



# Reproductive Health Supplies Coalition

New and Underused RH Technologies Caucus

Background and 2013 Update

9 October 2013

# Background

# What is the NURHT Caucus?



- Community of Practice.
- Purpose: To contribute to country-level efforts to achieve MDG 5.
- Approaches:
  - **Broaden discussion within Coalition on NURHTs.**
  - **Collaborate with Coalition Implementing Mechanisms.**

# What do we mean by “new?”



- New RH technologies are those that are new to a global or country market and are currently available for procurement.

# What do we mean by “underused?”



- Underused RH technologies are those that are not routinely available in the public, private, or social marketing sectors, as well as those technologies not routinely procured by the major procurers.

# The technologies discussed by the Caucus are those that:



- Can expand choice in a reproductive health program focused on family planning and/or maternal health;
- Add value to the method mix or medical response; and
- Respond to the needs of the clients.

# Coalition Structure



- 1 Executive Committee
- 1 Secretariat
- 3 Working Groups
- 2 Regional Forums
- 2 Caucuses

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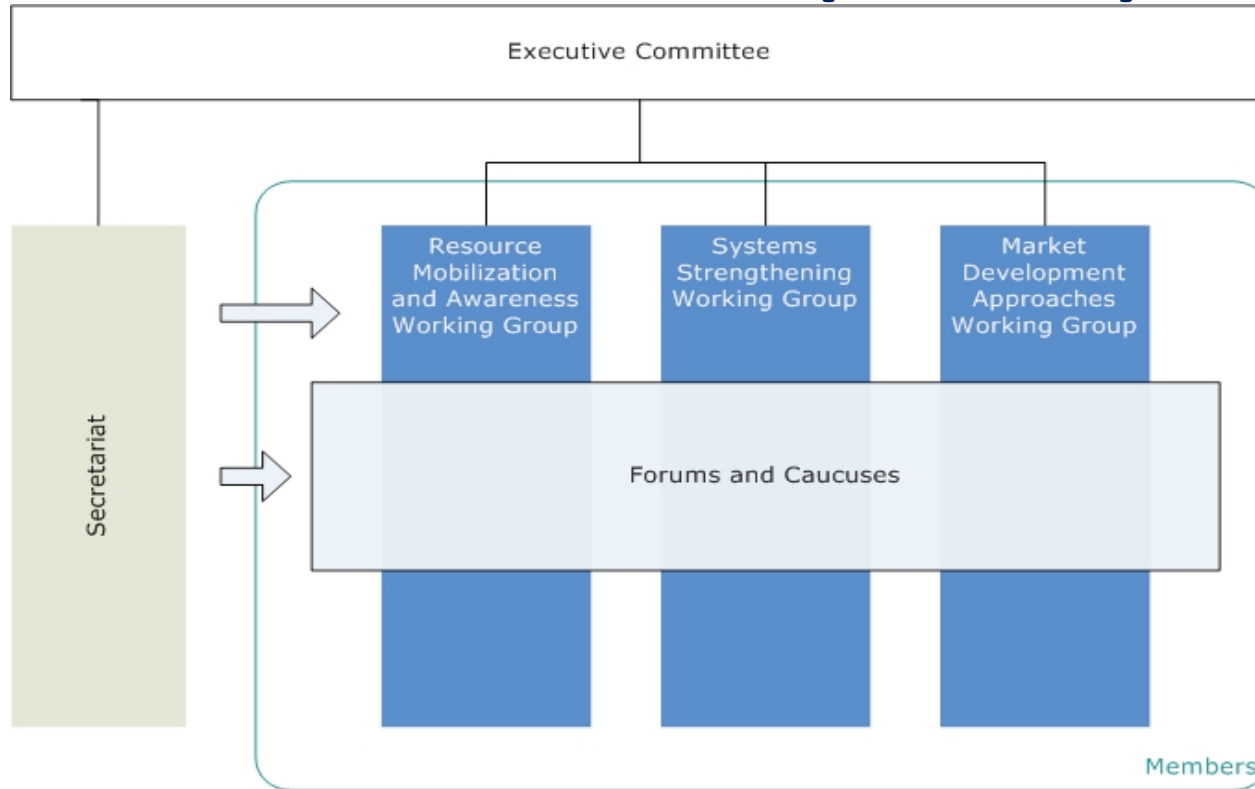


Implementing  
Mechanisms





# Coalition Structure (cont'd)



# Coalition Structure (cont'd)



- Implementing mechanism but not a Working Group.
- Operates *through* the Working Groups.
  - Include Regional Forums in the future.
  - Liaisons to each WG.
- All Caucus members also belong to at least one WG or Forum.

# Updates January – October 2013



# RHSC Updates

- Bonnie Keith's replacement on the Caucus: RHSC will decide how this role will operate moving forward likely by end of year; Heather Clark is serving as Interim Chair.
- A small advisory group met in Brussels and in DC to take part in the RHSC strategic refresh; plan will be launched at the Annual Membership Meeting (AMM).
- Innovation Fund has been replenished and will be re-launched later this fall.
- A new caucus was launched in May: Generic Manufacturers Caucus for RH (GEMs).

# Caucus Updates

- All 13 briefs have been posted to the RHSC website.
- Editorial for journal *Contraception* drafted.
- Small group within the Caucus has been exploring how to take the EML project forward.



The image shows a product brief document titled "Contraceptive Implants" from the Reproductive Health Supplies Coalition. The document is framed by a blue border. At the top left is the coalition's logo, a globe with a blue figure. To the right of the logo is the text "Reproductive Health Supplies Coalition". Further right, the text "PRODUCT BRIEF" is displayed in a bold, sans-serif font, with "Caucus on New and Underused Reproductive Health Technologies" written below it in a smaller font. The main title "Contraceptive Implants" is centered in a large, blue, sans-serif font. Below the title, the document is organized into two columns. The left column is headed "Description" and contains several paragraphs of text detailing the history and types of contraceptive implants, including Norplant, Jadelle, and Sino-implant. The right column is headed "Efficacy" and contains text about pregnancy rates and continuation rates. Below the "Efficacy" section, there is a section for "Current programme/sector use".

Reproductive Health Supplies Coalition

PRODUCT BRIEF  
Caucus on New and Underused Reproductive Health Technologies

## Contraceptive Implants

### Description

Introduced more than 25 years ago, contraceptive implants are one of the most effective family planning methods available when used in accordance with approved prescribing information. Implants are thin, flexible rods that are inserted just under the skin of a woman's upper arm and provide sustained contraception ranging generally from three to five years.

The Population Council developed the first contraceptive implant—Norplant—which was approved in Finland, the country of manufacture, in 1983. Norplant consisted of six rods (2.4 mm × 34 mm), each containing 36 mg of levonorgestrel (a progestin). The second-generation system, Jadelle, was subsequently developed and approved by the U.S. Food and Drug Administration (USFDA) in 1996; Jadelle consists of two rods (2.5 mm × 43 mm), each containing 75 mg of levonorgestrel. In 1994, Sino-implant (II), a similar two-rod implant with the same amount of active ingredient as Jadelle, was introduced in China. This was followed by Implanon in 1997 and approved by USFDA in 2006, a single-rod contraceptive implant (2 mm × 40 mm) containing 68 mg etonogestrel, a synthetic female hormone resembling progesterone, which was developed in the Netherlands. Production of Norplant was discontinued in 2008.<sup>1</sup>

Contraceptive implants provide long-lasting contraception by suppressing ovulation, impeding sperm transit by thickening the cervical mucus, and

spacing and limiting. Implants should not be inserted in women during the first six weeks after childbirth if they are exclusively or partially breastfeeding; those with serious liver disease, problems with blood clots, or unusual vaginal bleeding; and women that have or have had breast cancer.<sup>2</sup> Contraceptive implants do not provide protection from sexually transmitted infections.

### Efficacy

Contraceptive implants are one of the most effective contraceptive methods available. Annual pregnancy rates are less than 1 percent with all implants.<sup>3,4</sup> Continuation rates are often better than those for other hormonal contraceptives or intrauterine devices.<sup>4</sup> No significant differences are found in contraceptive effectiveness or continuation rates among users of various contraceptive implants.<sup>4</sup>

The major side effects associated with the use of contraceptive implants are changes in bleeding patterns (frequency, duration, and amount).<sup>5,7</sup> Other potential side effects include weight gain, headaches, abdominal pain, acne, dizziness, nausea, breast tenderness, and mood changes. Rarely, infection at the site of the implant will occur.<sup>7</sup> Ovarian cysts may also occur, but usually do not require treatment.<sup>8</sup>

### Current programme/sector use

# Outstanding Activities



- Finalize and publish editorial in journal *Contraception*.
- Ensuring NURHTs on WHO Essential Medicines List.

# Challenges



- Leadership change mid-year (Chair).
- Liaison system not functioning as actively as in the past.
- Little progress in identifying new activities.
- Need to engage A&A WG.

# Opportunities



- New WG activities with NURHT potential.
- UNCoLSC implementation of recommendations.
- Partnership with MHS Caucus and A&A WG.



# Information



- Upcoming teleconferences:
  - October 22, 2013
  - February 11, 2013
- Contact:
  - Heather Clark, [hclark@popcouncil.org](mailto:hclark@popcouncil.org)
  - Jamee Kuznicki, [jkuznicki@rhsupplies.org](mailto:jkuznicki@rhsupplies.org)

- Website:

<http://www.rhsupplies.org/working-groups/caucus-on-newunderused-rh-technologies.html>