



# What's Next with the LNG-IUS?

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# Levonorgestrel Intrauterine System (LNG-IUS)



- ✓ **Very popular in countries where available/accessible; helped revitalize the IUD market in some countries including U.S.**
- ✓ **In early introduction efforts in several FP 2020 countries, high acceptability demonstrated**
- ✓ **Additional non-contraceptive benefits:**
  - Can make periods lighter/shorter
  - Treatment for heavy bleeding
  - May reduce iron-deficiency anemia

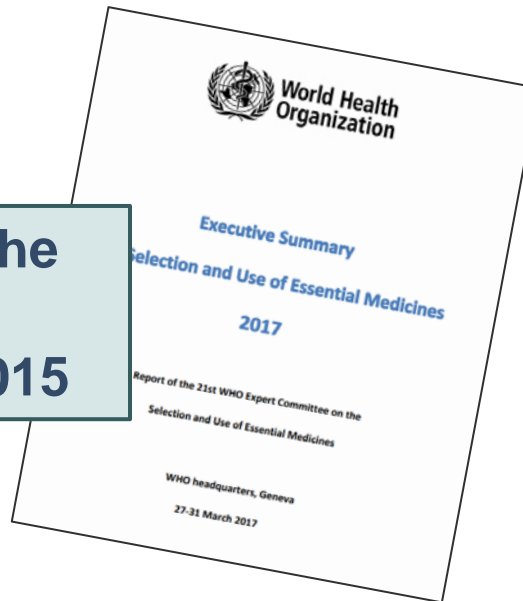


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## Access Remains Limited in FP2020 Countries

LNG-IUS added to the WHO Essential Medicines List in 2015



- ✓ First approved for use in 1990, the LNG-IUS has a nearly 30-year research-to-practice gap in FP 2020 countries
- ✓ Landscape may be changing as new products become available

# LNG-IUS Products

BAYER HEALTHCARE:  
Mirena, Skyla, Kyleena

ICA FOUNDATION:  
LNG-IUS

MEDICINES 360:  
Liletta/ Avibela



*Liletta*   
(levonorgestrel-releasing  
intrauterine system) **52 mg**

*Avibela* 

Additional LNG-IUS products being introduced in some FP2020 countries such as Pregna International's Eloira

# LNG-IUS Global Learning Agenda

- Interagency LNG-IUS Working Group convened by USAID comprised of donors, implementing agencies and manufacturers
- Allows for coordination, developing shared learning agenda, and aligning research approaches and M&E questions

Potential demand?  
Potential user profiles?

Effective demand creation strategies?

Service delivery strategies/  
experiences?

Cost effectiveness?

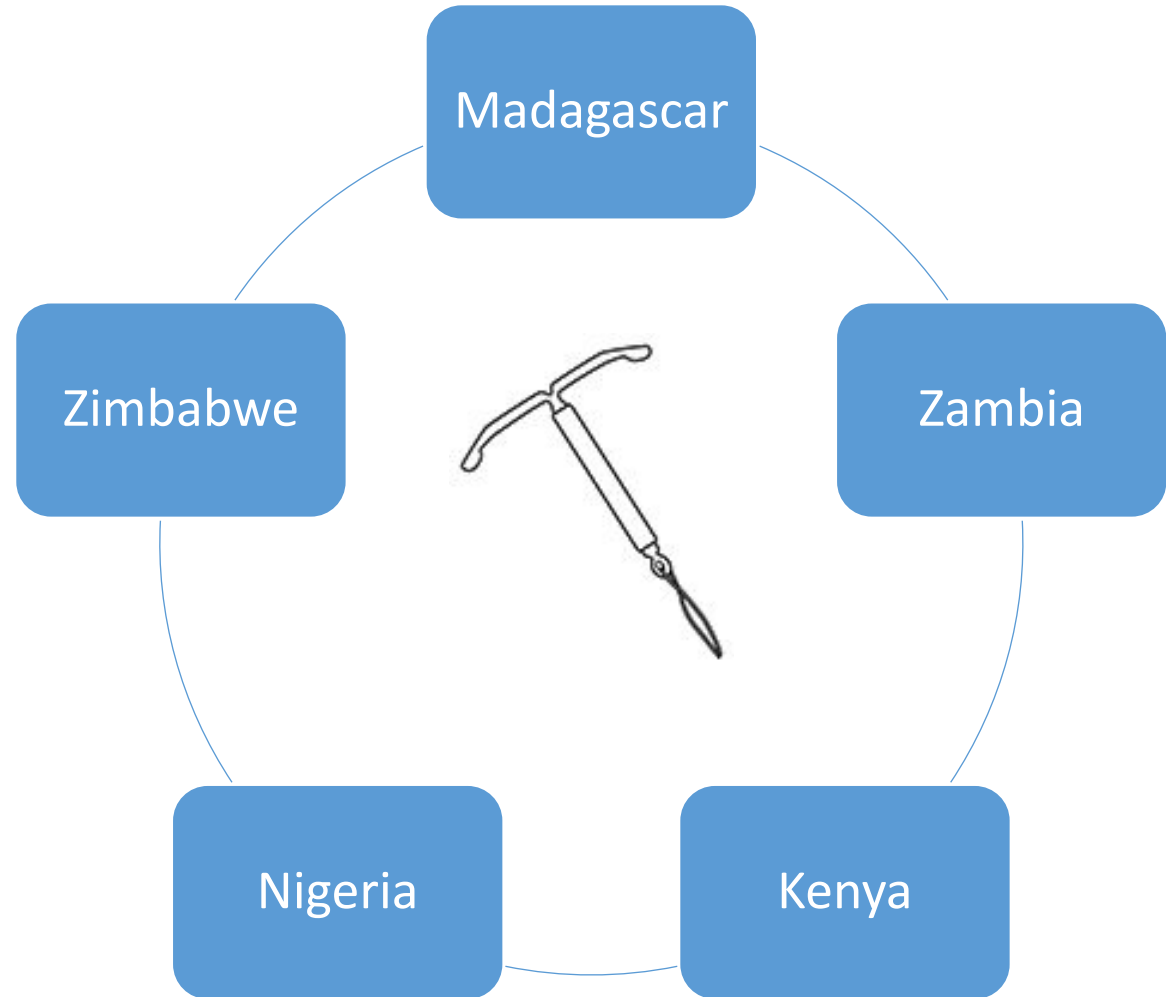
Impact of non-contraceptive health benefits?

# Pilot Introduction Efforts



**Implementing partners with current USAID-funded pilots/evaluation activities:**

- FHI 360
- MCSP/Jhpiego
- MSI
- PSI/Society for Family Health
- WCG



# Study of LNG-IUS users in Kenya

USAID-funded study in Kenya among postpartum women showed high uptake and acceptability:

- Among 671 clients, **16% chose LNG-IUS**
- Approximately **one third of users** said if LNG-IUS had not been available, they would have chosen a shorter-acting method
- At 12 months, **89% continuation rate; 87% reported being very satisfied**



**Sources:** Hubacher, David, et al. "Uptake of the levonorgestrel intrauterine system among recent postpartum women in Kenya: factors associated with decision-making." *Contraception* 88.1 (2013): 97-102.

Hubacher D, et al. The levonorgestrel intrauterine system: cohort study to assess satisfaction in a postpartum population in Kenya. *Contraception*. 2015 Apr;91(4):295-300.



# Kenya: Market Assessment

- In partnership with FHOK, conducted interviews with Mirena users (N=29) and their partners (N=9) in Nairobi
- Most common reason women opted for Mirena was the **perception that method had fewer side effects than other FP methods**. Specific side effects women wanted to avoid included weight gain and “hormonal imbalances”



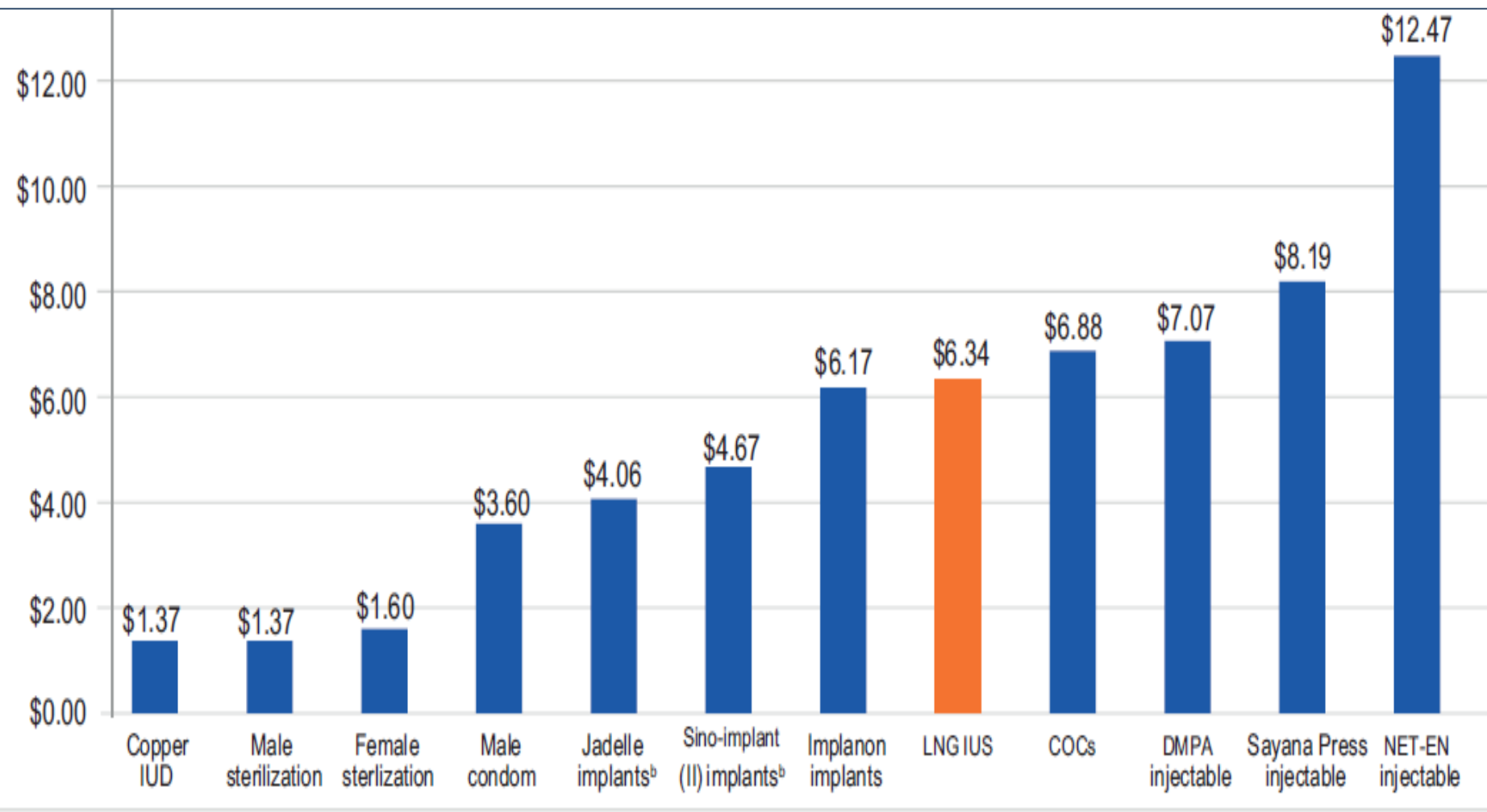
*“Even though hormones are involved, it is at a very minimal level...”*

*“I didn't want something.....which would interfere with...the whole body system, like the hormones”*

Source: Nanda G. et al. 2017.



# Direct Service Delivery Costs per CYP in Kenya – with LNG-IUS at \$15/unit and 5-year duration



Source: Rademacher KH, Solomon M, Brett T, et al. Expanding Access to a New, More Affordable Levonorgestrel Intrauterine System in Kenya: Service Delivery Costs Compared With Other Contraceptive Methods and Perspectives of Key Opinion Leaders. 2016

# Zambia: Market Assessment

- Market Assessment in 2016 in partnership with Society for Family Health, PSI and WCG included interviews with Key Opinion Leaders (KOLs), providers, and women
  - Majority of KOLs perceived that method has **important advantages**
  - All healthcare providers **willing to use the method in their practice**
  - Almost all of the potential users interviewed indicated that they would be **willing to try the LNG-IUS**

**Following market assessment, Family Planning Technical Working endorsed public sector introduction of LNG-IUS**



**PSI, Society for Family Health, WCG and Jhpeigo currently leading pilot introduction efforts and ongoing research studies in collaboration with Ministry of Health**

# Nigeria Assessment: Clients' reasons for choosing the LNG-IUS

Reason	Total (n=348)
Reduced menstrual bleeding	62.6% (218)
It lasts for a long time	54.0% (188)
Very effective	51.1% (178)
Nobody will know I'm using it	44.5% (155)
It is convenient/don't need to do anything	34.8% (121)
Won't affect future fertility	34.2% (119)
Few side effects	30.7% (107)
Recommended by friend or family	24.1% (84)
Don't want more children	23.0% (80)
Want to delay pregnancy for at least 2 years	21.6% (75)
Can use while breastfeeding	20.7% (72)
Affordable here	17.2% (60)
Other	3.2% (11)

“Can you briefly tell me the reasons you chose the LNG-IUS today instead of another method?”\*



\*Providers instructed not to read list aloud; mark all that apply

# Learning about Expanded Access and Potential of the LNG-IUS (LEAP LNG-IUS) Initiative

## Learning agenda includes:

- Describe LNG-IUS acceptors and rejecters;
- Estimate potential demand in 3 countries;
- Measure continuation rates at 6 and 12 months; assess client satisfaction
- Evaluate cost-effectiveness compared to other LARCs
- Describe providers' and clients' experiences
- Identify potential strategies to accelerate national regulatory approvals





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**Coming soon:**  
Section of IUD  
Toolkit on K4Health  
focused on LNG-IUS

IUD Toolkit

[www.k4health.org/toolkits/iud](http://www.k4health.org/toolkits/iud)

