

The case for DMPA-SC



Photo: PATH/Gabe Bienczycki

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Women want and need access to a variety of contraceptives to prevent pregnancy over the course of their lives. Subcutaneous DMPA (DMPA-SC[†]) is a novel injectable contraceptive that is highly effective, safe, and easy to use, and most women and providers prefer it over intramuscular DMPA (DMPA-IM).¹⁻³ The DMPA-SC product available today is also known by the brand name Sayana[®] Press, and the product is approved for both provider administration and self-injection in more than 55 countries.[†]

Evidence and experience show that integrating DMPA-SC across multiple channels in a country's family planning (FP) program can help expand contraceptive access and drive improved reproductive health outcomes for women and adolescent girls.

DMPA-SC can be a valuable addition to a broad contraceptive method mix because it:

Simplifies use

- **DMPA-SC has a shorter needle** that is injected into the fat under the skin, rather than into a muscle. It is easier to inject and more comfortable for women than DMPA-IM.
- **DMPA-SC has a lower dose** of the contraceptive hormone but has the same effectiveness and safety as DMPA-IM.
- **The contraceptive drug and needle are combined into a single, prefilled device.** There is no need to match a vial with syringe and needle as with DMPA-IM.

[†] DMPA stands for depot medroxyprogesterone acetate. Sayana[®] Press is the current brand name, and a registered trademark of Pfizer Inc.

[†] Access Collaborative analysis. Data drawn from nonconfidential Pfizer and Consensus Planning Group documents; 2023.



Quick facts about DMPA-SC

- ✓ **99% effective** at preventing unintended pregnancy when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.
- ✓ **Prefilled and ready to inject.**
- ✓ **Easy to use**, including by community health workers and women themselves (self-injection).
- ✓ **Small and light**, with a **short needle**.
- ✓ **Stable at room temperature** (15°C–30°C).
- ✓ **Three-year shelf life.**
- ✓ **Registered in more than 80 countries, with approval for self-injection in more than 55 countries**, including countries across sub-Saharan Africa, Asia, and Latin America, several European countries, the United Kingdom, and the United States.
- ✓ **Can be purchased at US\$0.85 per dose** in the standard 200-pack presentation by qualified buyers* (including ministries of health in low-income countries).

* For more information on qualified buyers and eligible countries, please contact FPoptions@path.org.

Expands access

- **DMPA-SC is a suitable addition to any public- or private-sector delivery channel.** Outside of traditional clinics, proven delivery channels include community health workers and pharmacies and drug shops—places where women and girls often get their contraception.⁴
- **With training, women and girls can self-inject DMPA-SC.**⁴⁻⁷ Self-injection enables women and girls to manage their own health and saves them time and money in travel costs. World Health Organization guidelines recommend self-injection of DMPA-SC as a key option to expand contraceptive access and self-care approaches.⁸
- **DMPA-SC has a competitive price that can enable scale-up.** It can be purchased at US\$0.85 per dose (in the standard 200-pack presentation) by qualified buyers, a price similar to DMPA-IM.[‡]

Drives results

- By expanding contraceptive options and access opportunities, **DMPA-SC helps countries deliver on their national and global FP commitments**, such as FP2030.
- **DMPA-SC can reach new FP users, including young women and adolescent girls.**^{7,9-10,11} During a two-year pilot introduction in Burkina Faso, Niger, Senegal, and Uganda, 24% to 42% of cumulative doses were administered to new users of modern contraception, and 44% of cumulative doses administered across Niger, Senegal, and Uganda went to women younger than age 25.¹² At the community level in Benin, 80% of DMPA-SC doses were administered to new users.¹⁰ Among women participating in a routine service delivery pilot on self-injection in Uganda, 29% were first-time users of family planning.⁷
- Research from Malawi, Senegal, Uganda, and the United States shows that **women who self-inject DMPA-SC use injectable contraception longer** than women who get their injections from providers—meaning fewer unintended pregnancies.^{4,13-18}
- When looking at costs to women and health systems in Senegal and Uganda, **self-injected DMPA-SC can save more money and avert more pregnancies** than DMPA-IM administered by facility-based providers.^{19,20}
- **Scale-up of DMPA-SC self-injection can help countries operationalize their national self-care policies and programs.** Many countries—including Kenya, Nigeria, Senegal, and Uganda—have built DMPA-SC self-injection into their plans for a national self-care agenda.

To realize the full potential and benefits of DMPA-SC, countries must integrate the product through all levels of the health system.

Technical support and tools are available now to support countries interested in scaling up DMPA-SC, including self-injection.

For more information, visit www.FPoptions.org or contact us at FPoptions@path.org.

[‡]This pricing reflects a time-bound agreement, initiated in 2023, whereby 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.

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