



Photo: PATH/Will Boase

Expanding Access to Contraception through Global Collaboration

APRIL 2020

DMPA-SC Consortium Background and Goals

The global family planning community has been working through the FP2020 partnership towards a goal of enabling 120 million more women and girls to use contraceptives by 2020. Since the partnership launched in 2012, the number of users of modern contraception has grown by 53 million in the 69 focus countries, reaching 314 million women and girls in these countries.ⁱ These results have been achieved, in part, through expanded access to new or underutilized contraceptive methods.

Since 2014, there has been an effort to expand access to an innovative, self-injectable contraceptive, subcutaneous DMPA (DMPA-SC, brand name Sayana Press)¹. This three-month “all-in-one” contraceptive injectable combines the drug and needle in one, easy-to-use injection system. In a number of countries, this new injection system has opened up access to injectable contraceptives that was previously limited to administration only by highly trained health providers at facilities. DMPA-SC can be safely administered with the proper training by community health workers, pharmacists and **even women themselves through self-injection** (in countries where pharmacist administration and self-injection have been approved). This enables greater access, particularly in remote communities where women travel long distances to reach a health facility and stockouts of family planning commodities are an ongoing challenge.

Self-injection as a contraceptive option empowers women by putting voluntary family planning into their own hands. Research studies have demonstrated that self-injection is highly feasible and acceptable among women and it leads to increased likelihood of continued use compared to health-worker administered injections. Continuation rates among self-injection users were 24% higher in one study (Uganda) and 62% higher in another study (Malawi).^{2,ii}

In service to broader FP efforts, public, private, and philanthropic entities came together to coordinate global support for scale up of DMPA-SC as a contraceptive option in FP2020 countries. The donor members include the Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation (CIFF), US Agency for International Development (USAID), UK Department for International Development, and United Nations Population Fund (UNFPA). In addition to the donor partners, the Consortium is supported by technical partners including the Clinton Health Access Initiative

ⁱ DMPA stands for depot medroxyprogesterone acetate. Sayana Press is a registered trademark of Pfizer Inc. For more Information about Sayana Press, please see <https://www.medicines.org.uk/emc/product/3148/smpc>

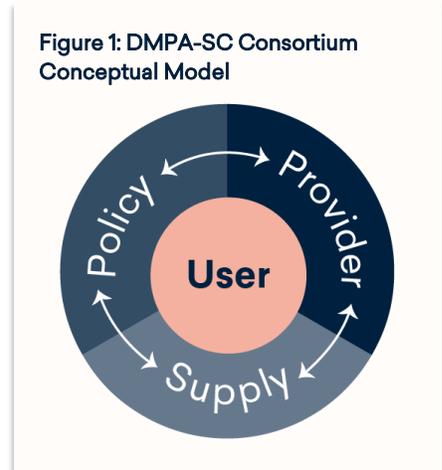
ⁱⁱ Data reflects 12-month continuation rates compared to provider-administered DMPA users.

(CHAI), Global Impact Advisors, Jhpiego, John Snow International (JSI), and PATH. The overall work of the Consortium is in collaboration with Pfizer, Inc. the manufacturer of Sayana Press.³

The ultimate goal of the Consortium is to enable access to DMPA-SC for all women in FP2020 countries as part of a full method mix of contraceptive options delivered with high quality counselling.

The Consortium supports Ministries of Health as they seek to introduce and scale access to DMPA-SC in support of family planning goals. Ministries of Health are doing so by: (1) leveraging existing delivery channels, (2) expanding to new public and private channels, including at the community level, and (3) enabling the potentially transformational new option of self-injection, where approved. These country-level efforts are supported by a network of researchers, implementation partners, and in country technical assistance partners who each uniquely contribute to the effort.

More broadly, the Consortium's global efforts focus on four key elements: (1) policy change and introduction planning, (2) provider training and service delivery, (3) affordable supply of DMPA-SC, and (4) user awareness and uptake (see Figure 1 for the conceptual model that guides the work of the Consortium).



Key Achievements to Date

Policy change and introduction planning

The Consortium, in collaboration with in-country technical and advocacy partners, is supporting countries to develop scale-up plans and evidence-based policies that expand access to injectables through new channels and self-injection, where approved, as part of the broader method mix.

Country planning and introduction, including approval of self-injection, is accelerating. **Thirty-one countries are currently introducing** DMPA-SC or in the process of developing scale up plans, nearly half of which have plans to offer DMPA-SC through a **new channel** that previously did not offer injectable contraception. Of the 31 countries, at least **20 countries** are planning for or introducing **self-injection**.ⁱⁱⁱ

Provider training and service delivery

The Consortium has coordinated funding for provider training led by Ministries of Health with support from in-country partners. Training efforts have primarily been integrated as part of broader, cross-product training sessions, to scale up public and private sector delivery. Training includes modules on method choice and quality counseling, method administration, and self-injection, where approved.

Scale-up through provider training has accelerated, with over **95,000 providers trained** in provider-administered DMPA-SC in 2018 and 2019. Given that some countries began scale-up through provider administration first, fewer providers have been trained to instruct women to self-inject (**41,000 providers trained** to date).^{iv} Recent dissemination of evidence from initial pilot studies on the acceptability and effectiveness of self-injection, has led to increased adoption of self-injection and accelerated introduction planning.

A pooled funding mechanism, the Catalytic Opportunities Fund (COF), was created primarily to focus on provider training. The COF is administered by CHAI and overseen by the broader Consortium and supports small projects that can catalyze broader efforts in countries to accelerate scale-up. These funds have often supported train the trainer projects and have been a springboard for innovative provider training methods. To date, the Catalytic Opportunities Fund has made 16 grants supporting projects in 13 countries.

³ For more Information about Sayana Press, please see <https://www.medicines.org.uk/emc/product/3148/smpc>

Supply of DMPA-SC

The Consortium works with partners to ensure DMPA-SC is available at an affordable price for users at a wide variety of service delivery points and available to FP2020 countries at a sustainable and affordable price.

A central pillar of this approach is ensuring a strong and diverse market for the product. Currently, a multi-year collaboration among Pfizer Inc., the Bill & Melinda Gates Foundation, and Children’s Investment Fund Foundation (CIFF) allows purchasers reaching the most vulnerable women in FP2020 countries to procure the product for US\$0.85 per dose. Donors are also investing in the development of an affordable generic alternative to ensure diversity of supply in the future.

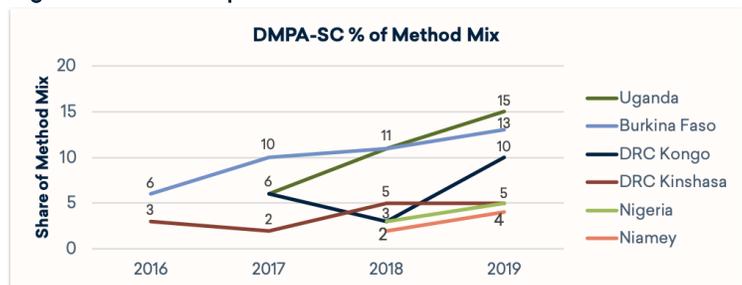
Ministries of health are increasingly taking advantage of this opportunity. Procurement of DMPA-SC for FP2020 countries **increased nearly four-fold from 2016 to 2019** with approximately 18 million units shipped in 2019.^v However, stockouts and overstocks are a persistent challenge.^{vi} This is a common concern across family planning commodities and can be exacerbated as new products are introduced without full visibility of both supply and demand in the market.

User awareness and uptake

The Consortium is supporting efforts of ministries of health, social marketing organizations, and others to increase knowledge, awareness, and acceptability of DMPA-SC and self-injection, where approved, as a voluntary choice for contraception.

Data on user awareness is limited, but nearly half of countries reporting data to the Consortium have incorporated DMPA-SC into broader information, education, and communication materials for family planning.

Figure 3: DMPA-SC uptake in 5 countries



Source: PMA Data

Data on uptake of is also limited, but **initial data shows that uptake of DMPA-SC** is increasing and **that the product may be especially appealing to new users** (35% to 55% of DMPA-SC users are new to family planning among the 3 countries with data^{vii}). Survey data has also shown **year on year increases** in uptake among women where multi-year survey data is available.^{viii} For example, Uganda increased use of DMPA-SC as a share of the overall contraceptive method mix from 6% to 15% over a two-year period, and Burkina Faso increased from 6% to 13% over 3 years (see figure 3). Comparable data on self-injection is not currently available, but in the coming year surveys such as DHS and PMA will begin measuring it alongside DMPA-SC uptake more broadly.

Developments in the Field: Self-care Guidelines and the ECHO Study



Photo: PATH/Will Boase

In 2019, the WHO published its first guidelines on self-care interventions for sexual and reproductive health and rights. The guidance, based on a systematic review of available evidence, included a “strong” recommendation that self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.^{ix}

Also in 2019, the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study results were released and confirmed the safety of three important methods of contraception (DMPA-IM, levonorgestrel implant and non-hormonal copper intrauterine device (IUD)), including among women at high risk of HIV. These results led to a change in the WHO Medical Eligibility Criteria for contraceptive use for women at high risk of HIV in August 2019. The revision adjusted the categorization of progestogen-only injectables (including DMPA-SC) to a Category 1, for which there is no restriction for the use of the contraceptive method, further supporting expanded access to DMPA-SC for all women.^x

The new evidence and guidelines further support and enable the efforts of the Consortium to expand access to this transformational contraceptive tool.

Case Study: PATH's Work on Self-Injection in Uganda

Context

Uganda was one of the first countries to introduce DMPA-SC in 2014, thanks in large part to government leadership and commitment to voluntary family planning. The country is scaling up access through public facilities and community-based distribution and efforts are underway to amend policy to allow pharmacies and accredited drug shops to offer injectable contraceptives. In 2019, the government approved a policy for self-injection of DMPA-SC, following a self-injection feasibility study and scale-up planning initiative.



Photo: PATH/Will Boase

Sunday's Story

Sunday is a married woman in her 30's from a village in Uganda who participated in the study on self-injection. She currently divides her time between her village and the city of Gulu, but she lived seven years of her childhood held captive by the Lord's Resistance Army and was unable to finish school. She survived this hardship and now works hard so she can pay for her seven children and stepchildren to go to school. She acknowledges that if she had another child, she wouldn't be able to "care for the children well".

Sunday had gone to Gulu Central Hospital to receive a contraceptive injection from a nurse, when she heard about the opportunity to self-inject. Self-injection, she says, solves her biggest problem—making sure she can prevent a pregnancy whether she's in Gulu or her village. "I can inject myself at the farm because I travel with the contraceptive," she says. That means no more waiting for hours at the hospital to be given an injection, and no worrying she'll miss her scheduled injection when she's away. She missed her injection date once before—and became pregnant. She doesn't want to miss another. "Indeed, it is very important!" she says with a laugh.

Among the 380 women who enrolled in the study, 90 percent were able to inject themselves correctly and on time according to a follow-up visit shortly after their next injection date. Ninety-eight percent of women who participated in the study wanted to continue self-injecting^{x15}.

Through initial efforts in seven districts, more than 7,000 women became self-injection clients between 2017 and 2019, including many young women and first-time family planning users. Today, the Ministry of Health is working toward national scale-up of self-injection to reach more women in support of broader goals to reduce unmet need for family planning.

Citations

ⁱ Family Planning 2020. “FP2020: Women at the Center, 2018–2019.” http://progress.familyplanning2020.org/sites/all/themes/custom/progressreport/pdf/FP2020_2019Report_WEB.pdf accessed 3 April 2020, page 9.

ⁱⁱ PATH, “DMPA-SC self-injection supports women to use injectable contraception longer.” https://path.azureedge.net/media/documents/PATH_DMPA-SC_self-injection_continuation_research_brief_English.pdf accessed 23 March 2020, page 1-2.

ⁱⁱⁱ PATH/JSI. (March 2020). DMPA-SC Access Collaborative Dashboard. Site not publicly available.

^{iv} PATH/JSI. (March 2020). DMPA-SC Access Collaborative Dashboard. Site not publicly available.

^v UNFPA, “Reproductive Health Interchange,” <https://www.unfpaprocedure.org/rhi-home> downloaded 14 April 2020.

^{vi} Based on country reporting to DMPA-SC Access Collaborative dashboard through March 2020 and Performance Monitoring and Accountability 2020 (PMA2020) Project, Baltimore, MD: PMA2020, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health. For more information, see <https://www.pmadata.org/pma2020-citations>

^{vii} Anglewicz, Philip et al. Trends in subcutaneous depot medroxyprogesterone acetate (DMPA-SC) use in Burkina Faso, the Democratic Republic of Congo and Uganda. *Contraception: X* 1 (2019). <https://doi.org/10.1016/j.conx.2019.100013>, page 3.

^{viii} Performance Monitoring and Accountability 2020 (PMA2020) Project, Baltimore, MD: PMA2020, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health. For more information, see <https://www.pmadata.org/pma2020-citations>

^{ix} World Health Organization, “WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights.” <https://www.who.int/reproductivehealth/publications/self-care-interventions/en/> accessed 23 March 2020, pages 53–56.

^x Contraceptive eligibility for women at high risk for HIV, August 2019. World Health Organization, “WHO updates recommendations for contraceptive eligibility for women at high risk of HIV.” <https://www.who.int/reproductivehealth/contraceptive-eligibility-women-at-high-risk-of-HIV/en/> accessed 23 March 2020, page 6.

^{xi} Cover, et al. A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection. *Contraception*. October 2016.