

HITTING THE GAS ON FP2020 GOALS – THE ROLE OF IMPLANTS AND OTHER LARCS

Katherine Thanel, Danielle Garfinkel, Christina Riley, Keith Esch, Woldemariam Girma, Tadele Kebede, Gaby Kasongo, Kayode Afolabi, Amanda Kalamar, Sarah Thurston, Kim Longfield, Jane Bertrand, Bryan Shaw, on behalf of the FPwatch Group



BACKGROUND

Despite high levels of effectiveness and acceptability of contraceptive implants and intrauterine devices (IUDs), LARCs still account for only a small percentage of the method mix in many sub-Saharan Africa (SSA) countries.

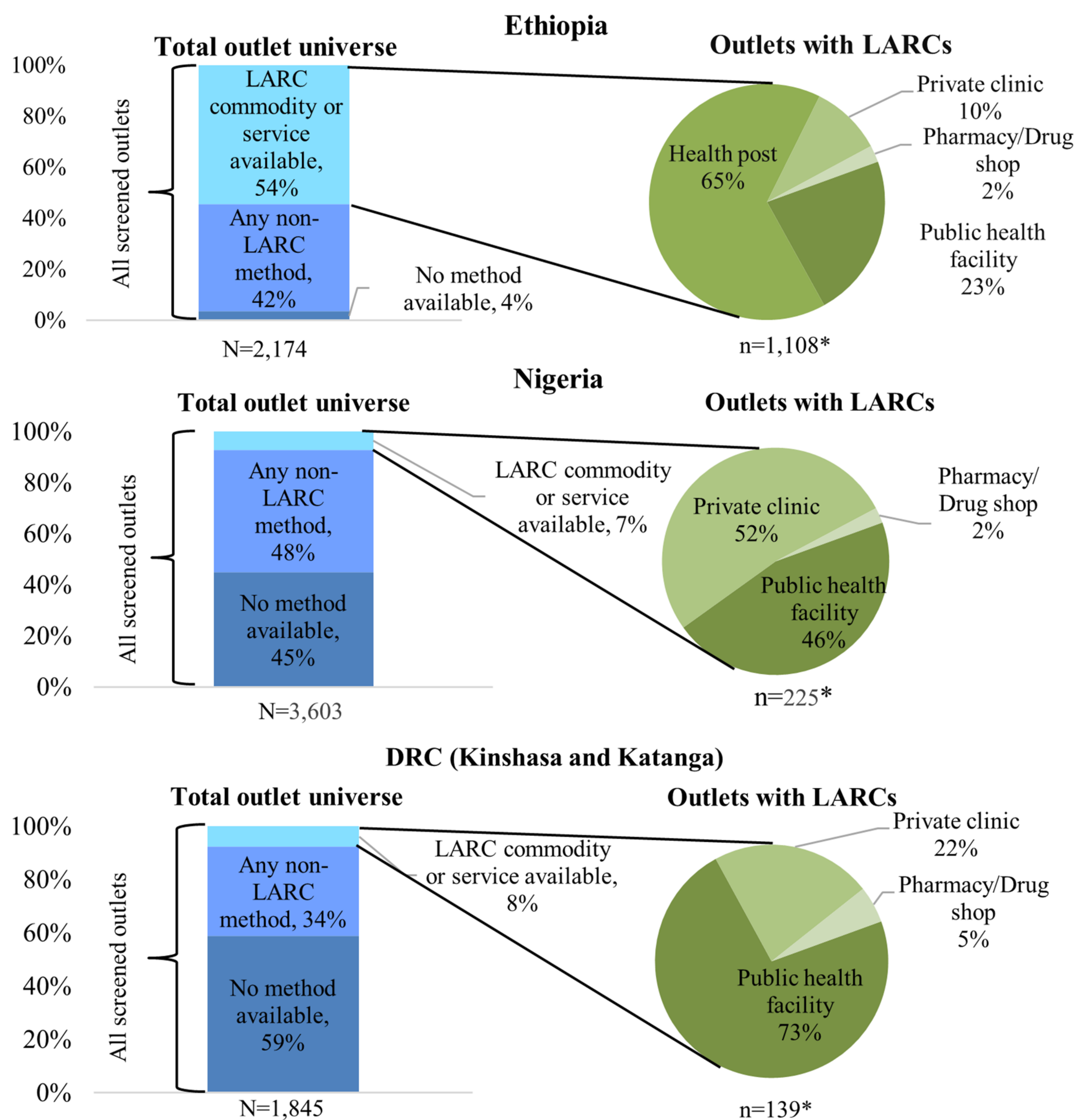
METHODS

In 2015, the FPwatch Project conducted nationally representative surveys in Nigeria and regionally representative surveys in Ethiopia, and the DRC using a census approach. In selected areas, every public and private sector outlet (e.g. facilities, points of sale) with the potential to sell or distribute modern contraceptives was approached. In outlets with modern contraceptives, data collectors conducted product audits and provider interviews to ask about distribution, price, and services.

RESULTS

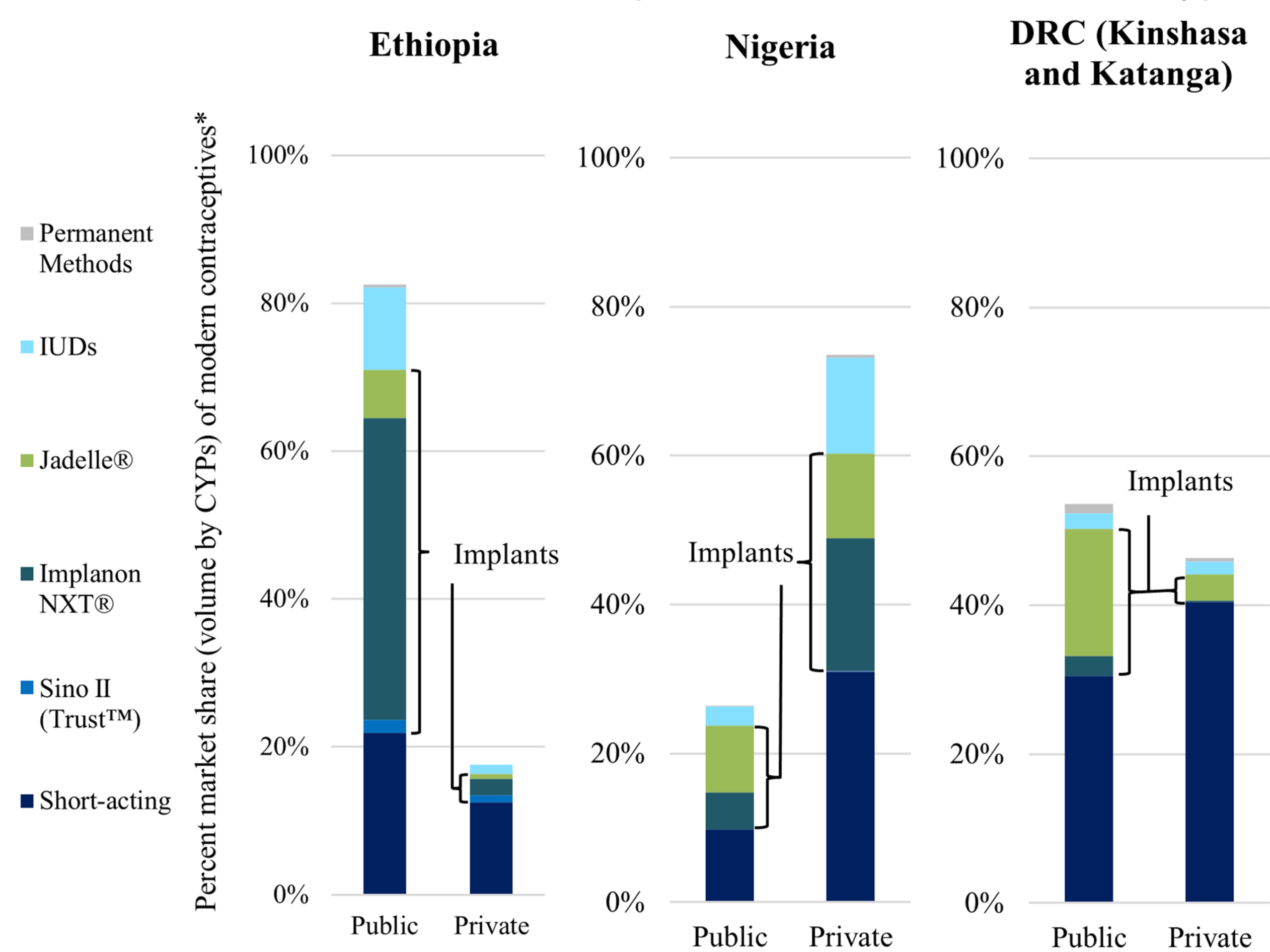
- 54% of outlets in Ethiopia had LARC commodities or services available at the time of the survey, vs only 7% & 8% of outlets in Nigeria & DRC
- Implants were stocked by 86% of public health facilities in Ethiopia compared with 22% in both Nigeria and DRC
- In Nigeria, the only country with higher LARC availability in private clinics than in public facilities, 24% of clinics stocked implants

LARC commodity or service availability by outlet type and country



- Among LARC-stocking public health facilities, 99% of outlets in Ethiopia, 39% in Nigeria, and 84% in DRC had at least two other methods available in addition to LARCs.
- Many LARC-carrying public facilities had both implants and IUDs in stock (76%, 47%, and 53%, respectively).

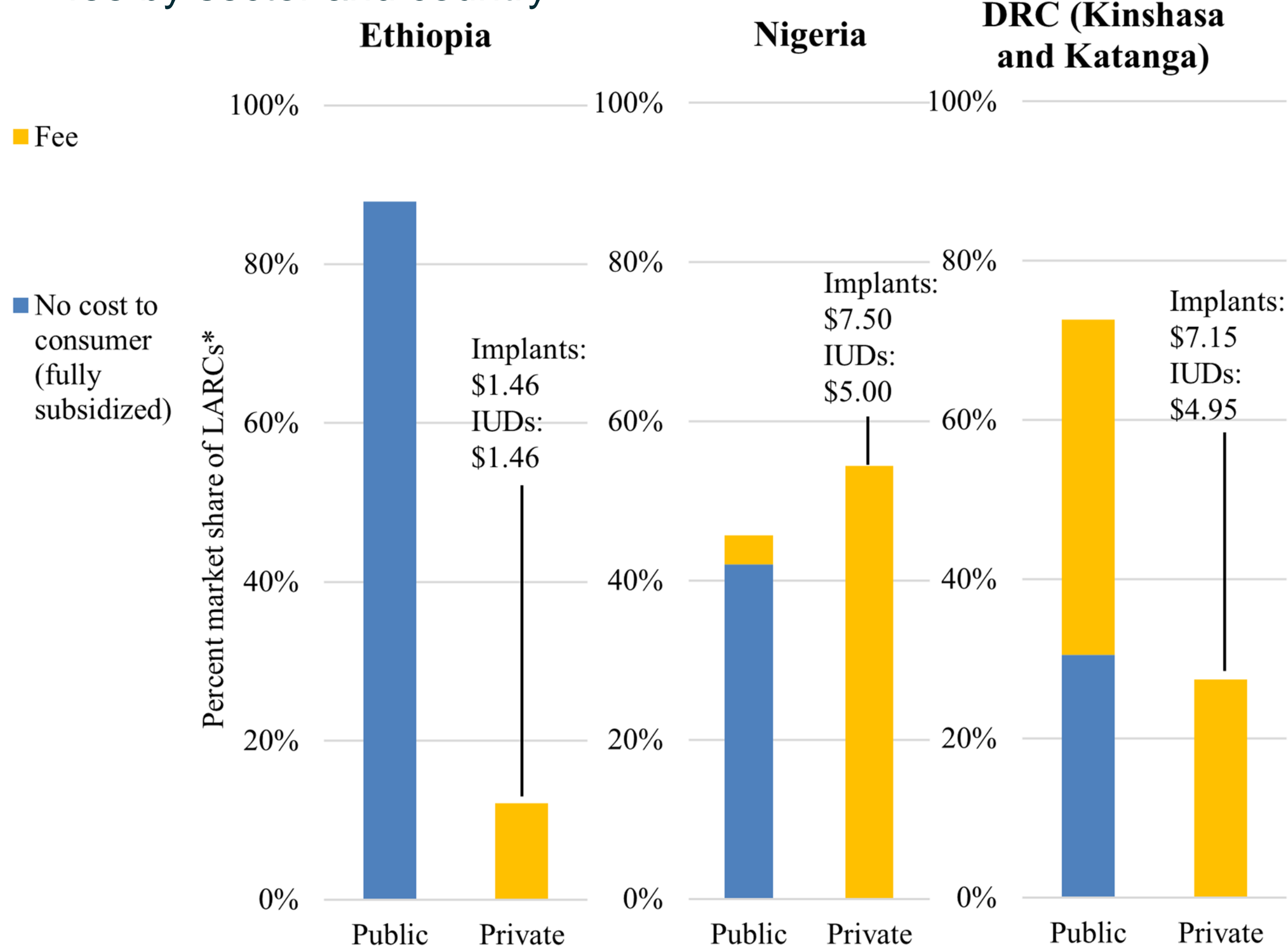
Market share of modern contraceptive methods across outlet types



*Market share is shown as volumes converted to CYPs (couple years of protection)

- Two-thirds of implant-stocking outlets in Ethiopia and Nigeria had more than one brand of implant available, versus DRC where brand diversity was low
- Implants made up a larger CYP proportion vs IUDs across all countries & sectors
- Despite low availability, market share for implants in the public sector accounted for 60%, 53%, and 37% of total CYPs in Ethiopia, Nigeria, and DRC, respectively

Proportion of LARCs distributed at no cost to the consumer or with a fee by sector and country



*Market share is shown as volumes converted to CYPs (couple years of protection)
Note: Prices are shown in average USD for private sector outlets only

- In Ethiopia, IUDs and implants were free in the public sector and of comparable price in the private sector while in Nigeria and DRC, implants were 50% more expensive than IUDs.

CONCLUSION

- Limited availability of LARCs in Nigeria and DRC restricts contraceptive choice and is a barrier to modern contraception adoption and consistency of use.
- There is a market preference for implants, particularly for those that offer ease of insertion (i.e. Implanon NXT®) and facilitate task shifting.
- Brand-specific subsidies, task shifting, and promotion of methods that require less equipment and training are promising strategies for increasing uptake, as demonstrated in Ethiopia.
- Improving availability of LARCs, particularly implants, is critical to increasing voluntary contraceptive uptake and to reaching ambitious FP2020 commitments.