Advocacy Pack for Subcutaneous DMPA: An overview

About the Advocacy Pack
The Advocacy Pack for Subcutaneous DMPA is a set of unbranded materials that individuals and organizations across the world can adapt and use to support advocacy to increase access to a new type of injectable contraception called subcutaneous DMPA (DMPA-SC, or Sayana® Press*). All evidence and information included in the Advocacy Pack is current as of May 2017.

Content
The Advocacy Pack for Subcutaneous DMPA is divided into two sets of materials:

1. **Tools to inform advocacy and communications**
2. **Handouts for decision-makers**

Materials are separated this way to help you quickly identify the main target audience: advocates or decision-makers. Many of the tools to inform advocacy and communications may also be useful handouts for decision-makers in your country, so feel free to print and distribute any that may be of interest.

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*DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer, Inc.
Target audience and purpose

Tools to inform advocacy and communications

- **Target audience:** Advocates
  - This may include nongovernmental organizations, community-based organizations, civil society leaders, women’s groups, young people, faith leaders, journalists, and champions within government.

- **Purpose:**
  - Advocacy planning materials are primarily for your own information and background. They will help you build an advocacy strategy, including identifying relevant policies and advocacy actions for your country.
  - Communication and media planning materials are for you to adapt and use in your external communication and media visibility efforts. Many of these materials are templates that you will need to customize before using.

Handouts for decision-makers

- **Target audience:** Decision-makers
  - This may include officials from your ministry of health or ministry of finance at the national and/or subnational levels, parliamentarians, and other duty bearers.

- **Purpose:**
  - These handouts and resources are intended for you to share directly with decision-makers to increase their knowledge and motivate them to take action. You may be able to use and print some of them without making any changes to the document (for example, the "Overview of subcutaneous DMPA" or the "Evidence at-a-glance"). Other resources are templates that you will need to customize before using (for example, the "Policy brief" and the "PowerPoint").

Customization

The Advocacy Pack for Subcutaneous DMPA is designed to be used and owned by advocates, which is why the materials are customizable and unbranded.

- **How to customize templates:**
  - For materials that are templates, you will need to add country-specific information before you can share them. We have provided sources of country-specific data in many of these materials.

- **How to format and brand the materials:**
  - To make handouts reflect your organization’s brand, we recommend cutting and pasting the text into the template your organization uses for its public materials. You could also add your organization’s logo directly to the PDF file in the Advocacy Pack for Subcutaneous DMPA, though this may require software like Adobe Illustrator.
Acknowledgment

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Citation


Contact

Please direct any questions, comments, or feedback on the Advocacy Pack for Subcutaneous DMPA to advocacyandpolicy@path.org.
Access staging tool for subcutaneous DMPA:
Identify your country’s stage

Introduction and scale-up of new contraceptive technologies, including the subcutaneous injectable DMPA (DMPA-SC, or Sayana® Press*), can dramatically expand access and options for women and adolescent girls. The process tends to follow four stages: initiation, preparation, introduction, and integration.

How to use this tool: This tool is designed to help you identify your country’s stage when it comes to access to DMPA-SC.

1. Review and use this tool before developing an advocacy strategy. Your country’s stage will influence the policy goals and advocacy actions upon which you will focus.

2. Read through each stage and find the one that most closely represents the goals that partners in your country are working to achieve. These stages are a continuum, so it is fine if your country meets criteria across several different stages. Just pick the one stage with the most relevant goals for your country to increase access to DMPA-SC.

3. After you’ve identified your country’s stage, refer to “Key actions for advocates to advance subcutaneous DMPA” and “Important policies for advancing access to subcutaneous DMPA” for guidance on the types of actions and policies that are relevant for advocates at any of the four stages.

Staging Tip: Your country does not need to meet every criterion to be in a particular stage. Remember, the criteria represent the goals that your country hopes to achieve. If your country has satisfied all the criteria in a particular stage, then your country is in the next stage.

Access staging tool

The four stages are:
- Stage 1: Initiation
- Stage 2: Preparation
- Stage 3: Introduction
- Stage 4: Integration

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Stage 1: Initiation

*Status:* Family planning (FP) leaders in your country are open to product introduction, and registration is on the horizon.

- Your ministry of health (MOH) has expressed interest in making DMPA-SC available through public and/or private sectors.
- Key stakeholders such as MOH officials, donors, implementing organizations, supply chain partners, the private sector, and advocates:
  - Understand how introducing DMPA-SC could advance national FP and broader health goals.
  - Have identified key research questions they need to have answered, if relevant.
- A manufacturer of a DMPA-SC product (for example, Pfizer Inc.) is preparing or has submitted an application for registration to your national drug regulatory authority—or efforts are ongoing to pursue an importation waiver to obtain product in the country.

Stage 2: Preparation

*Status:* A DMPA-SC product is registered (or an importation waiver is in place), and FP leaders and implementers are preparing to introduce the product.

- Product is registered for administration by health workers and/or for self-injection, or an importation waiver for the product is in place for your country.
- A mechanism is established to coordinate introduction and align stakeholders.
- An introduction plan/strategy is developed, which includes plans for scale-up.
- Funding to support introduction is identified and secured.
- If relevant, research studies needed to answer key questions are completed or implementation research is planned that may help pave the way for product introduction or policy change to increase access. For example, research studies could examine the feasibility of specific cadres of health care worker in administering DMPA-SC (community health workers, medical students, pharmacists).
- If relevant, provisional approval (for example, on a pilot basis) is given by the MOH for any departures from national service delivery policies (for example, who can provide injections).

Examples of key research questions

- Could DMPA-SC help us reach women and adolescent girls who have never used FP before?
- Is community-based or private-sector delivery feasible in our context?
- Are women and adolescent girls interested in self-injection?

A note about research studies

As evidence on DMPA-SC grows, consider whether your country can use research findings from other countries to support product introduction. Not every country should, or will need to, conduct its own studies.
Stage 3: Introduction

**Status:** A DMPA-SC product is available to clients through routine service delivery channels (or implementation research studies, if applicable), and FP leaders are considering or planning for scale-up.

- Product has been procured and has arrived in your country.
- Product is available through some combination of the following service delivery channels, from providers and/or through self-injection:
  - Public-sector facilities (hospitals, health centers, health clinics, health posts/huts).
  - Community-based distribution in public or private sectors (community health workers/volunteers).
  - Private sector (pharmacies, accredited drug shops, private for-profit facilities, social marketing programs, private not-for-profit organizations).
- Scale-up discussions and planning have begun or are underway.

**Staging Tip:**
Given that most countries are likely at different stages for DMPA-SC administered by health workers as opposed to by self-injection, consider staging your country separately for these delivery options and subsequently identifying separate advocacy strategies for each.

Stage 4: Integration

**Status:** A DMPA-SC product is integrated in national systems for contraception that enable long-term access throughout your country.

- Product is fully integrated into your country’s health system (public and private providers), including policies and protocols, training, supply chain, and monitoring systems.
- Policies that support product access at scale are approved and implemented (for example, National Essential Medicines List; policies on training and use; policies on community-based distribution, private-sector provision of contraceptives, and self-injection; policies promoting accountability).
- Product is available in routine service delivery channels throughout your entire country, and all relevant providers understand related policies.
- Sustainable financing sources for procurement, ongoing provider training and supervision, distribution, and demand generation are identified and secured (for example, through national budgets or broad family planning or reproductive health initiatives).
Key actions for advocates to advance subcutaneous DMPA

Many family planning (FP) advocates are already pursuing increased choices and access to contraception for women and adolescent girls in their country. The introduction and scale-up of an easy-to-use injectable called subcutaneous DMPA (DMPA-SC, or Sayana® Press*) can help advocates to realize many of their existing access goals. This includes advocacy efforts that advance their country’s FP2020 commitments and the Sustainable Development Goals—especially Goals 3 (good health and well-being) and 5 (gender equality).

How to use this tool:
This tool provides examples of actions that may be useful in advancing access to DMPA-SC. Actions are grouped by three key themes: using evidence to inform advocacy, conducting direct advocacy with decision-makers, and informing and influencing policies.

1. Before using this tool, determine your country’s stage when it comes to access to DMPA-SC. See: “Access staging tool for subcutaneous DMPA: Identify your country’s stage.”

2. Use this tool to identify the types of actions you can take to help increase DMPA-SC access, across the different stages.

3. Consider this tool a starting point for generating policy goals and advocacy actions relevant to your country’s stage. These are illustrative suggestions—you do not need to conduct every activity, and you may need to adapt them for individual country contexts.

4. Don’t be afraid to innovate with your advocacy actions! Creativity and ingenuity can make a huge difference in the lives of women and adolescent girls.

Helpful Hint:
It is important to frame your DMPA-SC advocacy within the larger context of informed choice, broad method mix, and contraceptive access. A wide range of FP methods should be accessible to women and adolescent girls, and they should be able to freely choose the method that best meets their needs.

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Use evidence and data to help inform decision-making on DMPA-SC.

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**Action:** Share information with your country’s decision-makers about how introduction of DMPA-SC can help increase method choice, address unmet need, and expand access to contraceptives in their country.

**Action:** Learn about your decision-makers’ DMPA-SC information needs and connect with research and/or implementing partners to identify existing evidence that can be shared and/or to determine if new data or studies are needed.

**Action:** Encourage researchers to engage a wide variety of decision-makers, advocates, and women’s and youth groups in the design of introduction data collection or research studies in your country. This will help ensure their buy-in and interest in using results to make informed changes to policies and programs.

**Action:** Track new research or introduction data on DMPA-SC in your own or neighboring countries. Collaborate with research and implementing partners to spotlight studies/efforts and their importance for evidence-based decision-making.

**Action:** Work with researchers and implementers to help translate and package their emerging data and evidence for specific use by policymakers, including informing their decision-making on:

- Policy development and implementation related to DMPA-SC.
- National and subnational scale-up of DMPA-SC.
- Expansion of DMPA-SC through additional delivery channels.

**Helpful Hint:**
The Advocacy Pack for Subcutaneous DMPA has a variety of evidence-based tools and templates—including a product overview, evidence at-a-glance, and key facts guide. Start off by getting familiar with these tools and the evidence they offer. You can then adapt these resources for use with decision-makers in your country.
Engage in direct advocacy to build momentum for DMPA-SC.

**Stage 1: Initiation**

**Action:** Generate demand for a range of contraceptives including DMPA-SC in your country, especially among health workers, women, and adolescent girls. Bring citizen voices to bear on the decisions and actions of policymakers, including through media.

**Stage 2: Preparation**

**Action:** Conduct and/or update a stakeholder mapping to identify key decision-makers and influencers—including donors—with whom to engage on DMPA-SC advocacy.

**Stage 3: Introduction**

**Action:** Foster commitments by decision-makers to expand access to broadening contraceptive choice and access for women and adolescent girls, including making DMPA-SC available in your country.

**Stage 4: Integration**

**Action:** Conduct direct outreach meetings with target decision-makers, donors, and influencers on DMPA-SC, including specific calls for:

- Introduction of DMPA-SC to expand contraceptive method mix and access for women and adolescent girls in your country.
- Consideration of a total market approach—both public and private sectors—in the provision of DMPA-SC.
- Development and/or harmonization of related health and development policies to support scale-up of DMPA-SC through multiple service delivery channels.
- Dedicated, long-term funding—including domestic resources—for DMPA-SC and other contraceptive supplies.

**Helpful Hint:**
Depending on your country context, there are many policies that can expand access to DMPA-SC. For examples of policies that may be relevant, see “Important policies for advancing access to subcutaneous DMPA.”

**Helpful Hint:**
Don’t go at it alone with your advocacy for DMPA-SC. In addition to collaborating with other advocates, make sure you are working with and within broader FP and sexual and reproductive health mechanisms in your country, such as FP technical working groups or FP advocacy coalitions.
Understand, inform, and influence policies that expand access to DMPA-SC.

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**Action:** Draw on the tool, “Important policies for advancing access to subcutaneous DMPA,” to map your country’s policy gaps, bottlenecks, and potential enablers to support expanded access to DMPA-SC for women and adolescent girls across implementation stages.

**Action:** Bring together decision-makers, advocates, researchers, implementers, health professionals, and citizen representatives in targeted dialogue aimed at jointly addressing and/or advancing critical access issues through policy change and implementation.

**Action:** Provide targeted policy development support given your individual or organizational expertise and/or facilitate connections between decision-makers and global and regional partners to ensure policy development support for introduction and scale-up of DMPA-SC.

**Action:** Monitor the implementation of relevant policies and their impact on access to DMPA-SC for women and adolescent girls and spotlight accountability challenges to key decision-makers and duty-bearers.

Your innovative actions here:

**Helpful Hint:**
As you conduct your policy mapping, it is important to keep in mind the different service delivery channels you aim to leverage for DMPA-SC in your country. These channels may include public-sector facilities, community-based distributors, pharmacies and accredited drug shops, and even self-injection of DMPA-SC by women.

Depending on your target service delivery channel(s), there may be unique policy barriers or opportunities. For example, if your country is exploring using community health workers to teach women how to self-inject, you may need to develop or amend specific policy guidelines.

**We love your ideas.**
Tell us what innovative actions you are taking to advance access to DMPA-SC in your country that can be shared with others. Email us at advocacyandpolicy@path.org.
Your access and accountability questionnaire

As an advocate, one of the most important actions you can take is to ask key questions of decision-makers about access related to DMPA-SC. Doing so can help hold decision-makers and other key stakeholders accountable for advancing or approving critical policies. For example, asking your ministry of health (MOH) about the status of product registration can help reinforce this as a priority issue and encourage the MOH to address any bottlenecks in the registration process.

Use these questions to spark dialogue with relevant stakeholders across the stages.

Stage 1: Initiation

❑ Does your MOH understand how the ease of use and unique features of DMPA-SC can provide opportunities to expand access to injectables and broaden the method mix?
❑ Is product registration underway?

Stage 2: Preparation

❑ Has the product been registered?
❑ Has a comprehensive introduction plan been developed, and is someone accountable for overseeing it?
❑ Has funding been identified and secured to support introduction?
❑ Do policy restrictions on community-based distribution, private-sector provision of contraceptives (pharmacy/drug shop access), or self-injection exist?

Stage 3: Introduction

❑ Have contraceptive stockouts happened, and in which delivery channels?
❑ Have data and information from introduction efforts and research studies been shared with advocates?
❑ Is the product being introduced in the context of informed choice? How is quality of care being monitored in introduction efforts?
❑ How has new 2017 global guidance on HIV and injectable contraception been addressed in service delivery? (For more information, see “DMPA and HIV: What advocates need to know.”)
❑ Are policy discussions on scale-up taking place? Do these include dialogue on product affordability to the MOH and consumers, and sustainable financing for procurement, distribution, and programming?

Stage 4: Integration

❑ Has DMPA-SC been made available throughout your country?
❑ Has DMPA-SC been included in all relevant policies affecting access, including the national Essential Medicines List, community-based distribution, private-sector provision, and self-injection?
❑ Has sustainable financing been identified and secured to support access at scale?
Important policies for advancing access to subcutaneous DMPA

One of the most exciting things about subcutaneous DMPA (DMPA-SC, or Sayana® Press*) is its potential to empower women and adolescent girls and dramatically increase contraceptive access. This promise can only be fulfilled if enabling policies are in place. Many countries, however, have policy restrictions that hamper the provision of injectable contraceptives through key service delivery channels for DMPA-SC such as community-based distribution (CBD), private-sector provision, and self-injection.

How to use this tool: This tool provides an overview of key policies that affect introduction and scale-up of injectable contraceptives, including DMPA-SC. These policies are not meant to be exhaustive, but a starting point to direct your efforts.

1. Consult this tool when you conduct a mapping of your country’s policy gaps, bottlenecks, and potential enablers to support expanded access to DMPA-SC for women and adolescent girls. It will help you identify the types of policies that may need to be changed or updated.

2. Use this tool—and the policies that are relevant to your country context—to help customize or inform the following materials in the Advocacy Pack for Subcutaneous DMPA:
   - “Policy brief template: A groundbreaking opportunity to increase contraceptive access and options”
   - “Key actions for advocates to advance subcutaneous DMPA”

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Product registration

What is the policy?
New contraceptive products typically must be registered with your country’s national drug regulatory authority (NDRA) before they can be procured, imported, and used. Manufacturers are responsible for submitting registration applications. The decision to pursue registration of injectables in your country ultimately rests with the product manufacturer, who must see a market opportunity.

In general, the NDRA decides whether to register a product based on a review of information submitted by the manufacturer, independent of advocates or implementing partners. Importation waivers may be an interim option for obtaining product in your country, as product registration can sometimes take a long time. Importation waivers may be more acceptable to ministries of health and subnational stakeholders in some countries than others.

Why does it matter?
Registration is the first step for countries that want to expand access to DMPA-SC. You can indirectly influence whether registration is pursued by getting your ministry of health (MOH) interested in DMPA-SC and/or the delivery option of self-injection. If your MOH is championing the product with donors and the manufacturer, then this can help advance registration. Once the registration application has been submitted, you can also check in with your MOH and/or NDRA to make sure the process is moving forward in a timely way.
Essential Medicines List (EML)

What is the policy?
A national EML is a key policy that identifies safe, efficacious, and cost-effective health products needed for a country’s population.

Why does it matter?
The national EML could be important for scaling up injectables in public-sector facilities in your country. In some countries, a new injectable must be included on the national EML (listed by type of medicine and dosage, not brand name) for the government to be able to purchase and distribute it through public-sector channels.

Where can you find more information?
- Essential Medicines for Reproductive Health: Guiding Principles for Their Inclusion on National Essential Medicines Lists
- World Health Organization (WHO) Model Lists of Essential Medicines
Policies on community-based distribution (CBD) of injectable contraceptives

What is the policy?
These policies allow community health workers/volunteers/distributors to administer injectable contraceptives, and provide guidelines for those services. They also may address other public or private sector workers, like pharmacists or drug shop operators. Types of policies may include:

- Policy guidelines and service delivery standards for reproductive health/family planning (FP).
- Community health worker policies.
- Task-shifting/sharing policies.
- Scope of work policies.
- Training curricula and accreditation bodies for community health workers and pharmacists that include injectable contraception administration.

Why does it matter?
Many countries have community workers/volunteers/distributors who provide contraceptive counseling and methods (standard days method, male and female condoms, pills) to reach remote populations. CBD policies that address injectable contraception are often needed for the product to be introduced or scaled at the community level. Ensuring that your country has policies and guidelines supporting CBD of injectables is critical for reaching underserved women and adolescent girls, including those in remote areas and new users of contraception.

If your country already has a policy on CBD of injectables, it may need to be updated to permit CBD of DMPA-SC products, such as Sayana Press.

Where can you find more information?
- Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy (Advocacy Toolkit)
- Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation
- Optimizing Health Worker Roles to Improve Access to Key Maternal and Newborn Health Interventions through Task Shifting
- Community Health Workers: Bringing Family Planning Services to Where People Live and Work (Family Planning High Impact Practices)
Policies on private-sector provision of contraceptives

What is the policy?

These include a range of laws, regulations, and policies that affect private-sector participation, including pharmacies and accredited drug shops, in the contraceptive market. For example, these may impact:

- Whether and which types of businesses or cadres of health workers can stock/sell injectables.
- Whether and which types of private providers can administer injectables.

Why does it matter?

Private retail outlets—such as pharmacies and drug shops—are often an important source of contraceptives, especially for adolescents and young people. However, many countries have policy barriers that hinder private-sector provision of contraceptives. For example, some countries have laws that exclude certain types of providers (such as pharmacists) from administering any type of injection. Ensuring your country has policies that are favorable to private-sector distribution of injectable contraceptives can help create more sustainable access and potentially reach more young people, as well as new users of contraception.

It is also important to note that some providers may play roles in both the private and public sectors. Explore whether this is common practice in your country, and if so, look into the policy implications. For example, if a provider is authorized to provide injectable contraceptives through community health initiatives, does that authorization also extend to his/her ability to provide injectables through pharmacies and accredited drug shops? Different policies may be needed to allow provision through different service delivery points.
Important policies

Policies on use: Guidelines, training materials, and job aids (including for self-injection)

What is the policy?
These policies provide guidance and instruction on DMPA-SC. Materials and training should be customized by target audience: health professionals, community health workers, and/or women and young people (for self-injection).

Why does it matter?
Guidelines, training materials, and job aids are foundational resources that support introduction and scale-up. Such materials have already been developed and pre-tested, and can be adapted for your country’s use.

You can play a key role by advocating with your MOH to develop and widely disseminate the resources and ensure their availability among providers and end users. You can also help ensure that these types of documents address WHO’s 2017 update on HIV risk and injectable contraception (for more information, see “DMPA and HIV: What advocates need to know”).

Where can you find more information?

▶ Tools for Sayana Press Introduction: Training and Communications (includes training materials, job aids, and resources on self-injection in both English and French)

▶ How to Introduce and Scale Up Sayana Press: Practical Guidance From PATH Based on Lessons Learned During Pilot Introduction
FP Costed Implementation Plans (CIPs)

What is the policy?
CIPs are multiyear, actionable road maps that help governments be strategic and efficient in investing limited resources to meet the growing demand for FP and achieve their FP goals, including FP2020 and Ouagadougou Partnership commitments.

Why does it matter?
Including DMPA-SC in your country’s CIP can be useful in maintaining commitment and mobilizing resources for scale-up.
Policies affecting self-injection

What is the policy?
Because self-injection is such a new approach, there is little country experience with the types of policies—if any—that may need to be changed to enable women to self-inject. At minimum, the product must be registered for self-injection. If the product is already registered for administration by health workers but not for self-injection, the manufacturer will need to submit a product label update to the NDRA. If DMPA-SC is not yet registered in your country, any new registration application for the product overall is likely to include self-injection, based on stringent regulatory approval received in the United Kingdom in 2015.

Why does it matter?
Your government may need to have certain policies or guidelines in place to permit scale-up of self-injection of DMPA-SC. To help figure this out, you can:

- Explore with FP leaders in your country whether any type of formal authorization will be required to permit self-injection, following regulatory approval.
- Determine whether your country will need to have policies that support advance provision of DMPA-SC to women (for example, through facility providers or CBD agents, or through pharmacy and drug shop sales).
- Consider whether community health workers or pharmacists might be well positioned to teach clients to self-inject in your context, and what policy revisions might be required to support that.

Where can you find more information?

- Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception (WHO guidance that recommends self-administration of products like DMPA-SC in circumstances where FP clients have training and support)
- Sayana Press Home and Self-Injection Resources
Increasing access to subcutaneous DMPA in Uganda: An advocacy case study

Like many countries, Uganda has made notable progress in increasing family planning (FP) use over time. Yet, many women and adolescent girls who want to prevent or delay pregnancies are not using contraceptives—especially women who live in remote places, far from health clinics. Thanks to strong national leadership on FP, the government of Uganda is pioneering introduction and scale-up of a new type of injectable: subcutaneous DMPA (DMPA-SC, or Sayana® Press). The product’s ease of use could expand access and options for women.

The introduction and scale-up of DMPA-SC builds on earlier policy changes to enable community-based distribution (CBD) of injectables (intramuscular DMPA, or DMPA-IM). This strong policy foundation, coupled with ongoing advocacy by nongovernmental organization (NGO) partners, helped facilitate the recent inclusion of DMPA-SC in the 2016 Essential Medicines List and in clinical guidelines. Efforts to offer DMPA-SC through pharmacies and accredited drug shops and self-injection are also in progress. With a number of key policy changes enacted or soon to be approved, expanded access to DMPA-SC is becoming a reality.

How to use this tool: This case study is for advocates to see an example of the policy pathway for DMPA-SC introduction in Uganda, through community-based distribution, pharmacies and drug shops, and self-injection. Draw on experiences and lessons learned from Uganda to inform your policy goals and advocacy strategy for increasing method choice and access with DMPA-SC in your country.

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Paving the way: An enabling environment for CBD of injectable contraception

Beginning in 2003, NGO advocates worked with the MOH to pilot CBD of injectable contraception with DMPA-IM and demonstrate that the approach was feasible for Uganda’s Village Health Team (VHT) workers—Uganda’s national cadre of public-sector community health workers. Based on positive results, CBD of injectable contraception was integrated into the VHT initiative in 2010. Key policy changes followed shortly thereafter, including formal authorization of CBD of injectable contraception and development of service delivery guidelines and training curricula for VHTs.

At the same time, Uganda became an increasingly vocal champion of FP. In 2012, at the London Summit on Family Planning that launched FP2020, the government of Uganda committed to lowering unmet contraceptive need from 34 percent to 10 percent by 2020. The national government’s adoption of CBD of injectable contraception, coupled with its championship of FP, created an important foundation for introduction of DMPA-SC.

Widening contraceptive options and access: Creating policies and piloting DMPA-SC through CBD

Global momentum began building for DMPA-SC right around the time of the FP2020 launch. Because DMPA-SC is easy to use in any setting, Uganda Ministry of Health (MOH) officials saw it as an important contributor to meeting FP goals, including its FP2020 commitments.

In 2012, global partners and donors selected Uganda for an operational assessment and acceptability study of the new product. Results indicated that the majority of women and community health workers preferred DMPA-SC (Sayana Press) over DMPA-IM. With these favorable results in hand, advocates and NGOs began working closely under government leadership to plan for introduction of this new type of injectable.
While introduction was hastened by Uganda’s supportive policy environment for CBD of injectables, the process took several years and required several steps, including the following policy initiatives:

- **Securing product registration:** Pfizer Inc. submitted a regulatory dossier for DMPA-SC (Sayana Press) to the Uganda National Drug Authority (NDA) in 2013, and the NDA officially registered DMPA-SC (Sayana Press) in mid-2014. This approval enabled the United Nations Population Fund to submit a product order to Pfizer Inc. so that the product could be imported into the country.

- **Developing an introduction strategy:** While the regulatory dossier submitted by Pfizer Inc. was under review, the Maternal and Child Health Cluster of the MOH—with input from NGO partners—approved a plan focusing on CBD of DMPA-SC through VHTs in June 2013.

- **Establishing operational policy:** NGO partners worked closely with the MOH to revise the official VHT FP training curriculum to integrate DMPA-SC, and the curriculum was approved in June 2014.

With these policies in place, in 2014, the Ugandan government launched a pilot introduction of DMPA-SC through the VHT program. More than 2,000 VHTs in 28 districts were trained by multiple NGO partners on FP, including how to administer both DMPA-SC and DMPA-IM. Over a two-year period, VHTs administered more than 130,000 doses of DMPA-SC (Sayana Press). Nearly one-third were to first-time FP users and more than 40 percent to women younger than age 25 years—two key target groups for the MOH.

In 2016, drawing on evidence from the pilot introduction and encouragement from advocates, the government of Uganda made a public commitment to scale up DMPA-SC, and backed this commitment with additional needed policy changes. For example, the product was included on the 2016 Essential Medicines List, a key step for enabling Uganda’s National Medical Stores to procure and distribute the product throughout the country. DMPA-SC was also integrated into the country’s 2016 clinical guidelines for management of common conditions, which serves as a guide to providers on how to most effectively address common health issues.

**Advocacy tip from Uganda: Pursue policy development during registration**

The MOH and NGO partners made sure not to lose momentum while the regulatory dossier was being reviewed—a process that can take many months, and sometimes even years. They used this time to develop key policy documents that would support introduction of DMPA-SC. That way, when DMPA-SC achieved registration, the MOH already had key policies approved to facilitate pilot introduction, thus saving additional time.
Pursuing the next frontier: Advancing self-injection and pharmacy and accredited drug shop access

Uganda’s successful DMPA-SC CBD efforts opened the door for the country to pursue additional avenues of access: self-injection and distribution through pharmacies and accredited drug shops.

Self-injection

Intrigued by the transformative potential of self-injection, in 2015 the Uganda MOH co-led a study examining the feasibility and acceptability of the practice. The study found that nearly 90 percent of women could self-inject competently and on time, three months after being trained—and almost all of them wanted to continue self-injecting. In 2016, the MOH convened a major dissemination meeting—attended by a wide range of FP donors, implementers, advocates, and representatives of districts throughout the country—to showcase the results and plan next steps.

Favorable evidence on self-injection helped propel additional progress in Uganda. By mid-2016, Pfizer Inc. had submitted a dossier to the NDA for a DMPA-SC (Sayana Press) label update to include self-injection, which was ultimately approved in February 2017. In the meantime, based on a contingent approval by the NDA and explicit MOH authorization in late 2016, self-injection was piloted in one district of the country—with NGOs and advocates monitoring the rollout of self-injection and planning for additional districts.

“Self-delivery of Sayana Press and family planning in the hands of users is good progress.”
—Dr. Dinah Nakiganda, head of reproductive health for the Ugandan Ministry of Health
Provision through pharmacies and accredited drug shops

Making injectable contraception (DMPA-IM and DMPA-SC) available through private pharmacies and accredited drug shops represented another critical opportunity to expand access. These outlets are a common source of contraceptives in Uganda, especially for younger women. To enable provision of injectable contraception through pharmacies and accredited drug shops, NGOs have advanced a number of key advocacy initiatives in the past few years, including the following:

- A high-level policy dialogue with key decision-makers to discuss evidence on and recommendations for the delivery of injectable contraception by drug shop operators in Uganda.
- Collaboration with the MOH to form a Drug Shops Task Force to gather and align stakeholder input on the proposed policy change and to share additional evidence and recommendations.

As a result, in 2016 the MOH requested that the NDA reclassify all injectable contraceptive products to enable their administration by pharmacists and accredited drug shop operators. The policy change is pending approval.

Learning lessons from Uganda

The increasing availability of injectable contraception, including DMPA-SC, in Uganda’s FP program is a testament to both the Ugandan government’s commitment to FP and the work of advocates and health practitioners who have gathered and packaged critical evidence to inform policies and practices to make injectables more widely available. Advocates in other countries can learn from Uganda’s process to move injectables into communities, private-sector outlets, and even into women’s own homes. Going forward, this work and continued efforts have the potential to ensure injectable contraception is accessible to every woman and adolescent girl, no matter where she lives.
DMPA and HIV: What advocates need to know

For decades there has been mixed evidence on the risk of HIV infection and the use of progestogen-only* injectable contraceptive products containing depot medroxyprogesterone acetate (DMPA). DMPA is a contraceptive drug that is injected into a muscle (intramuscular, or IM) or under the skin (subcutaneous, or SC). Some studies suggest that women using DMPA injectable contraception might be more likely to get HIV if they are exposed to the virus. However, other studies do not show this association.

In March 2017, based on a review of available evidence, the World Health Organization (WHO) released new guidance on hormonal contraception and HIV for women at high risk of HIV. The guidance conveys that women at high risk of HIV can use progestogen-only injectables, including products that contain DMPA-IM, DMPA-SC, or norethisterone enanthate (NET-EN), because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition.

How to use this tool: This tool summarizes important takeaways for advocates from new guidance released by the WHO in 2017 on hormonal contraception, including DMPA injectables, and HIV for women at high risk of HIV. Incorporate the information in this tool into your advocacy strategy development and messaging, especially if you live in a country with high rates of HIV among women and adolescent girls.

*You might also be familiar with the term “progestin-only” injectables. Progestogen-only and progestin-only injectables refer to the same thing.
Practically speaking, WHO has shifted progestogen-only injectables from category 1 to category 2 for women at high risk of HIV in its Medical eligibility criteria for contraceptive use (MEC). The MEC provides guidance to country policymakers and family planning (FP) program managers on developing their national policies, programs, protocols, and guidelines. As of mid-2017, WHO is rolling out a comprehensive dissemination plan to support the implementation of the new guidance at the national level.

### MEC categories for contraceptive use

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>No restriction on use</td>
</tr>
<tr>
<td>Category 2</td>
<td>Advantages generally outweigh theoretical or proven risks</td>
</tr>
<tr>
<td>Category 3</td>
<td>Theoretical or proven risks generally outweigh advantages</td>
</tr>
<tr>
<td>Category 4</td>
<td>Unacceptable health risk</td>
</tr>
</tbody>
</table>

Important points about the evidence on progestogen-only injectables and HIV

The evidence we have today is inconclusive. For example:

- All available data have been from observational studies. This means data were derived from studies designed primarily to answer other questions. This type of information is hard to analyze because there are many other variables that could have influenced the results.
- All data to date are on DMPA-IM. There are no data available on the lower-dose DMPA-SC. Because the products have the same safety and efficacy profile, WHO applies the same guidance to both types of products.

Additional ongoing research will provide new information on contraception and HIV. A randomized clinical trial called the ECHO study is evaluating whether there is a link between use of three contraceptives—DMPA-IM, the levonorgestrel implant, and the copper intrauterine device—and increased risk of acquiring HIV infection. Data from the ECHO study will be available in 2019.

Given the evidence available today, the best way forward is to follow the guidance and recommendations provided by WHO.
Three key messages

1. Sexual and reproductive health and rights and informed choice need to be at the center of policy and programming related to contraception.

   All women and adolescent girls have the right to evidence-based information on contraceptives, a broad method mix, and quality services. They should all have agency to make decisions about their reproductive health, free from discrimination.

   Many women and adolescent girls want to prevent both unintended pregnancy and HIV infection. With full and accurate information, they should be empowered to make decisions about contraception and HIV protection, in line with their preferences and values.

2. Women at high risk of acquiring HIV can use all methods of contraception, including injectables containing DMPA.

   According to WHO, women at high risk of HIV infection can use progestogen-only injectables. WHO’s revised guidance more clearly emphasizes the need to provide comprehensive counseling to all women who want to use this form of contraception. It also states that women at high risk of HIV should not be denied use of this method if it is their preferred choice.

   All women considering use of progestogen-only injectables should be counseled on the uncertainty of an increased risk of HIV acquisition and how to protect themselves from HIV. They should be clearly informed that no hormonal contraceptive method protects against HIV. They should receive counseling on and have access to HIV prevention measures—including male and female condoms and pre-exposure prophylaxis (PrEP)—as appropriate.

   Injectable contraception remains an important, lifesaving option for women in many countries. A misunderstanding of risk could lead women to avoid the use of these products or contraception altogether, increasing vulnerability to unintended pregnancy as well as maternal death or injury.

3. Investments are urgently needed to expand the contraceptive method mix and improve integration of FP and HIV services where appropriate at the national and subnational levels.

   Advocates have a critical role to play to help ensure that all women and adolescent girls are able to protect themselves from unintended pregnancy, HIV, and other sexually transmitted infections (STIs). Advocates should:

   - **Renew calls to national and subnational decision-makers** to increase the range of contraceptive options available to women and adolescent girls. No single method will meet the needs and preferences of all women and adolescent girls. Injectable should continue to be offered as part of a broad method mix.

   - **Reinforce the need to improve coordination between FP and HIV** in country policies and programs, especially in areas of higher HIV prevalence. Ensuring women have the information and means to practice “dual protection” from unintended pregnancy and HIV/STIs is a shared responsibility between the FP and HIV communities. Advocates can help bring together all relevant stakeholders and ensure policy discussions promote better linkages between contraception and HIV/STIs.
Helpful resources

- WHO: Guidance Statement: Hormonal Contraceptive Eligibility for Women at High Risk of HIV
- WHO: Frequently Asked Questions: Hormonal Contraceptive Eligibility for Women at High Risk of HIV
- WHO: Medical Eligibility Criteria for Contraceptive Use (MEC)
- AVAC: What is Up With DMPA and “Grades” For Family Planning? (A Plain Language Explanation)
- AVAC: Hormonal Contraceptives and HIV – An Introductory Fact Sheet
- Health Communication Capacity Collaborative: Strategic Communication Framework for Hormonal Contraceptive Methods and Potential HIV-Related Risks
- ECHO: The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study
Messaging points on subcutaneous DMPA

How to use this tool: These messaging points are intended to be used in your communication and outreach efforts. This may include speaking with the media or decision-makers, or presenting at events and conferences. They are designed to educate audiences about the features and benefits of subcutaneous DMPA (DMPA-SC, or Sayana® Press*) and how the product can increase women’s access to contraception.

*DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc. The terms subcutaneous DMPA and DMPA-SC encompass both branded and future generic products. Sayana Press is the brand name of the subcutaneous DMPA product available today in FP2020 countries.

Why do we need to improve access to contraception?

Increased access to contraception is one of the best ways to build strong economies, create healthy families, and advance opportunities and rights for women.

- For the first time in history, more than 300 million women in developing countries are using modern methods of contraception. Yet, almost as many women—more than 225 million—want to prevent or delay pregnancy but are not using contraception.
- When women and adolescent girls have access to a variety of contraceptives, they are more likely to find and use a method that meets their needs and preferences.
- Contraceptive options that women can control themselves can be an important way to potentially increase use and empower women to manage their health.
What is DMPA-SC and why should it be included as part of a broad contraceptive method mix?

DMPA-SC is an innovative injectable that opens up contraceptive access and choice to women and adolescent girls at the “last mile” and promotes women’s empowerment and autonomy.

- The privacy, safety, and effectiveness of injectable contraceptives make them a widely used option in many FP2020 countries.*
- Traditionally, DMPA has been injected into a muscle (a product known as intramuscular DMPA, or DMPA-IM), which generally requires more training and skill. The introduction of DMPA-SC—a new type of injectable that is administered under the skin—is making injectable contraception even more accessible to women and adolescent girls.
- The DMPA-SC product available today (Sayana Press) combines the contraceptive drug and needle into a single device that is small, light, and easy to use.
- DMPA-SC requires only minimal training to be used properly. The ease and simplicity of DMPA-SC allows community health workers to provide injections. It even enables women to self-inject in their own homes or other convenient locations.
- DMPA-SC represents the first time in more than a decade that a new contraceptive method is being introduced and scaled up globally. This provides a key opportunity to not only expand the contraceptive method mix for women, but also to potentially strengthen family planning delivery systems for all methods.

*FP2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries. For the full list of FP2020 countries, see: http://www.familyplanning2020.org/entities.

What is the current status of DMPA-SC? Is it already available?

Availability of DMPA-SC is increasing around the world, with the product on the market in both developed and developing countries.

- DMPA-SC (Sayana Press) has been approved by drug regulatory agencies in more than 25 countries around the world, including the European Union, and it is available on the market in the United Kingdom.
- The contraceptive drug used in DMPA-SC has received regulatory approval in the United States.
- DMPA-SC (Sayana Press) is available in more than 15 FP2020 countries, including Bangladesh, Democratic Republic of Congo (DRC), Madagascar, Mozambique, Niger, Nigeria, Senegal, and Uganda, among others.
How much does DMPA-SC (Sayana Press) cost?

The current price for bulk purchasing of the DMPA-SC product Sayana Press is similar to that of DMPA-IM.

- Sayana Press can be purchased at US$0.85 per dose by qualified buyers, including United Nations agencies and ministries of health in FP2020 countries.
- The price of DMPA-SC may vary tremendously across and sometimes even within countries, which is similar to many health products.
- The price that women will pay for DMPA-SC will depend on the country and service delivery channel:
  - Women accessing the product through the public sector will likely be able to obtain DMPA-SC for free or at a highly reduced price.
  - Women accessing it through the private sector—including social marketing and pharmacies and drug shops—will likely pay different prices based on local market conditions.

What do we know about self-injection?

There is strong evidence that women can self-administer DMPA-SC injectable contraceptives safely and effectively.

- Self-injection of DMPA-SC (Sayana Press) has already been approved in the United Kingdom, several other European countries, and in an increasing number of FP2020 countries including Ghana, Mali, Myanmar, Niger, Nigeria, Uganda, and Zambia.
- Self-injection of DMPA-SC (Sayana Press) is under review by regulatory agencies in at least 12 additional countries.

More recent evidence suggests that women in low-income countries can self-inject DMPA-SC with training and support and that they value the ability to self-inject.

- Multiple studies around the world show that self-injection with DMPA-SC (Sayana Press) is feasible, safe, and acceptable. For example, recent studies in Senegal and Uganda found that:
  - Nearly 90 percent of women participating in studies in Senegal and Uganda could self-inject competently three months after being trained.
  - The vast majority of women in the studies in Senegal and Uganda wanted to continue self-injecting.
- Senegal and Uganda are in the process of piloting self-injection with DMPA-SC (Sayana Press) outside of a research setting, based on study results. Additional studies on self-injection are underway in the DRC and Malawi, among other countries.

While self-injection is a new frontier for family planning, it has already been established as a safe and effective way for people to manage their own health.

- Self-injection has been used for years by millions of people for a variety of conditions—for example, by patients with diabetes or those who suffer from allergic reactions.
What is the impact so far of introducing DMPA-SC?

In addition to providing hundreds of thousands of women with safe and effective contraceptive protection, introduction of DMPA-SC is showing potential to reach new users of family planning and underserved populations.

- More than one million doses of DMPA-SC (Sayana Press) have been administered to women around the globe as of mid-2017.
- We are already seeing that DMPA-SC has the potential to contribute to global goals to reach 120 million additional users of family planning by 2020.
  - For example, during pilot introductions in Burkina Faso, Niger, Senegal, and Uganda between 2014 and 2016, DMPA-SC (Sayana Press) was administered to approximately 135,000 women using modern contraception for the first time—about one-third of overall doses administered.
- DMPA-SC may also be effective in reaching young women, especially in places where unintended pregnancy is common.
  - For example, of the approximately 300,000 doses of DMPA-SC (Sayana Press) administered to women during pilot introductions in Niger, Senegal, and Uganda between 2014 and 2016, 44 percent went to young women under the age of 25.

What is the relationship between DMPA and HIV?

The World Health Organization (WHO) says women at high risk of HIV can use DMPA and other progestogen-only injectables, because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition.

- For decades there has been mixed evidence on the risk of HIV infection and the use of progestogen-only injectable contraceptive products containing DMPA. Some studies suggest that women using DMPA injectable contraception might be more likely to get HIV if they are exposed to the virus. Other studies do not show this association.
- In March 2017, based on a review of available evidence, WHO released updated guidance on hormonal contraception and HIV, which conveys that women at high risk of HIV infection can use progestogen-only injectables. WHO’s revised guidance more clearly emphasizes the need to provide comprehensive counseling to all women who want to use this form of contraception. It also states that women at high risk of HIV should not be denied use of this method if it is their preferred choice.
- All women considering use of progestogen-only injectables should be counseled on the uncertainty of an increased risk of HIV acquisition and how to protect themselves from HIV. They should be clearly informed that no hormonal contraceptive method protects against HIV. They should receive counseling on and have access to HIV prevention measures, including male and female condoms and pre-exposure prophylaxis (PrEP)—as appropriate.

*You might also be familiar with the term “progestin-only” injectables. Progestogen-only and progestin-only injectables refer to the same thing.
All data on injectable contraception and HIV have been from observational studies. A randomized clinical trial called the ECHO study is evaluating whether there is a link between use of three contraceptives—DMPA-IM, the levonorgestrel implant, and the copper intrauterine device—and increased risk of acquiring HIV infection. Data from the ECHO study will be available in 2019.

Sexual and reproductive health and rights and informed choice need to be at the center of policy and programming related to contraception. All women have the right to evidence-based information on contraceptives, to a broad method mix, and to quality services, and they should have agency to make decisions about their reproductive health free from discrimination.

What are considerations for government decision-makers and implementers advancing introduction or scale-up of DMPA-SC?

All efforts to expand access to DMPA-SC should take place in the context of informed choice and women’s health and rights, as well as global guidance.

- Ministries of health should ensure that newly trained health providers are skilled in offering and referring for a full range of methods, including DMPA-SC.
- Integrating the product into the broader family planning system, rather than establishing any parallel track for introduction, is encouraged.
- Policies and programs should be aligned with the WHO’s 2017 guidance on hormonal contraception and HIV.

What's next for DMPA-SC?

More and more countries around the world are taking steps to increase contraceptive choice and access with DMPA-SC.

- Based on growing demand among stakeholders, providers, and family planning clients, as well as increased investment from the donor community, additional countries in sub-Saharan Africa and Asia are pursuing introduction and scale-up of DMPA-SC.
- Studies are underway in several countries to examine whether women will use DMPA-SC longer than DMPA-IM and what the cost-effectiveness of DMPA-SC is compared with DMPA-IM—including when administered via self-injection. Results are anticipated in 2017.
Tips for engaging traditional and social media for advocacy on subcutaneous DMPA

How to use this tool: This tool presents general guidelines for leveraging traditional and social media to achieve your advocacy goals—including guidance on when this is appropriate, tips for how to do it, and examples of messages you can use. It is important to keep in mind that media approaches and social media use varies from country to country, and you should confirm the norms in your setting.

Traditional media

Whether newspapers, radio, television, or digital outlets, in many settings, the media are well-respected influencers of public debates. That is why media engagement can be an effective tool for advocacy. You can engage the media to inform policymakers and health decision-makers about the potential for new products, like the easy-to-use subcutaneous DMPA (DMPA-SC, or Sayana® Press), to expand contraceptive access and increase choice. At the same time, the media can help you inform women about contraception and encourage them to speak out about the need for greater access to a broad range of quality methods.

When and why to engage the media

Engaging the media can be intimidating, but you do not need to fear it. At the same time, you should be smart. Before engaging the media you should be clear on what your goal is and what messages you want to communicate. You should be prepared to answer tough questions, and

*DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc.
you should assess whether decision-makers would react positively or negatively to the issue being raised in such a public forum.

Just like any communications activity, you should always approach media engagement with a specific objective in mind. In general, we engage the media to:

- **Educate**: This could include raising awareness of a health problem, such as unmet need for contraception, or of the solution, such as the availability of new contraceptive options.

- **Motivate**: Often we use the media to call decision-makers to take action by drawing public attention to a problem that is within their control to address. This is most effective if you can outline both the problem and the solution and then make a specific ask to decision-makers to take action. An “ask,” for example, might relate to approving policies or mobilizing resources to expand access to contraception.

- **Gain visibility**: A third, complementary objective for engaging the media is to gain visibility of an organization or an individual. While not your primary goal, it can be an added benefit.

### How to engage the media

There are a variety of ways to engage the media. Here are a few of the most common:

- **Announce news**: If you have something newsworthy to announce, such as a new report or a new government policy that you have supported, this can be a great opportunity to engage the media. In many settings this is done through a press release. A press release is a short, compelling news story that your organization prepares and sends, generally to a targeted but fairly wide group of media representatives with hopes of encouraging them to contact your organization for an interview and/or write about the topic based on the press release. Press releases typically follow a standard format that is respected by editors and journalists in your setting. Be sure your release is engaging and timely, has a catchy title, and is relevant to the media outlets you are targeting (and their audiences).

- **Invite media to attend an event**: Whether it is a report launch, a high-level dialogue, or a community rally, an event can be an effective way to engage media. Be sure to have a designated spokesperson to talk with media at the event. And you might want to have printed materials to provide background information.

- **Offer a written piece**: You can also write an article and invite a media outlet to publish it. Submitted articles generally include:
  - An opinion editorial (op-ed), which is a short article with a very specific point-of-view or call-to-action.
  - A letter to the editor, which is an even shorter piece, often written in response to an article the outlet has already published.

Be sure to research the guidelines of your target outlet before writing, and think carefully about the message and the messenger. Your chances of being published may increase if you have a high-profile author.

### Examples of media engagement on DMPA-SC

- **Press release**: Injectable contraceptive launched in Burkina Faso to expand choice and address unmet need
- **Op-ed**: Self-injection: A revolution in family planning
Tips for success

- **Remember your goal.** Members of the media will have their own objectives, but you should stick to yours. In interviews, always go back to the top two or three messages you want to communicate, and do not be tempted to get off-topic or comment on topics you are not sure about. Do not be afraid to say “I don’t know” or “I will have to get back to you on that.”

- **Make sure your messages are simple, relevant, and timely.** The media are generally not experts on your topic. Use simple language. Make sure the information you are sharing is timely—for example, an event that has just happened. Ensure it is relevant to the target outlet or reporter. Remember, stories about people are always more effective. Bring your issue to life by sharing a story of someone who has been impacted by the health issue in some way.

- **Be targeted.** Do not reach out blindly to every media outlet. Read, watch, or listen to the outlets and take note of what they are covering and which reporters generally cover which topics, so you can target the information most effectively.

- **Practice, practice, practice.** Speaking with the media requires practice. You should always take time to prepare your key messages or talking points and practice saying them. If you have time, role play with a colleague and have them ask you tough questions so you can practice responding. Even if you do not anticipate any tough questions, it will help you feel more confident in an interview. If you are being interviewed on radio or television, keep in mind the format as you practice.

- **Prepare for the unexpected.** You should always have guidelines in place for when things don’t go quite as planned. These guidelines, sometimes known as crisis communication plans, should cover how to prepare for, act on, and recover from a situation or event that threatens or impacts the project’s operations or perceptions of the project, such as rumors or false information being spread about a specific health intervention.

If you are successful in engaging with the media, please share it with us either by tweeting a link to @PATHAdvocacy or emailing us at advocacyandpolicy@path.org.

**Helpful Hint:**
To help you communicate effectively and accurately with the media, see “Messaging points on subcutaneous DMPA.”

**Helpful Hint:**
To help you address misinformation, see “Subcutaneous DMPA key facts: Answering questions and dispelling common myths about a new type of injectable contraception.”
Social media

Social media, which includes all forms of communications on social media platforms like Twitter, Instagram, Facebook, and WhatsApp, can be a powerful tool for advancing your advocacy efforts to increase contraceptive choice and access. It can enable you to reach a broad audience and amplify your messages quickly.

When and why to use social media

Social media is a great way to:

- **Share your key messages** with a wide number and diversity of target audiences.
- **Create a dynamic dialogue** and engaged community on issues related to contraception.
- **Reach decision-makers directly**, as many policymakers and government officials have social media accounts.
How to use social media

- **Get online:** If your organization has social media accounts, use them to share the messages below. If your organization does not have a social media account, feel free to use your personal accounts (but make sure your settings are on “public” so your tweets can be widely seen and shared)!

- **Start tweeting/posting:** Use the sample messages below exactly as they are, or modify them to fit your needs and context. Messages can be used on platforms other than Twitter and Facebook—just be sure to adapt them as appropriate. You can also use social media to share other content you have created, such as blogs, media placements, photos, and videos.

Tips for success

- **Find your audience:** Talk to communication experts in your country to see what platforms are most commonly used. In some countries, Twitter might be the primary social media platform for online engagement. In other countries, a different platform, like Facebook, might be more popular.

- **Engage in conversation:** Don’t just send out your own messages and content. Social media—especially Twitter—is an effective way to engage in conversation. Follow influencers and share their content. Tag them in your messages. Monitor relevant hashtags and use them when appropriate. Try to post something at least once per week.

- **Time your messages for impact:** As much as possible, tie your messages to major moments related to family planning or women’s health for maximum visibility. This could include key relevant national moments—like commemoration days or conferences on family planning, reproductive health, or women’s rights—or global moments.

- **Add a link:** Social media content is an effective way to drive content to other sites, such as your organization’s web page, a blog, or a media article. Try to include a link whenever possible.

- **Include visuals:** Social media content is more effective if you add a photo. Use the social media images in the Advocacy Pack for Subcutaneous DMPA, or see our photo bank.

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Major global moments

- International Women’s Day on March 8th
- World Health Day on April 7th
- World Population Day on July 11th
- World Contraception Day on September 26th
Sample social media messages

Hashtags

#familyplanning
#contraception
#reprohealth
#FP2020progress
#FPVoices
#DMPA-SC
#SayanaPress

Tweets

Women who have more control over their fertility have greater opportunities for education, training, and employment #familyplanning #DMPA-SC

Decision-makers, donors, implementing orgs, & advocates must work together to ensure a wide mix of #familyplanning options including #DMPA-SC

#Contraceptives like #DMPA-SC can have great impact on the health & lives of women but only with political commitment and funding

#DMPA-SC can help us meet our #FP2020 commitments by increasing access to new users and women in rural areas

#DMPA-SC has many benefits for women: it’s discreet, small and light, and easy-to-use #contraception

Q: Can most women use #DMPA-SC? A: YES. It is a safe and easy-to-use contraceptive option for most women.

#DMPA-SC can expand access to #familyplanning through community-based distribution and pharmacies

Self-injection puts the power of #contraception in women’s hands to manage their lives & have greater opportunity #DMPA-SC #familyplanning

#Familyplanning providers & clients like #DMPA-SC “It was easy to use. I like the size, and also it has a good needle.” - Young woman client

Facebook posts

Having a wide range of contraceptive options available to women is crucial. Women who are able to prevent unintended pregnancy have greater opportunities for education, training, and employment. A new type of injectable called subcutaneous DMPA is an important contraceptive choice for many women. It is safe, effective, small, and easy to use—especially for community health workers and for women to self-inject. Learn more: http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/.

We’re excited about the difference that injectable contraception, including subcutaneous DMPA, can make in the health and lives of women and adolescent girls. Today is World Contraception Day, and we’re committed to work with our many partners to ensure injectables, as part of a broad method mix, are widely accessible.
Common terms for DMPA injectable contraception

How to use this tool: This glossary is intended to help advocates understand the terms surrounding DMPA injectables, inform messaging and communication, and serve as a resource for understanding other materials in this advocacy pack.

The introduction of new contraceptives means more options for advocates to discuss and decision-makers to consider. The emergence of the subcutaneous form of DMPA (DMPA-SC), in particular, brings a new set of terms for advocates and decision-makers to understand and use. While the terminology on DMPA injectables may sometimes be confusing, advocates should understand the different types of DMPA products available and know how to discuss them in a way that is clear, consistent, and easy to understand.

Often times, language describing DMPA injectables uses names of branded products that are available in a particular country. For example, many people refer to the currently available DMPA-SC product by its brand name, Sayana® Press. However, as more options become available in the years ahead—including generics—it’s important that stakeholders adopt a nonproprietary set of terms not tied to any one brand. Advocates can play a key role in ensuring that decision-makers consider a variety of DMPA-SC products (branded or generic) to add to their contraceptive method mix.

*Sayana Press is a registered trademark of Pfizer Inc.

Definitions and recommended terms for DMPA injectables

- **DMPA:** The broad term for injectable contraceptive products containing depot medroxyprogesterone acetate, a common progestogen-only** contraceptive. When injected, DMPA releases the contraceptive agent, medroxyprogesterone acetate, over time.

**You might also be familiar with the term “progestin-only” injectables. Progestogen-only and progestin-only injectables refer to the same thing.
Intramuscular DMPA

- **Intramuscular DMPA**: Preferred term to describe DMPA products that are injected into the muscle.
- **DMPA-IM**: General acronym for the intramuscular form of DMPA that encompasses both branded and generic products.
  - **Depo-Provera**: Pfizer Inc. brand of DMPA-IM, available in vials or prefilled syringes. Also known as “Depo-IM” or simply “Depo” in some contexts and countries.

Subcutaneous DMPA

- **Subcutaneous DMPA**: Preferred term to describe DMPA products that are injected under the skin.
- **DMPA-SC or DMPA-SubQ**: General acronym or shorthand for the subcutaneous form of DMPA that encompasses both branded and future generic products.
  - **Sayana Press**: Pfizer Limited (UK) brand of DMPA-SC that comes prefilled in the Unject™ injection system. This is a branded product name.
- **Self-injection**: A new way of providing DMPA-SC, in which women are trained to administer DMPA-SC contraception under their own skin, and reinject on a regular schedule. Self-injection allows women the freedom of using injectables on their own timeline and in a location they choose.
  - **Home and self-injection (HSI or H/SI)**: Refers specifically to use of self-injection in a home setting. HSI may include a trained partner administering the DMPA-SC. It is worth noting that home-based use is generally implied by the term self-injection.

*Uniject is a trademark of BD.*
An overview of subcutaneous DMPA: A new type of injectable contraception that expands access and options

A new type of injectable contraception is transforming the way women and adolescent girls access and use family planning. **Subcutaneous DMPA, or DMPA-SC,** is an innovative product that makes injections simpler. Because DMPA-SC is easy to use, any trained person can administer it, including community health workers, pharmacists, and even women themselves.

As governments work to ensure a wide variety of contraceptives is available in their country, they should consider how offering DMPA-SC can address unmet need and increase access through a range of delivery channels.

**Benefiting users, providers, and health systems**

- **99 percent effective** at preventing unintended pregnancy when given correctly and on time every three months.
- **Discreet contraception** for women and adolescent girls.
- Prefilled and ready to inject.
- **Small and light.**
- **Simple to inject** due to short needle.
- **Stable at room temperature** (15°C to 30°C).
- **Three-year shelf life.**
- **Simplified logistics**—no need to match vial with syringe and needle.
- **Easy to deliver** through clinics, community-based distribution, pharmacies, and drug shops.

*Sayana Press is a registered trademark of Pfizer Inc.*

The term “subcutaneous DMPA”: What you need to know

Subcutaneous DMPA is a general term used to describe an injectable contraceptive that is administered under the skin. Traditional DMPA is injected into the muscle, which generally requires more training and skill.

Sayana® Press, manufactured by Pfizer Inc., is the brand name of the subcutaneous DMPA product available today in most countries. This “all-in-one” product combines the contraceptive drug and needle into a single device. Other versions of subcutaneous DMPA products may become available in the future.

The information in this overview is specific to Sayana Press.

*DMPA stands for depot medroxyprogesterone acetate.*
Putting power in women’s hands

- **User-friendly design** makes it possible for women to self-inject with proper training.

- **Product is registered for self-injection** in the United Kingdom, several European countries, and in an increasing number of Family Planning (FP) 2020 countries,* including Ghana, Mali, Myanmar, Niger, Nigeria, Uganda, and Zambia.

- **Self-injection is supported by the World Health Organization** where women have access to training and support.

- **Evidence from Uganda and Senegal indicates self-injection in sub-Saharan Africa is feasible and acceptable.**

*FP2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries. For the full list of FP2020 countries, see: [http://www.familyplanning2020.org/entities](http://www.familyplanning2020.org/entities).

Taking off around the world

- **Available in at least 15 FP2020 countries.**

- **Approved by regulatory agencies** in the European Union and more than 25 countries worldwide.

- **Offered at US$0.85 per dose for qualified purchasers**—for example, ministries of health and donors—in FP2020 countries.
How is DMPA-SC different from intramuscular (IM) injectable contraception?

**DMPA-SC** (Sayana® Press)
- Comes in a prefilled, “all-in-one” injection system.
- Is injected under the skin.
- Has lower dose of DMPA (104 mg).
- Has 2.5-centimeter needle.

Is currently available to qualified purchasers for US$0.85 per dose. Cost-effectiveness is being studied when compared to DMPA-IM.

What do DMPA-SC and DMPA-IM have in common?
- Safe and highly effective at preventing unintended pregnancy.
- Delivered every three months.
- Do not protect from HIV and other sexually transmitted infections. (For more information, please see the tool, “DMPA and HIV: What advocates need to know.”)
- Comparable in regard to side effects.
- Based on its lower dose, DMPA-SC is expected to have a side-effect profile that is similar to or better than that of DMPA-IM. Some women may experience side effects with either DMPA product, such as menstrual bleeding irregularities, headaches, weight gain, and injection-site reactions, including mild pain or inflammation.

**DMPA-IM** (Depo-Provera®* and generic options)
- Comes in a vial with a separate syringe.
- Is injected into the muscle.
- Has higher dose of DMPA (150 mg).
- Has 3.8-centimeter needle.

Is currently available for about US$0.70–0.80 per dose.

*Depo-Provera is a registered trademark of Pfizer Inc.*
Evidence at-a-glance: What we know about subcutaneous DMPA, a new type of injectable contraception

Evidence and experience with subcutaneous DMPA, or DMPA-SC; continue to grow. DMPA-SC is an innovative, easy-to-use injectable contraceptive that is administered under the skin rather than into the muscle. Data from pilot introductions, self-injection research, and other studies in many countries show incredible potential for DMPA-SC to expand contraceptive access, use, and choice for women and adolescent girls as part of a broad method mix.

All data in this brief refer to Sayana® Press—a DMPA-SC product that combines the drug and needle in a single device. Sayana Press is manufactured by Pfizer Inc. and is prefilled in the BD Unject™ injection system.

DMPA-SC is a highly effective and safe contraceptive option.

- DMPA-SC is 99 percent effective at preventing unintended pregnancy when given correctly and on time every three months.
- DMPA-SC is safe to use for most women and adolescent girls, including women on antiretroviral therapy.

Family planning providers and clients like DMPA-SC.

- Data from multiple countries, including Burkina Faso, Democratic Republic of Congo, Nigeria, Niger, Senegal, and Uganda, suggest that DMPA-SC is highly acceptable to women (Tulane University; University of California, San Francisco [UCSF]; FHI360; PATH; United Nations Population Fund [UNFPA]).

Quick facts about DMPA-SC (Sayana® Press)

- 99 percent effective at preventing unintended pregnancy when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.
- Prefilled and ready to inject.
- Easy to use, including by community health workers and women themselves (self-injection).
- Small and light, with a short needle.
- Stable at room temperature (15°C–30°C).
- Three-year shelf life.
- Available in at least 15 FP2020 countries.*
- Can be purchased at US$0.85 per dose by qualified buyers (including ministries of health in FP2020 countries).

*FP2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries.
DMPA-SC expands access for women and adolescent girls through channels closer to where they live: community, self-injection, and private sector.

**COMMUNITY**
- Pilot introductions in Uganda and Senegal, and a research study in Democratic Republic of Congo, found that DMPA-SC can be administered successfully by community health workers (PATH, Tulane University).
- Evidence from a range of countries, including Burkina Faso, Niger, Senegal, Uganda, Mozambique, and Nigeria, show that DMPA-SC can reach new users of family planning (PATH/UNFPA, Population Services International, DKT/UCSF).

**SELF-INJECTION**
- Self-injection studies from Uganda and Senegal confirm that women can self-inject DMPA-SC with training and support and consider self-injection acceptable (PATH).

**PRIVATE SECTOR**
- Several countries, such as Bangladesh, Nigeria, and Senegal, have successfully introduced DMPA-SC through pharmacies and drug shops, and other social marketing efforts.

Studies in progress will provide additional information about the potential of DMPA-SC to increase contraceptive access.
- Studies underway in Burkina Faso, Malawi, Senegal, and Uganda are exploring topics such as contraceptive continuation—for example, whether women will use DMPA-SC longer than traditional intramuscular (IM) injectables, or whether women who self-inject continue longer than women who receive injectables from providers. Studies are also assessing relative costs of DMPA-SC (including self-injection) and DMPA-IM, and approaches to integrating self-injection into national family planning programs. Results are anticipated in 2017–2018 (PATH, FHI360).

From evidence to action
The expanding body of evidence and experience with DMPA-SC can accelerate efforts to introduce and scale up this innovative contraceptive method globally. Evidence suggests that DMPA-SC is safe, effective, and highly acceptable, and that it can increase access for women and adolescent girls in their communities and homes, including through self-injection. Policymakers can collaborate with researchers, implementers, and advocates in their own and other countries to ensure that evidence informs decision-making on a variety of areas, including:
- Policy development and implementation related to family planning, including DMPA-SC.
- National and subnational scale-up of DMPA-SC.
- Expansion of DMPA-SC through additional delivery channels.

For more information on subtopics that may be of interest to specific audiences, see additional evidence spotlight sheets on acceptability, community-level distribution, self-injection, private sector, and research on the future of injectable contraception.
Evidence at-a-glance:
Spotlight on acceptability of subcutaneous DMPA

Family planning providers and clients, including young women and older adolescent girls, like DMPA-SC.

▶ In the Democratic Republic of Congo, a recent study of community-based distribution found that more than 90 percent of those who accepted DMPA-SC and were followed up three months later chose to receive a second injection (Tulane University).

▶ In Nigeria, more than 70 percent of users sampled have either continued to use DMPA-SC or say they plan to continue (University of California, San Francisco [UCSF]).

▶ In Senegal and Uganda, acceptability studies in 2012 found that 80 percent of women in Senegal and 84 percent in Uganda who received DMPA-SC said they would select it over intramuscular DMPA if both products were available (FHI 360).

▶ In Niger, Senegal, and Uganda, 44 percent of DMPA-SC doses administered during introduction were to women younger than age 25 years and 12 percent were to adolescent girls younger than 20 years (PATH/United Nations Population Fund [UNFPA]).

Quick facts about DMPA-SC
(Sayana® Press)

● 99 percent effective at preventing unintended pregnancy when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.

● Prefilled and ready to inject.

● Easy to use, including by community health workers and women themselves (self-injection).

● Small and light, with a short needle.

● Stable at room temperature (15°C–30°C).

● Three-year shelf life.

● Available in at least 15 FP2020 countries.*

● Can be purchased at US$0.85 per dose by qualified buyers (including ministries of health in FP2020 countries).

*FP2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries.
Evidence at-a-glance: Spotlight on community-level distribution of subcutaneous DMPA

DMPA-SC can be administered successfully by community health workers (CHWs), a critical source of family planning products and information.

- In Uganda, around 2,000 trained CHWs (called Village Health Teams in Uganda) administered all 130,000 doses of DMPA-SC during the pilot introduction between late 2014 and mid-2016 (PATH).
- When both DMPA-SC and DMPA-IM are available from CHWs, DMPA-SC tends to make up the majority of injectables administered: 72 percent in Senegal and 75 percent in Uganda (PATH).
- In the Democratic Republic of Congo, 97 percent of research participants who received DMPA-SC from medical or nursing students through community-based distribution said they were very comfortable receiving the injection that way (Tulane University).

DMPA-SC can expand the options available to women who have never used contraception before—because it makes it easier to deliver injectable contraception through more remote channels.

- In Burkina Faso, Niger, Senegal, and Uganda, a two-year pilot introduction reached 135,000 women who had never used family planning before (PATH/UNFPA).
- In Niger, where DMPA-SC was the first injectable contraception offered at remote health posts, 70 percent of doses administered were to new users of family planning at the outset of introduction (PATH/UNFPA).
- In clinics in Mozambique (Population Services International) and private outlets in Nigeria (DKT/UCSF), nearly one-third of DMPA-SC users were new contraceptive users.
Evidence at-a-glance: Spotlight on self-injection with subcutaneous DMPA

Women can self-inject DMPA-SC with training and support and consider self-injection acceptable.

- In Uganda, a recent study found that nearly 90 percent of women could self-inject competently and on time three months after being trained, and 98 percent of women who tried self-injecting expressed the desire to continue self-injecting (PATH).
- Also in Uganda, a qualitative study found that many adolescents interviewed could envision trying self-injection themselves. However, some still preferred having providers administer injections due to factors like fear of needles or provider expertise (PATH).
- In Ethiopia, women who participated in a qualitative study valued the time and expense that could be saved through self-injection. Most women who had initial concerns about their ability to self-inject changed their minds after they saw a product demonstration (PATH).

Data on self-injection from high-income countries

In Pfizer Inc’s original clinical trials of Sayana® (DMPA-SC in a pre-filled glass syringe) and self-injection research in the United States and Scotland, there were no pregnancies among women practicing self-injection, and nearly all reported it to be convenient and easy.

The World Health Organization (WHO) recommends self-administration of subcutaneous DMPA products in circumstances where family planning clients have training and support.

“I don’t need to travel long distance. It is easy, safe, and gives me the freedom to manage it myself.”

– Self-injection research participant, Uganda

Quick facts about DMPA-SC (Sayana® Press)

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- Prefilled and ready to inject.
- Easy to use, including by community health workers and women themselves (self-injection).
- Small and light, with a short needle.
- Stable at room temperature (15°C–30°C).
- Three-year shelf life.
- Available in at least 15 FP2020 countries.*
- Can be purchased at US$0.85 per dose by qualified buyers (including ministries of health in FP2020 countries).

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Evidence at-a-glance: Spotlight on private-sector provision of subcutaneous DMPA

DMPA-SC may be an appropriate option for administration through pharmacies and drug shops, as well as social marketing initiatives.

- In Nigeria, DKT International led private-sector introduction of the product in November 2014, marking the first commercial offer in Africa, including through pharmacies (DKT Nigeria).
- In Bangladesh, since February 2015, the Social Marketing Company (SMC) has introduced DMPA-SC in 6,000 pharmacies and conducted marketing and mass media campaigns to generate demand (SMC).
- In Senegal, the social marketing organization ADEMAS has begun to offer the product through pharmacists (ADEMAS).
- Uganda is on the verge of officially authorizing administration of DMPA-SC and DMPA-IM in pharmacies and accredited drug shops (FHI 360).

Drug shops and pharmacies are a promising source of family planning products and information, including injectable contraception (The High Impact Practices in Family Planning Initiative, WHO).

Quick facts about DMPA-SC (Sayana® Press)

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- Available in at least 15 FP2020 countries.
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Evidence at-a-glance: Research on the future of injectable contraception

While evidence on DMPA-SC is growing, some questions are still unanswered. For example, it’s still unknown whether women will generally use DMPA-SC longer than traditional DMPA-IM due to its unique attributes, such as ease of use and access, shorter needle, and lower dose. It is also unknown whether the method—either through regular delivery channels or self-injection—reduces costs.

Studies in progress in Burkina Faso, Malawi, Senegal, and Uganda will help address these unknowns, with results anticipated in 2017–2018.

▶ In Burkina Faso and Uganda, studies are exploring whether women who receive DMPA-SC injections from clinic providers (Burkina Faso) or community health workers (Uganda) continue using injectable contraception longer than women who receive DMPA-IM from the same types of providers. They also assess relative costs of each method (PATH).

▶ In Malawi, research is exploring whether women who self-inject DMPA-SC continue using injectable contraception longer than women who receive DMPA-SC from either clinic or community providers. The study also examines whether pregnancy rates or side effects differ between the two groups (FHI 360).

▶ In Senegal and Uganda, studies are examining whether women who self-inject DMPA-SC continue using injectable contraception longer than women who receive DMPA-IM from clinic providers and what the relative costs are (PATH).

▶ In Uganda, new approaches to integrating self-injection in family planning programs are being implemented in 2017 and will be evaluated to help clarify best practices for Uganda and similar settings. Results of this work are anticipated in 2018 (PATH).

Quick facts about DMPA-SC (Sayana® Press)

- 99 percent effective at preventing unintended pregnancy when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.

- Prefilled and ready to inject.

- Easy to use, including by community health workers and women themselves (self-injection).

- Small and light, with a short needle.

- Stable at room temperature (15°C–30°C).

- Three-year shelf life.

- Available in at least 15 FP2020 countries.*

- Can be purchased at US$0.85 per dose by qualified buyers (including ministries of health in FP2020 countries).

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Quick facts about DMPA-SC
(Sayana® Press)

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Resources: A list of references about subcutaneous DMPA (companion to “Evidence at-a-glance”)

Subcutaneous DMPA (DMPA-SC) is an innovative product that makes contraceptive injections simpler. Most resources linked below refer to Sayana® Press—a DMPA-SC product manufactured by Pfizer Inc. that combines the drug and needle in a single device. Please note that the vast majority of resources linked are available in English only.

DMPA-SC is a highly effective and safe contraceptive option.

Sayana® Press clinical brief PATH 2017
Medical eligibility criteria for contraceptive use World Health Organization (WHO) 2015
Pharmacokinetics of subcutaneous depot medroxyprogesterone acetate injected in the upper arm Contraception 2014
Progestin-only contraception: Injectables and implants Best Practice & Research Clinical Obstetrics & Gynaecology 2014
Sayana® Press: Can it be a “game changer” for reducing unmet need for family planning? Contraception 2014

Family planning providers and clients like DMPA-SC.

Monitoring Sayana Press pilot introduction PATH 2017
Observational study of the acceptability of Sayana® Press among intramuscular DMPA users in Uganda and Senegal Contraception 2014
Provider acceptability of Sayana® Press: Results from community health workers and clinic-based providers in Uganda and Senegal Contraception 2014
Acceptability of Depo-subQ in Uniject, now called “Sayana Press” FHI 360 2013
DMPA-SC can be administered successfully by community health workers.

Monitoring Sayana Press pilot introduction PATH 2017

Injections and beyond: Training community health workers to provide contraception in Uganda PATH 2016 (See Presentation 3)

Pilot research as advocacy: The case of Sayana Press in Kinshasa, Democratic Republic of the Congo Global Health: Science and Practice 2016

Task shifting in Sayana Press introduction in the Democratic Republic of Congo (DRC) Tulane University DRC 2016 (See Presentation 2)

The community health worker: A game changer for family planning PATH 2016

Community health workers: Bringing family planning services to where people live and work High Impact Practices (HIP) 2015

Operational assessments of Sayana® Press provision in Senegal and Uganda Contraception 2014

Feasibility of administering Sayana® Press in clinics and communities: Summary findings from an operational assessment in Senegal PATH 2013

Operational assessment: Administration and management of Sayana® Press in clinics and communities in Uganda PATH 2013

Global experience of community health workers for delivery of health related Millennium Development Goals: A systematic review, country case studies, and recommendations for integration into national health systems Global Health Workforce Alliance 2010

Community-based health workers can safely and effectively administer injectable contraceptives WHO 2009

DMPA-SC can expand the options available to women who have never used contraception before.

Monitoring Sayana Press pilot introduction PATH 2017

Introducing the next generation injectable in Nigeria DKT Nigeria 2016
Women can self-inject DMPA-SC with training and support and consider self-injection acceptable.

A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection Contraception 2016

Stakeholder views on self-injection of DMPA-SC in Senegal and Uganda PATH 2016

The mother: Giving women control PATH 2016

Health worker roles in providing safe abortion care and post-abortion contraception WHO 2015 (Page 62)

Pfizer's Sayana® Press becomes first injectable contraceptive in the United Kingdom available for administration by self-injection Pfizer 2015


Perceptions of home and self-injection of Sayana® Press in Ethiopia: A qualitative study Contraception 2014

Randomized clinical trial of self versus clinical administration of subcutaneous depot medroxyprogesterone acetate Contraception 2014

Pilot study of home self-administration of subcutaneous depo-medroxyprogesterone acetate for contraception Contraception 2012

Self-administration of subcutaneous depot medroxyprogesterone acetate for contraception: Feasibility and acceptability Contraception 2012

Home-based administration of depo-subQ provera 104™ in the Uniject™ injection system: A literature review PATH 2011

Self-administration of subcutaneous depot medroxyprogesterone acetate by adolescent women Contraception 2010

The acceptability of self-administration of subcutaneous Depo-Provera Contraception 2005

Self-administration with UniJect® of the once-a-month injectable contraceptive Cyclofem® Contraception 1997
DMPA-SC may be an appropriate option for administration through pharmacies and drug shops, as well as social marketing initiatives.

Experience with DMPA-SC: Social marketing in Bangladesh
Social Marketing Company 2017

Introducing the next generation injectable in Nigeria DKT Nigeria 2016

Key role of drug shops and pharmacies for family planning in urban Nigeria and Kenya Global Health: Science and Practice 2016

Drug shops and pharmacies: Sources for family planning commodities and information HIP 2013

WHO recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting WHO 2012

Additional resources

Data on DMPA-SC service delivery through family planning programs

How to introduce and scale up Sayana Press (DMPA-SC in Uniject) PATH 2017

Advancing community-based access to Sayana Press: Expanding the reach of the formal health system
Advancing Partners & Communities 2016

Training doesn't end there: Lessons learned from supportive supervision of providers offering a new injectable contraceptive in Burkina Faso UNFPA Burkina Faso 2016 (See Presentation 1)

Resources on DMPA and HIV

Guidance statement: Hormonal contraceptive eligibility for women at high risk of HIV WHO 2017

Hormonal contraceptive eligibility for women at high risk of HIV: Frequently asked questions WHO 2017

Hormonal contraceptives and HIV - An introductory fact sheet AVAC 2017

What is up with DMPA and “grades” for family planning? (A plain language explanation) AVAC 2017

An updated systematic review of epidemiological evidence on hormonal contraceptive methods and HIV acquisition in women AIDS 2016

Strategic communication framework for hormonal contraceptive methods and potential HIV-related risks
Health Communication Capacity Collaborative 2016

Medical eligibility criteria for contraceptive use WHO 2015
Subcutaneous DMPA key facts: Answering questions and dispelling common myths about a new type of injectable contraception

USE

Can most women use injectable contraception that contains DMPA,* whether it is administered into the muscle (intramuscular—DMPA-IM) or under the skin (subcutaneous—DMPA-SC)?

YES. Most women and adolescent girls of reproductive age who want a safe, effective, and reversible method can use injectables containing DMPA.

● For information about women who should not use DMPA injectable products (for example, women with very high blood pressure or worsening diabetes), refer to the World Health Organization’s Medical Eligibility Criteria for Contraceptive Use.

Can adolescent girls and women who have never had children use injectable contraception?

YES. Adolescent girls and women can have safe pregnancies and healthy children after using injectable contraception.

● After stopping injectable contraception, women may not get pregnant right away. That effect is just temporary. It might take a woman 6 to 12 months after her last injection to become pregnant.

● If a woman is pregnant and uses any injectable contraceptive, it will not have any negative effects on or end the pregnancy.

Quick facts about DMPA-SC (Sayana® Press)

● 99 percent effective at preventing unintended pregnancy when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.

● Prefilled and ready to inject.

● Easy to use, including by community health workers and women themselves (self-injection).

● Small and light, with a short needle.

● Stable at room temperature (15°C–30°C).

● Three-year shelf life.

● Available in at least 15 FP2020 countries.*

● Can be purchased at US$0.85 per dose by qualified buyers (including ministries of health in FP2020 countries).

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Can injectable contraception cause side effects?

**YES.** All hormonal contraceptives have potential side effects. Some women will experience them, and some will not.

- Injectables containing DMPA can disrupt women’s menstrual cycles, affect their libido, and cause weight gain and headaches. For example, a woman might not have any monthly bleeding, and this is normal. If this happens, it is because bleeding has stopped completely. The blood is not stuck in her body.
- Clear, up-front counseling on and discussion of management strategies regarding possible side effects with potential users are important.

ADMINISTRATION

Can health workers at all levels administer injectable contraception?

**YES.** Most health workers can learn how to give DMPA injections with sufficient training and support.

- Community health workers and pharmacy or drug shop staff can be trained to give safe and effective DMPA-SC and DMPA-IM injections.
- Women can also be trained to self-inject with DMPA-SC (see below).

STORAGE

Can health workers and women safely store DMPA injectable contraceptive products in remote facilities, villages, and homes?

**YES.** DMPA injectable contraception can be stored at room temperature (up to 30°C), until its expiration date.

- Women who tried self-injection in Senegal and Uganda were generally able to store DMPA-SC units safely and discreetly in their homes.

SELF-INJECTION

Can women in low-income countries successfully self-inject?

**YES.** Recent research in Senegal and Uganda demonstrates that most women living in rural areas with lower literacy can be trained to self-inject DMPA-SC, especially using image-based instructions for training and support.

- Most women who have the chance to try self-injection say they like it.
- Uganda is beginning to roll out routine self-injection outside of research and will closely track the experience to identify best practices.

Why should family planning programs consider the option of self-injection?

- Self-injection puts the power of contraception in women’s hands. Women who have more control over their fertility have greater opportunities for education, training, and employment. They can increase financial security for themselves and their families, which benefits societies and economies.
What do we know about disposal of DMPA-SC units after self-injection?

- A recent self-injection study in Uganda found that 94 percent of women disposed of the used device in a pit latrine (not a sustainable approach long-term), and 71 percent stored it in an impermeable household container, such as a petroleum jelly container, prior to disposal.
- Programs should strategize how to recapture used devices for incineration. New efforts in Uganda are engaging community health workers to assist with safe disposal.
- Self-injection training should emphasize the importance of securing used, uncapped DMPA-SC units in impermeable household containers before disposal.

INJECTABLE CONTRACEPTION AND HIV

What do we know about injectable contraception and HIV?

- No hormonal contraceptive method protects against HIV. Women who use any hormonal contraceptive method (including injectables) should use condoms to prevent HIV and other sexually transmitted infections.
- While some studies have suggested that women using progestogen-only* injectable contraception (including DMPA products) may be at increased risk of HIV acquisition, other studies do not show this association.
- The World Health Organization (WHO) states that women at high risk of HIV can use progestogen-only injectables, including DMPA-SC and DMPA-IM products, because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition.
- In March 2017, based on a review of available evidence, WHO released new guidance that more clearly emphasizes the need to provide comprehensive counseling to all women who want to use DMPA products. All women considering use of DMPA products should be counseled on the uncertainty of an increased risk of HIV acquisition and how to protect themselves from HIV and should have access to HIV prevention measures. No woman should be denied use of a DMPA product if that is her preferred choice.
- Family planning advocates, implementers, policymakers, providers, and clients can work together to advocate for stronger links between health services preventing unplanned pregnancy and those preventing and treating HIV.

*Also referred to as progestin-only.
A new contraceptive option is transforming access

Increasing access to a wide range of contraceptives will improve the health and well-being of women and adolescent girls and will help [insert country] meet its FP2020 commitments and achieve the Sustainable Development Goals. Yet, in [insert country], [insert percentage] of [married] women of reproductive age who want to prevent or space pregnancies are not using contraception, in part because existing methods are not accessible or acceptable.

Recent innovations in injectable contraception can dramatically increase access to contraception for women and adolescent girls. A new type of injectable, known as subcutaneous DMPA, or DMPA-SC,* can make injections simpler. Sayana® Press is the brand name of the DMPA-SC product available today, and is manufactured by Pfizer Inc. It is well-suited for reaching women and adolescent girls where they live, especially through:

- Community-based distribution (CBD).
- Private-sector outlets, such as pharmacies and drug shops.
- Self-injection by clients in their homes.

*DMPA stands for depot medroxyprogesterone acetate.
Experience and evidence support expanding access

Available and emerging evidence from pilot introductions, self-injection research, and other studies shows that DMPA-SC is greatly expanding access to contraception for women and adolescent girls, especially through remote delivery channels. For example:

- CBD of DMPA-SC is reaching a substantial number of women who had never used modern family planning (FP) before, as demonstrated by pilot introductions and research studies in countries like Senegal, Uganda, and Nigeria (PATH/United Nations Population Fund, DKT/University of California, San Francisco).
- Several countries, such as Bangladesh, Nigeria, and Senegal, have opened up access in the private sector by successfully introducing DMPA-SC through pharmacies and drug shops and other social marketing efforts.
- Self-injection studies from Uganda and Senegal confirm that women can self-inject DMPA-SC with training and support and consider self-injection acceptable (PATH), showing potential for enabling women to initiate and control their own pregnancy protection.

Policy and advocacy recommendations

To ensure women and adolescent girls have access to a variety of contraceptives including DMPA-SC, strong policies and financing are essential. Decision-makers must take the following actions: [Note: To confirm which set of recommendations you should include in this brief, use the “Access staging tool for subcutaneous DMPA” to identify your country’s stage.]

[INITIATION STAGE – include these recommendations only if your country is in the Initiation stage. Delete this “Initiation stage” heading and recommendations from all other stages.]

- Be a vocal champion for increasing contraceptive method choice and access. Learn about how new contraceptive methods, including DMPA-SC, can advance your country’s FP goals and FP2020 commitments to improve women’s and adolescent girls’ lives.
- Engage diverse stakeholders in discussions on introducing new contraceptive methods, including DMPA-SC. Foster policy dialogue on introduction planning, including how to increase access through multiple public and private delivery channels. Reach out to donors and the product manufacturer to initiate registration.

[PREPARATION STAGE – include these recommendations only if your country is in the Preparation stage. Delete this “Preparation stage” heading and recommendations from all other stages.]

- Help ensure product registration progresses smoothly and is achieved. Check in regularly with your national drug regulatory authority to ensure that registration is moving forward in a timely manner and to address any bottlenecks that may arise.
- Make sure important building blocks of product introduction are in place.
  - Identify a clear, centralized mechanism to coordinate introduction efforts across partners.
  - Develop a comprehensive introduction or scale-up plan, as well as key policies on use such as guidelines, training materials, and job aids.
  - Ensure that 2017 guidance from the World Health Organization on hormonal contraception and HIV has been addressed appropriately in your country.
  - Ensure that monitoring data collected during introduction will be available to answer the questions of key FP leaders.

Global momentum builds for DMPA-SC (Sayana Press) [Include this box if it would be persuasive to decision-makers in your country. Otherwise, delete to save space.]

2011: Sayana Press received stringent regulatory approval in the United Kingdom (followed by registrations in many FP2020 countries).


2014: A reduced price was negotiated to allow qualified purchasers in FP2020 countries to obtain Sayana Press at approximately US$1 per dose. This price was further reduced to US$0.85 per dose in May 2017.

2015–2017: Registered for self-injection in the United Kingdom, several European countries, and an increasing number of FP2020 countries, including Ghana, Mali, Myanmar, Niger, Nigeria, Uganda, and Zambia.
Secure funding to support introduction efforts, and begin identifying sources of funding for scale-up.

Identify any policy restrictions on CBD, pharmacy and drug shop provision, and/or self-injection. Account for which policies will need to be created, updated, aligned, and/or funded to facilitate widespread access to injectables, including DMPA-SC.

[WARRANTED STAGE – include these recommendations only if your country is in the Introduction stage. Delete this “Warranted stage” heading and recommendations from all other stages.]

Monitor introduction progress, share information, and address any obstacles. For example, track and swiftly address common bottlenecks, such as stockouts of contraceptives (including injectables) at introduction sites.

Advance policy and funding changes that expand access to injectable contraceptives. Ensure that injectables, including DMPA-SC products, are included in the following policies: [Add any missing policies and delete the policies that are not relevant to your country context.]

- The national Essential Medicines List.
- Policies allowing CBD (service delivery standards for FP/reproductive health, community health worker strategies and training curriculums, task-shifting/sharing policies).
- Policies allowing private-sector provision.
- Policies allowing self-injection.
- Broader FP/reproductive health policies, like national strategies or FP costed implementation plans.
- FP budget lines.

Move forward discussions on scale-up. Convene diverse partners to discuss strategies for scaling up DMPA-SC. Use data from introduction efforts or research studies to guide decision-making.

[WARRANTED STAGE – include these recommendations only if your country is in the Integration stage. Delete this “Warranted stage” heading and recommendations from all other stages.]

Ensure that DMPA-SC is consistently available and provided within a full range of contraceptive options and quality services.

Secure sustainable, long-term funding to support access to DMPA-SC at scale. Commit domestic resources to support scale-up to help build country ownership and reduce dependency on donors. Include DMPA-SC in costed implementation plans for FP.

Robustly disseminate and implement policies that expand access to FP methods including injectable contraceptives, such as [name types of approved policies in your country that need to be implemented]. Ensure that policy changes are communicated and made available to relevant stakeholders. Provide sufficient human and financial resources to implement policy changes.

Support subnational health officers and decision-makers to ensure adequate supplies and training resources, as well as implementation of task-shifting/sharing policies.

Widespread access on the horizon

Injectable contraception, including DMPA-SC, can make a big difference in the health and lives of women and adolescent girls but can only do so with political commitment, supportive policies, and adequate funding in place. Decision-makers, donors, implementing organizations, supply chain partners, the private sector, and advocates must work together to ensure injectables, as part of a broad method mix, are widely accessible.

Contact us

For more information, please contact: [insert name, organization, and email]

Where to find data to customize this policy brief

- Demographic and Health Surveys
- PMA2020 (Performance Monitoring and Accountability 2020)
- Track20 (Monitoring progress in family planning)
- FPwatch (Evidence for family planning policy)
- FP Costed Implementation Plans
- Sayana Press Introduction and Research
- Evidence at-a-glance: What we know about subcutaneous DMPA, a new type of injectable contraception