How can we accelerate women’s access to beneficial innovations, and keep learning?

The ongoing story of subcutaneous DMPA and self-injection.

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Research Manager, Advancing Contraceptive Options
1 Background
2 Methods
3 Results
4 Implications
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3 Results
4 Implications
All women, no matter where they live, should have access to a range of safe and effective products and innovations that enable them to manage their sexual and reproductive health.
DMPA-SC compared with intramuscular DMPA (DMPA-IM)

Subcutaneous DMPA (Sayana® Press)
- Prefilled, “all-in-one” injection system.
- Injected into the fat underneath the skin.
- Easier to inject and more comfortable for women; can be self-injected.
- Lower dose of DMPA (104 mg).
- 2.5-centimeter needle.
- 0.85 cents per dose for qualified purchasers.

Intramuscular DMPA (Depo-Provera® and generic options)
- Has vial with a separate syringe.
- Injected into the muscle; cannot be self-injected.
- Higher dose of DMPA (150 mg).
- 3.8-centimeter needle.
- 0.70–0.80 cents per dose.

Both products
- Have stringent regulatory approval, registration in multiple countries.
- Safe and highly effective at preventing unintended pregnancy.
- Delivered every 3 months.
- Do not protect against HIV or other sexually transmitted infections.
- Comparable in regards to side effects.
- Stable at room temperature (15°C–30°C).
The transformative potential of DMPA-SC and self-injection

Features/Benefits
- Shorter needle
- Lower dose
- All-in-one presentation
- Easier to transport, inject, store, and less waste to dispose

Opportunities
- Increased acceptability
- Well-suited for community-based delivery, drug shops/pharmacies
- Uniquely suited to self-injection

Value
- Expanded access
- More new users
- Higher continuation
- An additional option for SRH self-care

More information: [www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa](http://www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa)
Evidence review:

- Four-country database from first pilot introductions: Burkina Faso, Niger, Senegal, Uganda
- PMA 2020 surveys: Burkina Faso, the Democratic Republic of the Congo (DRC), Niger, Uganda
- Ongoing monitoring of introduction and scale-up in multiple countries (DMPA-SC Access Collaborative)
- Self-injection research results from Malawi, Senegal, Uganda, and the United States
- Monitoring and evaluation of initial self-injection program in Uganda

What have we learned about DMPA-SC and self-injection to date?
First pilots (2014–2016): DMPA-SC reaches new users, young women; takes off in community-based delivery (CBD)

<table>
<thead>
<tr>
<th></th>
<th>Burkina Faso</th>
<th>Niger</th>
<th>Senegal</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td># doses administered</td>
<td>194,965</td>
<td>43,801</td>
<td>120,861</td>
<td>130,673</td>
</tr>
<tr>
<td>% DMPA-SC administered to new users of FP</td>
<td>25% (↓)</td>
<td>42% (↓)</td>
<td>24% (↓) (from a sample)</td>
<td>29% (↓)</td>
</tr>
<tr>
<td>% DMPA-SC administered to users aged &lt;20 years</td>
<td>Not collected</td>
<td>16% (=) (from a sample)</td>
<td>8% (↓) (from a sample)</td>
<td>12% (=)</td>
</tr>
<tr>
<td>% DMPA-SC administered to users aged 20 to 24 years</td>
<td>Not collected</td>
<td>34% (↑) (from a sample)</td>
<td>26% (↑) (from a sample)</td>
<td>32% (↑)</td>
</tr>
<tr>
<td>% of injectables administered in pilot that were DMPA-SC doses</td>
<td>29% (public sector)</td>
<td>No data (DMPA-IM not offered in pilot sites)</td>
<td>13% (facilities)</td>
<td>75% (CBD only)</td>
</tr>
<tr>
<td></td>
<td>46% (NGOs)</td>
<td></td>
<td></td>
<td></td>
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</table>

↑ Indicates the cumulative proportion increased since Q3-Q4 2015. Does not indicate percent change.
↓ Indicates the cumulative proportion decreased since Q3-Q4 2015. Does not indicate percent change.
= Indicates the cumulative proportion stayed the same since Q3-Q4 2015.
How can we accelerate women’s access to beneficial innovations and keep learning: The ongoing story of subcutaneous DMPA and self-injection

PMA 2020: DMPA-SC market share increasing in Burkina Faso, DRC, Uganda

[Graph showing DMPA-SC share of method mix in 5 geographies]

PMA 2020: Persistent challenges for DMPA-SC availability

Availability of Injectables Among Public Facilities

DMPA-SC

<table>
<thead>
<tr>
<th>Country</th>
<th>Not Offered</th>
<th>Current Stockout</th>
<th>Currently in Stock, but History of Stockout in the Past 3 Months</th>
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<td>72.2%</td>
<td>7.3%</td>
<td>4.1%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Uganda</td>
<td>68.8%</td>
<td>8.2%</td>
<td>4.3%</td>
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DMPA-IM

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## DMPA-SC Access Collaborative: Monitoring introduction, scale-up

### Country Dashboard: Zambia 2018 September

<table>
<thead>
<tr>
<th>Asks, Actions, &amp; Updates</th>
<th>Progress Report</th>
<th>Context at a Glance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>See all process indicators</td>
<td><strong>DMPA-SC</strong> No data</td>
</tr>
<tr>
<td>In lieu of validation meeting FPTWG providing final comments on SI strategy remotely. Finalized document will be an addendum to scale-up roadmap.</td>
<td><strong>1.2</strong>: Procurement funding gap</td>
<td><strong>mCPR</strong> 44.80% (Married or in Union) 32.50% (All)</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>![Checkmark] ![No data] <strong>2.1</strong>: Costed plan status</td>
<td><strong>All Injectables</strong> 43.00% (Married or in Union) 36.30% (Unmarried)</td>
</tr>
<tr>
<td>AC leadership traveled to Zambia to discuss costing/gap analysis with MOH, donors, partners and conduct resource mobilization.</td>
<td>Plan costed No data</td>
<td><strong>HIV</strong> 12.40% (Adults) <strong>11.00% (Youth)</strong></td>
</tr>
<tr>
<td>Draft funding gap analysis shared with the FPTWG. Further discussions are planned to find ways of reducing training costs.</td>
<td><strong>2.3</strong>: Percent of plan funded No data</td>
<td></td>
</tr>
<tr>
<td>Quantification review results indicate need for strengthened coordination between MOH &amp; partners on use of data to estimate consumption.</td>
<td>![Yes] <strong>1.3</strong>: Supply plan update includes DMPA-SC progress</td>
<td></td>
</tr>
<tr>
<td><strong>1.3</strong>: Supply plan update includes DMPA-SC progress</td>
<td>Projected date: September 2018</td>
<td></td>
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Access Collaborative: Resources needed for scale-up, especially for training costs

- Niger: 25% funded, 75% not funded
- Zambia: 8% funded, 92% not funded
- Burkina Faso: 3% funded, 97% not funded
- Uganda: 35% funded, 65% not funded
- DRC: 6% funded, 94% not funded
- Madagascar: 25% funded, 75% not funded
“I am in charge now. I inject myself from home, in the bathroom, or anywhere. If I ever have another child, it will be because I want one.”

-Betty Nabulesa: Self-injector, Mubende district, Uganda
Most women can learn to self-inject

**Senegal**

<table>
<thead>
<tr>
<th>Self-injection study participants</th>
<th>Proficient</th>
<th>87%</th>
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<tbody>
<tr>
<td>Would like to continue self-injecting in the future</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Able to store DMPA-SC securely</td>
<td>97%</td>
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**Uganda**

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Self-injection enables women to continue using contraception longer

Significant differences in four countries

“Self-injection has made me strong to inject myself. It saved my transport (fees) so I can use the money to buy food.”

– Research participant, Uganda
Who are the first self-injectors in Uganda, outside of research?

- 35% are using modern family planning for the first time
- 59% are younger than 25
- 89% have attended school
1 Background
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Key operations research questions for DMPA-SC scale-up: Are initiatives meeting women’s overall SRH needs?

- How can we train health workers more quickly and at lower cost to reach more women with this innovation, while maintaining quality of care?

- How can we ensure that health workers offer a full range of methods as a new innovation is being rolled out?

- How can we implement programs so that women who discontinue DMPA and want to continue to avoid pregnancy switch to another option?

- How can DMPA-SC delivery in the private sector increase women’s access to SRH products and services?

- How can we clearly communicate with women at high HIV risk about a potential increased risk of HIV acquisition due to DMPA use and support them to make an informed choice?
“Self-administration of DMPA-SC is feasible, acceptable, effective, and improves continuation... [now] what is most needed is implementation research to analyse how self-administration is implemented in practice and to understand the barriers and facilitators to successful implementation.”

— Julia E. Kohn, *Lancet Global Health*
Key questions for self-injection: How to adapt successful research interventions for scale-up?

Operational questions:

- How can programs **equip women for self-injection** without compromising discretion, convenience, and quality?
- How can medical **waste management practices** at household level feasibly be strengthened?

Outcomes:

- What levels of **self-injection injection proficiency** do we see outside of a research setting?
- Does self-injection contribute to additional positive outcomes (e.g., **self-efficacy, knowledge, and empowerment**)?
- Does self-injection contribute to **social harms** (e.g., intimate-partner violence, psycho-social harm)?
Core indicators for monitoring DMPA-SC and self-injection

**Contextual indicators**

8.1 Modern contraceptive prevalence rate
8.2 Percent of injectables/DMPA-IM/DMPA-SC in method mix
8.3 Prevalence of HIV, by age and gender
8.4 Injectable discontinuation rate
8.5 Percent of current modern contraceptive users who reported whether provider informed them about other methods, side effects and what to do if they experienced side effects

**Product availability**

5.1 Percent of service delivery points (SDPs) stocked out of DMPA-SC
5.2 Quantity of DMPA-SC on hand
5.3 Months of stock of DMPA-SC
5.4 Months of shelf-life remaining for DMPA-SC in stock at the central level

**Product consumption**

6.1 Consumption based on actual quantity dispensed to users, by product (preferred)
   - **Alternative:** Consumption based on actual quantity issued from regional/districts to SDPs, by product

6.2 Forecast consumption, by product

6.3 Relative proportion of DMPA-SC consumed compared to DMPA-IM, based on actual quantity dispensed to users (preferred)
   - **Alternative:** Relative proportion of DMPA-SC consumed compared to DMPA-IM, based on actual quantity issued from regions/districts to SDPs.

6.4 Consumption of DMPA-SC for the purposes of self-injection (SI)

6.5 Relative proportion of DMPA-SC consumed for the purposes of SI

*Process indicators not listed on this slide*
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www.path.org/dmpa-sc