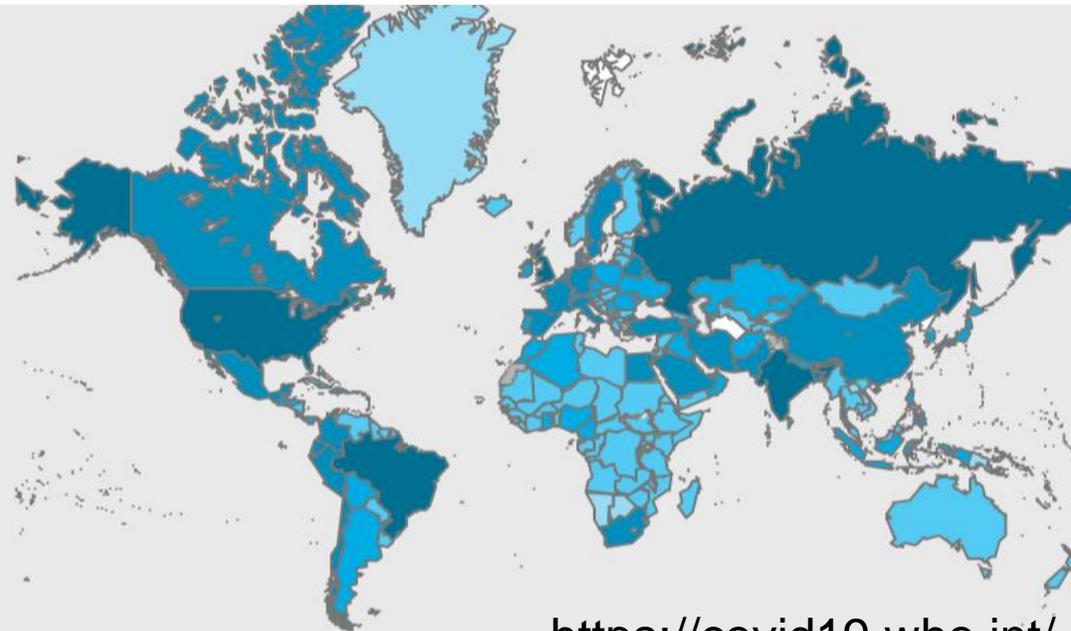


Search by Country, Territory, or Area



## WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/6/24, 12:08pm CEST

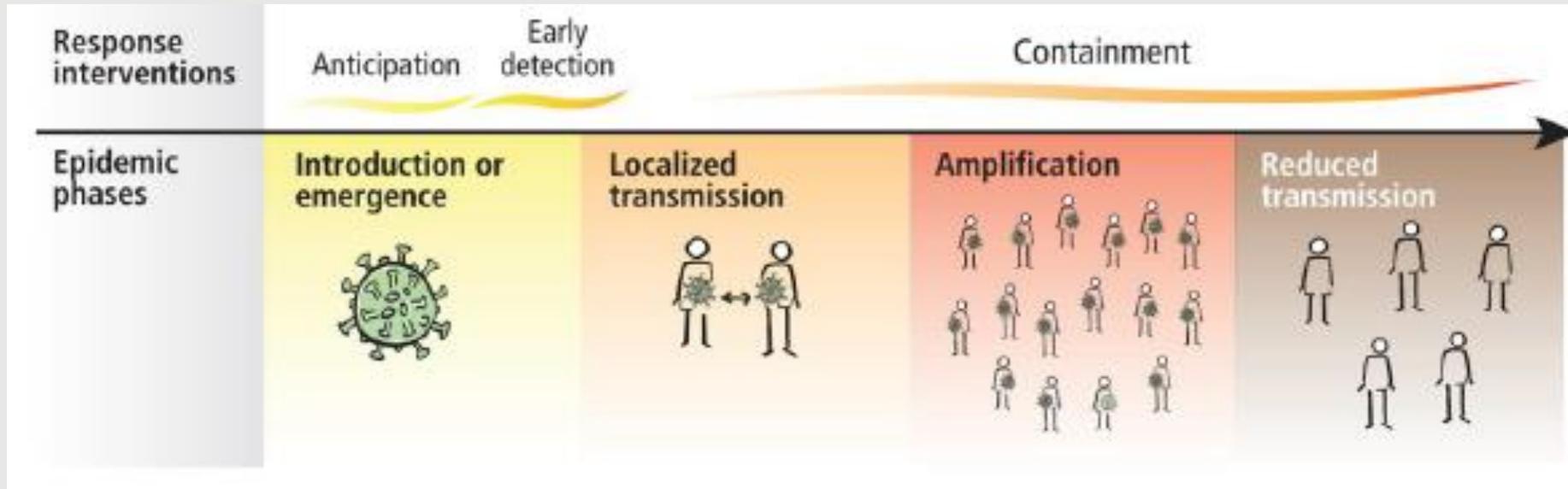


<https://covid19.who.int/>

Download Source

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 PFP 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

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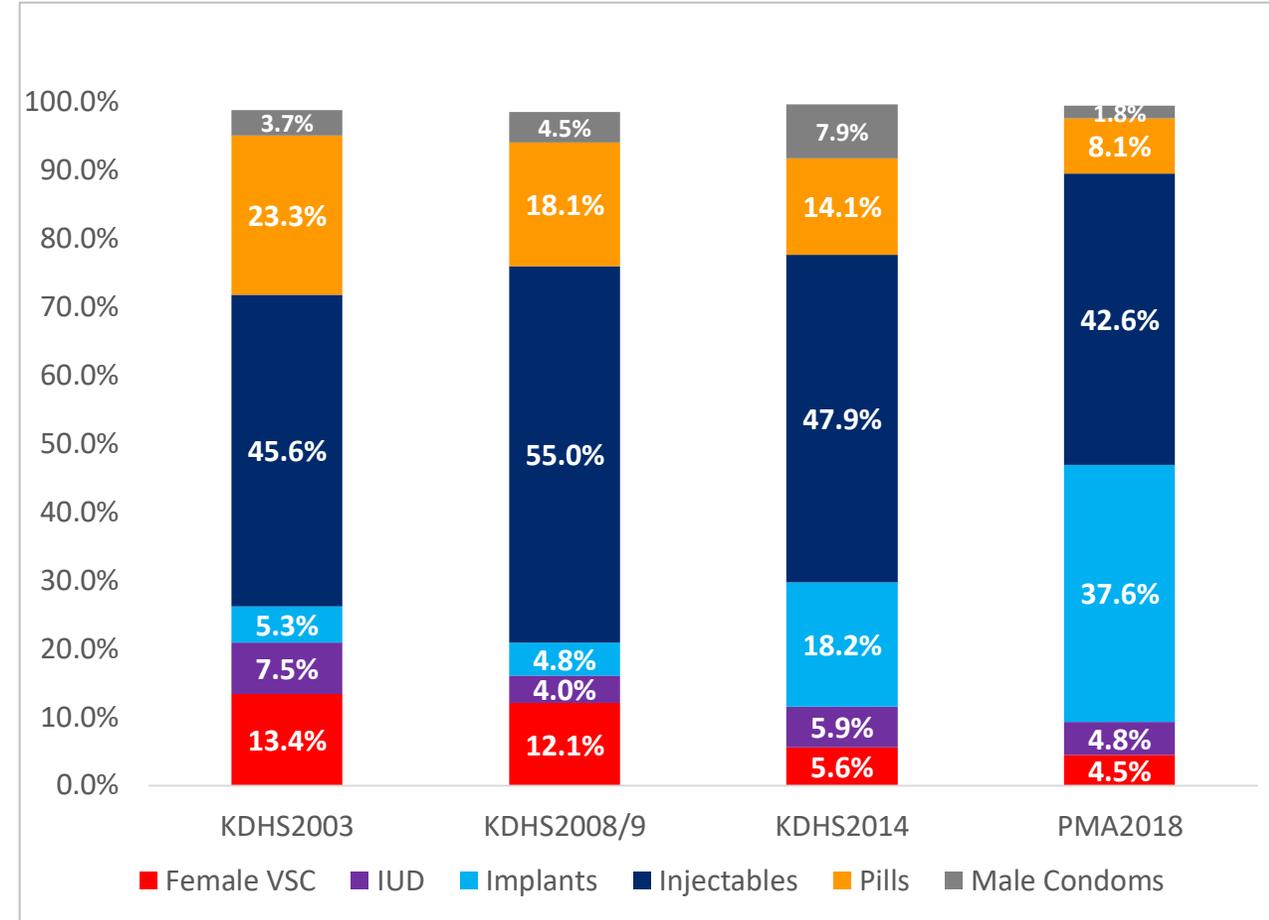
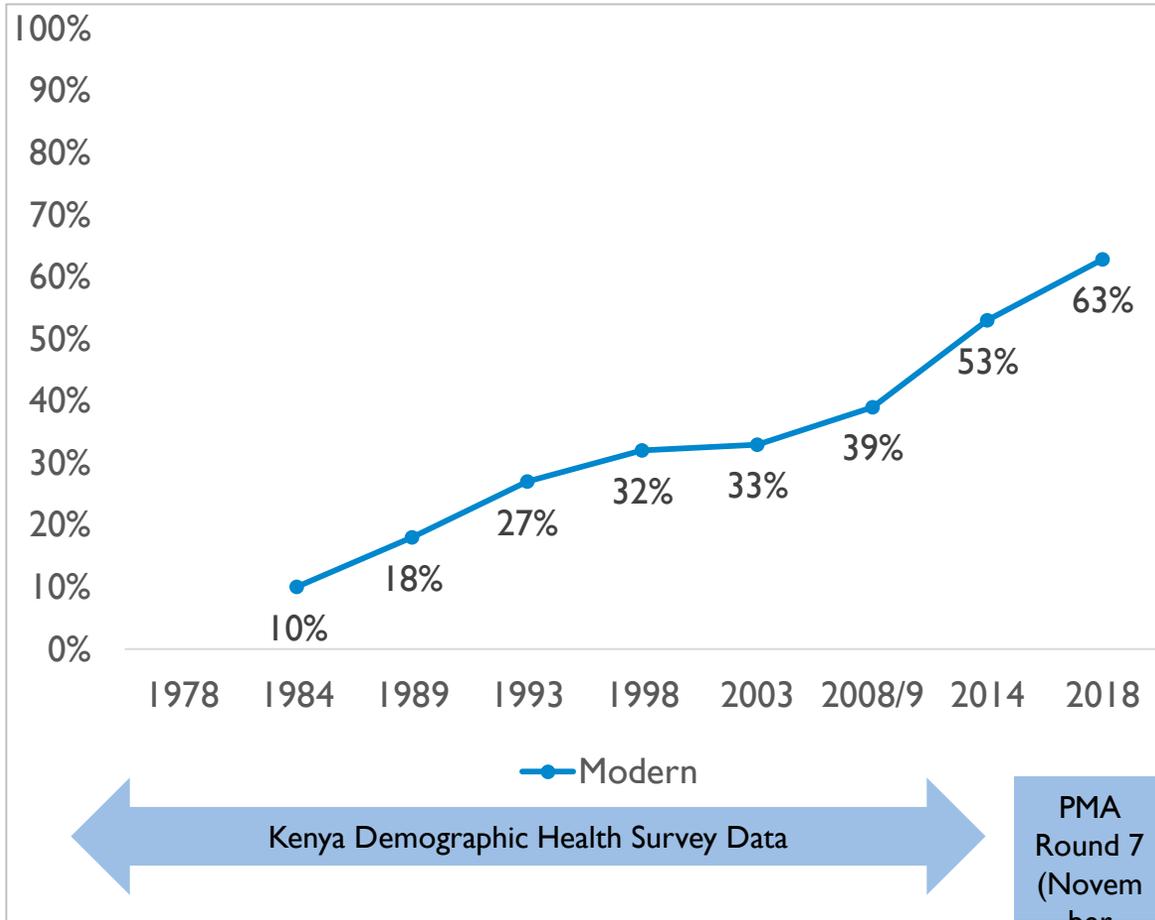
June 25, 2020

Gathari Ndirangu, MD (Ob/Gyn)  
Jhpiego Kenya

Johns Hopkins University Affiliate



# Kenya mCPR and Method Mix



# FP Services Disruption

2 of 3

- Estimates in Kenya 30% reduction in FP in March 2020<sup>1</sup>
- Unintended consequences of the response<sup>2,3</sup>
  - › 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-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>
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

3 of 3



*“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*

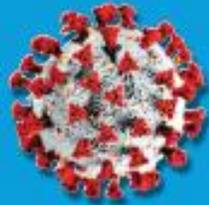
*“Lack of masks can make me not come to the hospital because I don’t have money to buy the mask...I am not allowed to come into the facility without a mask” -Adolescent girl*

REPUBLIC OF KENYA



MINISTRY OF HEALTH

# KENYA COVID-19 RMNH GUIDELINES



A Kenya Practical Guide for Continuity of Reproductive,  
Maternal, Newborn and Family Planning Care and Services  
in the Background of COVID-19 Pandemic

MOH, April 2020

- 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



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# Service Delivery Shifts for Continuity of FP

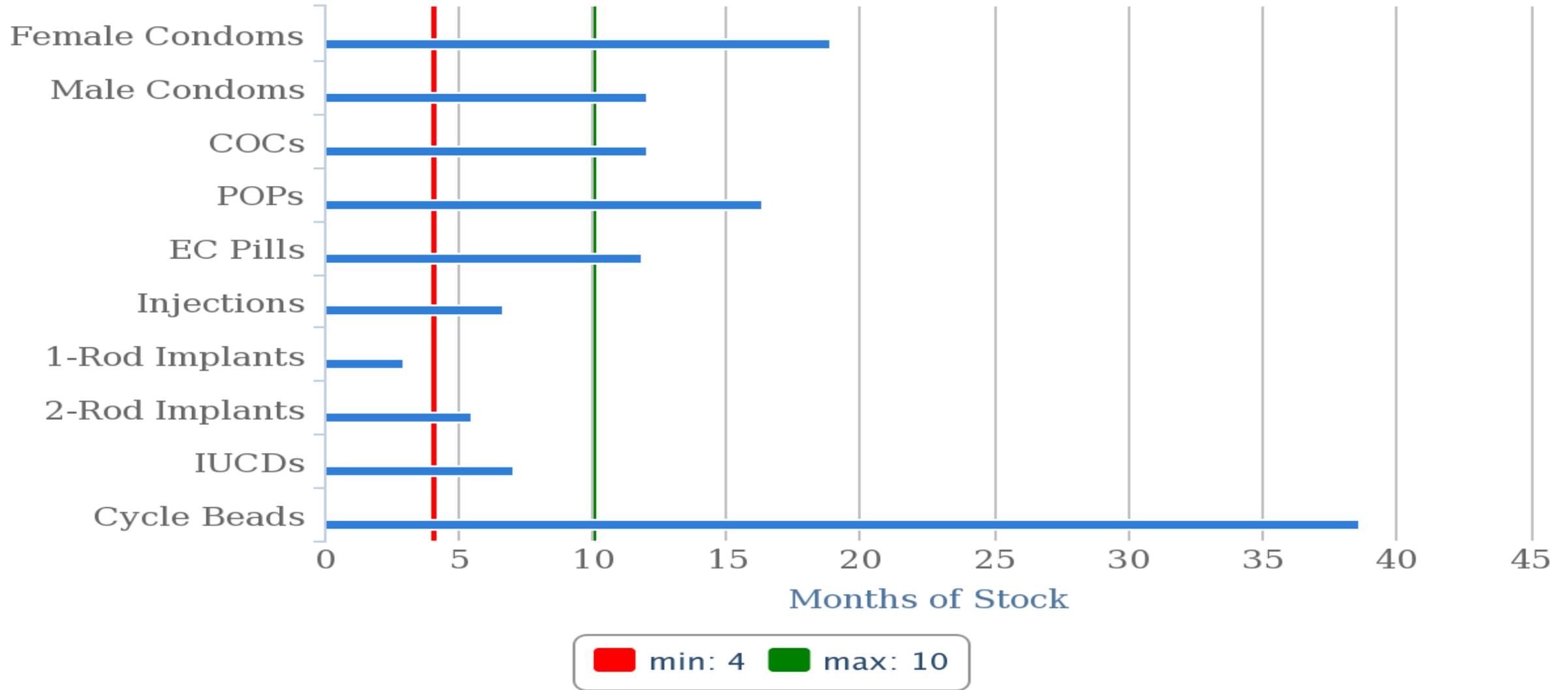
- FP is a time sensitive essential service
- FP services on 24-hour basis
- Respect voluntarism and informed choice
- Quality and safety to HCW and client
- Privacy and confidentiality
- Interval and post-pregnancy
- Remote counseling and history-taking (toll-free phone)
- Scheduled visits for in-person 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

# 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

# Months of Stock - Kenya, Apr 2020



Source: DHIS-2

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

# 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



**MIGORI COUNTY**



**ADOLESCENT & YOUTH HEALTH**



**0800724870**

**Toll Free Line**



Are you a young person  
in Migori County and  
need to know more  
about your health?

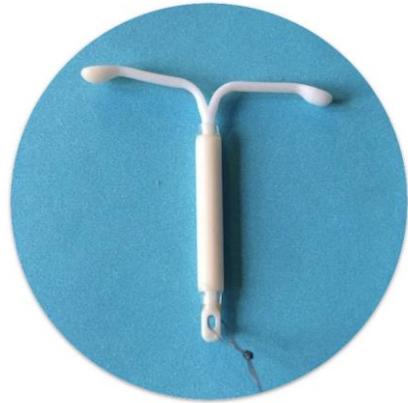


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**Afya Halisi**



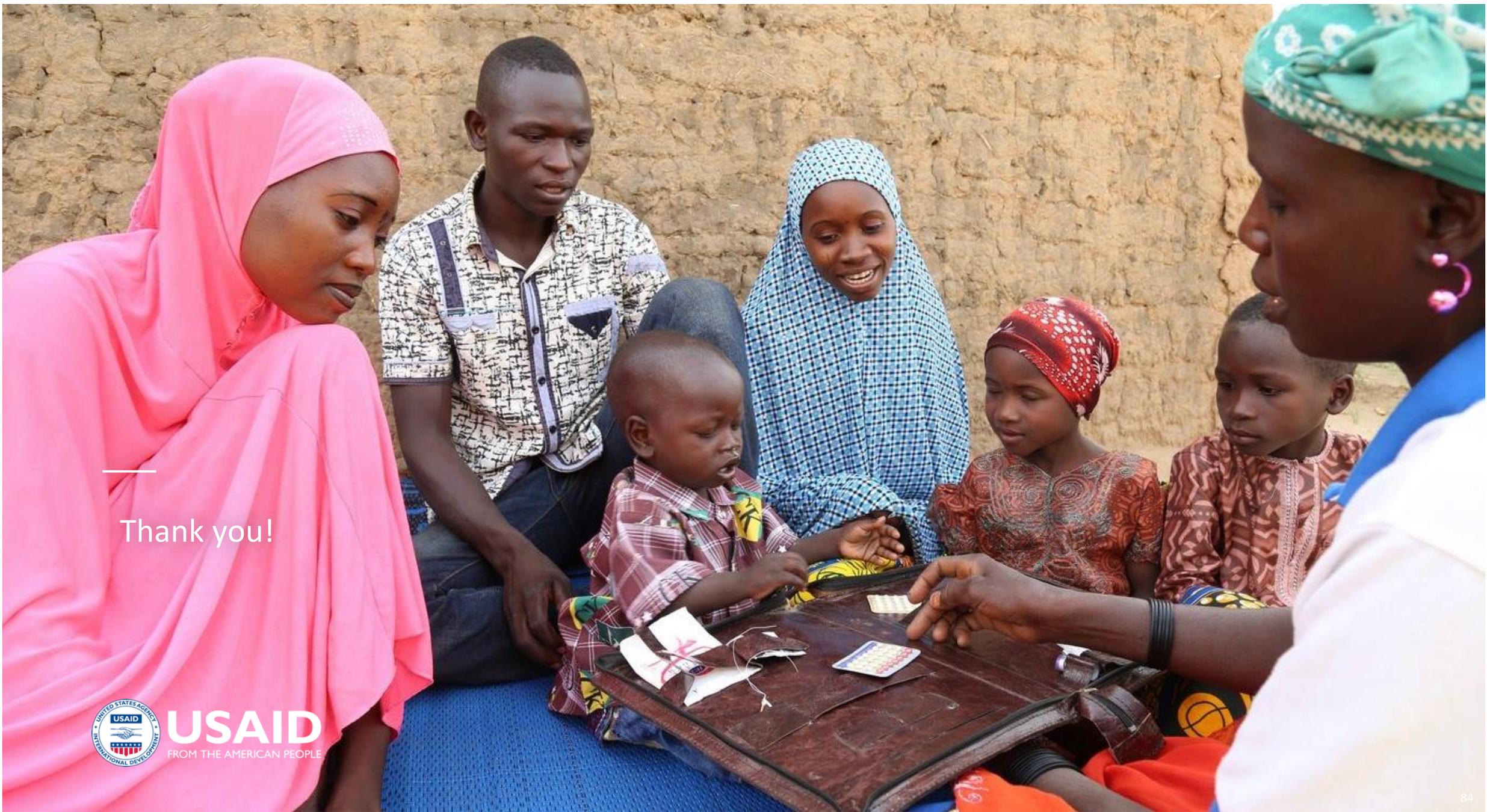
**New resource!**



# The Hormonal IUS Access Portal

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

[www.iusportal.org](http://www.iusportal.org)



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Thank you!



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