

Long-Acting and Permanent Methods Community of Practice Research Working Group: Linking Practice to Research

Meeting Highlights



Washington, D.C.
March 18, 2010



I. Purpose of the LA/PM Research Working Group and Meeting Objectives

The Long-Acting and Permanent Methods Community of Practice (LA/PM CoP) was formed in 2009 to engage interested collaborators in a process of collective learning and knowledge-sharing in the domain of family planning (especially LA/PMs). The LA/PM CoP's primary purposes are as follows:

- To serve as a regular venue for the exchange of LA/PM-related learning and experience among key organizations and U.S. Agency for International Development (USAID)-funded projects involved in LA/PM service delivery, research, training, and other aspects of family planning programs
- To conduct technical consultations to advance issues of interest to the CoP
- To convene working groups on special topics to share lessons learned, compile promising practices, and identify gaps requiring data analysis and research to inform the programmatic agenda and strategies to revitalize LA/PMs as a group or individual LA/PMs

Under the auspices of the LA/PM CoP, the RESPOND Project and USAID hosted the *LA/PM Research Working Group: Linking Practice to Research* meeting on March 18, 2010, for community members. The meeting [agenda](#) was to exchange current LA/PM research findings with high potential for being incorporated into family planning programs and to garner consensus for the structure, purpose, and potential outputs of the LA/PM Research Working Group (RWG). Technical presentations and plenary discussion featured:

- Emily Sonneveldt, Senior Associate, Futures Institute, who presented findings from a secondary analysis of key LA/PM variables from Demographic and Health Survey (DHS) data sets in USAID Office of Population and Reproductive Health priority countries
- Saumya RamaRao, Senior Associate, Population Council, who discussed long-acting family planning methods and programming implications
- Ndugga Baker Maggwa, Director of the PROGRESS Project, FHI, who discussed permanent family planning methods and implications for programming

Approximately 40 [participants](#) from 15 organizations in the nonprofit, governmental, and private sectors attended this meeting. This report highlights the key messages delivered by the presenters and presents a synthesis of plenary discussions. (The agenda and links to PowerPoint presentations and handouts, when available, are embedded in the electronic version of this document so that community members can learn more.)

II. Setting the Stage



The cochairs of the RWG, Lynn Bakamjian (Director of the RESPOND Project) and Sarah Harbison (Chief, USAID Office of Population and Reproductive Health/Research, Technology and Utilization Division), set the stage for the day's meeting.

Presentation

Bakamjian welcomed the participants and focused her discussion on the importance of the RWG as a link between LA/PM research and programs. RESPOND, as a “services” project, understands that critical evidence is essential for informing the design of LA/PM programs, showing their impact, and enhancing advocacy efforts. Unfortunately, while LA/PMs are highly effective contraceptive methods, they remain the least accessible and least used contraceptives in many places. In Sub-Saharan African countries, for example, fewer than 10% of women are using an LA/PM (even though more than twice that many report a desire to limit the number of children they have or to space the next pregnancy for two or more years). There is a need to strengthen the “research to practice” loop as well as the “practice to research” loop, so that we can more effectively utilize our collective knowledge and collaborate on what we need to learn.

Presentation

Sarah Harbison urged the attendees to think about what current research already reveals and to consider gaps in knowledge and what questions need to be answered to move forward. Many of these questions relate to the issues and barriers that couples face that are not being addressed by service delivery programs or currently available methods. There is a need to identify what the programmatic challenges are to better meet couples’ reproductive health intentions and how research can help.

She acknowledged that other groups have similar agendas and that it is important not to duplicate efforts. The hope is that the group will facilitate a “two-way street”—on the one hand, increasing program/implementer input into the development of LA/PM research agendas (including social science and programmatic and biomedical/technological research), while on the other hand encouraging the use of existing LA/PM research among programmers and policymakers.



III. Recent Research and Applications for Programming

Presentation and Plenary Discussion

Emily Sonneveldt, Senior Associate, Futures Institute/RESPOND Project, delivered a presentation entitled “Overview of Global Analysis and Description of Qualitative Analysis.” The purposes of these analyses were to:

- Identify global issues and country-specific situations, to assist in the development and strategic targeting of advocacy messages
- Better understand barriers to LA/PM use
- Promote an evidence-based case for increased attention to, resources for, and programming on LA/PMs
- Create an online data depository that can be utilized to respond to country- and international-level data needs through the creation of three databases: one on long-acting methods (41 countries), one on permanent methods (40 countries), and one on all LA/PMs (35 countries)

The analyses sought to answer key questions:

- Who are current LA/PM users and how do they differ from users of other modern methods, of traditional methods, and of no method at all?
- What is the potential market for LA/PMs? How big is it, and what segments of the population are viable targets for LA/PMs?

The primary methodology consisted of secondary analysis of DHS data sets using STATA 9. The countries and data sets were selected based on their having had a DHS since the year 2000 with a sample size large enough to allow disaggregated analysis on LA/PM use. Ultimately, the analysis included 34 countries. The goal of the analysis is to construct profiles of current users, including standard variables such as age, method mix, parity, ideal number of children, knowledge of family planning methods, residence, source of family planning, and wealth (by quintile).

Some clarifications were requested concerning the database. The analysis included married women or women in union. The lactational amenorrhea method (LAM) was included as a short-acting method (when it is included in the DHS data set at all). Education was factored into the analysis, but not all categories were disaggregated.

There was also a discussion around unmet need. The analysis of the potential market for LA/PMs showed the variation between the African countries and the Asian countries. Within the 15 African countries, unmet need for limiting overshadowed the low levels of current permanent method use. In contrast, in the five Asian countries, current permanent method use and unmet need for limiting were not as different, and the findings highlighted the large number of short-acting method users who want no more children, particularly in Bangladesh.

Presentation and Plenary Discussion

[Saumya RamaRao](#), Senior Associate, Population Council, delivered a presentation entitled “Long-Acting Family Planning Methods: Research and Program Applications.” This presentation covered three topics: the integration of long-acting methods into reproductive health services, task shifting, and new long-acting methods that are on the horizon.

The focus of the integration component was on integrating long-acting family planning into postpartum services (immediately or six weeks postpartum, depending on the society), when couples are generally ready for contraception, particularly for spacing, to ensure the health of the mother and baby. General lessons learned about successfully integrating family planning into postpartum services are that counseling should begin during antenatal care, such counseling should include the woman’s partner, and more frequent messaging increases use. Also, method provision after delivery but before discharge and on-site method provision (compared with referrals) are seen to be effective.

Screening women for a range of reproductive health needs, including family planning, when they use services is an important element for integrating services. It has proven easier to integrate family planning into maternal, newborn, and child health services than into HIV services, given the greater similarity of the funding streams and client mindsets.

Task shifting can work and is beneficial for addressing shortages of health care workers, by allowing certain tasks to be shifted to or shared with less highly skilled personnel. Task shifting can increase efficiency in terms of time and cost, can improve access and coverage, and is in line with decentralization of services. Benefits of task shifting have been discussed through the literature. For example, in Honduras, when nurse-midwives were permitted to insert IUDs, monthly insertions nearly doubled at an intervention site, while at a control site, IUD insertions decreased.

Three new long-acting methods were discussed: Sino-implant (II) (marketed as Zarin[®]); Mirena[®] and the generic levonorgestrel intrauterine system (LNG-IUS); and the vaginal ring. Sino-implant II is a levonorgestrel-releasing two-rod system that is effective for four years. One type of vaginal ring is a combination of a new synthetic progestin, Nesterone, and ethinyl estradiol and can be used for one year. The other, a progesterone-only ring, can be used for up to three months at a time and is useful for breastfeeding women.

The group discussed whether some of these methods can be considered long- or short-acting. For example, does a three-month injectable or vaginal ring qualify as long-acting? Other issues included evidence that the effectiveness of the vaginal ring could be diminished by user error, the need to conduct an acceptability study of the vaginal ring, and cost. Experience with implant service provision indicates that costs decrease as new-generation and generic products are introduced, as has occurred with Sino-implant (II), which is a third-generation product. One can expect a similar reduction in cost over time with new products; consumers and providers learn about the product by being exposed to it, and considerable learning and experience are generated by a product's introduction, even when the product's price is initially high.

Presentation and Plenary Discussion

Dr. Ndugga Baker Maggwa, Director of the PROGRESS Project, FHI, delivered a presentation entitled “Ligation, Excision, Occlusion, Oh My!: Recent Research for Expanding Access to Permanent Methods of Contraception.” This presentation covered programmatic/operations research; new technologies; and research opportunities. Dr. Maggwa noted that female sterilization is one of the most commonly used contraceptive methods globally but remains underutilized in many developing countries, particularly in Sub-Saharan Africa. Efforts to promote female sterilization are often complicated by the need for a range of equipment and trained providers. Interval female sterilization is more common than postpartum sterilization in many North African, Sub-Saharan, and South Asian countries. In contrast, postpartum sterilization is more common in some Latin American and Caribbean countries.

The prevalence of female sterilization and the age at which it is obtained are inversely related. In countries where prevalence is high, the median age is generally low; in low-prevalence countries, women often are not sterilized until they are older. There are important issues surrounding acceptability and access. Achievement of desired family size and economic concerns were both cited as reasons for choosing sterilization, but access barriers persist, including restrictive policies (age, parity, and spousal consent policies), provider bias, and lack of knowledge among potential clients.

There are approximately 55 new and emerging sterilization-related technologies at various stages of discovery, development, and postdevelopment, with a trend away from surgical procedures. With regard to nonsurgical female sterilization, procedures like Essure and drugs such as quinacrine, erythromycin, and polidocanol were discussed. While Essure is currently available in many developed countries, there are concerns that it is too “high-tech” and too expensive for the developing country context. Quinacrine is also used in some countries, but a lack of data on its safety and efficacy has led to somewhat of a standstill in its adoption.

Dr. Maggwa’s presentation concluded with a summary of existing gaps in research:

- Factors affecting the acceptability of both male and female sterilization (including nonsurgical female sterilization)
- Barriers to accessing female sterilization and programmatic approaches to addressing the barriers (cost, availability of services, provider attitudes)
- Personnel who can successfully provide sterilization services (task shifting)
- Successful communication strategies for sterilization services (mass media, community engagement, etc.)
- Development of nonsurgical female sterilization technologies

Following the presentation, attendees discussed nonsurgical techniques for vas occlusion and whether it is a nonstarter, given regulatory hurdles for approval of such products. A question was raised as to why Essure was so much more expensive than quinacrine, when both involve inserting material into the opening of the fallopian tube. The group discussed the technology of Essure and asked whether X-rays could be used instead of ultrasound to confirm placement of the device, thereby reducing the cost. The group also underscored the need for more information about why women who want to limit future births use short-acting methods and suggested that qualitative research should examine issues such as knowledge/awareness, attitudes about side effects, and provider bias. Finally, discussion centered on task-shifting. In particular, the group discussed current evidence about different cadres of providers offering LA/PMs and whether this research has had any impact on policies. A suggestion was made for the RWG to review country policies regarding this question. PROGRESS shared that they are undertaking a survey examining the issue of task-shifting for family planning.

IV. Linking LA/PM Program Issues with Research



Presentation and Plenary Discussion

Hannah Searing, Team Leader, Monitoring, Evaluation and Research, The RESPOND Project, presented an overview of results from an online survey conducted prior to the meeting that attempted to provide preliminary data on two perceived gaps in knowledge:

- Current LA/PM research projects and their results within the family planning community
- Collective wisdom about the gaps in LA/PM applied research

The survey response rate was 28% (10 people responded, out of 36 people who confirmed attendance). Participants were provided with a summary of data from the survey that included a list of current research projects and key issues that respondents currently face that might lend themselves to research on LA/PMs. Participants formed four groups to discuss the key priorities and gaps among the research topics provided.

Each group presented the highlights of their discussions. Key research questions presented as particularly relevant to family planning programs were:

- What are key regulatory, operational, and legal barriers to task shifting or task sharing? How do these barriers differ across countries? What shifts in policy have facilitated or inhibited task sharing?
- What factors influence clients' method choice? Specifically, why do clients not select LA/PMs even when these methods best fit their needs?
- What strategies have been successful in dispelling myths and rumors about methods among opinion leaders?
- What are the cost and the cost effectiveness of LA/PMs?
- What are the comparative costs of mobile versus static services?
- How does the introduction and rapid scale-up of a method affect other program components (e.g., rapid scale-up of Implanon®)?
- Are there better ways to provide information on LA/PMs to women to make these methods seem more attractive? Are there better approaches to discussing LA/PMs among spacers? What can we do to better approach these clients?
- If women had a choice of methods, including LA/PMs, which would they choose and why? How many would switch from other methods to LA/PMs (limiters vs. spacers)?
- What are the supply constraints for commodities and other required materials?
- Regarding task shifting, how far down can you take the actual provision of LA/PM services?
- Why has postpartum family planning integration not yet happened, when we have been talking about the timing for more than 20 years?



V. Moving Forward as a Research Working Group: Next Steps

Hannah Searing facilitated the concluding plenary discussion. There was agreement that the overall purposes of the RWG are to increase program/implementer input into the development of LA/PM research agendas and to increase the use of existing LA/PM research among programmers and policy makers. To do this, it was suggested that the RWG serve as a forum for participants to exchange preliminary research findings, develop action plans for research use, and/or make work planning linkages. The RWG should be a functional group with a defined purpose and a set of deliverables that members will work toward as a group and then disband when the deliverables are completed. Ideas included:

- Share workplans among group members
- Explore the addition of the RWG as a separate tab in the Implants Toolkit and other toolkits as they get developed (This could include a link to a literature review for each method.)
- Sponsor a research symposium for members to present key LA/PM research findings
- Request K4Health to create a separate LA/PM-dedicated search as part of the PopLine database
- Develop a peer-reviewed literature review of existing LA/PM research studies

The CoP Coordination Team under RESPOND will schedule another RWG meeting (technical theme[s] to be determined) in late 2010 to nurture the exchange of information and strengthen the “research to practice” loop, as well as the “practice to research” loop, so that we can more effectively utilize our collective knowledge and collaborate on what we need to learn.

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The RESPOND Project
at EngenderHealth
440 Ninth Avenue
New York, NY 10001
212-561-8000
info@respond-project.org
www.respond-project.org

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