



PATH/Will 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.

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 214 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.

*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.

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 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 range of contraceptive options for women, but also to potentially strengthen family planning delivery systems for all methods.

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

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

- The DMPA-SC product currently available is Pfizer’s Sayana® Press, which has been approved by drug regulatory agencies in the European Union and nearly 60 countries around the world.
- The contraceptive drug used in DMPA-SC has received regulatory approval in the United States.
- DMPA-SC is available in more than 30 FP2020 countries.

*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>.

How much does DMPA-SC cost?

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

- DMPA-SC can be purchased at US\$0.85¹ per dose by qualified buyers, including United Nations agencies and ministries of health in FP2020 countries.
- The price of DMPA-SC may vary 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?

Several countries have national regulatory approval for self-administration of DMPA-SC.

- Self-injection of DMPA-SC has been approved by national drug regulatory authorities in more than 50 countries including the United Kingdom, several European countries, and more than 20 FP2020 countries including Ghana, Mali, Myanmar, Niger, Nigeria, Uganda, and Zambia.

The World Health Organization endorses self-injection, including as an important self-care approach.

- The 2018 update to the World Health Organization's (WHO) evidence-based family planning global [handbook for health providers](#) endorses self-injection of DMPA-SC as an option where appropriate information and training are made available, referral links to a health care provider are strong, and women who self-inject are monitored and followed.
- In 2019, WHO made a strong recommendation for [self-injection as a self-care approach](#), stating that it should be made available as an additional approach to deliver injectable contraception.

Recent evidence suggests that women in low-income countries can self-inject DMPA-SC with training and support, that they value the ability to self-inject, and that self-injection can help them continue using injectable contraception.

- Multiple studies around the world show that self-injection with DMPA-SC (Sayana Press) is feasible, safe, and acceptable. For example, studies in Senegal and Uganda found that:

¹This pricing reflects a six-year agreement with Pfizer Inc. During the six years (2017–2022), the price is guaranteed at US\$0.85. After the agreement, Pfizer Inc. is committed to ensuring the product continues to be available at an affordable price.

- ▶ Nearly 90 percent of participants could self-inject competently three months after being trained.
- ▶ The vast majority of participants wanted to continue self-injecting.
- Four studies from four different countries found that, over a 12-month period, women—including young women—who self-injected DMPA-SC in their own homes or communities continued using injectable contraception longer than those who received injections from providers.

Self-injection can be a cost-effective approach for both women and health systems

- Self-injection can also save more money than facility-based administration of DMPA-IM when considering costs to both women and health systems.

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 as a self-care approach 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 do government decision-makers and partners need to consider when introducing or scaling-up 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.
- To ensure a continuous and reliable supply of DMPA-SC, ministries of health should integrate the product into the broader family planning system rather than establishing a parallel track for introduction, and align commodity planning with programmatic plans.

What do we know about injectable contraception and HIV risk?

The World Health Organization (WHO) says women at high risk of HIV can use DMPA and other progestogen-only* injectables, with no restrictions.

- In August 2019, based on a review of evidence, WHO released [updated guidance](#) on hormonal contraception and HIV, which states that women at high risk of HIV infection can use progestogen-only injectables, including products that contain DMPA, with no restrictions; classified as Category 1 in WHO’s *Medical Eligibility Criteria* (MEC).*
- No hormonal contraceptive method protects against HIV. Especially in settings with high HIV incidence, women who use any hormonal contraceptive method (including injectables) should use condoms or PrEP to prevent HIV and other sexually transmitted infections.

- 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, quality services, and to make decisions about their reproductive health free from discrimination.

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.

- DMPA-SC has the potential to contribute to global goals to reach 120 million additional users of family planning by 2020. More than one million doses of DMPA-SC were administered to women around the globe as of mid-2017.
- 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 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'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 and self-injection.

The **DMPA-SC Access Collaborative**, led by PATH in partnership with John Snow, Inc., supports country partners with the latest evidence and best practices on DMPA-SC, including self-injection; technical assistance and tools to accelerate DMPA-SC introduction and scale-up; and increased connections between country priorities and needs and global donor priorities. The Collaborative also coordinates Learning and Action Networks for learning exchange, joint problem solving, and the dissemination of evidence, best practices, and program results. For more information contact FPoptions@path.org.

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