

CONTRACEPTIVE METHODS: A COMPENDIUM

COSTS, BUDGET IMPACT

Spacing Methods		Average Direct Cost per method (in USDs) calculated as part of an economic evaluation ¹	Cost (Efficiency)	Budget Impact ²
IUDs		Approx. \$0.77 per couple protected per year	Most Cost-effective if administered appropriately and kept for the duration intended.	Low
Hormonal	 Injectables	Approx. \$8.61 per couple protected per year	High upfront cost; But more cost effective than pills	High
	 Implants	Jadelle approx. \$8.50 per contraceptive implant	Moderate cost	High
	 Oral Contraceptive Pills	Approx. \$7.26 per couple protected per year	Given the efficacy at 92%-95%, the CE ratio is among the highest.	Moderate
Barrier	 Condoms	Approx. \$4.17 per couple protected per year	Low cost upfront but recurring cost is high. Overall cost effectiveness is low.	Low
	 Diaphragm	Approx. 15\$-75\$ per device last up-to two years	Initial cost may be high (depending on brands) but the device could be used for up-to two years.	Low
Limiting Methods		Average Direct Cost per method (in USDs) calculated as part of an economic evaluation*	Cost (Efficiency)	Budget Impact
	 Tubectomy	Most common method of contraception overall (74%). Mostly performed in public health funded mode in India	Cost effectiveness is moderate Public health funded procedures are free	Moderate
	 Vasectomy	Low level of adoption. Mostly performed in public health funded mode in India	Cost effectiveness is moderate Public health funded procedures are free	Moderate

SCALABILITY & SYSTEM REQUIREMENTS

Spacing Methods		Level of implementation in the health system ³	Scalability in National Programs ⁴	System Requirements ⁵
IUDs		PHC, CHC, District Hospital	High potential to scale up.	Training of providers. Need to ensure regular supply. Counselling by providers/ frontline health workers ⁶
Hormonal	 Injectables	District Hospital, Medical College	High potential to scale up	Training of providers. Need to ensure regular supply. Counselling by providers/ frontline health workers
	 Implants	Sub-centre, PHC, CHC, District Hospital	Internationally, the availability is already high. Potential to scale-up.	Training of providers for insertion and removal. Need to ensure regular supply Counselling by providers/ frontline health workers
	 Oral Contraceptive Pills	At home, SC, PHC, CHC, District Hospital	Availability through various public and private channels is high across India.	Need to ensure regular supply Counselling by providers/ frontline health workers
Barrier	 Condoms	Static and mobile camps, CHC, District Hospitals	The most prevalent method. Promoted as spacing method and as a preventive measure for STI/HIV	Need to ensure regular supply.
	 Diaphragm	CHC, District Hospitals	Potential to scale up.	Counselling and training for proper insertion
Limiting Methods		Level of implementation in the health system	Scalability in National Programs	System Requirements
	 Tubectomy	Mobile camps, CHC, District Hospitals	Availability already High. Potential to improve quality of care exists.	Training of providers Infrastructure availability
	 Vasectomy	Mobile camps, CHC, District Hospitals	Availability already High. Very low uptake. Potential to increase motivation amongst men to adopt vasectomy exits.	Training of providers Infrastructure availability

¹ Adding It Up: Costs and Benefits of Contraceptive Services. Estimates for 2012. Susheela Singh and Jacqueline E. Darroch. Costs are weighted by the country-specific numbers of current users of each method in 2012, distributed across specific types within each method category based on the distribution of contraceptives reported in the Reproductive Health Interchange for the country in 2009-2011

² Based on the per eligible couple cost (mentioned above)

³ Annual Report 2013-14, MoHPW, Govt of India

⁴ As a summary analysis of previous 4 indicators: Budget impact, efficacy, safety, programmatic possibility

⁵ As a summary analysis of previous 4 indicators: Budget impact, efficacy, safety, programmatic possibility

⁶ Bull Pan Am Health Organ. 1995 Sep;29(3):206-15. Comparative study of safety and efficacy of IUD insertions by physicians and nursing personnel in Brazil. Lassner KJ, Chen CH, Kropsch LA, Oberle MW, Lopes IM, Morris L