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ISSUE BRIEF

Long-Acting and Permanent Methods of Contraception: Meeting Clients' Needs

Four contraceptive methods are categorized as long-acting or permanent (LA/P): intrauterine devices (IUDs), implants, female sterilization, and vasectomy. IUDs and implants are long-acting temporary methods; when removed, return to fertility is prompt. Copper-containing IUDs, the ones generally available in African Ministry of Health (MOH) family planning programs, are effective for at least 12 years, although they are labeled for 10 years. Implants, depending on the type, last for up to three to seven years. Female sterilization, or tubal ligation, and vasectomy are permanent methods.

Ensuring LA/P methods are available is important to meeting people's needs. Experience in countries where LA/P methods are available shows that they are highly popular:

- Female sterilization is the most widely used method of contraception worldwide, accounting for approximately 20 percent of all contraception.
- The second most popular method is the IUD, used by 150 million women.
- Vasectomy is the fourth most popular method, after oral contraceptives, and is simpler and safer than female sterilization.

One reason these methods are so popular is that they are highly effective; another is that they do not require daily use or repeated visits to obtain resupply.

Long-Acting and Permanent Methods Users

According to WHO's latest Medical Eligibility Criteria for Contraceptive Use (2004), almost all women are eligible for IUDs, implants, and/or sterilization, and all men who do not want more children are eligible for vasectomy. That is, the number of individuals who cannot use LA/P methods (including the IUD) is actually quite small. Recent studies of IUD use have shown that they are appropriate for women who have never given birth and for women living in settings with high rates of HIV and other sexually transmitted infections, and that they have no impact on the course of HIV/AIDS in HIV-positive women. Of course, permanent methods are only appropriate for couples who have achieved their desired family size.

Cost of Long-Acting and Permanent Contraception

Although they have a higher initial cost, LA/P methods are actually the most cost-effective of all contraceptive methods, a feature valued by individuals who choose them, as well as by MOHs trying to serve as many of their citizens as they can. The IUD is the most cost-effective method of contraception available.

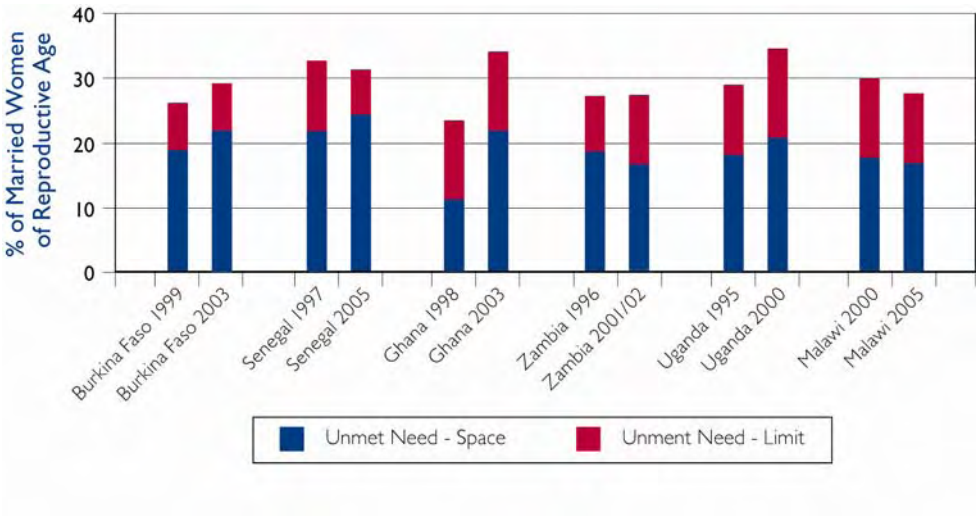
Significant Attributes of Long-Acting and Permanent Methods

Long-acting and permanent methods are by far the most effective (99 percent or greater) methods of contraception available and are very safe and convenient. They are all clinical methods and thus must be provided by trained doctors, nurses, and/or midwives in health facilities. Only one action by client and provider results in years of protection against unintended pregnancy. The desirability of these methods is due to their long life span, which requires fewer visits to health providers, thus saving clients time, effort, and money while at the same time easing the patient load at health facilities. In addition, these methods do not require daily motivation on the part of users, unlike pills and condoms, and thus have higher continuation and effectiveness rates.

The Need for Long-Acting and Permanent Methods of Contraception in Africa

When available, LA/P methods of contraception are chosen by hundreds of thousands of Africans, especially when cost and other access barriers are removed. Permanent methods are appropriate for couples who have reached their desired family size.

Experience in many African countries, such as Ghana, Kenya, Malawi, Tanzania, and Zambia, confirms this fact. Ghana, for example, removed policy barriers to allow trained nurses to insert implants and trained 600 nurses; 50,000 Ghanaian women chose Norplant implants, and thus from 1998 to 2003 the contraceptive prevalence rate (CPR) for implants rose tenfold, from 0.1 to 1 percent. Malawi, with a per capita income of less than $0.50/day and severe shortages in skilled personnel, saw its CPR for female sterilization more than triple from 1992 to 2005, to almost 6 percent overall. And more than 25 percent of Kenya's modern CPR is represented by LA/P methods.



At the same time that access to LA/P methods has increased, so has the number of people expressing the need to both space and limit births. As populations grow, and with 60 percent of Africa's population below age 25 and just moving into their reproductive years, the need for effective reversible contraceptives will become more acute. Health systems will not be able to respond to this growing demand with short-term methods alone. From the client perspective, LA/P methods offer the option of a one-time visit to a clinic for years of desired protection.

A number of factors contribute to the lack of wide availability of and access to LA/P methods of contraception, including higher up-front cost to individuals or MOHs; the need for trained providers; lack of commodities and supplies; and/or lack of accurate knowledge about how the methods work and can be accessed. In addition, MOHs also must address, with scarce human and financial resources, many competing health priorities.

Achieving National Development Goals

LA/P contraception is vital to fulfilling an MOH's mission to help protect and improve citizens' health and to help achieve national development goals. Experience globally as well as in sub-Saharan Africa confirms that without widespread availability and use of LA/P methods of contraception, a country cannot meet its lowered fertility goals. Steps to increase LA/P method use include:

- Ensuring LA/P methods are a part of reproductive health strategies and plans
- Ensuring commodity security plans include the supplies needed for LA/P methods
- Developing or revising health providers' curricula to include training in LA/P methods
- Ensuring that human resource plans include appropriate placement of trained clinicians
- Including clinical equipment and facility needs in capital expenditure plans in sectorwide assistance programs, etc.
- Undertaking steps necessary for product registration so that new products are approved for use in country