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# Contraceptive Hormonal Implant Removal Services: Experiences from the ExpandFP Project in the Democratic Republic of the Congo, Tanzania, and Uganda

## INTRODUCTION

Contraceptive hormonal implants are suitable for almost all women at any stage of their reproductive lives and at any age, including during adolescence and immediately postpartum (WHO, 2015). They provide a woman with an easy-to-use, reliable, long-acting reversible contraceptive that is effective for up to 3–5 years, depending on the type of implant. Clinical evidence indicates that only one in 2,000 implant users experience an unwanted pregnancy in the first year of use, which makes implants 120 times more effective than injectables and 180 times more effective than oral contraceptives, based on typical use of those methods (Trussell, 2011, cited in Jacobstein & Stanley, 2013).

Implants can be provided during a single client-provider interaction that includes a counseling session to review all choices of contraception available to the client. If a woman chooses an implant, a trained provider administers a local anesthetic before inserting one or two matchstick-sized plastic rods beneath the skin of her upper arm. After an implant is removed, ovulation can resume in as early as seven days, so women who still want to avoid pregnancy need to have a new implant inserted or switch to another contraceptive method (Hatcher et al., 2013).

Historically, hormonal implants have been less accessible to women in resource-constrained environments, in part due to their higher cost than other methods. Over the last decade, use of implants has risen worldwide, bolstered by national and international commitments made at the 2012 London Summit on Family Planning. Formed shortly thereafter, the Implant Access Program (IAP) global collaboration focuses on supporting more than 20 countries from Sub-Saharan Africa and Asia; baseline annual procurements of 40,000 implants or more were made in the period 2010–2013. IAP and major contraceptive manufacturers also negotiated price reductions for Jadelle®, Implanon®, and Implanon NXT® implants of approximately 50% beginning in 2013 through 2023. During the first three years of the IAP (2013–2015), 25.2 million implants were distributed in IAP-



supported countries, and by 2015, more than 10.5 million implants were distributed—a 39% increase from 2014 and a 130% increase from 2012 (IAP, 2016).

With increasing supplies at lower cost, the IAP then worked to strengthen health care systems to expand contraceptive options for women and girls in some of the world's poorest communities. Through the Bill & Melinda Gates Foundation, EngenderHealth's Expand Family Planning Project (ExpandFP) supports improving access to, quality of, and use of contraceptive services, with a focus on long-acting methods like implants and intrauterine devices (IUDs).

**Table 1:** Numbers of hormonal implant insertions and removals provided during ExpandFP-supported services in DRC, Tanzania, and Uganda, by service modality, January 2014 to June 2016

	DRC (Jan. 2014–June 2016)			Tanzania* (Jan. 2014–June 2016)			Uganda (Jan. 2014–June 2016)			All countries		
	Routine	Spec. events	Total	Routine	Spec. events	Total	Routine	Spec. events	Total	Routine	Spec. events	Total
<b>Total no. of clients adopting a method</b>	3,743	46,548	50,291	79,424	98,456	177,880	18,886	3,306	22,192	102,053	148,310	250,363
<b>No. of implant insertions</b>												
2-rod	1,606	43,321	44,927	-	22,321	22,321	388	281	669	1,994	65,923	67,917
1-rod	2	-	2	-	34,260	34,260	4,749	1,488	6,237	4,751	35,748	40,499
Unspecified†	-	-	-	28,194	24	28,218		103	103	28,194	127	28,321
<b>Total insertions</b>	<b>1,608</b>	<b>43,321</b>	<b>44,929</b>	<b>28,194</b>	<b>56,605</b>	<b>84,799</b>	<b>5,137</b>	<b>1,872</b>	<b>7,009</b>	<b>34,939</b>	<b>101,798</b>	<b>136,737</b>
<b>Implant removals</b>	<b>158</b>	<b>45</b>	<b>203</b>	<b>2,223</b>	<b>256</b>	<b>2,479</b>	<b>1,167</b>	<b>243</b>	<b>1,374</b>	<b>3,548</b>	<b>544</b>	<b>4,092</b>

\* While ExpandFP is ongoing in Uganda and DRC, in Tanzania the intervention period concluded in September 2015. However, postintervention data from project districts for October 2015 to June 2016 are included here.

† “Unspecified” data are due mostly to the Tanzania health management information system’s lack of data on brand/type of implant supplied. Unspecified data in Uganda resulted from data recording errors.

## ENSURING A WOMAN'S RIGHT TO IMPLANT REMOVAL

As more women choose implants as their preferred contraceptive method, the matching need arises to put in place systems and services for timely removal upon the implant’s reaching its labeled duration of use, or for any reason that the woman desires. To identify and address challenges in ensuring access to and quality of implant removal services, the Gates Foundation, along with other donors and IAP partner institutions, including EngenderHealth, established the Global Implant Removals Task Force in late 2015. The Task Force assesses gaps and reviews best practices for implant removals, including issues such as: capacity building, service provision (including for removal of a deeply inserted implant), research, data collection, and the monitoring and sharing of learning. In support of these efforts, we review here project service data, client exit interviews, and experiences with implementation of quality implant removal services in the Democratic Republic of the Congo (DRC), Tanzania, and Uganda.

## ENSURING TIMELY ACCESS TO REMOVAL SERVICES: WHAT NEEDS TO BE IN PLACE?

The Supply, Enabling Environment, and Demand (SEED)™ Programming Model (EngenderHealth, 2011) was used to design interventions for the project. The SEED model is based on documented experience showing that combinations of interventions are required across three interdependent, mutually supportive program components—supply, enabling environment, and demand—

to enable people to meet their contraceptive needs (The RESPOND Project, 2014).

The provision of quality implant services depends on the *supply* of providers with the clinical skills to competently perform implant insertions and removals, operating within facility environments that are equipped with the necessary equipment and supplies. Providers also need to be skilled in client-focused counseling, to promote women’s full, free, and informed choice of contraceptive method, including the option of removal on demand for any reason. Further, an adequate number of providers at referral facilities need to be trained and equipped to handle deep removals. To build and sustain capacity, competency-based training with ample practicum sessions needs to be conducted. Retention of skills can be subsequently ensured through regular service provision, on-the-job mentoring and supervision, and/or refresher training, where indicated.

Contraceptive security for hormonal implants is established and/or sustained when women have access to both insertion and removal services. Governments and local partners can create an enabling environment for removal by ensuring geographic access to services that are free or low-cost for clients. Programmatic planning and budgeting requires routine collection and monitoring of implant insertion and removal data to estimate future demand for removal, identify barriers, and coordinate availability of services.

Community understanding of all contraceptive options creates *demand* for a range of methods, including implants. Client-focused counseling

on implants should include information on: how implants work; how long they can be used; their potential side effects and how to manage them; and the “where, when, how, and why” of removals. An understanding of implant safety, mode of use, and length of effectiveness can be improved through dissemination of information via multiple channels, including village health teams of volunteers, nurses teaching young people about sexuality and contraception, and outreach via community and religious leaders. Targeted messages clearly explaining implant removal are an essential component of communication efforts, especially during counseling.

## EXPANDFP PROJECT EXPERIENCES IN DRC, TANZANIA, AND UGANDA

In all three countries, ExpandFP systematically introduced a package of interventions to build capacity in training, quality, and supervision for contraceptive services; engaged communities, youth, and religious and local leaders; and expanded contraceptive service opportunities, with slight variations based on local contexts and needs.

Simultaneously, with support from ExpandFP, local governments and private and faith-based networks of facilities ramped up service delivery via daily services at selected sites and special family planning (FP) events to reach underserved populations.

With ExpandFP’s technical assistance and financial support, 228 providers were trained in implant insertion and removal in the three project countries between January 2014 and June 2016. To further strengthen quality service provision, 59 staff were also trained in EngenderHealth’s REDI counseling approach.<sup>1</sup> Service delivery options were vastly expanded in each country, either during routine services at static facilities or through special events (e.g., mobile outreach, special FP days, youth outreach, and integration of FP with other services). In DRC, the project worked in nine fully supported sites (referred to as core sites), and 58 other sites received special events and/or training; in Uganda the project support six core sites and 31 additional sites; and in Tanzania, there were 21 core sites and 274 other sites at which special events were held. As a result of all of these efforts, between January 2014 and June 2016, 250,363 women chose any contraceptive method, of which nearly 137,000 (about 55%) received a hormonal implant (Table 1).<sup>2</sup>

Over the same period, the project recorded 4,092 removals. It is important to note that clients for whom removals were performed may not have been the same clients for whom implants were provided by the project.

With respect to service modality, the data in Table 1 show that the vast majority of implants were provided through special events. Across the three project countries, nearly three-quarters (74%) of implants were provided during special events, although Uganda had a much lower percentage, likely as a result of fewer special event activities being implemented (96% in DRC, 67% in Tanzania, and 27% in Uganda). Removals show a different picture, where 87%

of all removals were performed during routine services at static facilities. These data are more consistent across countries for removals during routine services (78% in DRC, 90% in Tanzania, and 85% in Uganda). To ensure the availability of continued removals, ExpandFP has conducted refresher training (including practicum sessions) in project-supported locales in Uganda, plans to do so in DRC, and has communicated on this need with current EngenderHealth staff in Tanzania. Additional on-the-job practice and mentoring in removal skills also takes place during special events (when there are high client caseloads), as well as during supervision.

## CLIENT PERSPECTIVES ON QUALITY AND CHOICE

Between April and July 2015, the project conducted client exit interviews in the three countries to determine individual clients’ views of the quality of services and their access to a range of methods. A large majority of implant adopters interviewed after counseling and implant services said they were given essential information on the benefits of implants, on when and where to get the implant removed, and on their right to removal at any time (Table 2). A smaller majority reported having been informed of the potential side effects of implants and what to do if they experienced any problems, highlighting the need to strengthen this aspect of counseling.

In addition, study results indicated that women were knowledgeable about their contraception options. Overall, 97% of respondents reported receiving the method they wanted, and 97% stated that services were of high quality.

**Table 2:** Percentage of implant adopters (n=364) who reported receiving various types of information on hormonal implants and on implant removal during counseling (April–July 2015)

	Tanzania (n=110)	Uganda (n=48)	DRC (n=206)	All countries (n=364)
Counseled on benefits of implants	81	85	73	77
Counseled on potential side effects of implants	64	65	63	63
Counseled on what to do if they experienced side effects/problems	65	65	60	62
Told where to get implant removed	85	85	71	77
Told when to get implant removed	95	94	82	87
Told could have implant removed at any time	75	90	77	78

<sup>1</sup> The REDI counseling framework (which stands for Rapport building, Exploration of options, Decision-making support, and Implementing the decision) is a client-centered approach to help clients choose the best contraceptive to achieve their reproductive intentions.

<sup>2</sup> This total figure does not reflect unique clients, as some women may have accessed FP services for resupply of short-acting methods. Users of male and female condoms are excluded.

## CONCLUSION

In a very short time (January 2014 through June 2016), ExpandFP recorded more than 250,000 women adopting contraception as a result of interventions that supported improvements in the supply, enabling environment, and demand for contraception, including provider training, quality improvements, expanded service delivery options, and community outreach. Of these adopters, 55% chose to have a hormonal implant inserted.

Data on implant removals in ExpandFP project areas across all three countries show that 87% of removal clients accessed this service during routine services. These data illustrate the programmatic need for having trained providers in implant removal as close to clients as possible to: provide counseling for implant side effect management and/or method switching; provide the removal service; attend to client needs for possible reinsertion; or support women in their choice to plan a future pregnancy or to discontinue for any other reason.

The volume of women who need access to specialized services to remove deeply inserted implants is unknown. More effort in supervision and establishment of protocols in identification of and referral for these services is needed. The Implant Removal Task Force is undertaking a survey of service availability for this clinical specialty in 2016–2017 to identify needs for establishing or upgrading referral centers with the equipment necessary to perform removals requiring a higher level of care.

Fulfilling the right of all women to timely, affordable implant removal is an integral aspect of quality services and contraceptive security and is essential for continued community acceptance and uptake of contraception. In addition to ensuring that sufficient numbers of providers are skilled and equipped to perform removals, including difficult removals, implant removal services need to be available close to the client. Over its period of implementation to December 2017, ExpandFP will continue to collect data, document best practices, evaluate project success, and determine potential for scale-up for quality implant insertion and removal services.

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