Reproductive Health in Brazil: Where We Are and Why We Stopped

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Reproductive Health in Brazil: Where We Are and Why We Stopped: A Commentary
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ABSTRACT

Brazil urgently needs to identify an adequate and quick solution to reduce the high rate of unplanned pregnancies in the country and its consequences in terms of maternal morbidity and mortality, as well as the high rate of unsafe abortions. Reproductive planning (PRp) is one of the most successful interventions in public health and has been the subject of governmental discussions in all spheres. Brazil faces a long period of lack of population information regarding contraceptive behavior, especially regarding the availability of a wider range of contraceptive methods. Faced with enormous social challenges and aiming to minimize the financial impacts, the Etonogestrel Subdermal Implant, IMP-ETN, can be considered a contraceptive option of clinical and socioeconomic interest to public and private sector of health. In Europe, the use of contraceptive options is widely used, however, there is room for greater provision of sexual health services, better formal sexual education and better training of providers, in addition to the possibility of increasing acceptance of the most effective and long-lasting contraceptives (LARCs) and, finally, improve the use of all methods. The commentary brings perspectives to understand the panorama.

Keywords: Unplanned Pregnancy; Public health; Brazil; Access to Contraception
INTRODUCTION

Over the past nine years, governments, civil society, multilateral organizations, donors, the private sector, and the research community have come together around an ambitious goal: to enable 120 million more women and girls to use modern contraceptives by 2020. This FP2020 initiative that now plans to maintain efforts for FP2030. This shows us the grandeur of the importance of exposing, discussing, and acting on the issue.

Unwanted pregnancy is a public health problem across Europe, although there is no common definition and no standard way of measuring it. It is estimated that 34% (in Western Europe) to 54% (in Eastern Europe) of pregnancies are intentional. To determine the unwanted pregnancies, it can be used the length of the reproductive period and exposure to the risk of conception, the desired number of children and contraceptive use and effectiveness. Use of effective contraceptives is high in most of Europe, but there is scope, through better provision of sexual health services, better formal sex education and better training of providers, to increase uptake of the most effective contraceptives and improve use of all methods.

Worldwide, an estimated 44% (90% uncertainty range [IU] 42–48) of pregnancies were unintended from 2010 to 2014. The unintended pregnancy rate decreased by 30% (90% [IU] 21–39) in developed regions but remains substantially higher in developing regions. Sexual and reproductive health services are needed to help women avoid unwanted pregnancy and to ensure healthy outcomes for those experiencing such pregnancies.

Data from the 2016 National Abortion Survey showed that 13% of the women interviewed had an abortion caused by not wanting the pregnancy. In Brazil, for example, maternal mortality from abortion complications is the fifth leading cause of death in the country. Children of unplanned pregnancies often have poorer mental and physical health, take poor cognitive tests and are more likely to end up living in families where marital relationships have broken down.

Reproductive planning (PRp), when adequately and fully offered to women of all races and social classes, including people with a uterus who are disproportionately affected, is one of the most successful interventions in public health. From the perspective of public management, data published by the United Nations Population Fund - UNFPA report that in countries with an economic situation like Brazil’s, such as Ecuador, for every dollar invested in sexual and reproductive health, the Ecuadorian government saves up to 17 dollars.

Brazil urgently needs to identify an adequate and quick solution to reduce the high rate of unplanned pregnancies in the country and its consequences in terms of maternal morbidity and mortality, as well as the high rate of unsafe abortions. Bahamondes and collaborators in 2017 already identified unmet needs.

REALIZING THE DIMENSION

Although there is an incentive from the World Health Organization (WHO) to guarantee the sexual and reproductive rights of couples as a way of strengthening PRp and facing the fact of challenges related to public health policies to support men and women considering the whole dimension of the intersectionality, also remembering five years after the publication by Bahamondes et al., which addressed the barriers to the implementation and consolidation of a family planning program that fully meets Brazilian peculiarities, little progress was noticed and we accumulate lags. In this context, Brazil faces a long period of lack of population information regarding contraceptive behavior, given that the last demographic and health survey (PNDS) dates from 2006, as well as difficulties in providing a wider range of contraceptive methods that can meet all profiles of women assisted by the Brazilian health system.

ACCOUNTING THE PROGRESS

The most recent advance related to reproductive health in Brazil came from the incorporation of the Etonogestrel Subdermal Contraceptive Implant (IMP-ETN) by the National Commission for the Incorporation of Technologies in the Unified Health System (CONITEC), through Ordinance No.13, April 2021. The plenary understood that the evidence is favorable to the IMP-ETN for the population in general, but when removing the main outcome – pregnancy – it found a budgetary impact that required choosing the population that
would benefit most from the technology at first, thus proposed the segment of individuals outlined by the Secretary of Health Surveillance (SVS) and by the Secretary of Primary Health Care (SAPS).

Hence, in the case of Brazil, it is important to note that the report published by CONITEC (599) states that the IMP-ETN was dominant against most contraceptive methods available in the SUS, except for the Copper IUD in which there was a reason for positive incremental cost. If we take into account the number of births in Brazil in 2019 among women aged 18 to 49 and multiply this value by the percentage of Unplanned Pregnancies (GPN) in Brazil (55.4%), we find a value of 1,451,469 GNPs in 2019, which represented approximately R$ 6.4 billion to the public coffers, since the cost of a GNP in Brazil is R$ 4,439,009. Now, adding up the current values of the IMP-ETN in the CMED (Medicine Market Regulation Chamber) - ICMS of 18% (R$ 685.66) + the cost of the failure rate (0.01) published by the WHO, we would obtain the approximate value of R$ 1 billion. In this context, subtracting the costs related to the IMP-ETN from the costs of GNPs in 2019, a hypothetical cost-avoidance of approximately R$ 5.4 billion of public resources is observed, establishing an avoided cost ratio of R$ 6.00 for every BRL 1.00 invested.

The compulsory care coverage to be guaranteed in private health care plans, established by RN nº 465 of February 24, 2021, includes only definitive methods and intrauterine devices as a contraceptive option. The entry of new competitors in the market establishes benefits for the sustainability of the health system with the simplification of processes, learning from the experience of competitors, improvement in products or even by improving the expected outcomes, besides adding value to the provider.

PRELUDE?

Faced with a past with little progress, great challenges are foreseen in the future, since dissatisfaction around unmet needs is added to the issue of sexual orientation, identity and gender, reinforcing the notability of the exclusion of this portion of citizens, who have left out of clinical research and the development of specific policies. In addition, the significant impacts of the COVID-19 pandemic are also beginning to be perceived in contraception and PRp, with a 9.1% drop in the number of women using contraception and PRp, with a 9.1% drop in the number of women using contraception.

Achieve progress in order to meet the reproductive intentions of women will only occur when investments in health are guided by the quality procedures and largely attend the population, covering age groups, social levels and varied profiles. Given the challenges presented and aiming to minimize the financial impacts, the damming of demand experienced should be absorbed by the health system in the coming years, the IMP-ETN can be considered a contraceptive option of clinical and socioeconomic interest to public and private sector of health.

World Health Organization lists limited access to good quality services and choice of method; experience, or fear, of side effects; cultural or religious opposition, user and provider bias, and gender-based barriers as potential reasons for women not using available contraceptive methods. Changes in infrastructure and better training of providers to educate, especially about the predilection for LARCs, would be good initiatives to achieve lower rates of unplanned pregnancies and abortions.

References


Disclosure of Interests
None

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