Introduction of Emergency Contraception in India: Lessons for MPTs

Sanjay Chauhan
Deputy Director (Scientist E)

National Institute for Research in Reproductive Health
Mumbai, India
Introduction of Emergency Contraception in India

- 1996 – International Consortium on Emergency Contraception was founded - currently EC is available 140 countries and in 60 countries is available OTC

In India
- Jan 2001 - A Consortium on National Consensus for Emergency Contraception (EC) met in Delhi to reach a consensus on strategies for introduction of EC in India. Deliberated on issues related to introduction and formulated national consensus statements and guidelines
- Sep 2001 - The DCG of India approved levonorgestrel only pill as EC
- Jan 2002 - was made available only on Rx
- 2003 - Introduced in the National Family Welfare Programme
- 2005 - Approved as OTC drug
EC in Public Sector

- Health care infrastructure
  - 146 000 Sub Centres; PHCs 23 400; 4300 CHCs; 2463 FRUs, 600 District Hospitals
  - 696 000 ASHAs; 47 000 ANMS; 18776 Doctors; 14 490 Paramedics
  - Medical Schools 251+70
  - Municipal Corp 109
- Skewed utilization of FP methods
- IEC material and IEC strategy workshop by NIRRH
- OR by ICMR and Pop Council

- EC was introduced with Technical Guidelines & Training Modules
- National Training Programme and Community sensitization didn’t happen
WHAT IF
CONTRACEPTION FAILS

Emergency Contraception Pill
is the solution within 72 hours
USE ONLY IN EMERGENCY!

Use
Emergency Contraceptive Pills
Within 72 hours after unprotected sex

What is Emergency Contraception?

Emergency contraception refers to methods which can be used shortly after an unprotected act of sexual intercourse to prevent pregnancy.
Training of Mumbai Municipal Corporation Doctors

Correct responses by Doctors on basic knowledge on EC

Correct responses by Doctors on dedicated EC product, its timing, dosage and regimen

- **Rape**: 14% pre-test, 41.7% post-test, 86.1% impact after 8 months (n=13)
- **Forgotten OC pills**: 0% pre-test, 33.3% post-test, 86.1% impact after 8 months (n=13)
- **Breakage/slipage of condom**: 27.8% pre-test, 83.3% post-test, 100% impact after 8 months (n=13)
- **Unprotected intercourse**: 61.1% pre-test, 100% post-test, 100% impact after 8 months (n=13)
- **What is EC?**: 52.8% pre-test, 91.7% post-test, 84.6% impact after 8 months (n=13)

- **Timing to be given in cycle**: 52.8% pre-test, 88.9% post-test, 84.6% impact after 8 months (n=13)
- **Drug regimen**: 41.7% pre-test, 69.2% post-test, 100% impact after 8 months (n=13)
- **Content of levonorgestrel**: 38.5% pre-test, 41.7% post-test, 77.8% impact after 8 months (n=13)
- **Available dedicated product**: 53.8% pre-test, 88.9% post-test, 84.6% impact after 8 months (n=13)
- **Time limit for IUD insertion**: 7.7% pre-test, 38.9% post-test, 58.3% impact after 8 months (n=13)
- **Time limit to initiate EC Pills**: 20% pre-test, 41.7% post-test, 76% impact after 8 months (n=13)
Training of Mumbai Municipal Corporation Nurses

Correct responses by Nurses on dedicated EC product, its timing and drug regimen

Correct responses by Nurses on basic knowledge about EC

Mode of action
- Impact after 8 m (n=70)
- Post-test (n=141)
- Pre-test (n=141)

Drug regimen
- Impact after 8 m (n=70)
- Post-test (n=141)
- Pre-test (n=141)

Time limit for IUD insertion
- Impact after 8 m (n=70)
- Post-test (n=141)
- Pre-test (n=141)

Time limit to initiate EC Pills
- Impact after 8 m (n=70)
- Post-test (n=141)
- Pre-test (n=141)
## Awareness and use of ECPs among women in India

<table>
<thead>
<tr>
<th>Year</th>
<th>Setting &amp; Study group</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFHS-III (2005-06)</td>
<td>Currently married (15-24 yrs)</td>
<td>Awareness about EC: 10% (n= 23,508) 6.4% (n= 23,587)</td>
</tr>
<tr>
<td></td>
<td>Never married (15-24 yrs)</td>
<td></td>
</tr>
<tr>
<td>DLHS-III (2007-08)</td>
<td>Currently married (15-49 yrs)</td>
<td>Awareness: 31.3% (6,04,804), Ever use: 0.6%</td>
</tr>
<tr>
<td></td>
<td>Never married (15-24 yrs)</td>
<td>Awareness: 30.4% (n= 1,66,260)</td>
</tr>
<tr>
<td>PSI Rajasthan 2008</td>
<td>Jaipur, married women</td>
<td>• Women using EC 3.9% (baseline) to 6.7% (end line)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• After use of EC, use of regular spacing method significantly increased from 3.2% at base to 4.9% at end line</td>
</tr>
<tr>
<td>NIRRH 2010</td>
<td>Mumbai – 2 UHP areas Pilot survey of 300 married women</td>
<td>• 1.6% women used ECPs (n=300)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• None of the women using ECPs had taken from UHPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Incorrect knowledge and misconceptions</td>
</tr>
</tbody>
</table>
EC in Commercial Sector

- 200,000 “i-pill”s ($2) sold each month since 2007, features in the top-300 pharma products recording sales of INR 310 millions from 2009-10
- Outselling Condoms and OCPs
- Rapid increase in sales from more aggressive ad campaigns - TV spots which even reached Bangladesh dominating local brands
Fallout of Commercial Publicity

• Large scale and repeated usage reports raised concerns among Social Activists
• Jan 2010: DCGI and Drugs Technical Advisory Board (DTAB) banned ads
  – Promote EC as regular contraceptives
  – Promote unsafe sex among youth & risk of HIV/STIs
  – Encourage promiscuity among youth (Ab hum hai tension-free)
  – Misrepresent abortion (Abortion se accha, EC pills lena)
• Oct 2011: DTAB has allowed ads with guidelines:
  − A Committee consisting of Principal of a Girls College, Rep Civil Society Groups and Advertising Council should screen the ads and scripts before telecasting
  − Health Ministry is considering withdrawal of ban
Impending Ban on OTC

- June 2010: A PIL has been filed in Andhra Pradesh High Court seeking to ban the sales of OTC ECPs in India
- Acting on the petition, the High Court
  - ordered the Andhra Pradesh State Drug Controller to file technical data on the product
  - has send notices to the DCGI to provide details about the marketing permission given to some of the pharma companies

“Buying ECPs has become like buying candy bars. They sell fast and many drug stores often run out of stock in cities. But most of the young women show a carefree attitude toward contraception owing to the cheap availability of the pills”.
ICMR’s Call for Research Proposals (December 2011)

1. Use/Abuse of Emergency Contraceptive Pills especially amongst Teenagers and Sex workers

2. Repeat use, side effects and impact on regular FP methods

3. Perception of ECP amongst women of reproductive age group

4. Effect of ECP on Maternal Mortality & Morbidity

5. Change in prevalence of abortion/Illegal abortion after introduction of ECP in National Programme
Lessons learnt for: introduction of MPTs

1. Mass media (TV spots & Posters) effective for promotional strategy to create community awareness

2. Making the product readily available over OTC increases sales

3. Commercial over-interests to be checked

4. Capacity building of Provider on MPT and reorientation is critical

5. Education of potential users for demand generation

6. Advocacy with gatekeepers for product acceptability
What is the ideal Programmatic Platform on which MPTs could be introduced?
Integrated / Linked / Converged SRH – HIV Programme

- Pregnancy
- HIV
- RTIs/STIs
**Country Examples**

- India is in the process of linking activities between Phase 3 of the NACP and Phase 2 of the RCH.
- Technical guidance came from the NIRRH, WHO, UNFPA, and FHI. Two expert groups from the NACO and RCH were brought together in the process of reviewing existing guidelines, comparing them with health system realities (based on a rapid assessment), and drafting new guidelines.
- These guidelines kept in mind the variability in the settings of the two programmes and yet brought them together with uniform protocols for the management of RTI/STI.
Convergence between NACP & RCH under NRHM

National Rural Health Mission


Operational Guidelines for Programme Managers and Service Providers for Strengthening STI/RTI Services

Suraksha Clinic
Sexual and Reproductive Health Services
National Training Strategy, Training Modules and Job-Aids for Providers

- Field tested at 6 sites of RCH and NACP
- Being used in NACP and RCH
Some References

4. (www cipla.com)
Thank You