Expanding Access to Contraception through Global Collaboration

MARCH 2021

DMPA-SC Consortium Background and Goals

The family planning community has been working through a global partnership effort to empower women and girls through expanding access to rights-based family planning, including by expanding 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)\. This three-month “all-in-one” injectable contraceptive combines the drug and needle in one, easy-to-use injection system. In a number of countries, this new injectable product 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 self-injection have been approved). This enables greater access, particularly in remote communities where women travel long distances to reach a health facility and availability of family planning methods are an ongoing challenge.

Self-injection as a contraceptive option empowers women by putting voluntary family planning into their own hands and is viewed as particularly valuable in the context of COVID-19 with travel and facility capacity limited. 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 at 12 months among self-injection users were 24% higher in one study (Uganda) and 62% higher in another study (Malawi).²

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 Foreign, Commonwealth and Development Office, and United Nations Population Fund (UNFPA).

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¹ 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.
² Data reflects 12-month continuation rates compared to provider-administered DMPA users.
addition to the donor partners, the Consortium is supported by technical partners including the Clinton Health Access Initiative (CHAI), Global Impact Advisors, Jhpiego, PATH and John Snow International (JSI) through the DMPA-SC Access Collaborative. 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 targeted 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 support countries to 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, implement, and monitor 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 are in the process of developing scale up plans. Of the 31 countries, at least **20 countries** are planning for or introducing **self-injection.**

A pooled funding mechanism was created and launched in 2020 to support catalytic opportunities to impact policy and regulatory change that would support expanded access to DMPA-SC as a self-injecting product. This funding mechanism is administered by the CHAI and builds off a previous mechanism that supported provider training across 14 countries. (More information available [here](https:).

**Provider training and service delivery**

The Consortium has mobilized 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. Trainings include modules on method choice and quality counseling, method administration, and self-injection, where approved. Scale-up through provider training has accelerated, and continued in 2020, despite challenges related to COVID-19. Innovative approaches using virtual training and supervision were adopted by a number of countries in 2020 to maintain momentum. (See case study in subsequent section.) Over **145,000 providers had been trained** in provider-

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2 For more Information about Sayana Press, please see [https://www.medicines.org.uk/emc/product/3148/smpc](https://www.medicines.org.uk/emc/product/3148/smpc)
administered DMPA-SC by the end of 2020. The percent of service delivery points actively offering DMPA-SC has expanded rapidly with eight countries now offering DMPA-SC in more than 75% of public facilities.

Given that some countries began scale-up through provider administration first, fewer providers have been trained to instruct women to self-inject (77,000 providers trained to date). Self-injection is now offered in nearly all public facilities in Malawi and Togo and over half of public facilities in Senegal and Burkina Faso. Continued dissemination of evidence from pilot studies on the acceptability and effectiveness of self-injection and the implementation experience in early introduction countries, has led to increased adoption of self-injection and accelerated introduction planning.

Supply of DMPA-SC

The Consortium works with partners to ensure DMPA-SC is available at a wide variety of service delivery points and available to targeted 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 allows purchasers reaching the most vulnerable women in targeted countries to procure the product for US$0.85 per dose. Donors are also investing in the development of a 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 targeted countries increased nearly four-fold from 2016 to 2019 with approximately 18 million units shipped in 2019. In 2020 demand for DMPA-SC continued to grow, however the amount shipped declined due to constrained global supply. Changes in the sterilization site for the active pharmaceutical ingredient (API) caused some delays in production and required registration updates. Countries continue to receive DMPA-SC supplies and these production and registration barriers have been resolved as of March 2021.

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 over half of countries reporting data to the Consortium have incorporated DMPA-SC into broader information, education, and communication materials for family planning.

Data on uptake 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). Survey data has also shown year on year increases in uptake among women where multi-year survey data is available. 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. Data on self-injection uptake is more limited, but recent reporting from Malawi, Uganda and Togo estimated the proportion of DMPA-SC users opting for self-injection at 44%, 30% and 29% respectively. In a number of other geographies where data is available uptake of self-injection has been lower, ranging from 5 to 10% of DMPA-SC users, indicating that more effort may be needed to support women’s awareness and acceptance of self-injection as an option. Surveys such as PMA and DHS have begun measuring self-injection uptake in addition to DMPA-SC uptake and awareness of these contraceptive options, with new data expected in the coming year.
Case Study: Self-Injection Scale-Up in Togo

Context
Togo has adopted ambitious goals to expand family planning access and has embraced DMPA-SC as an important component of the method mix, rolling out a strategy to rapidly expand access to and awareness of self-injectable DMPA-SC. Despite the challenges of the COVID-19 pandemic, the Ministry of Health with support from the Access Collaborative and lead partner Jhpiego made advances in 2020 to expand self-injection of DMPA-SC to all health districts. Scale-up efforts started with in-person district-based orientations for providers and shifted to remote orientations using focused WhatsApp groups once the pandemic caused restrictions on travel and gatherings. By the end of 2020, all health districts in the country had been reached with over 1,300 providers trained and all public facilities that offer family planning (668 in total) were actively offering DMPA-SC and self-injection.

Togolese Mother of Five Chooses Self-Injection

Mrs. A.A is 39 years old and the mother of 5 children. Her youngest is 4 years old and while she doesn’t want any more children right now, she’s not sure if she and her husband will decide to have another child in the future. She has had a history of complicated pregnancies and has tried a few family planning methods without finding one that fits her needs. In consultation with a nurse at her local health center, she ultimately decided on DMPA-SC.

For Mrs. A.A., the counseling she received especially around self-injection was important in helping her reach a decision. “After the counseling at the center, I did not make the decision on my own, I went back home to talk about it with my husband who encouraged me to opt for this contraceptive method if it was in my interest,” she said.

The provider who worked with Mrs. A.A. was supported by a network of other providers in her district who share tips and encouragement via their WhatsApp group about how to effectively counsel women on DMPA-SC and especially how to answer their questions about self-injection. Following their initial orientations, which included short videos giving examples of provider and client counseling sessions, providers continue to receive focused support via the group facilitators.

Mrs. A.A. prefers self-injection because it saves her the hassle of travel, waiting time at the health facility, and trips back and forth between the pharmacy and the FP service site. After self-injecting DMPA-SC in front of the provider, she was prescribed a unit to take home for self-injection. Mrs. A.A says that she had no difficulty remembering the date of the self-injection because the midwife entered that date in her diary. “I also wrote the date in my phone with the help of my son-in-law so that I don’t forget and my husband also helps me by reminding me of the date of the self-injection very often,” explained Mrs. A.A. She sees the primary benefits of using DMPA-SC as freedom and comfort to continue her contraceptive method at home. Mrs. A.A. has repeatedly emphasized her willingness to continue self-injecting: “Yes, yes, yes! It’s better this way.” She has recommended DMPA-SC and especially self-injection to her friends already, although many of them express nervousness when faced with the idea of using needles to self-inject. “But I continue to encourage them and with their provider, each woman will be able to decide,” she added.
Developments in the Field: COVID-19 Underscores Importance of Self-Care

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

The global COVID-19 pandemic that took hold in 2020 has made self-care options even more important to maintain quality of care and access to contraception for women. Travel restrictions have made access to facilities a challenge and facilities have been constrained by limited PPE and in some cases diverted service delivery to focus on treatment for COVID-19 patients. Self-injection offers an option for women to decrease the number of facility visits, reducing their risk of exposure to COVID-19, and reducing the burden on facilities, freeing up resources for other services.

Several countries, including Uganda, Nigeria, DRC, and Madagascar, identified self-injection using DMPA-SC as part of their COVID-19 response plans and/or guidance for continuing health services. While some countries already had self-injection policies in place, DRC’s COVID guidelines represented a new policy approval and directed all health facilities and community health workers to offer self-injection. Provider training in self-injection was rolled out in DRC following this guidance with over 7,000 providers trained by the end of the year. Over the coming year, as data becomes available, it will be important to understand how this evolving context has influenced behavior change among women in terms of uptake of self-injection in addition to policy change.
Citations

i 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


vi Anglewicz, Philip et al. Trends in subcutaneous depot medroxyprogesterone acetate (DMPA-SC) use in Burkina Faso, the

vii Performance Monitoring and Accountability (PMA) Project, Baltimore, MD: PMA, Bill & Melinda Gates Institute for Population and
Reproductive Health, Johns Hopkins Bloomberg School of Public Health. For more information, see https://www.pmadata.org/


ix World Health Organization, “WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and