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

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

Family planning in Nigeria

- 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
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

According to the 2013-14 DHS, 33% of all women and 45% of married women use a modern contraceptive method. 21% of married women have an unmet need for family planning, 14% have a need for spacing births, and 7% have a need for limiting birth. 1.2% of married women currently use an IUCD.

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.

### Zambia DHS 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>mCPR (UMW*)</td>
<td>43%</td>
</tr>
<tr>
<td>mCPR (MW)</td>
<td>48%</td>
</tr>
<tr>
<td>Unmet Need (MW)</td>
<td>20%</td>
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<tr>
<td>Demand Satisfaction* (MW)</td>
<td>72%</td>
</tr>
</tbody>
</table>

UMW – sexually active unmarried women  
MW – married women  
*sexually active unmarried women  
**69% of demand satisfied by modern method  
Source: Zambia DHS 2018
## Recent research - hormonal IUS pilot activities

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<tr>
<td><strong>Provinces</strong></td>
<td>Eastern, Central, Southern, Luapula Provinces</td>
<td>Copperbelt &amp; Muchinga</td>
<td>Copperbelt &amp; Muchinga</td>
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<tr>
<td><strong>Study population</strong></td>
<td>395 women who received hormonal IUS or CuT &amp; FGDs with providers</td>
<td>155 hormonal IUS users &amp; surveys with providers</td>
<td>710 hormonal IUS users and users of other FP methods; interviews with providers, FGDs youth</td>
</tr>
<tr>
<td><strong>Methods overview</strong></td>
<td>‘Enhanced’ M&amp;E data, follow-up phone interviews, FGDs</td>
<td>Longitudinal prospective survey</td>
<td>Mixed methods: Longitudinal prospective survey, IDIs, FDGs,</td>
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<td><strong>Funder</strong></td>
<td>USAID-funded</td>
<td>USAID-funded</td>
<td>Bill &amp; Melinda Gates Foundation</td>
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<tr>
<td><strong>Implementing partners for research</strong></td>
<td>MCSP, SM360+, Jhpiego</td>
<td>WCG, SFH, PSI</td>
<td>FHI 360, PSI, SFH, WCG</td>
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<tr>
<td><strong>Product used in study</strong></td>
<td>All program sites in the studies used product donated by the ICA Foundation</td>
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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.
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.
• 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®
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, John Townsend, Anibal Faúndes, Luis Bahamondes

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

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

UCT:
Jo-Ann Passmore
Hoyam Gamieldien
Shameem Jaumdally
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Agnes Ronan
Sharon Bakako
Bernadette Gulwa
Manana Bahumi
Babalwa Zigebe
Denver Arendse
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Nina Abraham

FHI360:
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

Anne Pfitzer and Deborah Sitrin, Momentum Country and Global Leadership

25 June 2020
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

**Kenya (n=289)**

- Immediate postpartum (<48hrs): 9%
- Postpartum (48hrs-1 year): 37%
- Post-abortion: 53%
- Not post-pregnancy: 0%
- Missing: 0%

**Zambia (n=395)**

- Immediate postpartum (<48hrs): 28%
- Postpartum (48hrs-1 year): 36%
- Post-abortion: 4%
- Not post-pregnancy: 30%
- Missing: 0%
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
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%
## Overview of recent research studies

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

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
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%
**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.

<table>
<thead>
<tr>
<th>Age</th>
<th>Madagascar</th>
<th>Zambia</th>
<th>Nigeria</th>
<th>Zimbabwe</th>
<th>Kenya</th>
<th>Zambia</th>
<th>Nigeria</th>
<th>Zambia</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>30%</td>
<td>17%</td>
<td>6%</td>
<td>23%</td>
<td>43%</td>
<td>22%</td>
<td>8%</td>
<td>30%</td>
</tr>
<tr>
<td>25+</td>
<td>70%</td>
<td>82%</td>
<td>94%</td>
<td>77%</td>
<td>57%</td>
<td>78%</td>
<td>92%</td>
<td>70%</td>
</tr>
<tr>
<td>% married</td>
<td>78%</td>
<td>84%</td>
<td>97%</td>
<td>77%</td>
<td>86%</td>
<td>84%</td>
<td>97%</td>
<td>78%</td>
</tr>
<tr>
<td>Participants at baseline</td>
<td>224</td>
<td>116</td>
<td>205</td>
<td>156</td>
<td>289</td>
<td>395</td>
<td>266</td>
<td>153</td>
</tr>
</tbody>
</table>
### Global Learning Agenda

<table>
<thead>
<tr>
<th><strong>A. Client Demand</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the profile(s)/characteristics of the clients who will use this product?</td>
</tr>
<tr>
<td>2. Does the LNG IUS have the potential to ‘revitalize’ the IUD market in FP2020 countries?</td>
</tr>
<tr>
<td>3. Would introduction of the LNG IUS increase FP use overall/increase contraceptive prevalence rate(s)?</td>
</tr>
<tr>
<td>4. How do continuation rates of the LNG IUS compare to continuation rates of other FP methods including LARCs?</td>
</tr>
<tr>
<td>5. Does immediate postpartum access to the LNG IUS increase use of postpartum FP overall?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Demand generation / marketing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. What are effective demand creation strategies with different populations and in different sectors?</td>
</tr>
<tr>
<td>7. Can promotion of family planning including the LNG IUS be integrated into other health sectors?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C. Service Delivery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. How can we overcome barriers that have impacted provision of copper IUD when introducing LNG IUS?</td>
</tr>
<tr>
<td>9. What are health care providers' perceptions of this product?</td>
</tr>
<tr>
<td>10. What are effective service delivery models for LNG IUS provision? How does it differ by context?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>D. Non-Contraceptive Attributes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. How does knowledge of noncontraceptive attributes of the LNG IUS affect uptake and use?</td>
</tr>
<tr>
<td>12. What are perceptions of amenorrhea among providers and various client segments?</td>
</tr>
<tr>
<td>13. Can scale-up of the LNG IUS help reduce rates of anemia?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>E. Cost-Effectiveness and Pricing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>14. To what extent is the LNG IUS cost-effective compared to other FP methods including other LARCs?</td>
</tr>
</tbody>
</table>

Rapid review of IUS service delivery tools and other key resources

Ashley Jackson, Deputy Project Director
Expanding Effective Contraceptive Options (EECO)
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
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
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).

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.
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.
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

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

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](https://www.who.int/publications/i/item/2020.08.01)
  - Further details on [WHO’s guidance on the use of masks in the context of COVID-19](https://www.who.int/publications/i/item/2020.08.01)
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
Kenya mCPR and Method Mix

Kenya Demographic Health Survey Data

KDHS2003
KDHS2008/9
KDHS2014
PMA2018

Female VSC  IUD  Implants  Injectables  Pills  Male Condoms

Modern  PMA Round 7 (November 2018)
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.

---

“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
• 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
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
The Hormonal IUS Access Portal

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

www.iusportal.org
Thank you!