

Evidence at-a-glance: Private sector



Photo: PATH/Gabe Bienczycki

“Expanding access to contraceptive methods through the private sector...is an important strategy to help achieve national family planning and development goals and, in particular, aims to reduce barriers to access for youth, lower-income, and other marginalized groups.”

—High Impact Practices in Family Planning, 2021

Evidence at-a-glance: Spotlight on private-sector provision of DMPA-SC

DMPA-SC is an appropriate option for pharmacies and drug shops, as well as social marketing initiatives.

- ▶ Clients value the ease of receiving contraceptive injections, including subcutaneous DMPA (DMPA-SC^{*}), from pharmacies and drug shops and are willing to pay for the convenience.¹
- ▶ In the Democratic Republic of the Congo, 75% of self-injection clients who continued using DMPA-SC at three months were resupplied at pharmacies.²
- ▶ Many governments have policies in place authorizing pharmacies and/or drug shops to both administer DMPA-SC and initiate women on self-injection, including the Democratic Republic of the Congo, Kenya, Madagascar, Nigeria, Uganda, and Zambia.³
- ▶ In Zambia, self-injection was introduced through a pilot study with private facility-based health providers in 2018–2019. The pilot demonstrated that a shorter version of the standard provider training (two-and-a-half days versus five days) alongside client training incorporating an e-learning video and individual consultation was effective for both private providers and clients. The study also found that most pilot participants were willing to pay a price similar to or higher than the negotiated donor unit price of US\$0.85.⁴
- ▶ In Nigeria, a 2015–2016 social marketing pilot included DMPA-SC administration through private facilities and pharmacies and found it was important to target training to providers already offering reproductive health services, which facilitated their retention in the program.⁵
- ▶ Among research participants in India, 31% of women preferred physical pharmacies as their source of supply for DMPA-SC, while 6% noted a preference for virtual pharmacies.⁶



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.

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

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6. Ipas Development Foundation. Insights and recommendations for facilitating DMPA-SC self-administration in India. Policy brief. Ipas Development Foundation; 2023. www.ipasdevelopmentfoundation.org/archives/resources/insights-and-recommendations-for-facilitating-dmpa-sc-self-administration-in-india