

# A COST-BENEFIT ANALYSIS OF LONG ACTING REVERSIBLE CONTRACEPTION USE IN AUSTRALIA

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**Background:** Long Acting Reversible Contraceptives (LARC) are the most effective reversible form of contraception, however the use of LARCs in Australia is low (9%, compared with 18% internationally). Studies have proven the cost-effectiveness of LARCs, but less has been known about this in the Australian context.

**Methods:** The cost-benefit analysis was undertaken to assess the impact on Australian women when switching from an oral contraceptive pill (OCP) to a LARC, or initiating the use of LARCs for women not currently using a prescribed contraceptive.

**Results:** Women who switched from an OCP to a LARC would realise annual cost savings of \$113-\$157, adjusted for the possibility of early discontinuation. If LARC uptake in Australia increased to that in comparable countries, net savings to the Australian Government are estimated at \$68 million over five years. Cost savings arise because LARC device costs are incurred once, compared to OCP costs which are faced each year contraception is used, for visits to general practitioners, and OCPs themselves, with close to 60 per cent of Australian women using unsubsidised OCPs and bearing all costs.

Women at high risk of pregnancy but not using any prescribed contraception would face costs in adopting a LARC (\$36-\$194 per person). However, the overall benefit for these women from avoided termination of pregnancies and miscarriages (\$121-\$185 per year), outweighs these costs. By increasing LARC usage to international rates for Australian women at high risk of unplanned pregnancy, the Australian Government would achieve net savings of \$20 million over five years.

**Conclusion:** This analysis contributes evidence towards the cost-effectiveness of LARCs compared to other contraceptive methods, which can support women in making an informed decision about their contraception. These results can also be used to support advocacy efforts regarding policies to increase the accessibility of LARCs for women in Australia.

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