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Increasing access to DMPA-SC in Uganda: An advocacy case study

The Uganda Ministry of Health (MOH) recognizes that when people have access to a range of contraceptive options, including those they can manage themselves, they are more likely to find and consistently use a method that meets their needs and to ultimately realize their reproductive intentions. Thanks to strong national leadership on family planning (FP), the government of Uganda has pioneered introduction and scale-up of the injectable contraceptive, subcutaneous DMPA (DMPA-SC; brand name, Sayana® Press*), to increase contraceptive access and options.

The effort to introduce and mainstream DMPA-SC within Uganda's FP program builds on a strong foundation of pioneering policy development and implementation, including enabling community-based distribution (CBD) of injectables,[†] adding DMPA-SC to the 2016 national Essential Medicines and Health Supplies List, and including DMPA-SC in the Uganda Clinical Guidelines. In 2019, the MOH authorized DMPA-SC self-injection, and in 2020, approved a policy allowing accredited drug shops to offer injectable contraceptives, including DMPA-SC. Efforts to amend policy to allow private pharmacies to offer DMPA-SC and self-injection are in progress as of 2023. Uganda's leadership around task-sharing policy for DMPA-SC is helping to expand access to DMPA-SC across the country.

How to use this tool: This case study is an example of one country's policy pathway for DMPA-SC introduction and mainstreaming, including through community-based distribution, self-injection, and pharmacies and drug shops. Advocates can draw on experiences and lessons learned from Uganda to inform policy goals and advocacy strategies for increasing method choice and access to DMPA-SC in your country.

Key takeaways from Uganda for advocates

Uganda started from a strong place of commitment to family planning and increasing access to injectable contraception, which paved the way for policy changes needed to support introduction and scale-up of DMPA-SC, including self-injection.

Success factors in Uganda:

- Linking increasing access to DMPA-SC to Uganda's FP2020 commitments.
- Close collaboration between the MOH, technical assistance partners, and advocates along the way.
- Commitment from all stakeholders to generate and use evidence to inform policy change.
- Fundamental MOH openness to task-shifting and improving women's access to DMPA and self-injection through nonmedical channels: community-based distribution and accredited drug shops.

* DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc.

† Initially this applied to intramuscular DMPA.

Paving the way: An enabling environment for community-based distribution of injectable contraception

Beginning in 2003, technical assistance partners worked with the MOH to pilot CBD of injectable contraception with intramuscular DMPA (DMPA-IM) and demonstrate that the approach was feasible for Uganda's Village Health Team (VHT) workers—the national cadre of public-sector community health workers. Based on positive results, CBD of injectable contraception was integrated into the VHT program in 2010. Key policy changes followed, including authorization of CBD of injectable contraception and its inclusion in service delivery guidelines and training curricula for VHTs.

At the same time, Uganda became an increasingly vocal champion of family planning. In 2012, at the launch of FP2020, the government made a commitment to lower unmet contraceptive need. This was updated in 2021 for the new FP2030 initiative, with commitments to increase the modern contraceptive prevalence rate for all women from 30.4% to 39.6% and reduce the unmet need for contraception from 17% to 15% by 2025.

Widening contraceptive options and access: Creating policies and piloting DMPA-SC through community-based distribution

The national government's adoption of CBD of injectable contraception, coupled with its championship of family planning, created an important foundation for DMPA-SC introduction as the new product came to market. In 2012, global partners and donors selected Uganda for an operational assessment and acceptability study of the newly available product. Results indicated that the majority of women and VHTs preferred DMPA-SC over DMPA-IM. With these favorable results, advocates and implementing partners began working closely under government leadership to plan for DMPA-SC introduction.

While introduction was hastened by Uganda's supportive policy environment for CBD of injectables, the process took several years and required several steps, including the following policy initiatives:

- **Securing product registration:** Pfizer Inc. submitted a regulatory dossier for DMPA-SC to the Uganda National Drug Authority (NDA) in 2013, and the NDA officially registered DMPA-SC in mid-2014. This approval enabled the United Nations Population Fund to submit a product order to Pfizer so that the product could be imported into the country.
- **Developing an introduction strategy:** While the regulatory dossier submitted by Pfizer was under review, the Maternal and Child Health Cluster of the MOH—with input from technical assistance partners—approved a plan for CBD of DMPA-SC through VHTs in 2014.
- **Establishing operational policy:** Technical assistance partners worked closely with the MOH to revise the official VHT FP training curriculum to integrate DMPA-SC and add a module on providing services for young women, which was approved in 2014.

With these policies and guidelines in place, the Ugandan government launched a pilot introduction of DMPA-SC through the VHT program in 2014. More than 2,000 VHTs in 28 districts were trained by technical assistance partners on family planning, including how to administer both

Advocacy tip from Uganda: Pursue policy development during registration

The MOH and nongovernmental partners made sure not to lose momentum while the regulatory dossier was being reviewed by the National Drug Authority—a process that can take many months, and sometimes even years. They used this time to develop key policy documents that would support introduction of DMPA-SC. That way, when registration was secured, the MOH already had key policies approved to facilitate pilot introduction, thus saving additional time.

DMPA-SC and DMPA-IM. Over a two-year period, VHTs administered more than 130,000 doses of DMPA-SC. Nearly one-third were to first-time FP users and more than 40% to women younger than 25 years¹—two key priority groups for the MOH.

In 2016, drawing on evidence from the pilot and encouragement from advocates, the government of Uganda made a public commitment to scale up DMPA-SC, backed with necessary policy changes. That year, DMPA-SC was included on the national Essential Medicines and Health Supplies List—a key step for enabling Uganda’s National Medical Stores to procure and distribute the product—and integrated into the Uganda Clinical Guidelines.

In recent years, Uganda has prioritized community health channels for self-injection service delivery to an extent greater than many other countries: lay health workers now make up more than 75% of providers trained to initiate and support DMPA-SC self-injection.²

New frontiers: Advancing access through self-injection and the private sector

Uganda’s successful DMPA-SC CBD efforts opened the door for the country to pursue additional avenues for task-sharing and increased access, including self-injection and distribution through accredited drug shops and pharmacies.

Self-injection

Intrigued by the transformative potential of self-injection, in 2015, the Uganda MOH co-led a study examining the feasibility and acceptability of the practice. The study found that nearly 90% of women could self-inject competently and on time three months after being trained—and almost all of them wanted to continue self-injecting.³ In 2016, the MOH convened a major dissemination meeting to showcase the results and plan next steps.

By mid-2016, Pfizer had submitted a dossier to the NDA to update the DMPA-SC label to include self-injection, which was approved in 2017. The evidence for self-injection continued to grow through 2019 via multiple initiatives implemented by the MOH and technical assistance partners, assessing continuation, cost and cost-effectiveness, and best practices for self-injection programs. This in-depth body of evidence, along with the efforts of advocates, resulted in government approval of self-injection in 2019 and an addendum to the Clinical Guidelines that includes self-injection guidance.

Since this policy approval, Uganda has steadily advanced self-injection access, starting with public-sector health facilities. Uganda has the highest percentage of DMPA-SC visits for self-injection of the 14 countries that report into the Injectables Access Collaborative data dashboard, with clients choosing self-injection during 32% of DMPA-SC visits as of early 2023.² Uganda has also set the bar globally with a self-injection dispensing protocol that allows clients to self-inject at their initial visit after a short training and then obtain a full year’s worth of DMPA-SC, to avoid repeat trips to resupply their selected contraceptive option.

Advocacy for data integration

Data are critical for decision-making and planning. Following considerable advocacy efforts, in 2022, the MOH approved an addendum to the health

Important milestones for introduction and scale-up in Uganda

2003: Evidence collected on feasibility of community-based distribution of DMPA-IM.

2010: Policies developed for community-based distribution of injectable contraception (national policy guidelines, Village Health Team guidelines, and training).

2012–2014: Introduction policies put in place for DMPA-SC: introduction strategy, product registration, operational policies.

2014–2016: DMPA-SC piloted through Village Health Teams.

2015: DMPA-SC self-injection feasibility and acceptability research performed.

2016: Based on Village Health Team pilot results, Uganda commits to scale up DMPA-SC.

2016: DMPA-SC added to Uganda’s national Essential Medicines and Health Supplies List and Clinical Guidelines.

2016: Self-injection research results disseminated and self-injection pilot outside a research setting initiated in one district.

management information system (HMIS) monthly reporting form that includes self-injection data. Though not yet fully implemented, with this addendum, Uganda is on the cusp of capturing self-injection data nationwide through the routine HMIS—a critical step toward understanding the breadth of DMPA-SC and self-injection access and better managing the service and supply of the product within the national FP program.

Provision through pharmacies and accredited drug shops

Making injectable contraception (DMPA-IM and DMPA-SC) available through the private sector (i.e., private pharmacies and accredited drug shops) presents another opportunity to expand access. These outlets are a common source of contraceptives in Uganda, especially for younger women. To enable provision of injectable contraception through pharmacies and accredited drug shops, technical partners have advanced key advocacy initiatives in recent years, including:

- A high-level policy dialogue with decision-makers to discuss evidence on and recommendations for the delivery of injectable contraception by drug shop operators in Uganda.
- Collaboration with the MOH to form the Drug Shops Task Force to gather and align stakeholder input on the proposed policy change and to share additional evidence and recommendations.

As a result, in 2020, the MOH requested that the NDA reclassify all injectable contraceptive products to enable their administration by accredited drug shop operators. Furthermore, Uganda was among the first countries to approve drug shops as a channel for self-injection service delivery, enabling great potential to expand self-injection services, given the ubiquity of drug shops in both urban and rural areas. As a next step, as of late 2023, the MOH and NDA are considering formal policy change to allow self-injection in private-sector pharmacies.

Learning lessons from Uganda

Uganda has set an example for other countries not only regarding their progress with DMPA-SC and self-injection, but also in their willingness to extend services beyond the clinic walls in ways that expand the market, improve sustainability, and increase contraceptive access for women. Global partners and other country health ministries often look to Uganda as a leader and innovator in DMPA-SC and self-injection, as a trusted source of evidence, and as a proving ground for approaches to self-injection service delivery.

Uganda has hosted study tours for more than a dozen countries, shared evidence at numerous global workshops and webinars, and provided insights to inform key global resources on advocacy and implementation. In addition, Uganda's opinion leaders, including high-level MOH representatives, have set an example for stakeholders in other countries, sharing their advocacy process through the Self-injection Ambassadors initiative coordinated by the Injectables Access Collaborative.

Government leaders are vocal, committed, and steady champions for FP access, including for self-injection and self-care more broadly. Going forward, this work and continued efforts have the potential to ensure that contraception is accessible to every Uganda woman, no matter where she lives or where she chooses to access contraceptive products.

Important milestones for introduction and scale-up in Uganda (continued)

2018: DMPA-SC indicators integrated into Uganda's health management information system.

2018: Government of Uganda receives EXCELL award for significant advancements and extraordinary achievements in family planning at the International Conference on Family Planning.

2019: Policy for self-injection of DMPA-SC authorized.

2020: MOH official circular (memo) authorizing self-injection approved.

2020: National Drug Authority authorizes injectable contraception administration by accredited drug shop operators.

2022: DMPA-SC self-injection indicators integrated into the national health management information system.

For the future:

Scale-up and mainstreaming of self-injection and authorization and introduction of DMPA injectable contraception in pharmacies.

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The Injectables Access

Collaborative

provides data-driven technical assistance, coordination, resources, and tools to ensure that women and girls have increased access to DMPA-SC and self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming. The Access Collaborative is led by PATH in partnership with the Clinton Health Access Initiative, inSupply Health, Jhpiego, and JSI. For more information, visit www.FPoptions.org or contact FPoptions@path.org.