

India e-FP Synthesis Brief #5

Topic: Introduction of New Contraceptives in India



Moving from Rhetoric to Action: Making the Case for the Introduction of New Contraceptives in India

The fifth India e-FP topic was the introduction of new contraceptives in India, and the topic was open for discussion from August 16 to August 31, 2012. Participants discussed the following questions:

1. Is India open to the introduction of a new contraceptive? Please explain.
2. Based on global evidence and the local context, what kinds of contraceptives should India adopt? What time frame?
3. How will new contraceptives affect total fertility rate (TFR) and contraceptive prevalence rate (CPR)?
4. What role can stakeholders like yourselves play in bringing new contraceptives to the public health sector in India (e.g., advocacy, technical assistance, capacity building, implementation support, programme research, human resources)? Please explain.

The resource people for this session were Dr. Bitra George, Country Director, and Dr. Shrabanti Sen, Director, PROGRESS, FHI 360/India.

Participants were actively engaged in this session. Their main points, and the resources shared, are listed below.

Background

- Female sterilization accounts for two-thirds of all contraceptive method use in India, where it is the most widely known method.
- Non-reversible methods predominate within the contraceptive method mix, and women know little about long-acting reversible methods. Many methods, including the intrauterine contraceptive device (IUCD), remain underutilized.
- The government's current focus is to promote birth-spacing methods and strengthen its existing basket of methods.

Challenges

- New contraceptives such as the injectable depot-medroxyprogesterone acetate (DMPA), female condoms and vaginal rings have been introduced in India over the last few decades. However, these contraceptives have not crossed into the public sector. The factors that enable public-sector inclusion of new contraceptives are complex.

- Progestin-only pills and injectables, which can also be used during the early postpartum period depending on the breast feeding status of a woman, are not getting the attention they deserve.
- The government of India is conservative about introducing new contraceptives.
- The public delivery system is neither client-friendly nor receptive to new contraceptives, and medical professionals lack updated knowledge on contraception.
- Skilled (that is, trained) providers are often unavailable, leading to limited access and availability of certain contraceptive methods.

Opportunities

- As India enters the second generation of the National Rural Health Mission (NRHM) and embraces new formats of universal health coverage and managed health care, opportunities will be available for the addition of new contraceptives.
- Demand for contraception will likely increase in India, as much of the Indian population is young and the number of women of reproductive age is expected to increase. Contraceptive need is also expected to rise, as an increasing number of couples would like smaller families. Adding any additional contraceptive to the national programme will boost CPR by at least 2 to 3 percent per year and address unmet need.
- The immediate objective of India's National Population Policy 2000 is to address the unmet need for contraception to achieve the medium-term objective of bringing the TFR to the replacement level of 2.1 by 2010. This will also help achieve the long-term goal of population stabilization by 2045.
- As part of the Fertility Awareness-based Methods Project, the Standard Days Method (SDM) and the lactational amenorrhea method (LAM) have been integrated into the government of Jharkhand's family planning (FP) programme. This implies that the public sector is open to new, effective contraceptive methods.
- Access to quality FP not only is a human right but also is critical to individual and family health and well-being and to the country's economic development. In addition, expanding method choices is one of the critical elements of quality of care.
- Global evidence is available on the safety and usefulness of including injectables and implants in India's basket of contraceptive choices.
- The government is conducting pilot studies of injectables in selected districts. If these studies are successful, introducing the method into the public sector may be possible.
- Phase III trials on new methods like reversible inhibition of sperm under guidance (RISUG) have been under way since 2002.

Recommendations on Method Mix

- Although no method mix is perfect, programmes should offer a reasonable mix that includes long-acting and short-acting methods, client-controlled and provider-initiated methods, and natural and clinical methods.
- User-directed and clinical methods should be equally endorsed, keeping in mind issues of access, fear of side effects and limited male involvement in FP.
- Injectables, implants, SDM and LAM could be introduced into the national public sector in the next one to two years.
- Sino-implant (II), vaginal rings and diaphragms could be added to the public sector's basket of choices in a phased manner within the next five years.
- Postpartum and post-abortion contraceptives should be introduced. A national policy on post-abortion contraception should also be developed.
- The availability and accessibility of female condoms should be expanded.
- Contraceptive choices that are knowledge-based or require self-administration and that can be offered by community based health workers could improve access and adoption of new methods.
- Variations within existing contraceptive methods need to be explored (e.g., different oral contraceptive pill combinations to reach women at different life stages).

Recommendations on Approach

- A multipronged approach to FP services is needed to increase the basket of choices with methods such as injectables, implants, progestin-only pills and SDM; build the capacity of providers to address myths, misconceptions and biases and to address universal availability and accessibility of the basket of options; use simple messages to create awareness about FP and contraceptives; and mobilise communities.
- A health systems approach should be used to introduce new contraceptives. This would include strengthening the existing FP service delivery system and building the capacity of health care providers and managers of the supply chain.
- Evidence-based advocacy, including the development and use of data-driven advocacy materials, should be used to work with various government departments and parliamentarians.
- Two or three years may be needed for new regulatory frameworks, products and services to reach service delivery points.
- Existing contraceptives, delivery mechanisms and client counselling should be strengthened before a new contraceptive is introduced.

- Policy-makers should prioritise and fast-track the introduction of new and effective reversible contraceptive methods.
- FP needs should be viewed from a non-clinical perspective with more informed choice and more gender equality.
- A strategy for introducing new contraceptives should involve advocacy with political and technical leadership; inclusion in pre-service and in-service curricula; integration in budgets and in procurement, logistics and reporting systems; training of huge cadres of providers at different levels; and FP viewed as an issue of health and human rights.
- The process of registering products like vaginal rings and diaphragms should be simplified.
- The introduction of new contraceptives should be supported by sound strategies to increase availability, accessibility and acceptability of the methods.
- Access to long-acting reversible contraception such as intrauterine systems (IUSs), IUCDs, implants and, in the future, longer-acting vaginal rings and injectables should be improved. This would reduce unintended pregnancies, reduce unsafe abortions and substantially improve infant health.
- Adding a new method to the contraceptive basket or focusing solely on the technical aspects of the method will not increase its use. Use of the method will depend on the ability of the service delivery system to provide adequate quality of care, which includes system readiness and incorporates the user's perceptions and demand for the method and services.
- A new method should be introduced with the aim of improving the quality of care for all available methods, including emergency contraception. This would help address unmet need, increase CPR, decrease TFR and help improve maternal and neonatal health.
- Service delivery should be consolidated and management of the contraceptive supply chain should be strengthened.
- Equal attention needs to be placed on addressing underserved groups of adolescents, young women, unmarried girls and women requiring post-abortion contraception.

Male participation in FP, including joint decision-making and adoption of male contraceptives, should be promoted.

Recommendations on Involving Civil Society

- The Indian Medical Association should organise a re-orientation programme for medical professionals to improve their knowledge on contraception.
- The package of universal health coverage should include all contraceptives in the essential primary reproductive health care package. This could be done by marshalling necessary evidence in favour of including newer contraceptives. Organisations could provide support for implementation and programme research.

- Strengthen service delivery components by training providers and ensuring quality of services. Awareness about the new contraceptives could be created by exploring all demand-generation platforms and addressing the concerns of the target audience.
- Strengthen linkages with various government institutions to encourage policy dialogue.
- Build an enabling environment by sensitising the government counterparts and using evidence to advocate for policy changes.
- Systematically design operations research to study the acceptability of new contraceptives in relation to the sociocultural environment and prevalent societal norms.
- Develop evidence-based advocacy materials.
- Advocate with parliamentarians.
- Evaluate policy options and improve policy implementation.

Need for Stakeholder Engagement in Advocacy Efforts

Stakeholder	Issues for Discussion
Indian Council of Medical Research (ICMR)	<ul style="list-style-type: none"> • Outcome of Phase III clinical trials of single-rod implants • Existence of technical advisory group on implants and their recommendations • Is ICMR conducting clinical trials on vaginal rings and diaphragms?
Drug Controller General of India (DCGI)	<ul style="list-style-type: none"> • DCGI's regulatory mechanisms for introducing a new contraceptive • Status of registration of implants and its introduction
Funders	<ul style="list-style-type: none"> • Clarity on role of funders in introducing new contraceptives • Information on outcome of previous meetings on new contraceptives
Family Planning Division, Government of India	<ul style="list-style-type: none"> • Government strategy to address unmet need • Government plans to address challenges in introducing methods in the public sector
Federation of Obstetric and Gynaecological Societies of India (FOGSI)	<ul style="list-style-type: none"> • FOGSI role in creating awareness on technical aspects of new contraceptives • FOGSI role in providing information on acceptability, side effects and myths of new contraceptives • World Health Organization medical eligibility criteria

Key Roles for FP Stakeholders in Bringing New Contraceptives to Public Sector

- Advocacy
 - Foster linkages with national level government and quasi-governmental institutions that have the mandate to work on family planning and bring them within the larger dialogue on increasing the basket of contraceptives.
 - Share research findings and develop advocacy materials such as briefing notes, PowerPoint presentations etc. for evidence-based advocacy.
 - Organise political commitment by facilitating linkages with Parliamentarians.
 - Build an enabling environment by sensitizing the government counterparts and advocating for policy changes.
 - Collaborate with public and private sector partners to ensure evidence-based program design and implementation, and promote sharing and replication of global best practises to improve access, choice and quality in family planning services.
 - Advocate for increasing women's access for services and post-abortion contraception, and strengthening services for young people.

- Technical Assistance
 - Create awareness about new contraceptives by exploring demand generation platforms and addressing the concerns of the target audience.
 - Provide TA and implementation support to states and MoHFW to engage private sector players to increase equity and quality of services.
 - Provide a broader systems perspective to the implementation of cost-effective and scalable options, to ultimately strengthen service delivery, quality assurance, knowledge sharing and client satisfaction.
 - Use scale-up models to introduce interventions that have the potential of being sustainable and expanded.
 - Provide TA on engaging men in family planning.

- Capacity Building
 - Work with the government at the national and state level to strengthen training as well as service delivery efforts on new contraceptive methods.
 - Build institutional capacity of several national level organizations such as the National Institute of Health and Family Welfare, National Institute of Medical Statistics, National Population Stabilization Fund, etc. to increase capacity for evidenced-based advocacy for improving the quality of FP services and increasing access through expanded contraceptive choices.

- Implementation Support
 - Provide post-training support to make sure services are institutionalized and internalized by critical mass of providers.
 - Provide support and TA for implementation, monitoring and evaluation to ensure quality of processes and services.
 - Support the government by providing TA to FP counselors that are part of the national program.

- Program Research
 - Design operational research to study the acceptability of new contraceptives in relation to the sociocultural milieu and the prevalent societal norms.
 - Facilitate the evaluation of various policy options and provide guidance for improved policy implementation using policy models of health policies and programs.

Key Resources

1. [Making Decisions about Contraceptive Introduction: A Guide for Conducting Assessments to Broaden Contraceptive Choice and Improve Quality of Care](#) (WHO, 2002)
2. [Combined Vaginal Ring, Chapter 7, Family Planning: A Global Handbook for Providers](#) (Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and WHO, 2011)
3. [Spermicides and Diaphragms, Chapter 15, Family Planning: A Global Handbook for Providers](#) (Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and WHO, 2011)
4. [Essential Knowledge about LNG-IUS: IUD Toolkit](#) (K4Health)
5. [Essential Knowledge about Hormonal Implants: Implants Toolkit](#) (K4Health)
6. [Introduction of the Intrauterine Contraceptive Device 375 in India: Positive Assessment Findings Help Guide National Scale Up](#) (FHI 360, 2012)
7. [Future Trends in Contraceptive Prevalence and Method Mix in the Developing World](#) by Bongaarts and Johansson (Studies in Family Planning 2002)
8. [A New Look at an Old Method: The Diaphragm](#) (Perspectives on Sexual and Reproductive Health, 2004)
9. [SILCS Diaphragm: Fact Sheet \(PATH, 2012\)](#)
10. [Contraceptive Implant: Product Brief](#) (Reproductive Health Supplies Coalition, 2012)
11. [Review of the Combined Contraceptive Vaginal Ring, NuvaRing](#) (Therapeutics and Clinical Risk Management, 2008)



India e-FP is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). Financial assistance was provided by USAID to FHI 360 under the cooperative agreement, Program Research for Strengthening Services (PROGRESS). The content is the responsibility of FHI 360 and does not necessarily reflect the views of USAID or the U.S. Government. While the content is managed by FHI 360, individual postings on the e-Forum represent the views of the authors and not necessarily the views of FHI 360.