

Messaging points on DMPA-SC

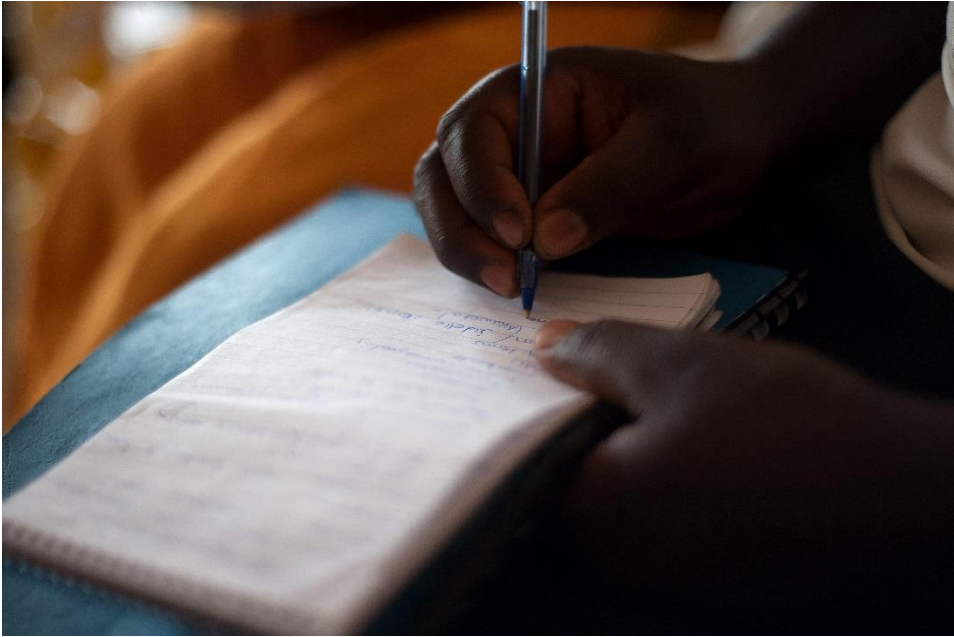


Photo: PATH/Will Boase

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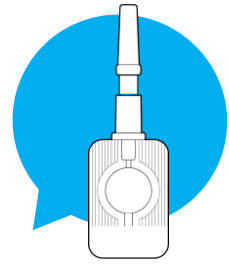
How to use this tool: These advocacy messages are intended to be used in your communication and outreach efforts. This may include speaking with the media or decision-makers or presenting at events and conferences. They are designed to educate audiences about the features and benefits of subcutaneous DMPA (DMPA-SC^{*}), including self-injection, and how the product can increase women's access to contraception.

Why do we need to improve access to contraception?

Increased access to contraception is one of the best ways to build strong economies, create healthy families, and advance opportunities and rights for women.

- For the first time in history, more than 300 million women in developing countries are using modern methods of contraception.¹ Yet, almost as many women—more than 218 million—want to prevent or delay pregnancy but are not using contraception. Among women in low- and middle-income countries wanting to avoid a pregnancy, unmet need for modern contraception is much higher for adolescents at 43% (aged 15 to 19), compared to all women at 24% (aged 15 to 49).²
- When women and adolescent girls have access to a variety of contraceptives, they are more likely to find and use a method that meets their needs and preferences.
- Contraceptive options that women can control themselves can be an important way to potentially increase use and empower women to manage their health.

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



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.

What is DMPA-SC and why should it be included as part of a diverse contraceptive method mix?

DMPA-SC is an innovative injectable that opens up contraceptive access and choice to women and adolescent girls at the “last mile” and promotes women’s empowerment and autonomy.

- The safety, effectiveness, and privacy of injectable contraceptives make them a widely used option in many low- and middle-income countries.
- Traditionally, DMPA has been injected into a muscle (a product known as intramuscular DMPA, or DMPA-IM), which generally requires more training and skill. The option of DMPA-SC—which is administered subcutaneously, just under the skin—is making injectable contraception even more accessible to women and adolescent girls.
- The DMPA-SC product available today combines the contraceptive drug and needle into a single device that is small, light, and easy to use.
- DMPA-SC requires only minimal training to be used properly. The ease and simplicity of DMPA-SC allows community health workers, pharmacists, and drug shop staff to provide injections. It even enables women to inject themselves.

What is the current status of DMPA-SC? Where is it available?

Availability of DMPA-SC is increasing around the world; the product is on the market in low-, middle-, and high-income countries.

- The DMPA-SC product currently available is Pfizer Inc.’s Sayana® Press, which has been approved by drug regulatory agencies in more than 80 countries around the world, with regulatory approval for self-injection in more than 55 countries. This includes several 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 self-injection, 43 are low- or middle-income countries.

How much does DMPA-SC cost?

The current price for bulk purchasing of DMPA-SC in low-resource settings is similar to that of DMPA-IM.

- DMPA-SC can be purchased at US\$0.85 per dose in the standard 200-pack presentation by qualified buyers, including ministries of health in low-resource settings.³ For more information on qualified buyers and eligible countries, please contact FPoptions@path.org.
- The price of DMPA-SC for clients may vary across and sometimes even within countries, depending on where and how clients access the product—similar to the pricing of many health products.
- The price that women will pay for DMPA-SC will depend on the country and service delivery channel:
 - Women accessing the product through the public sector will likely be able to obtain DMPA-SC at no cost or at a reduced, subsidized price.

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 (CHAI), inSupply Health, Jhpiego, and JSI. For more information, visit www.FPoptions.org or contact FPoptions@path.org.

- Women accessing it through the private sector—including social marketing and pharmacies and drug shops—will likely pay different prices based on local market conditions.

What do we know about self-injection?

The World Health Organization endorses self-injection, including as an important self-care approach.

- The World Health Organization's (WHO's) evidence-based family planning global handbook for health providers endorses self-injection of DMPA-SC as an option where appropriate information and training are made available, referral links to a health care provider are strong, and women who self-inject are monitored.⁴
- Since 2019, WHO has maintained a strong recommendation for self-injection as a self-care approach, stating that it should be made available as an additional approach to deliver injectable contraception.⁵

Evidence demonstrates that women in low-resource settings can self-inject DMPA-SC with training and support, that they value the ability to self-inject, and that self-injection can help them continue using injectable contraception.

- Studies around the world show that self-injection with DMPA-SC is feasible, safe, and acceptable. For example, in Senegal and Uganda, research found that women could self-inject competently and on time three months after being trained (72% and 87%, respectively) and almost all women who tried self-injection expressed the desire to continue (93% and 98%, respectively).^{6,7}
- In Malawi, Senegal, Uganda, and the United States, four studies found that over a 12-month period, women—including young women—who self-injected DMPA-SC in their own homes or communities continued using injectable contraception longer than those who received injections from providers.⁸
- In Ghana, a study found that after three provider-administered injections, 73% of participants chose self-injection. Women who selected DMPA-SC as new users of family planning were 2.5 times more likely to self-inject DMPA-SC at the third injection than women who were previous users of DMPA-IM.⁹

Self-injection can be a cost-effective approach for both women and health systems.

- Self-injection can be less expensive than facility-based administration of DMPA-IM when considering costs to both women and health systems.¹⁰

While self-injection is a new frontier for family planning, it has already been established as a safe and effective way for people to manage their own health.

- Self-injection has been used as a self-care approach for years by millions of people for a variety of conditions—for example, by patients with diabetes or those who suffer from allergic reactions.

What is the added value of introducing DMPA-SC and self-injection?

In addition to providing hundreds of thousands of women with safe and effective contraceptive protection, DMPA-SC is reaching new users of family planning and underserved populations.

- Self-injection of 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.
- Mainstreaming DMPA-SC and self-injection in national family planning programs can help reach women who have never used contraception, improve method continuation, increase contraceptive prevalence rates, and reduce health provider workload and the burden on health facilities.
 - A recent analysis of population-based data from Burkina Faso, the Democratic Republic of the Congo (DRC), and Uganda found that DMPA-SC appeals to new users of family planning; 58% of women selecting DMPA-SC in Burkina Faso were new users, 52% in Uganda, and 41% in the DRC.¹¹ The authors suggest DMPA-SC is reaching new users instead of causing existing users to switch methods, and—with expanded access—can increase overall modern contraceptive prevalence in sub-Saharan Africa.
- The Injectables Access Collaborative tracks self-injection client visits in countries offering this option within the context of informed choice counseling.
 - Based on data from 13 countries, more than 10 million units of DMPA-SC were administered from 2014 to 2022.
 - As of late 2022, the number of self-injection visits had exceeded 1 million in these countries, showing progress in efforts to increase contraceptive access and options for women and girls worldwide.

Should DMPA-SC be offered as a standalone option or alongside other methods of contraception?

All efforts to expand access to DMPA-SC should take place within the context of informed choice and women's health and rights, as well as global guidance.

- Ministries of health should ensure that newly trained health providers are skilled in offering and referring for a full range of methods, including DMPA-SC.
- To ensure a continuous and reliable supply of DMPA-SC, ministries of health should integrate the product into the broader family planning system, rather than establishing a parallel track, and align commodity planning with programmatic plans.

Is DMPA-SC an appropriate method for adolescents and young women?

DMPA-SC and self-injection are safe, effective, and acceptable options for youth.

- DMPA-SC self-injection is a promising option for youth, especially in places where unintended pregnancy is common among adolescents. Policies and programs should ensure rights-based access to a range of methods, including self-injection, for this age group.
- In Uganda, adolescents (aged 15 to 19 years) demonstrated comparable proficiency and continuation relative to adult women: 86% of adolescents self-injected independently when due for reinjection.¹²
- Of the approximately 300,000 doses of DMPA-SC administered to women during pilot introductions in Niger, Senegal, and Uganda between 2014 and 2016, 44% of women who chose to use DMPA-SC were aged 25 or younger and 12% were aged 20 or younger.¹³

What do we know about injectable contraception and HIV risk?

The World Health Organization says women at high risk of HIV can use DMPA and other progestogen-only[†] injectables, with no restrictions.

- In August 2019, based on a review of evidence, WHO released updated guidance on hormonal contraception and HIV, which states that women at high risk of HIV infection can use progestogen-only* injectables, including products that contain DMPA, with no restrictions. These products are classified as Category 1 in WHO's Medical Eligibility Criteria for Contraceptive Use.¹⁴
- No hormonal contraceptive method protects against HIV. Especially in settings with high HIV incidence, women who use any hormonal contraceptive method (including injectables) should use condoms or pre-exposure prophylaxis to prevent HIV and other sexually transmitted infections.
- Sexual and reproductive health and rights and informed choice need to be at the center of policy and programming related to contraception. All women have the right to evidence-based information on contraceptives, to a broad method mix, and high-quality services, and to make decisions about their reproductive health free from discrimination.

[†] "Progestogen-only" and "progestin-only" injectables carry the same meaning.

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