

INJECTABLES ACCESS COLLABORATIVE

# Applying advocacy and accountability tactics for new product introduction, scale-up, and institutionalization

JANUARY 16, 2025



Photo : Reproductive Health Supplies Coalition



# Wordly live translation instructions

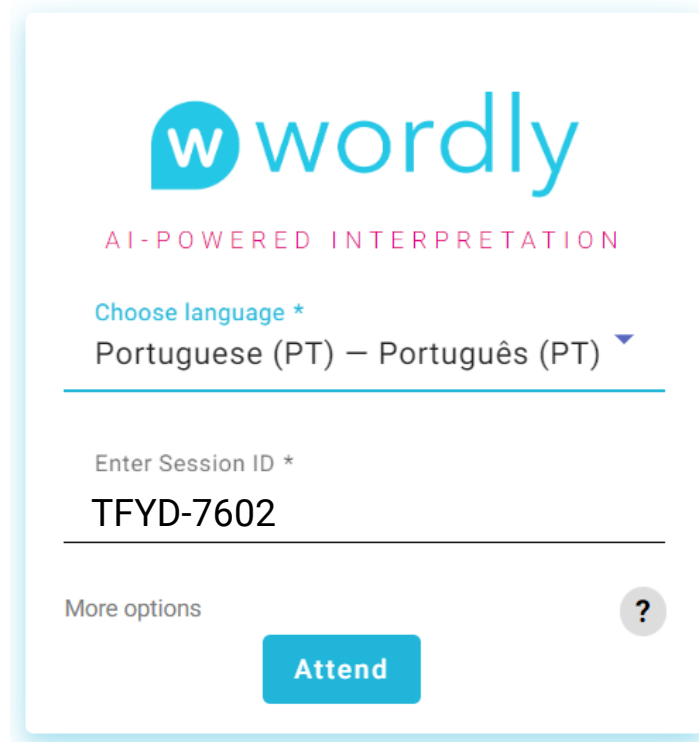
1. Go to Wordly site

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<https://attend.wordly.ai/join/TFYD-7602>



# Moderators



**Bonnie Keith**  
Senior Advisor,  
Policy, Advocacy  
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Reproductive Health  
Supplies Coalition

# Speakers



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# About the Injectables Access Collaborative

The Injectables Access Collaborative (AC) provides data-driven technical assistance, coordination, resources, and tools to ensure that women and girls have increased access to DMPA-SC and self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming.

The AC is led by PATH in partnership with the Clinton Health Access Initiative (CHAI), inSupply Health, Jhpiego, and JSI.



# New and Underused Reproductive Health Supplies (NURHT) Technologies Caucus

Community of practice whose goal is to help improve clients' choice of available reproductive health technologies. The Caucus aims to facilitate information sharing focused on common barriers and challenges faced by a broad range of new and underused products from product introduction to scale up and more. The purpose of the group is to contribute to country-level efforts to achieve universal access to reproductive health services & products, and facilitate their use to reduce both unwanted pregnancy and maternal mortality and morbidity.

The Caucus works to expand the supply of new and underused technologies through the public, private, and social marketing sectors to improve equity and meet people's RH needs.



Find out more & join us here:  
<https://bit.ly/nurht>



# From capital to clinic: effective advocacy for policy implementation

Policies are only as effective as the extent to which they are implemented.

To translate goals into meaningful outcomes, every policy needs:

- A plan of action
- Resources
- Dissemination
- Adaptation

Resource: [PATH. From Capital to Clinic: a resource for effective advocacy for policy implementation. 2021.](#)



# Agenda

1. Welcome
2. Opening Remarks
3. Increasing access to DMPA-SC self-injection
4. Advancing menstrual health product standards
5. Facilitating country-level procurement of the hormonal intrauterine device (IUD)
6. Discussion
7. Closing

# Opening Remarks

**Beth Fredrick**  
Executive Committee  
Chair,  
Reproductive  
Health Supplies  
Coalition





# DMPA-SC Self-Injection



**Miranda Buba Atare**  
Country Coordinator,  
Injectables Access Collaborative  
JSI

INJECTABLES ACCESS COLLABORATIVE

# Empowering Choices: Nigeria's Step Forward with DMPA-SC Policy

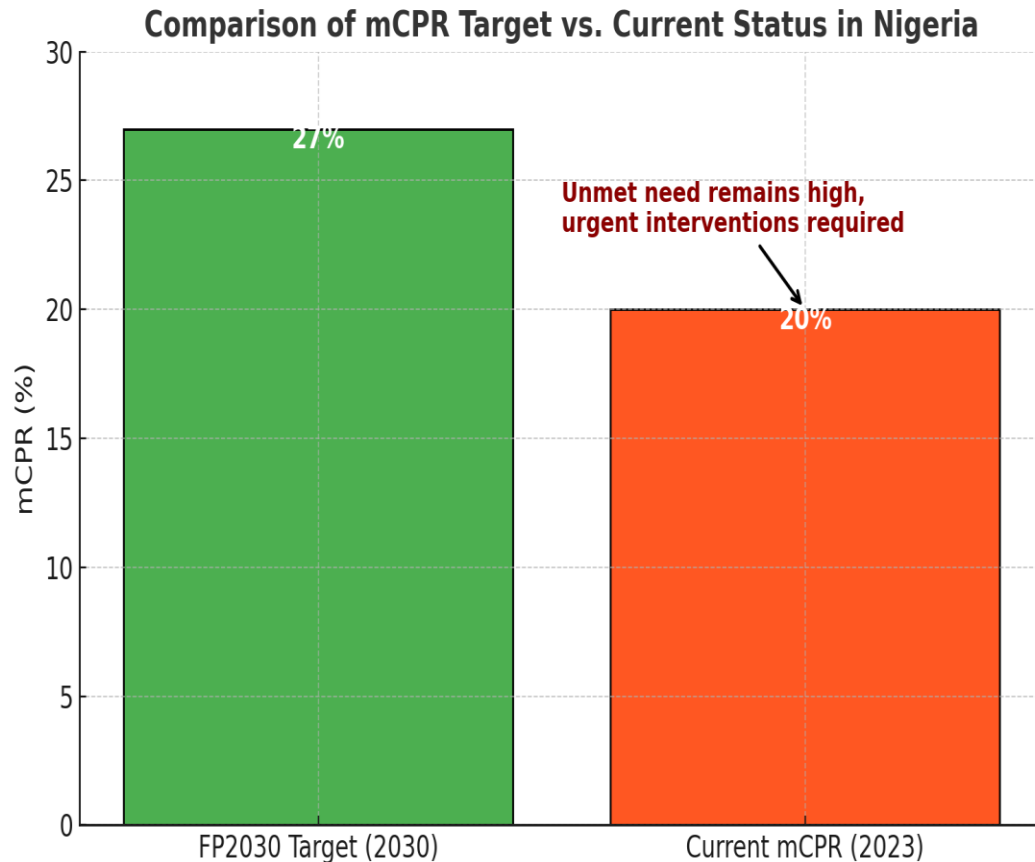
**Miranda Buba Atare**

Nigeria Country Coordinator,  
Injectables Access Collaborative

JANUARY 16, 2025



# Background



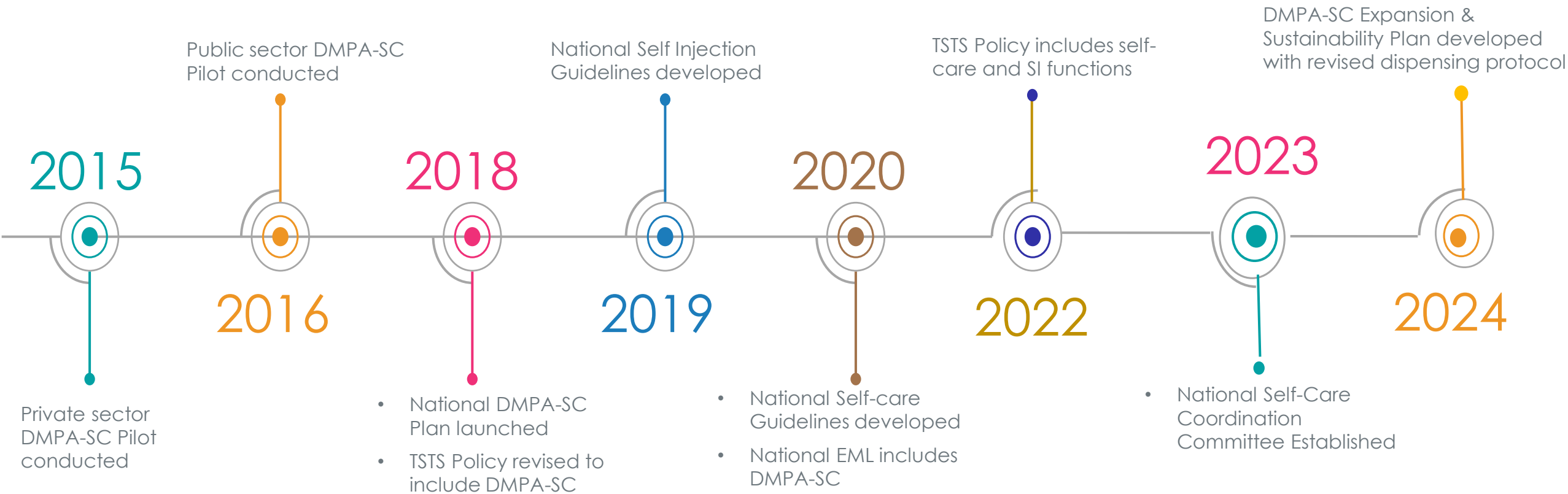
## Strategies to increase FP access and choice:

- Revise & disseminate SRH policies for enabling environment
- Expand and coordinate new contraceptive technologies
- Promote policy-driven self-care for FP access & uptake

## FP2030 Commitment:

Nigeria aims to **increase family planning access and choice** by scaling up evidence-based practices that meet individual needs and rights-based services by **2030**.

# Introduction Of DMPA-SC/S Into The Country's FP Method Mix: An Enabling Policy Environment

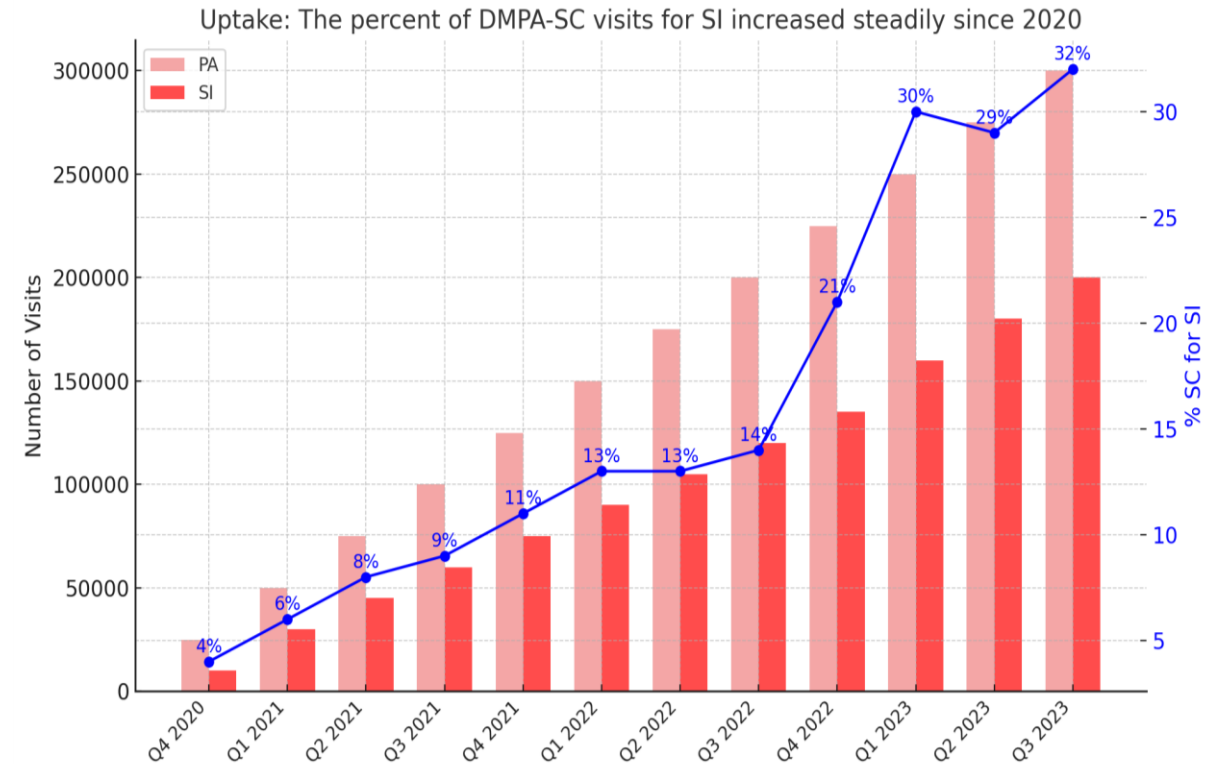


Nigeria has achieved significant milestones over the years, integrating DMPA-SC into its FP framework with a focus on self-care and enabling policies.

# The Policy-driven Approach To Scaling Up DMPA-SC Has Yielded Positive Results, Contributing To Nigeria's Progress

SI indicators have been integrated into the HMIS

The Task-shifting, Task-sharing Policy has been updated to authorize Community Health Workers, Pharmacists and select Drug Shop owners to administer injectables, initiate and re-supply DMPA-SC for self-injection



Data source: AC Nigeria Q3 2023 Report

# The Need For Policy Review

*At the end of the Introduction and Scale-up phase, emerging areas necessitated closer attention to ensure SI continued to be delivered as a part of equitable, efficient and sustainable*



## **Progress and Sustainability**

Transitioning from scale-up to expansion and sustainability ensures the long-term impact of self-injection initiatives.



## **Leveraging In-Country Evidence**

Prioritizing in-country learnings and evidence guides policy and program design, ensuring greater relevance and effectiveness.



## **Total Market Approach**

Expanding collaborations with the private sector broadens access and strengthens market dynamics.



## **Service Delivery Considerations**

Restrictions on take-home units impact continuation rates, especially for those facing challenges accessing service delivery points.



## **Training Considerations**

Streamlining training protocols addresses provider strain and delays in service delivery.



## **Equity**

Inclusive programming ensures that key population groups, persons in humanitarian settings, and individuals with disabilities have equal access to services and are not left behind.

# Stakeholder Engagement: A Coordinated Approach



## Stakeholder Identification & Prioritization

Stakeholders were prioritized based on their influence, interest, expertise, and previous involvement in relevant policies and implementation



## Engagement Planning

A comprehensive engagement plan was developed to ensure effective communication and collaboration with stakeholders.



## Engagement & Collaboration

Stakeholders actively engaged in the policy review process, providing valuable insights and perspectives.



## Consensus Building & Continuous Feedback

A collaborative approach ensured continuous feedback and consensus building throughout the policy review process.

# Key Stakeholders: A Collaborative Effort

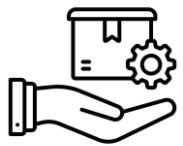


## Key Organizations Involved in the Review Process:

1. The Federal Ministry of Health and Social Welfare with the Family Health Department as the lead
2. The National Primary Healthcare Development Agency
3. Pharmacy Council of Nigeria
4. State Ministries of Health (3)
5. State Primary Healthcare Development Agencies (16)
6. Donors and Funding Organizations (Cliff, Gates Foundation, UNFPA, USAID)
7. Implementing Partners (18)

# Driving Forces: Advocacy, Evidence-based Recommendations

While lessons from other countries are valuable, tailoring approaches to Nigeria's unique context and experiences ensured greater relevance, effectiveness, and ownership of solutions. As such, both global and local evidence was used to support recommendations on:



## Service Delivery

- Advance provision of DMPA-SC units to competent SI clients at the first visit
- Provision of 3 take-home units, covering clients for one year



## Training and Counseling

- Incorporating tested approaches to client counseling such as the empathy-based approach
- Emphasizing four critical administration steps (MAPS) during client initiation to self-injection



## Equity

- Special considerations to ensure equitable access for ALL women of reproductive age, including youths and people with disabilities



## Access

- Scale-up and advancing research on DMPA-SC/SI in humanitarian settings
- Leverage on PSE and other policies to improve private sector contributions to scale-up

# Driving Forces: Success Stories



FP Program Manager in Kaduna state gave account of targeted initiatives to expand access to FP services to reach communities for blind individuals.



SI Clients attended the policy review meetings and provided perspective and context to the new SI journey map




FP Program Managers from states that have contributed funding to procure FP commodities narrated experiences with improved commodity availability




Health leadership from states in humanitarian settings provided best practices for community outreach and service delivery to reach underserved populations in fragile contexts

# Key Milestones in Policy Review and Approval

 March 2024  
**1** Justification

 April 2024  
**2** Action Planning

 May - June 2024  
**3** Stakeholder Meetings

 July 2024  
**4** Broader Review

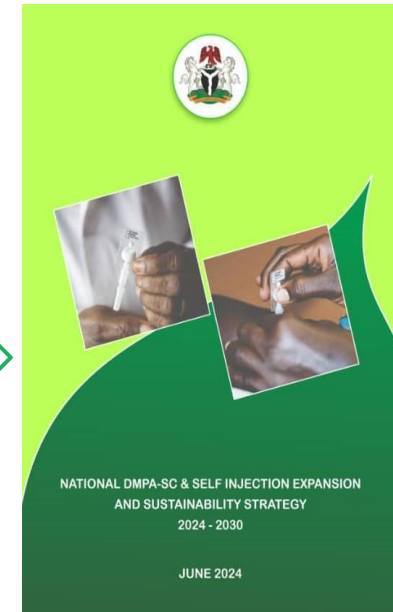
 August 2024  
**5** Approval

- Establish basis for review and update
- Stakeholder identification and engagement

- Share experience and lessons
- Harness new evidence, emerging issues
- Identify implementation gaps and course-correction measures
- Identify and collate opportunities for DMPA-SC/SI growth and sustainability

- Collectively agree on and prioritize areas of focus
- Review draft documents and provide technical input to inform final draft
- Develop a one-year annual DMPA-SC workplan

- Review of draft document by broader team of technical experts
- Final Review by FHD/FMOH and submission to Honorable Coordinating Minister of Health with Recommendation for approval

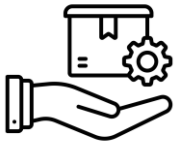


# Lessons Learned

-  **Proactive planning:** Comprehensive preparation facilitated the early identification of bottlenecks, challenges, and resistance, enabling the development of targeted, evidence-based strategies for effective issue resolution.
-  **Data-Driven Approaches:** Utilizing country-specific data, local evidence, best practices, and success stories played a pivotal role in securing stakeholder buy-in and fostering acceptance of innovative service delivery, counseling, and training models.
-  **Supply Chain Optimization:** Collaboration with supply chain partners enhanced quantification and supply planning, while alignment with state procurement and distribution policies mitigated hesitancies surrounding dispensing protocols.
-  **Stakeholder Engagement:** Early and inclusive stakeholder involvement ensured ownership, incorporated diverse perspectives, and aligned policy updates with the needs of various populations.
-  **Collaborative Implementation:** Cross-sector collaboration minimized duplication, ensured consistency in implementation, and identified critical areas for research, laying the foundation for evidence-driven solutions to enhance program outcomes

# Implementation Strategies

Following the approval of the DMPA-SC Expansion and Sustainability Strategy:



Training materials are being updated to equip both public and private sector health workers with the skills needed to administer DMPA-SC safely and effectively. Training considerations are also being updated to enable them to support self-injection (SI) clients with diverse needs



Targeted advocacy efforts will include support for women, youth and marginalized communities e.g within humanitarian settings and those in which persons with disabilities reside



An FP supply chain assessment will be conducted to identify the main gaps, challenges and opportunities for improving the FP supply chain system with a focus on DMPA-SC and other injectables.



The Private Sector Engagement Strategy and other policies/efforts are being promoted to increase private sector involvement in providing DMPA-SC

For more  
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# Q&A



# Menstrual Health



**Dr. Arundati Muralidharan**  
Co-Founder - Menstrual  
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(MHAi)



**Tanya Mahajan**  
Co-founder - Menstrual  
Health Action for Impact  
(MHAi)

# Lessons from Menstrual Health Advocacy

Arundati Muralidharan | Tanya Mahajan

The logo for Menstrual Health Action for impact features a light orange circle on the left. To its right, the text "Menstrual Health" is in a dark blue sans-serif font, "Action" is in a smaller dark blue font, and "for impact" is in a red sans-serif font.

Menstrual Health  
Action *for* **impact**

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16th January 2025

# Leveraging the power of the collective

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*MHAi was born with the idea of creating a space for collective advocacy*

- Building **consensus** within sector stakeholders is an important step for **joint advocacy**
  - CSOs, private sector (large and MSMEs), M&E, Government - all need to be engaged
  - Create a safe space for diverse voices and engagement



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## Case in point

- Building consensus for **standards for reusable sanitary pads**
- Joint feedback on **National MHM policy**

# Technical support and long-term engagement as a means of getting a seat at the table and retaining it

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- Government stakeholders value technical expertise
- Activism-led advocacy, while valuable, may not always work with some Governments



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## Case in point

- **Standards development** for menstrual products
- Presenting **menstrual waste management** solutions

## Use of evidence that is acceptable

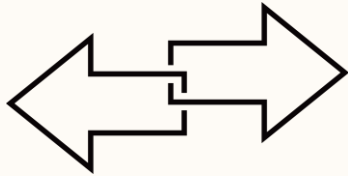
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- Using data sources that are acceptable or approved by Government stakeholders
- Packaging data to retain progress indicators while suggesting a way forward

- 
- Case in point - Using National Family Health Survey data to make the case for **Choice**



**Local**



**Global**

- 
- Assimilating lessons from country to disseminate globally
  - Using global best practices to optimise local advocacy

Case in point

- Standards and ISO engagement
- Applying the lens to decentralised product access models



# Key Takeaways

- No silver bullet for advocacy
- Create a **toolkit** of advocacy strategies
- Use **evidence in creative ways** to make the case
- Understand what works for the political stakeholders in power, this may vary from time to time
- **Nurture collective efforts** - do not shy away from bringing diverse voices together

**For more information:**

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# Q&A



# Hormonal IUD



**Dr. Marsden Solomon**  
Reproductive Health Advisor  
and Independent Consultant



**Audrey Fratus**  
Senior Technical Officer,  
FHI 360



# CONNECTING GLOBAL ADVOCACY TO NATIONAL CHANGE

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## POLICY & PLANNING FOR THE HORMONAL IUD

**Audrey Fratus, MPH**  
Senior Technical Officer  
FHI 360

**Dr. Marsden Solomon**  
Reproductive Health Advisor &  
Independent Consultant

# The hormonal IUD is a **long-acting, highly effective, reversible** contraceptive method with additional indication for treatment of heavy menstrual bleeding

## 1970s

Researchers at the Population Council develop first hormone-releasing intrauterine contraceptive device, ultimately refined to release levonorgestrel

## 1990

Innovator product receives its first regulatory approval, in Finland

## 2000

The hormonal IUD becomes available in the United States

## 2003

The ICA Foundation is founded to provide no-cost unbranded hormonal IUD to health programs serving clients in low- and middle-income settings

**But then things stalled.**



# The 2015 SRA approval of a **second, more affordable, quality-assured** hormonal IUD product revitalized advocacy for global introduction

## Sparking Conversation



Programs using ICA Foundation donated product **build method awareness, evidence, and excitement**. Conversations focused on price, procurement, and regulatory approval are underway behind closed doors.



## Catalyzing Change



The non-profit supplier of a second QA'd hormonal IUD product makes a commitment to contraceptive introduction leaders to contribute to global intro through **accessible per unit pricing**. LMIC access is now a more realistic possibility.



## Building Community



Introduction stakeholders decide to bring conversations about global access to the method out into the open. The **Hormonal IUD Working Group is founded** to address supply- and demand-side barriers to full introduction.

# Demand-Side

## Introduction Barriers

### Low Method Awareness

### Limited Evidence from LMICs

## Advocacy Activities

Focused promotion of context-relevant tools, events, and resources + relationship building with national governments

Collaborative development of Global Learning Agenda & push for integration of HIUD learning into workplans and proposals

## Global Change

Organic interest from national governments in introduction, due to alignment w/ FP strategy/goals & implementing partner engagement

Robust, high quality pilot evidence indicating strong user interest, positive experiences, and contribution to uptake of other modern FP methods.

## What's Next?

Development of a Method Awareness Toolkit

Real-World Introduction Research

DHS Advocacy for Distinct HIUD and CuIUD Response Options

# Supply-Side

## Introduction Barriers



**Inaccessible Per Unit Cost**

**Out-of-Date Int.  
Resources/Standards**

**Absence from Procurement  
Catalogues**

## Advocacy Activities

Inclusion of both QA'd suppliers in Access Group & discussion on LMIC market opportunity and parameters for more affordable pricing

Indirect advocacy - transparent, public conversations and resources sharing shifting environment for introduction

Inclusion of procurement agencies in Access Group & elevation of country interest and key updates to global decision-makers

## Global Change

Supplier commitment to accessible price for both QA'd products

2015 addition of HIUD to WHO Essential Medicines List

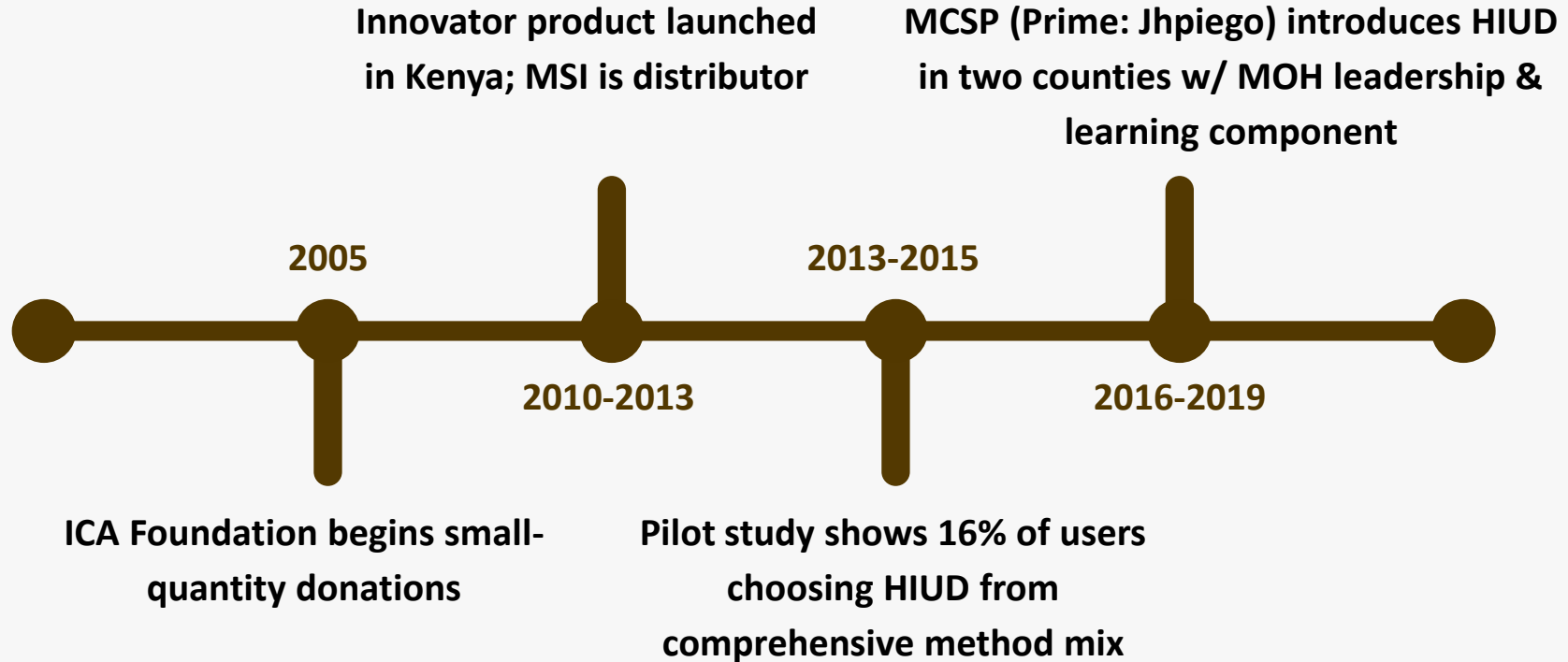
2021 addition of method to USAID and UNFPA procurement catalogues

## What's Next?

Facilitation of continued collaboration between donors, governments, implementers, procurers and suppliers on maintenance of a sustainable supply base + building awareness of unit cost and funding resources



# As early as 2005, global-level advocacy was influencing **country-level decisions** in **Kenya**



**Pilot data from within Kenya showing high acceptability, continuation, and impact on uptake of other FP methods aligned with Kenya MOH FP objectives and triggered key policy updates**

**Betting on global level solutions to supply barriers, the Kenyan MOH established an enabling environment for future introduction:**

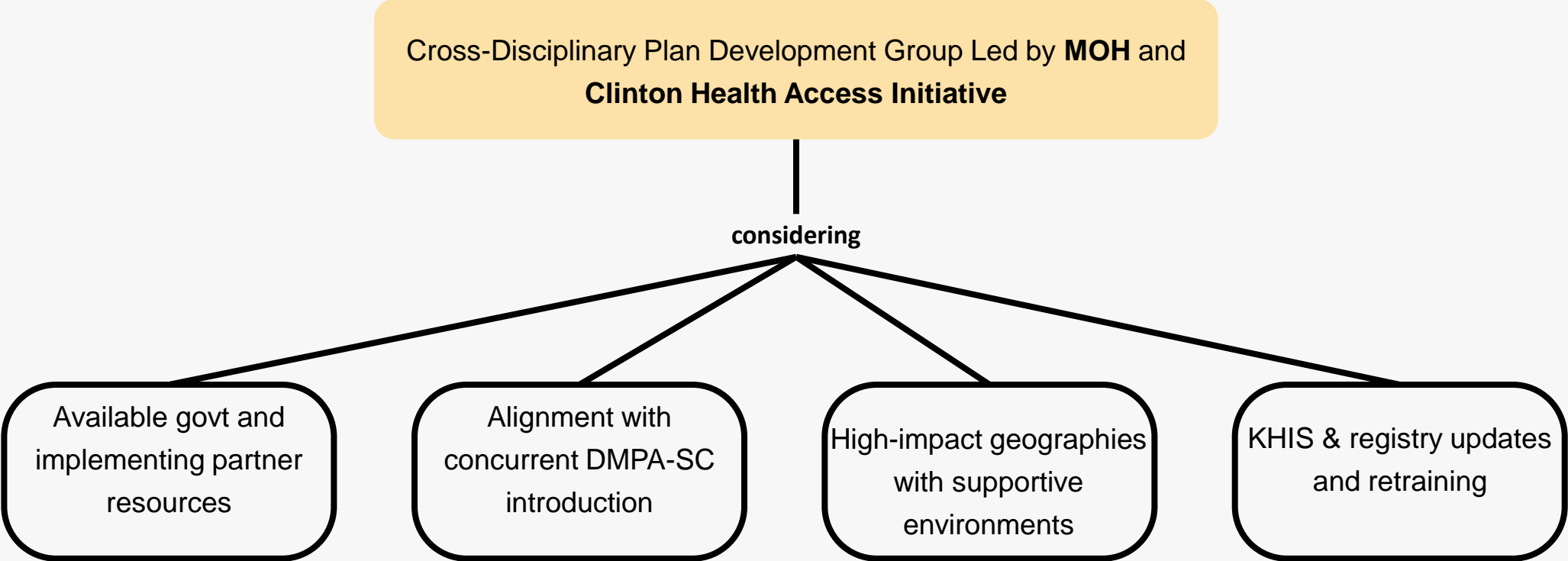


Addition of hormonal IUD information to **National FP Guidelines** for service providers  
*2018*



Revised **Kenya Essential Medicines List** to reflect WHO inclusion of hormonal IUD  
*2019*

When barriers did begin to come down, Kenyan decision-makers were ready to **plan for method introduction** and make essential structural changes





## Key Progress Indicators:

40/47

Counties offering HIUD

400+

Facilities trained to provide  
HIUD

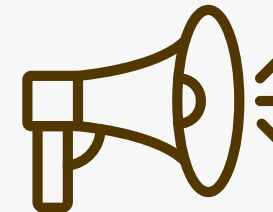
66%

Percent of target quarterly insertions  
achieved

## Remaining Opportunities for Advocacy:

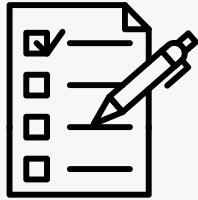


Additional trained providers in each  
target facility



Evidence-and-experience based  
method awareness materials

# What has the Hormonal IUD Access Group learned about **advocating for policy change**?



**Be patient but be ready**



***When* you advocate for change is of equal importance to *how* you advocate for change**



**For national decision-makers, there's no substitute for high-quality data from relevant populations**



**Build community and practice transparency whenever possible**

# Q&A



Thank you!

