

MSD AND PARTNERS ANNOUNCE AGREEMENT TO INCREASE ACCESS TO INNOVATIVE CONTRACEPTIVE IMPLANTS IMPLANON® AND IMPLANON NXT® IN THE POOREST COUNTRIES



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Today, a group of public and private sector partners announced an agreement that will expand contraceptive access and options for millions of women in some of the world's poorest countries. Under the agreement, MSD will reduce the cost of IMPLANON®¹ – the only single-rod, long-acting, reversible contraceptive implant – and its next generation implant, IMPLANON NXT®, by approximately 50 percent for the next six years in the targeted poorest eligible countries of focus for the reproductive health community.²

IMPLANON® and IMPLANON NXT® are innovative, highly effective (> 99%), non-user dependent implants that offer three years of pregnancy protection through a one-time single insertion by a trained healthcare worker. Notably, IMPLANON and IMPLANON NXT® are pre-packaged and fully sterilized, making them easy and convenient to insert, including in settings with limited health care infrastructure.

The organizations involved – including MSD and the Bill & Melinda Gates Foundation as direct parties to the agreement, and the Clinton Health Access Initiative, the governments of Norway, the United Kingdom, the United States and Sweden, the Children's Investment Fund Foundation and the United Nations Population Fund (UNFPA) as facilitating parties – established this arrangement in response to strong demand for long-acting, reversible contraceptive options in developing countries. MSD is working closely with these organizations and others to improve service delivery infrastructure and train healthcare workers to ensure that women have safe, quality access to proper insertion and removal services, as well as counseling.

This continues the momentum generated at the landmark London Summit on Family Planning, where global leaders committed to provide an additional 120 million women in the world's poorest countries with voluntary access to contraceptives by 2020. It also supports the UN Commission on Life-saving Commodities' call to improve equitable access to overlooked commodities, including contraceptive implants, and builds on the success of MSD's 2011-12 public-private partnership with the Reproductive Health Supplies Coalition to provide 4.5 million women in the developing world with increased access to IMPLANON®.

¹ IMPLANON® and IMPLANON NXT® are indicated for the prevention of pregnancy in women. IMPLANON® and IMPLANON NXT® are progestin-only implantable rods that provide up to three years of pregnancy prevention. IMPLANON® and IMPLANON NXT® must be removed by physician/trained healthcare worker at the end of the third year, but may be replaced by a new rod at the time of removal if continued contraceptive protection is desired.

²The 70 countries included under this arrangement are those identified by the external reproductive health community during the July 2012 London Family Planning Summit. These countries are those with a 2010 per capita gross national income less than or equal to US\$2,500 per year based on the World Bank classification using the Atlas Method. They are thought least likely to meet the Millennium Development Goals set by the UN General Assembly in 1990 to reduce the number of infant and young child deaths by two-thirds and to improve maternal health by 2015.

Family Planning Challenges in the Developing World

Access to reproductive health care, including contraception, plays an important role in the health and well-being of women by helping to decrease the number of unintended and high-risk pregnancies and allow mothers sufficient time to recover between pregnancies. However, according to a 2012 report by the Guttmacher Institute and UNFPA, an estimated 222 million women – 73 percent of whom live in developing countries – want, but do not have access to, modern contraception³.

The London Summit on Family Planning in July 2012 mobilized global policy, financing, commodity and service delivery commitments to support the rights of women to voluntarily use contraceptives without coercion or discrimination. Leaders called on the global community to develop innovative solutions and public-private partnerships that will provide women with expanded contraceptive access and options.

In developing countries, implants are used by only around 1 to 2 percent of the 600 million women using contraceptives. Yet, independent experts have found that long-acting, reversible contraceptives are one of the most effective and cost-effective tools for preventing pregnancy and are associated with high levels of user satisfaction and continuation⁴. Studies have shown that a significant proportion of modern contraceptive users who are not using implants would prefer this method, if it were consistently available and supported by counseling and clinical services.^{5,6}

MSD's Overall Commitment to Enhance Access to Reproductive Health

At MSD, our multifaceted approach supports efforts to improve access to contraceptives for the women in most need, including in countries and regions where maternal mortality is high and contraceptive use is low. Our approach includes:

- Strong legacy of research and development that has resulted in a diverse portfolio of contraceptive products to support women's changing reproductive needs in a variety of environments.
- High-quality manufacturing and supply chain management to ensure reliable and continuous product supply.
- World Health Organization prequalification and extensive registration worldwide.
- Investment and partnership at national and community levels to address complex barriers to access.
- Responsible commercialization.

³ Singh S and Darraoch J, *Adding It Up: Costs and Benefits of Contraceptive Services*, Guttmacher Institute, June 2012. <http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>, p 1.

⁴ Ifigenia Mavranzouli, *Health Economics of Contraception*, Best Practice & Research Clinical Obstetrics and Gynaecology, 2009, Vol. 23, No. 2, 187-198 pp; Peipert JF et al. *Obstet Gynecol.* 2011; 117:1105–1113; Winner B et al. *N Engl J Med.* 2012;366:1998–2007.

⁵ *World Contraceptive Use 2011*. United Nations. Accessed 13 July 2011 at <http://www.un.org/esa/population/publications/contraceptive2011/contraceptive2011.htm>.

⁶ *Contraceptive Projections and the Donor Gap: Meeting the Challenge*. Reproductive Health Supplies Coalition. February 2009