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## Increasing access to subcutaneous DMPA in Uganda: An advocacy case study

Like many countries, Uganda has made notable progress in increasing access to family planning (FP) services. Yet, many women and adolescent girls who want to prevent or delay pregnancies are not using contraceptives—especially women who live in remote places, far from health clinics. Thanks to strong national leadership on FP, the government of Uganda has pioneered introduction and scale-up of the novel injectable, subcutaneous DMPA (DMPA-SC, commonly known as Sayana® Press<sup>®</sup>). The product's ease of use could expand access and options for women.

The introduction and scale-up of DMPA-SC builds on a strong foundation of policy development and implementation, including enabling community-based distribution (CBD) of injectables (intramuscular DMPA, or DMPA-IM), adding DMPA-SC to the 2016 National Essential Medicines List, and including DMPA-SC in Uganda's Clinical Guidelines. Most recently, the Ministry of Health (MOH) provided policy approval for self-injection of DMPA-SC, a milestone that demonstrates Uganda's commitment to FP access and choice.

Efforts to amend policy to allow pharmacies and accredited drug shops to offer injectable contraceptives, including DMPA-SC, are also in progress. These policy developments, coupled with ongoing advocacy by nongovernmental organization (NGO) partners, are helping to expand access to DMPA-SC.



**How to use this tool:** This case study is for advocates to see an example of the policy pathway for DMPA-SC introduction in Uganda, through community-based distribution, self-injection, and pharmacies and drug shops. Draw on experiences and lessons learned from Uganda to inform your policy goals and advocacy strategy for increasing method choice and access with DMPA-SC in your country.

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



### Key takeaways from Uganda for advocates

- Uganda started from a strong place of commitment to FP 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
- Factors for success in Uganda:
  - ▶ Linking increasing access to DMPA-SC to Uganda's FP2020 commitments.
  - ▶ Close collaboration between the ministry of health (MOH), implementing organizations, and advocates along the way.
  - ▶ Commitment from all stakeholders to generate and use evidence to inform policy change.
  - ▶ Fundamental openness by the MOH to task-shifting and improving women's access to DMPA through multiple channels: community-based distribution, private sector, and self-injection.



### **Paving the way: An enabling environment for CBD of injectable contraception**

Beginning in 2003, NGO advocates worked with the MOH to pilot CBD of injectable contraception with DMPA-IM and demonstrate that the approach was feasible for Uganda's Village Health Team (VHT) workers—Uganda's 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 shortly thereafter, including formal authorization of CBD of injectable contraception and development of service delivery guidelines and training curricula for VHTs.

At the same time, Uganda became an increasingly vocal champion of FP. In 2012, at the London Summit on Family Planning that launched FP2020, the government of Uganda committed to lowering unmet contraceptive need from 40 percent to 10 percent by 2022. The national government's adoption of CBD of injectable contraception, coupled with its championship of FP, created an important foundation for introduction of DMPA-SC.

### **Widening contraceptive options and access: Creating policies and piloting DMPA-SC through CBD**

Global momentum began building for DMPA-SC right around the time of the FP2020 launch. Because DMPA-SC is easy to use in any setting, Uganda Ministry of Health (MOH) officials saw it as an important contributor to meeting FP goals, including its FP2020 commitments.

In 2012, global partners and donors selected Uganda for an operational assessment and acceptability study of the new product. Results indicated that the majority of women and VHTs preferred DMPA-SC (Sayana Press) over DMPA-IM. With these favorable results in hand, advocates and NGOs began working closely under government leadership to plan for

## **Important milestones for introduction and scale-up in Uganda**

**2003:** Evidence collected on feasibility of community-based distribution (CBD) of injectable contraception DMPA-IM

**2010:** Policies developed for CBD of injectable contraception (national policy guidelines, Village Health Team [VHT] guidelines, and training)

**2012–2014:** Introduction policies for DMPA-SC — introduction strategy, product registration, operational policies

**2014–2016:** DMPA-SC (Sayana Press) piloted through VHTs

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

**2016:** Based on VHT pilot results, Uganda commits to scale up DMPA-SC

**2016:** DMPA-SC is added to Uganda's Essential Medicines List and Clinical Guidelines

**2016:** Research results disseminated on self-injection, and self-injection pilot outside a research setting initiated in one district

**2017:** DMPA-SC is registered for self-injection

**2017:** Initiative to implement and evaluate routine self-injection programs launched in additional districts

**2018:** Integration of DMPA-SC indicators into Uganda's Health Management Information System

**2018:** Government of Uganda receives EXCELL award for significant advancements and extraordinary achievements in FP at the International Conference on FP.

**2019:** Policy authorization for self-injection of DMPA-SC

**For the future:** Scale-up of self-injection, and authorization and introduction of DMPA injectable contraception in pharmacies and accredited drug shops



introduction of this new type of injectable.

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 Inc. so that the product could be imported into the country.
- **Developing an introduction strategy:** While the regulatory dossier submitted by Pfizer Inc. was under review, the Maternal and Child Health Cluster of the MOH—with input from NGO partners—approved a plan focusing on CBD of DMPA-SC through VHTs in June 2013.
- **Establishing operational policy:** NGO partners worked closely with the MOH to revise and shorten the official VHT FP training curriculum to integrate DMPA-SC and add a module on providing services for young women. The curriculum was approved in June 2014.

With these policies in place, in 2014, the Ugandan government launched a pilot introduction of DMPA-SC through the VHT program. More than 2,000 VHTs in 28 districts were trained by multiple NGO partners on FP, including how to administer both DMPA-SC and DMPA-IM. Over a two-year period, VHTs administered more than 130,000 doses of DMPA-SC (Sayana Press). Nearly one-third were to first-time FP users and more than 40 percent to women younger than age 25 years—two key target groups for the MOH.

In 2016, drawing on evidence from the pilot introduction and encouragement from advocates, the government of Uganda made a public commitment to scale up DMPA-SC, and backed this commitment with additional needed policy changes. For example, the product was included on the 2016 Essential Medicines List, a key step for enabling Uganda's National Medical Stores to procure and distribute the product throughout the country. In 2016, DMPA-SC was integrated into Uganda's Clinical Guidelines, which guide providers on how to

### Advocacy tip from Uganda: Pursue policy development during registration

The MOH and NGO partners made sure not to lose momentum while the regulatory dossier was being reviewed—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 DMPA-SC achieved registration, the MOH already had key policies approved to facilitate pilot introduction, thus saving additional time.

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address common health issues. These guidelines also inform supply and procurement of medicines and health supplies.

### **Pursuing new frontiers: Advancing self-injection and pharmacy and accredited drug shop access**

Uganda's successful DMPA-SC CBD efforts opened the door for the country to pursue additional avenues of access: self-injection and distribution through pharmacies and accredited drug shops.

#### **Self-injection**

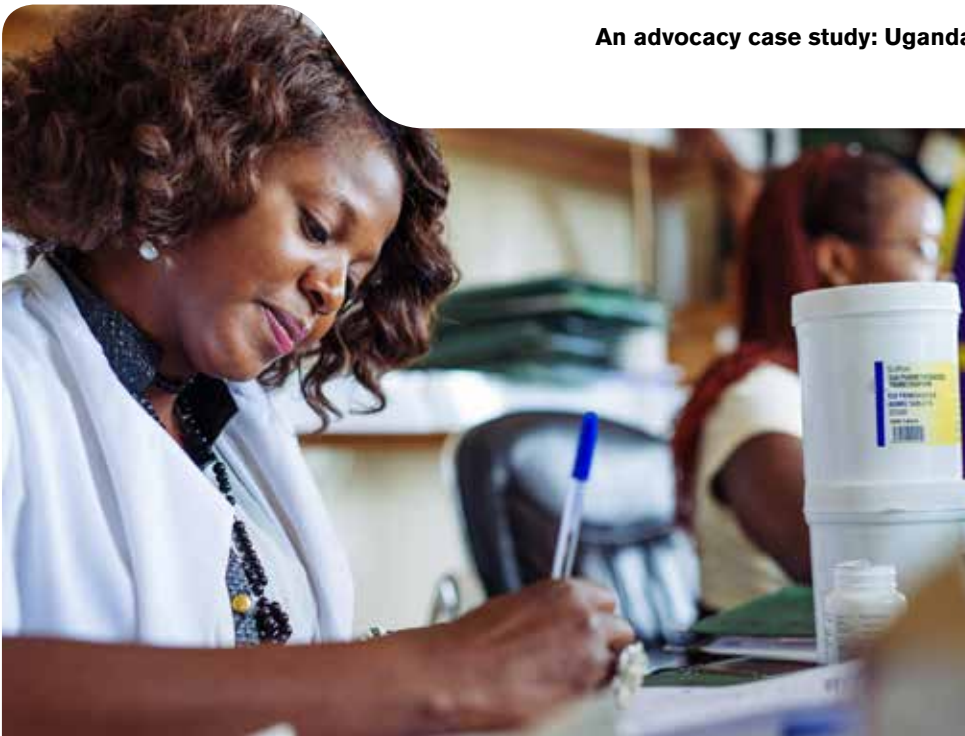
Intrigued by the transformative potential of self-injection, in 2015 the Uganda MOH co-led a study examining the feasibility and acceptability of the practice. The study found that nearly 90 percent of women could self-inject competently and on time, three months after being trained—and almost all of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

Favorable evidence on self-injection helped propel additional progress in Uganda. By mid-2016, Pfizer Inc. had submitted a dossier to the NDA for a DMPA-SC (Sayana Press) label update to include self-injection, which was ultimately approved in February 2017. The evidence base for self-injection continued to grow through 2019 via multiple initiatives implemented by the MOH and NGO partners, assessing continuation, cost and cost-effectiveness, and best practices for self-injection programs.

This significant body of evidence, along with a number of key champions, resulted in self-injection policy approval in 2019. Specifically, the MOH created an addendum to Uganda's Clinical Guidelines, which now includes self-injection in the instructions for how to administer DMPA-SC.

**“DMPA-SC is a proven intervention that, once prioritized, will play a critical role in the reduction of unmet for modern contraception.”**

-Dr. Makanga, assistant commissioner of health services, Reproductive and Infant Health, Uganda Ministry of Health



### Provision through pharmacies and accredited drug shops

Making injectable contraception (DMPA-IM and DMPA-SC) available through private pharmacies and accredited drug shops represented another critical 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, NGOs have advanced a number of key advocacy initiatives in the past few years, including the following:

- A high-level policy dialogue with key 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 a 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 2016 the MOH requested that the NDA reclassify all injectable contraceptive products to enable their administration by pharmacists and accredited drug shop operators. FHI360 introduced provision of DMPA-SC by pharmacists and accredited drug shop operators in 20 districts, and drug shop administration has been approved in these limited settings. The NDA is currently considering formal policy change

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### Learning lessons from Uganda

The increasing availability of injectable contraception, including DMPA-SC and self-injection, in Uganda's FP program is a testament to both the Ugandan government's commitment to FP and the work of advocates and health practitioners who have gathered and packaged critical evidence to inform policies and practices to make injectables more widely available. Advocates in other countries can learn from Uganda's process to move injectables into communities, private-sector outlets, and even into women's own homes. Going forward, this work and continued efforts have the potential to ensure injectable contraception is accessible to every woman and adolescent girl, no matter where she lives.