

The Role of Long-Acting and Permanent Methods in National Programs

Long-acting and permanent methods (LAPMs) of contraception are vital to the overall success of reproductive health and family planning programs. Although programs should always strive to address unmet need for family planning, an increase in contraceptive use is not the only measure of a successful program. Successful programs also fulfill individual preferences, promote correct and continuing use of family planning, provide cost-effective and sustainable methods, and reach long-term national and international health goals. LAPMs have distinctive attributes that help achieve all of these goals.

Responding to individual needs

Providing a range of methods, including LAPMs, gives clients more choices and helps ensure continuation. When multiple methods are available, most people who are dissatisfied with one method can switch easily to another method to avoid the risk of an unintended pregnancy. Women who have more contraceptive choices are more likely to start using a method of family planning, be satisfied with their choice, and continue using their method until they no longer wish to prevent pregnancy.¹

Contraceptive continuation is becoming an increasingly important indicator of client satisfaction and quality of care. **Continuation rates appear to be substantially higher among women who use reversible LAPMs**, such as implants or the intrauterine device (IUD), than among women who use other methods. In Africa, research studies suggest that approximately 80 percent of women who choose the IUD—and an even higher percentage of women who choose implants—continue using the methods for at least one year.^{2,3,4,5} In contrast, data from surveys in some developing countries suggest that only 60 percent to 70 percent of women who choose oral contraceptives or injectables are still using them after one year.⁶ While individuals can be extremely satisfied with reversible LAPMs, it is essential that programs provide ongoing services to clients wishing to discontinue or switch methods.

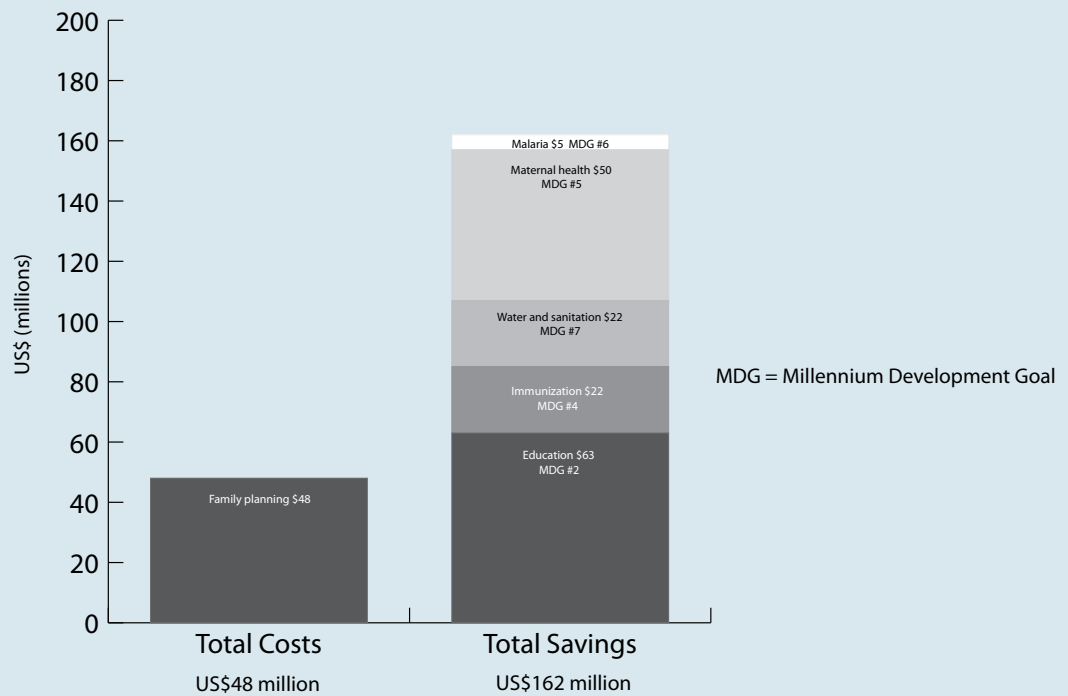
Contributing to the sustainability of programs

LAPMs are cost-effective for programs over time. When compared with the use of other methods, use of LAPMs results in fewer unintended pregnancies and fewer clinic visits. This eases the burden on already overextended health systems and providers. If used for at least three years, the IUD, vasectomy, and implants are considered the three most cost-effective methods when all direct medical costs associated with the methods, side effects, and unintended pregnancies are taken into account.⁷

In each country in sub-Saharan Africa, millions of dollars could be saved by addressing unmet need for spacing and limiting births. For example, investing in family planning, including LAPMs, is an economical way to meet the Millennium Development Goals. If enough money is invested in family planning to fulfill all unmet need, then an average of three times that amount could be saved on meeting five different Millennium Development Goals (Figure 1).

Investing in family planning, including LAPMs, is an economical way to meet the Millennium Development Goals.

Figure 1. Average Cost Savings of Investing in Family Planning



Adapted from: U.S. Agency for International Development (USAID). *Achieving the MDGs: The Contribution of Family Planning*. Washington, DC: USAID Health Policy Initiative, 2006.

Note: If sub-Saharan countries each invested an average of US\$48 million to fulfill unmet need for family planning, then an average of US\$162 million could be saved on meeting five different Millennium Development Goals by 2015. These numbers were obtained by averaging estimated costs and savings from 16 sub-Saharan countries. The costs of fulfilling unmet need for family planning ranged from US\$5 million in Chad to US\$140 million in Nigeria. The savings in meeting development goals ranged from US\$25 million in Chad to US\$408 million in Uganda.

Reaching national health goals

Increased use of LAPMs is essential for preventing unintended pregnancies. In Kenya alone, if just one-quarter of oral contraceptive users chose implants instead, more than 26,000 extra unintended pregnancies could be averted in a five-year period.⁸

Using family planning to meet the need for spacing and limiting births has the potential to prevent thousands of cases of maternal mortality over the next decade. The risk that a woman will die as a result of pregnancy, childbirth, or unsafe abortion is approximately one in 16 in sub-Saharan Africa. The country-specific risk of maternal death is as high as one in seven women in Angola, Malawi, and Niger.⁹

Spacing and limiting births also has the potential to prevent hundreds of thousands of child deaths. In each of 16 sub-Saharan countries studied, between 72,000 and 1.1 million child deaths are expected to be averted over the next decade if all women who want to space or limit their births succeed.¹⁰

LAPM use is part of an important, but often overlooked, strategy for preventing mother-to-child transmission of HIV. Meeting unmet need for family planning among HIV-infected women who do not want to become pregnant is at least as cost-effective as the traditional strategy of HIV counseling and testing coupled with provision of antiretroviral drugs like nevirapine. The use of

family planning is already preventing the birth of an estimated 173,000 HIV-infected infants each year in sub-Saharan Africa.¹¹

Meeting international health and development commitments

African countries have made several important international commitments to improve the sexual and reproductive health and rights of all of their people. LAPMs have a critical role in meeting these international goals.

Every country in the world and every leading developmental institution has agreed to meet the Millennium Development Goals (Table 1). But many developing countries, including those in sub-Saharan Africa, are not on track to reach them by 2015. Investing in family planning, including LAPMs, would contribute directly or indirectly to achieving all eight goals.

Table 1. Millennium Development Goals

- 1: Eradicate extreme poverty and hunger
- 2: Achieve universal primary education
- 3: Promote gender equality and empower women
- 4: Reduce child mortality
- 5: Improve maternal health
- 6: Combat HIV/AIDS, malaria, and other diseases
- 7: Ensure environmental sustainability
- 8: Develop a global partnership for development

In 2004, the World Health Organization Africa Regional Office developed a framework for repositioning family planning. LAPMs are an important component of this framework, which was developed to help national programs improve maternal and child health and achieve the health-related Millennium Development Goals. Forty-six African countries are committed to this plan.¹²

African countries have also agreed to the Cairo Programme of Action, the Maputo Plan of Action, and the Bamako Initiative. Promoting access to a full range of reproductive health services, which include LAPMs, and strengthening the capacity of national programs to provide high-quality reproductive health and family planning services are central to each of these commitments.

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For more information or additional copies, please contact:

Publications Coordinator
Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Tel: 1.919.544.7040
E-mail: publications@fhi.org
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