



PATH/Gabe Biencycki

DMPA-SC Evidence to Practice Meeting: Increasing Access, Empowering Women

Meeting Report: Nairobi, Kenya

REPUBLIC OF KENYA



MINISTRY OF HEALTH

July 2018

MAILING ADDRESS

PO Box 900922
Seattle, WA 98109
USA

ADDRESS

2201 Westlake Avenue
Suite 200
Seattle, WA, USA

TEL: 206.285.3500

FAX: 206.285.6619

www.path.org



Acknowledgements

PATH would like to thank the Kenya Ministry of Health for co-hosting the Evidence to Practice meeting and opening the meeting with such clear commitment and inspiration. We would also like to thank the steering committee members (see Appendix A) who graciously volunteered their time to participate in regular phone calls to guide the meeting's technical content, including the agenda, pre-work, group work, and other meeting materials. Thanks, as well, to the presenters and panelists who agreed to share their evidence and knowledge with the meeting attendees and to the participants who served as group facilitators. Many thanks to Wanjiku Manguyu, Rosemarie Muganda, and Anthony Okoth from PATH Kenya; and Judith Anyona and Yasmin Chandani of JSI Kenya, who led the in-country technical preparations for the meeting. This meeting could not have been organized so well without the tireless work by the local event planner, Skye Planners, and their vendors.

Robin Keeley, Jennifer Drake, and Megan Shawcross of PATH led the preparations for the meeting and would like to acknowledge the hard work and critical contributions of the entire PATH Advancing Contraceptive Options team, PATH Reproductive Health Director Martha Brady, and our partners at John Snow, Inc (JSI) under the DMPA-SC Access Collaborative. Without them, the meeting simply would not have been possible, and we could not have identified the excellent participants who attended the meeting.

Finally, many thanks to the meeting participants who prioritized attendance at this meeting, despite their busy schedules, and worked hard for three days because they saw the value to their countries in expanding women's contraceptive options by accelerating access to DMPA-SC.

Executive summary

The DMPA-SC Evidence to Practice meeting was convened in Nairobi, Kenya in May 2018 to provide a forum for applying evidence to accelerate access to this new injectable contraceptive option. The 2017

DMPA-SC is a new, lower dose, easy to use injectable contraceptive. Sayana® Press, the subcutaneous DMPA product available to Family Planning 2020 (FP2020) countries, is manufactured by Pfizer Inc. and combines the drug and needle in the prefilled BD Uniject™ injection system, which was originally developed by PATH.

DMPA-SC is making it easier for women to access injectable contraception. The user-friendly design means that any trained person can administer it, including community health workers, pharmacists, and even women themselves through self-injection.

“Increasing Access to Next Generation Injectables” meeting in Dakar, Senegal, co-hosted by Advance Family Planning, PATH, and IntraHealth International, gathered advocates and implementers to review evidence and develop advocacy plans for policy change that would expand access to DMPA-SC. Since early 2017, more information and experience has been generated on DMPA-SC acceptability, continuation, cost, and use in the private sector as well as self-injection. Given the substantial evidence base and the recent start of the DMPA-SC Access Collaborative project, led by PATH and John Snow, Inc (JSI), family planning (FP) stakeholders from 18 countries—along with donors and partners—were primed to convene and plan for accelerated scale-up.

The goal of the meeting was to increase voluntary and quality access to DMPA-SC within a wide range of contraceptive methods and inform related policy decisions with existing evidence and experience.

To reach this goal, the objectives of the meeting were to:

- *Develop* country-specific actions to accelerate rights-based, quality total market DMPA-SC introduction/scale-up plans and implementation approaches.
- *Launch* two regional Learning and Action Networks under the DMPA-SC Access Collaborative.
- *Enhance* awareness of available tools and resources for program managers to aid introduction and scale-up of DMPA-SC, including self-injection in the context of the full method mix and how to apply the tools/resources.
- *Strengthen* partnerships and alliances among Ministry of Health (MOH) departments and other implementing partners across countries on DMPA-SC introduction and scale-up, including self-injection.
- *Improve* understanding of available evidence regarding DMPA-SC acceptability, continuation and cost, and private-sector provision.
- *Improve* understanding of available program guidance and studies regarding DMPA-SC self-injection across geographies.

175 participants from 18 country delegations (Bangladesh, Benin, Burkina Faso, Cote d’Ivoire, the Democratic Republic of Congo [DRC], Ghana, India, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Nigeria, Senegal, Uganda, and Zambia), as well as attendees from donor organizations, bilateral and multilateral organizations, and international NGOs attended the three-day meeting.

The agenda included opening remarks and plenary, presentations of recent research and program results on DMPA-SC and self-injection, an update on the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial regarding HIV and hormonal contraceptives, and panel discussions featuring country experiences and donor perspectives (see Annex B). There was also significant time dedicated to group work in which country delegations worked together to develop an action plan to accelerate implementation and scale-up of DMPA-SC, including self-injection, in their countries. The countries were all at differing stages of implementation and scale-up so the meeting provided a unique opportunity for exchange of lessons, experiences, and recommendations. Some key themes that emerged from the meeting include:

- There is a critical mass of evidence on DMPA-SC and self-injection; new research studies and pilots are generally not perceived to be needed but robust monitoring and evaluation (M&E) of scale-up should continue.
- The evidence is clear: Women and providers like DMPA-SC; self-injection is feasible, acceptable, and helps increase continuation.
- It is important to talk about DMPA-SC in the context of widening the method mix, not as pushing a single method or intervention.
- Many country delegations perceived that the injectables market will naturally move toward DMPA-SC as it is a “next-generation” product; our job as a global community is to do all we can to ensure that women have the option to access this innovation, in the context of all method choices.
- The DMPA-SC pricing subsidy being guaranteed until 2022 allows countries to “...think more long term with introduction and scale-up.”

“We have moved beyond the period of pilots and studies—countries need to move to planning for ambitious scale-up and use a cascade approach to train providers swiftly.” - Meeting Participant

Post-meeting, it is important to ensure that action plans are implemented, and momentum is sustained. There are several mechanisms to help this continue:

- Point people have been identified for each country through the Access Collaborative and the donor community to help maintain momentum to implement the action plans developed in Nairobi and continue to scale-up DMPA-SC and roll out self-injection.
- The Access Collaborative will continue to be a source of technical assistance and to elevate need for financial resources to support scale-up.
- The DMPA-SC Learning and Action Networks (LANs), open to all meeting participants as well as other stakeholders, will encourage and enable continued cross-country learning and sharing through a variety of virtual mediums.
- PATH will convene a pre-meeting at the 2018 International Conference on Family Planning (ICFP) to review and discuss progress and overcome barriers or challenges.

I. Global gathering of international DMPA-SC stakeholders: Why now?

Interest in and use of DMPA-SC and self-injection have been rapidly evolving over the past few years, as has the evidence supporting it. In recent years, evidence has been generated on DMPA-SC acceptability, continuation, cost, and use in the private sector as well as self-injection. Given the substantial evidence base and the recent start of the DMPA-SC Access Collaborative project, led by PATH and JSI, family planning (FP) stakeholders from 18 countries were primed to convene and plan for accelerated scale-up.

"I am keen to learn how other countries overcame the traditional perceptions of the role of the health provider vis-à-vis DMPA-SC, which one can self-inject. DMPA-SC can expand access to women by increasing the types of providers who can administer or sell DMPA-SC for self-injection." - Dr. Gondi, Kenya MOH

"I hope to use the lessons learned at the meeting to revise upcoming action plans, including health providers who were previously left out in DMPA-SC programs in Myanmar." - Dr. Lwin, Myanmar MOHS

What does success look like?

The goal of the meeting was to increase voluntary and quality access to DMPA-SC within a wide range of contraceptive methods and inform related policy decisions with existing evidence and experience.

To reach this goal, the objectives of the meeting were to:

- *Develop* country-specific actions to accelerate rights-based, quality total market DMPA-SC introduction/scale-up plans and implementation approaches.
- *Launch* two regional Learning and Action Networks under the DMPA-SC Access Collaborative.
- *Enhance* awareness of available tools and resources for program managers to aid introduction and scale-up of DMPA-SC including self-injection in the context of the full method mix, and how to apply the tools/resources.
- *Strengthen* partnerships and alliances among Ministry of Health (MOH) departments and other implementing partners across countries on DMPA-SC introduction and scale-up, including self-injection.
- *Improve* understanding of available evidence regarding DMPA-SC acceptability, continuation and cost, and private-sector provision.
- *Improve* understanding of available program guidance and studies regarding DMPA-SC self-injection across geographies.

The meeting built on a 2017 convening to advance advocacy efforts around DMPA-SC (entitled "[Increasing Access to Next Generation Injectables](#)"), co-hosted by Advance Family Planning, PATH, and IntraHealth International and held in Dakar, Senegal.

What do we want to achieve?

The expected outcome of the meeting was for country delegations to develop DMPA-SC action plans for acceleration of implementation and scale-up and commitments made to make DMPA-SC more widely available as part of an expanded method mix.

Who are the DMPA-SC meeting participants?

One hundred and seventy-five participants from 18 country delegations, as well as attendees from donor organizations, bilateral and multilateral organizations, and international NGOs attended the three-day meeting. Country delegations were from: Bangladesh, Benin, Burkina Faso, Cote d'Ivoire, DRC, Ghana, India, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Nigeria, Senegal, Uganda, and Zambia.

II. Meeting summary and key themes: The evidence is clear, and the time has come for ambitious scale-up

The three-day meeting included overarching opening remarks and plenary, presentation of recent research on DMPA-SC acceptability, continuation, cost, private sector provision, and self-injection, an update on the ECHO trial regarding HIV and hormonal contraceptives, a panel with country experiences with DMPA-SC scale up, and a panel with international donors who fund these scale-up efforts (see Annex B). A summary of the meeting content follows. Some key themes that emerged from the meeting include:

- There is a critical mass of evidence on DMPA-SC and self-injection; new research studies and pilots are generally not perceived to be needed but robust M&E should continue.
- The evidence is clear: Women and providers like DMPA-SC; self-injection is feasible, acceptable, and helps increase continuation.
- Many country delegations perceived that the injectables market will naturally move toward DMPA-SC as it is a “next-generation” product; our job as a global community is to do all we can to ensure that women have the option to access this innovation, in the context of all method choices.
- The DMPA-SC pricing subsidy being guaranteed until 2022 allows countries to “...think more long term with introduction and scale-up”.

a. Opening remarks and plenary: The ultimate goal is increasing contraceptive access and empowering women

Dr. Joel Gondi, MOH Kenya, opened the meeting and welcomed the meeting attendees to Kenya and highlighted that in Africa there is still unmet need for sexual and reproductive health services—including contraceptive services—evidenced by the number of women who continue to die from unplanned pregnancies and related issues and conditions. He also noted the importance of DMPA-SC in terms of enhancing existing contraceptive options to increase access and empower women.

Martha Brady, Director of Reproductive Health at PATH, then spoke about how evidence shows that introducing new methods, improving on existing methods, and expanding availability can increase overall

contraceptive use. Also, offering a range of methods, like DMPA-SC, helps women find one that suits their needs, which evolve and change throughout the life course.

With the launch of DMPA-SC and other sexual and reproductive health (SRH) products over the years, Ms. Brady shared the following lessons:

- Thoughtful introduction of a product can help “lift all boats” (i.e., increase use of all contraceptive options available) and improve quality across the board.
- It’s not just the “hardware”, but the “software” as well; in other words, the social behavioral dimension of new technologies is important to understand.
- Good planning and preparing communities is essential; we must engage civil society in the design of programs.
- Helping women and couples achieve their reproductive intentions is the ultimate goal.

Dr. Jackson Kioko, Director of Medical Services at the Kenya MOH, gave official opening remarks for the meeting. He acknowledged the ongoing efforts toward the introduction of DMPA-SC and pledged his ministry’s support of the introduction in Kenya of any intervention that would not only improve the quality of life, but also impact positively on the lives of women.

He closed by saying that he hoped that the discussions and experiences shared in the meeting would serve as a catalyst to enrich individual country programs. He also noted that he hoped that the issues of commodity security financing, capacity building for the health workforce, service delivery, and monitoring and evaluation would be discussed. He also pointed out the lack of systems for medical waste disposal which is a major challenge in many African countries and a factor which could potentially hinder the registration of new products if not considered.

Holley Stewart of FP2020 moderated an opening plenary with panelists from Ministries of Health in Senegal (Dr. Mareme Mady Ndiaye), Kenya (Dr. Joel Gondi), and Myanmar (Dr. Hnin Hnin Lwin), James Kiarie from the World Health Organization (WHO), Anthony Gitau from Children's Investment Fund Foundation (CIFF) Kenya/East Africa, and Jennifer Drake from PATH. Highlights from the plenary included:

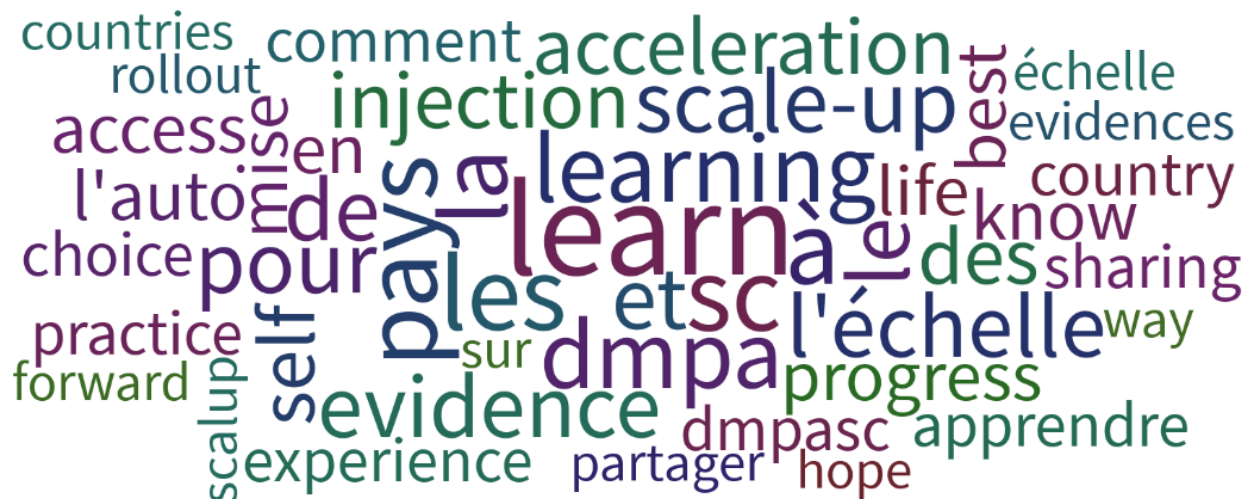
- Dr. Ndiaye: In Senegal, women with limited or no education were able to self-inject after training, eliminating the need for a health worker to administer the product, and marginalized populations are set to benefit from this product due to its characteristics.
- Dr. Gondi: In Kenya, DMPA-SC will create an opportunity to fill unmet need, especially among youth who are still underserved.
- Dr. Lwin: In Myanmar, local leaders have been engaged in combating taboos and negative perceptions toward FP in general; these efforts could benefit from experience and knowledge sharing with other countries.
- Dr. Kiarie: DMPA-SC was reviewed for WHO’s 2015 update of the medical eligibility criteria for contraception and was included largely because of its safety, effectiveness, and its similarity with DMPA-IM. The global handbook for FP providers was also updated in 2018 and now includes

information on DMPA-SC and training on self-injection. The training resource package will be updated and there are plans to conduct a systematic review of DMPA-SC self-injection in 2018.

- Mr. Gitau: There is already solid evidence that self-injection is feasible and acceptable to women, it is now time for its potential for health impact to be quantified. CIFF is keen to see increased and wide usage of DMPA-SC, particularly with self-injection.
- Ms. Drake: PATH's work to expand access to DMPA-SC is about more than just one product: we believe that all women, no matter where they live, should have access to a range of safe and effective contraceptive options that allows them to make an informed choice. DMPA-SC is catching global attention as an important option for various reasons, including:
 - It is easy to use and makes sense to women, like those in Uganda who refer to the product as the 'all-in-one.'
 - Its potential to increase access, including through self-injection.

The panel ended with an interactive activity to learn the participants hopes for the meeting. Poll Everywhere, a platform for live interactive audience participation, was used throughout the meeting to solicit participant input. The one-word answers (in English and French) from the audience created a word cloud (see Figure 1).

Figure 1. Responses to the question, “In one word, what is your greatest hope for this meeting?”



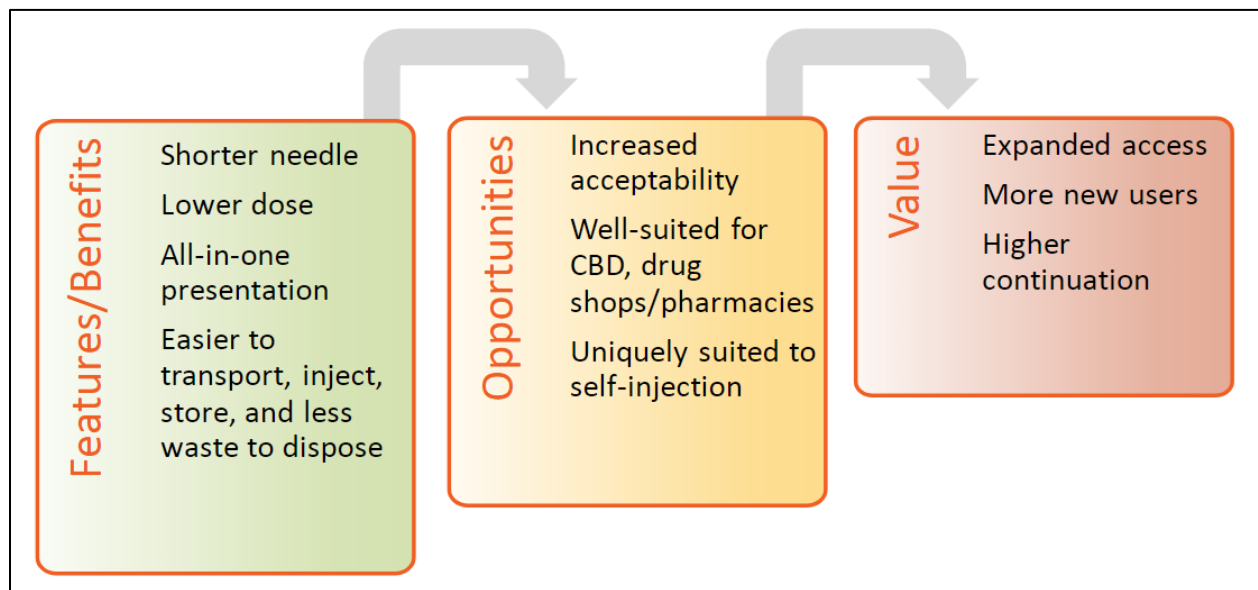
b. High level overview of evidence presented: DMPA-SC is highly acceptable and self-injection helps increase continuation

Siri Wood and Fiona Walugembe from PATH opened the evidence review with an overview of DMPA-SC. They highlighted the fact that DMPA-SC is:

- Safe and highly effective at preventing pregnancy.
- Delivered every three months.

- Prefilled and ready to inject.
- Simple to use.
- Small and light, with a short needle.

Figure 2. Highlights of DMPA-SC and its benefits.



Daniele Russo from Pfizer followed the review of DMPA-SC and presented on product and production updates including:

- Product registration: as of April 2018, DMPA-SC had been registered in 33 low- and middle-income countries globally, and in all 18 countries represented in the meeting.
- Social marketing: Pfizer recognizes that social marketing approaches can have a high impact towards maximizing access to modern FP methods. Pfizer is developing pre-approved informational and promotional material that will be made available for any approved third party to use, as permitted by respective national regulations.
- Pricing, packaging, and shelf life: Pfizer committed to keep the price of \$0.85 for the standard pack of 200 units through 2022 with a possibility for extension. In terms of packaging, additional smaller packaging configurations will be possible in the future, size, and cost will be discussed with the consortium of donors. Currently, the product has a shelf life of 36 months. However, a longer shelf life may be considered if real time data support the variation.

New results and evidence on DMPA-SC have emerged from Burkina Faso, the DRC, Kenya, Malawi, Niger, Nigeria, Uganda, and Senegal over the past two years. The data and experience presented at the meeting focused on provider/client acceptability; introductory experiences across a range of delivery channels; costs of different delivery approaches for DMPA-SC relative to DMPA-IM; and groundbreaking evidence on self-injection feasibility, acceptability, and continuation (see Annex B).

Presentations on product introduction included:

- Provider and client DMPA-SC acceptability: Results from Uganda and Senegal (Holly Burke, FHI 360).
- Experiences from DMPA-SC pilot introductions in Burkina Faso, Niger, Senegal, and Uganda (Alain Kaboré, PATH).
- Continuation and cost when DMPA is administered by health workers: Results from Burkina Faso and Uganda (Jane Cover, PATH).
- Reaching women through social marketing: Evidence from DKT Nigeria's experience (Jenny Liu, University of California, San Francisco).
- Findings from a market assessment of the acceptability of the self-injection of DMPA-SC in three Sahel countries (Burkina Faso, Niger, and Senegal) (Raveena Chowdhury, Marie Stopes International [MSI]).

Self-injection research presentations included:

- A 12-month open-label randomized controlled trial to evaluate Sayana® Press suitability for at home subcutaneous self-injection procedures in adult women (Holly Burke, FHI360, and Dr. Bagrey Ngwira, University of Malawi School of Medicine).
- Self-injection research and program rollout: Uganda, (Allen Namagembe, PATH).
- L'auto-injection du DMPA-SC: Résultats des études menées au Sénégal (Maymouna Ba, PATH).
- Tester l'auto-injection de Sayana® Press au niveau communautaire à Kinshasa, RDC (Arsene Binanga, Tulane University).
- Prospective study of the feasibility, acceptability, and continuation of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Kenya: Key Findings (Isaac Malonza, Jhpiego).

Some key messages that came out of the presentations include:

- Results from Malawi, Uganda, and Senegal found higher continuation among women who self-inject relative to those who receive DMPA injections from providers.
- There was evidence of consistent preference for DMPA-SC among users and providers when both DMPA-IM and DMPA-SC are available.
- Strengthening the environment for introduction and scale-up of a wide range of contraceptive options addresses unmet need, increases method choice, expands access especially in rural and underserved areas. It also fulfills commitments, including FP2020.
- DKT Nigeria found that in 2015–2016 only 28 percent of surveyed DMPA-SC users reached were new users (women who had not used modern contraception in the past 12 months) and this increased to 66 percent in 2017–2018, indicating that expanding access to DMPA-SC may help to reduce unmet need.
- Targeted youth-friendly efforts are needed to reach young women through online and social media channels, recruiting younger volunteers to assist with outreach, etc.
- Self-injection is acceptable to most women and they do not have a problem storing extra units of DMPA-SC at home.
- Waste disposal for self-injection programs is still a question for many country programs, but approaches are being tested and local context will be very important in determining the best solution for a particular country. In most self-injection studies to date, women have been advised to dispose of used SC units in pit latrines; this is not perceived as a sustainable long-term solution by health

authorities, and in less rural areas there are no pit latrines. A small sample of women in Uganda indicated willingness to store used units in a puncture proof container provided to them and return the container to the health facility or health worker at their own convenience; that approach is now being evaluated on a wider scale in Uganda.

The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial

James Kiarie from the WHO and Nelly Mugo from KEMRI presented on the ECHO trial, a randomized clinical trial comparing HIV incidence and contraceptive benefits in women using intramuscular Depot Medroxyprogesterone Acetate (DMPA-IM), Levonorgestrel (LNG) implant, and copper intrauterine devices (IUD), its progress to date, and collaborations with governments around messaging for the HIV/HC issue. Raveena Chowdhury from MSI then presented on their work testing HIV/HC messaging that is ongoing in MSI's program in Tanzania.

The goal of the ECHO trial is to answer the pressing question of the relative risk of DMPA increasing the risk of HIV acquisition and the benefits of DMPA preventing unintended pregnancy among women at high risk of HIV who desire contraception.

Dr. Kiarie gave a brief presentation on the WHO handbook guideline development, the WHO medical eligibility criteria for contraceptive use (MEC) and the current recommendations for methods in the ECHO study (see Box 1). He said that any updates to WHO recommendations will be based on a full review of all the evidence, including the ECHO trial. It is important to consider reactions by communities, civil society, policy makers, program managers, donors and industry after the findings are available.

Dr. Mugo then gave an update on the ECHO trial and said that results are anticipated in 2019. She said that ideally this RCT will provide compelling evidence to:

- Provide clear guidance for policymakers and programs;
- Help to formulate clear counselling messages for clinicians; and,
- Permit women to make fully informed choices.

Finally, Raveena Chowdhury presented on a study in Tanzania with the aim of assessing comprehension of HC/HIV messaging and understanding how the messages affect clients' decision-making on contraception. The results are intended to inform further training and message development for all managers, providers, and clients.

Box 1. WHO recommendations for hormonal contraceptive use among women at high risk of HIV infection.

- Women and couples at high risk of HIV infection continue to be eligible to use all forms of hormonal contraception.
- Women at high risk of HIV can use the following hormonal contraceptive methods without restriction (MEC category 1): combined oral contraceptive pills (COCs), combined injectable contraceptives (CICs), combined contraceptive patches and rings, progestogen-only pills (POPs), and levonorgestrel (LNG) and etonogestrel (ETG) implants.
- Women at high risk of acquiring HIV can generally use progestogen-only injectables (NET-EN and IM or SC DMPA) (MEC category 2), but there must be clear provision of information beforehand to enable informed decision-making. There continues to be evidence of a possible increased risk of acquiring HIV among progestogen-only injectable users.
- In many settings, unintended pregnancies and/or pregnancy-related morbidity and mortality are common, and progestogen-only injectables are among the few methods widely available. Women should not be denied the use of progestogen-only injectables because of concerns about the possible increased risk. Women considering progestogen-only injectables should, however, be advised about this and about how to minimize their risk of acquiring HIV.

c. Country panels: Bringing the stages of scale-up to life

There were two panels of MOH representatives, one included countries at a more advanced stage of scale-up of DMPA-SC and one featured countries at earlier stages. The goal of these sessions was for other country delegations to learn about challenges and opportunities in getting to their current stage of DMPA-SC implementation and then apply these lessons in country group work and action plans moving forward.

Advanced scale-up: How did they get there and what lessons were learned?

- Dr. Mareme Mady Ndiaye, MOH Senegal
- Dr. Dinah Nakiganda-Busiku, MOH Uganda
- Aguibina Ouedraogo, MOH Burkina Faso

In all the three countries, DMPA-SC pilot introduction results (and studies in Senegal and Uganda) were positive, leading to strong MOH support. It is notable that the efforts in these countries were co-led by the respective Ministries of Health. In Senegal, the decision to scale up self-injection was approved quickly by the MOH because the benefits of the product were backed by positive research findings. The only concern was management of waste disposal.

"DMPA-SC provides the opportunity to reach women in rural areas where unmet need is high, as they can use the product in privacy without interfering with their daily chores."
-Dr. Ndiaye, Senegal MOHASA

Uganda was a pioneer in the piloting and introduction of DMPA-SC. Its ease of use has helped in its acceptability and self-injection is regarded as a way of using contraceptives more privately, thus reducing stigmatization associated with being seen going to a clinic. The ‘all in one’ presentation makes it easy and convenient to carry, use, or store. The two outstanding concerns were general fear of self-injecting and the uncertainty of new technology. The MOH is in full support of various FP options including DMPA-SC. The high demand for the product backed by the pilot study findings further reinforced the MOH’s commitment. More training needs to be undertaken in the private sector and in some far to reach districts.

“DMPA-SC has added value into the method mix and has increased access for young people and people in the rural areas through community health workers.” - Dr. Nakiganda-Busiku, Uganda MOH

In Burkina Faso, political leadership was spearheaded by the MOH. WHO guidelines were used for training and scaling-up, which made the government comfortable with the safety of the product. There is also a scale-up plan which allows participation and support by all partners which further aids in the scale up efforts.

“The experience with self-injection was positive, especially among the youth because of ease of use and discrete nature of administration of the product.” - Mr. Aguiébina Ouedraogo, Burkina Faso MOH

Early to mid-stage scale-up: What is needed to move forward?

- Mrs. Dynes Kaluba, MOH Zambia
- Dr. Marie Georgette Ravoniarisoa, MOH Madagascar
- Dr. Kayode Afolabi, MOH Nigeria
- Gina Smith, Society for Family Health/Zambia

In Zambia, the implementation of DMPA-SC began in December 2013. Training was also conducted with community-based volunteers—those already providing oral contraceptives and DMPA-IM. A pilot assessment showed that the volunteers could effectively administer DMPA-SC. Discussions about self-injection are ongoing at the MOH level and hopefully will lead to accelerated implementation especially in the rural areas.

In Madagascar, maternal mortality is very high and MOH strategies developed include increasing contraception options. DMPA-SC was introduced in 2016 both in public and private sector and at the community level. The level of satisfaction was high among users with many saying that the product was attractively packaged, while the MOH was satisfied with the rate of usage, ease of movement of the product and easy storage compared to DMPA-IM.

“There is added value to the method mix and DMPA-SC benefitted women in far flung areas.” - Dr. Ravoniarisoa, Madagascar MOPH

In Nigeria, advocacy with relevant bodies, including government, led to registration of DMPA-SC with the national regulatory body. The first approval was for administration by service providers, but later self-injection was approved. The MOH has seen the benefits of the product in terms of its high potential to improve access and uptake for adolescents and youths. The product expands the method mix and

“The expectation of DMPA-SC was very high because of what was already happening in other countries.” - Dr. Afolabi, Nigeria FMOH

allows for choice for women and adolescents. The product also has the potential to strengthen the existing health systems.

d. Technical and financial resources for scale-up and self-injection are available

To open the final day of the meeting, a panel of donor representatives was convened to discuss what they had heard during the meeting so far and plans moving forward, including the short-term and long-term vision for DMPA-SC from the donor perspective. The status of current donor support is as follows:

- The donors are organized as a consortium to support increasing contraceptive access with DMPA-SC, which enhances cooperation, coordination, and alignment of investments.
- The donors have worked with Pfizer in reducing the product price to \$0.85 through 2022 and continuing a conversation around pricing to ensure affordability.
- They are also working with Pfizer to ensure constant supply of the commodity at the global level and meet country demand.
- They have committed to ensure that funds are available to support DMPA-SC procurement and programmatic scale up in priority countries.
- In 2017, together they committed \$270 million to support the introduction and scale up of DMPA-SC and self-injection.

The panelists included Maryjane Lacoste, Gates Foundation; Matthew Rehrig, CIFF; Emma Foster, Department for International Development (DFID); Saad Abdulmumin, US Agency for International Development (USAID); and, Ayman Abdelmohsen, United Nations Population Fund (UNFPA). Some key themes and messages from this session are included below.

Gates Foundation

- Introducing a new product provides an opportunity to revisit systems issues such as counselling, supply chain, demand generation, cost effective training, and so on.
- The Gates Foundation is working with the global donors to help ensure that existing RH and FP investments (DFID, USAID, etc.) integrate some of the needs around DMPA-SC introduction.
- Currently, the Gates Foundation is focusing on nine focus countries; the DMPA-SC Access Collaborative, led by PATH and JSI, is active in many, and the Foundation will continue to work with other partners as well.
- There are ongoing discussions with Uganda and Nigeria about their funding gaps; reiterated the need to come up with cost-effective approaches to training.

CIFF

- CIFF's sexual and reproductive health portfolio is regarded as one of the most exciting area for growth at CIFF. CIFF is integrating support for DMPA-SC into existing products which it supports in countries like Nigeria, Kenya, Madagascar, and India for the introduction of the product and expansion work.

- CIFF and the Gates Foundation are in a partnership with Pfizer to ensure the sustainable price of \$0.85 until 2022. The pricing agreement includes obligations for Pfizer to extend this pricing beyond 2022 if the market achieves sustainable volumes.
- Overall, CIFF wants a multi-supplier competitive market and CIFF is committed to that as a goal, including working with the Gates Foundation on the development of a generic alternative to Pfizer's Sayana Press.

DFID

- DFID believes that to fully realize the benefits of DMPA-SC and dramatically increase access, the product needs to be provided through a variety of delivery channels—including at the facility and community level and drug stores/pharmacies—with a total market approach.
- In terms of value proposition, the potential for self-injection and community-based distribution are the two key design features that will ultimately make DMPA-SC a game changer in many of the focus countries.
- However, there is a danger in positioning DMPA-SC as a 'niche' injectable product only suitable for community-based distribution or self-injection. We must not forget about all the other design features (lower dose, smaller needle, compact design, etc.) which make it in many ways a superior product over intramuscular DMPA at all levels of the health system.
- DFID has pledged 30 million pounds towards the procurement of DMPA-SC through the UNFPA Supplies program from 2018-2022. It was clarified that this amount would be in addition to 356 million pounds already committed by the United Kingdom to UNFPA Supplies up to 2020 which supports the wider set of FP commodities. The 30 million pounds was available to all 46 UNFPA Supplies focus countries.

USAID

- Introducing a new product into the method mix is an opportunity to increase modern contraceptive use. As the Kenyan MOH said, the momentum set in the introduction of any new product needs to be maintained and incorporated into the method mix.
- Countries can consider policy changes that can improve contraceptive access by expanding the range of providers from the facility level down to the community level.
- USAID would like to see countries move beyond pilot phase to scale-up in the introduction and roll out of DMPA-SC in the context of expanding method choice. Toward these efforts, USAID has, at the request of governments, supported self-injection studies in Malawi and Senegal to introduce DMPA-SC at community level and supported some countries, like Madagascar, to have DMPA-SC explicitly included in their costed implementation plan.

UNFPA

- UNFPA supports 46 out of the 69 FP2020 countries. The support comes in two ways:

- Provision of contraceptive and reproductive health commodities. This support relies critically on country counterparts working closely with their respective national governments and coming up with good, vetted and verified commodity quantification plans at the beginning of every year or the beginning of every quantification cycle. This is crucial to avoid overstocking or stockouts.
- Technical support developed in coordination with governments and other partners to scale up a technical intervention to implement DMPA-SC. Delegates were reminded to seek assistance from UNFPA country offices on how to receive assistance.
- There are ongoing partnerships, such as with CIFF in Uganda and with the Gates Foundation on multiple partnerships, to make sure that coordinated efforts at country level are integrating scale up plans with commodity procurement.

To take advantage of the funds available for DMPA-SC procurement, UNFPA called upon the delegates to work together at the country level, identify country needs for DMPA-SC scale up, and reach out to the UNFPA country offices to initiate a procurement request for processing.

e. Coordinated planning among all stakeholder groups and government leadership are needed to move to scale-up

Country delegations completed pre-work before the meeting to:

- Identify the current status of several DMPA-SC related indicators.
- Determine the current status of DMPA-SC and self-injection registration/approval, introduction, and costing plans.
- Make links to any other existing plans or commitments (i.e., FP2020 and country plans).
- Determine status of DMPA-SC in health management information systems (HMIS), logistics management information systems (LMIS), on the essential medicines list (EML), and in training guidelines/curricula
- Current, planned, and potential delivery channels and self-injection vision.
- Action items and challenges to accelerating introduction/scale-up of DMPA-SC, including self-injection (within a full method mix).

During the meeting, country delegations built from the pre-work to develop a country action plan to accelerate the scale-up of DMPA-SC. The group work form is in Annex C. After the development of the action plans, countries shared and discussed their plans in regional groups. Participants found these exchange sessions very helpful and many countries wanted more time for this exchange. PATH is planning a follow-up convening during ICFP and exploring the coordination of several country exchange tours to aid learning about the experience of scaling up DMPA-SC, including self-injection.

f. Bringing the evidence together

The meeting ended with closing comments from Jennifer Drake of PATH and two country representatives, Dr. Alda Mahumana Govo, who leads the National Family Planning program for the Mozambique MOH, and Dr. Saroj Kumar Sikdar, Deputy Commissioner of Family Planning for the Ministry of Health and Family Welfare, India.

Dr. Govo from Mozambique was then asked to make some remarks on her experience at the meeting. She said that what she had learned at the meeting gave her hope that it was possible for more women to make decisions about their sexuality. She recognized the support of the partners for enabling the meeting to take place and act as a learning platform. The experiences shared by other countries encouraged her to know that self-injection was possible, and it gives her the strength to push forward for its implementation in Mozambique.

"I was inspired knowing that with DMPA-SC, women in far to reach areas can have access to FP and I hope that youth will have the confidence and freedom to self-inject for the betterment of human prosperity." -Dr. Govo, Mozambique MOH

Dr. Sikdar from India then provided his experience. He stated that DMPA-SC started a bit late in the public sector in India, though DMPA-IM is big in the private sector. India will try to catch up with all the other countries that have started implementing DMPA-SC. The priorities are very clear, and implementation will be carried out in a systematic way. He hoped that consideration will be made to have more manufacturers of the product so that quality is maintained, and cost comes down considering that in India the government provides all drugs.

Ms. Drake then closed the meeting by reflecting on when participants were asked to give one sentence that captured something they heard from the evidence presented that they hoped to apply to their action plans during the meeting. Some highlights included:

- Many points about the strong evidence base for scale-up:
 - Having moved beyond the period of pilots and studies, countries need to move to planning for ambitious scale-up and use a cascade approach to train providers swiftly.
 - On peut passer à l'échelle sans faire de nouveaux pilotes (One can scale up without conducting new pilots).
- Many points about the strong evidence base for self-injection:
 - Consistency of self-injection success.
 - Depth of research achieved on self-injection.
 - La plus value de l'auto-injection (The value-add of self-injection).
- Many points about the need to continue learning and exchange on disposal:
 - Particularly noting that disposal of medical waste is a larger health system issue that should not hold up women's access to the option of self-injection.

g. Outcomes

Objective	How it was met
1. Develop country-specific actions to accelerate rights-based, quality total market DMPA-SC introduction/scale-up plans and implementation approaches.	<p>Eighteen country action plans were developed and shared with all meeting participants. The Access Collaborative is coordinating follow-up with each participating country, including reaching out to each country delegation to track progress in achieving the next steps outlined at E2P. The AC and donors will continue to follow-up to track progress in assigned countries. Since the meeting, several countries have advanced their commitments and are in the final stages of completing their scale up planning (e.g., DRC, Madagascar, Malawi, and Zambia).</p>
2. Launch two regional Learning and Action Networks (LANs) under the DMPA-SC AC.	<p>Two virtual LANs, one Anglophone and Francophone, were officially launched to sustain connections and facilitate evidence-based progress across countries. A virtual platform will soon be created to promote exchange of experience across countries through various mediums and there have already been online webinars with discussion.</p>
3. Enhance awareness of available tools and resources for program managers to aid introduction and scale-up of DMPA-SC including self-injection in the context of the full method mix, and how to apply the tools/resources.	<p>A wide variety of advocacy and implementation resources were highlighted during and after the meeting.</p> <p>Donors committed to existing, new, and forthcoming sources of support for procurement and implementation from the DMPA-SC donor group and the AC.</p>
4. Strengthen partnerships and alliances among Ministry of Health (MOH) departments and other implementing partners across countries on DMPA-SC introduction and scale-up, including self-injection.	<p>Most of the third day was spent with countries sharing their action plans and next steps in regional groups, including MOH representatives having direct discussions about aspects of program development and implementation. For example, the Nigeria delegation reported that they documented the Ghana country group work outcomes to inform their own plans.</p>

5. Improve understanding of available evidence regarding DMPA-SC acceptability, continuation and cost, and private-sector provision.

Presentations were made on these topics highlighting evidence from Senegal, Uganda, Burkina Faso, Niger, and Nigeria, as well as an update from Pfizer, the global manufacturer of the DMPA-SC product available in many FP 2020 countries.

6. Improve understanding of available program guidance and studies regarding DMPA-SC self-injection across geographies.

Presentations were made on these topics highlighting evidence from Malawi, Senegal, Uganda, DRC, Kenya, and West Africa regionally. Several countries focused on accelerating access to self-injection during group work and, following the meeting, will focus on disseminating SI results to key stakeholders in their countries and advancing planning for SI introduction and roll out.

III. How do we sustain this momentum for scale-up?

a. The DMPA-SC Access Collaborative is helping to accelerate scale-up

The DMPA-SC Access Collaborative will be supporting many of the country delegations from the meeting moving forward and will help to follow-up on implementation of action plans developed during the meeting. There will also be support from the donor community for these countries to help with operationalization of their scale-up plans. Access Collaborative priority countries (DRC, Kenya, Madagascar, Nigeria, Senegal, Uganda, and Zambia) can also access direct support from country coordinators based in these countries. Sources of support are being put in place for additional countries, but partners can reach out to the team at fpoptions@path.org if they have questions in the meantime.

Some exciting progress has already been made:

- Requests have increased for DMPA-SC training tools and resources, particularly for self-injection, at the country level, including from Malawi, Mozambique, Nigeria, Zambia, and Myanmar.
- A self-injection program design guide is being developed and Nigeria will develop a self-injection scale-up plan by Q3.
- Benin, Mali, Mozambique, Madagascar, Niger, and Zambia are advancing and planning for self-injection.
- In Kenya, an updated DMPA-SC (Sayana Press) label that includes self-injection was approved the day after the meeting closed.
- The Niger team was impressed by the meeting in Nairobi and the FP director in Niger agreed to let MSI test self-injection in their channels.
- Several meeting participants have disseminated evidence and learnings from the meeting to FP stakeholders in their countries (Senegal, Mozambique, and Zambia), using this as an advocacy opportunity to advance DMPA-SC scale up planning.

b. The Learning and Action Network will encourage and facilitate cross-country collaboration

All countries will have the opportunity to participate in the Access Collaborative's Learning and Action Networks, one Anglophone and one Francophone. Both networks were officially launched at the meeting and country delegates were given the opportunity to sign up to be a member of the guiding committee. The intention is for the LAN to be run "for members, by members." This means that members will drive the mode and topics of information exchanged. A virtual platform will be identified and launched in mid-2018 that will enable various modes of exchange from webinars, to live discussions or information exchanges, to chat and message posting functions. There will also be a repository for resources, or links to resources, as that is consistently a request from country programs.

- During the meeting, a session was held in which country groups brainstormed around questions such as what would encourage them to participate in the LAN, what would discourage them, what topics would be useful, and what modes of communication they prefer. Responses covered topics such as:
 - The need for an easy and accessible platform.
 - Organizing periodic face-to-face meetings.

- A repository for information and resources
- Topics that reflect country needs.
- A platform and environment that facilitate two-way communication and learning.
- Participation of diverse stakeholders.
- Content that includes evidence from research and practice, success stories/best practices, information on self-injection, supply chain, failures, and challenges.
- Timing and frequency of virtual learning events to engage and sustain participation.

At the meeting, 42 individuals from 10 countries signed up to join the Anglophone LAN and 23 people joined the LAN's guiding committee.

c. Financial and technical support to accelerate scale-up

Given the focus on the need for resources and identified funding gaps for scale-up, the donors highlighted commitments they have or plan to make to assist countries to fill these gaps.

UNFPA	<ul style="list-style-type: none"> • Communicate to all UNFPA offices re: the availability of procurement funding. • Mid-year review of annual workplans: good opportunity to include technical assistance to support scale up plans.
BMGF	<ul style="list-style-type: none"> • Continued investment in mechanisms to support DMPA-SC scale up planning (e.g., Access Collaborative and other potential investments). • Funding to support low-cost generic alternatives.
USAID	<ul style="list-style-type: none"> • Briefing of meeting evidence and results to USAID leadership and select missions. • Ongoing support for DMPA-SC scale up in the context of a broader method mix through bilateral investments.
DFID	<ul style="list-style-type: none"> • Funding for procurement of DMPA-SC, available via UNFPA. • Continued support for DMPA-SC scale up in the context of broader method mix through bilateral FP programs and large-scale regional investments like the Women's Integrated Sexual Health (WISH) program.
CIFF	<ul style="list-style-type: none"> • Investment in the Access Collaborative to support DMPA-SC scale up planning. • Programmatic investments in several countries to support DMPA-SC scale up and self-injection roll out.

Additional technical assistance is available via the Access Collaborative, which has placed regional technical advisors in Dakar and Kampala. Requests for technical assistance can be made by contacting fpoptions@path.org.

d. DMPA-SC general resources

Many resources for DMPA-SC can be found on the PATH website. Resources from the meeting, as well as links to other DMPA-SC resources, can be found [here](#).

Annexes:

- A. Steering Committee list
- B. Agenda
- C. Group Work form
- D. Participant list

Annex A: Steering Committee list

Name	Organization
Jenny Liu	UCSF
James Kiarie	WHO
Farouk Jega	Pathfinder
Isaac Malonza	Jhpiego
Holley Stewart	FP2020
Dr. Adewole Adefalu	JSI (Access Collaborative Coordinator, Nigeria)
Leigh Wynne	FHI360
Scott Radloff	PMA, Johns Hopkins
Sada Danmusa	M-Space
Ram Ganesan	SHOPS Plus
Rebecca Husband	PSI
Rodrigue Ngouana	IntraHealth, representing Ouagadougou Partnership Coordination Unit
Nkemdiri Wheatley	Formerly MSI
Raveena Chowdhury	MSI
Kate Gray	IPPF
Elias Girma	IPPF
Aparna Jain	Population Council
Roy Jacobstein	IntraHealth
Wendy Turnbull	PAI
Beth Frederick	AFP
Collin Dick	DKT Kenya/Uganda
Marietta Wildt	International Youth Alliance for Family Planning
Jane Bertrand	Tulane
Julie Hernandez	Tulane
Wanjiku Manguyu	PATH Kenya
Erin McGinn	Palladium



DMPA-SC EVIDENCE TO PRACTICE MEETING: INCREASING ACCESS, EMPOWERING WOMEN

DMPA-SC Evidence to Practice *Working Meeting*

Villa Rosa Kempinski
Nairobi, Kenya
May 7 - May 10, 2018

GOAL AND OBJECTIVES

GOAL

To increase voluntary and quality access to DMPA-SC within a wide range of contraceptive methods and inform related policy decisions with existing evidence and experience.

OBJECTIVES

- *Develop* country-specific actions to accelerate rights-based, quality total market DMPA-SC introduction/scale-up plans and implementation approaches
- *Launch* two regional Learning and Action Networks under the DMPA-SC Access Collaborative
- *Enhance* awareness of available tools and resources for program managers to aid introduction and scale-up of DMPA-SC including self-injection in the context of the full method mix, and how to apply the tools/resources
- *Strengthen* partnerships and alliances among Ministry of Health (MOH) departments and other implementing partners across countries on DMPA-SC introduction and scale-up, including self-injection
- *Improve* understanding of available evidence regarding DMPA-SC acceptability, continuation and cost, and private-sector provision
- *Improve* understanding of available program guidance and studies regarding DMPA-SC self-injection across geographies

EXPECTED OUTCOME

Action plans developed and commitments made to make DMPA-SC more widely available as part of an expanded method mix.

Simultaneous English-French interpretation services will be available throughout the meeting

FOR MORE INFORMATION

FPoptions@path.org | <http://sites.path.org/rh/?p=292>



MONDAY, May 7, 2018

18:00 – 20:00	<p>WELCOME RECEPTION</p> <p><i>Welcome remarks</i></p> <p>Dr. Peter Cherutich, Head—Department of Preventive and Promotive Health Services of the Kenya Ministry of Health</p> <p>Anthony Okoth, PATH Kenya Country Director</p> <p>There will also be an opportunity for implementing partners in attendance to display their DMPA-SC work and tools/resources so that reception attendees can speak to them or review their work.</p>
---------------	--

TUESDAY, May 8, 2018

8:30 – 9:45	<p>WELCOME REMARKS AND INTRODUCTIONS</p> <p>Dr. Joel Gondi, MOH Kenya Martha Brady, Director of Reproductive Health, PATH</p> <p>Opening plenary panel: Continuing the momentum Moderator: Holley Stewart, FP2020</p> <p>Dr. Joel Gondi, MOH Kenya Dr. Mareme Mady Ndiaye, MOH Senegal Dr. Hnin Hnin Lwin, MOH Myanmar James Kiarie, WHO Anthony Gitau, CIFF Kenya/East Africa Jennifer Drake, PATH</p> <p>Expected outcome: Understanding of the expectations for the meeting and potential of subsequent collaborative action to increase access to DMPA-SC.</p>
9:45 – 10:15	<p>OVERVIEW Review of DMPA-SC and how it can increase access</p> <ul style="list-style-type: none"> ▪ Siri Wood, PATH, USA ▪ Fiona Walugembe, PATH, Uganda <p>Expected outcome: Understanding of the current DMPA-SC product, how it works, the product's acceptability, and how it can increase access to contraception.</p>
10:15 – 10:30	<p>WELCOME FROM KENYA Dr. Jackson Kioko, Director of Medical Services, Kenya Ministry of Health</p>
10:30 – 11:15	<p>DISCUSSION WITH PFIZER Moderator: Natalie Revelle, Bill & Melinda Gates Foundation</p> <p>Daniele Russo, Pfizer Inc.</p> <p>Expected outcome: Meeting participants' questions for Pfizer regarding the branded product Sayana Press have been answered directly.</p>
11:15 – 11:45	BREAK - GROUP PHOTO
11:45 – 12:55	<p>PLENARY AND DISCUSSION: Effective delivery of DMPA-SC What evidence do we have now? Moderator: Annet Kyarimpa (Reproductive Health Uganda)</p>

	<ul style="list-style-type: none"> ▪ Introduction to overarching DMPA-SC evidence and experience <ul style="list-style-type: none"> ▪ Provider/client acceptability of DMPA-SC (Holly Burke, FHI 360) ▪ DMPA-SC introduction experiences (Alain Kaboré, PATH) ▪ What has been learned since the DMPA-SC Next Generation Injectables meeting in Dakar? <ul style="list-style-type: none"> ▪ Continuation and cost when administered by health workers (Jane Cover, PATH) ▪ Private sector provision <ul style="list-style-type: none"> ○ Nigeria, Social Marketing provision (Jenny Liu, UCSF) ○ West Africa, Non-profit provision (Raveena Chowdhury, MSI) <p>Expected outcome: Learn what new evidence has been generated over the past year.</p>
12:55 – 14:00	LUNCH
14:00 – 14:10	ENERGIZER
14:10 – 15:30	<p>PLENARY AND DISCUSSION (CONTINUED) Moderator: Dela Nai, Population Council Ghana</p> <p>Acceptability, feasibility, and effectiveness of self-injection</p> <ul style="list-style-type: none"> ▪ Malawi, FHI 360 (Holly Burke and Dr. Bagrey Ngwira) ▪ Uganda, PATH (Allen Namagembe) ▪ Senegal, PATH (Maymouna Ba) ▪ DRC, Tulane (Arsene Binanga) ▪ Kenya, Jhpiego (Isaac Malonza) <p>Expected outcome: Experiences from several countries will be shared based on recent study results, including how it is being applied to country program/policy development.</p>
15:30 – 16:00	BREAK
16:00 – 17:00	<p>PANEL DISCUSSION What is the latest on HIV and hormonal contraceptives and how does this affect programming?</p> <p>Moderator: James Kiarie, WHO</p> <ul style="list-style-type: none"> ▪ Update and global overview on the ECHO Trial, Nelly Mugo, KEMRI ▪ Implementing messages to clients on HC/HIV in Tanzania, Raveena Chowdhury, MSI <p>Expected outcome: Better understand WHO guidance and implementation recommendations for hormonal contraceptives and HIV.</p>
17:00-17:30	<p>FIRST COUNTRY GROUP MEETING</p> <p>Expected outcome: Meet the people in your country group, review country pre-work, discuss country-specific definition of scale-up of DMPA-SC</p>
17:30-17:35	<p>REVIEW OF DAY</p> <p>Robin Keeley, PATH Beth Fredrick, Advance Family Planning</p>
18:00	DINNER ON YOUR OWN

WEDNESDAY, May 9, 2018

09:00 – 09:30	DAY ONE RECAP/ACCESS COLLABORATIVE INTRO Kaitlin Christenson, PATH Maryjane Lacoste, Bill & Melinda Gates Foundation
09:30 – 11:15	GROUP WORK (BY COUNTRY) Does the evidence you heard yesterday change the list of 3-5 action items for accelerating scale-up identified in advance of the meeting (revise action items, if so)? What do you need to do to apply the existing evidence to scale-up programming in your country? What are strategies for applying existing evidence to gaps and bottlenecks in your programs (e.g., country exchanges, demonstration projects with strong M&E, etc.)? Expected outcome: Revised list of acceleration actions that reflect current evidence; country-specific plans to apply evidence to local programming and strategies for applying the evidence.
11:15 – 11:45	BREAK
11:45 – 12:30	PLENARY AND DISCUSSION: Potential for increasing share of DMPA-SC within the injectables market? Country examples of advanced stages of DMPA-SC implementation/scale-up and moving DMPA-SC scale-up forward How do we: <ul style="list-style-type: none"> ▪ Fill remaining gaps to accelerate introduction and scale-up of DMPA-SC and self-injection through a total market approach? ▪ Position DMPA-SC relative to DMPA-IM? What are opportunities and barriers to increasing DMPA-SC's share of the injectables market? Moderator: Rodrigue Ngouana, Ouagadougou Partnership Dr. Mareme Mady Ndiaye, MOH Senegal Dr. Dinah Nakiganda-Busiku, MOH Uganda M. Aguiébina Ouedraogo, MOH Burkina Faso Expected outcome: Learn concrete examples of country DMPA-SC implementation and opportunities and lessons learned, including self-injection; gain a common understanding of remaining gaps for implementation and how best to fill them; and expand the conversation regarding how to position the two DMPA products (IM and SC) to include potential for an increased share of DMPA-SC in the injectables market.
12:30 – 13:15	PLENARY AND DISCUSSION: Potential for acceleration? Country examples of earlier stages of DMPA-SC implementation/scale-up and moving DMPA-SC scale-up forward How do we: <ul style="list-style-type: none"> ▪ Gain stakeholder buy-in for scale-up of DMPA-SC, including self-injection? ▪ Scale DMPA-SC and self-injection within a basket of FP choices? ▪ Take a total market approach, and why is this important?

	<p>Moderator: Dr. Sada Danmusa, Palladium</p> <p>Mrs. Dynes Kaluba, MOH Zambia Dr. Marie Georgette Ravoniarisoa, MOH Madagascar Dr. Kayode Afolabi, MOH Nigeria Gina Smith, PSI/SFH Zambia</p> <p>Expected outcome: Learn concrete examples of country DMPA-SC implementation and opportunities and lessons learned; gain a common understanding of remaining gaps for implementation and how best to fill them; and understand how access to DMPA-SC in the total market can be accelerated.</p>
13:15 – 14:15	LUNCH
14:15 – 14:25	ENERGIZER
14:25 – 15:30	Group Work: Based on the action items identified and revised this morning, what are the next steps to accelerate scale-up based on the gaps and opportunities identified? Also, what are the pathways to decision for these action items? Develop an action plan that identifies what available resources could help in your country to accelerate scale-up of DMPA-SC; how would these be implemented and by whom, and what resources are still needed?
15:30 – 15:45	BREAK
15:45 – 17:00	GROUP WORK CONTINUED
17:00 – 17:05	REVIEW OF DAY
	Carmit Keddem, JSI
18:00	DINNER ON YOUR OWN

THURSDAY, May 10, 2018

09:00 – 09:05	<p>DAY 3 STAGE SETTING</p> <p>George Barigye, PATH Sarah Nehrling, Meeting Facilitator</p>
09:05 – 10:35	<p>PLENARY PANEL AND DISCUSSION: Donor Panel</p> <p>Moderator: Kaitlin Christenson, PATH</p> <p>Maryjane Lacoste, Bill & Melinda Gates Foundation Matthew Rehrig, CIFF Emma Foster, DFID Saad Abdulmumin, USAID Ayman Abdelmohsen, UNFPA</p> <p>Expected outcome: Learn short-term and long-term vision for DMPA-SC from the donor perspective and what next steps the donor community sees based on days 1 and 2.</p>
10:35 – 11:00	BREAK
11:00 – 11:45	GROUP WORK TO ALIGN COUNTRY PLAN WITH DONOR PANEL

	Country groups will take time together after the donor panel to reflect on what they heard and to think about how this may impact or contribute to their action plans.
11:45 – 13:00	COUNTRY WORK REPORT-OUTS IN SMALL GROUPS Francophone Africa Group 1 (Burkina Faso, DRC, Côte d'Ivoire, Benin) Francophone Africa Group 2 (Senegal, Madagascar, Niger, Mali) Anglophone Africa Group 1 (Ghana, Nigeria, Kenya, Uganda) Anglophone Africa Group 2 (Zambia, Malawi, Mozambique) Asia (India, Myanmar, Bangladesh) Expected outcome: Share introduction/scale-up plans, next steps/activities; discuss information/ resource needs.
13:00 – 14:00	LUNCH
14:00 – 14:10	ENERGIZER
14:10 – 16:00	INTRODUCTION TO LEARNING AND ACTION NETWORKS (LANs) Moderator: Anglophone, George Musoke, PATH; Francophone, Alain Kaboré, PATH Return to country work report out groups: chart out how they would like to exchange information and resources on an ongoing basis, and set some priorities for the months leading up to ICFP, which will be the next in-person meeting. Expected outcome: Participants will learn about the Access Collaborative's LANs and the benefits they can provide, as well as contribute to the network's priority setting.
16:00 – 16:15	BREAK
16:15 – 17:00	REPORT-OUT, REFLECTIONS, AND CLOSE Sarah Nehrling, Meeting facilitator Francophone perspective Anglophone perspective Jen Drake, PATH Expected outcome: Summary of main points, clarity on next steps, and opportunity for participants to reflect on the meeting.

DMPA-SC Evidence to Practice Meeting May 7-10, 2018, Nairobi, Kenya

Group Work Instructions

The goal of this group work is to create an action plan for accelerating scale-up of DMPA-SC in your country with next steps and responsible parties for each action, including:

- Refined country-specific definition of scale-up of DMPA-SC
- List of opportunities and challenges for different elements of scale-up (template provided)
- Action plan to advance scale-up, including a list of important individuals and organizations to engage (template provided)
 - Please make sure that the plan is aligned with the DMPA-SC elements of a country's FP commitment and FP2020 action plan

Tuesday May 8

30 minutes

- 1) Make introductions within your country group (5 minutes)
- 2) Review your pre-work with your country group (20 minutes)
 - a. in particular, review the 3-5 action items that were developed so that they are top of your mind for group work tomorrow (Section C, Row 2 in your pre-work)
 - b. note any unclear or conflicting information; assess if it is a significant obstacle to planning progress and if so, develop a plan for resolving
- 3) If time allows, begin to discuss how scale-up of DMPA-SC is or will be defined in your country (i.e. national? Specific sub-regions or populations? Particular facility types? Public, NGO, private sector? Does it include self-injection now or later?) What is the time period associated with the scale-up (i.e. 3-years, 5-years)? Record this in the provided space. (5-10 minutes)

Country-specific definition of scale-up:

DMPA-SC Evidence to Practice Meeting
May 7-10, 2018, Nairobi, Kenya

Wednesday May 9

Morning: 1 hour 45 minutes

- 1) Continue or begin to discuss how scale-up of DMPA-SC is defined for your country, and the time period associated with the scale-up (i.e. 3-years, 5-years) (see bullet 3 above). Record this in the space provided. (15 minutes)

Country-specific definition of scale-up:

- 2) With the action items your country developed for the pre-work in mind, discuss the research findings you heard yesterday and how they may impact your action items. (30 minutes)
 - a. Does the evidence you heard yesterday change the list of 3-5 action items for accelerating scale-up identified in advance of the meeting?
 - b. If so, revise the action items in the space provided; did you learn anything that you want to incorporate on topics such as:
 - i. self-injection
 - ii. community-based distribution or other delivery channels
 - iii. introducing the product at all levels of a health system
 - iv. introducing the product in private sector
 - v. HIV and hormonal contraception messaging
 - vi. preparing for or responding to crises?

Revised Action Items (if applicable)
Revised Action Item 1:
Revised Action Item 2:
Revised Action Item 3:
Revised Action Item 4:

DMPA-SC Evidence to Practice Meeting
May 7-10, 2018, Nairobi, Kenya

Revised Action Item 5:

- 3) For each action item, conduct an Opportunities and Challenges analysis (see worksheet). (60 minutes; approximately 20-30 minutes per action item)

Afternoon: 2 hours 20 minutes

- 1) Continue with your action item Opportunities and Challenges analyses if needed until you have 3-5 (one for each action item). (40 minutes)
- 2) Now that you have your opportunities and challenges listed for each action item, you will move these into an action plan to help you move scale-up forward after the meeting. (90 minutes)
 - a. First, list each action item in one row of the Action Planning worksheet
 - b. Next, based on the opportunities and challenges that you brainstormed, fill in each cell in the row to elaborate how you can move the action item forward in implementation, overcoming barriers and taking advantage of identified opportunities.
 - c. When you are done with each row, you will have established timeline, barriers preventing scale-up, opportunities to move this forward based on what you brainstormed, responsible people to lead the action, specific opportunities to help move this forward, and any resources that are needed for success of this action item.
- 3) What are strategies for applying existing evidence to gaps and bottlenecks in your programs (e.g. country exchanges, demonstration projects with strong M&E, stakeholder engagement, etc.)? (10 minutes)

Strategies for Applying Existing Evidence to Program Gaps and Bottlenecks:

Thursday May 10

- 1) Having heard the donor panel this morning, does this change any thoughts on your action plan items or identified resources? Review your action planning sheet and make any adjustments. (45 minutes)

Action Planning Sheet

After your Opportunities and Challenges analysis, discuss the next steps for your action items for scale-up to accelerate progress. Use each row to elaborate an action plan for each action item:

Action items	what is the expected date of completion?	What are the barriers? Why has this item not yet been achieved? (Refer to challenges)	What are the next steps to achieve this action item? (Refer to opportunities)
1.			
2.			
3.			
4.			
5.			

Action Planning Sheet

Action items	Who will lead the action item and who will work on each sub-step?	What resources do you have? What resources do you need?	What additional stakeholder need to be engaged and how will this be done?
1.			
2.			
3.			
4.			
5.			

Opportunities and Challenges Worksheet

Instructions:

For each action item your group developed, you are going to conduct an Opportunities and Challenges analysis. You have a blank Opportunities and Challenges worksheet for each action item. For each Opportunities and Challenges worksheet:

- Write one action item that you developed in the pre-work and refined with your group this morning;
- With your group, discuss and record the:
 - **Opportunities/Strengths:** Existing or anticipated factors that can help you achieve your action item.
 - Is there policy change already in the works or recently achieved?
 - Is DMPA-SC included in your government's FP2020 commitment and country action plan?
 - Are there external donors or partners interested in working on activities related to your action items?
 - Is there a local or international organization or government entity that is particularly skilled in an area related to your action item?
 - What existing resources can you take advantage of and use or adapt for your context?
 - Is DMPA-SC already registered for self-injection in your country?
 - Is there high-level political support for DMPA-SC and/or self-injection?
 - **Challenges/Threats:** What still needs improvement or work to achieve your action item? What barriers are in the way of achieving this action?
 - Is policy change needed? Can policy be amended, or a waiver obtained? Do service delivery guidelines need to be changed?
 - Are there higher levels of government buy-in or support needed (consider DMPA-SC and self-injection)?
 - How can this be achieved? What needs to be overcome?
 - Do training packages need to be developed or adapted?
 - Do you have ways to learn from past experiences?
 - What are the factors that can prevent achievement of the action item?
 - Are there funding gaps or constraints?
 - Is there stakeholder resistance?
 - Are there supply chain issues?
 - Are there groups resistant to DMPA-SC, either facility based, community based, or self-injection?

Opportunities and Challenges Worksheet

Action Item:

Opportunities

Challenges

Country	First Name	Last Name	Email Address	Company	Title
Bangladesh	Mahub	ul-Alam	mahbub.babul@yahoo.com	DGFP, MOHFW	Program Manager
Bangladesh	Shamsul	Karim	shamsulkarim64@gmail.com	DRFP MOHFW	Program Manager
Benin	AHISSOU ROBERT FRANCK	ZANNOU	fzannou1966@yahoo.fr	ministère de la Santé	Médecin gynécologue
Benin	Alfred	Soton	asoton@abmsbj.org	PSI	Coordonnateur Communication
Benin	Désiré Gaston	AHOUNOU	gaston.ahounou@gmail.com	Ministère de la Santé	Adolescents et Jeunes
Benin	Jean Assongba	AFFO	jean_affo@jsi.com	JSI/APC	Directeur Pays
Burkina Faso	Aguiebina	Ouédraogo	oueguibi@hotmail.com	Ministry of Health	Agent du service de la prospective et de planification
Burkina Faso	Idrissa	SORE	idrissor@yahoo.fr	Ministry of Health	Coordonnateur du projet "Délégation des Tâches"
Burkina Faso	Sari	Serge	ssari@unfpa.org	United Nations Population Fund	Administrateur de programme/Sayana Press
Cote D' Ivore	Beatrice Z.	Koffi	kzbeatrice@yahoo.fr	FNE/NSHP	SAGE - FEMME S.U.S. ,
Cote D' Ivore	Khalil	Sanogo	sanokhal2002@yahoo.fr	Programme Nationale de la Santé de la Mère et de l'Enfant (PNSME	Chargé de Suivi et Évaluation en Planification Familial
Ethiopia	Michael	Tekie	tekie@unfpa.org	UNFPA	RHCS
Ghana	Antonio	Quarshie-Awusah	aawusah@psighana.org	Population Services International - Ghana	Chief of Party/Acting Country Director
Ghana	Claudette	Diogo	ahliba@gmail.com	Ghana Health Services	Program/ Logistics Officer
Ghana	Dr. Dela	Nai	dela@popcouncil.org	Population Council	Staff Associate
Ghana	Ihesinachi	Amadi	iamadi@clintonhealthaccess.org	Clinton Health Access Initiative, Ghana	
Ghana	Isaac	Lamptey	isaac_opokulamptey@dktghana.org	DKT, Ghana	Program Manager
Ghana	Leslie	Emegbuonye	lemegbuonye.IC@clintonhealthaccess.org	CHAI	
Ghana	Patience	Owusu	nanama.owusu@gmail.com	HealthKeepers Network	Senior Programs Manager
Ghana	Patrick	Aboagye	patrick.kumaaboagye@ghsmail.org; yaboagye	Ghana Health Service	Deputy Director Reproductive and Child Health
Ghana	Stephen	Ntsua	stephen_ntsua@dktghana.org	DKT International INC	General Manager, Operations
Ghana	Yaa	Asante	yaanyameye@gmail.com	Ghana Health Service	
India	Aarushi	Khanna	AKhanna@packard.org	David and Lucile Packard Foundation	Research associate
India	Abhijeet Arun	Pathak	abhijeetarun.pathak@gatesfoundation.org	Bill & Melinda Gates Foundation	Program Office - Family Planning
India	Brinda	Frey	brinda.frey@ihat.in	India Health Action Trust	Team Leader - Quality Family planning project UP TSU
India	Dr. S.K.	Sikdar	sk.sikdar@inc.in	Ministry Of Health & Family Welfare India	Deputy Commissioner
India	Monica	Tripathi	monicatripathi@sifpsa.org	State Innovations in Family Planning Services Project Agency (SIFPSA)	Deputy General Manager
India	Nidhi	Bhatt	Nidhi.Bhatt@jhpiego.org	Jhpiego	Senior Program Officer, National Technical Support Unit - Family Planning
India	Nishant	Kumar	fpshsb@gmail.com	State Health Society, Bihar	Deputy Director Family Planning
India	O.P	Thakan	droptakan@gmail.com; deopthakan@gmail.c	Department of Medical Health Ratasthan 9 India	Additional Director (RCH)
India	Preeti Tanwar	Anand	Preeti.anand@ihat.in	University of Manitoba, Uttar Pradesh Technical Support Unit	Project Director - Family Planning
India	S.	Viswanathan	viswa.iam@gmail.com	National Health Mission, Madhya Pradesh	Mission Director
India	Saroj	Sikdar	sksikdar.dcfp@gmail.com	Ministry of Health and Family Welfare, Government of India	Deputy Commissioner, In-charge: Family Planning Division
India	Utpal	Das	udas@careindia.org	Care India	Family Planning Advisor
India	Vandana	Khare	jdnhmmp@gmail.com	National Health Mission, Madhya Pradesh	Joint Director (FP)
Italy	Daniele	Russo	daniele.russo@pfizer.com	Pfizer Inc	European Sales Lead, Global Health Institutions
Kenya	Aisha	Mohamed	a_o_mohamed@yahoo.com	Ministry of Health, Kenya	FP Program Manager
Kenya	Alex	Omari	kenya@iyafp.org	IYAFP	Country Coordinator
Kenya	Andrew	Nyandigisi	anyandigisi@healthstrat.co.ke	HealthStrat	Chief Executive Officer

Kenya	Anthony	Gitau	agitau@ciff.org	CIFF	Head of Kenya Office
Kenya	Anthony	Okoth	asokoth@path.org	PATH	Country Director
Kenya	Charity	Koronya	Koronya@unfpa.org	UNFPA Kenya	RH Commodity Security Specialist (RHCS)
Kenya	Charles	Oisebe	coisebe@ncpd.go.ke	NCPD	Deputy Director Advocacy and Public Education
Kenya	Cindy	Wachira	wachira@dkthealthcare.org	DKT	Marketing Coordinator
Kenya	Collin	Dick	collin@dktininternational.org	DKT International INC	Managing Director, DKT Kenya & Uganda
Kenya	Dr. Ezizgeldi	Hellenov	khellenov@unfpa.org	United Nations Population Fund	Deputy Representative
Kenya	Dr. Jeanne	Patrick	nitahjp@yahoo.com	Ministry Of Health, Kenya	Deputy Head, RHMSU
Kenya	Dr. Stephen	Gwer	gwerso@gmail.com	Maseno University	Lecturer Obstetrics & Gynaecology
Kenya	Edward	Zzimbe	Edward.Zzimbe@thepalladiumgroup.com	Palladium	Technical Director
Kenya	Eva	Njagua	Eva.Kangethe@pfizer.com	Pfizer Inc	Medical Manager
Kenya	Hambulle	Mohamed	hambullem@yahoo.com	Kenya Ministry Of Health	Program Officer
Kenya	Hypolite	Ntiram	ntihykaz@gmail.com	Tamarind Translation LTD	Translator
Kenya	Irene	Obiero	iobiero@clintonhealthaccess.org	Clinton Health Access Initiative	
Kenya	Isaac	Malonza	Isaac.Malonza@jhpiego.org	JHPIEGO	Regional Director
Kenya	Janet	Omyonga	Janet.Omyonga@afyahalisi.org	USAID Afya Halisi	
Kenya	Joel	Gondi	joel.gondi@gmail.com	Ministry of Health	Head, Reproductive & Maternal Health Services Unit
Kenya	Jonah	Maina	jonahmwangi@yahoo.com	Ministry of Health	
Kenya	Judith	Anyona	judith_anyona@ke.jsi.com	John Snow Inc.	Country Coordinator
Kenya	Julia	Mayerson	JMayersohn@ciff.org	CIFF	Adolescent Sexual Health Manager
Kenya	Lawrence	Oteba	loteba@ippfaro.org	International Planned Parenthood Federation, Africa Region	Technical Advisor, SRH&HIV Linkages
Kenya	Martin	Mwangi	martin.muthare@dkthealthcare.org	DKT Healthcare International Ltd	Program Co-ordinator
Kenya	Mbogo	Bunyi	Mbogo_Bunyi@abtassoc.com	Abt Associates	Private Sector Advisor
Kenya	Milka	Choge	m-choge@dfid.gov.uk	Department for International Development	Reproductive Health Adviser
Kenya	Nelly	Mugo	rwamba@uw.edu	University of Washington	Research Associate Professor, Global Health
Kenya	Patricia	Odongo	patricia.odongo@dkthealthcare.org	DKT	Brand Manager
Kenya	Peter	Gichangi	gichangip@yahoo.com	ICRH	Country Director/ CEO
Kenya	Peter	Mutanda	Peter.Mutanda@afyahalisi.org	Afya Halisi Project	Technical Advisor
Kenya	Rachel	Mutuku	RMutuku@pskenya.org	PS Kenya	Director Reproductive Health
Kenya	Raymond	Mutisya	Raymond.Mutisya@jhpiego.org	Jhpiego	RH/FP Technical Advisor
Kenya	Rosemarie	Onyando	rmuganda@path.org	PATH	Deputy Country Director & Director Of Programs
Kenya	Sam	Mulyanga	sam.mulyanga@jhpiego.org	Jhpiego	Project Director, AFP Kenya
Kenya	Silah	Kimanzi	skimanzi@usaid.gov	USAID E.A	Project Management Specialist
Kenya	Wambui	Waithaka	wambui_waithaka@ke.jsi.com	JSI	Regional Technical Advisor
Kenya	Wanjiku	Manguyu	wmanguyu@path.org	PATH	Policy and Advocacy Officer
Kenya	Willy	Soriney	willy.soriney@pfizer.com	Pfizer Inc	Director; Strategic Partnerships
Kenya	Yasmin	Chandani	yasmin_chandani@jsi.com	Innovations For Public Health Supply Chains	Project Director
Madagascar	Avotiana	Rakotomanga	avotiana_rakotomanga@mg.jsi.com	JSI Access Collaborative	Country Coordinator
Madagascar	Haingonirina Eulalie	Ramananjahary	ramananhaingo@yahoo.fr	Madagascar	Chef de Service de Plemifiction Familiale
Madagascar	Malula Larissa	Razafindrafara	programme@fisamada.org	FISA Madagascar (IPPF)	Program National Coordinator
Madagascar	Marie Georgette	Ravoniarisoa	marigeoravo@gmail.com	Ministereie De La Sante Puleleopie	Directeur De La Sante Famuliole
Madagascar	Nivoarimanana	Andriamampianina	nivoarimanana_andriamampianina@mg.jsi.com	JSI CCHP Madagascar	Technical specialist in Mother Health
Madagascar	Odile	Hanitriniaina	odile.hanitriniaina@mariestopes.org.mg	Marie Stopes Madagascar	Senior Research and Data Manager
Madagascar	Rasoanirina	Francia	franciar@psi.mg	PSI Madagascar	Gestionnaire de programme
Malawi	Bagrey	Ngwira	bagreyngwira@gmail.com	University of Malawi- The Polytechnic	
Malawi	Caroline	Bakasa	cbakasa@psimalawi.org	Population Services International Malawi	RH Technical Advisor
Malawi	George	Maruwo	gmaruwo@onsehealth.org	Management Sciences for Health	Family Planning Advisor
Malawi	Leslie	Berman	lberman@clintonhealthaccess.org	Clinton Health Access Initiative, Malawi	Senior Program Manager, Health Systems Strengthening

Malawi	Mary	Mulombe-Phiri	mmulombephiri@yahoo.com	Ministry of Health - Reproductive Health Directorate	Principal Reproductive Health Officer- Family Program
Malawi	Noah	Chirwa	noah.chirwa@banja.org.mw	BLM Malawi	Quality Assurance Officer
Malawi	Owen	Chikhwaza	chikhwaza@gmail.com	Ministry of Health Malawi	Deputy Director of Reproductive Health Services
Malawi	Premila	Bartlett	pbartlett@usaid.gov	USAID	Senior RH/FP Advisor
Mali	Aoua	Guindo	guindoaoua@yahoo.fr	Direction Nationale De La Sante Division Sante Reproduction	Point Focal National Planofocation Famoliale
Mali	Mariam	Garango	mkgarango2@gmail.com	Direction Nationale De La Sante Division Sante Reproduction	Nedecinid'appui Planification Familiale ev VIH
Mozambique	Alda Mahumana	Govo	mothasse@gmail.com	Ministry of Health	Chean of Family Planning
Mozambique	Alex	Bertil	alexbertil2011@hotmail.com	Ministry of Health, Mozambique	Chefe of Department of Public Health
Myanmar	Dr. Yin Yin	Ngwe	yngwe@unfpa.org	UNFPA Myanmar	Assistant Representative
Myanmar	Hnin Hnin	Lwin	khnhnhninlwin@gmail.com	Ministry of Health and Sports	Deputy Director Imaternal & Reproductive Health
Myanmar	Manuela	Tolmino	mtolmino@psi.org	Population Services International	Programs Director
Myanmar	Myint Myint	Win	mmwin@psimyanmar.org	PSI Myanmar	Deputy Director
Niger	Aissata Alassane Ekhizi	Amadou	ikiziaissata@yahoo.fr	Ministereie de la Sante	YESSR
Niger	Sanda Saharatou	Chaibou	saratouchaibou@yahoo.fr	Ministereie De La Sante Publique	Master II en Sante Communoutoure
Niger	Siddo	Daouda	daouda@unfpa.org	UNFPA	Chonge defuo gramme SSRAJ-VIHSIDA
Nigeria	Abhijeet Arun	Adefalu	adewole_adevalu@ng.jsi.com	John Snow Inc	Country Coordinator
Nigeria	Audu	Alayande	alayande@unfpa.org	UNFPA	Reproductive Health Specialist
Nigeria	Elizabeth	Omoluabi	elizomoluabi@gmail.com	Centre for Research Evaluation Resources and Development	
Nigeria	Farouk	Jega	fjega@pathfinder.org	Pathfinder International	Country Director Nigeria
Nigeria	Greg	Izuwa	gizuwa@yahoo.com		
Nigeria	Jane	Adizue	JAdizue@sfnigeria.org	Society for Family Health	Head, Sales & Distribution
Nigeria	Kayode	Afolabi	kayodeakinafolabi@gmail.com	FMOH, Nigeria	
Nigeria	Sada	Danmusa	Sada.Danmusa@thepalladiumgroup.com	The Palladium	Project Director
Nigeria	Titilola	Duro-Aina	duro-aino@unfpa.org	UNFPA	NPAFP/MH
République démocratique	Arsene	Binanga	abinanga@tulane.edu	Tulane International	Country Director for Family Planning programs
République démocratique	Jacque	Bapura	JBapura@E2AProject.org	MPH	Managing Director
République démocratique	Jean Claude	Kamanda	kamanda@unfpa.org	UNFPA	NPO suivi evaluation
République démocratique	Leonie Bola	Bolumbu	bolaleonie@yahoo.com	Ministère de la Santé Publique	
République démocratique	Lumbala	Noëlla	noella.lumbala@dkl-rdc.org	DKT DRC	National Youth Program Manager
République démocratique	Marie Louise	Mbo	mlkitenge@path.org	PATH - DRC	DMPA-SC Country Coordinator
République démocratique	Rachel Yodi	Ashema	yodirachel@gmail.com	Ministère de la Santé Publique	
Senegal	Alain	Kabore	akabore@path.org	PATH	Regional Technical Advisor
Senegal	Marème Ndiaye	Mady DIA	diamareme@gmail.com	Direction De La Sante de la nere et del Enfant (DSNF)	Chef de la Division Planification Familiale
Senegal	Maymouna	Ba	mba@path.org	PATH	Research Coordinator
Senegal	Ndeye Fatou Ndiaye	Diaw	ndiayeddiaw@unfpa.org	UNFPA	Coordinatrice de la Secuop des produits de la Sr
Senegal	Rodrigue	Ngouana	rngouana@intrahealth.org	OPCU	Senior Program manager
Switzerland	James	Kiarie	kiariej@who.int	World Health Organization	Coordinator
Uganda	Allen	Namagembe	ANamagembe@path.org	PATH	Evaluation manager
Uganda	Annet	Kyarimpa	akyarimpa@rhu.or.ug	RHU/ IPPF	Technical Coordinator Safemotherwood
Uganda	Arineitwe Ronald	Kibonire	rarineitwe@rhites-e.org	ISAID RHITES - E	Family Planning Advisor
Uganda	Betty	Kyaddondo	betty.kyaddondo@npcsec.go.ug	National Population Council	Director Family Health
Uganda	Danny	Gotto	gdanny@acodevuganda.org	ACODEV	Program Manager
Uganda	Dinah	Nakiganda-Busiku	dinabusiku@hotmail.com	Ministry of Health, Uganda	Acting Assistant Commissioner, RH,
Uganda	Fiona	Walugembe	fwalugembe@path.org	PATH	Project Manager
Uganda	Fred Gyaviira	Kyaka	fgyaviira@psiug.org	PSI Uganda	Director
Uganda	Fredrick	Mubiru	fmubiru@fhi360.org	FHI 360	Program Manager
Uganda	George	Barigye	gbarigye@path.org	PATH	Regional Technical Advisor - Anglophone Countries

Uganda	George	Musoke	gmusoke@path.org	PATH	Regional Learning and Action Network Manager
Uganda	Placid	Mihayo	mihayo1963@yahoo.co.uk	Ministry of Health	Senior Consultant OOG/FP Focal Person
Uganda	Ronald	Arineitwe Kibonire	rarineitwe@intrahealth.org	USAID RHITES-E(Intrahealth International)	Family Planning Advisor
UK	Emma	Foster	Emma-Foster@dfid.gsx.gov.uk	DFID	Programme Manager
UK	Matt	Rehrig	mrehrig@ciff.org	CIFF	Manager, Adolescent Sexual Health
UK	Nicolas	Alexander	N-Alexander@dfid.gsx.gov.uk	DFID	Development Attaché
USA	Abdulmumin	Saad	absaad@usaid.gov	USAID	Senior Technical Advisor
USA	Amy	Adelberger	amy@globalimpactadvisors.org	Global Impact Advisors	CEO
USA	Aparna	Jain	apjain@popcouncil.org	Population Council	Deputy Director of Research, Evidence Project & Associate II
USA	Ayman	Abdelmohsen	abdelmohsen@unfpa.org	UNFPA	Global Operations Lead
USA	Beth	Fredrick	bfredri1@jhu.edu	Bill & Melinda Gates Institute for Population and Reproductive Health	Advance Family Planning
USA	Carmit	Keddem	carmit_keddem@jsi.com	JSI	Deputy Director, Access Collaborative
USA	Erin	McGinn	Erin.McGinn@thepalladiumgroup.com	Palladium	Senior Technical Advisor, Health
USA	Farnum	Alexandra	alexandra.farnum@gatesfoundation.org	Bill & Melinda Gates Foundation	Program Officer
USA	Galavotti	Christine	christine.galavotti@gatesfoundation.org	Bill & Melinda Gates Foundation	Senior Program Office
USA	Holley	Stewart	HStewart@unfoundation.org	FP2020	Senior Manager Anglophone Africa
USA	Holly	Burke	HBurke@fhi360.org	FHI 360	Scientist
USA	Jane	Cover	jcover@path.org	PATH	Research Manager
USA	Jen	Drake	jdrake@path.org	PATH	Director, Advancing Contraceptive Options Portfolio
USA	Jenny	Liu	Jenny.Liu2@ucsf.edu	University of California, San Francisco	Assistant Professor of Health Economics
USA	Julie	Heinsen	jheinsen@path.org	PATH	
USA	Julie	Hernandez	hernanjulie@gmail.com	Tulane University	
USA	Kaitlin	Christenson	kchristenson@path.org	PATH	Director, Access Collaborative
USA	Laila	Akhlaghi	laila_akhlaghi@jsi.com	John Snow, Inc.	Senior Technical Advisor
USA	Lauren	Windmeyer	lauren.windmeyer@globalimpactadvisors.org	Global Impact Advisors	Associate
USA	Leigh	Wynne	LWynne@fhi360.org	FHI 360	Technical Advisor
USA	Martha	Brady	mbrady@path.org	PATH	Director, Reproductive Health
USA	Maryjane	Lacoste	Maryjane.Lacoste@gatesfoundation.org	Bill & Melinda Gates Foundation	Senior Program Officer, FP team
USA	Megan	Shawcross	mshawcross@path.org	PATH	
USA	Melanie	Joiner	mjoiner@intrahealth.org	IntraHealth International	Senior Technical Manager
USA	Natalie	Revelle	Natalie.Revelle@gatesfoundation.org	Bill & Melinda Gates Foundation	Deputy Director
USA	Pierre	Moon	pmoon@psi.org	PSI	Director
USA	Raveena	Chowdhury	Raveena.Chowdhury@mariestopes.org	MSI	New FP Technologies Lead
USA	Rebecca	Husband	rhusband@psi.org	Population Services International	Technical Advisor
USA	Robin	Keeley	rkeeley@path.org	PATH	Senior Program Officer
USA	Sarah	Nehrling	sarah@garabamconsulting.com	Garabam Consulting	Evidence to Practice Meeting Facilitator
USA	Scott	Rosenblum	scott.rosenblum@globalimpactadvisors.org	Global Impact Advisors	Program Director
USA	Siri	Wood	swood@path.org	PATH	Senior Program Officer
Zambia	Christopher	Mazimba	Christopher_Mazimba@zambiasufp.org	SUFPII	Country Program Director
Zambia	Dynes	Kaluba	dkaluba2002@gmail.com	Ministry of Health,Zambia	Focal Person for Reproductive Health
Zambia	Gina	Smith	ginasmith@psi.org	Society for Family Health Zambia	Deputy Country Representative/COP
Zambia	Monica	Mutesa	mmutesa@path.org	PATH ZAMBIA	Technical Advisor Policy and Advocacy
Zambia	Stephen	Mupeta	mupeta@unfpa.org	UN	