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*). The Advocacy Pack was originally written in May 2017 and updated in October 2019.

Content

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

- **Tools to inform advocacy and communications**
- **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 communciations may also be useful handouts for decision-makers in your country, so feel free to print and distribute any that may be of interest.

1 Tools to inform advocacy and communications

Advocacy planning

- Access staging tool for subcutaneous DMPA: Identify your country's stage
- Key actions for advocates to advance subcutaneous DMPA
- Important policies for advancing access to subcutaneous DMPA
- Increasing access to subcutaneous DMPA in Uganda: An advocacy case study
- DMPA and HIV: What advocates need to know

Communications and media planning

- Messaging points on subcutaneous DMPA
- Tips for engaging traditional and social media for advocacy on subcutaneous DMPA
- Common terms for DMPA injectable contraception
- Photo bank for advocacy on subcutaneous DMPA

2 Handouts for decision-makers

- An overview of subcutaneous DMPA: A new type of injectable contraception that expands access and options
- Evidence at-a-glance: What we know about subcutaneous DMPA, a novel type of injectable contraception
- The case for subcutaneous DMPA
- Self-injected subcutaneous DMPA: A new frontier in advancing contraceptive access and use for women
- Costs and cost-effectiveness of subcutaneous DMPA through different delivery channels: What new evidence tells us
- Subcutaneous DMPA key facts: Answering questions and dispelling common myths about a new type of injectable contraception
- Policy brief template: A groundbreaking opportunity to increase contraceptive access and options
- PowerPoint template: Expanding options and access with subcutaneous DMPA, a new type of injectable contraception
- Resources: A list of references about subcutaneous DMPA

*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

1

- **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

2

- **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.

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Contact

Please direct any questions, comments, or feedback on the Advocacy Pack for Subcutaneous DMPA to **FPoptions@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**.

The four stages are:

- ● **Stage 1: Initiation**
- ● **Stage 2: Preparation**
- ● **Stage 3: Introduction**
- ● **Stage 4: 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.

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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.

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).

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.

PATH/Will Boase

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.

Stage 1: Initiation	Stage 2: Preparation	Stage 3: Introduction	Stage 4: Integration

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	Stage 2: Preparation	Stage 3: Introduction	Stage 4: Integration

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.

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.

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.

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."

Action: Build alliances with advocates working on broader contraceptive access issues—such as task shifting, private-sector engagement, or method choice—and include DMPA-SC messaging and policy objectives as part of a shared advocacy agenda.

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.

Action: Monitor DMPA-SC program/introduction sites to ensure there is a broad method-mix (not just DMPA-SC) and informed choice for women and adolescent girls, as well as to guard against stockouts of DMPA-SC and other contraceptive supplies. Bring issues to the attention of implementing partners and ministry officials.

Understand, inform, and influence policies that expand access to DMPA-SC.

Stage 1: Initiation	Stage 2: Preparation	Stage 3: Introduction	Stage 4: Integration

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

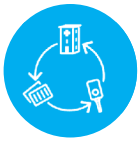
- ❑ Does your MOH understand how the ease of use and unique features of DMPA-SC can provide opportunities to expand access to injectables and broaden the method mix?
- ❑ Is product registration underway?

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?

PATH/Will Boase

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 could 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: scaling-up self-injection of DMPA-SC to increase contraceptive access and options"
   - "Key actions for advocates to advance subcutaneous DMPA"
   - "Advocacy strategy development template: planning to achieve DMPA-SC policy change"

Remember that policies are often interwoven—a change in one policy may require updates in guidelines, strategies, etc.—so it's important to map your country's family planning policies and strategically plan your policy advocacy efforts. Additionally, just because your government passes a policy does not mean it will be implemented. Policy advocacy must be coupled with accountability efforts to ensure resources are allocated.

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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. If DMPA-SC 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?

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 and/or approval of self-injection. 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.

Where can you find more information?

▶ Medicines regulatory support

Approval for self-injection of DMPA-SC:

In Uganda, for example, the National Drug Authority officially registered DMPA-SC (Sayana Press) in mid-2014. After a study examining the feasibility and acceptability of self-injection in Uganda, the product manufacturer submitted an application to the National Drug Authority for a label update to include self-injection, which was approved 2017.

PATH/Gabe Bienczycki

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

PATH/Gabe Bienczycki

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 train women to self-inject (where self-injection is approved). These policies provide guidelines for services and may also 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.
- Circular, memo, or other policy authorization from the MOH allowing community health workers to train women to self-inject.

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.

Once your NDRA has approved DMPA-SC for self-injection, the MOH may need to give additional approval through a policy statement, such a circular or memo.

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)

PATH/Gabe Bienczycki

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.
- Whether and which types of private providers can train women to self-inject.

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 or from stocking injectable contraceptives. 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.

If your NDRA has approved DMPA-SC for self-injection, private providers may be a key outlet for providing the product and training women to self-inject. Explore with your MOH whether additional policy authorization is needed to enable this.

Where can you find more information?

- **Meeting Demand for Modern Contraception: Role of the Private Sector**
- **Reaching Youth with Modern Contraception**
- **Health Worker Roles in Providing Safe Abortion and Post-Abortion Contraception** (WHO guidance that recommends pharmacists can administer injectable contraceptives)
- **Drug Shops and Pharmacies: Sources for Family Planning Commodities and Information** (Family Planning High Impact Practices)
- **Toolkit: Expanding Access to Injectable Contraceptives through Pharmacies** (SHOPS Plus advocacy toolkit for pharmacy associations)

PATH/Will Boase

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 providersand end users. You can also help ensure that these types of documents address WHO's 2019 guidance on HIV risk and injectable contraception, which states that women at high risk of acquiring HIV can use progestin-only injectables (including DMPA) with no restrictions (for more information, see "DMPA and HIV: What advocates need to know").

Where can you find more information?

- **DMPA-SC (Sayana Press) Training Materials** (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**

PATH/Will Boase

FP Costed Implementation Plans (CIPs)

What is the policy?

CIPs are multiyear, actionable road maps that help governments strategically and efficiently invest limited resources to meet the growing demand for FP and achieve their FP goals, including **FP2020** and **Ouagadougou Partnership** commitments. According to FP2020, comprehensive CIPs address demand creation, service delivery, commodity security, an enabling policy environment, and management and accountability.

Why does it matter?

CIP development often includes multiple government ministries, development partners, the private sector, youth, and sub-national leaders, who come to consensus on strategic FP priorities and develop a roadmap for implementation. CIPs can also mobilize resources by estimating the impact of interventions and forecasting costs. Including DMPA-SC in your country's CIP can be useful in maintaining commitment and mobilizing resources for scale-up.

If your country is decentralized and sub-national governments are responsible for health service delivery, it may also be important for district/provinces/states to develop their own CIPs.

Where can you find more information?

- **FP2020 Costed Implementation Plan Resource Kit**

PATH/Will Boase

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 that may need to be changed to enable women to self-inject. At minimum, the product must be registered for self-injection by the NDRA.

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 policy authorization will be required to permit self-injection, following regulatory approval (e.g. policy memo, circular, or inclusion in clinical guidelines).
- 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, pharmacists, or drug shop operators 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)
- **DMPA-SC Self-Injection Resources**

This is not an exhaustive list of all the policies that impact DMPA-SC scale-up. Also consider the broader health environment, such as primary health care policies, integration with HIV/AIDS programs, and guidelines for waste disposal.

PATH/Will Boase

Increasing access to subcutaneous DMPA in Uganda:
An advocacy case study

Like many countries, Uganda has made notable progress in increasing access to family planning (FP) services. 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 has pioneered introduction and scale-up of the novel injectable, subcutaneous DMPA (DMPA-SC, commonly known as 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 a strong foundation of policy development and implementation, including enabling community-based distribution (CBD) of injectables (intramuscular DMPA, or DMPA-IM), adding DMPA-SC to the 2016 National Essential Medicines List, and including DMPA-SC in Uganda's Clinical Guidelines. Most recently, the Ministry of Health (MOH) provided policy approval for self-injection of DMPA-SC, a milestone that demonstrates Uganda's commitment to FP access and choice.

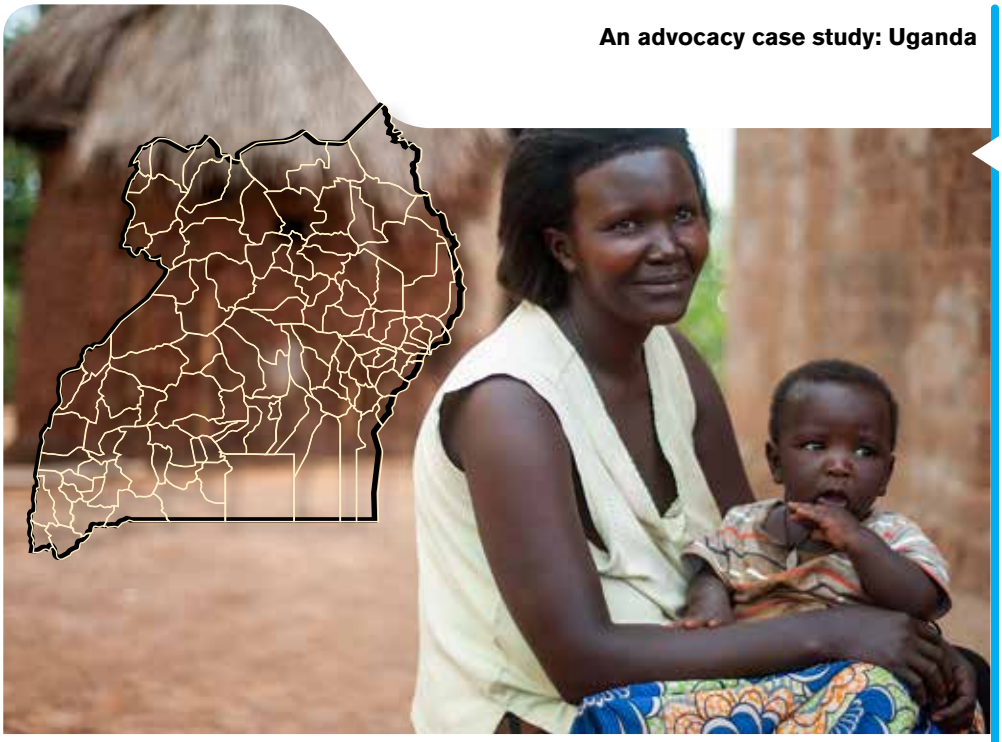
Efforts to amend policy to allow pharmacies and accredited drug shops to offer injectable contraceptives, including DMPA-SC, are also in progress. These policy developments, coupled with ongoing advocacy by nongovernmental organization (NGO) partners, are helping to expand access to DMPA-SC.

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, self-injection, and pharmacies and drug shops. 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.**

*DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc.

Key takeaways from Uganda for advocates

- Uganda started from a strong place of commitment to FP and increasing access to injectable contraception, which paved the way for policy changes needed to support introduction and scale-up of DMPA-SC, including self-injection
- Factors for success in Uganda:
  - Linking increasing access to DMPA-SC to Uganda's FP2020 commitments.
  - Close collaboration between the ministry of health (MOH), implementing organizations, and advocates along the way.
  - Commitment from all stakeholders to generate and use evidence to inform policy change.
  - Fundamental openness by the MOH to task-shifting and improving women's access to DMPA through multiple channels: community-based distribution, private sector, and self-injection.



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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 program 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 40 percent to 10 percent by 2022. 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 VHTs 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

Important milestones for introduction and scale-up in Uganda

2003: Evidence collected on feasibility of community-based distribution (CBD) of injectable contraception DMPA-IM

2010: Policies developed for CBD of injectable contraception (national policy guidelines, Village Health Team [VHT] guidelines, and training)

2012–2014: Introduction policies for DMPA-SC — introduction strategy, product registration, operational policies

2014–2016: DMPA-SC (Sayana Press) piloted through VHTs

2015: DMPA-SC self-injection feasibility and acceptability research performed

2016: Based on VHT pilot results, Uganda commits to scale up DMPA-SC

2016: DMPA-SC is added to Uganda's Essential Medicines List and Clinical Guidelines

2016: Research results disseminated on self-injection, and self-injection pilot outside a research setting initiated in one district

2017: DMPA-SC is registered for self-injection

2017: Initiative to implement and evaluate routine self-injection programs launched in additional districts

2018: Integration of DMPA-SC indicators into Uganda's Health Management Information System

2018: Government of Uganda receives EXCELL award for significant advancements and extraordinary achievements in FP at the International Conference on FP.

2019: Policy authorization for self-injection of DMPA-SC

For the future: Scale-up of self-injection, and authorization and introduction of DMPA injectable contraception in pharmacies and accredited drug shops

PATH/Will Boase

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 to the Uganda National Drug Authority (NDA) in 2013, and the NDA officially registered DMPA-SC 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 and shorten the official VHT FP training curriculum to integrate DMPA-SC and add a module on providing services for young women. 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. In 2016, DMPA-SC was integrated into Uganda's Clinical Guidelines, which guide providers on how to

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.

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address common health issues. These guidelines also inform supply and procurement of medicines and health supplies.

Pursuing new frontiers: 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

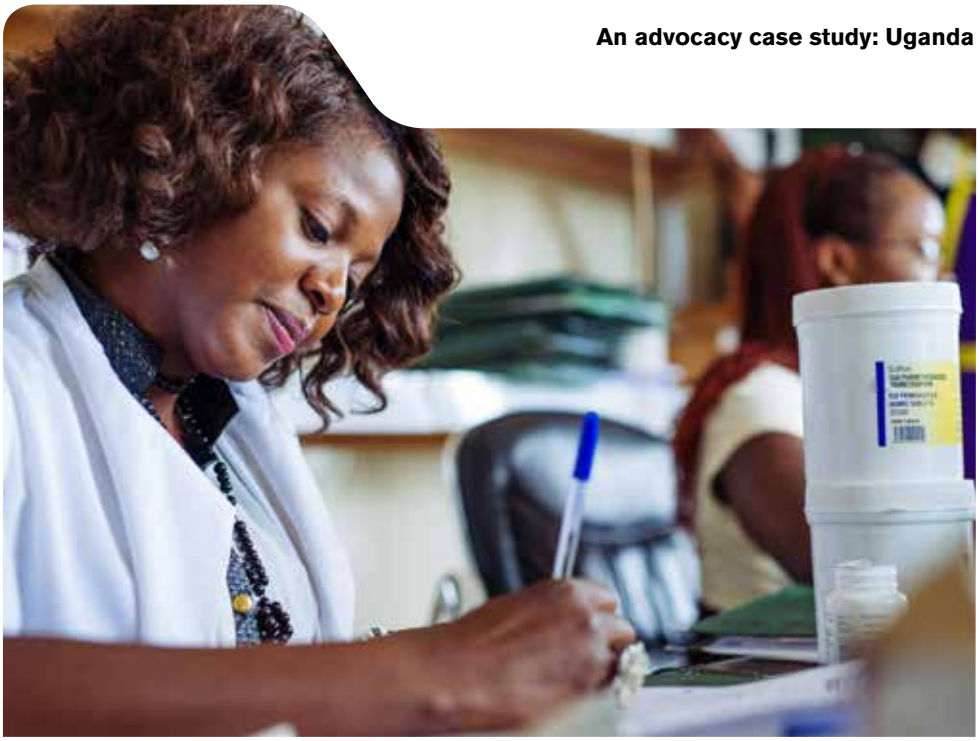
Intrigued by the transformative potential of self-injection, in 2015 the Uganda MOH co-led a study examining the feasibility and acceptability of the practice. The study found that nearly 90 percent of women could self-inject competently and on time, three months after being trained—and almost all of 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. The evidence base for self-injection continued to grow through 2019 via multiple initiatives implemented by the MOH and NGO partners, assessing continuation, cost and cost-effectiveness, and best practices for self-injection programs.

This significant body of evidence, along with a number of key champions, resulted in self-injection policy approval in 2019. Specifically, the MOH created an addendum to Uganda's Clinical Guidelines, which now includes self-injection in the instructions for how to administer DMPA-SC.

"DMPA-SC is a proven intervention that, once prioritized, will play a critical role in the reduction of unmet for modern contraception."

-Dr. Makanga, assistant commissioner of health services, Reproductive and Infant Health, Uganda Ministry of Health



PATH/Gabe Bienczycki

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. FHI360 introduced provision of DMPA-SC by pharmacists and accredited drug shop operators in 20 districts, and drug shop administration has been approved in these limited settings. The NDA is currently considering formal policy change

Learning lessons from Uganda

The increasing availability of injectable contraception, including DMPA-SC and self-injection, 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.

PATH/Gabe Bienczycki

DMPA and HIV:
What advocates need to know

For decades, there was mixed evidence on the risk of HIV infection and the use of progestogen-only* injectable contraceptive products containing depot medroxyprogesterone acetate (DMPA).** Filling these gaps in the research with evidence from a randomized clinical trial was critical.

Designed to provide high-quality evidence to help women at high risk of HIV make informed choices about contraception, the **Evidence for Contraceptive Options and HIV Outcomes (ECHO) study** was the first large-scale randomized clinical trial to address this important public health question.

Conducted from 2015–2019 across four countries, the ECHO study evaluated whether there was any difference in HIV acquisition risk among women using one of three methods: intramuscular DMPA (DMPA-IM), a non-hormonal copper intrauterine device (copper IUD); and a progestin-based implant containing the hormone levonorgestrel (LNG implant).

The study found no significant difference in HIV acquisition among the three groups of women, and all methods were safe and highly effective.

In August 2019, based on a review of all existing evidence including the ECHO study, the World Health Organization (WHO) released **new guidance on hormonal contraception and HIV for women at high risk of HIV.**

The WHO guidance states that women at high risk of HIV can use progestogen-only injectables, including products that contain DMPA, with no restrictions; classified as Category 1 in WHO's Medical Eligibility Criteria (MEC). This is an update from previous 2017 MEC guidance that classified DMPA as Category 2***.**

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

**DMPA is a contraceptive drug that is injected into a muscle (intramuscular, or IM) or under the skin (subcutaneous, or SC).

***MEC Category 2: The advantages of using the contraceptive method generally outweigh the theoretical or proven risks; the contraceptive method can generally be used.

How to use this tool: **This tool summarizes important takeaways for advocates from new guidance released by the WHO in 2019 on hormonal contraception, including DMPA injectables 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.**

Important points about WHO's guidance on DMPA use for women at high risk of HIV

Based on a recent review of existing evidence including the **ECHO study**, the WHO has **revised its guidance** on contraceptive eligibility for women at high risk of HIV:

Women at high risk of acquiring HIV can use progestin-only injectables (including DMPA) with no restrictions; these contraceptives are classified as Category 1 in WHO's Medical Eligibility Criteria (MEC). This is an update from previous 2017 MEC guidance which classified DMPA as Category 2[1].

WHO's 2019 guidance includes the following additional key points:

- For women at high risk of HIV, there are no medical restrictions for any contraceptive method including progestogen-only contraceptives (pills, DMPA-IM, DMPA-SC, implants), IUDs, and combined hormonal contraceptives (pills, ring, patch, injectable).
- As these contraceptive methods do not protect against HIV and other sexually transmitted infections (STIs), the guideline emphasizes that correct and consistent use of condoms should be used where there is a risk of STIs, including HIV. WHO also recommends considering offering pre-exposure prophylaxis (PrEP) in settings where the incidence of HIV is above 3%, as appropriate.
- Women should have access to the full range of modern contraceptive methods so they can make informed choices around contraceptive choice and their sexual health.

Practically speaking, WHO has shifted progestogen-only injectables from category 2 to category 1 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.

1 MEC Category 2: The advantages of using the contraceptive method generally outweigh the theoretical or proven risks; the contraceptive method can generally be used.

MEC categories for contraceptive use

Category 1	No restriction on use ← DMPA
Category 2	Advantages generally outweigh theoretical or proven risks
Category 3	Theoretical or proven risks generally outweigh advantages
Category 4	Unacceptable health risk

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 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.

As WHO's 2019 guidance for contraceptive use is rolled out, we have a unique opportunity to further strengthen informed choice counselling, empowering and equipping women and girls to prevent both unintended pregnancy and HIV acquisition.

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 with no restrictions. WHO's guidance emphasizes the need to provide comprehensive counseling to all women who want to use contraception.

All women considering use of progestogen-only injectables should be counseled on how to protect themselves from HIV and be clearly informed that no hormonal contraceptive method protects against HIV or any other sexually transmitted infection (STI). Especially in settings with high HIV incidence, women 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.

Women and adolescent girls in many countries continue to face multiple and simultaneous risks, including unacceptably high risk of HIV infection as well as unintended pregnancy. The ECHO study found very high annual incidence of HIV infection among all participants, underscoring the need for continued investments in HIV prevention for women and girls. 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 STIs.

- **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. Injectables 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: **WHO revises recommendations on hormonal contraceptive use for women at high HIV risk**

WHO: **Guidance statement - Recommendations on contraceptive methods used by women at high risk of HIV**

WHO: **App for the Medical eligibility criteria for contraceptive use**

WHO: **Implementation Guide for the Medical eligibility criteria for contraceptive use (MEC) and Selected practice recommendations for contraceptive use (SPR)**

ECHO: **The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study**

ECHO: **ECHO Study Questions and Answers**

PATH/Will Boase

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.

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 214 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.

*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.

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 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 range of contraceptive options for women, but also to potentially strengthen family planning delivery systems for all methods.

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

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

- The DMPA-SC product currently available is Pfizer's Sayana® Press, which has been approved by drug regulatory agencies in the European Union and nearly 60 countries around the world.
- The contraceptive drug used in DMPA-SC has received regulatory approval in the United States.
- DMPA-SC is available in more than 30 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. For the full list of FP2020 countries, see: http://www.familyplanning2020.org/entities.

How much does DMPA-SC cost?

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

- DMPA-SC can be purchased at US$0.85[1] per dose by qualified buyers, including United Nations agencies and ministries of health in FP2020 countries.
- The price of DMPA-SC may vary 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?

Several countries have national regulatory approval for self-administration of DMPA-SC.

- Self-injection of DMPA-SC has been approved by national drug regulatory authorities in more than 50 countries including the United Kingdom, several European countries, and more than 20 FP2020 countries including Ghana, Mali, Myanmar, Niger, Nigeria, Uganda, and Zambia.

The World Health Organization endorses self-injection, including as an important self-care approach.

- The 2018 update to the World Health Organization's (WHO) evidence-based family planning global **handbook for health providers** endorses self-injection of DMPA-SC as an option where appropriate information and training are made available, referral links to a health care provider are strong, and women who self-inject are monitored and followed.
- In 2019, WHO made a strong recommendation for **self-injection as a self-care approach**, stating that it should be made available as an additional approach to deliver injectable contraception.

Recent evidence suggests that women in low-income countries can self-inject DMPA-SC with training and support, that they value the ability to self-inject, and that self-injection can help them continue using injectable contraception.

- Multiple studies around the world show that self-injection with DMPA-SC (Sayana Press) is feasible, safe, and acceptable. For example, studies in Senegal and Uganda found that:

[1]This pricing reflects a six-year agreement with Pfizer Inc. During the six years (2017–2022), the price is guaranteed at US$0.85. After the agreement, Pfizer Inc.is committed to ensuring the product continues to be available at an affordable price

  - Nearly 90 percent of participants could self-inject competently three months after being trained.
  - The vast majority of participants wanted to continue self-injecting.
- Four studies from four different countries found that, over a 12-month period, women—including young women—who self-injected DMPA-SC in their own homes or communities continued using injectable contraception longer than those who received injections from providers.

Self-injection can be a cost-effective approach for both women and health systems

- Self-injection can also save more money than facility-based administration of DMPA-IM when considering costs to both women and health systems.

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 as a self-care approach 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 do government decision-makers and partners need to consider when introducing or scaling-up 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.
- To ensure a continuous and reliable supply of DMPA-SC, ministries of health should integrate the product into the broader family planning system rather than establishing a parallel track for introduction, and align commodity planning with programmatic plans.

What do we know about injectable contraception and HIV risk?

The World Health Organization (WHO) says women at high risk of HIV can use DMPA and other progestogen-only* injectables, with no restrictions.

- In August 2019, based on a review of evidence, WHO released **updated guidance** on hormonal contraception and HIV, which states that women at high risk of HIV infection can use progestogen-only injectables, including products that contain DMPA, with no restrictions; classified as Category 1 in WHO's *Medical Eligibility Criteria* (MEC).*
- No hormonal contraceptive method protects against HIV. Especially in settings with high HIV incidence, women who use any hormonal contraceptive method (including injectables) should use condoms or PrEP to prevent HIV and other sexually transmitted infections.

- 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, quality services, and to make decisions about their reproductive health free from discrimination.

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.

- DMPA-SC has the potential to contribute to global goals to reach 120 million additional users of family planning by 2020. More than one million doses of DMPA-SC were administered to women around the globe as of mid-2017.
- 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 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'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 and self-injection.

The **DMPA-SC Access Collaborative**, led by PATH in partnership with John Snow, Inc., supports country partners with the latest evidence and best practices on DMPA-SC, including self-injection; technical assistance and tools to accelerate DMPA-SC introduction and scale-up; and increased connections between country priorities and needs and global donor priorities. The Collaborative also coordinates Learning and Action Networks for learning exchange, joint problem solving, and the dissemination of evidence, best practices, and program results. For more information contact **FPoptions@path.org.**

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

PATH

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**

PATH/Mike Wang

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** or **FPoptions@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."

PATH/Will Boase

PATH/Gabe Bienczycki

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.

PATH/Gabe Bienczycki

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.

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

#contraception
#DMPASC
#familyplanning
#FP2020progress
#FPVoices
#reproductivehealth
#reprohealth
#SayanaPress
#SelfCare4SRHR
#SRHR

Tweets

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

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

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

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

#DMPASC has many benefits for women: it's discreet, small and light, and easy-to-use #contraception

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

#DMPASC 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 #DMPASC #familyplanning

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

Twitter accounts

Family Planning 2020
@FP2020Global
https://twitter.com/FP2020Global

PATH Advocacy
@PATHadvocacy
https://twitter.com/PATHadvocacy

DMPA-SC Accelerating Access
@DMPASCNow
https://twitter.com/DMPASCNow

Self-Care Trailblazer Group
@SelfCare4SRHR
https://twitter.com/selfcare4srhr

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:* **www.path.org/dmpa-sc**.

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.

PATH/Will Boase

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.

PATH/Patrick McKern

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 Uniject™ 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.

PATH/Gabe Bienczycki

*Uniject is a trademark of BD.

PATH/Will Boase

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, easier to manage the all-in-one product and less bulky than DMPA-IM.
- **Easy to deliver** through clinics, community-based distribution, pharmacies, and drug shops.

*DMPA stands for depot medroxyprogesterone acetate.

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.

*Sayana Press is a registered trademark of Pfizer Inc.

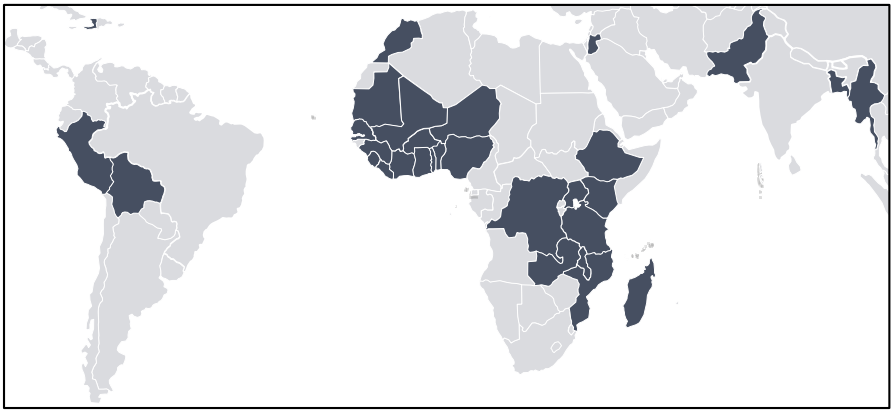
PATH/Gabe Bienczycki

"Sayana Press is an easy method. I like it because it is all-in-one and always ready for use. It makes the work easier and I lose less time. In the end, I have more time to spend with clients.

—Midwife, Senegal

Empowering women and driving outcomes

- Product is **registered for self-injection** in more than 50 countries, including the United Kingdom, several European countries, and more than 20 Family Planning (FP) 2020 countries.*
- **The World Health Organization (WHO) has made a strong recommendation for self-injection**, stating that it should be made available as an additional approach to deliver injectable contraception and for self-care.
- Evidence from Uganda and Senegal indicates **self-injection in sub-Saharan Africa is feasible and acceptable.**
- Recent results from four different countries show that **women who self-inject DMPA-SC continue using injectable contraception longer** than those who receive injections from providers—meaning fewer unintended pregnancies.
- Data from Senegal and Uganda demonstrate that, compared to provider-administered DMPA-IM, **self-injection of DMPA-SC is not just cost-effective but *cost saving*** when accounting for costs to both women and health systems.



Taking off around the world

- Being piloted, introduced, or scaled up in more than **30 FP2020 countries**.
- **Approved by regulatory agencies in nearly 60 countries worldwide**, including in the European Union.
- **Offered at US$0.85 per dose for qualified purchasers**†—for example, ministries of health and donors—in FP2020 countries.

†This pricing reflects a six-year agreement. During the six years (2017–2022), the price is guaranteed at US$0.85. After the agreement, Pfizer Inc. is committed to ensuring the product continues to be available

Select countries where DMPA-SC piloting, introduction, or scale-up is in process (as of September 2019)

Bangladesh
Benin
Bolivia
Burkina Faso
Cote d'Ivoire
DRC
Ethiopia
Ghana
Guinea
Haiti
Jordan
Kenya
Liberia
Madagascar
Malawi
Mali
Mauritania
Morocco
Mozambique
Myanmar
Niger
Nigeria
Pakistan
Peru
Senegal
Sierra Leone
Tanzania
Togo
Uganda
Zambia

How is DMPA-SC different from DMPA-IM?

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.

Can be administered by **clinic providers, community health workers, pharmacists, or by women themselves** where allowed.

Is currently available to qualified purchasers for **US$0.85 per dose**.

PATH/Patrick McKem

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.

Typically administered by providers, but can be administered by community health workers and pharmacists where allowed.

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

*Depo-Provera is a registered trademark of Pfizer Inc.

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.

PATH/Gabe Bienczycki

Evidence at-a-glance: What we know about subcutaneous DMPA, a novel injectable contraceptive

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 Uniject™ injection system.

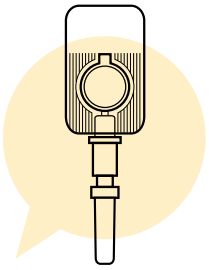
DMPA-SC is a highly effective and safe contraceptive option.

- 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, Malawi, 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]).

*DMPA stands for depot medroxyprogesterone acetate.



Quick facts about DMPA-SC

- **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 more than **30 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 Madagascar, Uganda, and Senegal, and research in Democratic Republic of the Congo and Malawi, found that DMPA-SC can be administered successfully by community health workers (PSI, PATH, Tulane University, FHI 360).
- 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 the Democratic Republic of the Congo, Ghana, Malawi, Senegal, and Uganda confirm that women can self-inject DMPA-SC with training and support and consider self-injection acceptable (Tulane University, Population Council, FHI 360, PATH).
- In Uganda, 33 percent of self-injectors reached through routine delivery in a pilot were first-time users of family planning, demonstrating the potential for self-injection to reach women who have never used contraception before. Self-injection also has the potential to reach young women and remote women; 56% of self-injectors were under the age of 25 and 41% lived far from health services (PATH).

PRIVATE SECTOR

- Several countries, such as Bangladesh, Nigeria, Senegal, Uganda, and Zambia have introduced or piloted DMPA-SC in the private sector including clinics, pharmacies, drug shops, or social marketing efforts.

DMPA-SC can help improve contraceptive continuation, cost-effectiveness, and cost savings.

- Recent studies from Uganda, Senegal, Malawi, and the United States countries found that, over a 12-month period, women who self-injected DMPA-SC continued using injectable contraception longer than those who received injections from providers (PATH, FHI 360, Planned Parenthood).
- Self-injection of DMPA-SC—when compared with clinic administration of traditional injectables—is not just cost-effective but cost saving. Self-injected DMPA-SC was shown to save up to $1.1 million per year in Uganda, and $350,000 per year in Senegal, when accounting for total costs to society, which include costs to both women and health systems (PATH).

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 and/or continuation 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 briefs on acceptability, community-level distribution, self-injection, private sector, and research on the future of injectable contraception.

PATH/Lesley Reed

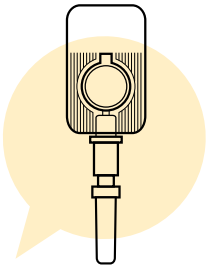
"It was easy to use. I like the size, and also it has a good needle."

—Adolescent girl, Uganda

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 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

- **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 more than **30 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.

PATH/Will Boase

Community health workers are a proven source of family planning products and information, including injectable contraception (The High Impact Practices in Family Planning Initiative).

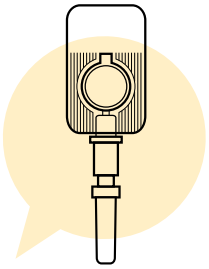
Evidence at-a-glance:
Spotlight on community-level distribution of subcutaneous DMPA

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).
- Two studies in Burkina Faso and Uganda evaluating continuation of DMPA-IM and DMPA-SC found that continuation for both methods was longer among women served by community health workers in Uganda. Differences may also be driven by country contexts (PATH).
- In the Democratic Republic of Congo, 96% of women felt very comfortable with a community health worker performing the injection rather than a physician or a nurse (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.



Quick facts about DMPA-SC

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PATH/Will Boase

The World Health Organization (WHO) has made a strong recommendation for self-injection, stating that it should be made available as an additional approach to deliver injectable contraception and for self-care.

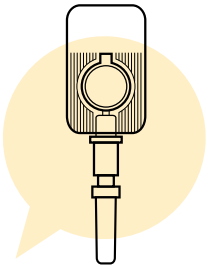
"I don't need to travel long distance. It is easy, safe, and gives me the freedom to manage it myself."

—Self-injection research participant, Uganda

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 and Senegal, studies 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).
- 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).
- Also in Uganda, new approaches to integrating self-injection in family planning programs have been implemented and evaluated to help clarify best practices for Uganda and similar settings. The program yielded good self-injection competence, including among adolescents, and was highly acceptable to most clients and health workers (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).



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Self-injection can help improve contraceptive continuation

- In Uganda, Senegal, Malawi, and the United States, four studies found that over a 12-month period, women—including young women—who self-injected DMPA-SC in their own homes or communities continued using injectable contraception longer than those who received injections from providers (PATH, FHI 360, Planned Parenthood).

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 (Pfizer Inc.; Baylor College of Medicine and Columbia University; Planned Parenthood; Chalmers Sexual and Reproductive Health Service). As noted above, a recent US study comparing one-year continuation of DMPA-SC between women randomized to self-injection versus clinic administration, found that continuous use was 69% in the self-injection group and 54% in the clinic group (p=.005) (Planned Parenthood).

For more information, see the advocacy handout "Self-injected subcutaneous DMPA: A new frontier in advancing contraceptive access and use for women".

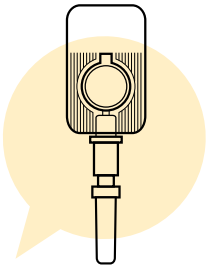
PATH/Gabe Bienczycki

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).

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

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

- In Nigeria, DKT International led private-sector introduction of DMPA-SC in 2014: the first commercial offer in Africa, including through pharmacies (DKT Nigeria). The MOH has also allowed patent and proprietary medicine vendors to stock DMPA-SC and is exploring potential for them to administer DMPA-SC and initiate self-injection clients.
- In Bangladesh, since 2015, the Social Marketing Company has introduced DMPA-SC in 6,000 pharmacies and conducted marketing campaigns to generate demand (SMC).
- Kenya is poised to roll out administration of injectable contraceptives by pharmacists, following the update of national family planning guidelines and a training curriculum for pharmacists.
- In Senegal, the social marketing organization ADEMAS has begun to offer the product through pharmacies (ADEMAS).
- Uganda is moving toward officially authorizing administration of DMPA-SC and DMPA-IM in pharmacies and accredited drug shops. DMPA-SC is being offered in select pharmacies, drug shops, and clinics on a pilot basis (FHI 360, PATH).
- In Zambia, self-injection was introduced through a pilot study with private health providers in 2018-2019. This demonstrated that a shorter training was effective for private providers and clients, and that most pilot participants are willing to pay a price similar to or higher than the negotiated donor unit price of $.85 (John Snow, Inc.).



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PATH/Will Boase

The case for subcutaneous DMPA

Women want and need access to a variety of contraceptives to prevent pregnancy over the course of their lives. Subcutaneous DMPA* (DMPA-SC) is a novel injectable contraceptive that is highly effective, safe, and easy to use, and most women and providers prefer it over intramuscular DMPA (DMPA-IM).[1,2] The DMPA-SC product available today is also known by the brand name Sayana® Press,** and the product is approved for use in more than 50 countries.

Mounting evidence and experience show that integrating DMPA-SC across multiple channels in a country's family planning (FP) program can help expand contraceptive access and drive outcomes.

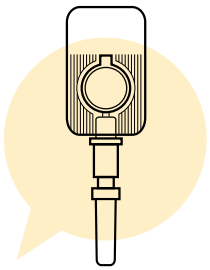
DMPA-SC can be a valuable addition to a broad contraceptive method mix because it:

Simplifies use

- **DMPA-SC has a shorter needle** that is injected into the fat under the skin, rather than into a muscle. It is easier to inject and more comfortable for women.
- **DMPA-SC has a lower dose** of the contraceptive hormone but has the same effectiveness and safety as DMPA-IM.
- **The contraceptive drug and needle is combined into a single device.** There is no need to match a vial with syringe and needle.

*DMPA stands for depot medroxyprogesterone acetate. The terms subcutaneous DMPA and DMPA-SC encompass both branded and future generic products.

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



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PATH/Jessica Fleming

Expands access

- **DMPA-SC is a suitable addition to any public- or private-sector delivery channel.** Beyond traditional clinics, this includes community-based distribution and pharmacies and drug shops—places where women often get their contraception.
- **With training, women can self-inject DMPA-SC.**[4,5] Self-injection enables women to manage their own health and saves women time and money in travel costs. Recent guidelines from the World Health Organization recommend self-injection of DMPA-SC as a key option to expand contraceptive access and self-care approaches.[6]
- **DMPA-SC has a competitive price that can enable scale-up.** It can be purchased at US$0.85 per dose by qualified buyers, a price similar to DMPA-IM.*

Drives results

- By expanding contraceptive options and access, **DMPA-SC helps countries deliver on their national and global FP commitments,** such as FP2020.
- **DMPA-SC can reach new FP users, including young women and adolescent girls.** During a two-year pilot introduction in Burkina Faso, Niger, Senegal, and Uganda, between 24 to 42 percent of cumulative doses were administered to new users of modern contraception, and 44 percent of cumulative doses administered across Niger, Senegal, and Uganda went to women younger than age 25.[7]
- Research from Malawi, Senegal, Uganda, and the United States shows that **women who self-inject DMPA-SC use injectable contraception longer** than women who get their injections from providers—meaning fewer unintended pregnancies.[8,9,10,11]
- When looking at costs to women and health systems in Uganda and Senegal, **self-injected DMPA-SC can save more money and avert more pregnancies** than DMPA-IM administered by facility-based providers.[12,13]

To realize the full potential and benefits of DMPA-SC, a critical mass of countries must integrate the product through all levels of the health system.

Technical support and tools are available now to support FP2020 countries in scaling up DMPA-SC.

For more information, contact **FPoptions@path.org.**

*This pricing reflects a six-year agreement. During the six years (2017–2022), the price is guaranteed at US$0.85. After the agreement, Pfizer Inc. is committed to ensuring the product continues to be available at an affordable price.

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PATH/Will Boase

Self-injected subcutaneous DMPA: A new frontier in advancing contraceptive access and use for women

A new practice in family planning (FP) provision is revolutionizing contraceptive access and use for women and adolescent girls. Self-injected contraception is now an option with an innovative, easy-to-use injectable called subcutaneous DMPA (DMPA-SC or Sayana® Press*). By putting the power of protection directly in women's hands, self-injection with DMPA-SC has the potential to reduce access-related barriers for women, increase contraceptive continuation rates, and enhance women's autonomy. Based on growing evidence and experience, an increasing number of countries worldwide are adding DMPA-SC to their contraceptive method mix and scaling up self-injection alongside other delivery channels.

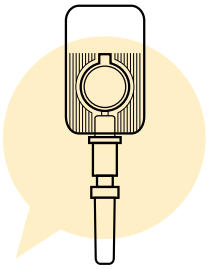
"We want many girls and women to know how to self-inject, because once we are injecting ourselves, development can easily come into our village."

—Study participant, Malawi[1]

Expanding contraceptive choices and access with a new injectable

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. Injectable contraceptives are popular among many women, especially in FP2020 countries, because they are highly effective, safe, and private.

*DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc.



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Traditionally, injectables are delivered with a needle and syringe and injected into a muscle using a product known as intramuscular DMPA (DMPA-IM). DMPA-SC is a newer, easy-to-use injectable, and studies show that it is preferred by most women and providers.[2,3] It combines a lower dose of DMPA and a shorter needle into a single device that is injected into the fat underneath the skin. Because it is simple to use, DMPA-SC can be administered by any trained person, including community health workers, pharmacists, and women themselves.

Self-injection: An accepted and approved practice

Self-injection of DMPA-SC is an evidence-based practice that is endorsed globally and approved in a growing number of countries. There are strong data that women—including women in low-resource settings—can self-administer DMPA-SC safely and effectively, and that they like doing so. Several countries are already moving forward with scaling up self-injection, including Burkina Faso, the Democratic Republic of the Congo, Madagascar, Malawi, Nigeria, Senegal, Uganda, and Zambia. Several other countries are in the early stages of offering the option.

- **Global approvals:** The World Health Organization (WHO) supports self-injection where women have access to training and support.[4] The 2018 update to WHO's evidence-based FP **guidance for health providers**[5] endorses self-injection of DMPA-SC, and WHO's **2019 guideline** on self-care interventions for health[6] also includes a strong recommendation in favor of self-injection as an additional approach for delivering injectable contraception.
- **Country registrations:** Stringent regulatory approval for DMPA-SC (Sayana Press) in the United Kingdom was updated in 2015 to include self-injection. Self-injection of DMPA-SC has now been approved by regulatory authorities in 54 countries, including several in Europe, and more than 20 FP2020 countries.
- **Research findings:** Multiple studies around the world show that self-injection with DMPA-SC is feasible, safe, and acceptable. For example, 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 these studies wanted to continue self-injecting.[7,8]

"After I had reinjected, I went about my work. Not like walking from the facility—you inject and then walk a long distance. It is difficult, the journey to walk every three months."

— Self-injection client, Uganda

PATH/Gabe Bienczycki

The Uganda Self-Injection Best Practices Project

As self-injection of DMPA-SC moves beyond research settings, ministries of health, implementing partners, and other stakeholders are learning how self-injection programs can be designed and implemented at scale under routine FP service delivery conditions. PATH's **Self-Injection Best Practices Project in Uganda** (2016–2019), contributes to this evidence base. The project has applied user-centered design techniques to develop, implement, and evaluate self-injection program models across a variety of channels: public-sector facilities, community-based distribution, private-sector outlets, and safe spaces for young women and adolescent girls. The project is disseminating self-injection program approaches that work well to inform policy and practice in Uganda and beyond. A few early program insights are listed below.

Client training: To maximize women's ability to master self-injection, programs should:

- **Confirm client proficiency, focusing on mastery of the 4 critical steps,** before clients are given units to take home; in particular, emphasizing how to activate the device.
- **Train clients using a job aid**, guide them in how interpret it, and give them a copy to take home.
- **Demonstrate how to inject in lieu of having clients practice**, as demonstration was as beneficial as injection practice for most women, as well as simpler and less costly.
- **Consider group training approaches**, but ensure there is a chance for one-on-one interaction.
- **Ensure that every health worker who counsels women for self-injection receives quality training and supportive supervision** that reinforces informed choice counseling.

Storage: Women are able to store the unused devices at home relatively easily, often in a handbag or suitcase.

Disposal: Providing an inexpensive, locally available, impermeable, and inconspicuous device (like a petroleum jelly container or a wide-mouth water bottle) can support women to store used devices safely prior to disposal with a health worker at their convenience. Most women that PATH followed up with brought their units back to a health worker, often during their resupply visits.

Implementers rolling out new self-injection program initiatives in additional countries could help build out the evidence base for this practice by trying out and evaluating similar and new operational approaches that will make self-injection successful, feasible, acceptable, and accessible.

Self-injection: A driver of improved contraceptive continuation

Recent evidence indicates that self-injection of DMPA-SC can make a significant impact in addressing contraceptive discontinuation—a major

"It can be difficult to visit the hospital to get family planning, so when it is your reinjection day and you have Sayana in the house, you just take it and self-inject."

—Study participant, Malawi[1]

challenge across countries. Sometimes women stop using contraception due to access challenges or concerns about a method (for example, living far from a health clinic or having side effects) even though they want to avoid pregnancy or space their births.

Four recent studies from four different countries found that, over a 12-month period, women—including young women—who self-injected DMPA-SC in their own homes or communities continued using injectable contraception longer than those who received injections from providers.

- In Malawi, the contraceptive continuation rate was 73 percent in the DMPA-SC self-injection group compared with 45 percent in the provider-administered group.[1]
- In Uganda, women who self-injected DMPA-SC had an 81 percent contraceptive continuation rate compared with 65 percent for women who received DMPA-IM injections from providers at facilities.[9]
- In the United States, DMPA-SC continuous use was 69 percent in the self-injection group versus 54 percent in the clinic-administration group.[10]
- In Senegal, women who self-injected DMPA-SC had an 80% continuation rate compared with 70% for women who received DMPA-IM injections from providers at facilities.[11]

Self-injection: A promising strategy for young women and adolescent girls who want to use contraception longer

Self-injection may be effective in reaching young women. For example, when self-injection was rolled out in the public sector in the first few districts in Uganda, over half (56%) of self-injection clients were under the age of 25.[12]

Self-injection is also a game-changer for contraceptive continuation because it addresses some of the reasons why women discontinue use, such as challenges with paying for travel to the clinic and lengthy travel times and long lines at the clinic. For young women and adolescents, who often have higher rates of contraceptive discontinuation than older women and highly value privacy, self-injection gives them an opportunity to use contraception independently and discreetly over a longer period of time.

New research suggests that self-injection may indeed increase continuous contraceptive use for young women in some countries. PATH's study on contraceptive continuation of self-injected DMPA-SC versus DMPA-IM administered by facility-based providers in Uganda found that contraceptive continuation was most improved among young women. Self-injection reduced the risk of discontinuing injectable contraception by 40 percent for women aged 18–24 years compared with 25 percent for women 25 years and older.[9]

"I learned about it and was afraid at first, contemplating if I will be able to do it. I told myself in case I get another training I will be able to do it. After another trip to another safe space [site for adolescent health services], I gained that. When I returned to the center to be trained again, I had courage and with practice…my courage was built the more."

—Adolescent self-injection client, Uganda

* Data presented reflect a lower-cost training approach to self-injection that was being used at the time of data analysis, namely, the replacement of a client instruction booklet with a less expensive one-page client instruction sheet.

**The number of modeled injectable contraceptive users was based on the estimated number of injectable users in each country in 2017.

Self-injection: A cost-effective approach for both women and health systems

Not only can self-injection of DMPA-SC make injectable contraception more accessible to women and adolescent girls, it can also save more money than facility-based administration of DMPA-IM when considering costs to both women and health systems.

A recent cost-effectiveness study based on data from Uganda* and Senegal applied to a hypothetical group of 1 million injectable contraception users, examined whether self-injected DMPA-SC is cost-effective* when compared with DMPA-IM administered by health workers. Specifically, it estimated the incremental costs per pregnancy averted and per disability-adjusted life year (DALY) averted over a one-year period. It assumed a US$0.85 commodity cost for DMPA-SC—the price available to FP2020 countries—which is very similar to DMPA-IM (estimated at US$0.83, accounting for the cost of the injection syringe). The studies found that:[13,14]

- **Self-injected DMPA-SC yields greater health impact.** Owing to increased continuation rates, self-injected DMPA-SC could prevent 10,827 additional unintended pregnancies and avert 1,620 DALYs in Uganda, and 1,402 additional unintended pregnancies and avert 204 maternal DALYs in Senegal,compared with facility-administered DMPA-IM.
- **Self-injected DMPA-SC is cost saving when considering costs to both women and health systems.** Self-injected DMPA-SC was shown to save up to approximately US$1.1 million per year in Uganda, and $350,000 in Senegal when accounting for total costs to society, which include costs to both women and health systems. Self-injection had clear economic benefits for women through savings in time and travel costs.
- **Self-injected DMPA-SC can be cost-effective when considering costs to health systems only.** As noted above, the health impact of self-injected DMPA-SC is greater due to the increased continuation rates. While costs to health systems alone were found to be higher for self-injected DMPA-SC than costs for DMPA-IM—largely due to the costs of self-injection training during the first visit—simplifying the client training approach can reduce the costs of self-injected DMPA-SC to the point where it is cost-effective from a health systems perspective. For example, self-injection is cost-effective when using a lower-cost one-page visual aid for clients in place of a booklet and limiting the number of practice injections.

The Self-Injection Best Practices project in Uganda (see page 3) is exploring ways to revise the self-injection training program to make scale-up more affordable and an even better value for money for the health system over the long term, including simplifying training materials, replacing client practice injections with health worker demonstrations, and offering self-injection training from community health workers and in groups rather than just one-on-one with facility-based health workers.

Moving forward with self-injected contraception

Self-injected contraception is no longer a promise on the horizon—it is an evidence-based practice that an increasing number of countries have approved and are scaling up today. Self-injected DMPA-SC has the

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potential to increase contraceptive access for women and adolescent girls at the last mile and to empower women to be more active participants in managing their reproductive health. Research shows that self-injection with DMPA-SC promotes higher rates of continued contraceptive use than provider-administered injections. It also indicates that self-injection is not only cost-effective but cost saving relative to DMPA-IM from facility-based providers when accounting for costs to both women and health systems.

As the practice takes greater hold, women can still benefit from strong linkages with health facilities and providers. For example, providers have a role to play in training women to self-inject with DMPA-SC, supporting women who are self-injecting including addressing side effects, and assisting women who want to switch to a different contraceptive method of their choice.

As countries move forward with broadening contraceptive options and including new products such as DMPA-SC, they should strongly consider incorporating self-injection of DMPA-SC in their distribution strategies, alongside other public- and private-sector channels. To do so, decision-makers will need to advance supportive policies for self-injection, which may include ensuring DMPA-SC is registered for self-injection, securing any formal authorization needed to introduce or scale up self-injection, and incorporating self-injection into guidelines, training materials, job aids, and logistics management systems and health monitoring and information systems (HMIS). With an enabling environment in place, self-injection can be within reach for women and adolescent girls who want to take greater control of their reproductive health.

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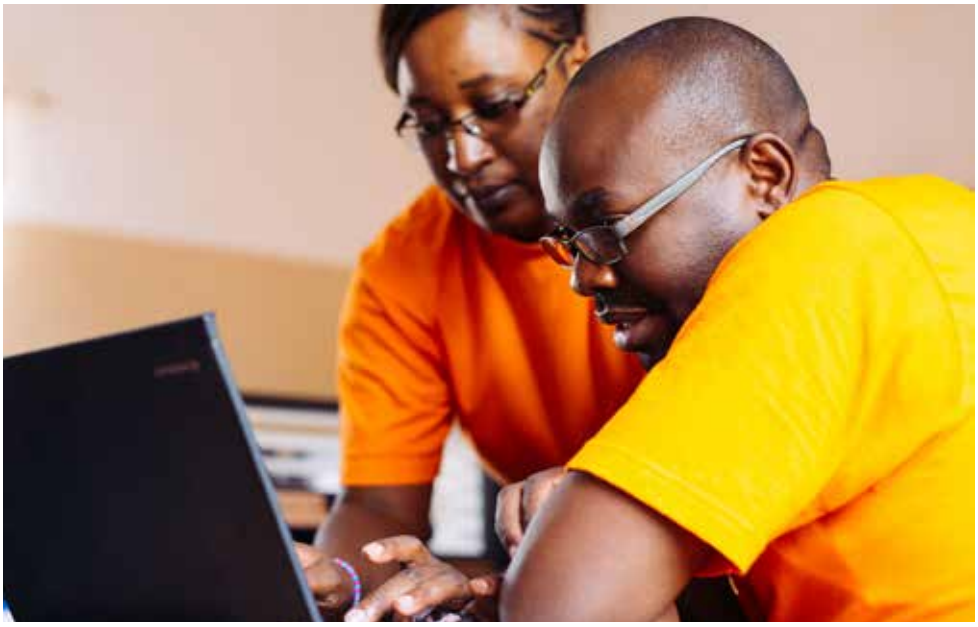


PATH/Gabe Bienczycki

Costs and cost-effectiveness of subcutaneous DMPA through different delivery channels:
What the evidence tells us

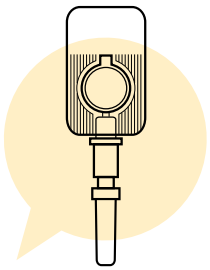
Family planning is one of the smartest investments a government can make. Ensuring access to contraception not only advances women's health and rights but also saves lives and money. When offered as part of a broad method mix, a novel injectable called subcutaneous DMPA (DMPA-SC or Sayana® Press*) is making it easier for women to access contraception through a variety of delivery channels, including self-injection.

Recent evidence from African countries indicates that DMPA-SC may help reduce service delivery costs by catalyzing community-based distribution and remote provision of injectable contraception. Moreover, self-injection of DMPA-SC—when compared with clinic administration of traditional injectables—is not just cost-effective but cost saving when accounting for costs to both women and health systems.

Advancing contraceptive choice, access, and use with DMPA-SC

DMPA-SC is an innovative product that is expanding women's access to contraception when provided as part of a country's family planning (FP) program. The DMPA-SC product available today (Sayana Press) combines the contraceptive drug and needle into a single unit that is small and easy to use. When compared with traditional intramuscular DMPA (DMPA-IM), DMPA-SC has a lower dose and shorter needle and is easier to administer. DMPA-SC is suitable for inclusion in all service delivery channels in both the public and private sectors and even enables women to self-inject with training.

*DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc.



Quick facts about DMPA-SC

- **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.
- **Lower dose of contraceptive hormone than intramuscular DMPA.**
- **Small and light**, with a **short needle**.
- **Easy to use**, including by community health workers and women themselves (self-injection).
- **Stable at room temperature** (15°C–30°C).
- **Three-year** shelf life.
- Available in more than **30 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.

New evidence shows that women who self-inject DMPA-SC continue using injectable contraception longer than those who receive injections from providers, which translates to fewer unintended pregnancies.[1,2,3,4]

DMPA-SC is currently being piloted, introduced, or scaled up in more than 30 FP2020 countries. As of May 2017, it can be purchased at US$0.85 per dose for qualified buyers*—a price similar to DMPA-IM. Recent studies have examined the costs and cost-effectiveness of DMPA-SC when delivered through different channels, including self-injection.

Understanding costs and cost-effectiveness of DMPA-SC through new research**

Key finding: DMPA-SC may help reduce service delivery costs by catalyzing expansion of channels that are closer to women.

What the study looked at: PATH conducted costing studies in Burkina Faso, Senegal, and Uganda to estimate the costs of delivering DMPA-SC and DMPA-IM across different delivery approaches and channels. Costs included both direct medical/health systems costs—such as commodity costs and provider time—and nonmedical costs, such as costs women incur when traveling to, waiting for, and receiving services. It assumed the US$0.85 commodity cost for DMPA-SC. The studies were not designed to compare estimated costs across countries.

What the study found:[7]

- **Total delivery costs were lowest for channels that are closer to women.** Specifically, they were lowest for community-based distribution followed closely by self-injection. Costs were highest for facility-based administration.
- **Costs for women, in terms of their time and travel to seek services, were lowest for self-injection.**
- **There was minimal difference in total costs between DMPA-SC and DMPA-IM when administered by the same type of health worker in the same setting.**

Total direct costs of DMPA-SC over four injections (in 2016 US dollars)

UGANDA	DMPA-SC (community-based distribution)	$7.69
	DMPA-IM (community-based distribution)	$7.71
	Self-injection (DMPA-SC)	$7.83
	DMPA-IM (facility-based delivery)	$10.12
SENEGAL	Self-injection (DMPA-SC)	$8.38
	DMPA-IM (facility-based delivery)	$9.46
BURKINA FASO	DMPA-SC (facility-based delivery)	$12.14
	DMPA-IM (facility-based delivery)	$11.60

The business case for family planning

Investing in family planning is widely viewed as a "best buy" in global health and development.

- **Contraception saves lives:** If full provision of modern contraception to women who want to avoid pregnancy was combined with full care for all pregnant women and newborns, maternal deaths would drop from 308,000 to 84,000 per year, and newborn deaths would drop from 2.7 million to 538,000 per year.[5]
- **Contraception saves money:** For every dollar invested in family planning, up to US$4.00 is saved in maternal and newborn health care.[6]

* This pricing reflects a six-year agreement. During the six years (2017–2022), the price is guaranteed at US$0.85. After the agreement, Pfizer Inc. is committed to ensuring the product continues to be available at an affordable price.

** Data presented reflect a lower-cost training approach to self-injection that was being used at the time of data analysis, namely, the replacement of a client instruction booklet with a less expensive one-page client instruction sheet.

What this means for policy and programming:

- Bringing injectable contraceptive service delivery closer to women may cost less than facility delivery of injectables and reduce barriers to access.
- The option to self-inject with DMPA-SC may further reduce financial and logistical barriers for women.
- When making decisions about injectable contraceptive programming, the benefits of DMPA-SC—such as ease of use, women's and provider preferences, and improved rates of contraceptive continuation with self-injection—can be emphasized given that delivery costs between DMPA-SC and DMPA-IM are similar for the same type of health worker in the same setting.

Key finding: Self-injection of DMPA-SC is cost saving when costs to women and health systems are considered

What the study looked at:

PATH performed an evaluation to explore whether self-injected DMPA-SC is cost-effective when compared with DMPA-IM administered by health workers in Senegal and Uganda. Based on the experiences of women participating in self-injection research studies, modeling was applied to a hypothetical group of 1 million Ugandan and 100,000 Senegalese injectable contraception users to estimate the incremental costs per pregnancy averted and per disability-adjusted life year (DALY) averted over a one-year period. The number of modeled injectable users was based on the estimated number of injectable users in each country in 2017. Like the previous study, it assumed the US$0.85 commodity cost for DMPA-SC and US$0.83 for DMPA-IM

What the study found:[8,9]

- **Self-injected DMPA-SC yields greater health impact.** In Uganda, self-injected DMPA-SC could prevent 11,101 additional unintended pregnancies and avert 1,683 DALYs compared with facility-administered DMPA-IM. In Senegal, self-injection could prevent 1,402 additional unintended pregnancies and avert 204 maternal DALYs.
- **Self-injected DMPA-SC is cost saving when considering costs to both women and health systems.** Self-injected DMPA-SC was shown to save up to $1.1 million per year in Uganda, and $350,000 in Senegal, when accounting for total costs to society, which include costs to both women and health systems.
- **Self-injected DMPA-SC can be cost-effective when considering costs to health systems only.** As noted above, the health impact of self-injected DMPA-SC is greater due to the increased continuation rates. While costs to health systems alone were found to be higher for self-injected DMPA-SC than for DMPA-IM—largely due to the costs of self-injection training during the first visit—simplifying the client training approach can reduce the costs of self-injected DMPA-SC to the point where it is cost-effective from a health systems perspective. For example, self-injection is cost-effective when using a lower-cost one-page visual aid for clients in place of a booklet and limiting the number of practice injections. New evidence shows little benefit from practice injections.[10]

What this means for policy and programming:

- Self-injection has benefits for women and for health systems. When including health system and women's time and travel costs, self- injected DMPA-SC costs less and leads to better health outcomes than facility-administered DMPA-IM.
- It is important to design a client training approach that is feasible, affordable, and effective. To assist program implementers with this endeavor, PATH has generated new evidence and recommendations through the **Self-Injection Best Practices Project in Uganda** (2016–2019).

Applying new evidence to DMPA-SC introduction and scale-up

A variety of factors must be evaluated when determining whether to introduce and scale up a next-generation contraceptive like DMPA-SC. Data on the costs and cost-effectiveness of DMPA-SC through different delivery channels provide decision-makers with compelling reasons to consider updating policies and programs to include DMPA-SC at all levels of care, including self-injection.

To realize the full potential and benefits of DMPA-SC, a critical mass of countries must integrate the product through all levels of the health system.

Technical support and tools are available now to support FP2020 countries in scaling up DMPA-SC.

For more information, contact **FPoptions@path.org.**

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9. Mvundura M, Di Giorgio L, Morozoff C, et al. Cost-effectiveness of self-injected DMPA-SC compared with health worker injected DMPA-IM in Senegal. *Contraception*. 2019. Under review.
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PATH/Will Boase

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.

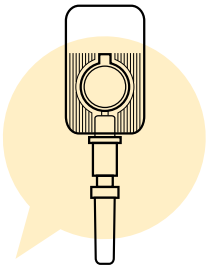
- For information about women who should not use DMPA injectable products *(for example, women with very high blood pressure or worsening diabetes)*, refer to the **World Health Organization's Medical Eligibility Criteria for Contraceptive Use**.

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. A woman can become pregnant as soon as 4 weeks after stopping DMPA-SC—but on average, women become pregnant 10 months after their last DMPA injection. This is an average and the amount of time will be different for each woman. A woman should not be worried if she has not become pregnant as much as 12 months after stopping use.

*DMPA stands for depot medroxyprogesterone acetate. Sayana® Press, manufactured by Pfizer Inc, is the brand name of the DMPA-SC product available today in most countries.



Quick facts about DMPA-SC

- **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 more than **30 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.

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

Q **Can injectable contraception cause side effects?**

A **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 wcounseling on and discussion of management strategies regarding possible side effects with potential users are important.

ADMINISTRATION

Q **Can health workers at all levels administer injectable contraception?**

A **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

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

A **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

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

A **YES.** Recent research in Malawi, 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.
- Malawi, Senegal, Uganda and several other countries are now rolling out routine self-injection.

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

A

- Self-injection puts the power of contraception in women's hands; evidence shows that it enables women to use injectable contraception longer who

wish to do so. 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?

- When self-injection was introduced in the public sector in the first few districts of Uganda, a sample of women were interviewed about their experiences with self-injection about 13 months after they were originally trained. Most women had returned used units to the health worker for disposal (72%) and only 13% had disposed of units in the latrine. Almost all women (97%) reported that they stored their used units in an impermeable container prior to disposal.

INJECTABLE CONTRACEPTION AND HIV

What do we know about injectable contraception and HIV?

- Based on a review of available evidence, 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, with no restrictions.
- No hormonal contraceptive method protects against HIV. Especially in settings with high HIV incidence, women who use any hormonal contraceptive method (including injectables) should use condoms or pre-exposure prophylaxis (PrEP), where available to prevent HIV and other sexually transmitted infections.
- 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.

PATH/Will Boase

Resources: A list of references about subcutaneous DMPA

Subcutaneous DMPA (DMPA-SC) is an innovative product that makes contraceptive injections simpler by combining 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.

DMPA-SC: an emerging option to increase women's contraceptive choices Contraception 2018

The coming-of-age of subcutaneous injectable contraception Global Health: Science and Practice 2018

App for WHO's Medical eligibility criteria for contraceptive use WHO 2019

DMPA-SC 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

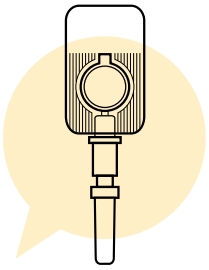
Sayana® Press: Can it be a "game changer" for reducing unmet need for family planning? Contraception 2014

Family planning providers and clients like DMPA-SC.

Expanding access to injectable contraception: Results from pilot introduction of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in 4 African countries Global Health: Science and Practice 2018

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



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- **Three-year** shelf life.
- Available in more than **30 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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Preference for Sayana® Press versus intramuscular Depo-Provera among HIV-positive women in Rakai, Uganda: A randomized crossover trial 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.

Costs of administering injectable contraceptives through health workers and self-injection: evidence from Burkina Faso, Uganda, and Senegal Contraception 2018

Acceptability of the distribution of DMPA-SC by community health workers among acceptors in the rural province of Lualaba in the Democratic Republic of the Congo: a pilot study Contraception 2018

Task-shifting the provision of DMPA-SC in the DR Congo: Perspectives from two different groups of providers Contraception 2018

Continuation of subcutaneous or intramuscular injectable contraception when administered by facility-based and community health workers: findings from a prospective cohort study in Burkina Faso and Uganda Contraception 2018

Expanding access to injectable contraception: Results from pilot introduction of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in 4 African countries Global Health: Science and Practice 2018

Monitoring Sayana Press pilot introduction PATH 2017

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

PATH/Will Boase

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.

Women's satisfaction, use, storage and disposal of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) during a randomized trial Contraception 2018

Client and provider experiences with self-administration of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in Malawi Contraception 2018

Evaluating the feasibility and acceptability of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Senegal: a prospective cohort study Contraception 2017

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

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

Home-based administration of Sayana® Press: Review and assessment of needs in low-resource settings Contraception 2014

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

Women who self-inject DMPA-SC continue using injectable contraception longer than women who receive injections from providers.

Self-administration of injectable contraception: a systematic review and meta-analysis BMJ Global Health 2019

Continuation of self-injected versus provider-administered contraception in Senegal: a nonrandomized, prospective cohort study Contraception 2019

Continuation of injectable contraception when self-injected v. administered by a facility-based health worker: A non-randomized, prospective cohort study in Uganda Contraception 2018

Effect of self-administration versus provider-administered injection of subcutaneous depot medroxyprogesterone acetate on continuation rates in Malawi: a randomised controlled trial The Lancet Global Health 2018

DMPA self-administration can improve contraceptive access, continuation, and autonomy The Lancet Global Health 2018

Increased 1-year continuation of DMPA among women randomized to self-administration: results from a randomized controlled trial at Planned Parenthood Contraception 2018

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

Expanding Access to Injectable Contraceptives through Pharmacies Toolkit SHOPS Plus 2019

A Next-generation Approach Introducing DMPA-SC Self-injection through Private Providers in Zambia JSI Research & Training Institute, Inc. 2019

Introducing the subcutaneous depot medroxyprogesterone acetate injectable contraceptive via social marketing: lessons learned from Nigeria's private sector Contraception 2018

Feasibility of patent and proprietary medicine vendor provision of injectable contraceptives: preliminary results from implementation science research in Oyo and Nasarawa, Nigeria Contraception 2018

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 and resources on DMPA-SC service delivery through family planning programs

Self-care interventions for health WHO 2019

Injectable Contraceptive Assessment in Uganda and Nigeria Reproductive Health Supplies Coalition 2019

Is contraceptive self-injection cost-effective compared to contraceptive injections from facility-based health workers? Evidence from Uganda Contraception 2018

The Potential Market of Self-Injectable Contraceptive Users Model Track20 2019

Family planning - A global handbook for providers WHO 2018

DMPA-SC Impact Model Health Policy Plus 2018

DMPA-SC introduction and scale-up in Nigeria: Future benefits for contraceptive use and savings Health Policy Plus 2018

Rapid uptake of the subcutaneous injectable in Burkina Faso: Evidence from PMA2020 cross-sectional surveys Global Health: Science and Practice 2018

Predictors of DMPA-SC continuation among urban Nigerian women: the influence of counseling quality and side effects Contraception 2018

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

WHO revises recommendations on hormonal contraceptive use for women at high HIV risk WHO 2019

WHO updates recommendations for contraceptive eligibility for women at high risk of HIV WHO 2019

Contraceptive eligibility for women at high risk of HIV WHO 2019

Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study website

ECHO Consortium Q&A ECHO Consortium 2019

Results 4 Informed Choice website Johns Hopkins Center for Communication Programs

Toolkit for the Implementation Guide for the Medical Eligibility Criteria and Selected Practice Recommendations for Contraceptive Use Guidelines WHO 2018