



The four stages are:

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

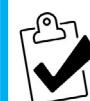
Access staging tool for subcutaneous DMPA: Identify your country's stage

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



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

1. Review and use this tool before developing an advocacy strategy. Your country's stage will influence the policy goals and advocacy actions upon which you will focus.
2. Read through each stage and find the one that most closely represents the goals that partners in your country are working to achieve. These stages are a continuum, so it is fine if your country meets criteria across several different stages. Just pick the one stage with the most relevant goals for your country to increase access to DMPA-SC.
3. After you've identified your country's stage, refer to "Key actions for advocates to advance subcutaneous DMPA" and "Important policies for advancing access to subcutaneous DMPA" for guidance on the types of actions and policies that are relevant for advocates at any of the four stages.



Staging Tip:

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



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.



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?



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).

A note about research studies

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



Stage 3: Introduction

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

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



Staging Tip:

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



Stage 4: Integration

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

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