15 Years of Introducing Emergency Contraception

Possible Lessons for Misoprostol

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Misoprostol for Post-Partum Hemorrhage: From Evidence to Action
NYC July 14 and 15, 2011
Components of Access

- Development and production (testing, trials, manufacture)
- Registration
- Availability (different outlets)
- Awareness (“knowledge” in DHS)
- Correct/ “actionable” knowledge
- Cost/price (to consumer and systems)
- Acceptability and “fit”
- Integration into systems
EC Introduction, 1996 -

• **ONE** manufacturer.
• **Clinic model** (usually IPPF affiliated)
• Multiple **activities** including:
  • Research
  • Training
  • Media work
• Engaged multiple **sectors**:
  • Distributors
  • Governments
  • Media
  • Health workers and Professional Associations
  • IPPF-affiliated family planning associations
Production and Registration in 2011

- Numerous manufacturers of LNG ECPs.
- EC on WHO’s EML list, one product is prequalified.
- As of June 2011, approx 140 countries have a registered dedicated LNG EC product.
- Many countries have multiple EC products available.
Where do women obtain EC?

• In many countries women have direct access in drug stores and pharmacies. (Legal / official OTC access in 65+ countries.)

• Social marketing agencies are increasingly providing EC – now in around 20 countries.

• Social franchising efforts increasingly offer EC. (11 programs in 2009, 14 in 2010)

• Commercial sector active in some countries.
Social Marketing Sales
(global data collected by DKT)

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>2,497,979</td>
</tr>
<tr>
<td>2005</td>
<td>3,381,639</td>
</tr>
<tr>
<td>2006</td>
<td>3,961,931</td>
</tr>
<tr>
<td>2007</td>
<td>4,651,776</td>
</tr>
<tr>
<td>2008</td>
<td>6,440,208</td>
</tr>
<tr>
<td>2009</td>
<td>8,278,942</td>
</tr>
</tbody>
</table>
Social Franchising

• In 2009, 11 social franchising programs offered EC.
  – 293,993 packs sold.
• In 2010, 14 programs offered EC.
  – 1,984,242 packs sold.
• Most growth in India and Pakistan.
Global Availability ≠ Local Accessibility

- Some countries still have no product registered:
  - Philippines, Costa Rica (due to opposition)
  - Many African countries (due to perception of market?)
- **Knowledge** and **use** low in many settings.
- Less availability in the **public sector**.
Provider Misinformation, Bias

- Providers at all levels (pharmacists, nurses, doctors) seem to have misinformation about EC (safety, repeat use issues).
- Policy-makers ahead of providers (EC purchased in public sector not getting “pulled” by service delivery sites).
- Importance of “advocacy” or “technology updates” at all levels, not just top level.
Public Sector Availability

• EC is included in the public sector supply chains of fewer than half of countries surveyed (JSI).
• Little donor purchasing (RHInterchange).
• Access much lower in public sector than private sector/pharmacies.

• But: women like the privacy, speed and ease provided by pharmacies.
• Cost often cited as an access barrier.
• Are they—and we—missing other opportunities?
<table>
<thead>
<tr>
<th>Country</th>
<th>Knowledge %</th>
<th>Ever Use %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt (2007)</td>
<td>5.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Ghana (2007)</td>
<td>35</td>
<td>2.9</td>
</tr>
<tr>
<td>Kenya (2008-9)</td>
<td>40.2 (all), 49.7 (unmarried)</td>
<td>1.7 (all), 10.9 (unmarried)</td>
</tr>
<tr>
<td>India (2005-2006)</td>
<td>16.1</td>
<td>NA</td>
</tr>
<tr>
<td>Indonesia (2007)</td>
<td>6.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Nigeria (2008)</td>
<td>15.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Pakistan (2006-07)</td>
<td>17.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Senegal (2005)</td>
<td>9.6</td>
<td>0.2</td>
</tr>
<tr>
<td>South Africa (2003)</td>
<td>19.6</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Who is currently served?

- Urban, middle/upper income women.
- For these populations, supply is sustainable.
- EC not routinely included in contraceptive counseling or condom/HIV counseling.
- EC not routinely available in post-rape care.
- Is access equitable?
- Are we reaching the Total Market?
Label – not evidence based

• Most women still accessing two-pill product, labeled for ingestion 12 hours apart.

• Clear evidence that taking as single dose (whether one or two pills) is superior (Lancet).

• One-pill product patent protected.

• Generic manufacturers use older label and two-pill registration.
Unanticipated success: lesson learned?

• From 1 manufacturer to 100 (?)
• From clinics to pharmacies.
• EC is a great fit for social marketing/franchising.
• Commercial sector ($$$) playing major role.
• Will community-based distribution be next?
More lesson learned

- Consortium served as “connective tissue” allowing for sharing, lessons learned, and collective memory across agencies.

- Outreach and “mailing list maintenance” are crucial – keep pushing new information out to providers and policy-makers at all levels.

- Keep an eye on emerging issues: opposition, product quality, etc.

- Challenging to fund this “coordination” work.
Thank You!

www.emergencycontraception.org

http://my.ibpinitiative.org/ICEC
Social Marketing Countries
(global data collected by DKT)