



PATH/WIII 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.

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

Why do we need to improve access to contraception?

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

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

What is DMPA-SC and why should it be included as part of a broad contraceptive method mix?

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

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

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

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

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

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

How much does DMPA-SC (Sayana Press) cost?

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

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

What do we know about self-injection?

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

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

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

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

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

- Self-injection has been used for years by millions of people for a variety of conditions—for example, by patients with diabetes or those who suffer from allergic reactions.

What is the impact so far of introducing DMPA-SC?

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

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

What is the relationship between DMPA and HIV?

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

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

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

- All data on injectable contraception and HIV have been from observational studies. A randomized clinical trial called the **ECHO study** is evaluating whether there is a link between use of three contraceptives—DMPA-IM, the levonorgestrel implant, and the copper intrauterine device—and increased risk of acquiring HIV infection. Data from the ECHO study will be available in 2019.
- Sexual and reproductive health and rights and informed choice need to be at the center of policy and programming related to contraception. All women have the right to evidence-based information on contraceptives, to a broad method mix, and to quality services, and they should have agency to make decisions about their reproductive health free from discrimination.

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

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

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

What's next for DMPA-SC?

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

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