



Expanding options and access with DMPA-SC:

A novel self-injectable contraception

[Presenting organization or individual]

[Date]

[Event or meeting title]

Presentation overview

- Introducing subcutaneous DMPA* (DMPA-SC)
 - Features and benefits
 - Transformative potential
 - Global availability
- Key evidence on DMPA-SC
- Status of DMPA-SC in [insert country]
- Policy gaps and opportunities

*DMPA stands for depot medroxyprogesterone acetate.

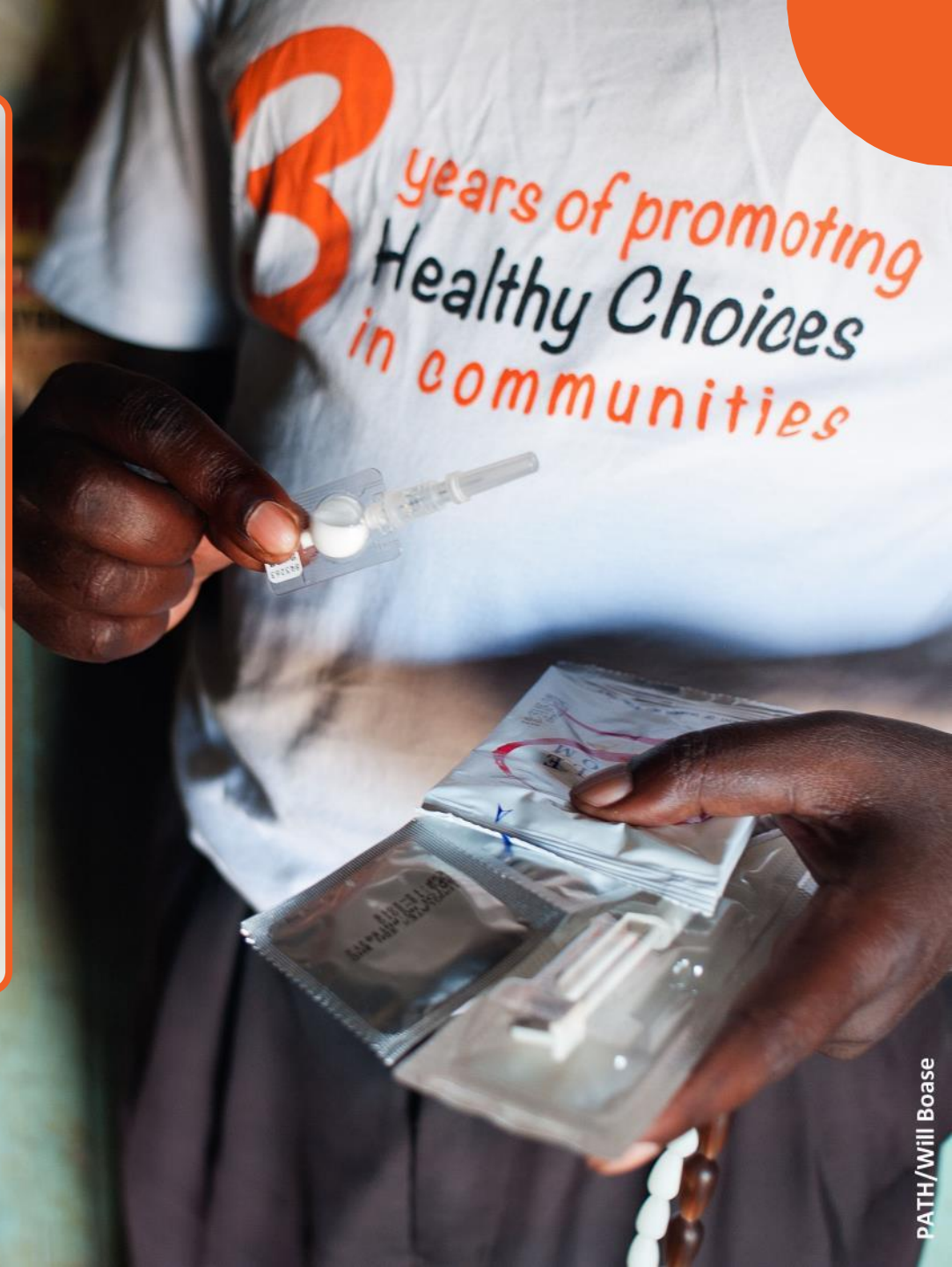
In [insert country], the total unmet need for family planning (FP) is [insert percentage].

- Urban areas: [insert percentage]
- Rural areas: [insert percentage]



Strengthening the environment for introduction and scale-up of a wide range of contraceptive options:

- Addresses unmet need.
- Increases method choice.
- Expands access, especially in rural and underserved areas.
- Fulfills family planning commitments.



Subcutaneous DMPA (DMPA-SC) is an injectable that is administered under the skin.

DMPA-SC is:

- Safe and highly effective at preventing pregnancy.
- Delivered every 3 months.
- Prefilled and ready to inject.
- Simple to use, including by community health workers and women themselves.
- Small and light, with a short needle.



DMPA-SC compared with DMPA-IM

PATH/Patrick McKern



DMPA-SC

- Comes in a prefilled, “all-in-one” injection system.
- Is injected underneath the skin.
- Has lower dose of DMPA (104 mg).
- Has 2.5-centimeter needle.
- Can be administered by community health workers.

DMPA-IM (Depo-Provera® and generic options)

- Comes in a vial with a separate syringe.
- Is injected into the muscle.
- Has higher dose of DMPA (150 mg).
- Has 3.8-centimeter needle.



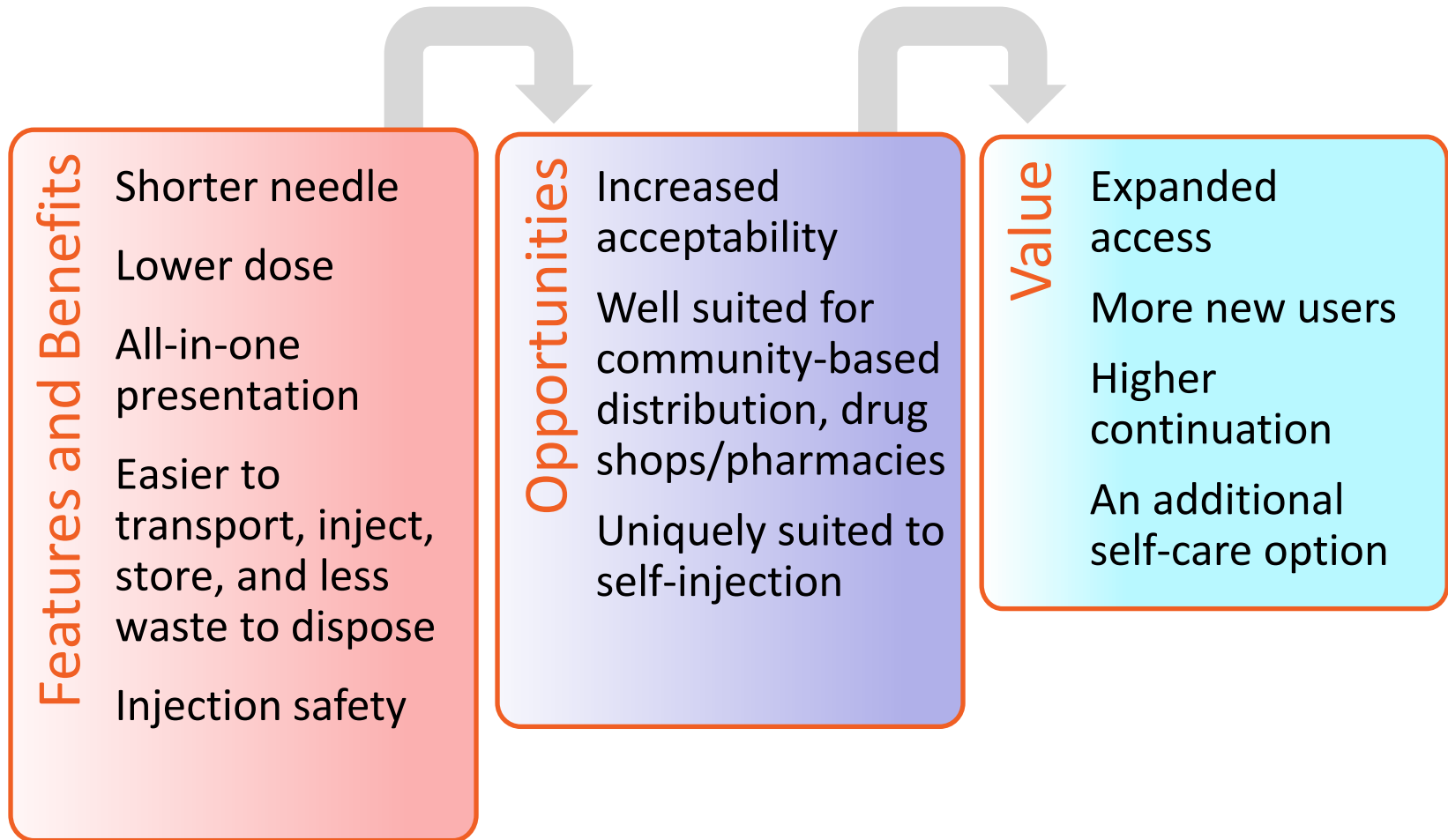
Both products

- Safe and highly effective at preventing unintended pregnancy.
- Delivered every 3 months.
- Do not protect against HIV or other sexually transmitted infections.
- Comparable side effects.
- Stable at room temperature.

DMPA: depot medroxyprogesterone acetate.

Depo-Provera is a registered trademark of Pfizer Inc. Uniject is a trademark of BD.

The transformative power of DMPA-SC



The current DMPA-SC product*

Regulatory approval

- Registered in more than 80 countries, with approval for self-injection (SI) 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.
- Of the 55 countries where DMPA-SC is authorized for SI, 43 are low- or middle-income countries.

Pricing

- 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.

*Information current as of December 2023. For more information on qualified buyers and eligible countries, please contact FPoptions@path.org.

Evidence: What we know about DMPA-SC

- Is highly acceptable.
- Expands access for women and adolescent girls through channels closer to where they live:



Community



Self-injection



Private sector
pharmacies and
accredited drug shops



Self-injection approvals and evidence

- Global approvals
 - WHO task-sharing guidance, global FP handbook, Medical Eligibility Criteria, guideline on self-care interventions for health and well-being.
 - United Kingdom stringent regulatory approval of DMPA-SC product label including SI.
- Country regulatory approvals
 - Updated product label that includes SI approved by regulatory authorities in countries around the world.
- Research findings
 - Positive outcomes on SI in DRC, Ghana, Malawi, Senegal, Uganda, and the United States, among other countries.

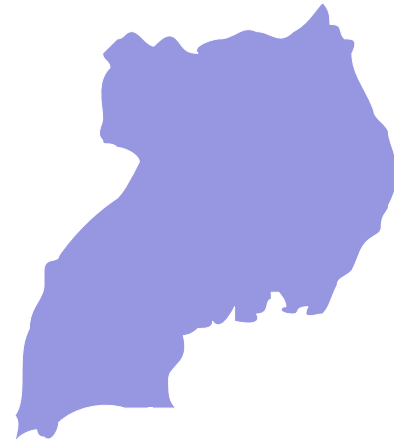
The majority of women can learn to self-inject



Senegal

SI study participants

Proficient	87%
Would like to continue self-injecting in the future	93%
Able to store DMPA-SC securely	97%



Uganda

SI study participants

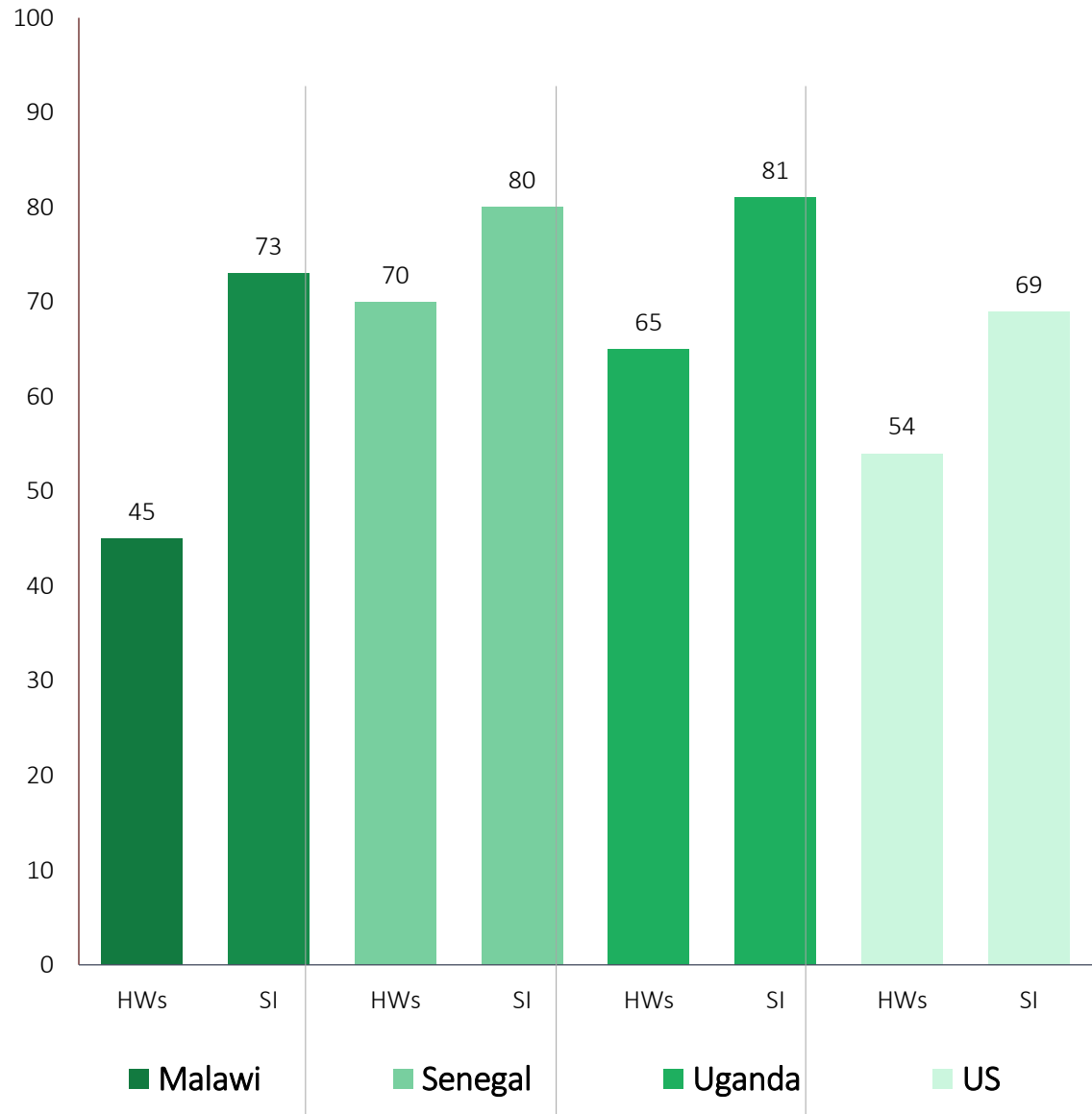
Proficient	88%
Would like to continue self-injecting in the future	98%
Able to store DMPA-SC securely	98%

Self-injection enables women to continue using contraception longer

Significant differences in four countries

Continuous use of DMPA at 12 months was significantly higher in all four countries among self-injectors than among women who received DMPA injections from health workers.

12-month continuous use: health-worker (HW) injections or self-injection (SI)



FP providers and clients like DMPA-SC

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

“It was easy to use. I like the size, and also it has a good needle.”

—Adolescent FP user, Uganda

Community health workers can administer DMPA-SC

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

DMPA-SC, including self-injection, can reach new users, especially through remote channels

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

Women can self-inject with DMPA-SC

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

[Choose a quote to include on this slide, if preferred]

"It's really very easy; I had no problem doing so. I see only advantages mainly that contribute to staying healthy."

—SI research participant, Senegal

"If I have the knowledge and the health worker has told me to come back in case I get a problem, then I would prefer to inject myself."

—Adolescent qualitative research participant, Uganda

Pharmacies/drug shops may be a promising channel for DMPA-SC

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

About one-third of women prefer to access their contraceptives from the private sector. This is particularly true for adolescent women. (Bradley, 2022)

DMPA-SC can be cost-effective

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

DMPA-SC can reach adolescents

- [Include data points from notes section that are relevant for your country.]
- [Add your own local data, if available.]

“...Some people, their boyfriends, do not allow them to use family planning. They use it in secret. And the same thing for those who are married: some men are against family planning so, women can use this one secretly from home when their husbands are not at home.”

–Non-User, age 18

“[It] helps a lot in saving your transport money. Then sometimes when it rains you won’t miss your injection schedule.”

–Non-User, age 17

Hormonal contraception and HIV

- No hormonal contraceptive method protects against HIV. Especially in settings with high HIV incidence, women who use any hormonal contraceptive should use condoms or PrEP to prevent HIV and other STIs.
- Based on a review of available evidence, the WHO states that women at high risk of HIV can use progestogen-only injectables—including DMPA-SC and DMPA-IM—with no restrictions.
- Family planning advocates, implementers, policymakers, providers, and clients can work together to advocate for stronger links between health services preventing unplanned pregnancy and those preventing and treating HIV.

Status of DMPA-SC in [insert country]

- Approved for use in [insert date].
- [Registered for SI in (insert date).] [OR] [Under review for SI.]
- Introduction or scale-up ongoing in [insert delivery channel(s)].
- Studies on [insert study topic/purpose] underway in [insert geographic areas].
- [Insert number of doses] procured or distributed to date.
- After their initial training, self-injectors receive [Insert number of doses] doses to take home for future use.

When [introducing] [OR] [scaling up] DMPA-SC consider...

- How can DMPA-SC help our country increase FP access and meet national goals and commitments?
- How do we ensure DMPA-SC introduction takes place in context of informed choice and women's health and rights?
- How do we integrate DMPA-SC in the broader FP system, including existing supply chain management, and not create a parallel track?
- How do we plan for a total market approach from the outset?
- Are women and adolescent girls interested in SI? How do we pave the way for this innovative practice?
- **What policies, guidelines, and funding would facilitate introduction and scale-up?**

Policy gaps restricting access in [insert country]

[Choose from the following illustrative examples or insert your own.]

- No coordinated plan for introduction or scale-up.
- Community health workers not authorized to give injections or initiate SI.
- No formal policy approving SI of DMPA-SC.
- Pharmacies and accredited drug shops cannot legally sell, stock, administer injectable contraceptives, and/or initiate SI.
- Limited domestic financing for FP.

Policy opportunities to increase access in [insert country]

[Choose from these illustrative examples or insert your own.]

- Create a national road map, scale-up, or institutionalization plan for DMPA-SC, including SI.
- Ensure that SI is included in national self-care guidelines.
- Authorize SI and develop related guidelines or protocols on the practice.
- Update task-shifting guidelines to allow community-based distribution of injectables, including DMPA-SC and SI.
- Revise regulations to allow pharmacies and accredited drug shops to stock and sell DMPA-SC and initiate SI.
- Increase domestic budget allocation for FP including DMPA-SC.

Closing

- Thank you!
- [Insert contact information]