Expanding access to NURHTs in India

The “ARC” Perspective

Caucus on New and Underutilized RH Technologies, RHSC Meet, Delhi 2013

October 9, 2013
India is a young nation, more than 50% of the population is in the reproductive age group with high unwanted fertility.

- Lack of adequate service delivery points and stocks in rural areas.
- Most prevalent and commonly used method remains female sterilization.
The Indian Basket of Choice

- The public sector basket:
  - Female Sterilization,
  - Male Sterilization,
  - Male Condom,
  - Combined Oral Contraceptives
  - Intrauterine devices
  - Emergency Contraceptives

- The private sector basket additionally includes:
  - Injectable DMPA,
  - Progestin only Pills,
  - Combined vaginal ring,
  - Foam tablets,
  - Female condom,
  - Triphasic COCs..
  - Centchroman (SERM)

And there are methods in the pipeline:
- Injection Cyclofem,
- Implants,
- Progestin only vaginal rings..
Contraceptive choice is thus governed by purchasing power, which in turn governs assured rights!

Expanding the basket of choices is not enough unless the public health system decides to take the responsibility and actually delivers.
FP will be central to achieving Universal Health Coverage

Government of India (GoI) committed to provision and promotion of spacing methods and improving access through doorstep distribution.

Increased funding for FP under the 12th Five Year Plan.
Founded in 2005, ARC primarily works in the field of sexual and reproductive health, advocating for access to quality contraceptive choice as a universal entitlement. And towards ensuring that family planning remains a priority on the National agenda.

Advocating Reproductive Choices (ARC) is a coalition of 173 organizations (36 National and 139 State level).
National Core Members

- Abt. Associates
- FPA India (National Secretariat)
- Janani
- Parivar Seva Sanastha (PSS)
- Population Services International (PSI) – India
- Indian Association of Parliamentarians on Population and Development (IAPPD)
- Federation of Obstetrics and Gynecological Societies of India (FOGSI)
- Population Health Services - India (PHSI)

Technical Support Agencies

- ICMR
- UNFPA
- WHO
- MOHFW, Govt. of India
Advocacy through State level interventions

- Availability of ECPs for Community Based Distribution in 2011 in 10 districts in UP
- Evidence building to secure continuous supply of contraceptives in Government health facilities in 10 districts of Bihar
- Placement of NSV certified doctors in each block in a district of Rajasthan
Thrust Areas for Advocacy

- Quality of Care in Family Planning
- Expanding Contraceptive Choice

(ARC National Task Forces on each constituted)
Advocacy Priorities

- Underutilized Methods
  - Progestin Only Pills
  - Injectable DMPA

- New Methods
  - Implants
  - Injectable Cyclofem
Progestin only Pills

- Safe, effective and reversible method.
- Can be offered to address the unmet need for contraception in the postpartum period.
- Available only through private sector but very expensive
ARC position on POPs

- ARC has developed an advocacy brief on POP and works to approve the introduction of POPs through public health facilities.

- ARC works in the 5 focus states with the district and state authorities to include procurement of POPs in the State PIPs.
Available in India since 1993, steadily increased uptake through private sector/NGOs ever since

Use of DMPA in the public sector is legally restricted
ARC was founded in 2005 as an ideological response to the aggressive opposition to injectables which caused the litigation and prompted restricted use in India.

ARC has compiled a compendium of recent evidence on DMPA and brought out factsheets for dissemination among stakeholders.
Implants

- Long acting progestin-only method.
- Single or two rods or capsules inserted in the upper arm, can be retained in the body up to 3-5 years.
- ICMR Phase III multicentre clinical trials on
  - Subdermal single rod Implanon in 2008; results awaited.
ARC advocates for registration of Implanon in India following recommendation of the MOHFW

Publication of the ICMR study in the public domain and recommendation to carry out phase IV (post marketing surveillance) study would be the immediate next step
Low-dose monthly combined injectable contraceptive (estradiol cypionate 5mg and medroxyprogesterone acetate 25 mg).

Phase III clinical trials of Cyclofem successfully completed by ICMR (2002-2007)
Memorandum of request submitted to the DCGI to set up an expert committee for conducting a fresh review of the safety and efficacy of Cyclofem.

ARC also supports initiation of a much-awaited multicentric Pre-Program introductory study on Cyclofem to be launched by the ICMR.
Acknowledgments

- David and Lucile Packard Foundation
- FHI 360 PROGRESS (USAID)
- Family Planning Association of India
- Dr Sunita Mittal, Chairperson, ARC National Task Force on Expanding Contraceptive Choice
- Dr Shrabanti Sen, FHI 360
- Mr V M Koliwad, SG, FPA India
- Dr Kalpana Apte, ASG (Programme Implementation, FPA India)
Thank you