

# Policy brief template: Scaling up self-injection of DMPA-SC to increase contraceptive access and options in [Country Name]

## A unique family planning option is transforming access to contraception

Increasing access to a wide range of contraceptives will improve the health and well-being of women and adolescent girls and will help [insert country] meet its Family Planning 2030 (FP2030) commitments. Yet, [insert percentage] of [married or unmarried] women of reproductive age who want to prevent or space pregnancies are not using contraception in [insert country], in part because existing methods are not accessible or do not meet their needs.

Self-injection of subcutaneous DMPA\* (DMPA-SC) is transforming access to contraception by giving women and adolescent girls more control over how and when they use family planning. When a woman chooses to self-inject DMPA-SC, she can minimize the cost and time it takes to travel to a health facility. By mainstreaming self-injection of DMPA-SC in [insert country's] national family planning program, [insert country] can reach women who have never used contraception, improve method continuation, increase contraceptive prevalence rates, and reduce health providers' workload and the burden on health facilities.

### Mainstreaming of DMPA-SC and self-injection is expanding across the globe

[Include this box if it would be persuasive to decision-makers in your country. Otherwise, delete to save space.]

**2011:** The DMPA-SC product currently available, Pfizer Inc.'s Sayana® Press, receives stringent regulatory authority approval in the United Kingdom.

**2014:** A reduced price is negotiated to allow qualified purchasers to obtain Sayana Press at US\$1 per dose. This price was further reduced to US\$0.85 per dose in May 2017, which stands today.

**2014–2016:** Successful pilot introductions in Burkina Faso, the Democratic Republic of the Congo, Madagascar, Mozambique, Niger, Nigeria, Senegal, and Uganda.

**2015–2023:** DMPA-SC is registered for self-injection in 56 countries, including 43 low- and middle-income countries (LMICs).

**2017–2023:** Of the 18 LMICs reporting data to the Injectables Access Collaborative, 15 report offering self-injection training in at least one nonmedical channel, including through community health workers, pharmacies, and/or drug shops.

### Helpful hint:

To customize the policy brief, cut and paste this text into the template your organization uses for its public materials, and make your edits there. Your final policy brief should ideally be no more than two pages.

\* DMPA stands for depot medroxyprogesterone acetate.

## What is DMPA-SC?

Subcutaneous DMPA is a widely available and easy-to-use injectable contraceptive that combines the drug and a needle in BD's single-use, prefilled Uniject™ injection system. Sayana® Press is the brand name of the DMPA-SC product available today and is manufactured by Pfizer Inc. DMPA-SC can be administered by medical providers, community health workers, pharmacists, drug shop operators, and by women themselves through self-injection. Both provision by nonmedical health workers and self-injection offer the opportunity to further expand women's access to contraception, especially in remote areas.

## A globally recommended practice

Self-injection of DMPA-SC is an evidence-based practice that is endorsed globally and approved in many countries. The World Health Organization (WHO) recommends self-administration of injectable contraception in settings where mechanisms to provide women with appropriate information and training exist, referral linkages to health care providers are strong, and monitoring and follow-up can be ensured. The WHO guidelines on self-care recommend self-administration of DMPA-SC as an evidence-based, woman-initiated intervention with the potential to increase choice and informed decision-making in health.

DMPA-SC is registered for self-injection in more than 55 countries, including 43 low- and middle-income countries. In **[insert country]**, **[include information about registration in your country. See [“Important policies for advancing access to DMPA-SC, including self-injection” for more information.](#)]**

## Experience and evidence supporting self-injection

A diverse body of global research has demonstrated that women and adolescent girls—including women in countries like **[insert country]**—can self-administer DMPA-SC safely and effectively, and that they like doing so. For example: **[Include only the bullets below that are relevant to decision-makers in your country. If there has been research on self-injection in your country, consider replacing the information here with country-specific results. Additional evidentiary statements are available throughout the “Evidence at-a-glance” components of the Advocacy Pack.]**

- DMPA-SC can reach new family planning users, including young women and adolescent girls.<sup>1-4</sup> 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.<sup>5</sup> At the community level in Benin, 80% of DMPA-SC doses were administered to new users.<sup>3</sup>
- Evidence from Malawi, Senegal, Uganda, and the United States found that over a 12-month period, women—including young women—who self-injected DMPA-SC continued using injectable contraception longer than those who received injections from providers.<sup>6-11</sup>
- Self-injection of DMPA-SC—when compared with clinic administration of traditional injectables—is not just cost-effective but cost saving.

## Helpful hint:

If your target policymaker is unfamiliar with DMPA-SC, include the “What is DMPA-SC?” section. If they are already knowledgeable about the product, you can delete to save space.

## Where to find data to customize this policy brief

[DMPA-SC Resource Library](#)

[Demographic and Health Surveys](#)

[Performance Monitoring for Action](#) (longitudinal survey data)

[Track20](#) (monitoring of progress in family planning)

[Family planning costed implementation plans](#)

[Contraceptive Self-Injection Program Design Guide](#)

[Evidence at-a-glance: What we know about DMPA-SC](#) (links to additional resources within this Advocacy Pack).

[Important policies for advancing access to DMPA-SC, including self-injection](#)

[Advocacy strategy development template](#)

Self-injected DMPA-SC was shown to save up to US\$1.1 million per year in Uganda and US\$350,000 per year in Senegal, when accounting for total costs to society, which include costs to both women and health systems.<sup>12–14</sup>

- More than 80% of women participating in the studies in Senegal and Uganda could self-inject competently three months after being trained (87% and 88%, respectively). The vast majority of women in these studies wanted to continue self-injecting.<sup>15,16</sup>

### Policy recommendations

To ensure women and adolescent girls in **[insert country]** have access to a variety of contraceptives, including DMPA-SC, strong policies and financing for policy implementation are essential. To scale up self-injection and reach more women—particularly new users and young women—as well as accelerate progress toward FP2030 commitments, the **[insert decision-making body]** should **[insert 1 to 3 policy recommendations]**:

- Policy recommendation 1
- Policy recommendation 2
- Policy recommendation 3

### Institutionalized access on the horizon

Self-injection of DMPA-SC can transform the ability of women and adolescent girls to access contraceptive services and expands their method choice. But this transformation is only possible with political commitment, supportive policies, and adequate financing to support implementation. Policymakers, donors, implementing organizations, the private sector, and advocates must work together to ensure injectables are widely accessible as part of a broad method mix.

### Contact us

For more information, please contact: **[insert your name, organization, and email]**.

### Helpful hint:

Many countries included self-injection and/or self-care in their FP2030 commitments. Go to [FP2030](#) to see if your country included similar language in their commitment. If so, that can be referenced in this brief and used in your advocacy strategy.

### Helpful hint:

To develop policy recommendations, review the Advocacy Pack tool, “[Important policies for advancing access to DMPA-SC, including self-injection.](#)” Determine which policy changes are needed in your country to ensure DMPA-SC is authorized for self-injection and that funds are allocated and disbursed for scale-up and institutionalization. Developing an advocacy strategy using [the template](#) in this Advocacy Pack will also help you develop policy priorities.

1. Cover J, Namagembe A, Morozoff C, Tumusiime J, Nsangi D, Kidwell Drake J. Contraceptive self-injection through routine service delivery: experiences of Ugandan women in the public health system. *Frontiers in Global Women's Health*. 2022;3:911107. <https://doi.org/10.3389/fgwh.2022.911107>
2. Anglewicz P, Akilimali P, Guiella G, Kayembe P, Kibira SPS, Makumbi F, Tsui A, Radloff S. Trends in subcutaneous depot medroxyprogesterone acetate (DMPA-SC) use in Burkina Faso, the Democratic Republic of Congo and Uganda. *Contraception X*. 2019;1:100013. <https://doi.org/10.1016/j.conx.2019.100013>
3. Okegbe T, Affo J, Djihoun F, Zannou A, Hounyo O, Ahounou G, Adegnika Bangbola K, Harris N. Introduction of community-based provision of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in Benin: programmatic results. *Global Health: Science and Practice*. 2019;7(2):228–239. <https://doi.org/10.9745/GHSP-D-19-00002>
4. Anglewicz P, Larson E, Akilimali P, Guiella G, Kayembe P, Kibira SPS, Makumbi F, Radloff S. Characteristics associated with use of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in Burkina Faso, Democratic Republic of Congo, and Uganda. *Contraception X*. 2021;3:100055. <https://doi.org/10.1016/j.conx.2021.100055>
5. Stout A, Wood S, Barigye G, Kaboré A, Siddo D, Ndione I. Expanding access to injectable contraception: results from pilot introduction of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in 4 African countries. *Global Health: Science and Practice*. 2018;6(1):55–72. <https://doi.org/10.9745/GHSP-D-17-00250>
6. Burke HM, Chen M, Buluzi M, Fuchs R, Wevill S, Venkatasubramanian L, Dal Santo L, Ngwira B. Effect of self-administration versus provider-administered injection of subcutaneous depot medroxyprogesterone acetate on continuation rates in Malawi: a randomised controlled trial. *The Lancet Global Health*. 2018;6(5):e568–e578. [https://doi.org/10.1016/S2214-109X\(18\)30061-5](https://doi.org/10.1016/S2214-109X(18)30061-5)
7. Cover J, Namagembe A, Tumusiime J, Nsangi D, Lim J, Nakiganda-Busiku D. Continuation of injectable contraception when self-injected vs. administered by a facility-based health worker: a nonrandomized, prospective cohort study in Uganda. *Contraception*. 2018;98(5):383–388. <https://doi.org/10.1016/j.contraception.2018.03.032>
8. Cover J, Ba M, Kidwell Drake J, Ndiaye MD. Continuation of self-injected versus provider-administered contraception in Senegal: a nonrandomized, prospective cohort study. *Contraception*. 2019;99(2):137–141. <https://doi.org/10.1016/j.contraception.2018.11.001>
9. Kohn JE, Simons HR, Della Badia L, et al. Increased 1-year continuation of DMPA among women randomized to self-administration: results from a randomized controlled trial at Planned Parenthood. *Contraception*. 2018;97(3):198–204. <https://doi.org/10.1016/j.contraception.2017.11.009>
10. Kennedy CE, Ping TY, Gaffield ML, Brady M, Narasimhan M. Self-administration of injectable contraception: a systematic review and meta-analysis. *BMJ Global Health*. 2019;4:e001350. <http://dx.doi.org/10.1136/bmjgh-2018-001350>
11. Lerma K, Goldthwaite LM. Injectable contraception: emerging evidence on subcutaneous self-administration. *Current Opinion in Obstetrics and Gynecology*. 2019;31(6):464–470. <https://doi.org/10.1097/gco.0000000000000574>
12. Di Giorgio L, Mvundura M, Tumusiime J, Morozoff C, Cover J, Kidwell Drake J. Is contraceptive self-injection cost-effective compared to contraceptive injections from facility-based health workers? Evidence from Uganda. *Contraception*. 2018;98(5):396–404. <https://doi.org/10.1016/j.contraception.2018.07.137>
13. Mvundura M, Di Giorgio L, Morozoff C, Cover J, Ndour M. Cost-effectiveness of self-injected DMPA-SC compared with health-worker injected DMPA-IM in Senegal. *Contraception X*. 2019;1:100012. <https://doi.org/10.1016/j.conx.2019.100012>
14. PATH unpublished analysis of cost data; 2018.
15. Cover J, Namagembe A, Tumusiime J, Lim J, Kidwell Drake J, Mbonye AK. A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection. *Contraception*. 2017;95(3):306–311. <https://doi.org/10.1016/j.contraception.2016.10.007>
16. Cover J, Ba M, Lim J, Kidwell Drake J, Daff BM. Evaluating the feasibility and acceptability of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Senegal: a prospective cohort study. *Contraception*. 2017;96(3):203–210. <https://doi.org/10.1016/j.contraception.2017.06.010>