The Highs, Lows, and Squishy Middle of Contraceptive Product Introduction

Global Health Technical Exchange
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Contraceptive Options: Meeting User Needs
Contraceptive Options for Differing Needs
Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009

8 key steps for product introduction

1. Coordinate with stakeholders
2. Assess product demand and market potential
3. Secure regulatory approvals
4. Link with supply systems
5. Support quality service delivery
6. Create demand
7. Monitor and evaluate
8. Plan for scale-up and sustainability
Quiz question

• Which statement about product introduction is NOT true?
  a) It can be difficult to predict how many people will use a new contraceptive product
  b) It typically takes time and practice for family planning providers to feel confident offering a new product
  c) Contraceptive products can be imported without regulatory approvals or waivers/permits
Which statement about product introduction is NOT true?

a) It can be difficult to predict how many people will use a new contraceptive product

b) It typically takes time and practice for family planning providers to feel confident offering a new product

c) Contraceptive products can be imported without regulatory approvals or waivers/permits
Challenge: Creating demand

• Need to inform potential clients of the new product and its unique value proposition
• But... local regulations typically do not allow mass “above-the-line” marketing of contraceptive products
• Approaches:
  • Community health workers and other interpersonal communication agents
  • Testimonials by satisfied early adopters (in person and digital)
  • FP providers: training to add the product into counseling, job aids, “below-the-line” materials (e.g., posters, brochures) at service delivery points if permitted, provider-initiated demand generation and integration with other services.
  • Mass media marketing of family planning in general, highlighting availability of new options without naming specific products.
• However, ensure that you are able to meet this demand with supply.
Demand creation examples
Demand creation examples

Ireo Fomba Fandrindrana ny Fiainam-Pianakaviana

MAMA
(Koa tena ny lempanina)  
Kapaoty
(Manderina ny vohavahana)  
Pilina atelina  
DIU
(Chiperinana)  
Ligature
(notsa izany)

Eo ho eo amin'ny vohoka 5
isaky ny vevihavy 100
isana-tena

TAHAN'NY FAHOMBIAZANA FFP

Vakana  
Kapaoty
(ina na ny lehibe)  
Tsindrona  
Implant  
Vasectomie

Latsaky ny vohoka 1
isaky ny vevihavy 100
isana-tena
<table>
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<tr>
<th>Challenges</th>
<th>Considerations</th>
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<tr>
<td>Many indicators, many programs, competing priorities</td>
<td>Identify data critical for tracking progress and making decisions</td>
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<td>Updating routine monitoring systems takes time</td>
<td>Early and clear planning to align with routine MOH updates</td>
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<td>Timing for changes may not align with program need</td>
<td>Interim, simple approaches that link with existing systems</td>
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<td>HMIS data cannot answer all questions</td>
<td>Link with additional data sources for broader learning needs</td>
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Uganda’s M&E journey with DMPA-SC and self-injection scale-up

**DMPA-SC piloted through CHWs**
- Prioritized indicators that aligned with local systems/needs
- Shifted out-of-scope questions to separate research studies
- Invested in monitoring capacity for CBD

Research completed and disseminated showing improved continuation with SI (as compared with PA).
DMPA-SC is registered in Uganda for SI
SI offer expanded through Initiative to design, implement, and rigorously evaluate routine delivery in additional districts

**First multi-country meeting (E2P)**

2010
- Initial evidence collected on feasibility of CBD of DMPA-IM

2014
- Product registration and introduction plan finalized

2015
- Policies developed for CBD of injectable contraception (national policy guidelines, VHT guidelines, and training)

2016
- Based on VHT pilot results, Uganda commits to scale up DMPA-SC

2017
- DMPA-SC is added to Uganda’s Essential Medicines List and Clinical Guidelines

2018
- SI provision starts through soft launch in one district

2019
- Research and evaluation data on self-injection paves the way for national scale-up

2020
- Integration of DMPA-SC indicators into Uganda’s Health Management Information System (HMIS), aligned with routine update

2021
- Scale up underway

FP: Family Planning
CBD: Community based distribution
VHT: Village Health Teams
SI: Self-injection
PA: Provider-administration

64% of targeted public FP providers trained in SI

PMA starts collecting survey data on SI; groundwork laid for HMIS integration

Policy authorization for SI of DMPA-SC
100% of targeted public FP providers trained in DMPA-SC

Scale up strategy including SI approved
100% targeted public sector SDPs active in DMPA-SC provision
## Challenge: Sustainability & Scale-up

### Challenges

- Product introduction “fatigue” can exist among stakeholders
- Balance of investing in NEW products vs. expanding access to EXISTING methods
- Groups may operate in silos; need for coordination

### Considerations

- Scale-up must be led by MOH at both national and sub-national levels
- Important to promote full method mix AND ensure dedicated resources for new method introduction
- Critical to facilitate coordination among partners and donors
Global + national + sub-national planning & coordination required
Meeting Report

Learning Site Visits:
Expanding Contraceptive Method Choice

Exploring the Potential Role of the
Levonorgestrel-releasing Intrauterine System (IUS)
in the Method Mix

October 8-9, 2019
Kisumu County
Resources - Don’t go it alone!
*Curated list coming soon from Knowledge SUCCESS & EECO projects
Thank you!