

Expanding access to injectable contraceptives

Background

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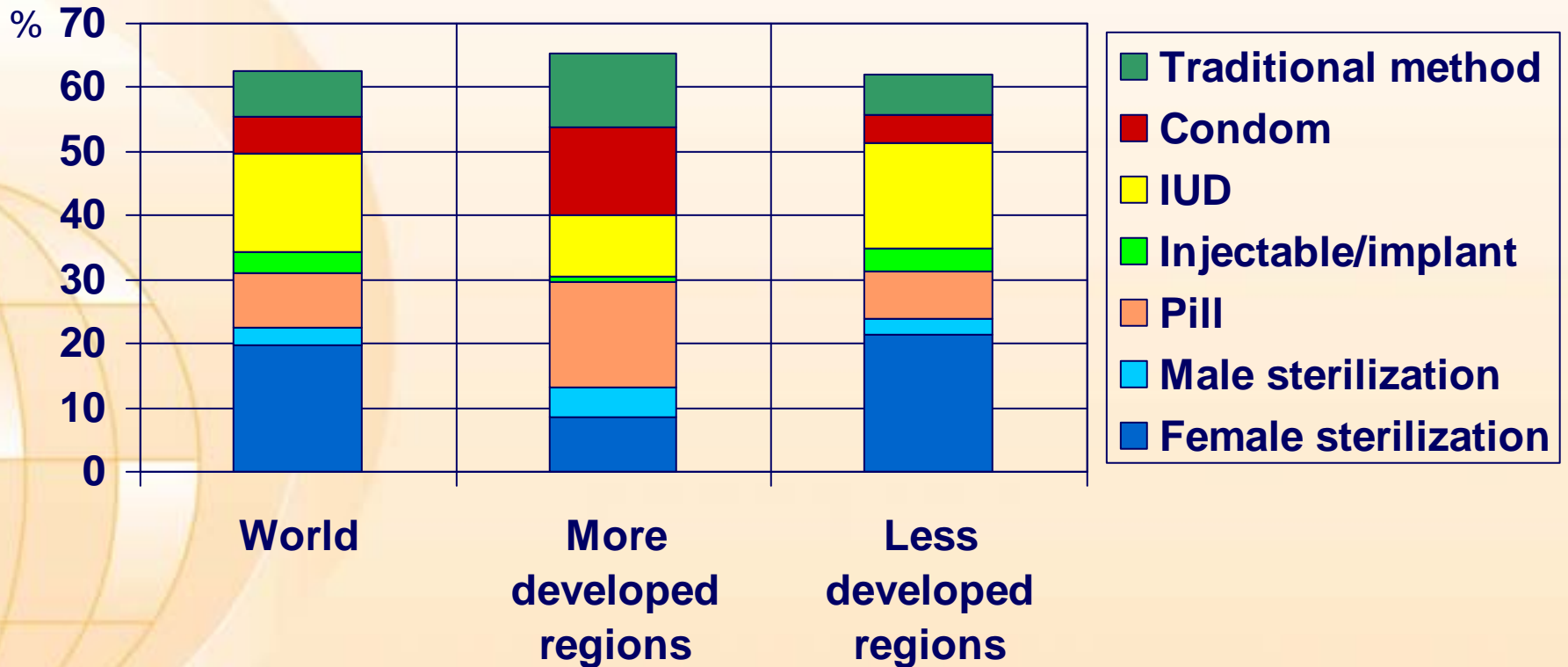


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Contraceptive prevalence by method: world and development groups



Source: UN, World Contraceptive Use 2007



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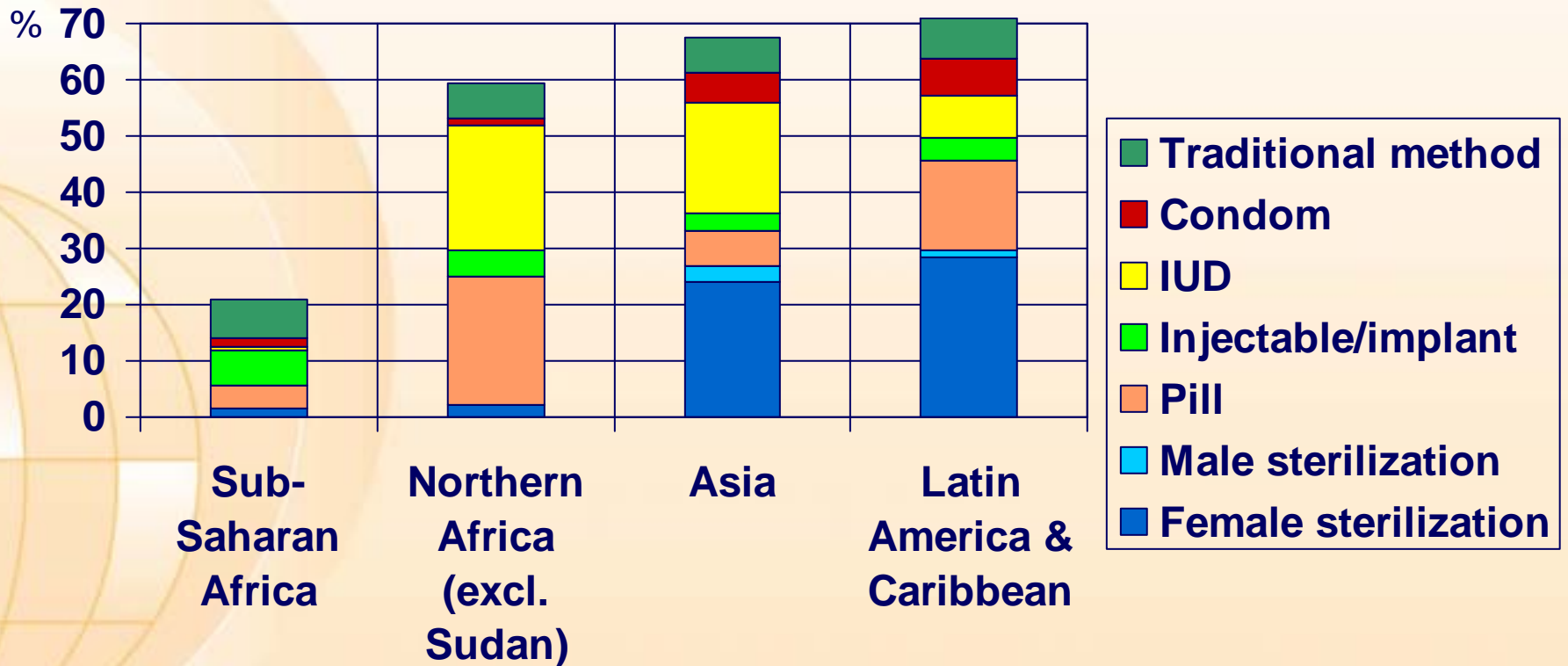


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Contraceptive prevalence by method and by region



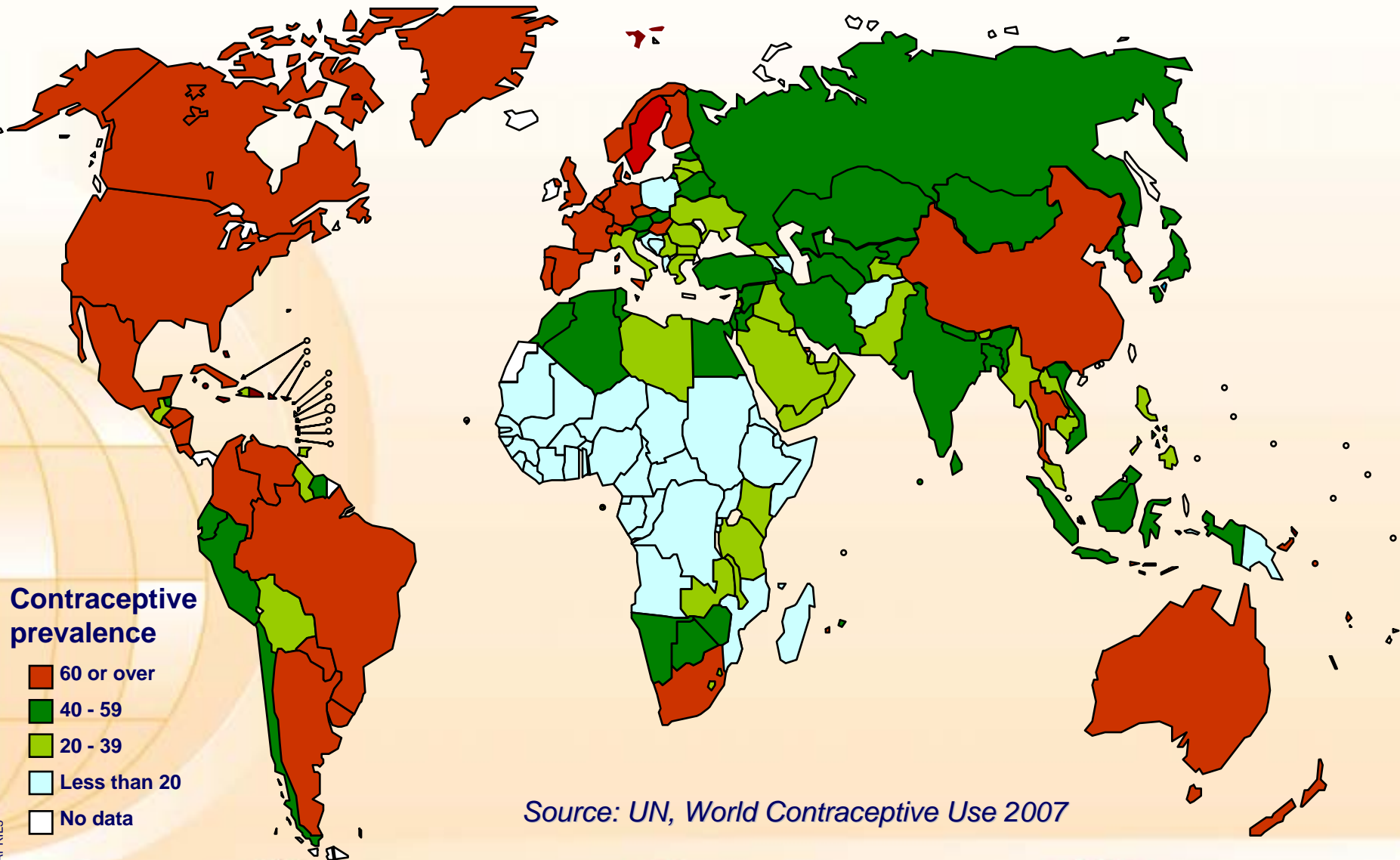
Source: UN, World Contraceptive Use 2007

Number of injectable users worldwide

- Over 35 million women use injectables for contraception (*UN Population Division, 2007*)
- Tentative estimates:
 - 28 million use DMPA (*13 million, 10 years ago*)
 - 6 million use once-a-month injectables
 - Less than 1 million use NET-EN



Contraceptive prevalence by country: modern methods

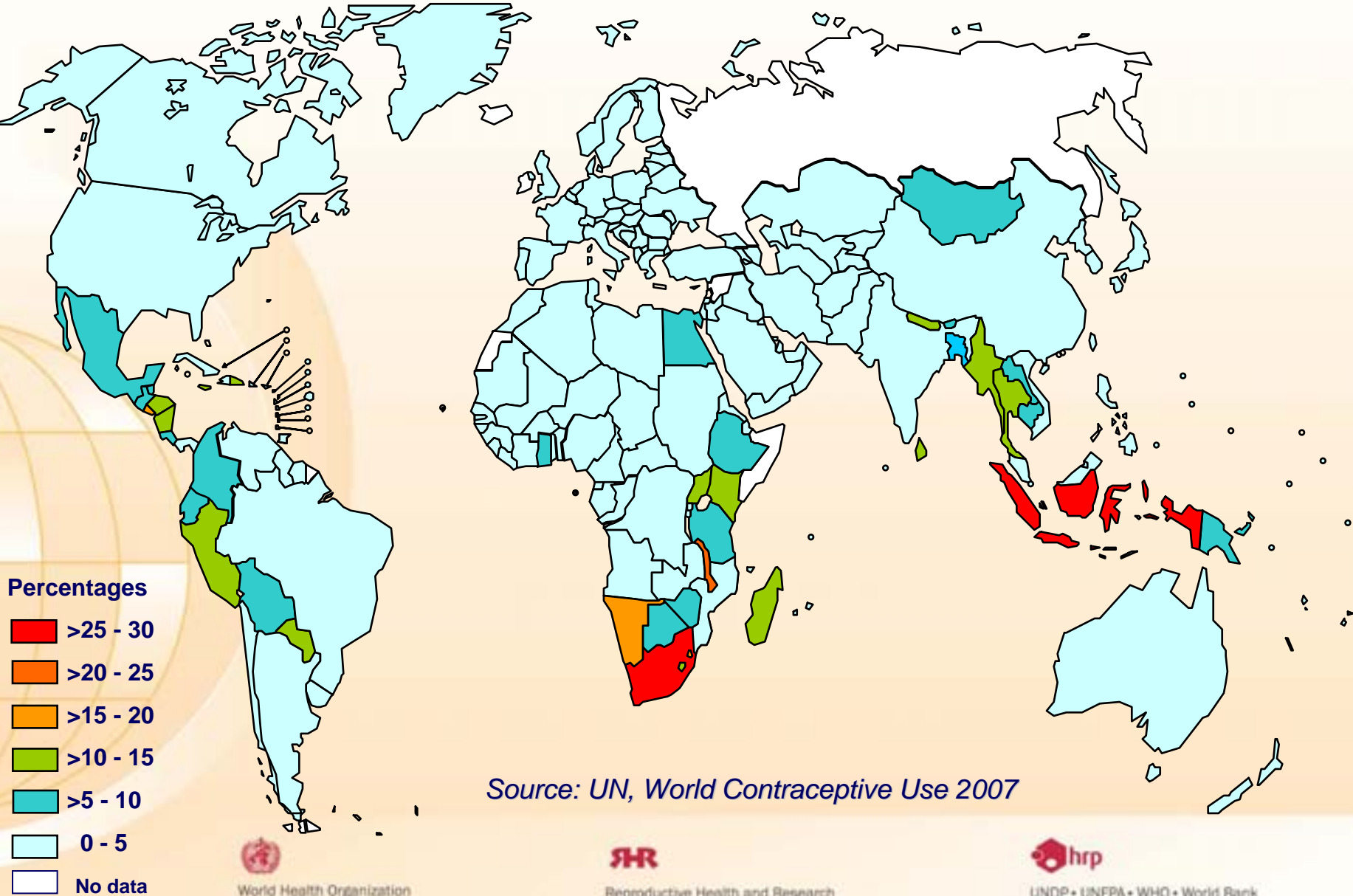


Contraceptive prevalence

- 60 or over
- 40 - 59
- 20 - 39
- Less than 20
- No data

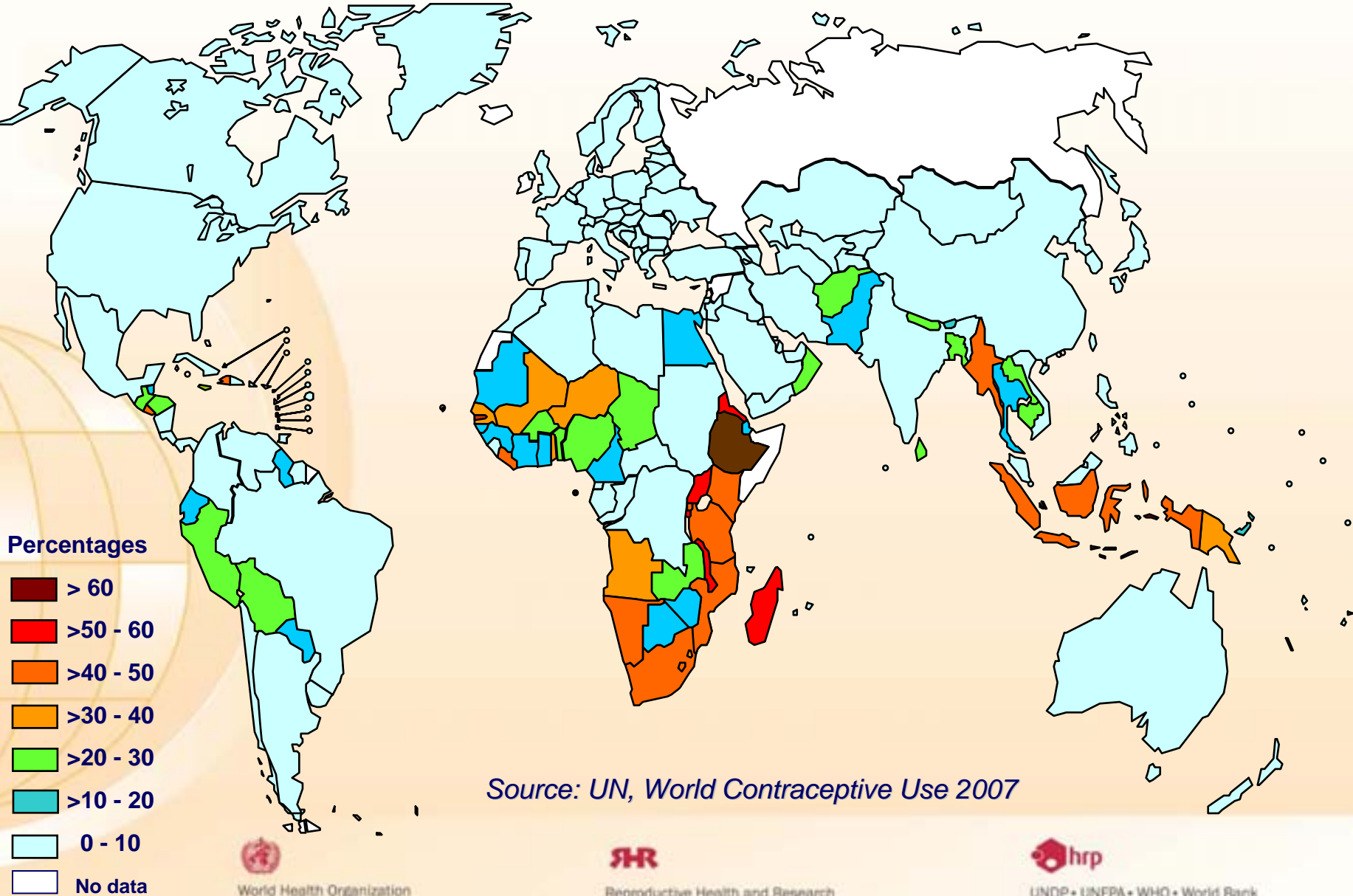
Source: UN, World Contraceptive Use 2007

Prevalence of injectable contraceptive use among women aged 15-49, married or in union, 2007



Source: UN, World Contraceptive Use 2007

Injectable contraceptive use as % of modern method use among women aged 15-49, married or in union, 2007



What influences use of injectables ?

- Women's acceptability: knowledge / misinformation on benefits and side-effects, position of women's groups
- Clinicians' perspectives: perception, experience, champions
- Method availability: method choice, cost, reimbursement scheme, access to services, regulatory bodies, manufacturers' marketing strategies, legal environment, foreign aid



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Injectable contraceptive preparations

- **Progestogen-only**

- DMPA 150mg, IM every 3 months
- Depo subQ 104mg, SC every 3 months
- NET-EN 200mg, IM every 2 months

- **Combined estrogen-progestogen**

- DMPA 25mg + E2 cypionate 5mg, IM 1/month
- NET-EN 50mg + E2 valerate 5mg, IM 1/month
- Dihydroxyprogesterone acetophenide 150mg + E2 enanthate 10mg (or half-dose), IM 1/month
- 17 α -hydroxyprogesterone caproate 250mg + E2 valerate 5mg IM, 2 inj first month, then 1/month



Injectable contraceptives

- **Highly effective** – if used per schedule
 - 8 different methods with 4 different injection schedules
- **Safe in healthy women**
 - Exclude pregnancy
 - Measure BP (*DMPA use doubles risk of stroke in hypertensive women*)
 - Temporary contraindications
 - during early postpartum when risk of VTE is increased (avoid combined methods during first three weeks postpartum)
 - while breast-feeding (delay DMPA until 6 weeks postpartum, combined injectables until 6 months postpartum)
 - Counselling for side-effects: vaginal bleeding, weight changes, delay in return to fertility



Injectable contraceptives

- **Contraindicated in women with chronic conditions**
 - Cardio-vascular disease
 - Ischemic heart disease
 - Stroke
 - DVT/PE
 - Migraine headaches
 - Diabetic vascular disease (nephropathy, retinopathy)
 - Breast cancer (current or past)
 - Liver diseases (severe cirrhosis, hepatocellular adenomas, hepatomas)
- **Contraindicated in women with multiple risk factors for cardio-vascular disease** (over 35 y/o and smoking, diabetes, hypertension)



How frequent are these conditions among women of reproductive age ?



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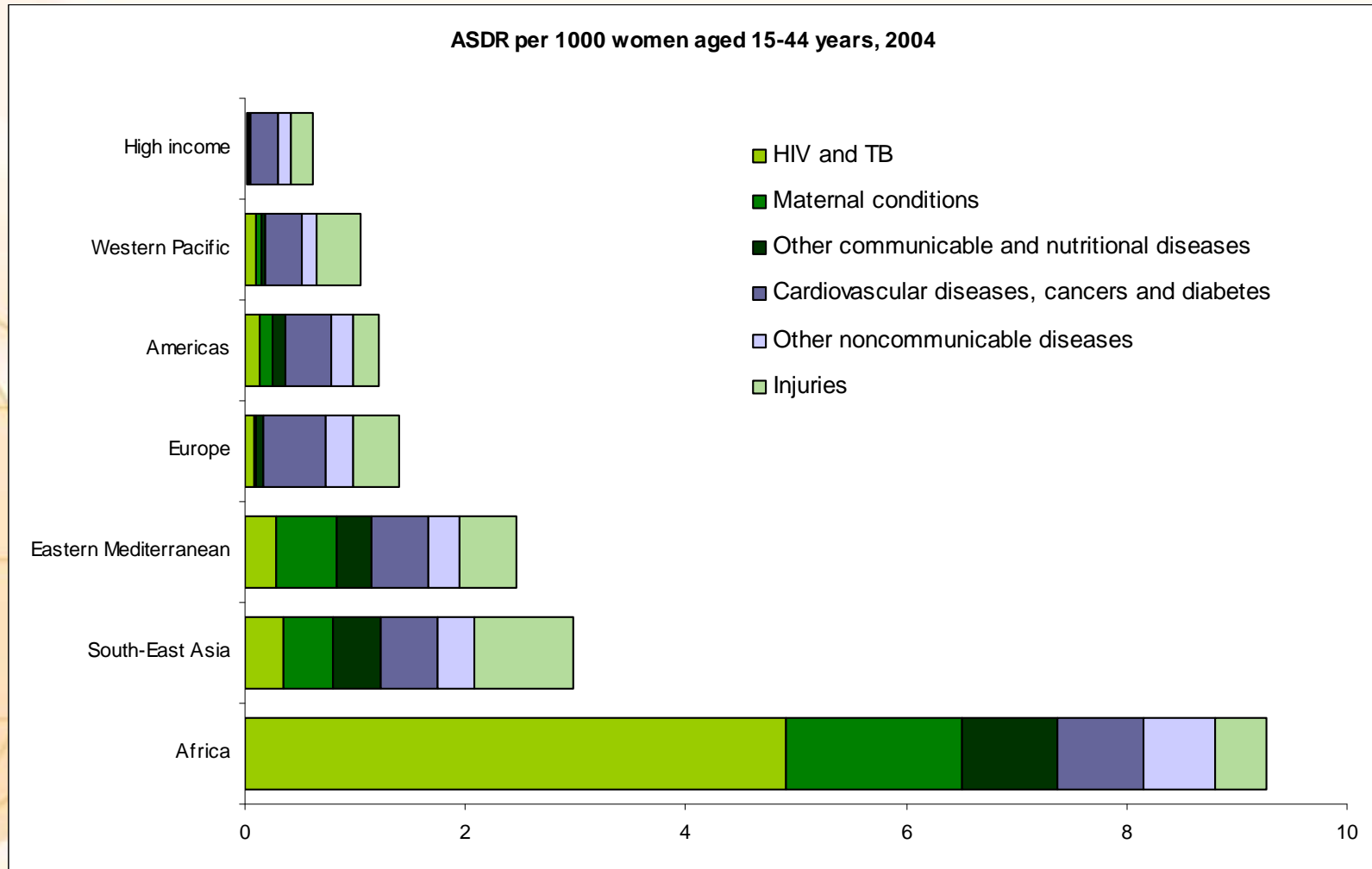


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Age-standardized mortality rate, ages 15-44, by region and broad cause group



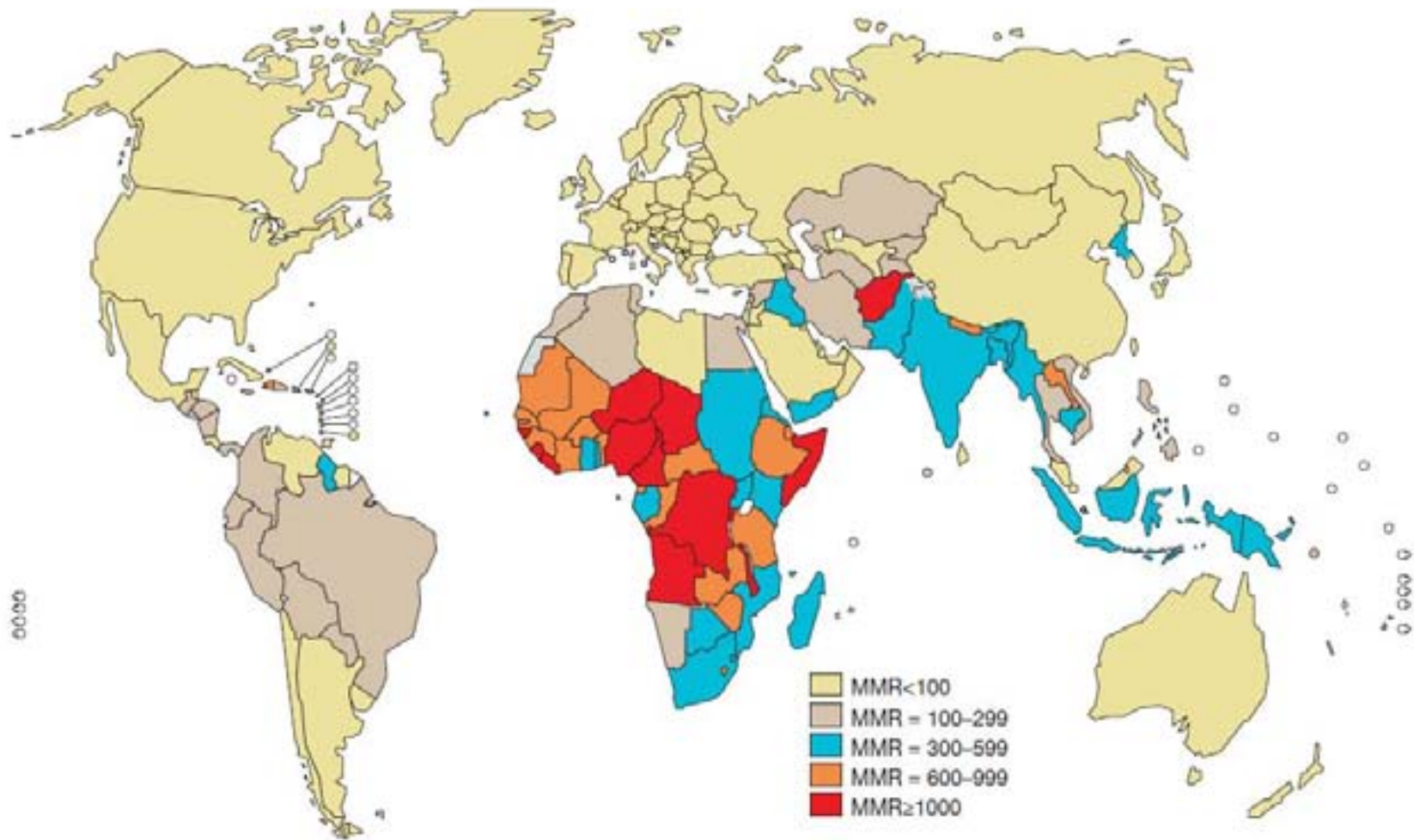
Ten leading causes of death in women aged 15-44 years by country income group, 2004

World				Low income countries			
Rank	Cause	Deaths (000s)	Percent	Rank	Cause	Deaths (000s)	Percent
1	HIV/AIDS	682	19.2	1	HIV/AIDS	494	22.3
2	Maternal conditions	516	14.6	2	Maternal conditions	434	19.5
3	Tuberculosis	228	6.4	3	Tuberculosis	161	7.3
4	Self-inflicted injuries	168	4.7	4	Lower respiratory infections	94	4.3
5	Road traffic accidents	132	3.7	5	Fires	89	4.0
6	Lower respiratory infections	121	3.4	6	Self-inflicted injuries	80	3.6
7	Ischaemic heart disease	104	2.9	7	Ischaemic heart disease	64	2.9
8	Fires	101	2.9	8	Road traffic accidents	40	1.8
9	Stroke	77	2.2	9	Stroke	32	1.5
10	Violence	61	1.7	10	Diarrhoeal diseases	30	1.3

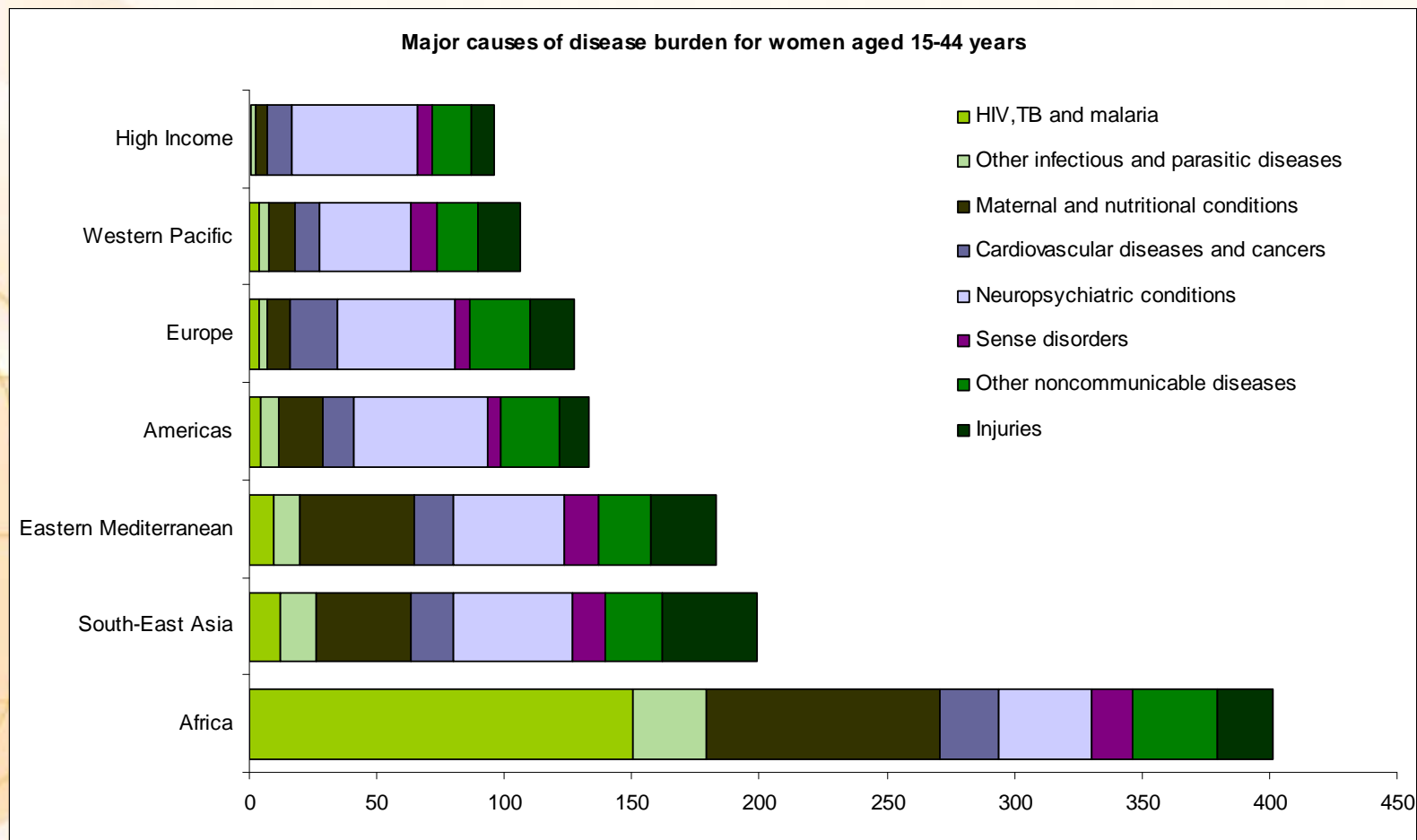
Middle income countries				High income countries			
Rank	Cause	Deaths (000s)	Percent	Rank	Cause	Deaths (000s)	Percent
1	HIV/AIDS	183	15.4	1	Road traffic accidents	14	10.2
2	Maternal conditions	81	6.8	2	Self-inflicted injuries	13	9.8
3	Road traffic accidents	78	6.6	3	Breast cancer	11	7.9
4	Self-inflicted injuries	75	6.3	4	Poisonings	5	3.8
5	Tuberculosis	66	5.6	5	Stroke	5	3.6
6	Stroke	40	3.4	6	Ischaemic heart disease	4	3.2
7	Ischaemic heart disease	36	3.0	7	Violence	4	2.9
8	Breast cancer	31	2.6	8	HIV/AIDS	3	2.6
9	Violence	28	2.4	9	Trachea, bronchus and lung cancers	3	2.5
10	Lower respiratory infections	25	2.1	10	Cirrhosis of the liver	3	2.4

Maternal mortality ratios 2005

(maternal deaths per 100,000 live births)



Age-standardized rate of DALYs, ages 15-44, by region and broad cause group.



Provision of injectables by community health workers needs special attention

- Counselling for side-effects (vaginal bleeding disturbances, amenorrhea, weight gain, delay in return of fertility)
- Screening of women with pre-existing conditions or on medications
- Possibility of pregnancy
- Safe injection technique – for client and for provider
- Possibility of confusion between different injectables (stock-outs, public and private sectors)

