**Policy brief template**

Scaling-Up self-injection of DMPA-SC To increase contraceptive access and options in [country name]

A new contraceptive option is transforming access

Helpful hint

To customize the policy brief, cut and paste this text into the template your organization uses for its public materials, and make your edits there. See the “[Photo Bank](https://www.photoshare.org/apachesolr-angularjs-search/DMPA%20PATH)” for pictures you can swap in, including photos of DMPA-SC. Your final policy brief should be no more than two pages.

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

Self-injection of subcutaneous DMPA (DMPA-SC) is transforming access to contraception by giving women and adolescent girls more control over how and when they use family planning. When a woman chooses to use DMPA-SC discreetly in her own home, she can minimize the cost and time it takes to travel to a health facility. By scaling-up self-injection of DMPA-SC, **[insert country]** can reach women who have never before used contraception, improve user continuation, increase contraceptive prevalence rates, and reduce health providers’ workload.

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| Global momentum builds for DMPA-SC [Include this box if it would be persuasive to decision-makers in your country. Otherwise, delete to save space.] |
| **2011:** Sayana Press received stringent regulatory approval in the United Kingdom (followed by registrations in many FP2020 countries).**2014–2016:** Successful pilot introductions in Burkina Faso, Democratic Republic of Congo, Madagascar, Mozambique, Niger, Nigeria, Senegal, and Uganda.**2014:** A reduced price was negotiated to allow qualified purchasers in FP2020 countries to obtain Sayana Press at approximately US$1 per dose. This price was further reduced to US$0.85 per dose in May 2017.**2015–2019:** Registered for self-injection in 54 countries, including the United Kingdom, several European countries, and more than 20 FP2020 countries. |

What is DMPA-SC?

Helpful hint

If your target policymaker is unfamiliar with DMPA-SC include the “What is DMPA-SC?” section. If they are already knowledgeable about the product, you can delete to save space.

Subcutaneous DMPA (DMPA-SC)[[1]](#footnote-1) is a widely available and easy-to-use injectable contraceptive that combines the drug and a needle in the single-use, prefilled Uniject™ injection system. Sayana® Press is the brand name of the DMPA-SC product available today and is manufactured by Pfizer Inc. DMPA-SC can be administered by community health workers, pharmacists, drug shop operators, and women themselves through self-injection, further expanding women’s access to contraception, especially in remote areas.

A globally recommended practice

Self-injection of DMPA-SC is an evidence-based practice that is endorsed globally and approved in a growing number of countries. The World Health Organization (WHO) recommends self-administration of injectable contraception in settings where mechanisms to provide the woman with appropriate information and training exist, referral linkages to a health care provider are strong, and where monitoring and follow-up can be ensured. In 2019, the [WHO released guidelines on self-care](https://www.who.int/reproductivehealth/publications/self-care-interventions/en/), which includes self-administration of DMPA-SC as an evidence-based, women-initiated intervention with the potential to increase choice and informed decision-making in health. ****

DMPA-SC has already been registered for self-injection in more than 20 FP2020 countries. In **[insert country]**, **[include information about registration in your country. See “**[Important Policies for Advancing Access to subcutaneous DMPA](https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Tools_to_inform_advocacy_and_communications/DMPA-SC_advocacy_tools_3_policies_2017.pdf)**” for more information.]**

Experience and evidence supporting self-injection

Multiple studies around the world show that women—including women in countries like **[insert country]**—can self-administer DMPA-SC safely and effectively, and that they like doing so. For example: **[Include only the bullets below that are relevant to decision-makers in your country. If there has been research on self-injection in your country, consider replacing with country-specific results.]**

* 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.[[2]](#endnote-1),[[3]](#endnote-2)

Helpful hint

To develop policy recommendations, review the document in this Advocacy Pack titled “[Important Policies for Advancing Access to subcutaneous DMPA](https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Tools_to_inform_advocacy_and_communications/DMPA-SC_advocacy_tools_3_policies_2017.pdf).” Determine which policy changes are needed in your country to ensure DMPA-SC is approved for self-injection and that funds are allocated and dispersed for scale-up. Developing an advocacy strategy, using the template in this advocacy pack, will also help you develop policy priorities.

* Recent studies from four different countries found that, over a 12-month period, women—including young women—who self-injected DMPA-SC continued using injectable contraception longer than those who received injections from providers.[[4]](#endnote-3),[[5]](#endnote-4),[[6]](#endnote-5),[[7]](#endnote-6)
* 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.[[8]](#endnote-7)
* 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.[[9]](#endnote-8),[[10]](#endnote-9)

Policy and advocacy recommendations

To ensure women and adolescent girls in **[insert country]** have access to a variety of contraceptives including DMPA-SC, strong policies and financing are essential. To scale-up self-injection and reach more women—particularly new users and young women—as well as accelerate progress toward FP2020 commitments, the **[insert decision-making body]** should **[insert 1 to 3 policy recommendations]:**

Where to find data to customize this policy brief

[Demographic and Health Surveys](http://dhsprogram.com/)

[PMA2020](http://www.pma2020.org/)  (Performance Monitoring and Accountability 2020)

[Track20](http://www.track20.org/)  (Monitoring progress in family planning)

[FPwatch](http://www.actwatch.info/)  (Evidence for family planning policy)

[FP Costed Implementation Plans](http://www.healthpolicyproject.com/index.cfm?ID=topics-FP2020&amp;cip)

[Sayana Press Introduction and Research](http://www.path.org/dmpa-sc)

[Evidence at-a-glance](https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Handouts_for_decision_makers/DMPA-SC_advocacy_handouts_2_evidence_2017.pdf): What we know about subcutaneous DMPA, a new type of injectable contraception

* Policy recommendation 1
* Policy recommendation 2
* Policy recommendation 3

Widespread access on the horizon

Self-injection of DMPA-SC can transform the ability of women and adolescent girls to access contraceptive services and expands their method choice. But this transformation is only possible with political commitment, supportive policies, and adequate funding in place. Policymakers, donors, i****mplementing organizations, the private sector, and advocates must work together to ensure injectables, as part of a broad method mix, are widely accessible.

Contact us

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

1. DMPA stands for depot medroxyprogesterone acetate. [↑](#footnote-ref-1)
2. Cover J, Namagembe A, Tumusiime J, Lim J, Drake JK, Mbonye AK. A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection. *Contraception.* 2017 Mar 1;95(3):306–311. [↑](#endnote-ref-1)
3. Cover J, Ba M, Lim J, Drake JK, Daff BM. Evaluating the feasibility and acceptability of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Senegal: a prospective cohort study. *Contraception*. 2017 Sep 1;96(3):203–210. [↑](#endnote-ref-2)
4. Burke HM, Chen M, Buluzi M, et al. 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 May 8;6(5):e568–e578. [↑](#endnote-ref-3)
5. Cover J, Namagembe A, Tumusiime J, Nsangi D, Lim J, Nakiganda-Busiku D. Continuation of injectable contraception when self-injected versus administered by a facility-based health worker: a non-randomized, prospective cohort study in Uganda. *Contraception.* 2018 Nov;98(5):383-388 [↑](#endnote-ref-4)
6. Cover J, Ba M, Drake JK, Ndiaye, MD. Continuation of self-injected versus provider-administered contraception in Senegal: a nonrandomized, prospective cohort study. *Contraception.* 2019 Feb; 99(2):137—141 [↑](#endnote-ref-5)
7. Kohn JE, Simons HR, Della Badia L, et al. Increased 1-year continuation of DMPA among women randomized to self-administration: results from a randomized controlled trial at Planned Parenthood. *Contraception.* 2018 Mar 1;97(3):198–204. [↑](#endnote-ref-6)
8. PATH. *Uganda Self-injection Best Practices Project: Monitoring and Evaluation Results*. Seattle: PATH; 2019. [↑](#endnote-ref-7)
9. Di Giorgio L, Mvundura M, Tumusiime J, Morozoff C, Cover J, Drake JK. Is contraceptive self-injection cost- effective compared to contraceptive injections from facility-based health workers? Evidence from Uganda. *Contraception.* 2018 Nov;98(5):396-404. [↑](#endnote-ref-8)
10. 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. [↑](#endnote-ref-9)