



# Pathway to self-injection of a subcutaneous all-in-one injectable contraceptive in Ouagadougou Partnership countries

9 October 2015



# Pathway to self-injection

## Insights from three countries

Jane Hutchings

Global Program Leader, Reproductive Health

PATH

---

## Information sources: Pathways to self-injection

- Family planning stakeholder perspectives and information needs
- Evidence from the first self-injection experiences in low-resource settings
- Sayana Press® pilot introduction data and lessons learned

---

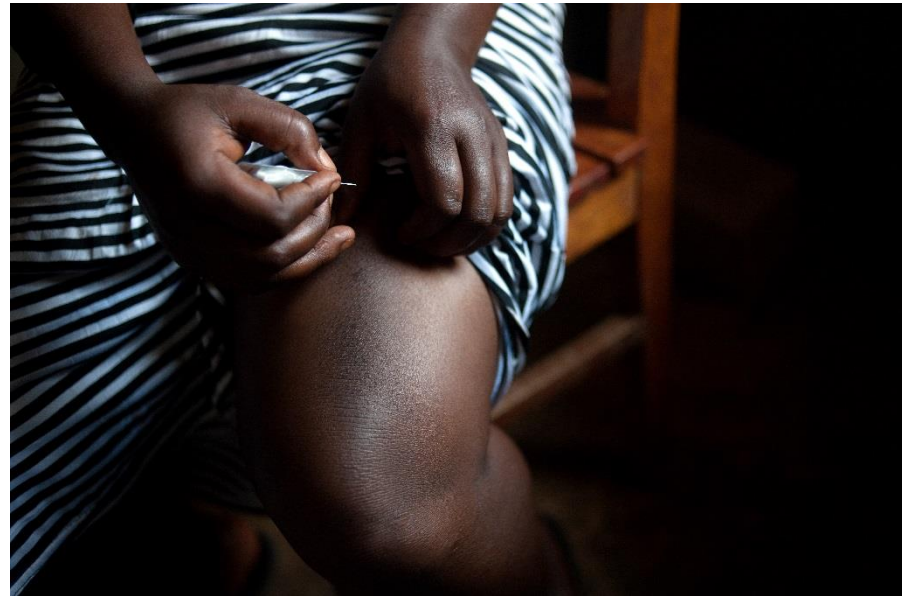
## Stakeholder perspectives: Benefits of self-injection

To women:

- Save money, time
- Eliminate clinic visits, transport, waiting time
- Increase autonomy, discretion

To family planning programs:

- Improve continuation
- Expand choice
- Reduce workloads
- Increase CPR





---

*“As far as advantages, I would cite discretion for the patient. There is also the fact that the individual controls the product—there is a certain autonomy. She is not dependent on the healthcare provider. There is the opportunity to manage one’s reproductive health in complete confidentiality.”*

*- Ministry of Health representative, Senegal*

## What information do stakeholders need?

### Feasibility

- Can women successfully self-administer?
- What about non-literate or rural women?

### Acceptability

- Direct evidence of benefits to women?

### Potential impact of self-injection

- Improve continuation rates?
- Attractive to new users?



---

## Women's perspectives: Instruction pretests

Instruction booklets were generally well understood by participants.

Challenges identified:

- Activating the unit
- Pressing slowly on the reservoir
- Using calendar to remember next injection date
- Disposal



## Early self-injection experience: Uganda study

Strong interest in self-injection

- Full sample recruited in two months

Appeals to younger women

- Half of enrollees aged 24 and younger

High levels of self-injection competence and confidence

- 96%: Competent to self-inject
- 93%: Self-injection is easy
- 97%: Instructions are easy to understand





## Broader impact of Sayana Press: Monitoring data

Encouraging uptake among younger women

- Percent of doses to women under age 25
  - 41% Uganda
  - 49% Niger
  - 42% Senegal

Doses administered to women new to FP

- 29% Burkina Faso
- 38% Uganda
- 49% Niger
- 32% Senegal





# Pathway to self-injection

Insights from Niger



# Pathway to self-injection

## Insights from the User

Maaïke van Min

Francophone Sahel Lead

Marie Stopes International



# Pathway to self-injection

## Insights from donors

Miles Kemplay and Trisha Wood Santos

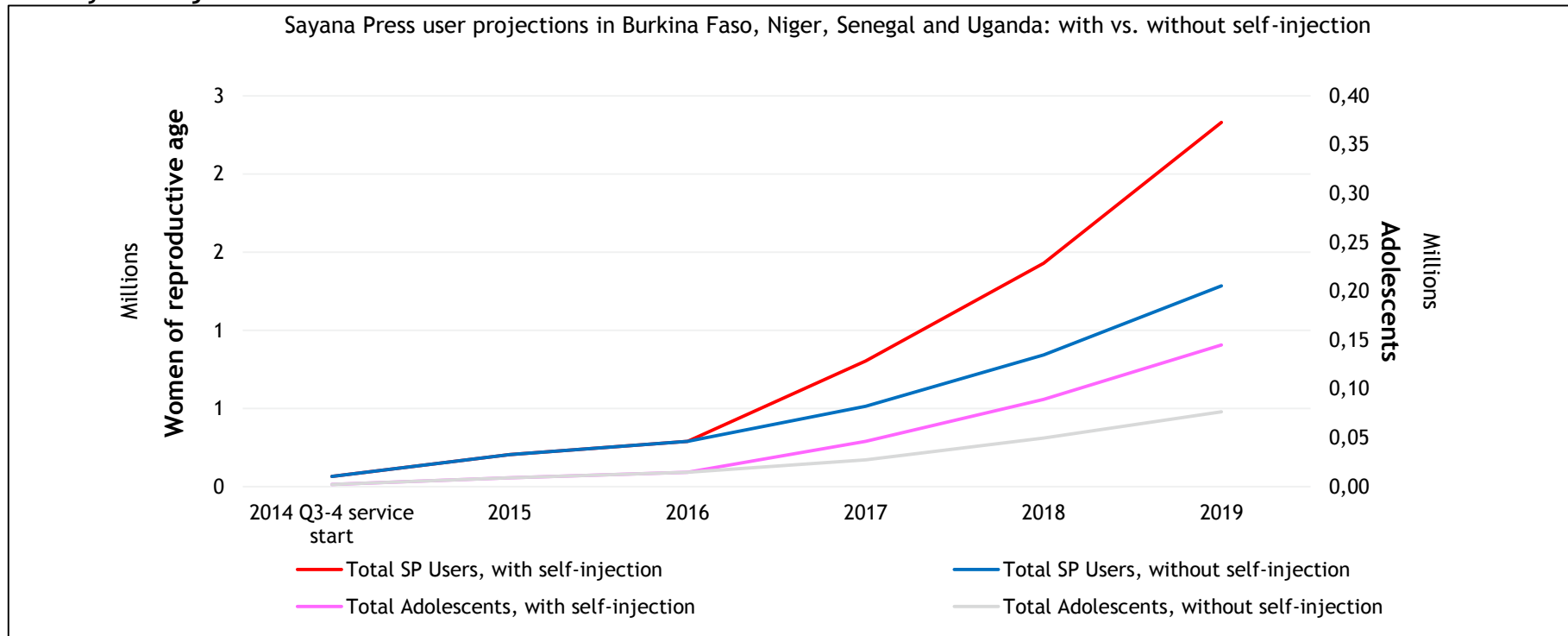
Manager, Children's Investment Fund Foundation

Program Officer, Bill & Melinda Gates Foundation

# What is CIFF's vision

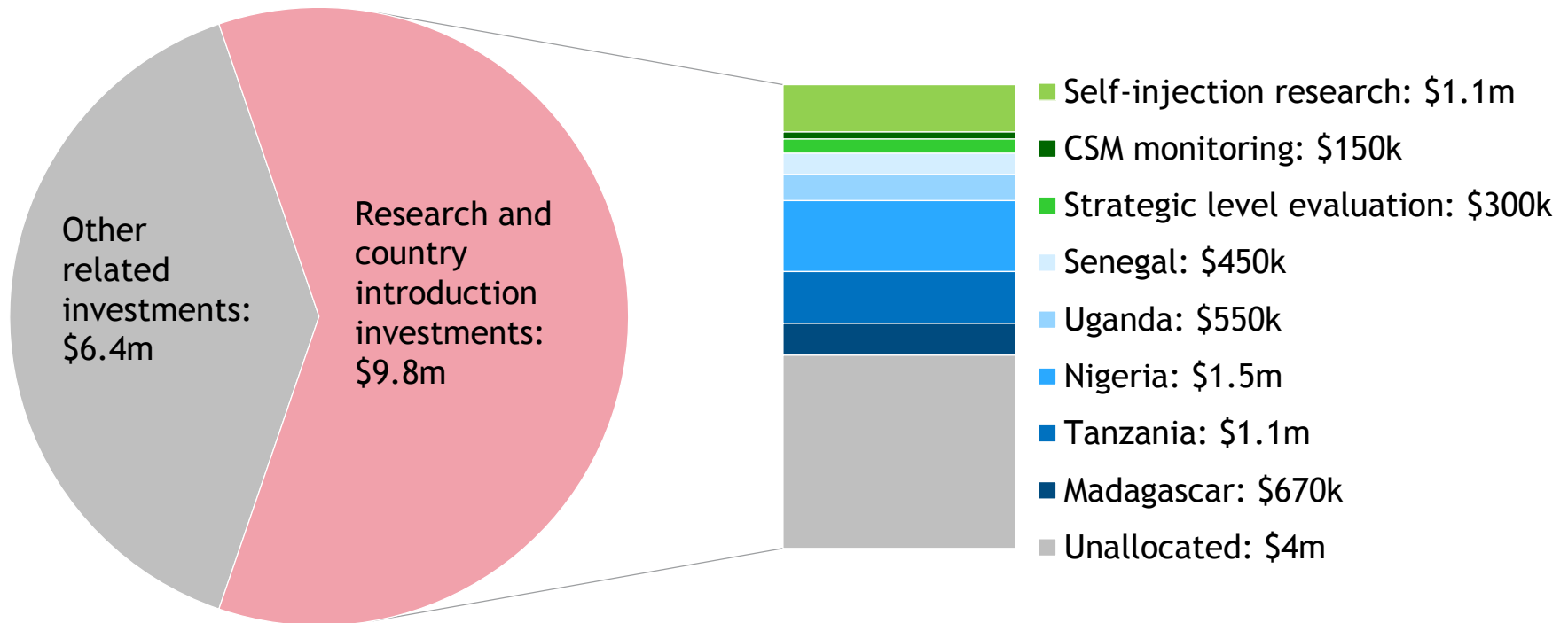
- **Transformational goal:** There is a viable market and supportive regulatory framework for sub-cutaneous contraceptive injections, making self-injection widely available for girls and women in developing countries with a high unmet need for contraception.
- Our intermediate **goal-level KPIs:**
  - Market readiness (Volume related, which CIFF is contributing to): Procurement orders significantly exceed six million units in 2016.
  - Country readiness (Policy related, which CIFF is contributing to): By 2017 five countries have a supportive policy and practice environment for self-injection

## Why Self-inject



## What CIFF is funding

Total investment to date: *up to* \$16.2m

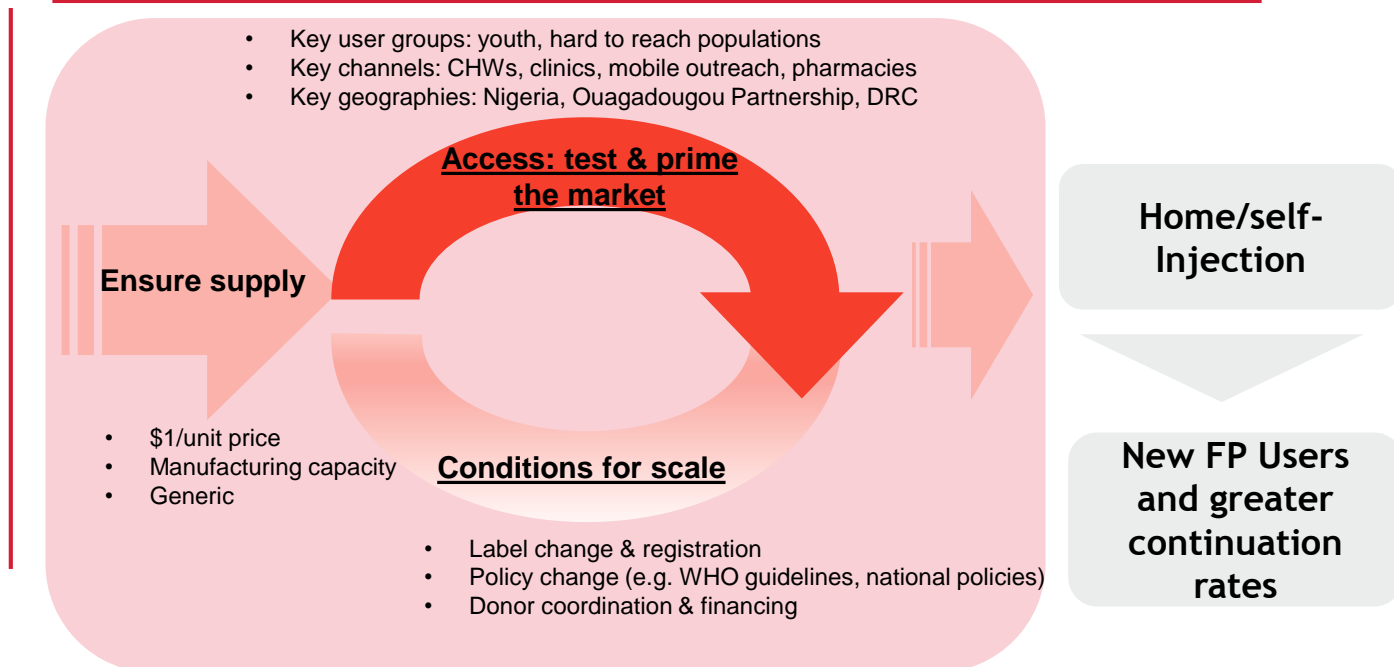


## What is BMGF's vision

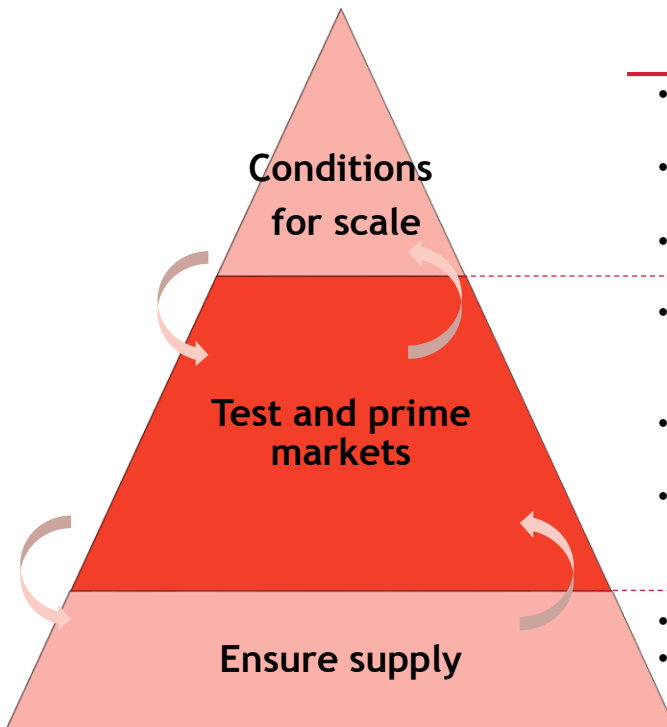
To support access to home/self-injection in order to accelerate achievement of the FP2020 goal

- Key conditions for HSI are: **supply** of affordable Sayana Press (or other DMPA-SC), **expanded access** to the product, and **enabling conditions for scale**.

- Sayana Press/DMPA-SC, through HSI, will overcome one of the key barriers to FP - access - by providing a discrete, user-controlled method.



# What BMGF is funding

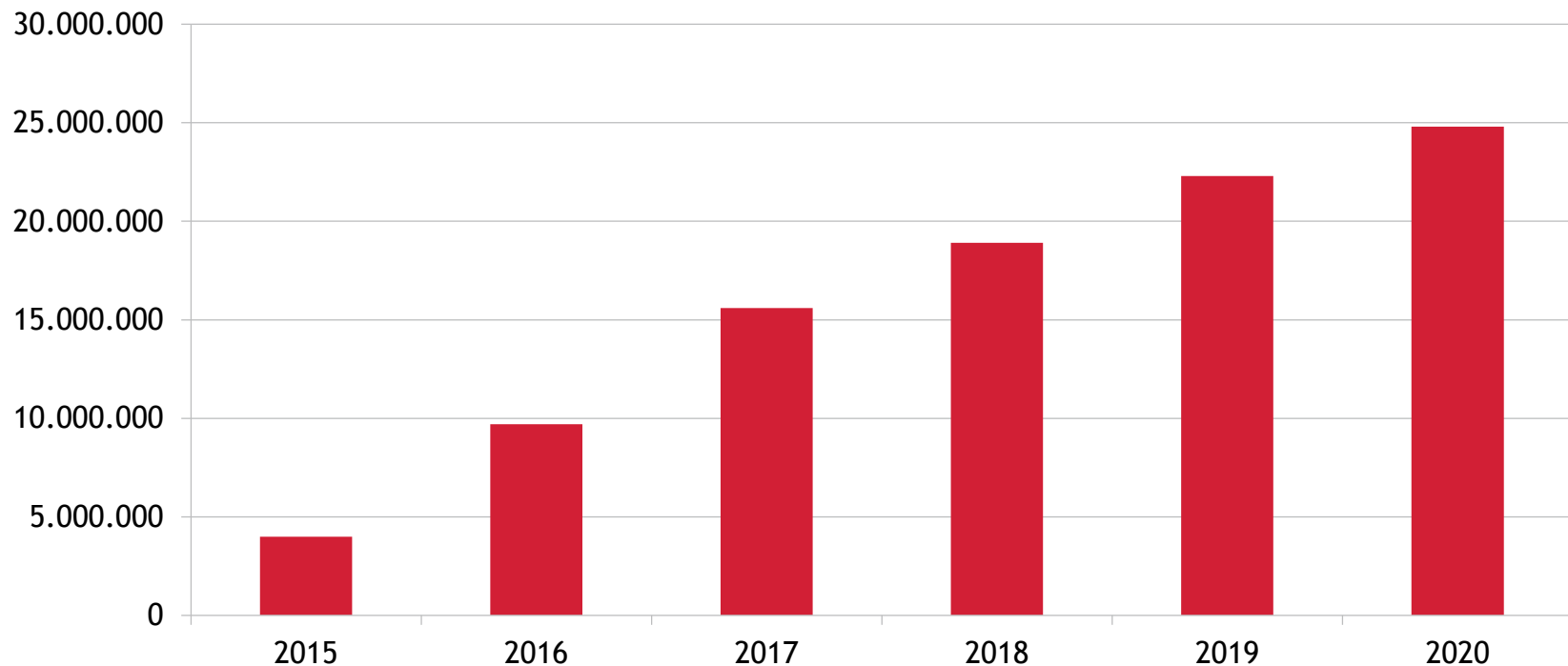


Key BMGF Investments	Countries	Expected Outputs
<ul style="list-style-type: none"> <li>Dissemination of evidence</li> <li>Global and country advocacy</li> <li>Donor coordination</li> </ul>	<ul style="list-style-type: none"> <li>Global</li> <li>OP countries, Uganda, Nigeria</li> </ul>	<ul style="list-style-type: none"> <li>HSI label change and country registration</li> <li>WHO guidelines</li> <li>Donor support for scale-up</li> </ul>
<ul style="list-style-type: none"> <li>HSI feasibility and cost-effectiveness research</li> <li>Social marketing launch</li> <li>Launch in high-volume markets with potential for HSI</li> </ul>	<ul style="list-style-type: none"> <li>Burkina Faso, Senegal, Uganda</li> <li>Nigeria</li> <li>Others TBD<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Evidence of HSI feasibility and cost-effectiveness</li> <li>Evidence of best practices for HSI</li> <li>Rapid market insights inform scale-up</li> </ul>
<ul style="list-style-type: none"> <li>\$1/unit price</li> <li>Supply planning &amp; coordination</li> </ul>	<ul style="list-style-type: none"> <li>69 FP2020 countries where registration or waiver exists</li> </ul>	<ul style="list-style-type: none"> <li>Expanded product registration</li> <li>Increased affordability of SP</li> </ul>



## Market readiness

### The 18x18 plan



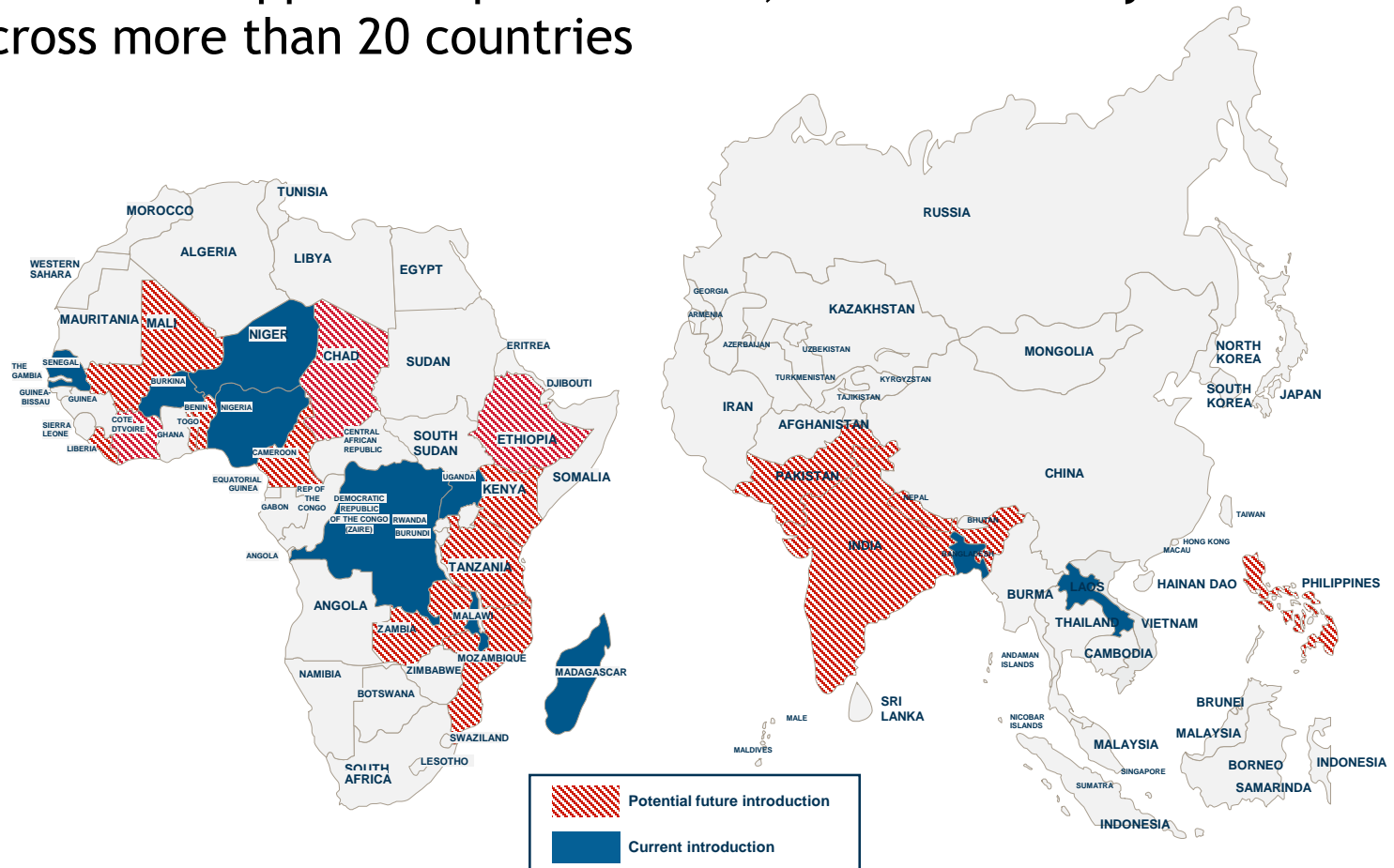
## Country readiness

New tools to guide strategic decisions and resources:

- Strategic level evaluation
- Self-injection pathway analysis in at least five countries
- Self-injection research findings

# Donor Coordination

Facilitates support for procurement, service delivery and advocacy across more than 20 countries



“

---

For most women, including women who want to have children, contraception is not an option; it is a basic health care necessity.

-- Louise Slaughter