

The Future of DMPA-SC: Expanding access and options in 2019

International Conference on
Family Planning
Kigali, Rwanda
Pre-conference Meeting
Report



Acknowledgements

PATH would like to thank the meeting attendees, particularly those from the ministries of health, who took time out of their busy conference schedules to prioritize attendance at this meeting. Their commitment to scaling up DMPA-SC and cross-country learning is evident. Thanks also to the PATH and John Snow, Inc. (JSI) Country Coordinators whose help in identifying and inviting meeting participants was invaluable.

The meeting organizers would also like to thank the organizers of the International Conference on Family Planning for the opportunity to host this pre-meeting and for the assistance they provided in organizing this highly successful event.

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Executive summary

The working meeting on “The Future of DMPA-SC: Expanding access and options in 2019” held in November 2018 as a pre-meeting before the International Conference on Family Planning (ICFP) in

DMPA-SC is a new, lower dose, easy-to-use injectable contraceptive. Sayana® Press, (subcutaneous DMPA) is manufactured by Pfizer Inc. and combines the drug and needle in the prefilled BD Uniject™ injection system, which was originally developed by PATH.

DMPA-SC is making it easier for women to access injectable contraception. The user-friendly design means that any trained person can administer it—including community health workers, pharmacists, and even women themselves through self-injection.

Kigali, Rwanda was intended to bring together colleagues and partners working to introduce and scale-up subcutaneous DMPA (DMPA-SC or SC) in 14 countries to exchange challenges, successes, and lessons learned—and to plan together how they can continue to expand women’s access and options with DMPA-SC. The ICFP pre-meeting built on the success of two previous convenings held in 2017 and 2018¹ and the enthusiasm and concrete country plans that emerged from the May 2018 Evidence to Practice meeting, reviewing progress that participating countries had made, barriers still being encountered, and plans for 2019.

To reach this goal, the objectives of the meeting were to:

- *Facilitate* country exchange of information and experiences to identify pathways for building on successes and overcoming barriers and challenges to DMPA-SC scale-up.
- *Refine* an ongoing approach to collaborative problem-solving, including through the DMPA-SC Learning and Action Networks (LANs).
- *Raise participants’ awareness* of established and more recent evidence, tools, and resources for scale-up—including the DMPA-SC LAN online platform, self-injection program tools, new training approaches, and new analysis and insights on waste management.

Approximately 85 participants from 13 country delegations (the Democratic Republic of the Congo (DRC), Ghana, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe), as well as attendees from donor organizations, bilateral and multilateral organizations, and international NGOs, attended the half-day meeting.

The agenda included a welcome and opening remarks; a presentation of recent DMPA-SC evidence, tools, and research; group work; and plenary discussion. The meeting provided a unique opportunity for exchange of lessons, experiences, and recommendations across countries who were all at differing stages of implementation and scale-up. During group work, participants discussed issues of concern and challenge, with five key themes emerging from the group discussion:

- Resource gaps for health worker training.
- Supply chain, quantification, and stockouts.
- Co-positioning or transitioning intramuscular DMPA (DMPA-IM or IM) and SC.

¹ The 2017 meeting “Increasing Access to Next Generation Injectables”—held in Dakar, Senegal and co-hosted by Advance Family Planning, PATH, and IntraHealth International—created a space for advocates and implementers to review evidence and develop advocacy plans for policy change to expand access to DMPA-SC. In May 2018 the DMPA-SC Evidence to Practice (E2P) meeting convened in Nairobi, Kenya to share evidence and experiences on DMPA-SC acceptability, continuation, cost, use in the private sector, and self-injection, and participants worked in country groups to develop scale-up plans to accelerate women’s access to DMPA-SC.

- Waste disposal concerns for the broader health system at the country level.
- The private sector and a total market approach.

Post-meeting, it is important to ensure that country goals for 2019 are implemented and identified barriers are overcome. The Access Collaborative and other partners can help through the following mechanisms:

- Point organizations (PATH, JSI, CHAI, Jhpiego) have been identified for each country through the Access Collaborative project or other initiatives to follow up and help maintain momentum from the pre-meeting.
- The Access Collaborative will continue to be a source of technical assistance and to elevate need for financial resources to support scale-up.

The DMPA-SC Anglophone and Francophone LANs, including the newly developed online forums², which are open to all meeting participants as well as other stakeholders, will encourage and enable continued cross-country learning and sharing.

² DMPA-SC LAN online forum in English: <https://dmpa-sc-lan.vanillacommunities.com/en>
DMPA-SC LAN online forum in French: <https://dmpa-sc-lan.vanillacommunities.com/fr>

I. Reconvening global DMPA-SC stakeholders

Interest in and use of subcutaneous DMPA (DMPA-SC or SC) and self-injection have been rapidly evolving over the past few years, as has the evidence supporting integration of this contraceptive into the broader method mix. Momentum and enthusiasm increased among attendees of the May 2018 DMPA-SC Evidence to Practice (E2P) meeting in Nairobi, Kenya. At that meeting, participants were presented evidence and experiences on DMPA-SC acceptability, continuation, cost, use in the private sector, and self-injection, and worked as country groups to develop scale-up plans. To encourage this scale-up momentum into 2019, the DMPA-SC Access Collaborative convened a pre-meeting before the International Conference on Family Planning (ICFP) in Kigali, Rwanda with both countries who attended the E2P meeting and countries that are earlier in the introduction process. In total, 14 countries were invited to the meeting, and 13 countries were represented at the meeting (with one country unrepresented due to travel delays). To prepare for the meeting, country representatives were asked to come prepared with:

- 1) Three key DMPA-SC implementation plans/goals for 2019.
- 2) Their biggest concerns in regard to achieving these implementation goals.

This information served as the basis for group discussion at the meeting.

Meeting Goal and Objectives

The goal of the meeting was to increase voluntary and quality access to DMPA-SC within a wide range of contraceptive methods and inform related policy decisions with existing evidence and experience.

To reach this goal, the objectives of the meeting were to:

- Facilitate country exchange of information and experiences to identify pathways for building on successes and overcoming barriers and challenges to DMPA-SC scale-up.
- Refine an ongoing approach to collaborative problem-solving, including through the DMPA-SC Learning and Action Networks (LANs).
- Raise participants' awareness of established and more recent evidence, tools, and resources for scale-up—including the DMPA-SC LAN online platform, self-injection program tools, new training approaches, and new analysis and insights on waste management.

Expected Outcome

The expected outcome of the meeting was for country participants to gain insights for overcoming barriers to DMPA-SC scale-up in the context of a full contraceptive method mix and to develop or solidify commitment to ongoing collaborative problem-solving and exchange to help ensure consistent progress in 2019.

Meeting Participants

Approximately 85 people from 13 country delegations—as well as attendees from donor organizations, bilateral and multilateral organizations, and international NGOs—attended the three-day meeting. Country delegations attended from: the Democratic Republic of the Congo (DRC), Ghana, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe.

II. Meeting summary and key themes

The half-day meeting included a welcome and opening remarks; a presentation of recent DMPA-SC evidence, tools, and research; group work; and plenary discussion. A summary of the meeting content follows. Five key themes emerged from the meeting as ongoing challenges that merit further attention:

- Resource gaps for health worker training.
- Supply chain, quantification, and stockouts.
- Co-positioning or transitioning DMPA-IM and DMPA-SC.
- Waste disposal concerns for the broader health system at the country level.
- The private sector and a total market approach.

Setting the stage for country exchange and success

George Barigye, DMPA-SC Access Collaborative Anglophone Regional Technical Advisor, and Alain Kaboré, DMPA-SC Access Collaborative Francophone Regional Technical Advisor, opened the pre-meeting with a welcome to the participants, particularly the Ministry of Health officials who took time out of busy schedules to prioritize attendance at the meeting. They then discussed the goals and objectives for the meeting and the expected outcomes. The opening remarks helped participants to frame the meeting and understand and appreciate the benefits of country learning and exchange by noting that the meeting participants were from countries at different stages of DMPA-SC implementation and scale-up and possibly even differed on their commitment or knowledge of evidence around certain aspects of implementation—like self-injection or drug shop provision. They noted that the meeting was like a very short, stationary study tour, built to facilitate learning from 14 countries in one place. Examples were then provided of technical assistance requests that the regional technical advisors have received to demonstrate the types of issues that are arising at the country level. These included examples from Dr. Omar Sarr of the Senegal Ministry of Health and Dr. Adewole Adefalu from the DMPA-SC Access Collaborative in Nigeria, who highlighted information learned from Access Collaborative-sponsored study tours or learning exchanges and lessons learned that helped move DMPA-SC implementation and scale-up forward in their respective countries.

High-level overview of recent evidence, tools, and resources

Jennifer Drake, Director of the PATH Advancing Contraceptive Options portfolio, presented recently developed evidence, tools, and resources that are available to help countries implement and scale up DMPA-SC. First introduced was the [*How to Introduce and Scale Up Subcutaneous DMPA*](#) guide³ which:

- Contains practical guidance drawn from lessons learned from PATH's early implementation experiences.
- Includes results, introduction tips, lessons learned, case studies, recommendations, and practical resources.
- Is most applicable to countries that have already made the decision to introduce DMPA-SC.
- Is available in English and French.



³ https://path.azureedge.net/media/documents/PATH_DMPA-SC_practical_guidance_rev_2018.pdf

To aid in DMPA-SC quantification, the *Quantification of Health Commodities: DMPA-SC Companion Guide*⁴ developed by John Snow, Inc. (JSI) was introduced. This guide aims to help countries to estimate and plan for commodity needs as programs integrate DMPA-SC. It is available in English and French.

The *Advocacy Pack for Subcutaneous DMPA*⁵ was also highlighted at the meeting. The pack includes customizable and unbranded materials for advocacy and communications purposes. The evidence-based materials are in English and French (and Portuguese in some cases) and can be used for advocacy strategy development and for direct advocacy with decision-makers. New materials added to the Advocacy Pack in 2019 include:



- *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.*

Training materials presented include:

- **DMPA-SC training materials for providers and clients**⁶
 - Includes both facility and community-based providers.
 - Intended to be customized to the country context.
 - Includes self-injection training materials for both clients and providers.
- Reinjection timing recommendations for Sayana® Press.
- Sayana® Press injection job aid.
- Temperature stability memo.

With more countries introducing self-injection of DMPA-SC, materials are being developed and updated based on the lessons from these programs to improve provider and client experience with self-injection. In addition to the previously mentioned training guide, other available materials include:

- Self-injection client job aid.
- Self-injection video.
- Journey map that lays out the client experience with self-injection.

In addition to these tools and resources, in November 2018, the journal *Contraception* published a special **DMPA-SC supplement** (Volume 98, Issue 5)⁷ with articles from various sources and covering a range of DMPA-SC.

There was also a 2018 update to the World Health Organization (WHO)'s Global *Family Planning Handbook*⁸, which includes:

- New Selected Practice Recommendations for DMPA-SC.
- How to give DMPA-SC injections and how to train clients to self-inject.
- A job aid on counseling women at high risk of HIV who want a progestin-only injectable.

⁴ www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=18364&thisSection=Resources

⁵ www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa/

⁶ <https://www.path.org/resources/dmpa-sc-training-materials/>

⁷ [https://www.contraceptionjournal.org/issue/S0010-7824\(18\)X0011-0](https://www.contraceptionjournal.org/issue/S0010-7824(18)X0011-0)

⁸ www.fphandbook.org

Group discussion and plenary

Country delegations completed pre-work before the meeting and brought responses to the questions:

- What are three key DMPA-SC implementation plans/goals for 2019?
- What are the biggest concerns in regard to achieving these implementation goals?

With this information, countries were paired in groups and shared their plans, goals, and concerns with the others to exchange information and potential solutions. The outputs of these groups were collected by the meeting's plenary facilitators—Kaitlin Christenson, Director of the Access Collaborative, and Siri Wood, Country Manager for the Access Collaborative—and the five most common themes were translated to a plenary discussion with the whole audience.

The five themes that emerged were:

- Resource gaps for health worker training.
- Supply chain, quantification, and stockouts.
- Co-positioning or transitioning DMPA-IM and DMPA-SC.
- Waste disposal concerns for the broader health system at the country level.
- The private sector and a total market approach.

Resource gaps for health worker training

A vital initial step to DMPA-SC implementation is quality training of providers to administer or teach women how to self-inject. In order to reach national scale in most countries, large numbers of facility and community-based providers need to be trained. Lessons continue to be learned through implementation in various countries and as new approaches to training are tried, but the magnitude of training, and the significant resources required to complete training, persist as concerns in many countries. Some related issues include:

- Accessing funding for training: Dr. Abdulmumin Saad from the US Agency for International Development (USAID) Washington's Division of Population and Reproductive Health stated that USAID's priority is to support the health and family planning goals of each country. USAID sees many benefits to introducing DMPA-SC and considers it an important addition to the method mix. They know that capacity building is needed in countries, and country partners are encouraged to begin conversations with their local USAID missions to identify ways they can work together.
 - In Senegal, USAID is working with the Ministry of Health to narrow the training funding gap by identifying where training is being rolled out, where funding is needed, and in which channels (i.e., public, private, community).
 - In Zambia, USAID will support introduction through community-based distribution and are piloting provision, including self-injection, through the private sector. The USAID mission works closely with the ministry and other donors in Zambia to identify the needs and coordinate investments.
- Reducing training costs: Some countries are working to reduce the costs of training while still maintaining training quality. Options include: reduce time of trainings, use modular approaches for varying cadres/levels of experience, deploy lower-cost options such as e-learning, and integrate DMPA-SC into existing meetings and trainings.

- Incorporating training plans into introduction plans: In Kenya, the DMPA-SC introduction plan has a clear model for training implementation. All partners share where they are working to map out existing training funding and remaining gaps and try to identify which partners and donors can address the gaps once funds are available.

Supply chain, quantification, and stockouts

Introducing a new product into a supply chain requires a careful balance between existing and new commodity supply and tracking to ensure that there are not over or under-stocks of either due to unknown, changing, or variable demand. This requires careful planning on the part of governments, partners, and donors to ensure coordination and effective supply chain operation:

- Donor procurement: USAID and United Nations Population Fund (UNFPA) representatives both noted that they procure DMPA-SC based on national supply needs elaborated in the country scale-up plan, which needs to be based on quantification. Ayman Abdelmohsen from UNFPA noted that a country's supply plan should articulate the full commodity need, regardless of available funds, and can help identify funding gaps. Donors know at the beginning of the year how much funding they will have available, and this evidence can help them to allocate investments appropriately. At the end of the year, if there is still a funding gap, donors may be able to unlock funds if the supply plan indicates additional need.
- Rapidly increasing demand: There was discussion as to whether there is risk of stockouts if demand for DMPA-SC increases rapidly and the manufacturer is not able to keep up with the demand. A question arose about whether the manufacturer can respond to orders as quickly as they are needed, or if smaller countries may be forgotten because they do not represent a large volume of DMPA-SC orders. The response was that the donors are working with Pfizer to ramp up production as the global demand increases. At this time, with the projected increases in volume, there is no anticipated constraint of stock, and this should not lower countries' ambitions for scale-up.
- Country quantification: To accurately forecast supply needs, training plans should include how many providers will be trained and where, how many units are needed for training, and how data will be collected on stock needs and consumption. Routine monitoring must also be established to maintain the accuracy of forecasts and adjust orders accordingly. However, it was noted that even when quantification is done well, stockouts of other methods could result in women shifting to DMPA-SC; so the need for the product keeps changing, which complicates supply planning, but reinforces that the whole basket of commodities needs to be tracked. Madagascar and other countries noted that it helps to have a coordinated team working on this holistic quantification.

Co-positioning or transitioning DMPA-IM and DMPA-SC

As DMPA-SC is introduced in countries, an ongoing conversation has been whether countries should co-position DMPA-IM and DMPA-SC or allow DMPA-SC to replace DMPA-IM in response to expected consumer demand. In many countries, decision-makers want to wait to see what demand is for both products after DMPA-SC is rolled out. However, there are many considerations that will go into this question about whether a country will decide to co-position or to phase-out DMPA-IM:

- DMPA-SC is a next-generation product: Ayman Abdelmohsen from UNFPA stated that it is important to not look at DMPA-SC as a stand-alone, vertical addition to the method mix. He noted that DMPA-SC is a better method than DMPA-IM and can increase uptake and continuation, so it is useful to

think about if and when SC should replace IM. Governments will need to choose whether to move to the new product (“transition”) or co-position the products, and it is a complex decision as ministries consider pricing and introduction/scale-up implementation.

- Positioning of DMPA-IM: It was noted that DMPA-IM is not being phased out – it will remain an option for women, including a new pre-qualified, generic version of DMPA-IM. However, based on recent evidence, women are more likely to choose DMPA-SC over DMPA-IM—so providers may be increasingly delivering DMPA-SC in response. Changes in the market will help determine how the introduction of the new DMPA-IM generic (its price, availability, and ease of shipping) will impact price and procurement of injectables in general, both -IM and -SC.
- Meaningful choice of methods for women: In Uganda, both methods are being offered side by side, and women have the option to transition in their hands. When women are given the choice between IM and SC, it is thought that it will be just a matter of time before women themselves lead the transition—as was seen in Malawi with implants after their introduction:
 - Lessons may be able to be drawn from past experience with next-generation implants. The classic implant and Implanon NXT®⁹ transition was a transition to the next-generation product – a better version of the same product. Similarly, Norplant® was replaced by Jadelle®, the improved next-generation of the same method.

Waste disposal concerns for the broader health system at the country level

Waste disposal for DMPA-SC, particularly when it comes to self-injection, is a continuing conversation that has solid evidence-based solutions—but also has space for innovation at the local level for solutions that make use of local resources. In addition to this, general strengthening of the health system is important as waste disposal is not an issue only for self-injection, but for wider health concerns:

- From the facility to the home: How waste management is operationalized beyond health facilities is a question that arises when women elect to self-inject and have used DMPA-SC devices at home. Facilities should already have waste management systems in place and guidance exists, but for other delivery channels (particularly self-injection) there is a need for clear guidance on waste disposal recommendations.
- The evidence is in: Several studies which have included disposal of used DMPA-SC units at home have been conducted. When self-injection was first studied, disposal in a pit latrine was tested and was popular with women; but many ministries have expressed concerns with documenting this as an official waste disposal method in scale-up plans for a variety of reasons, including safety and environmental. Also tested was women storing used units in a puncture-proof container at home until they are able to return them to a health facility or health worker:
 - In a study in Uganda, women were asked to return used units to a health facility but researchers found that most women were throwing them away in a pit latrine.
- Innovation is needed: Though returning used units to a health facility or health worker is a good solution, local innovation is still needed to identify what solutions can make this more convenient for women so that it is done more consistently. In Uganda, PATH contracted a waste management expert to consult on options for community waste disposal.

⁹ https://pri.gatesfoundation.org/wp-content/uploads/2018/02/IAP_two_pager_2017-update-final_Bayer.pdf

- Exchange of ideas: The Access Collaborative’s Anglophone LAN held a virtual discussion about waste management in late 2018. This enabled those with experience in self-injection waste management to share their experiences with colleagues in other countries and regions and to promote discussion and exchange of questions and ideas on potential solutions to this question. The recording of the English exchange is available on the [LAN online forum](#)¹⁰.
- Sourcing a storage container: Providing a puncture-proof storage container to all self-injectors can be a costly consideration for DMPA-SC programs. In one study, women were given options to find their own container—but many women did not take this step. Instead, some women returned the units to the packet or said it was loose in their purse, which is unsafe. In the private sector, they did not provide containers to clients because it would be an added service cost to women.

The private sector and a total market approach

This was the fifth topic that evoked the most conversation in the groups. Unfortunately, there was not time at the half-day meeting to do this conversation justice, so the meeting was concluded without addressing this topic. It was announced that the Access Collaborative Anglophone LAN would hold a virtual exchange on this topic later in the year.

Additional priority themes

The United Kingdom’s Department for International Development (DFID)’s ring-fence funding for DMPA-SC procurement, and the criteria for accessing those funds was discussed. This funding goes above the stated ceilings for commodity procurement and allows UNFPA to respond to 100 percent of the DMPA-SC procurement need.

¹⁰ <https://dmpa-sc-lan.vanillacommunities.com/en/categories>

How do we continue cross-country exchange?

The DMPA-SC Access Collaborative is helping to accelerate scale-up

The DMPA-SC Access Collaborative will be supporting many of the country delegations from the meeting moving forward and will help to follow up on plans for 2019. They will also support activities such as country exchanges so that countries at a less advanced level of scale can learn from those who have progressed further.

All countries are encouraged to take advantage of the opportunity to participate in the Access Collaborative's LANs—one Anglophone and one Francophone. Both networks are officially operational and have an online virtual forum for cross-country questions, exchange, and sharing of DMPA-SC lessons and experiences. There is also a series of monthly virtual exchanges on various topics to encourage learning and sharing among DMPA-SC countries.

DMPA-SC general resources

Many resources for DMPA-SC can be found on the PATH website and on the LAN virtual forum. Resources from the meeting, as well as links to other DMPA-SC resources, can be found at <https://www.path.org/articles/e2p/>.

III. Annex

The Future of DMPA-SC: Expanding access and options in 2019 *Working Meeting*

Kigali Convention Center, Room AD12

Kigali, Rwanda

November 12, 2018

GOAL AND OBJECTIVES

GOAL

To bring together colleagues and partners working to introduce and scale-up DMPA-SC in 14 countries¹¹ to exchange challenges, successes, and lessons learned and plan together how they can continue to expand women's access and options with DMPA-SC 2019.

OBJECTIVES

Facilitate country exchange of information and experiences to identify pathways for building on successes and overcoming barriers and challenges to DMPA-SC scale-up.

Refine an ongoing approach to collaborative problem-solving, including through the DMPA-SC Learning and Action Networks (LANs).

Raise participants' awareness of established and more recent evidence, tools and resources for scale-up, including the DMPA-SC LAN online platform, self-injection program tools, new training approaches, and new analysis and insights on waste management.

EXPECTED OUTCOME

Participants will gain insights for overcoming barriers to DMPA-SC scale-up in the context of a full contraceptive method mix and develop or solidify commitment to ongoing collaborative problem-solving and exchange to help ensure consistent progress.

Simultaneous English-French interpretation services will be available throughout the meeting

¹¹ DRC, Ghana, Kenya, Madagascar, Malawi, Mozambique, Myanmar, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia, Zimbabwe

8:30-9:00	REGISTRATION AND BREAKFAST
9:00-9:15	<p>WELCOME AND AGENDA REVIEW</p> <ul style="list-style-type: none"> • George Barigye, Anglophone Regional Technical Advisor, DMPA-SC Access Collaborative, PATH Uganda • Alain Kabore, Francophone Regional Technical Advisor, DMPA-SC Access Collaborative, PATH Senegal <p>Expected outcome: Understand the objectives and anticipated outcomes for the meeting and review the agenda and logistics for the day; begin to appreciate the benefits of country learning and exchange.</p>
9:15-9:35	<p>REVIEW OF RECENT EVIDENCE, TOOLS, AND RESOURCES</p> <ul style="list-style-type: none"> • Jennifer Drake, Director, Advancing Contraceptive Options, PATH <p>Expected outcome: Participants will have updated knowledge of available resources for DMPA-SC implementation.</p>
9:35-10:30	<p>GROUP WORK</p> <p>Expected outcome: A list of country concerns related to achieving scale-up implementation that can be shared with the larger group</p>
10:30–11:00	COFFEE BREAK
11:00-12:15	<p>LARGE GROUP DISCUSSION</p> <ul style="list-style-type: none"> • Kaitlin Christensen, Director, DMPA-SC Access Collaborative, PATH • Siri Wood, Senior Program Officer, PATH <p>Expected outcome: Country participants will share ideas and experiences with the other countries present to identify potential solutions to barriers and obstacles.</p>
12:15-12:55	<p>LEARNING AND ACTION NETWORK (LAN) INTRODUCTION AND ONLINE PLATFORM</p> <ul style="list-style-type: none"> • George Musoke, Anglophone Regional LAN Manager, DMPA-SC Access Collaborative, PATH Uganda • Alain Kabore, Francophone Regional Technical Advisor, DMPA-SC Access Collaborative, PATH Senegal <p>Expected Outcome: Participants will learn how to use the LAN online platform</p>
12:55-13:00	<p>APPRECIATION AND CLOSING</p> <ul style="list-style-type: none"> • George Barigye, Anglophone Regional Technical Advisor, DMPA-SC Access Collaborative, PATH Uganda • Alain Kabore, Francophone Regional Technical Advisor, DMPA-SC Access Collaborative, PATH Senegal

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