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FINAL REPORT
TO THE POPULATION COUNCIL

ORGANIZATION OF THE INTERAGENCY MEETING ON
NORPLANT^R AND COPPER T 380A IUD
(Project Award No. I89.24A)

Prepared by
Program for Appropriate Technology in Health
(PATH)
1990 M Street, N.W.
Washington, D.C. 20036

December 27, 1989

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EXECUTIVE SUMMARY

The Population Council asked the Program for Appropriate Technology in Health (PATH) to organize the second annual Interagency Meeting on NORPLANT^R and the Copper T 380A intrauterine (IUD) device. To carry out this assignment, the Population Council issued PATH an award (No. I69.24A) and asked PATH staff to make all necessary arrangements for the meeting.

The Interagency Meeting was held on September 14 and 15, 1989, at the Embassy Square Suites Hotel in Washington, D.C. The purpose of this meeting was to enable representatives from various cooperating agencies (CAs) to discuss developments and activities undertaken by their respective agencies since the first Interagency Meeting (March 23-24, 1988) in relation to introduction activities for NORPLANT^R and the Copper T 380A IUD.

Activities carried out to organize the meeting included:

- Selecting a conference site at an area hotel and negotiating a favorable room rate for participants;
- Making all necessary arrangements with the hotel staff, including coordinating meals and breaks, lay-out of the conference room, rental of audiovisual equipment, etc;
- Coordinating the invitation list with staff from the Population Council and sending an initial invitation, as well as a follow-up letter;
- Meeting with staff from The Population Council, Family Health International (FHI), and the Association for Voluntary Surgical

Contraception (AVSC) to draft an agenda for the Interagency Meeting;

- Coordinating with Population Council staff to draft a document highlighting events of the Meeting and outlining areas where additional follow up is necessary; and
- Mailing the meeting minutes to all Interagency Meeting participants.

I. PREPARATION ACTIVITIES

A. Finding a Meeting Place

A Program for Appropriate Technology in Health (PATH) staff member contacted meeting coordinators from several area hotels to find the most competitive accommodation rates for out-of-town guests as well as a suitable conference room. After comparing facilities at several hotels, PATH selected the Embassy Square Suites Hotel and negotiated a very favorable rate for accommodations. The meetings coordinator waived the conference room rental charge because at least 20 participants stayed at the hotel.

B. Coordinating the Invitations

PATH used the 1988 Interagency invitation list as the primary reference for the 1989 invitation list; it was updated by Population Council and PATH staff. PATH drafted the invitation letter, which was reviewed and modified by Population Council staff. This first letter of invitation was mailed on May 24, 1989, to 50 individuals at 28 organizations.

C. July Planning Meeting

On July 14, 1989, representatives of the Association for Voluntary Surgical Contraception (AVSC), Family Health International (FHI), The Population Council, and PATH met at PATH's Washington, D.C., office to discuss preparations for the upcoming meeting. The agenda for this meeting included:

- Reviewing the 1988 meeting agenda;

- Reviewing the Agency for International Development's (A.I.D.'s) Information and Training NORPLANT^R Working Group;
- Selecting the topics and organizing the panels for the 1989 meeting agenda;
- Identifying audiovisual displays; and
- Discussing the final invitation letter.

D. Follow-Up Letter of Invitation

On August 11, 1989, PATH staff mailed a follow-up letter with a draft of the agenda to 61 individuals from 31 organizations.

E. Miscellaneous Preparation Activities

During the months leading up to the Interagency Meeting, PATH staff handled miscellaneous logistical and administrative matters, including:

- Modifying the conference site logistics to accommodate the growing number of participants. The increased interest in the meeting was attributed to its Washington, D.C., location, which was more accessible to Rosslyn-based A.I.D. staff as well as the many other cooperating agency (CA) staff located in the Washington, D.C., metropolitan area.
- Coordinating the shipping of the Population Council's public relations and information materials that would be distributed at the meeting.

- Preparing two displays--one with samples of NORPLANT^R materials from around the world and one with Copper T 380A materials.
- Creating a reference list of non-English language materials on the Copper T 380A.
- Distributing an article from the June 1989 issue of *Outlook* called "Tarnish Does Not Affect Copper IUDs."
- Developing a handout showing distribution of Copper T 380A IUDs to countries from A.I.D., the Pathfinder Fund, and Family Planning International Assistance.

II. THE INTERAGENCY MEETING

Fifty-six people from 25 organizations attended the September 14, 1989, meeting; and 44 individuals from 19 organizations attended the September 15, 1989, meeting. During both meetings, accomplishments, issues, activities, and problems which have arisen since the 1988 Interagency Meeting were reviewed. Particular emphasis was placed on examining channels through which collaboration can be fostered to maximize coordination between agencies and utilize scarce resources.

The meeting minutes (see Appendix A) contain a summary of the days' presentations and working groups and will not be covered here. Instead, the following sections describe highlights of the meeting and some of the logistical and administrative tasks PATH performed to provide information about these contraceptive methods to the meeting participants.

A. Highlights of the NORPLANT^R Day

Following a brief discussion of the latest information concerning NORPLANT^R's pending approval by the United States Food and Drug Administration (USFDA) and a summary of the status of NORPLANT^R introduction into country programs worldwide, some of the presentations featured:

- A discussion, presented by an A.I.D. staff member, on the A.I.D. Information & Training (IT)/CA NORPLANT^R Working Group. She discussed its goals and objectives and described the five subcommittees created to deal with more specific NORPLANT^R-related issues.
- A session, organized by AVSC, which assigned participants into small working groups based on the principal focus of their organizations' work. Its purpose was to allow participants to discuss their organizations' plan, actual or potential, for involvement in the introduction of NORPLANT^R. For a summary of the working groups' recommendations, see the meeting minutes (Appendix A). Afterwards, participants were asked to review a series of questions with colleagues in their organizations and provide an institutional response to staff at the Population Council by the end of October.

PATH staff set up a display table in the meeting room with information on NORPLANT^R and the Copper T 380A IUD, including:

- A handout on the status of the new, improved NORPLANT^R training "arm" (as well as an existing prototype "arm");
- A copy of the Five-Day NORPLANT^R Training Curriculum; and

- Uterine models from Cilag Pharmaceuticals and Simulaid.

B. Highlights of the Copper T 380A Day

The most important "news" to come from the September 15 meeting was the surprise that participants expressed at the amount of information available about the Copper T 380A and the number of projects worldwide that promote the use of this device. Afterwards, several attendees said they had not anticipated learning as much about the Copper T 380A as they did.

During the meeting, representatives from several CAs spoke about their programs and the projects. Below are some of the highlights:

- A staff member from the Program for International Training in Health (INTRAH) discussed its guidelines for clinical procedure. She recommended that CAs provide standardized messages ("standard standards") in their protocols and that "essential elements of quality" be developed and included in all protocols.
- PATH staff discussed information, education, and communication (IEC) activities in Copper T 380A programs and used a display board to illustrate the variety of print materials created for counselors, clients, clinicians, and decision makers.
- Staff from the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) showed a training/counseling video developed by Chulalongkorn University in Thailand. A staff member from International Planned Parenthood Federation (IPPF) presented a similar

video. Both stressed the importance of counseling and scheduling follow-up visits for clients.

- Staff from JHPIEGO demonstrated the "no touch" technique of IUD insertion on a pelvic model designed by Simulaids and stressed that the best way to load an IUD is in its package.

III. POST MEETING ACTIVITIES

A. Coordinating the Meeting Minutes

Soon after the meeting, staff from the Population Council and PATH drafted the meeting minutes; the Council formulated the NORPLANT^R portion and PATH the Copper T 380A. PATH staff created letterhead with both organizations' logos for the minutes' cover letter. PATH staff updated the participant list and sent it with the agenda. The cover letter, agenda, and participant list were mailed to each Interagency Meeting attendee on October 6, 1989.

B. Networking with other CAs

Since the Interagency Meeting, PATH has continued to network with other CAs on issues discussed at the Interagency Meeting. PATH has responded to inquiries from INTRAH and AVSC regarding PATH's research to find a pelvic model suitable for patient education and clinician skills acquisition. At JHPIEGO's request, PATH encouraged Simulaids in its continued development of a pelvic model. PATH also followed up on CAs' interest in the Cilag uterine model by obtaining, through IPPF, 100 free uterine models for use in Copper T 380A service delivery training programs.

In addition, PATH agreed to review JHPIEGO's draft clinic guidelines/protocols for the Copper T 380A IUD. PATH also responded to several requests for information about non-English Copper T 380A materials, the NORPLANT^R Five-Day Training Curriculum, and NORPLANT^R training "arm."

October 5, 1989

832.02.07A

Dear Participant:

We would like to thank you for your participation in the NORPLANT^R and the Copper T 380A IUD Interagency Meeting held on September 14-15, 1989. We were most impressed with the high level of enthusiasm and the willingness to carefully analyze the best approaches for introducing these new contraceptives. The collaboration to date among the Cooperating Agencies has undoubtedly made more of an impact than any of our respective organizations could have accomplished alone.

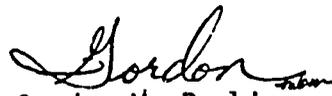
As promised, enclosed is a summary of the needs and action items that were identified during the meeting.

As you may recall, during the first day of the meeting, which focused on NORPLANT^R, it was agreed that each organization would provide the Population Council with information about their current or expected activities with NORPLANT^R. On page 6 of the meeting notes you will find four questions. Please answer these questions and send your responses to Karen Beattie at the Council by October 30. Your cooperation is greatly appreciated. Also note additional action items for the Copper T 380A IUD on pages 8 and 9 of the meeting notes.

Sincerely,



George Brown
The Population Council



Gordon W. Perkin
PATH

GWP:sah
Enclosures
GWP4434L.832

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10/6/89

LIST OF PARTICIPANTS
THE POPULATION COUNCIL/PATH INTERAGENCY MEETING
SEPTEMBER 14-15, 1989

<u>Organization</u>	<u>Attendee(s)</u>
Agency for International Development Washington, D.C. 20523	Dr. Roy Jacobstein* Ms. Dawn Liberi* Dr. Martha Lynch Mr. Steve Morello* Ms. Bonnie Pedersen* Ms. Barbara Seligman* Dr. Jim Shelton
Association for Voluntary Surgical Contraception 122 East 42nd Street 18th Floor New York, New York 10168	Ms. Alison Ellis Ms. Betty Gonzales
Centers for Disease Control Division of Reproductive Health Mail Stop C06 Atlanta, Georgia 30334	Dr. Tim Johnson Dr. Nancy Lee
The Centre for Development and Population Activities 1717 Massachusetts Avenue, N.W. Washington, D.C. 20036	Ms. Janne Hicks**
Contraceptive Research and Development Program 1611 North Kent Street Suite 806 Arlington, Virginia 22209	Dr. Henry Gabelnick*
Development Associates 2924 Columbia Pike Arlington, Virginia 22204	Ms. Anne Wilson
Family Health International P.O. Box 13950 Research Triangle Park Branch Durham, North Carolina 27709	Mr. San Balogh Dr. Roberto Rivera**

* Attended NORPLANT^R day only

** Attended Copper T 380A day only

Organization

Attendee(s)

Family Planning
International Assistance
810 Seventh Avenue
New York, New York 10019

Dr. Hans Groot

Food and Drug Administration
Park Lawn Building 14D03
Rockville, Maryland 20857

Dr. Lisa Rarick*

The Futures Group
1101 14th Street N.W.
Washington, D.C. 20005

Ms. Sheila Maher

The IMPACT Program
Population Reference Bureau
777 14th Street, N.W.
Suite 800
Washington, D.C. 20005

Dr. Elaine Murphy*
Ms. Barbara Shane*

INDEPS
700 N. Fairfax Street
Suite 606
Alexandria, Virginia 22314

Ms. Beth Schehl*

International Development
Research Centre
P.O. Box 8500
Ottawa
CANADA K1G 3H9

Dr. Karl Smith

International Planned
Parenthood Federation
Regents College, Inner Circle
Regent's Park
London NW1 4NS
UNITED KINGDOM

Dr. Carlos Huevo

International Planned
Parenthood Federation
Western Hemisphere
Regional Office
902 Broadway
10th Floor
New York, New York 10010

Ms. Zoe Kopp

International Women's Health
Coalition
24 East 21st Street
5th Floor
New York, New York 10010

Ms. Maggie Bangser

Organization

Attendee(s)

John Snow, Inc.
1100 Wilson Blvd.
9th Floor
Arlington, Virginia 22209

Ms. Claudette Bailey
Dr. Donald Lauro**
Ms. Elise Levin

The Johns Hopkins Program for
International Education in
Gynecology and Obstetrics
550 N. Broadway
Baltimore, Maryland 21205

Dr. Laurel Cappa
Dr. Ron Magarick
Dr. Jonnalyn Mandelbaum
Dr. Noel McIntosh

The Johns Hopkins University
Population Communication
Services
527 St. Paul Place
Baltimore, Maryland 21202

Dr. Phyllis Piotrow*

The Population Council
One Dag Hammarskjold Plaza
New York, New York 10017

Dr. George Brown
Ms. Karen Beattie
Dr. Jim Foreit
Dr. Forrest Greenslade
Ms. Debbie Rogow (Consultant)
Ms. Elizabeth Spitzer
Ms. Sandra Waldman

Population Crisis Committee
1120 19th Street, N.W.
Suite 550
Washington, D.C. 20036

Ms. Catherine Cameron
Ms. Shanti Conly
Ms. Harriet Phinney*
Dr. Joe Speidel*
Ms. Susan Rich*

Population Services International
1120 19th Street, N.W.
Washington, D.C. 20036

Ms. Elizabeth Liebow*

Program for Appropriate Technology
in Health
4 Nickerson Street
Seattle, Washington 98109

Dr. Gordon Perkin
Ms. Jackie Sherris

Program for Appropriate Technology
in Health
1990 M Street, N.W.
Suite 700
Washington, D.C. 20036

Ms. Linda Bruce**
Ms. Mary Beth Moore
Ms. Linda Morales**
Ms. Nancy Newton
Ms. Elizabeth Younger
Ms. Margot Zimmerman

Organization

Attendee(s)

Program for International
Training in Health
University of North Carolina
208 North Columbia Street
Chapel Hill, North Carolina 27514

Dr. Marcia Angle

RONCO Consulting Corporation
1629 K Street, N.W.
Suite 300
Washington, D.C. 20006

Dr. Remi Sogunro

World Health Organization
Special Programme on Research
in Human Reproduction
1211 Geneva 27
SWITZERLAND

Dr. Axel Mundigo
Ms. Joanne Spicehandler

Wyeth-Ayerst Laboratories
P.O. Box 8299
Philadelphia, Pennsylvania 19101

Dr. Joel Lippman*
Mr. Jay Rachelli*

Interagency Meeting**September 14, 1989 - NORPLANT^R****September 15, 1989 - Copper T 380A IUD****"Accomplishments, Needs, Action Items, and Potential Research Topics"**

The second annual Interagency Meeting on the programmatic implications of NORPLANT^R and Copper T 380A IUD introduction into family planning programs was held on September 14-15, 1989, in Washington, D.C. The first day of the meeting, which was attended by 56 individuals from 25 organizations, focused on issues and activities related to NORPLANT^R introduction. The second day, which was attended by 44 participants from 19 organizations, was devoted to the Copper T 380A IUD. During both days, accomplishments, issues, activities, and problems which have arisen since the 1988 Interagency Meeting were reviewed. Particular emphasis was placed on examining channels through which collaboration can be fostered in order to maximize coordination between agencies and utilize scarce resources.

Following is a brief summary of the major conclusions and action items that arose during the meeting. Full minutes of the meeting will not be produced, but we encourage you to share with interested colleagues your individual notes and impressions and the enclosed summary.

Also enclosed is a list of those who participated in the meeting.

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NORPLANT^R Contraceptive Subdermal Implants

September 14, 1989

Accomplishments

- Progress has been made toward recognition that the technology (hardware) needs to be transferred with appropriate management/service delivery inputs (software), and in context of promoting user satisfaction.
- Regulatory approval in 14 countries.
- Pre-introduction trials conducted or ongoing in 44 countries.
- Over 400,000 women have used NORPLANT^R in clinical studies, pre-introduction trials, or as a distributed product.
- Wide array of informational materials for providers, clients, and policy makers were developed since last Interagency Meeting.
- Mechanisms for interagency collaboration are developing and expanding as we move to wider introduction of NORPLANT^R into family planning programs.

Summary of Working Group Discussions/Recommendations

Funding and Policy

- There is major concern about cost, sources of funding, and problems of obtaining adequate resources for NORPLANT^R when contraceptive financing in general is a problem.
- Additional resources to be mobilized: bilateral donors, the World Bank.
- As countries move to full-scale introduction, there is a need to develop strategies and mobilize resources at the country level.
- Educate policy makers on quality of care issues, client selection, and limitations (e.g., in some countries, NORPLANT^R may be more suitable for urban situations).

- Guidance is needed from donors on interest and potential funds available for work on NORPLANT^R.

Studies/papers are needed on:

- Forecast of likely demand over the next five years.
- Funding implications of the method.
- Implications in terms of other resources.
- Resource requirements once method is approved, particularly problems of search/find for removal, and access to removal.
- Country-level analyses for priority countries of market, cost, funding, and implications for service delivery.
- Cost effectiveness over time and comparison with other methods.

Program Management, Service Delivery, and Logistics

- Foster collaborative activities to maximize scarce resources.
- Disseminate findings of user studies to facilitate articulation of needs and concerns of users to international population community (e.g., choice, access to removal, etc.).
- Identify technical assistance for training, particularly clinical refresher training, counseling, management training, record keeping, and research.
- Disseminate information on product profile, potential user profile, availability of trained clinicians, and country introduction plans to facilitate logistics planning.
- Operations and demographic research to assess impact of quality care and introduction of new methods.
- Disseminate detailed clinical guidelines related to a woman's weight and removal time.
- Cost issues--initial maintenance and removal; search/find for removal at five years.
- Foster mechanisms for handling all aspects of five-year removals, reminders to women for removals, clinic scheduling, refresher training on removals, and research on removals.

- Adapt and distribute IEC materials. Consider operations research to study how user materials can best be distributed to the user.

Information, Education, and Communication

- Each organization must first resolve its objective for an IEC strategy. The Population Council's objective: to have NORPLANT^R widely recognized as one of the available methods and to meet the program objective of making NORPLANT^R available to women who desire to use it.

Issues to be considered when developing an IEC strategy:

- Prepare providers to counteract misinformation.
- Assess problems/benefits of demand creation, especially in light of cost of method and service delivery requirements.
- Determine modes of communication.
- Timing of IEC activities is critical. Needs to be phased and coordinated with introduction activities in each country, particularly training.
- Use lessons learned from past contraceptive introduction campaigns, both successes and failures.
- Identify audience(s) for IEC activities--users, providers, policy makers, regulatory community, and ob/gyns. The medical community is particularly important.

Training

- Disseminate clinical standards.
- Disseminate list of NORPLANT^R consultants to all cooperating agencies.
- Utilize existing programs for family planning training.
- Develop cadre of trainers/master trainers by region/country, utilizing existing resources where appropriate.
- Develop in-country clinical sites.

- Emphasize counseling and refresher training.
- Review training curricula to accommodate different levels of health workers: for example, a short course for physicians on difficult insertion/removal and a five-day course for nurses/nurse practitioners.
- Utilize and adapt existing training/reference materials.
- Identify funding sources for training.
- Follow up for removal; explore methods for prompting return.

Research and Evaluation

- Service Delivery Issues:
 1. Assessing quality of care (including counseling).
 2. Informed choice.
 3. Rationing/targeting (including issues of special groups such as lactating women and HIV-infected women).
 4. Provider competence/training.
 5. Removal logistics.
 6. Distribution of user information with the product.
- Medical Issues:
 1. Weight.
 2. Immunologic effects.
 3. Post-partum insertion.
- Program Issues:
 1. Translating research findings into large-scale introduction.
 2. Private-sector and volunteer organizations involvement.
 3. Continuation and use effectiveness under different service conditions.
 4. Standard indicators of performance.
 5. Acceptability research.

Action Items

1. The Population Council to amend country summaries document and circulate final 1989 summary to participants.

2. Participants are asked to review the following questions with colleagues in their organizations and provide an institutional response to Karen Beattie at the Population Council by the end of October. Responses will be assessed and used for planning next steps and future meetings.
 - a. What is or could be my organization's role and involvement in the introduction of NORPLANT^R?

 - b. What technical, material, financial, and human resources does my organization possess so that involvement with NORPLANT^R may be initiated, maintained, or expanded?

 - c. What technical, material, financial, and human resources require strengthening or are lacking in my organization? Possible solutions?

 - d. What are the principal constraints to the broader introduction of NORPLANT^R in my organization's area of expertise? Possible solutions?

COPPER T 380A IUD
September 15, 1989

Accomplishments

- Progress has been made toward goals established in last year's meeting, particularly in developing print and audiovisual materials and increasing their availability.
- Progress has been made in developing country-specific materials and in providing training in the process by which such materials are developed.
- More data has been accumulated confirming the high effectiveness of the Copper T 380A IUD.
- This device has been approved by the USFDA as a six-year method.

Needs

- Continue to refine protocols, guidelines, clinical service and delivery standards, and other materials developed by INTRAH, WHO, JHPIEGO, CDC, and IPPF. Emphasize collaboration among various groups and avoid "reinventing the wheel."
- Identify essential elements of quality of care and include them in all protocols for clinicians (at any level).
- Collaborate concerning the most appropriate ways to train clinicians in IUD insertion and informed choice.
- Collect more data concerning the use of antibiotic prophylaxis before and following IUD insertion. Make programmatic recommendations.
- Develop and disseminate screening/diagnostic protocols to identify genital tract infections in potential IUD users.
- Promote loading of the IUD through the package only.
- Move to adoption/promotion of "no-touch" technique for loading and insertion.
- Develop/adapt/supply pelvic models for patient education and clinician skills acquisition.

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- Develop training video on counseling skills and informed choice for all cadres of health providers who counsel clients.
- Since IUDs have existed for so long, donors do not realize that the Copper T 380A represents an opportunity to reintroduce an improved technology in a way that may have substantial impact. It is therefore particularly important to convince donors of the importance of careful introduction of the Copper T 380A and to gain their support.

Action Items

- Disseminate findings and action items from this meeting to CAs.
- Plan a similar Interagency Meeting for about one year from now.
- Form the Task Force for Technical Issues.

Chairman: Noel McIntosh (JHPIEGO)

Members: Marcia Angle (INTRAH)

Betty Gonzales (AVSC)

Carlos Huezo (IPPF/London)

Any other volunteers? Please contact Noel McIntosh.

Issues to be addressed include:

1. Reach a conclusion about a time frame which is acceptable for removing a Copper T 380A IUD that has perforated and when it should be left in the body cavity. All new instructional materials should reflect the final conclusion.
2. Examine issues particular to post-partum insertion (length of thread, implications for USFDA, need for special packaging, etc.).
3. Reach a conclusion about the need for high-level disinfection versus sterilization. Again, standardize language to be used in future materials.

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- Form the Task Force on Training, Logistics, and Service Provision.
Chairman: Karen Beattie (The Population Council)
Members: Alison Ellis (AVSC)
Zoe Kopp (IPPF/WHR)
Elizabeth Younger (PATH)
Margot Zimmerman (PATH)
Any other volunteers? Please contact Karen Beattie.

Exact issues to be addressed are yet to be determined.

Potential Research Topics for CAs Looking for New Areas to Explore

These topics arose throughout the discussions and can be addressed by any organization willing to undertake the research.

- To what extent can providers get accurate information from a woman about her sexual life (number of partners) and her partner's sexual life?
- What is the demographic impact of providing higher quality of care (versus quantity)?
- Is an IUD a cofactor for HIV infection?
- Is it possible to develop a method to visually identify potential cancer of the cervix in women (through use of a "magnifying glass", sets of pictures showing different abnormalities, etc.)?

INTERAGENCY MEETINGS
on NORPLANT^R and Copper T 380A IUD

September 14 - 15, 1989
Embassy Square Suites
2000 N Street, N.W.
Washington, D.C. 20036

September 14, 1989

9:00-9:25	Continental Breakfast
9:25-9:30	Welcome
	Dr. Forrest Greenslade, The Population Council
9:30-10:30	Opening Remarks
	Dr. George Brown, The Population Council
	<ul style="list-style-type: none"> ■ Update on NORPLANT^R Status ■ Update on FDA Approval ■ Summary of Status of Country Introductions
10:30-11:00	Question and Answer/Discussion
11:00-11:15	Refreshments
11:15-11:45	Overview of Existing Materials
	Ms. Sandra Waldman, The Population Council
11:45-12:15	Sharing/Participant Comments
12:15-12:30	Introduction to A.I.D. IT/CA NORPLANT ^R Working Group
	Ms. Bonnie Pedersen, A.I.D.
12:30-12:45	Discussion
12:45-2:00	Lunch in the Terrace Room
2:00-2:30	Strategies and Resources for Introduction
	Ms. Alison Ellis, AVSC
2:30-3:30	Working Groups
3:15-3:30	Refreshments
3:30-4:30	Report Recommendations/Issues/Resources to Entire Group
4:30-5:30	Summary of Next Steps
	Dr. George Brown, The Population Council
6:00-7:30	Reception at PATH

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COPPER T 380A DISTRIBUTION

Countries receiving at least 2,000 units
in 1988 and/or 1989 from
A.I.D., Pathfinder Fund, and/or FPIA

Countries receiving at least 50,000 units are highlighted

<u>Country</u>	<u>Units '88</u>	<u>Units '89*</u>
Bangladesh	0	255,000
Bolivia	11,160	6,000
Botswana	15,200	15,000
Brazil	45,040	9,900
Burkina Faso	0	2,000
Chad	7,400	0
Chile	300,509	414,931
Colombia	215,000	0
Costa Rica	28,600	7,000
Curacao	0	2,200
Dominican Republic	0	14,200
Ecuador	0	72,600

* Already distributed and/or planned

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<u>Country</u>	<u>Units '88</u>	<u>Units '89*</u>
Egypt	1,450,200	840,200
El Salvador	10,800	27,000
Ghana	32,600	10,000
Guatemala	20,120	15,000
India	20,600	0
Ivory Coast	9,200	2,000
Jordan	7,000	15,400
Kenya	83,900	30,000
Malagasy	0	2,400
Malawi	6,000	2,000
Mauritius	0	2,400
Mexico	253,200	160,000

* Already distributed and/or planned

1
- No

<u>Country</u>	<u>Units '88</u>	<u>Units '89*</u>
Morocco	0	45,000
Mozambique	10,000	8,400
Nepal	10,000	10,000
Nigeria	200,800	124,800
Pakistan	86,000	838,000
Paraguay	6,000	0
Peru	90,960	231,600
The Philippines	85,800	0
Senegal	0	20,000
Somalia	6,000	0
The Sudan	4,200	0
Thailand	20,200	6,600

* Already distributed and/or planned

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<u>Country</u>	<u>Units '88</u>	<u>Units '89*</u>
Togo	3,000	0
Trinidad and Tobago	0	3,000
Tunisia	100,000	192,000
Turkey	246,000	603,000
Uganda	3,600	3,800
Yemen	5,000	5,000
Zaire	6,000	7,200
Zambia	6,000	0
Zimbabwe	26,400	0

* Already distributed and/or planned

Reference List of Materials on the Copper T 380A IUD

SPANISH

Manual for health workers:

El TCU 380A Manual para Trabajadoras de la Salud

Manual for physicians:

El Diapositivo Intrauterino TCU 380A Manual para Médicos

A series of three brochures for physicians:

- 1) *TCu 380A Nuevo Avance en Tecnología Anticonceptiva*
- 2) *TCu 380A*
- 3) *TCu 380A Información para Comentar con su Paciente*

Brochure for clients of private physicians:

El Diapositivo Intrauterino de Mayor Duración, TCU 380--Un Método Confiable para Planificar la Familia

The above materials were produced by:

Asociación Sociedad Médico Farmacéutica
(SOMEFA)
Carrera 6, Número 76-34
Teléfono: 212-55-35
Bogotá
Colombia

Also under development by the Colombian Ministry of Health:

Brochure for Users of the TCU 380A IUD

Brochure for Potential Users of the TCU 380A IUD

PORTUGUESE

Manual for service providers:

TCu 380A Diretrizes Para a Tomada de Decisao Informada e Uso

Manual for physicians: *TCu 380A Manual Para Medicos*

Comic book for clients: *O DIU*

Manual for counselors:

TCu 380A Perguntas e Respostas para Orientadores em Planejamento Familiar

Flip chart: *Gravidez e Anticoncepção*

Brochure for physicians: *TCu 380A*

The above materials were produced by:

Center for Research and Control of
Maternal Child Diseases of Campinas
(CEMICAMP)
Caixa Postal 6131
13.081 Campinas
São Paulo
Brazil

FRENCH

Manual for clinicians: *Copper T 380A - Manuel des Cliniciens*

Manual for health workers: *Copper T 380A - Manuel du Corps Social*

Brochure for decision makers:

Copper T 380A - Instructions et Conseils D'Utilisation

Training Curriculum for Medical and Para-medical Personnel:

Copper T 380A - Modules de Formation pour le Corps Médical et Para-médical

Training Curriculum for Health Workers:

Copper T 380A - Modules de Formation pour le Corps Social

Adaptation of IPPF Video: *Copper T 380A*

The above materials are being prepared by:

Office Nationale de la Famille et
de la Population (ONFP)
42, Avenue Madrid
— Tunis 1002
Tunisia

ARABIC

In preparation:

- 1) Leaflet for clients - " **الآلة الرحمية** " ("The Uterine Loop")
- 2) Flip chart
- 3) Manual for health workers
- 4) Brochure for decision makers

The above materials were, or are, being prepared by:

Office Nationale de la Famille et
de la Population (ONFP)
42, Avenue Madrid
Tunis 1002
Tunisia

BANGLADESH

Flyer for Decision Makers

Manual for Health Workers (Family Welfare Assistants)

Manual for Clinicians (Family Welfare Visitors)

Pictorial booklet for Clients

The above materials were produced by:

IEM/Directorate of Family Planning
and PIACT/Bangladesh

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OUT LOOK

PRODUCT NEWS

TARNISH DOES NOT AFFECT COPPER IUDS

The occasional presence of tarnish on the surface of copper IUDs has caused concern among family planning providers. In particular, providers often think that a tarnished IUD may not be sterile or may block the release of copper in the uterus (thereby reducing the effectiveness of the device). All available evidence suggests that tarnished IUDs are safe and effective and can be inserted and used in the same way as untarnished IUDs.

The copper wire or sleeves on IUDs tarnish because moisture and gases penetrate the IUD package, causing an oxide film to form on the copper. The IUD packaging material is designed to be permeable to ethylene oxide gas (used to sterilize packaged IUDs), but not to disease-causing microorganisms.

Since tarnish can form even when IUD packages remain sealed, its presence does not suggest a non-sterile device. (IUD packages always should be examined to eliminate the possibility of visible breaks in the seal before an IUD is inserted). The extremely thin layer of tarnish (about 0.016 percent of the copper wire radius) is not harmful and is unlikely to interfere with the release of copper ions in the uterus. Tarnished devices that have been inserted and later removed after successful use show evidence of copper dissolution (release of copper ions), although dissolution rates of tarnished and untarnished IUDs have not been compared.

In conclusion, research suggests that the tarnish sometimes observed on copper IUDs does not pose a risk to the user. Nonetheless, to eliminate concern, at least one IUD manufacturer is investigating ways to prevent tarnishing while preserving IUD safety and efficacy.

NORPLANT® Training Arm Update **Insertion and Removal Subdermal Implant Training Model**

An improved model of the upper arm for training health workers to insert and remove NORPLANT Contraceptive capsules is currently under development by PATH.

PRODUCT IMPROVEMENTS: The new training arm will have the capability to simulate removal techniques as well as insertion. The current model simulates "insertion only." Other improvements being incorporated into the arm include:

- Better "feel" and simulation in insertion and withdrawal procedures
- Flexible training configurations for more effective training
- More compact stable shape
- Simulation of "tissue capsules" in withdrawal mode
- Easier application and removal of replacement skins
- Longer in-use life of all components
- Lower price

PRODUCT STATUS: In 1985, the original insertion training arm was endorsed by most of the key regional directors of NORPLANT field trials, and a photograph of the arm appeared in the Population Council's worldwide NORPLANT newsletter. The new model arm may be available in early 1990. Each skin can be reused 10 to 40 times for insertion training. The removal training involves an additional component that is filled with capsules and placed between the skin and core of the arm. It simulates the fibrous tissue build-up around each capsule and can only be used once. The cost of the arm is still undetermined, but preliminary quotations indicate the unit price could be between \$9-11 per unit; less than half the cost of the current arm. Additional removal training components and replacement skins can be ordered separately. For more information please write to:

PATH
4 Nickerson Street
Seattle, WA 98109, USA
Telex: 4740049 PATH UI
Phone: (206) 285-3500
Fax: (206) 285-6619