



Removing the roadblocks: Policies to access to long-acting reversible contraceptives (LARCs)

Country Profile: Portugal 

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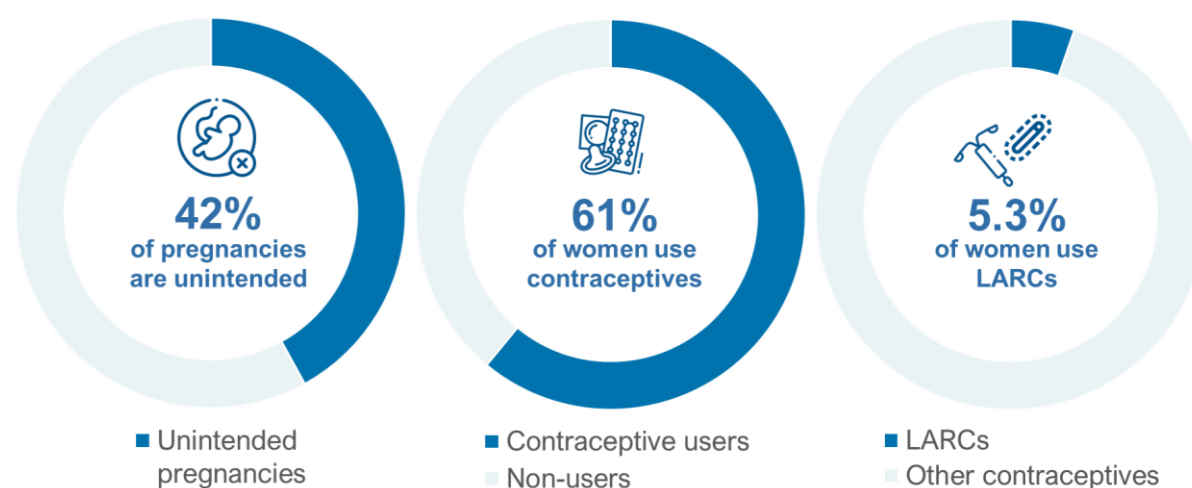
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1. Introduction

According to the European Contraception Policy Atlas 2024, Portugal demonstrates a comparatively high level of access to contraception, ranking seventh among other European countries. The recently reported contraceptive use rate is 61% (Figure 1), which is slightly above the European average.¹ However, there remain notable gaps in the effective use of contraception, as evidenced by the relatively high number of unintended pregnancies. Between 2015 and 2019, Portugal experienced an average of 116,000 pregnancies each year, of which 42% were unintended.² Among them, 32% ended in abortion. As unintended pregnancies are associated with a large socioeconomic burden for women, these data raise concerns.³

One contributing factor to this issue may be the relatively low usage of long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs), contraceptive injections, and contraceptive implants. According to the World Health Organization, LARCs are among the most effective methods of preventing unintended pregnancies, with a failure rate of less than 1%.⁴ However, according to the latest data, the uptake of these methods in Portugal remains below the European average of 9%.⁵ Based on data collected by the United Nations in 2019, only 5.3% of Portuguese women use LARCs.⁵

Figure 1: Key statistics on contraceptive use and unintended pregnancies



Sources: Guttmacher Institute (2024),² United Nations (2019)⁵

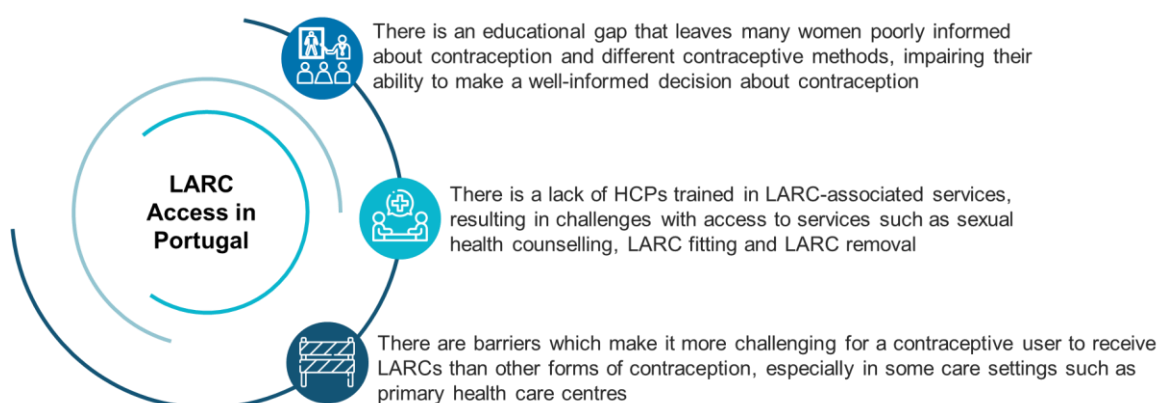
Note: LARC use estimates include implant users, contraceptive injection users, and IUD users among women aged 15–49 years

In the context of high rates of unintended pregnancy, with LARC use making up only a small proportion of total contraceptive use in Portugal, it is important to assess if there are barriers preventing users from accessing LARCs. Our study focused on identifying these barriers through a review of recent literature, validation of insights with a leading Portugal-based health care professional (HCP) and co-development of actionable policy recommendations to address these challenges in a Policy Forum that included HCPs from nine countries, including Portugal. Below, we cover the challenges that are most prominent in Portugal, how they manifest, and what policy recommendations could help to provide more women in the country with access to LARCs. We also noted that there is some debate over which contraceptive methods qualify as LARCs.^{6,7} While some sources include contraceptive injections, others exclude them because their effects are not as quickly reversible as those of IUDs and implants.⁸ For this reason, not all the available evidence covers contraceptive injections. Therefore, we will mostly focus on IUDs and implants and mention contraceptive injections explicitly when available data permit.

2. Challenges impacting access to LARCs

Insights from the extensive review of recent literature and conversations with expert participants of the Policy Forum revealed that women in Portugal face a range of challenges when seeking access to LARCs. To guide targeted and effective policy action, in this paper we describe the four most significant barriers to LARC access in Portugal (Figure 2).

Figure 1: Significant policy challenges in Portugal



Source: CRA analysis

There is an educational gap that leaves many women poorly informed about contraception and different contraceptive methods, impairing their ability to make a well-informed decision about contraception

While Law No. 259/2000, of 17 October 2000, set into law that primary and secondary schools should provide sexual health education, structured educational programmes only began to roll-out in schools in the late 2000s (concurrent with the legalisation of abortion in 2007), and issues persist with the national consistency of education.

This has resulted in an educational gap that leaves many women poorly informed about contraception and different contraceptive methods. For example, a survey from 2015 found that many women erroneously consider IUDs to be only for multiparous women and implants to be only for younger women.^{9,10} In the absence of robust public education, prevalent misinformation can impair a woman's ability to make a well-informed decision about contraception.¹⁰

There is a lack of HCPs trained in LARC-associated services, resulting in challenges with access to services such as sexual health counselling, LARC fitting and LARC removal

Funding of (and thus access to) HCP training in LARC-associated service provision is a particular challenge in Portugal. While HCPs receive preliminary training during their residency, any retraining or ongoing professional development must be funded by the individual or another sponsor, as this receives no government funding.

The shortage of trained professionals was highlighted by a survey of the Northern Regional Health Administration, which found that no HCPs were trained in LARC insertion in 18% of all health centres.¹⁰ Even of those trained in LARC fitting, only one-fifth felt confident to perform the procedure autonomously. Most physicians surveyed expressed an interest in acquiring more skills in LARC placement but said that securing funding for such training is challenging. Literature sources also report that better training of family physicians would improve user access to LARC-associated services.¹¹

This lack of trained professionals causes a shortage of appointments for services associated with LARCs (e.g. sexual health counselling, LARC fitting, LARC check-up/replacement, LARC removal). The issue is particularly acute with regard to sexual health counselling, in the context of the clear educational gaps that exist in Portugal; a 2015 survey found that one in five contraceptive users use contraception without receiving advice from an HCP.¹⁰ Many contraceptive users could benefit from comprehensive counselling, but there are challenges with awareness and access.¹⁰

In larger cities such as Lisbon and Porto, sexual health counselling (and indeed other LARC-associated services) can be easier to access, but there is limited awareness of its availability and role. In the more rural areas of Portugal, sexual health counselling can be especially difficult to access with long waiting times. This disparity in availability perpetuates the health inequalities that exist between rural and urban areas in the country.¹²

There are barriers which make it more challenging for a contraceptive user to receive LARCs than other forms of contraception, especially in some care settings such as primary health care centres

In Portugal, a number of contraceptives (including LARCs) are fully reimbursed and available for free from the National Health Service, and reimbursed up to 69% when obtained from private services with a medical prescription. However, there are barriers which make it more challenging for a contraceptive user to receive LARCs than other forms of contraception. For example, many clinics cannot stock LARCs, so users are required to attend a pharmacy to collect the LARC and return for a separate fitting appointment. In contrast, SARCs can be purchased directly at a pharmacy with a prescription or a repeat prescription.⁹

This unavailability of LARC products likely contributes to the finding that LARC use in Portugal is significantly lower than the rest of Europe, despite overall contraceptive use being on par with the rest of Europe.

3. Key policy recommendations

Based on our analysis of the identified challenges in Portugal, and in close collaboration with HCPs in the field, we have developed a set of targeted policy recommendations designed to address these issues comprehensively (Table 1).

Table 1: Key policy recommendations for Portugal

Challenges	Policy Recommendations
There is an educational gap that leaves many women poorly informed about contraception and different contraceptive methods	<ul style="list-style-type: none"> School-based sexual health education should focus on dispelling any myths concerning LARCs, using the experience of external educators where appropriate (e.g. members from scientific societies including the Portuguese Society of Contraception and Family Planning Association) To address existing awareness and knowledge gaps about sexual health, including contraception, robust online information should be provided by reputable stakeholders such as relevant scientific societies and national health authorities; such information should be easily accessible for users
There is a lack of HCPs trained in LARC-associated services, resulting in challenges with access to services such as sexual health counselling, LARC fitting and LARC removal	<ul style="list-style-type: none"> To address the limited number of HCPs able to insert and remove LARCs, HCPs should be fully compensated for the time spent training in providing these services There should be greater availability of centres and trained HCPs for women to receive sexual health counselling; more convenient access may encourage users to seek out trusted advice from HCPs Sexual health counselling should be available through multiple channels such as online or via telephone, if appropriate, to ensure convenient access for users outside of large cities
There are barriers which make it more challenging for a contraceptive user to receive LARCs than other forms of contraception, especially in some care settings such as primary health care centres	<ul style="list-style-type: none"> To make LARCs more accessible for women, primary health care centres should be able to stock LARCs so that the user can get one fitted without going to the pharmacy; this would make the user journey less fragmented

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