HORMONAL IUS UPDATES: New Insights and Steps Toward Scale
DAY 1

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
Welcome from the Community of Practice on Method Choice and the Hormonal IUS Access Group
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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</table>
| 9:00-9:15 | Welcome & Introduction  
• Greeting  
• Review of meeting objectives and broader goals of expanding contraceptive method choice | Rita Badiani, E2A  
Trish MacDonald, USAID |
| 9:15-9:25 | Rapid review of method characteristics and products                    | Dr. Saad, Abdulmumin USAID |
| 9:25-9:35 | Hormonal IUS Access Group Updates                                       | Devoin Cain, CHAI  
Speakers:  
Tabitha Sripipatana, USAID  
Anna Hazelwood, DFID |
| 9:35-10:25| Five Key Questions  
• Review of global learning agenda  
• Synthesis of research results  
• Questions / Discussion | Kate Rademacher, FHI 360  
Kendal Danna, PSI  
Deborah Sitrin, Jhpiego  
Aurélie Brunie, FHI 360 |
| 10:25-10:55| Supplier Panel  
• ICA Foundation  
• Bayer  
• Medicines360 – Sally Stephens  
• Pregna  
• Questions / Discussion | Saumya Ramarao, Population Council  
Jim Sailer, Population Council  
Frank Strelow, Bayer AG  
Sally Stephens, Medicines360  
Mukul Taparia, Pregna |
| 10:55-11:00| Closing  
• Review of agenda and goals for Day 2 | Fariyal Fikree, E2A |
<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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</thead>
</table>
| 9:00-9:10 | **Welcome**  
- Review of Day 1 / Objectives for Day 2  | Laneta Dorflinger, FHI 360                                                 |
| 9:10-9:45 | **Country Panel: Planning for phased roll-out of hormonal IUS**  
- Updates from Nigeria  
- Updates from Zambia  
- Lessons learned from Brazil  
- Next steps with country planning  
- Questions / Discussions  | Dr. Afolabi, FMOH, Nigeria  
Loyce Munthali, USAID, Zambia  
Dr. Luis Bahamondes, Brazil  
Devon Cain, CHAI |
| 9:45-10:15 | **Key sub-populations and the hormonal IUS**  
- Women living with HIV  
- Postpartum women  
- Youth and review of global learning agenda  
- Questions / Discussions  | Dr. Catherine Todd, FHI 360  
Anne Pfitzer, Jhpiego  
Kate Rademacher, FHI 360 |
| 10:15-10:25 | **Rapid review of service delivery tools and key resources**  | Ashley Jackson, PSI/WCG |
| 10:25-10:45 | **Provision of LARCs in the era of COVID-19**  
- Questions / Discussions  | Dr. Saad, Abdulmumin USAID  
Dr. Gathari, Jhpiego/Kenya |
| 10:55-11:00 | **Closing**  
- Way forward including summary of next steps  | Tabitha Sripipatana, USAID |
Hormonal IUS Technical Consultation

Day 1 Speakers & Facilitators

Rita Badiani
E2A

Patricia MacDonald
USAID

Dr Abdulmumin Saad
USAID

Tabitha Sripipatana
USAID

Anna Faith Hazelwood
DFID

Kate Rademacher
FHI 360

Deborah Sitrin
Jhpiego

Kendal Danna
PSI

Devon Cain
CHAI

Aurélie Brunie
FHI 360

Saumya Ramarao
Population Council

Jim Sailer
ICA Foundation/Population Council

Frank Strelow
Bayer AG

Sally Stephens
Medicines360

Mukul Taparia
Pregna

Fariyal Fikree
E2A
A “New” Contraceptive, Greater Method Choice

Patricia MacDonald, RN, MPH

USAID Office of Population and Reproductive Health
Service Delivery Improvement Division
CONTRACEPTIVE METHOD CHOICES

Short-Acting Hormonal

Fertility Awareness Methods

Barrier Methods

Permanent Methods

Implants

IUDs/IUS
The LARC/PM Community of Practice (CoP)

- **IUD/IUS:** IUCD/CuT380A, Postpartum IUD, Hormonal (levonorgestrel) IUS
- **Implants:** Jadelle, Implanon, Nexplanon, Levoplant, IAP, Removal task force
- **Tubal Ligation:** analgesia, anesthesia, task sharing
- **Vasectomy:** male engagement, advocacy and SBC
- **Technical consultations and webinars**
METHOD MIX AND METHOD CHOICE

Method Choice

Client-centered information, counseling and services enables women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, or change.

The menu of contraceptives available in a country - WHO

SBC
supply chain personnel policies finances

The percent distribution of contraceptive users in a country - Measure Evaluation

HMIS DHIS2 Surveys
The Method Choice CoP

- Populations with unique needs and gender dynamics
- Service delivery approaches and emerging areas of need
- Social and behavior change approaches and self-care
- Health workforce in public, private, facility, community sectors
- Understanding and utilizing data
- Policy, advocacy and financing
- Supply chain, logistics management and market shaping
- Share learning, and updates from method-specific working groups
- Technical consultations and webinars
Hormonal Intrauterine System (Hormonal IUS)
### 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, measure your clients about these changes and discuss the potential benefits of reduced bleeding and amenorrhea. Use this **NORMAL** message to address those points with them.

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<table>
<thead>
<tr>
<th>Method</th>
<th>Potential Changes</th>
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<tbody>
<tr>
<td>Combined Oral Pills</td>
<td><strong>NORMAL</strong> and may have very common or common</td>
</tr>
<tr>
<td>Progestin-Only Pills</td>
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<tr>
<td>Intrauterine Devices</td>
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<tr>
<td>Implant</td>
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Hormonal IUS:
Rapid review of method characteristics and products

Saad Abdulmumin MD, PhD
Office of Population and Reproductive Health
June 25, 2020
Quiz!

What is the term used to describe the levonorgestrel-releasing intrauterine system?

a) LNG-IUS  
b) LNG-IUD  
c) Hormonal IUS  
d) IUS  
e) All of the above
Answer:

a) LNG-IUS  
b) LNG-IUD  
c) Hormonal IUS  
d) IUS  
e) All of the above  

⭐ We will be using the phrase hormonal IUS for today and tomorrow’s sessions. This term is synonymous with the other terms listed above.
Quiz!

When was the hormonal IUS first approved and marketed for use?

a) 1968  

b) 1990  

c) 2000  

d) 2010
Answer:

a) 1968  b) 1990  c) 2000  d) 2020

✓ Mirena was first approved for use in 1990 in Finland
✓ Approved in the U.S. in 2000
✓ Hormonal IUS products are registered in a number of low- and middle-income countries (LMICs) but not currently available at scale in LMICs
✓ As such, this situation represents a 30-year research-to-access gap
✓ Part of why we’re here today is to help close this gap!
Quiz!

What are some examples of the potential non-contraceptive benefits of the hormonal IUS?

a) Proven treatment for heavy menstrual blood loss

b) Prevention against endometriosis and uterine fibroids

c) Prevention against diverticulitis

d) A and B
Answer:

a) Proven treatment for heavy menstrual blood loss
b) Prevention against endometriosis and uterine fibroids
c) Prevention against diverticulitis
d) A and B
**Method Attributes**

**Advantages**
- Highly effective
- High continuation rates
- Long-acting and reversible
- Rapid return to fertility after removal
- Discrete
- Safe for breast feeding
- Side effects may be less than for other methods
- Can lead to reduction in menstrual blood loss
- Approved treatment for women suffering of heavy menstrual bleeding
- Prevention against several conditions including endometriosis and uterine fibroids
- 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
Hormonal IUS included in WHO Essential Medicines List

Hormonal IUS added to the WHO Essential Medicines List in 2015
Final Question!

In addition to Mirena, what are some brand names for hormonal IUS products that have been approved in one or more LMIC?

a) Avibela  
b) Zantar  
c) Eloira  
d) A and C
Answer:

a) Avibela
b) Zantar
c) Eloira
d) A and C
Overview of hormonal IUS products

Products that are approved by a Stringent Regulatory Authority and registered in one or more low- and middle-income country (LMIC)

LNG 52 mg IUS: Releases LNG ~20 μg/d

**BAYER HEALTHCARE:**
Mirena*

**ICA FOUNDATION:**
LNG-IUS

**MEDICINES360:**
Avibela

Additional hormonal IUS products are approved in several LMICs including Pregna’s Eloira product and HLL’s Emily product

*Bayer Healthcare also manufactures the hormonal US products Skyla and Kyleena. However, these products are not yet commonly available in LMICs
The road to increasing access to the hormonal IUS...
Where will we go next?
Hormonal IUS Access Group

June 2020: Updates for Key Stakeholders
In 2015, a global working group was established to evaluate the potential to expand access to the hormonal IUS in low-resource settings. Building upon the leadership of this group and at the country level, a global consortium comprised of donors (including USAID, BMGF, DFID and UNFPA), governments, and partner organizations are exploring concrete opportunities to sustainably increase access to the hormonal IUS beyond pilot settings.

The work to sustainably increase access to the hormonal IUS involves parallel efforts to ensure affordability, accessibility, and long-term supply security, support demand-side strategies for cost-effective product introduction, and continuing to implement a robust learning agenda.

At the end of 2019, this consortium formalized its efforts by establishing a focused and phased strategy for broader introduction and scale-up of hormonal IUS. In 2020, this consortium evolved into the newly formed Hormonal IUS Access Group...
Current Landscape: Key updates

The Hormonal IUS Access Group has been convened to connect work across the supply and demand sides of the market, including the upcoming developments:

On the **demand side**, effectively increasing access to hormonal IUS in LMICs will require the implementation of a **phased product introduction** approach, with a high degree of coordination across countries to **match scale-up of training and other introduction activities with available supply**, and to ensure countries that choose to introduce the method are prepared to do so efficiently.

On the **supply side**, UNFPA and USAID are in the process of **adding hormonal IUS to their product catalogs for procurement**:

- Despite potential delays resulting from COVID-19, supply of the method is still expected to be available for donor procurement for the public sector in LMICs by the end of 2020.

**Product affordability is key** – once achieved, targeted donor funding will be available to support public sector product introduction efforts:

- For example, DFID has set aside additional earmarked funding for countries to procure the hormonal IUS through UNFPA Supplies, ensuring commodity funding is not a barrier for countries wishing to introduce the product.
**Approach: Hormonal IUS Access Group evolved structure**

<table>
<thead>
<tr>
<th>1</th>
<th><strong>Steering Committee</strong></th>
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<tbody>
<tr>
<td>Donor and procurer decision-making group tasked with developing and monitoring implementation of the overall global targeted, phased strategy to expand access to hormonal IUS and strengthen hormonal IUS market; identify and mitigate risks in market health; maintain relationships with suppliers; review demand forecasts; support CSP with prioritization as needed; disseminate regular communications.</td>
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<tr>
<td><strong>Supplier Coordination Sub-Group</strong></td>
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<tr>
<td>The Steering Committee will also organize biannual calls/meetings with suppliers to communicate relevant supply updates (i.e. production capacity), and to share progress/challenges related to product rollout</td>
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<tr>
<th>2</th>
<th><strong>Partners Group</strong></th>
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<tbody>
<tr>
<td>Partner and procurer technical working group supporting implementation of country programs’ targeted phased strategies, sharing of lessons learned across programs, and sharing information to inform steering committee decision-making.</td>
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<tr>
<td><strong>Supplier Technical Exchange Sub-Group</strong></td>
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<tr>
<td>The Partners Group will also organize ad-hoc calls/meetings with suppliers, where suppliers will be invited to share product-specific technical expertise to support partner implementation</td>
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*Note: This overall structure could be transitioned or updated as the global landscape evolves*
Approach: Deep dive on the phased, focused lens

- Given the need to build on best practices to enable effective and efficient introduction and scale-up, the proposed path forward is to utilize an **intentional, focused and phased approach** to introduce the hormonal IUS more broadly.
- Ultimately, the platform created for this product will **support the broader the goal of a total market approach** for hormonal IUS introduction to be leveraged once adequate supply for the private sector is available.
- In the near term, this will entail **introduction in a group of countries that is ready and willing** to incorporate hormonal IUS into the method mix in a targeted set of public sector service-delivery points in order to expand choice for women.

### Goals of approach (from November)

- The focused, phased approach is designed to achieve several goals:
  - Ensure strategy does not create an early demand that outstrips supply.
  - Introduce product opportunistically; in the near-term, where necessary TA and investment are available (public sector).
  - Build on this platform to introduce a total market approach in the medium-term.

### Implementation roadmap (from November)

#### Phase 1: First Movers
- **Description:** Countries where some level of initial adoption work has occurred.
- **Details:** Work has been done to initiate hormonal IUS adoption in the public sector (may include engagement with FP TWG, updates to guidelines, HMIS updates, etc.).

#### Phase 2: Active Second Movers
- **Description:** Countries with an existing LARC market, and context highly conducive to introduction.
- **Details:**
  - Existing LARC market
  - Funding for introduction
  - Product registered / in progress
  - Strong government buy-in, existing IUD provider capacity, active partner support

#### Phase 3: Medium-Term Opportunities
- **Description:** Countries with an existing LARC market, and context conducive to introduction.
- **Details:**
  - Existing LARC market
  - Potential funding for introduction
  - Product registration expected
  - Potential government buy-in, existing IUD provider capacity, strong implementing partners
# Roles and responsibilities in Hormonal IUS Access Group

## Steering Committee

### 2020 Membership
- Standing decision-making members: DFID, USAID, UNFPA, BMGF
- Standing supporting, non-decision-making members: GHSC-PSM, CHAI*, FHI 360*, CSP/GFPVAN**
- Suppliers (Bayer, Medicines360, Others-TBD) participate by invitation

*Shared secretariat role for 2020: Secretariat responsibilities include conducting analysis and gathering documentation needed for decision-making, preparing and proposing agendas, capturing meeting minutes and next steps, and making recommendations as appropriate.

**Sole purpose is to ensure holistic view of supply to facilitate donor/procurer decision-making at strategic level, especially as architecture is moving towards platform that is multiproduct

### 2020 Meeting schedule
- Bi-monthly; remote meetings, suggest that donors cost-share meetings or rotate hosting any in-person meetings

### 2020 Activities
- Establish Hormonal IUS Access Group
- Develop and execute plan for communicating updates to hormonal IUS introduction landscape
- Achieve affordable pricing for the products; put in place strategy for long term supply security
- Ensure hormonal IUS products are added to UNFPA and USAID product catalogs
- Confirm 2020 DFID donor funding availability for commodity procurement; confirm for DFID and others for 2021
- Confirm 2020 DFID donor funding availability for method introduction activities/TA; confirm for DFID and others for 2021
- Support funding and/or dissemination of new practices or guidelines/recommendations on service delivery for the method
- Complete country readiness review/identify target countries
- Review and align on cross-country indicators to determine what needs to be tracked
- Monitor commodity forecast; support prioritization of orders as needed leveraging GFPVAN
- Ensure key information is disseminated to broader FP community including research results from pilot activities and updates about evolving landscape on supply- and demand-sides
- Develop/launch joint online resource hub
- Coordinate with suppliers via biannual meetings tacked on to existing Steering Committee meetings (remote or in-person) – Supplier Coordination Sub-Group
  - Suppliers provide updates on status of product supply and manufacturing capacity
  - Share relevant information on issues regarding implementation and service delivery
  - Work to address any relevant bottlenecks related to supply and supply chain issues
  - Work to address how to engage the private sector for this method (with understanding that the public sector introduction happens first, per the Steering Committee’s phased, focused strategy)
Roles and responsibilities in Hormonal IUS Access Group
Partners Group

| 2020 Membership | Standing members: UNFPA, GHSC-PSM, countries (1-2 country government representative to participate on rotating basis), Jhpiego, PSI, FHI 360*, CHAI*, Population Council, MSI, CSP, WCG, Pathfinder, IPPF, etc. Donors (participate as they wish): DFID, USAID, BMGF
Suppliers (Bayer, Medicines360, Others-TBD) participate by invitation

*Shared secretariat role for 2020

| 2020 Meeting schedule | Monthly; remote meetings, and for any in-person meetings, voluntary participation unless donor funding is available

| 2020 Activities | • Support coordination on hormonal IUS introduction landscape with in-country governments/partners including through country-specific COPS
• Share information and elevate feedback via rotating country representatives; virtually distribute information to a wider group of country focal points and collate feedback for discussion in the Partners Group
• Develop supporting materials for countries to enable roll-out; contribute to joint online resource hub
• Support development of enabling environment in countries that want to introduce the product
• Support country readiness review/identify target countries
• Support phase 1 target countries in development of targeted, phased introduction strategies
• Update global learning agenda and propose cross-country indicators; propose mechanism for tracking data
• Support implementation research/studies to answer key learning questions as defined in learning agenda
• Contribute inputs to commodity forecast
• Coordinate with suppliers via ad hoc meetings tacked onto existing Partners Group meetings (i.e. individual supplier may join existing Partners Group call at invite of Partners Group to discuss technical learnings/insertion technique training guidance) – Supplier Technical Exchange Sub-Group:
  • Suppliers share technical expertise, learnings and how to incorporate best practices (in training, education, etc.) into country introduction resources and implementation
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
HORMONAL IUS: FIVE KEY QUESTIONS

Kate Rademacher, FHI 360
Kendal Danna, PSI
Deborah Sitrin, Jhpiego
Aurélie Brunie, FHI 360

June 24, 2020
GLOBAL LEARNING AGENDA...
THEN AND NOW
<table>
<thead>
<tr>
<th>Global Learning Agenda</th>
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<tbody>
<tr>
<td><strong>A. Client Demand</strong></td>
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<tr>
<td>1. What are the profile(s)/characteristics of the clients who will use this product?</td>
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<tr>
<td>2. Does the LNG IUS have the potential to ‘revitalize’ the IUD market in FP2020 countries?</td>
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<td>3. Would introduction of the LNG IUS increase FP use overall/increase contraceptive prevalence rate(s)?</td>
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<td>4. How do continuation rates of the LNG IUS compare to continuation rates of other FP methods including LARCs?</td>
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<tr>
<td>5. Does immediate postpartum access to the LNG IUS increase use of postpartum FP overall?</td>
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<tr>
<td><strong>B. Demand generation / marketing</strong></td>
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<tr>
<td>6. What are effective demand creation strategies with different populations and in different sectors?</td>
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<tr>
<td>7. Can promotion of family planning including the LNG IUS be integrated into other health sectors?</td>
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<tr>
<td><strong>C. Service Delivery</strong></td>
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<tr>
<td>8. How can we overcome barriers that have impacted provision of copper IUD when introducing LNG IUS?</td>
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<tr>
<td>9. What are health care providers' perceptions of this product?</td>
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<tr>
<td>10. What are effective service delivery models for LNG IUS provision? How does it differ by context?</td>
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<tr>
<td><strong>D. Non-Contraceptive Attributes</strong></td>
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<tr>
<td>11. How does knowledge of noncontraceptive attributes of the LNG IUS affect uptake and use?</td>
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<tr>
<td>12. What are perceptions of amenorrhea among providers and various client segments?</td>
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<tr>
<td>13. Can scale-up of the LNG IUS help reduce rates of anemia?</td>
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<tr>
<td><strong>E. Cost-Effectiveness and Pricing</strong></td>
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<tr>
<td>14. To what extent is the LNG IUS cost-effective compared to other FP methods including other LARCs?</td>
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</table>

## 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>EECO</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>
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<tr>
<td></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></td>
<td></td>
<td>Zimbabwe</td>
<td>N= 156</td>
<td></td>
<td>6 social franchise clinics</td>
<td>Harare, Manicaland, Midlands, Masvingo &amp; Bulawayo</td>
<td>USAID</td>
<td>PSI</td>
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<tr>
<td></td>
<td>2018-2020</td>
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<tr>
<td></td>
<td></td>
<td>Zambia</td>
<td>N=754*</td>
<td>‘Enhanced’ M&amp;E data, follow-up phone interviews, FGDs with providers</td>
<td>56 public sector clinics</td>
<td>Eastern, Central, Southern, Luapula Province</td>
<td>USAID</td>
<td>Jhpiego</td>
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<tr>
<td></td>
<td></td>
<td>Nigeria</td>
<td>N = 888**</td>
<td>Mixed methods: Longitudinal prospective survey, IDIs, FDGs, costing</td>
<td>40 social franchise clinics</td>
<td>18 states</td>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>FHI 360, PSI, Society for Family Health</td>
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<tr>
<td></td>
<td>2018-2019</td>
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<tr>
<td></td>
<td></td>
<td>Zambia</td>
<td>N = 710**</td>
<td></td>
<td>20 public sector clinics</td>
<td>Copperbelt &amp; Muchinga</td>
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</tbody>
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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
FIVE KEY QUESTIONS

QUESTION #1: What were the characteristics of clients who adopted the hormonal IUS across different settings?

QUESTION #2: What are the reasons women chose the method?

QUESTION #3: What were continuation rates & experiences with the method among users?

QUESTION #4: What are health care providers' perceptions of the method?

QUESTION #5: What would potential demand be among different groups?
QUESTION #1: WHAT WERE THE CHARACTERISTICS OF CLIENTS WHO ADOPTED THE HORMONAL IUS ACROSS DIFFERENT SETTINGS?

Thematic Areas

• Demographics
• Previous method use
• Recent method use
**KEY TAKEAWAYS:** The service delivery context and programmatic factors impact potential clients reached through pilots offering the hormonal IUS. Across research studies, the majority of IUS users were married women over 25 years old who had already begun bearing children, and most had higher levels of education.

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>SIFPO-2</th>
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<tbody>
<tr>
<td>Madagascar</td>
<td>Zambia</td>
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<td>Nigeria</td>
<td>Zimbabwe</td>
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<td>Kenya</td>
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<td>Nigeria</td>
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<tr>
<th>Age</th>
<th>SIFPO-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>Madagascar: 30%</td>
</tr>
<tr>
<td>25+</td>
<td>Madagascar: 70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% married</th>
<th>SIFPO-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madagascar</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Kenya</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zambia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mean parity</th>
<th>SIFPO-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madagascar</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Kenya</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zambia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Education</th>
<th>SIFPO-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madagascar</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Kenya</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zambia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project</th>
<th>SIFPO-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madagascar</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Kenya</td>
<td>Zambia</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Zambia</td>
</tr>
</tbody>
</table>

- Private sector
- Robust demand generation
- Higher cost of product and service
- Public sector
- Free product and service
- MOH CHW support
- Private sector
- Higher cost of service
- Limited CHW support
- Public sector
- Low cost of service
- Event based demand generation
- Public sector
- Free product and service
- Private sector
- Higher cost of service
- Limited CHW support
- Public sector
- Free product and service
- MOH CHW support
- Public sector
- Free product and service
- MOH CHW support
HISTORY OF METHOD USE

**KEY TAKEAWAYS:** Across the countries, the large majority of users had tried other modern methods of contraception in the past, and many had previously used other long acting methods. A considerable proportion of hormonal IUS users, however, were new family planning users.

![Previous method use chart](chart.png)

- **Never used a modern method**
- **Ever used LARC**

*In LEAP studies, percentage of those who never used a modern method was similar for Copper IUD and implant adopters.*
Across studies, among hormonal IUS adopters who recently used a different method of contraception, what type of method were they most commonly switching from?

A) Traditional methods
B) Short-Acting Methods
C) Long-Acting Reversible Methods
**KEY TAKEAWAYS:** Among those who had been using a contraceptive method prior to choosing the hormonal IUS, the majority in most countries were switching from a short acting method.

<table>
<thead>
<tr>
<th>Country</th>
<th>Sample Size</th>
<th>Not a recent user/never user</th>
<th>Most recently used STM</th>
<th>Most recently used LARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madagascar</td>
<td>n=151</td>
<td>26%</td>
<td>7%</td>
<td>47%</td>
</tr>
<tr>
<td>Zambia</td>
<td>n=155</td>
<td>26%</td>
<td>1%</td>
<td>61%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>n=98</td>
<td>32%</td>
<td>10%</td>
<td>44%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>n=121</td>
<td>9%</td>
<td>0%</td>
<td>76%</td>
</tr>
<tr>
<td>Kenya</td>
<td>n=102**</td>
<td>10%</td>
<td>3%</td>
<td>46%</td>
</tr>
<tr>
<td>Zambia</td>
<td>n=395**</td>
<td>11%</td>
<td>4%</td>
<td>64%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>n=266</td>
<td>23%</td>
<td>1%</td>
<td>56%</td>
</tr>
<tr>
<td>Zambia</td>
<td>n=152</td>
<td>7%</td>
<td>11%</td>
<td>57%</td>
</tr>
</tbody>
</table>

1 Denominators changed to account for removal of no response

*EECO/SIFPO-2: participants in these studies were asked about all methods used within the past 3 months and were categorized into these groups based on the most effective method used during this time. Some users categorized in the LARC category also used a STM recently (6 users in Madagascar, 1 in Zimbabwe, 4 in Zambia)

** Among non-postpartum women only
QUESTION #2: WHAT ARE THE REASONS WOMEN CHOSE THE METHOD?

Thematic Areas

• Reasons for method choice
• Source of information
• Method preference if hormonal IUS had not been available
KEY TAKEAWAYS: ‘Fewer side effects’ and ‘long-lasting’ mentioned by >20% of women in 7 projects. Generally, there is a broad range of reasons women give for choosing the hormonal IUS.

Top reasons for method choice

- Fewer side effects
- Long-lasting
- Effective
- Reduces bleeding
- Convenient
- Discrete
- Recommended*

Number of projects with responses >20%

- EECO Madagascar (n=151): 7
- EECO Zambia (n=155): 7
- SIFPO-2 Nigeria (n=98): 6
- SIFPO-2 Zimbabwe (n=121): 3
- MCSP Kenya (n=289): 2
- MCSP Zambia (n=395): 2
- LEAP Nigeria (n=266): 2
- LEAP Zambia (n=153): 2

*Recommended by family, friends, providers, or other

Multiple responses possible, total n does not equal total sample size.
Across most projects, from whom/where did the majority of IUS adopters learn about the hormonal IUS?

A) From an outreach worker
B) From their provider
C) From a friend/family
D) From the media/marketing materials
**KEY TAKEAWAYS:** In most studies, majority of hormonal IUS adopters heard of method from a provider (except in Madagascar where majority heard from outreach worker). Many had not heard of the method prior to the day it was inserted.

When women heard about hormonal IUS from provider

- **Kenya (n=289):**
  - Provider during other clinic visit: 70%
  - Provider during clinic visit to get method: 47%
- **Zambia (n=395):**
  - Provider during other clinic visit: 36%
  - Provider during clinic visit to get method: 78%
- **Nigeria (n=266):**
  - Provider during other clinic visit: 11%
  - Provider during clinic visit to get method: 73%
- **Zambia (n=153):**
  - Provider during other clinic visit: 22%
  - Provider during clinic visit to get method: 23%

*Multiple responses possible, total n does not equal total sample size.
**KEY TAKEAWAY:** A sizable number (26-63%) would have chosen a short-acting method or no method at all, if the hormonal IUS were not an option.

**Alternative method preference**

- **Madagascar (n=151)**
  - Implant: 13%
  - Other IUD: 12%
  - Short-term method: 32%
  - No method: 30%
  - Other**: 12%

- **Zambia (n=151*)**
  - Implant: 21%
  - Other IUD: 17%
  - Short-term method: 56%
  - No method: 4%
  - Other**: 2%

- **Nigeria (n=98)**
  - Implant: 23%
  - Other IUD: 18%
  - Short-term method: 24%
  - No method: 24%
  - Other**: 9%

- **Zimbabwe (n=121)**
  - Implant: 21%
  - Other IUD: 14%
  - Short-term method: 59%
  - No method: 4%
  - Other**: 2%

- **Kenya (n=287*)**
  - Implant: 49%
  - Other IUD: 15%
  - Short-term method: 30%
  - No method: 3%
  - Other**: 2%

- **Zambia (n=357*)**
  - Implant: 41%
  - Other IUD: 16%
  - Short-term method: 33%
  - No method: 3%
  - Other**: 8%

- **Nigeria (n=262*)**
  - Implant: 23%
  - Other IUD: 21%
  - Short-term method: 14%
  - No method: 26%
  - Other**: 16%

- **Zambia (n=153)**
  - Implant: 37%
  - Other IUD: 28%
  - Short-term method: 24%
  - No method: 3%
  - Other**: 9%

*Denominator adjusted to exclude women with missing information

** Other includes traditional methods, LAM, permanent methods, and data categorized “other”
QUESTION #3:
WHAT WERE CONTINUATION RATES AND EXPERIENCES WITH THE METHOD AMONG USERS OF THE HORMONAL IUS?

Thematic Areas
- Continuation rates
- Satisfaction with method use
- Perceived benefits of method use
- Perceptions of reduced bleeding
- Removal intentions and outcomes
**CONTINUATION RATES**

**KEY TAKEAWAYS:** Continuation rates for the hormonal IUS were consistently high. 6- and 12-month continuation rates were largely similar to those for other LARCs.

<table>
<thead>
<tr>
<th>Country</th>
<th>LNG-IUS</th>
<th>Copper IUD</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Madagascar</strong></td>
<td><img src="image1.png" alt="Image" /></td>
<td>90.9% (85.3 - 94.7)</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image3.png" alt="Image" /></td>
<td>n=106</td>
<td><img src="image4.png" alt="Image" /></td>
<td>(n =106)</td>
</tr>
<tr>
<td><strong>Nigeria</strong></td>
<td><img src="image5.png" alt="Image" /></td>
<td>96.0% (88.3 - 98.7)</td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image7.png" alt="Image" /></td>
<td>n=74</td>
<td><img src="image8.png" alt="Image" /></td>
<td>(n =74)</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td><img src="image9.png" alt="Image" /></td>
<td>94.8% (89.9 - 97.4)</td>
<td><img src="image10.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image11.png" alt="Image" /></td>
<td>n=152</td>
<td><img src="image12.png" alt="Image" /></td>
<td>(n =152)</td>
</tr>
<tr>
<td><strong>Zimbabwe</strong></td>
<td><img src="image13.png" alt="Image" /></td>
<td>92.9% (86.4 - 96.4)</td>
<td><img src="image14.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image15.png" alt="Image" /></td>
<td>n=103</td>
<td><img src="image16.png" alt="Image" /></td>
<td>(n =103)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>LNG-IUS</th>
<th>Copper IUD</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria</strong></td>
<td><img src="image17.png" alt="Image" /></td>
<td>86.8% (82.1-90.4)</td>
<td><img src="image18.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image19.png" alt="Image" /></td>
<td>n=223</td>
<td><img src="image20.png" alt="Image" /></td>
<td>(n =223)</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td><img src="image21.png" alt="Image" /></td>
<td>94.7% (89.2-97.4)</td>
<td><img src="image22.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image23.png" alt="Image" /></td>
<td>n=119</td>
<td><img src="image24.png" alt="Image" /></td>
<td>(n =119)</td>
</tr>
</tbody>
</table>

**12 months**

<table>
<thead>
<tr>
<th>Country</th>
<th>LNG-IUS</th>
<th>Copper IUD</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria</strong></td>
<td><img src="image25.png" alt="Image" /></td>
<td>87.6% (77.5-93.4)</td>
<td><img src="image26.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image27.png" alt="Image" /></td>
<td>n=73</td>
<td><img src="image28.png" alt="Image" /></td>
<td>(n =73)</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td><img src="image29.png" alt="Image" /></td>
<td>81.8% (74.7-87.1)</td>
<td><img src="image30.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image31.png" alt="Image" /></td>
<td>n=65</td>
<td><img src="image32.png" alt="Image" /></td>
<td>(n =65)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>LNG-IUS</th>
<th>Copper IUD</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria</strong></td>
<td><img src="image33.png" alt="Image" /></td>
<td>86.9% (82.1-90.4)</td>
<td><img src="image34.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image35.png" alt="Image" /></td>
<td>n=219</td>
<td><img src="image36.png" alt="Image" /></td>
<td>(n =219)</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td><img src="image37.png" alt="Image" /></td>
<td>89.1% (82.3-93.4)</td>
<td><img src="image38.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image39.png" alt="Image" /></td>
<td>n=109</td>
<td><img src="image40.png" alt="Image" /></td>
<td>(n =109)</td>
</tr>
</tbody>
</table>

**12 months**

<table>
<thead>
<tr>
<th>Country</th>
<th>LNG-IUS</th>
<th>Copper IUD</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria</strong></td>
<td><img src="image41.png" alt="Image" /></td>
<td>85.0% (80.2-88.7)</td>
<td><img src="image42.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image43.png" alt="Image" /></td>
<td>n=233</td>
<td><img src="image44.png" alt="Image" /></td>
<td>(n =233)</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td><img src="image45.png" alt="Image" /></td>
<td>83.1% (72.2-90.1)</td>
<td><img src="image46.png" alt="Image" /></td>
</tr>
<tr>
<td><img src="image47.png" alt="Image" /></td>
<td>n=57</td>
<td><img src="image48.png" alt="Image" /></td>
<td>(n =57)</td>
</tr>
</tbody>
</table>
After 12 months of use, what proportion of women using the hormonal IUS in Nigeria reported that they were satisfied with the method

a) 75%
b) 86%
c) 92%
d) 98%
**KEY TAKEAWAY:** Satisfaction with using the hormonal IUS was generally high.

Proportion of women reporting they were satisfied with the hormonal IUS:

- Madagascar (n=151): 89%
- Nigeria (n=98): 76%
- Zambia (n=155): 67%
- Zimbabwe (n=121): 83%
- Kenya (n=182): 86%
- Zambia (n=40): 88%
- Nigeria (n=259): 97%
- Zambia (n=124): 89%
- Nigeria (n=243): 98%
- Zambia (n=119): 98%

*Overall satisfaction levels were also high across copper IUD and implant users.*

---

| Reported satisfaction with other LARCs (12-months) |
|-----------------|-----------------|
| **Copper IUD**  | **Implant**     |
| Nigeria (N=229, N=248) | 100% 87% |
| Zambia (N=119, N=62)       | 98% 90%  |
**KEY TAKEAWAYS:** The most commonly reported positive attributes of the hormonal IUS were duration, convenience, reduced bleeding, effectiveness and few side effects.

With the exception of reduced bleeding, copper IUD and implant users reported similar benefits in LEAP studies.

*In Zambia, over 20% of women also reported discreetness & treatment of heavy and painful periods as positive attributes

**Benefits women would mention to others

***Benefits women would mention to others if they were to recommend the hormonal IUS

*Multiple responses possible
PERCEPTIONS OF REDUCED BLEEDING

KEY TAKEAWAY: Women experiencing reduced bleeding reported that it had a positive impact on their lives overall.

Self-reported impact of reduced bleeding on women’s lives*

*Among hormonal IUS acceptors who reported a lighter period, shorter period and/or no period

<table>
<thead>
<tr>
<th></th>
<th>Kenya</th>
<th>Zambia</th>
<th>Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varied (n=93)</td>
<td>63%</td>
<td>68%</td>
<td>51%</td>
</tr>
<tr>
<td>6-months (n=51)</td>
<td>24%</td>
<td>22%</td>
<td>46%</td>
</tr>
<tr>
<td>12-months (n=63)</td>
<td>13%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>19%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td>78%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Amount of menstrual products used after 6 months compared to before starting the hormonal IUS

Nigeria (n=243)
- Fewer products: 34%
- Same amount: 59%
- More products: 6%
- Different products: 1%

Zambia (n=119)
- Fewer products: 72%
- Same amount: 11%
- More products: 4%
- Different products: 12%

** Compared to 14-27% (Nigeria) and 43-54% (Zambia) for copper IUD and implant users

---

Positive impact
No impact
Negative impact

Kenya
Zambia
Nigeria

Self-reported impact of reduced bleeding on women’s lives*

Varied (n=93)
6-months (n=51)
12-months (n=63)
6-months (n=177)
12-months (n=124)

---

** Among hormonal IUS acceptors who reported a lighter period, shorter period and/or no period
KEY TAKEAWAY: Most women never considered removing their hormonal IUS during the first year of use.

Other than wanting a pregnancy, the main reason for removing the hormonal IUS in Nigeria was increased bleeding. Data from Nigeria and Zambia also show that several women removed their method due to bleeding disturbances.
QUESTION #4: WHAT ARE HEALTH CARE PROVIDERS' PERCEPTIONS OF THE HORMONAL IUS?

Thematic Areas
• Facilitators and barriers to method provision
• Perceptions of why users chose the method
In in-depth interviews with providers in Nigeria, what systems-level consideration did the majority of respondents cite as a current barrier to expanded provision of the hormonal IUS:

a) Procurement of consumables
b) Equipment wear and tear
c) Limited awareness of method among women
d) None of the above
**KEY TAKEAWAYS:** Providers interviewed in Nigeria appreciated therapeutic benefits of the method, especially reduction of heavy bleeding. Providers indicated being comfortable insertion and removal process. Lack of awareness among women was perceived as a key barrier.

<table>
<thead>
<tr>
<th>Facilitators</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider attitudes towards LNG-IUS</strong></td>
<td>• Initial spotting</td>
</tr>
<tr>
<td>• No heavy bleeding compared to copper IUD</td>
<td>• Dislike or fear of uterine placement among some clients</td>
</tr>
<tr>
<td>• Therapeutic benefits for fibroids, anemia and endometriosis</td>
<td>• Resistance to amenorrhea among some clients</td>
</tr>
<tr>
<td>• Treatment of menorrhagia</td>
<td>• Aversion toward hormonal contraception among some clients</td>
</tr>
<tr>
<td>• Reduced bleeding or amenorrhea</td>
<td>• Not suitable when active infections</td>
</tr>
<tr>
<td>• Few systemic side effects</td>
<td></td>
</tr>
<tr>
<td>• Reduced cramping compared to copper IUD</td>
<td></td>
</tr>
<tr>
<td><strong>Factors affecting quality of care</strong></td>
<td><strong>System-level considerations</strong></td>
</tr>
<tr>
<td>• No major challenges with insertion or removal</td>
<td>• Affordability of method (in programs charging little or nothing)</td>
</tr>
<tr>
<td>• Confidence in privacy arrangements</td>
<td>• Limited awareness of method</td>
</tr>
<tr>
<td>• Availability of equipment</td>
<td>• High price compared to other LARCs</td>
</tr>
<tr>
<td>• Confidence in infection prevention measures</td>
<td>• Limited availability of method</td>
</tr>
<tr>
<td><strong>In-depth interviews conducted in July 2018 with 20 providers across four states in 5 programs:</strong></td>
<td>• Staff and resource constraints to demand creation</td>
</tr>
<tr>
<td>• Society for Family Health, Marie Stopes International, Rotary, DKT and the University College Hospital Ibadan</td>
<td></td>
</tr>
</tbody>
</table>

Items in **bold** were cited in half of more of IDI respondents.
The health benefit that I said, **reduction in bleeding**, very, very good in correcting bleeding and **even anemia**, it even reduces the length of your menstrual cycle, if you are bleeding for 5 days, it reduces to 3 which is better, if you’re bleeding more, there’s tendency for anemia. So the health benefits really, really outpower the other ones like the copper T.

- Nigeria provider

They [need to] **increase the awareness** because...before you even finish your counselling even they will already tell you what they want....The awareness can only be greater a little bit in the clinic but when people see it outside, they believe it more. It is a very good method but people don’t seem to like it maybe because they are not adequately informed about it.

- Nigeria provider
Providers’ perceptions of reasons women choose hormonal IUS

<table>
<thead>
<tr>
<th>Reason</th>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire for fewer side effects</td>
<td>Informing women that hormonal IUS releases less hormone than other methods and localized to uterus eased concerns about side effects and using a hormonal method.</td>
</tr>
<tr>
<td>Desire for less bleeding</td>
<td>Desire to avoid discomfort, inconvenience, and disruption to their lives. Appeal of bleeding reductions came up more frequently in Kenya, but no mention of negative reactions to reduced bleeding in any FGDs.</td>
</tr>
<tr>
<td>Long-acting but shorter labeled duration than copper IUD</td>
<td>Women like that method is long-lasting but less duration than the copper IUD. Providers shared it can be challenging to overcome perception that Copper IUD is only for women who want 10 years protection and some women feel more comfortable with a method intended for removal within 5 years.</td>
</tr>
<tr>
<td>Convenience &amp; discreet use</td>
<td>Hormonal IUS appeals to women who desire fewer visits to a facility for convenience, cost-saving, or to hide that she is using contraception from her partner.</td>
</tr>
</tbody>
</table>

**KEY TAKEAWAYS:** Providers perceived that key reasons women chose the hormonal IUS included desire for fewer side effects, reduced bleeding, a method that was long-acting but shorter duration that copper IUD, and convenience. Low awareness among women noted as key barrier.

**Importance of generating awareness:**
A common theme across FGDs with providers was that many women are NOT willing to try a method they are hearing about for the first time. Providers appealed for more investments in demand creation.
Personally, as a user of [LNG-IUS], I have gone into amenorrhea and that is an advantage, the hormone level is okay, with me…. That is the reason why I choose [LNG-IUS]. So if you counsel, because with many women they tend to fear hormones so even when you counsel and tell them that it is a 5 year and it is hormonal, unless you elaborate further that it is a hormone that concentrates mostly in the uterus and very little can be released into the system, which will not affect [her], they will go for it.
- Kenya provider

And so you see even through the media we may not talk about [LNG-IUS] so much, but they talk about implant and [copper] IUCDs. So it’s like still a barrier because...the advocacy part of it is still not yet exhausted. Not everybody in the community already knows that there is hormonal and non-hormonal IUCD, so it’s still a challenge.
- Kenya provider
QUESTION #5: WHAT WOULD POTENTIAL DEMAND BE AMONG DIFFERENT GROUPS?

Thematic Areas

• Perceptions of the method among current non-users
• Interest among non-users in using now or in the future
## Market Research: Sample distribution

### Discovering
- **Nigeria**: n=126 (19%)  
- **Kenya**: n=97 (15%)  
- **Total**: n=223 (17%)

### Adjusting
- **Nigeria**: n=127 (19%)  
- **Kenya**: n=133 (20%)  
- **Total**: n=260 (20%)

### Balancing
- **Nigeria**: n=201 (31%)  
- **Kenya**: n=229 (35%)  
- **Total**: n=430 (33%)

### Maturing
- **Nigeria**: n=205 (31%)  
- **Kenya**: n=193 (30%)  
- **Total**: n=398 (30%)

**Total**  
- **Nigeria**: n=659  
- **Kenya**: n=652  
- **Total**: n=1,311

### Professionals

#### Doctor
- **Nigeria**: n=32 (30%)  
- **Kenya**: n=26 (22%)  
- **Total**: n=58 (26%)

#### Nurse
- **Nigeria**: n=35 (37%)  
- **Kenya**: n=47 (39%)  
- **Total**: n=82 (36%)

#### Midwife
- **Nigeria**: n=40 (33%)  
- **Kenya**: n=46 (39%)  
- **Total**: n=86 (38%)

**Total**  
- **Nigeria**: n=107  
- **Kenya**: n=119  
- **Total**: n=226
KEY TAKEAWAY: Initial impressions of the hormonal IUS are very positive, among both women and healthcare providers.

<table>
<thead>
<tr>
<th></th>
<th>Women=659</th>
<th>HCPs=107</th>
<th>Kenya Women=652</th>
<th>HCPs=119</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial reaction / Appeal of IUS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>5%</td>
<td>11%</td>
<td>31%</td>
<td>51%</td>
</tr>
<tr>
<td>HCP</td>
<td>1%</td>
<td>28%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td><strong>Perceived effectiveness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>3%</td>
<td>10%</td>
<td>29%</td>
<td>57%</td>
</tr>
<tr>
<td>HCP</td>
<td>5%</td>
<td>32%</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td><strong>Perceived safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>9%</td>
<td>30%</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>HCP</td>
<td>5%</td>
<td>41%</td>
<td>53%</td>
<td></td>
</tr>
</tbody>
</table>

C2/C3. Women: How positive or negative is your initial reaction to this product? HCP: How appealing do you find this product?

C5/C4. Considering everything you have just read about the product, how would you rate the effectiveness of this product at preventing pregnancy? Use a scale of 1 to 5 where 1 is ‘not at all effective’ and 5 is ‘very effective’

C6/C5. Considering everything you have just read about the product, how would you rate the safety of this product? Use a scale of 1 to 5 where 1 is ‘not at all safe’ and 5 is ‘very safe’

MARKET RESEARCH
KEY TAKEAWAY: Across all segments, ~3 in 4 women in Nigeria perceived the hormonal IUS to offer something noticeably different. More than half the women in Kenya also found it to have a unique offering.

**MARKET RESEARCH**

**Nigeria**

Women=659

- Discovering: 54%, Adjusting: 58%, Balancing: 55%, Maturing: 58%
  
- Discovering: 20%, Adjusting: 33%, Balancing: 26%, Maturing: 27%

**Kenya**

Women=652

- Discovering: 56%, Adjusting: 42%, Balancing: 46%, Maturing: 46%
  
- Discovering: 14%, Adjusting: 16%, Balancing: 12%, Maturing: 21%

**C4.** To what extent do you feel this product offers a different form of contraception/family planning, compared to the other options currently available?
Among women in Kenya and Nigeria who participated in the market research, what percentage said that they are interested in trying the hormonal IUS at some point?

a) 10-15%

b) 30-35%

c) 65-70%

d) 85-90%
KEY TAKEAWAYS: The level of interest in using the hormonal IUS is relatively consistent across life phase segments and countries. ~65-70% are interested in using the IUS at some point in the future.

MARKET RESEARCH

**Nigeria**

Women=659

- Discovering: n=126
  - Definitely want to use it: 38%
  - Probably want to use it: 44%
  - Might or might not want to use it: 13%
  - Probably not want to use it: 6%
  - Definitely not want to use it: 7%

- Adjusting: n=127
  - Definitely want to use it: 46%
  - Probably want to use it: 30%
  - Might or might not want to use it: 14%
  - Probably not want to use it: 5%
  - Definitely not want to use it: 6%

- Balancing: n=201
  - Definitely want to use it: 41%
  - Probably want to use it: 26%
  - Might or might not want to use it: 7%
  - Probably not want to use it: 9%
  - Definitely not want to use it: 9%

- Maturing: n=205
  - Definitely want to use it: 38%
  - Probably want to use it: 28%
  - Might or might not want to use it: 14%
  - Probably not want to use it: 7%
  - Definitely not want to use it: 6%

**Kenya**

Women=652

- Discovering: n=97
  - Definitely want to use it: 34%
  - Probably want to use it: 39%
  - Might or might not want to use it: 16%
  - Probably not want to use it: 5%
  - Definitely not want to use it: 6%

- Adjusting: n=133
  - Definitely want to use it: 26%
  - Probably want to use it: 42%
  - Might or might not want to use it: 17%
  - Probably not want to use it: 11%
  - Definitely not want to use it: 8%

- Balancing: n=229
  - Definitely want to use it: 25%
  - Probably want to use it: 33%
  - Might or might not want to use it: 15%
  - Probably not want to use it: 10%
  - Definitely not want to use it: 8%

- Maturing: n=193
  - Definitely want to use it: 37%
  - Probably want to use it: 33%
  - Might or might not want to use it: 18%
  - Probably not want to use it: 15%
  - Definitely not want to use it: 7%
The Expanding Effective Contraceptive Options (EECO) project, funded by USAID and led by WCG Cares, supports the introduction of new and underutilized contraceptive technologies, like the hormonal IUS. The project produces roadmaps for product introduction which can be used to scale up access to the products or expand introduction to additional countries. EECO introduced the IUS in Zambia, beginning in 2017, and in Madagascar in 2018.

The Support for International Family Planning and Health Organizations (SIFPO2) project, funded by USAID, seeks to strengthen the organizational capacity of PSI to deliver high-quality FP and other health services, and to increase the sustainability of country level programs. SIFPO2 introduced the hormonal IUS in Nigeria and Zimbabwe in 2017.

USAID’s flagship Maternal and Child Survival Program (MCSP) project focused on 25 high-priority countries with the ultimate goal of preventing child and maternal deaths. The Program introduced and supported high-impact, sustainable reproductive, maternal, newborn and child health (RMNCH) interventions in partnership with ministries of health and other partners. MCSP was a partnership led by Jhpiego, with Save the Children Federation, Inc., John Snow, Inc., ICF, Results for Development Institute, PATH, CORE Group and PSI as lead partners, and Broad Branch Associates, Johns Hopkins Bloomberg School of Public Health, Communications Initiative and Avenir Health as associate partners.

The Learning about Expanded Access and Potential (LEAP) initiative generates timely, actionable evidence to help determine if and how expanded access to the levonorgestrel intrauterine system could increase contraceptive use and continuation rates in sub-Saharan Africa. The initiative is generating evidence to better understand the potential demand for the hormonal IUS, experiences among users and providers, and continuation rates and cost-effectiveness compared with other long-acting contraceptive methods. FHI 360 is implementing the initiative and partnering with Population Services International (PSI), Society for Family Health Nigeria and Zambia, and WCG with support from the Bill & Melinda Gates Foundation.

And with thanks to Katie Williams, Megan Lydon, and Amanda Kalamar for their contributions to this presentation.
ICA FOUNDATION

Presented by Jim Sailer

June 2020
OVERVIEW

Partnership between Population Council, developer of Mirena, and Bayer, distributor of Mirena and LNG-IUS
THE ICA FOUNDATION HAS DELIVERED 152,505 LNG IUS TO 37 COUNTRIES
ACTIVE PROJECTS

15 projects in Africa
12 projects in Central & South America
4 projects in Caribbean
5 projects in Asia
<table>
<thead>
<tr>
<th>Network Organization</th>
<th># of Projects</th>
<th>Total # of Insertions</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPPF</td>
<td>8</td>
<td>1,507</td>
<td>Venezuela, Paraguay, Dominican Republic, Argentina, Mongolia, Sri Lanka, Curacao, Bolivia</td>
</tr>
<tr>
<td>psi</td>
<td>3</td>
<td>636</td>
<td>Nigeria, Zimbabwe, Haiti</td>
</tr>
<tr>
<td>Fundación ESAR</td>
<td>6</td>
<td>677</td>
<td>Colombia, Nicaragua, Paraguay, Guatemala, Argentina, Peru</td>
</tr>
<tr>
<td>Marie Stopes</td>
<td>4</td>
<td>213</td>
<td>Ethiopia, Timor-Leste, Nigeria, Zambia</td>
</tr>
<tr>
<td>Jhpiego</td>
<td>2</td>
<td>439</td>
<td>Kenya, Zambia</td>
</tr>
<tr>
<td>Americares</td>
<td>2</td>
<td>44</td>
<td>Cambodia, Afghanistan</td>
</tr>
<tr>
<td>International Rescue Committee</td>
<td>2</td>
<td>284</td>
<td>Chad, DRC</td>
</tr>
</tbody>
</table>
TOTAL DONATIONS PER YEAR

2005 – Present

Number of Units

Year


2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

21,290

2005 – Present

TOTAL DONATIONS PER YEAR

Number of Units

Year


2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

21,290

We are monitoring project health closely in response to COVID-19.

• In Brazil, there is wide variation in service changes by clinic, with some serving more patients than usual in response to concerns around pregnancy during COVID-19.

• In the Dominican Republic, the stay-at-home order has been difficult to enforce, as many do not have the means to support themselves from home. Due to very high demand, clinics reopened on April 20th.
We are monitoring project health closely in response to COVID-19.

• In Paraguay, insertions have slowed significantly since January.

• In Venezuela, COVID-19 adds to a complex humanitarian crisis of our population, especially for women, girls, and adolescents.
Impact RH360
Avibela® Update
Hormonal IUS Technical Consultation
June 24, 2020
Today, Avibela® is Approved in Four Countries and is Available in Clinics in Madagascar and Zambia

- **4 Approvals**
- **4 Approvals in Process**
- **7,800 Units Ordered since 2018**
- **4 Global Distribution Partners**
World Leader in Intra-Uterine Contraceptive Device
Journey so far

- After its supply in the international market through UNFPA in 1993, Pregna has so far supplied more than 100 Million IUDs in over 120 countries.
- Pregna is a major supplier of IUDs through Donors, SMO’s, NGO’s, MoH, Private Distributors
- Pregna has a wide presence in private / social market of about 60 countries through partners
- Current volume is between 8 to 10 Million pcs of IUD per annum. (Mainly Copper IUDs)
- Currently has 16 IUD Models to choose from.
- In 2013, Pregna launched Eloira - its Hormonal intrauterine contraceptive system, initially in India.
Pregna’s Vision

▪ The driving vision for the hormonal IUS is to supply a cost effective, high quality LARC solution. We believe that at the appropriate numbers, a highly cost effective IUS can be supplied without compromise on any user requirements.

▪ Make the product available in maximum geographical areas through local regulatory compliances and using the existing network of in-country partners.

▪ Pregna envisions to remain a leader in the field of IUDs and be a leading supplier for hormonal IUS

▪ Add Innovative Product enhancements and assisting devices to provide value and convenience for Providers.
Pregna’s Achievements

- Pregna’s IUS facilities has been successfully audited by
  - PICS country member organization
  - Other countries authorities falling in the category of semi-regulated Authorities but leaders in their respective regions
  - ISO 13485:2016
  - ISO 9001:2015
  - Customers as per EU GMP
# Country Registrations

<table>
<thead>
<tr>
<th>Status</th>
<th># of Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product is registered/ Import Permit received</td>
<td>14</td>
</tr>
<tr>
<td>Dossier has been submitted/provided to Partner for submission</td>
<td>20</td>
</tr>
<tr>
<td>Pregna has agreement with partner to commercialize the product and awaiting identification of regulatory requirements</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>

Out of 66 countries, 30 are from the FP2020 countries
The Hormonal IUS Access Portal

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

www.iusportal.org
# AGENDA – DAY 2 / SESSION 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>9:10-9:45</td>
<td><strong>Country Panel: Planning for phased roll-out of hormonal IUS</strong>&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><strong>Key sub-populations and the hormonal IUS</strong>&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><strong>Rapid review of service delivery tools and key resources</strong></td>
<td>Ashley Jackson, PSI/WCG</td>
</tr>
<tr>
<td>10:25-10:45</td>
<td><strong>Provision of LARCs in the era of COVID-19</strong>&lt;br&gt;• Questions / Discussions</td>
<td>Dr. Saad, Abdulmumin USAID&lt;br&gt;Dr. Gathari, Jhpiego/Kenya</td>
</tr>
<tr>
<td>10:55-11:00</td>
<td><strong>Closing</strong>&lt;br&gt;• Way forward including summary of next steps</td>
<td>Tabitha Sripipatana, USAID</td>
</tr>
</tbody>
</table>
Thank you!