

# EVIDENCE BRIEF

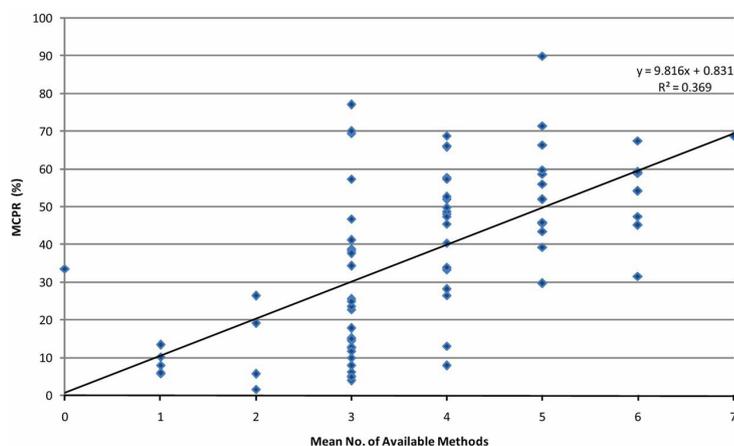
## Expanding contraceptive choice

→ “New innovations in contraceptive technology are needed to expand the number of methods available to women and adolescents so they can take charge of their health and their futures.”

—Chris Elias, President of Global Development Programs at the Bill & Melinda Gates Foundation

Expanding contraceptive options for voluntary family planning is critical for several reasons. First, individuals have different needs for pregnancy prevention depending on their personal and family context, and needs may vary throughout the reproductive lifecycle. Second, some women discontinue contraceptive use even though they want to avoid pregnancy (1,2); these women account for nearly two-fifths (38%) of those with unmet need (3). Having a wide choice of contraceptives will meet the needs of some discontinuers if they have the option of switching; broadened method availability can reduce contraceptive discontinuation by 8 percent (3). Third, three-fifths of women (62%) with unmet need have never used contraception (3), and a wider range of options may lead some of these women to become users. For example, increasing availability of one new method can increase contraceptive prevalence by 8 percentage points (4). Finally, some users will have a need for contraceptives that provide protection against pregnancy and sexually transmitted infections including HIV.

**Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009**



### POLICY AND PROGRAM CONSIDERATIONS

Establish and maintain well-functioning supply chains for an expanded choice of contraceptives:

- **Introduce new contraceptive technologies** to satisfy the diverse preferences of women and their partners.
- **Overcome access barriers to existing methods** such as adverse economic and social circumstances, including gender norms.
- **Maximize the potential of expanded contraceptive choice** by ensuring a robust supply chain and improving provider training and counselling.

## CURRENT METHODS OF CONTRACEPTION

Method	Gender		Hormonal		Provider dependent	
	Female	Male	Yes	No	Yes	No
<b>Short-acting contraceptives</b>						
Male condom		X		X		X
Female condom	X			X		X
Injectables (DMPA subQ in Uniject)	X		X			X
Injectables (other)	X		X		X	
Pills	X		X			X
Vaginal rings	X		X			X
Diaphragm	X			X		X
<b>Long-acting reversible contraceptives (LARCs)</b>						
Implants	X		X		X	
IUD – hormonal	X		X		X	
IUD – copper	X			X	X	
<b>Permanent contraception</b>						
Tubal ligation	X			X	X	
Vasectomy		X		X	X	

## CONSIDERATIONS FOR EXPANDING CONTRACEPTIVE CHOICE

### → STRATEGIES TO EXPAND CONTRACEPTIVE OPTIONS

Proven strategies to expand contraceptive options include introducing new contraceptive technologies, expanding access to existing methods, and expanding the provider base.

#### Introduce new contraceptive technologies

New contraceptive technologies have been developed to satisfy the diverse preferences of women and their partners and to overcome the challenges of providing some methods in low-resource settings. For example, DMPA subQ in Uniject (Sayana Press) can be provided by grassroots health cadres and by users themselves, thus reducing reliance on healthcare systems (5,6). Other new product categories are vaginal rings that women can insert themselves, with potential supply outlets ranging from drug stores to tertiary-level facilities with potential economies for users and health systems. (7,8). The LNG intrauterine system and emerging technologies such as a biodegradable implant, longer-lasting injectables, microCHIPS remote-controlled contraceptives and multipurpose prevention technologies (MPTs) for contraception and HIV and/or STI prevention hold the promise of an even wider choice of methods. More affordable, safer and simpler permanent contraceptive options for women and men should also be considered, given that about half of current unmet need is for limiting.

#### Expand access to existing methods

Overcome barriers to existing methods such as policy, geography and adverse economic and social circumstances including gender norms. For example, inclusion of a known contraceptive in a national programme is feasible, as observed from the experience of including implants. Furthermore, uptake and use of implants increased dramatically with mobile outreach (9) and price reductions accompanied by volume guarantees by donors (10). Similarly, socio-cultural barriers to providing services to adolescents can be overcome in many ways including via sexuality education, gender sensitivity, adolescent-friendly services, and a variety of service outlets (11).

#### Expand provider base

Task-shifting or task-sharing is the redistribution of contraceptive counselling and service provision among different health worker cadres. For example, enabling community health workers (CHWs) to provide injectables and implants has expanded access to and increased use of both methods in many countries (12,13,14). Expanding provision to drug store and pharmacy staff has increased access to oral contraceptive pills including those for emergency contraception, and injectables especially for underserved populations (15). Increasing the variety of providers allows users to choose convenient and accessible service delivery points.

## → MAXIMIZING THE POTENTIAL OF EXPANDING CONTRACEPTIVE OPTIONS

The following actions are essential to ensuring that these strategies are successful and lead to greater contraceptive access, uptake and continuation:

### Ensure a robust supply chain

Ensuring availability of contraceptive supplies at points of care close to clients is essential. Robust supply chains that eliminate stock-outs and engage multiple manufacturers to ensure high-quality, low-cost contraceptive products are critical for uptake and continuation (16).

### Improve provider training and counselling

Providers should be trained in client-oriented service provision for a range of methods. For example, counselling of clients in both clinical and community settings is feasible (17,18). Comprehensive and accurate counselling allows clients to learn more about contraceptive options including switching (19). Users can then choose a contraceptive that best suits their need, and switch methods if they desire to do so.

### Generate demand

Even with a well-informed provider base, an expanded method mix can only reach its full potential with continued demand from users. FP programme experience suggests that demand generation through media campaigns and mobile services can increase contraceptive use and intention to use modern contraceptives by improving community and individual knowledge and attitudes and promoting partner communications (20). Satisfied contraceptive users who speak to others about their experience are highly effective in generating effective demand and changing social norms related to family planning (20).

## ACHIEVING FP2020 GOALS AND BEYOND

Expanding the range of contraceptive options helps individuals to make choices appropriate to their needs and circumstances, allows them to switch from one method to another if desired, and reflects a programme focus on quality and rights.

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This is one of seven Family Planning Evidence Briefs prepared for the Family Planning Summit held in London on July 11, 2017. The briefs highlight evidence and provide research and programme considerations for improving access to family planning and reducing unintended pregnancy. Programme considerations are based on the expert views of the authors, who undertook desk reviews drawing on existing evidence.

#### Family Planning Evidence Briefs

- Accelerating uptake of voluntary, rights-based family planning in developing countries (*overview*)
- Ensuring adequate financing of family planning commodities and services
- Reducing early and unintended pregnancies among adolescents
- Improving family planning service delivery in humanitarian crises
- Ensuring contraceptive security through effective supply chains
- Expanding contraceptive choice
- Partnering with the private sector to strengthen provision of contraception

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