

Couple-Years of Protection

Webinar Q&A

Questions Not Answered During Webinar

Q: Are contraceptive manufacturers aware of the CYP indicator?

A: Yes, the manufacturers are aware of the CYP indicators.

Q: How are countries using CYPs to assess contraceptive use and services? Are they looking at method-specific CYPs, aggregates, or are they primarily using them for Estimated Method Use in FPET?

A: Countries rely on their FP HMIS, DHIS2 that collect service statistics including distribution of contraceptives to clients to track contraceptive use, by method, region and other disaggregates based on the data collected in the FP HMIS.

Q: Do all USAID-funded implementing partners with family planning programs need to use the CYP indicator, even if they're solely providing technical assistance and not commodity-related support?

A: **All** Operating Units (OUs) receiving at least \$2 million of FP/RH funds, are required to report CYPs at USG supported programs. IPs implementing FP programs in the OU, should assist in providing CYP data to the OU for reporting purposes. The primary data source for CYP should be facility level distribution to clients. Partners providing TA only should assist in collecting these data.

Q: Why are discontinuation rates from DHS calendar data not used to inform CYP conversion factors? Is it a lack of method specificity?

A: DHS data does contribute to estimating discontinuation for IUDs and Implants for CYP conversion factors. In both cases it is combined with other data to produce the final results. For IUDs, it is combined with data from WHO which includes a longer timeline than is available in the DHS calendar. For implants, it is combined with a prospective study that followed women after insertion.

Q: Do the presenters have any specific recommendations for implementing the updated conversion factors at the country level?

A: Share information of revised conversion rates with stakeholders who do the calculation, report, and use the data. The revised conversion factors are applicable for the countries that provide the methods that have updated conversion factors.

Q: Will the brief developed by USAID, FHI 360, and Avenir be translated into French? What about the slides from this event?

A: A French translation of the brief would be useful and we will look into how we can get that accomplished soon.

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Q: Should countries and programs apply the new conversion factors to their previous CYP calculations retroactively? If yes, is there guidance on how to communicate the change in reporting or how to compare updated numbers to previous projections?

A: No, do not report retroactively. Apply the revised conversion factors moving forward.

Q: Are there country-specific CYP tables that show only the methods available in those countries?

A: There are not. Countries should feel welcome to use the CYP table available on the USAID website to build their own table.

Q: Some projects calculate CYP quarterly. How should the new conversion factors be taken into account, given the delay in reporting?

A: The volume of methods reaching the clients should be additive of the quarters. Be sure not to double count and include exclusive quarterly reports to aggregate for the final annual total. Then apply appropriate conversion factors.

Q: Are these CYPs the same as those reported by the WHO?

A: Yes, CYPs are a standard indicator across organizations.

Questions Answered in Writing During Webinar

Q: Are the revised CYP conversion factors aligned with FP2030 estimates?

A: Yes, the updated factors have been integrated into the tools used to produce the FP2030 annual estimates.

Q: How are the wastage assumptions built into the factors and does this impact USAID's 'rounding up' on several methods. How have you differentiated between what is probably greater leakage and wastage in the public sector vs private sector?

A: While wastage likely differs in the two sectors, these are crude measures that don't differentiate because the necessary data to do so are not available

Q: Is contraceptive cost factored into CYP estimates, given its impact on method continuation/discontinuation?

A: Cost is not directly included in the estimate. However, the studies on continuation that are used to calculate the conversion factor could include both free and not free contraceptives.

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Q: It seems odd that the evidence of Levoplant effectiveness (4 or 5 yrs) differs from the WHO prequalification. Shouldn't the effectiveness be based on clinical evidence vs WHO prequal or registration info?

A: The product effectiveness is based on study results (Steiner et al. 2019) which showed a significantly higher pregnancy rate in the 4th year of use. WHO prequalification as a 3-year method rather than a 4-year method was due to the study results. [See study results here.](#)

Q: The pericoital CYP factor is interesting but from a practical point of view, it will be next to impossible to ascertain if someone is using the LNG 1.5 for 'EC' or for a peri-coital purpose. How do you anticipate that programs will realistically be able to know how the product is being used and are you concerned at all about confusion in this area?

A: There is some interest in having a 1.5mg LNG product branded for pericoital contraception and the pericoital CYP can be used for lobbying with normative bodies and regulatory authorities. Until a pericoital product is introduced, this pericoital CYP should not be used in programs. In the case of branded EC, the EC CYP should be used.

Q: If a user is provided multiple packs of their method (as is often the case for contraceptive pills) to take home at the same time, does the same CYP conversion still apply? Or should it be recalculated using the number of cycles/packets issued/etc?

A: CYPs are calculated using actual numbers of units distributed, irrespective of the number of users they are distributed to/how many are distributed at a time.

Q: Who is the primary responsible body to refine and communicate CYP updates, and who is responsible for organizational coordination regarding the indicator?

A: USAID is the primary body to communicate the updates and we have asked country representatives to share with counterparts

Q: Is the CYP for Levoplant different from that of Implanon?

A: Levoplant and Implanon have the same CYP now.

Q: Is pericoital contraception the same as coitus interruptus or withdrawal?

A: No, pericoital contraception is a pill taken close to the time of intercourse.

Q: Is there a separate CYP for pericoital contraception versus emergency contraception?

A: Yes, in the revised table you will see a separate CYP for pericoital contraception vs EC

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Q: Is CYP really an estimate of impact?

A: No, it is an estimate of coverage

Q: For the purposes of this indicator, are injectables considered long-term methods?

A: No, they are not. Implants and IUDs are considered long acting reversible methods and sterilization is considered a permanent method. Other methods are short acting.

Q: My question is on the evidence that formed the basis for the changes in the calculation - most of that studies if not all RCT and are few countries specific. Are there meta/scoping studies to support this judgment?

A: Many of the studies used include more than one country, so the number of countries represented is larger than the number of studies included.

Questions Answered Verbally During Webinar

Q: How will the potential duration change of DMPA SC be reflected in future CYP updates?

A: If there is a labeled duration of use change by a regulatory body for DMPA SC, then a new CYP will be calculated for the method.

Q: How should programs know when to apply the pericoital use factor vs the standard EC factor, since distribution or dispensing data do not typically capture the client's intentions around use/frequency or timing of use in this case.

A: See answer above.

Q: The last two CYP changes have occurred about a decade apart. When do we expect the next revision given that we should be anticipating that the coming years will be more dynamic--self-care products will pick up tempo (e.g., pericoital pills) and relatedly there will be changes where they will be sold (e.g., pharmacies); new products will be coming on the market. Proxy indicators will be more critical.

A: We have laid out a process to determine when and whether to update CYPs and the next revision will occur when one of three conditions are met: a method is new or newly available in low-and-middle-income countries, the labeled duration of use has been changed by a regulatory body, or the method presentation has changed.

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Q: Should the updated CYPs be discussed with country officials and other partners?

A: Yes.

Q: Since there is no commodity distributed to clients for sterilization and natural family planning methods, I believe CYP calculation for these methods will be based on the number of new users of these methods + number of other users that switched to these methods. Is that correct?

A: New users, including switchers, of that method are included.

Q: Has there been any discussion of CYP for dual prevention pills or other MPTs in the pipeline? I expect those could be different as discontinuation rates may be different?

A: When new methods become available, we will calculate a CYP at that time.

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