Underfunded and Underutilized

An Argument for Vasectomy Advocacy to Improve Method Choice

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Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

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Table of Contents

Introduction

About this Resource

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This document is a resource for anyone seeking to increase advocacy for the inclusion of vasectomy in family planning and reproductive health (FP/RH) programs.

The resource builds from existing literature and evidence on vasectomy programming to demonstrate why now is the time to put vasectomy on the agendas of key FP/RH stakeholders, proposes several goals for advocates' consideration, and includes detailed resources advocates can use to achieve these goals.

With renewed interest among donors and the global FP/RH community to increase method choice, as well as emerging visions for FP in the decade ahead, now is the right time to advocate for increased attention to vasectomy as an underfunded and underutilized method.

How this Resource was Developed

In 2020, Breakthrough ACTION, with support from the United States Agency for International Development (USAID), reviewed publicly available information on vasectomy programs; interviewed key individuals in FP/RH community who have worked on vasectomy initiatives; and synthesized information on vasectomy use, programming, and investment. Key insights from the review and interviews were validated with experts in FP/RH and gender and used to develop this resource and an adaptable message framework for vasectomy advocates.

Where We Are Now

Vasectomy is Underfunded, Unavailable, and Underutilized

The Benefits of Vasectomy for Global Health Programming

Promotes Gender Equality

Vasectomy can increase gender equality and empower broader male participation in FP/RH.

Increasing access to vasectomy would allow men to share more responsibility for contraception.

Enables Method Choice

Vasectomy is critical to method choice.

In two thirds of FP2030 countries, less than 30% of the population has access to vasectomy.[1]

Improves FP/RH Outcomes

Vasectomy improves FP/RH outcomes.

Increasing access to vasectomy will reduce:

- Unintended pregnancy[2]
- Maternal morbidity and mortality[2]
- Unmet need for limiting
- The number of women who experience undesirable side effects from other forms of contraception

Beyond its contraceptive benefit, increasing access to vasectomy can improve gender equality, method choice, and FP/RH outcomes.

Vasectomy is Highly Cost-Effective

- Vasectomy is one of the **most cost-effective methods** of contraception.[3]
- A cost-effectiveness analysis found that, on average, **vasectomy saves the healthcare system 9,936 USD per person** over two years compared with no FP use.[3]

Base results from a contraceptive cost-effectiveness analysis in the US

Strategy	Cost (US$)	Marginal cost[a] (US$)	QALYs	Marginal QALYs[a]	Marginal cost-effectiveness (US$)	Cost savings vs. no method (US$)	Pregnancies avoided per woman vs. no method	QALY gains vs. no method
Vasectomy	902		1.923			9936	1.47	0.141
DMPA	1022	120	1.930	0.007	18,064	9815	1.46	0.147
Copper IUD	1072	50	1.921	−0.009	Dominated	9765	1.45	0.138
Levonorgestrel-releasing IUD	1075	52	1.929	−0.001	Dominated	9763	1.46	0.146
Patch	1742	720	1.924	−0.006	Dominated	9096	1.39	0.141
Vaginal ring	1842	819	1.924	−0.006	Dominated	8996	1.40	0.142
Condom	1939	916	1.903	−0.027	Dominated	8899	1.25	0.120
OCs	2011	988	1.921	−0.009	Dominated	8827	1.36	0.138
Monthly injectable	2067	1045	1.929	−0.001	Dominated	8770	1.46	0.146
Periodic abstinence	2190	1167	1.898	−0.032	Dominated	8648	1.19	0.115
Withdrawal	2597	1575	1.892	−0.038	Dominated	8240	1.14	0.109
Diaphragm	4162	3140	1.870	−0.059	Dominated	6675	0.98	0.088
Tubal sterilization	4931	3909	1.922	−0.008	Dominated	5907	1.46	0.139
No method	10,838	9815	1.783	−0.147	Dominated	–		

[a] Compared to next less costly nondominated strategy over 2 years.

Source: Sonnenberg et al. [3]

Increasing access to voluntary vasectomy services would reduce health systems costs.

Reasons Individuals and Couples Choose Vasectomy

Social/Relationship

Vasectomy promotes the role of men as caring partners by allowing men to share responsibility for reproduction.

Convenience

Vasectomy does not require an extra step to prevent pregnancy before sex, like putting on a condom.*

Ease

Compared to tubal ligation, vasectomy is a quick procedure (<30 minutes) and can be performed in an outpatient setting without anesthesia.[4,5]

Safety

Vasectomy has a very low risk of complications or side effects. While tubal ligation is also considered very safe, it requires scalpel incisions, a longer recovery time, and general anesthesia, which carries greater risk.[4]

Cost

Vasectomy is inexpensive compared to the cumulative cost of using shorter-term methods to limit births.[5]

Effectiveness

Vasectomy is over 99% effective in preventing pregnancy.[4,5]

**After a vasectomy, couples should use another method of contraception until a doctor can confirm there is no sperm present in the semen. It is estimated to take three months and 15-20 ejaculations after the procedure before the semen is free of sperm.[5]*

Vasectomy is a safe and effective method that offers benefits for individuals and heterosexual couples who know they do not want to have any or more children.

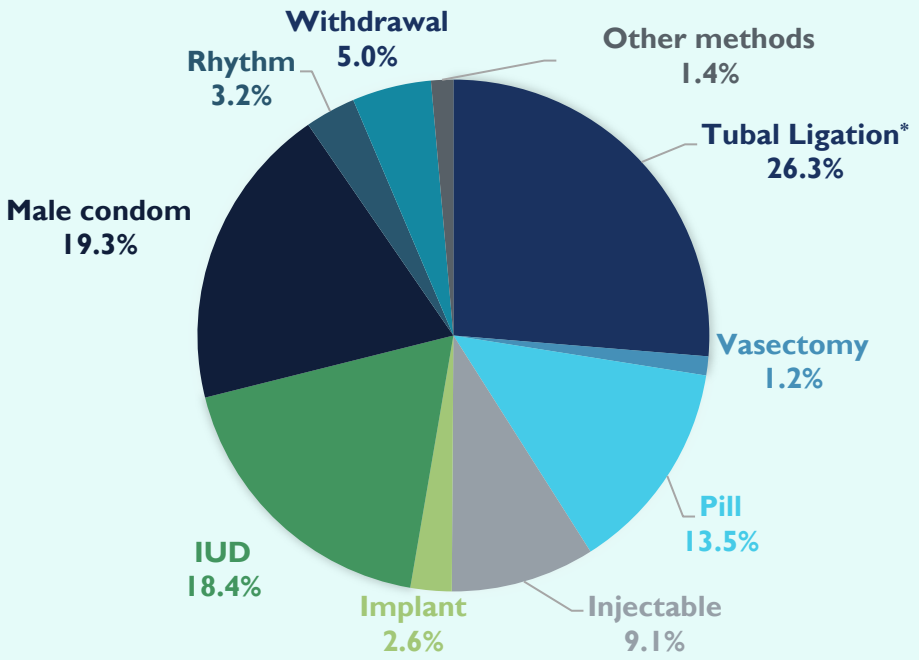
Despite These Benefits, Vasectomy Accounts for 1.2% of LMIC Contraceptive Use

- While demand for tubal ligation varies by country, **there is clear demand for permanent methods** in low- and middle-income countries (LMICs).[6]

  **China and India account for a large share of tubal ligation use in LMICs*[6]

- Demographic trends indicate that **demand for permanent methods is likely to grow**.
  - Couples are having fewer children and ending childbearing at younger ages.[7]
  - The average age at which the demand to limit exceeds the demand to space births is falling to as low as 23 or 24 in some countries.[7]

Distribution of Contraceptive Users by Method in LMICs (percent)



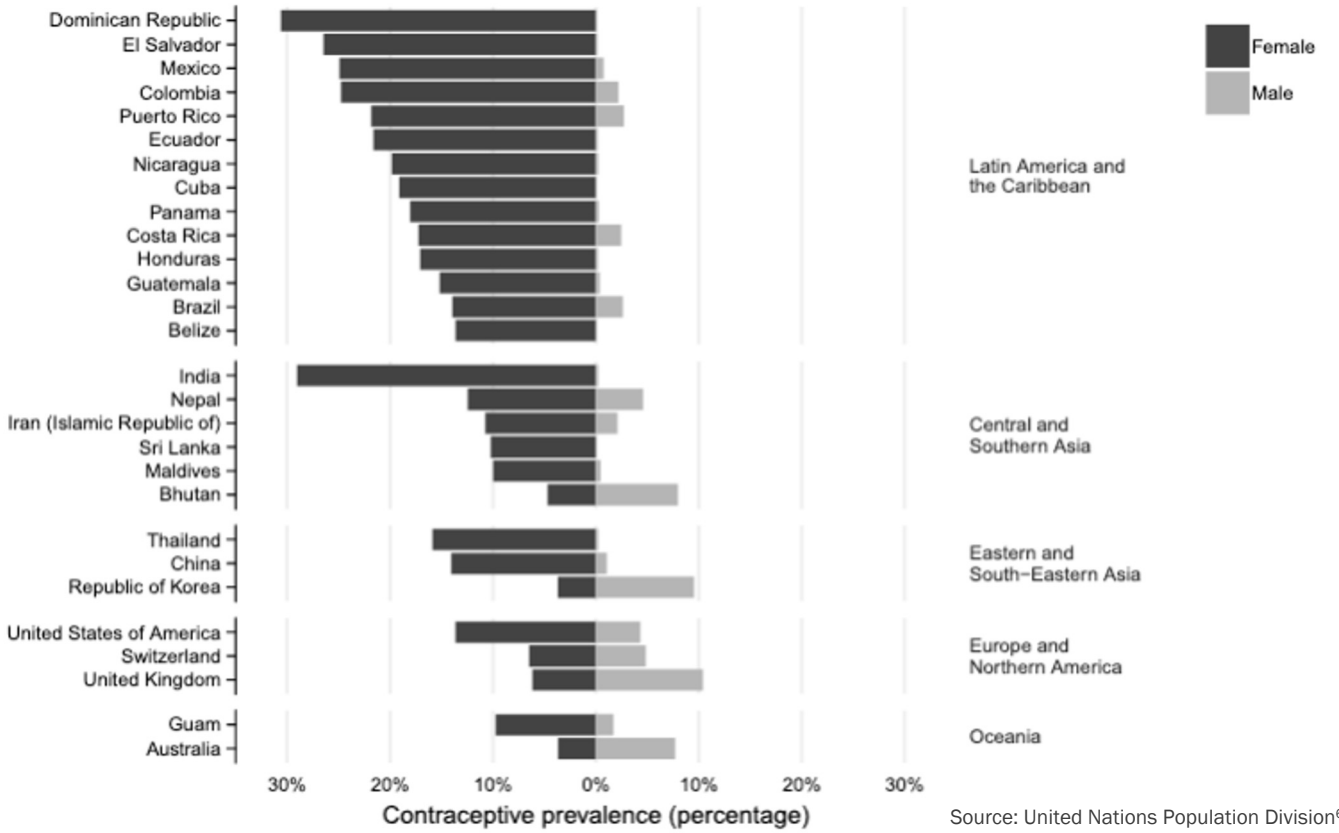
*China and India account for a large share of tubal ligation use in LMICs
Source: Created using data from United Nations Population Division[6]

Demand for permanent methods is likely to rise as desired family size decreases.

Even Where Permanent Methods are Accepted, Vasectomy Prevalence is Low

- Tubal ligation is common in Latin America, the Caribbean, and Asia, but vasectomy prevalence in those regions is low.[6]
- Vasectomy is more prevalent than tubal ligation in Bhutan, Republic of Korea, the UK, and Australia.[6]
- In sub-Saharan Africa (not shown), the prevalence of vasectomy is less than 0.1%.[6]

Comparison of the prevalence of female and male sterilization in countries where prevalence of sterilization is at least 10%, 2019



Source: United Nations Population Division[6]

Vasectomy is well positioned to fill some of the existing demand for permanent methods and unmet need for limiting births.

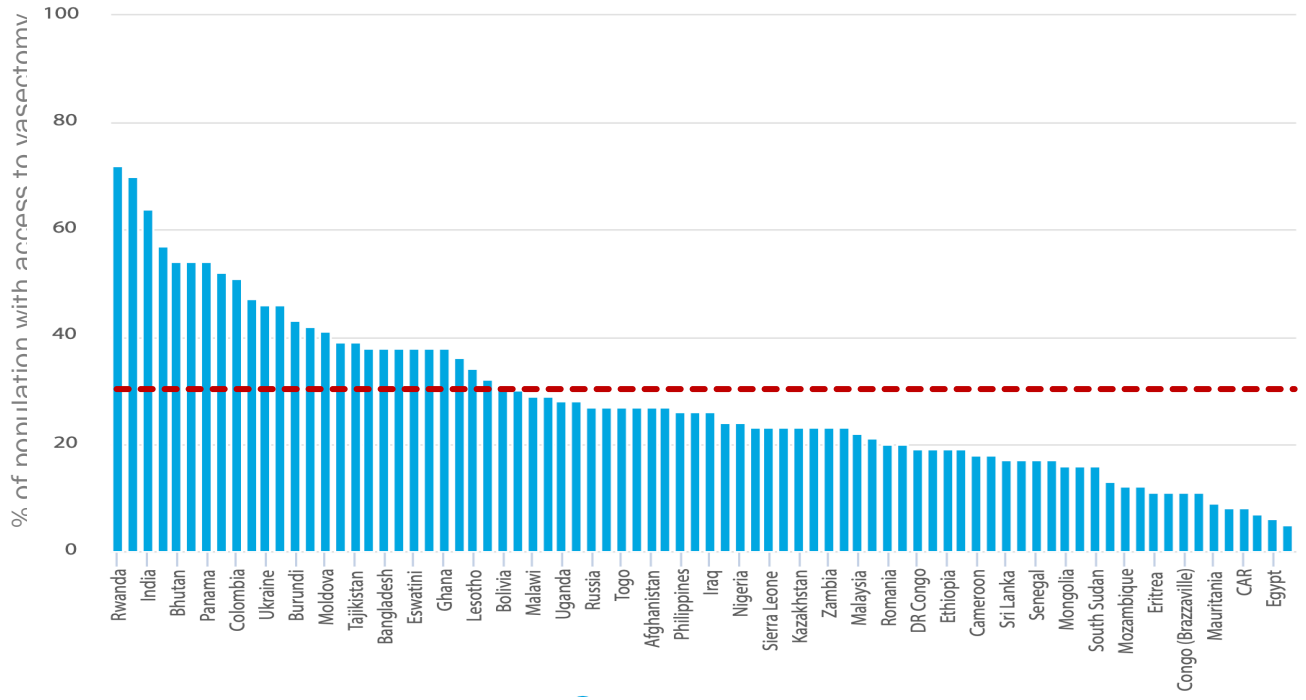
In Low-Resource Settings, Vasectomy is Underfunded and Largely Inaccessible

Vasectomy program funding has been insufficient and inconsistent

- A review of articles and program materials published from 2005–2015 found that five USAID-funded cooperative agreements has vasectomy components: FRONTIERS, ACQUIRE, the Capacity Project, PROGRESS, and RESPOND).[8]
- The same review found only a small number of papers tied to other funders.[8]
- As of August 2020, Breakthrough ACTION was unable to identify any large-scale family planning programs with a focus on vasectomy.

In 2/3 of FP2030 countries, <30% of the population has access to vasectomy

Percent of the Population With Access to Vasectomy in FP2030 Countries



Source: Track 20[1]

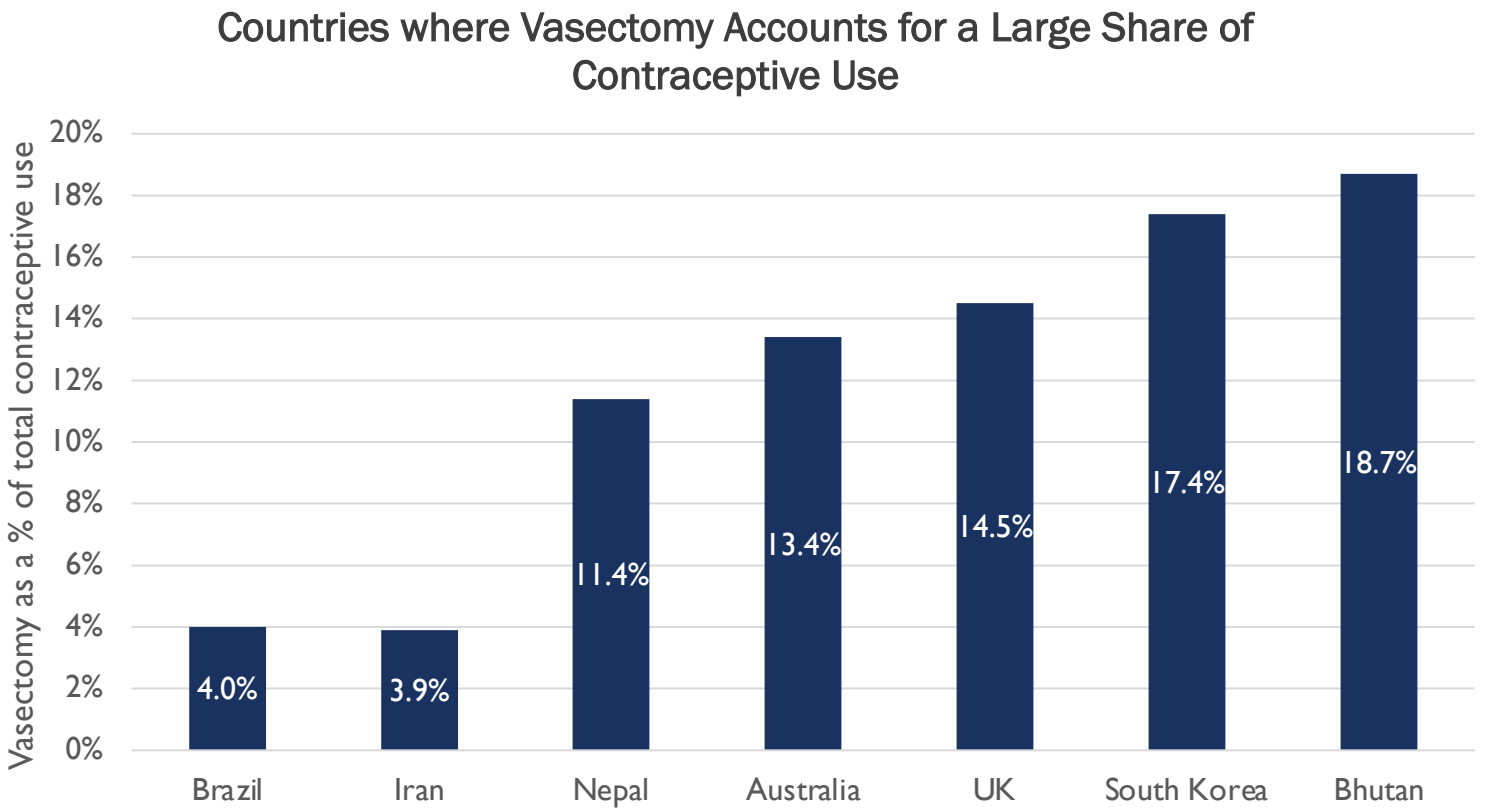
We won't see increased uptake unless we invest in generating demand and making vasectomy available.

Investment Leads to Results

Evidence shows that over time, vasectomy can account for a large share of contraceptive use

- **High-income countries:** Vasectomy accounts for 13.4%–17.4% of contraceptive use in Australia, the Republic of Korea, and the United Kingdom.[6]

- **LMICs:** Vasectomy accounts for 3.9%–18.7% of contraceptive use in Bhutan, Brazil, Iran, and Nepal.[6]



Source: Created using data from United Nations Population Division[6]

When programs/countries have invested in vasectomy, they've seen increases in vasectomy uptake.

Program Strategies have Proven Success

India

The RESPOND **Project increased intent to use long acting or permanent methods** in the future by engaging men in the workplace.[9]

More recently, The Challenge Initiative for Healthy Cities male engagement strategy saw an **87% increase in no-scalpel vasectomy** in 20 cities between Feb 2019 and Jan 2020.[10]

Philippines

Group counseling sessions that promoted conversation about no-scalpel vasectomy **improved vasectomy knowledge and increased acceptability of permanent methods.**[11]

Ghana

The ACQUIRE project saw a **300% increase in no-scalpel vasectomy** procedures and **improved health staff attitudes and knowledge** about vasectomy.[12]

Rwanda

The Capacity Project **increased demand for vasectomy services** so much that demand could not be met through a subsequent scale-up program.[13]

The PROGRESS Project successfully trained physicians to perform a new occlusion technique, which led the Ministry of Health to implement a country-wide training of doctors and nurses. Over two years, this cascade training approach saw an **additional 64 doctors and 103 nurses trained and 2,523 vasectomies performed.**[14]

When programs/countries have invested in vasectomy, they've seen increases in vasectomy uptake.

Spotlight

Dancing Hearts Campaign Increases Demand for Vasectomy in Brazil

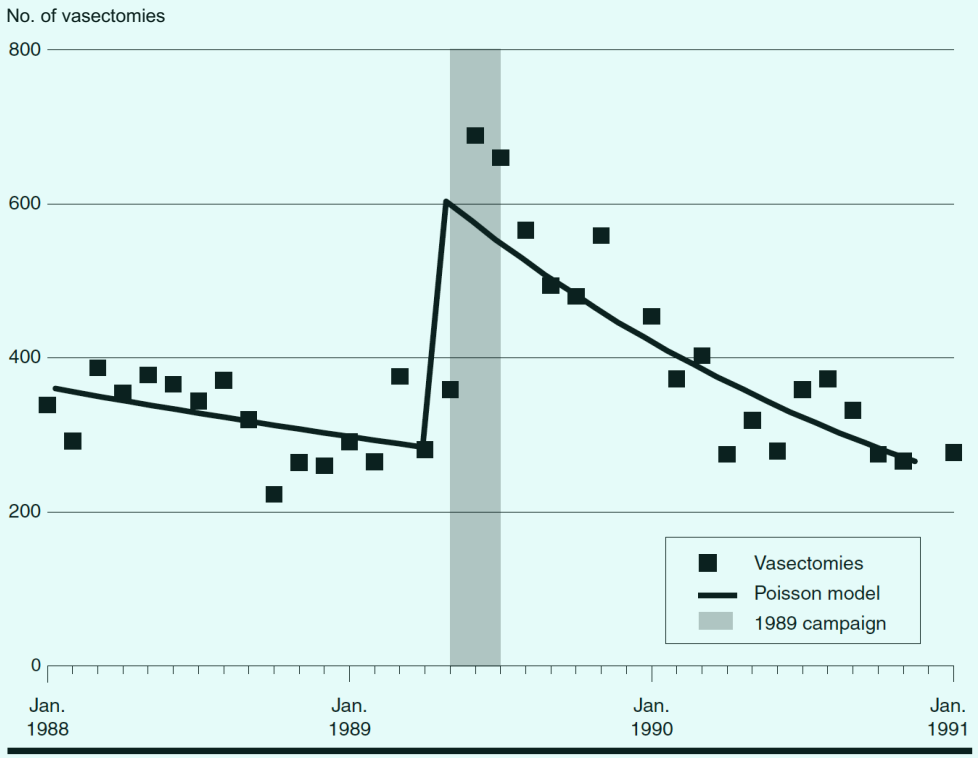
The "Dancing Hearts" mass media campaign in Brazil (1989-90) increased monthly mean number of vasectomies performed at three clinics during the campaign by: [15]

- 108% in Fortaleza
- 59% in Salvador
- 82% in São Paulo

Data from a clinic in São Paulo (right) shows a dramatic increase in vasectomies immediately after the campaign, peaking at 689 vasectomies performed compared to an average of 310 per month before the campaign.[15]

Campaign Video
Published Article

Effect of a mass media campaign on the number of vasectomies performed per month at the PRO-PATER clinic in São Paulo (Poisson regression)



Source: Kincaid et al.[15]

The "Dancing Hearts" campaign shows mass media campaigns can increase vasectomy uptake.

A Solid Evidence Base for Vasectomy Programming

I

Program Examples

- Vasectomy Campaign in Ghana (link)
- No-Scalpel Vasectomy Video (link)
- No-Scalpel Vasectomy Materials for India (link)
- Vasectomy Pilot Program in Rwanda (link)
- Revitalizing Access to Permanent Methods (link)
- Impact of Mass Media Vasectomy Campaign in Brazil (link)

II

Program Tools

- How to Create Successful Vasectomy Programs (link)
- No-Scalpel Vasectomy Curriculum (link)
- Quick Guide to Vasectomy Counseling (link)
- Promoting Sexual and Reproductive Health Products and Services for Men (link)
- Permanent Methods Toolkit (link)

III

Key Literature

- Lessons Learned in Vasectomy Programming (link)
- Review of 10 Years of Vasectomy Programming (link)
- Vasectomy: A Long, Slow Haul to Successful Takeoff (link)
- Men as Contraceptive Users (working paper) (link)

Program designers and implementers can draw from existing evidence and materials to create effective vasectomy programs.

Global Trends in Family Planning and New Momentum for Vasectomy

Vasectomy uptake and investment is still low, but we can make headway.

Key informant interviews* conducted by Breakthrough ACTION with donors, implementers, and coordinating bodies in June–August of 2020 revealed **renewed interest in vasectomy** within the global FP/RH community.

With emerging visions for FP in the decade ahead, **now is the right time to advocate for increased attention to vasectomy** as an underfunded and underutilized method.

We can capitalize on progress in several areas to increase uptake of vasectomy:[8]

- Increasing positive attitudes towards FP
- Increasing and improving male engagement in FP
- Addressing gender inequality
    - Improving provider gender attitudes
    - Promoting more equitable relationship behaviors
    - Shifting gender norms to be more equitable

*These interviews were informal not conducted as part of formative research

We have an opportunity to put vasectomy on the agenda of global actors and country decision makers during ongoing discussions about FP in the decade ahead.

17

Where We Want to Go

An Opportunity to Increase Access to Vasectomy

Increasing Access to Vasectomy Will..

Enable wider method choice

Improve gender equality in FP/RH by allowing men to share responsibility for reproduction.

Improve FP/RH outcomes by reducing unmet need for limiting, unintended pregnancy, maternal morbidity and mortality, and the number of females experiencing undesirable side effects from other contraceptives.

Generate significant cost savings. Vasectomy is one of the most cost-effective method of contraception[3]

Establish best practices for introducing male methods. Lessons learned from introducing vasectomy can be applied to the introduction of new male methods in the future

Better serve couples who use shorter-acting or traditional methods for limiting. In the long term, vasectomy is less expensive and more effective for limiting than shorter-term and traditional methods[5]

Increasing access to vasectomy is critical to enabling method choice, reducing gender inequality in FP, and improving FP/RH outcomes.

How We Get There

Determine Advocacy Goals

Potential goals and objectives for discussion

1. Ensure Costed Implementation Plan (CIP) guidance recommends evidence-based interventions regarding underutilized methods, including vasectomy

2. Increase the number of FP2030 countries with vasectomy included in CIPs

3. Increase donor investment in vasectomy components of CIPs and other funding for services and demand generation

For Each Advocacy Goal, Advocates Should

- Define SMART objectives
- Identify key decision makers with influence over the desired outcome(s) and their influencers
- Plan supporting activities and create tailored communication materials
- Gather additional support and resources needed to execute the strategy
- Design a monitoring and evaluation plan

* *See A Guide to Quick Wins—Build Consensus, Focus Efforts, Achieve Change for more detailed guidance.*

Key Audiences

An introduction to key audiences

Advocates should consider key stakeholders and decision makers across the following organization types.

Organization Types

1. Coordinating bodies & conveners
2. Donors
3. Country decision makers
4. Program planners and implementers

An Opportunity for Key Interagency Groups

Interagency groups are uniquely positioned to advocate for the inclusion of vasectomy in FP/RH programs with coordinating bodies, donors, and government decision makers because their members are influential technical experts with strong connections to the global FP/RH community.

Together, we can influence key actors across the field and represent the interests of different stakeholders in the community.

Interagency groups are uniquely positioned to advocate with key actors who can put vasectomy on the global and country agendas.

What's Next?

Develop consensus around advocacy goals

Identify funding to support advocacy efforts

Build task team/coalition of advocates

Create a tailored message framework to support conversations with stakeholders (link)

Additional Resources

Additional Advocacy Materials and Resources

- Vasectomy Message Framework: A Tool to Help Advocates Prepare for Conversations with Key Stakeholders (link)
- Engaging Men as Contraceptive Users: Web-Based Presentation Materials for Vasectomy Advocates (link)
- Promoting Evidence-Based Vasectomy Programming (link)
    - Includes briefs on advocating for vasectomy in Burundi, Ethiopia, Haiti, Kenya, Malawi, Philippines, Rwanda, and Uganda
- Revitalizing Access to Permanent Methods: Lessons Learned from MCSP Country Programs (link)
- Family Planning Advocacy Toolkit (link)
- A Matter of Fact, A. Matter of Choice: The Case for Investing in Permanent Contraceptive Methods (link)
- A Guide to Quick Wins—Build Consensus, Focus Efforts, Achieve Change (link)

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