Underfunded & Underutilized

An Argument for Vasectomy Advocacy to Improve Method Choice
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Introduction

About this Resource

Who it’s for and How to Use it

This document is a resource for individuals and coalitions seeking to increase advocacy for the inclusion of vasectomy in family planning and reproductive health (FP/RH) investments, programming, and national strategies.

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 donors, implementers, and coordinating bodies; and synthesized information on vasectomy use, programming, and investment to elevate the importance of vasectomy as a key component of contraceptive method choice and gender equality in FP/RH. The analysis included validation with FP/RH and gender equality experts.
Where We Are Now
Vasectomy is Underfunded, Unavailable, and Underutilized
### The Benefits of Vasectomy for Global Health Programming

<table>
<thead>
<tr>
<th>Vasectomy...</th>
<th>Promotes Gender Equality</th>
<th>Enables Method Choice</th>
<th>Improves FP/RH Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vasectomy can increase gender equality and empower broader male participation in FP/RH, reducing the burden on women to contracept.</strong></td>
<td><strong>Vasectomy is critical to method choice.</strong></td>
<td><strong>Vasectomy, like all forms of contraception, improves FP/RH outcomes.</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Increasing access to vasectomy would allow men to share more responsibility for contraception. | In 2/3 of FP2020 countries, less than 20% of the population has access to vasectomy, limiting the possibility for male participation. | Increasing access to vasectomy will reduce:
- Unintended pregnancy
- Maternal morbidity and mortality
- Unmet need for limiting
- The number of women who experience undesirable side effects from hormonal contraception |

**Beyond its contraceptive benefit, increasing access to vasectomy can improve method choice, gender equality, and FP/RH outcomes.**
Vasectomy is Highly Cost-Effective

- Vasectomy is the most cost-effective FP method\(^3\)

- A cost-effectiveness analysis of contraceptives in the US found that Vasectomy saves the healthcare system 9,936 USD per person after two years compared with no FP use\(^3\)

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

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Cost (US$)</th>
<th>Marginal cost(^a) (US$)</th>
<th>Marginal QALYs</th>
<th>Marginal cost-effectiveness (US$)</th>
<th>Cost savings vs. no method (US$)</th>
<th>Pregnancies avoided per woman vs. no method</th>
<th>QALY gains vs. no method</th>
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<tbody>
<tr>
<td>Vasectomy</td>
<td>902</td>
<td>1.923</td>
<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
<td>0.141</td>
</tr>
<tr>
<td>DMAA</td>
<td>1022</td>
<td>120</td>
<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
<td>0.141</td>
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<tr>
<td>Copper IUD</td>
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<td>50</td>
<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
<td>0.141</td>
</tr>
<tr>
<td>Levonorgestrel-releasing IUD</td>
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<td>52</td>
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<td>9815</td>
<td>1.46</td>
<td>0.141</td>
</tr>
<tr>
<td>Patch</td>
<td>1742</td>
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<td>18.964</td>
<td>9815</td>
<td>1.46</td>
<td>0.141</td>
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<tr>
<td>Vaginal ring</td>
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<td>819</td>
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<td>0.141</td>
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<tr>
<td>Condom</td>
<td>1939</td>
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<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
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<td>OCs</td>
<td>2011</td>
<td>988</td>
<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
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<td>Monthly injectable</td>
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<td>1045</td>
<td>0.007</td>
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<tr>
<td>Contraceptive abstinence</td>
<td>2190</td>
<td>1167</td>
<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
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<td>Withdrawal</td>
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<td>1575</td>
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<td>18.964</td>
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<td>Tubal sterilization</td>
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<td>18.964</td>
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<tr>
<td>No method</td>
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<td>9815</td>
<td>0.007</td>
<td>18.964</td>
<td>9815</td>
<td>1.46</td>
<td>0.141</td>
</tr>
</tbody>
</table>

\(^a\) 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

Safety
Vasectomy has a very low risk of complications or side effects.4,5 While tubal ligation is also considered very safe, it requires scalpel incisions, a longer recovery time, and general anesthesia, which carries greater risk.6,7

Cost
Vasectomy is inexpensive compared to the cumulative cost of using shorter-term methods to limit births.4

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.3

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.
While demand for tubal ligation varies by country, there is clear demand for permanent methods in low- and middle-income countries (LMICs)\(^9\). China and India account for a large share of tubal ligation use in LMICs\(^9\).

Demographic trends show that couples are having fewer children and ending childbearing at younger ages.\(^{10}\) This increasing desire to limit births at younger ages means demand for permanent methods is likely to grow.

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)\(^9\).
  - China and India account for a large share of tubal ligation use in LMICs\(^9\).
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**Distribution of Contraceptive Users by Method in LMICs (percent)**

- **Tubal Ligation\(^*\)**
  - 26.3%
- **Vasectomy**
  - 1.2%
- **Pill**
  - 13.5%
- **Injectable**
  - 9.1%
- **Implant**
  - 2.6%
- **IUD**
  - 18.4%
- **Male condom**
  - 19.3%
- **Rhythm**
  - 3.2%
- **Withdrawal**
  - 5.0%
- **Other methods**
  - 1.4%

\(^*\)China and India account for a large share of tubal ligation use in LMICs\(^9\).

Source: Created using data from United Nations Population Division\(^9\).

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**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.\(^9\)

• Vasectomy is more prevalent than tubal ligation in Bhutan, Republic of Korea, the UK, and Australia.\(^9\)

• In sub-Saharan Africa (not shown), the prevalence of vasectomy is less than 0.1%.\(^9\)

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

Comparison of the prevalence of female and male sterilization in countries where prevalence of sterilization is at least 10%, 2019
In Low-Resource Settings, Vasectomy is Underfunded and Largely Inaccessible

Vasectomy programs have received little and inconsistent funding

- Between 2005–2015, vasectomy programs were largely funded by USAID through one of five cooperative agreements (FRONTIERS, ACQUIRE, the Capacity Project, PROGRESS, and RESPOND).  

- A 2016 review of published papers on vasectomy programs found only a small number of papers tied to other funders. By and large, funding for vasectomy programs has been sparse and inconsistent.

- As of August 2020, Breakthrough ACTION was unable to identify any large-scale, ongoing, domestically-funded FP/RH programs with a focus on vasectomy.

We won’t see increased uptake unless we invest in generating demand and making vasectomy available.
Evidence shows that over time, vasectomy can account for a large share of contraceptive use\textsuperscript{9,12}

- **High-income countries:** Vasectomy accounts for 13.4\%-17.4\% of contraceptive use in Australia, the Republic of Korea, and the United Kingdom.\textsuperscript{9}

- **LMICs:** Vasectomy accounts for 3.9\%-18.7\% of contraceptive use in Bhutan, Brazil, Iran, and Nepal.\textsuperscript{9}

When programs/countries have invested in vasectomy, they’ve seen increases in vasectomy uptake.
Program Strategies have Proven Success

• In India, RESPOND increased intent to use long-acting or permanent methods in the future by engaging men in the workplace.\textsuperscript{7,13}

• In the Philippines, group counseling sessions that promoted conversation about no-scalpel vasectomy improved vasectomy knowledge and increased acceptability of permanent methods.\textsuperscript{7,14}

• The ACQUIRE project increased the number of vasectomy users in Bangladesh and Ghana\textsuperscript{1,5} and offered no-scalpel vasectomy (NSV) trainings that left health facility staff with more knowledge and fewer misconceptions about vasectomy.\textsuperscript{15}

• In Rwanda, the Capacity Project increased demand for vasectomy services so much that demand could not be met through a subsequent scale-up program.\textsuperscript{7,8}

• PROGRESS successfully trained physicians to perform a new occlusion technique in Rwanda,\textsuperscript{7,16} then a cascade training approach was used to train an additional 60 providers and 100 nurses in 42 hospitals, who collectively performed 2,523 vasectomies.\textsuperscript{7,16}

• The Maternal and Child Survival Program (MCSP) Healthy Cities project in Uttar Pradesh used four key interventions to increase demand for NSV, performing 70% of NSVs in the state from January-December 2016.\textsuperscript{13}

When programs/countries have invested in vasectomy, they’ve seen increases in vasectomy uptake.
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:17

- 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.17

The "Dancing Hearts" campaign shows mass media campaigns can increase vasectomy uptake.
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:11

• Increasing positive attitudes towards FP
• Increasing and improving male engagement in FP
• Addressing gender inequality
  o Improving provider gender attitudes
  o Promoting more equitable relationship behaviors
  o 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.
Where We Want to Go
An Opportunity to Increase Access to Vasectomy
Supporting Vasectomy Programming Will Help Us Achieve Global Health and Development Goals

Vasectomy programming will:

- Enable more comprehensive method choice
- Reduce the contraceptive burden on females by addressing the norm that FP is a “woman’s issue” and encouraging men to share responsibility for reproduction
- Improve FP/RH outcomes. Increased vasectomy uptake would lead to reduced unmet need for limiting, unintended pregnancy, maternal morbidity and mortality, and number of females experiencing undesirable side effects from other contraceptives.

- 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.
- Provide significant cost-savings. Vasectomy is the most cost-effective method of contraception.\textsuperscript{3,5,11}
- 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.\textsuperscript{11}

Increasing access to vasectomy is critical to enabling method choice, reducing gender inequality in family planning, and meeting the FP/RH needs of all people.
How We Get There
Potential goals and objectives for discussion

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

2. Increase number of FP2020 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

The following slides provide an overview of four organization types and their respective roles, objectives, potential drivers and barriers, and key advocacy opportunities.

<table>
<thead>
<tr>
<th>Organization Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordinating bodies &amp; conveners</td>
</tr>
<tr>
<td>2. Donors</td>
</tr>
<tr>
<td>3. Country decision-makers</td>
</tr>
<tr>
<td>4. Program planners and implementers</td>
</tr>
</tbody>
</table>
An Opportunity for Key Interagency Groups

Interagency groups are uniquely positioned to advocate for vasectomy programming with coordinating bodies, donors, and country-level 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.
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 Advocacy Materials and Resources

- Vasectomy Message Framework: A Tool to Help Advocates Prepare for Conversations with Key Stakeholders ([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 Guide to Quick Wins—Build Consensus, Focus Efforts, Achieve Change ([link](#))
References