

Subcutaneous DMPA: Evidence, experience, and resources for introduction

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Today's speakers



Kaitlin Christenson

- Introduction & Overview



Siri Wood

- Tools & Resources



Allen Namagembe

- Self-injection: Training and Resources



Jane Feinberg

- Quantification: DMPA-SC Companion Guide

If you have questions...

- If you have questions for today's presenters, please send them using the chat feature on your computer.
- We will be collecting questions and plan to address them during a Question and Answer session after the presentations.



Subcutaneous DMPA (DMPA-SC; brand name Sayana® Press) is a new injectable that is administered under the skin.

DMPA-SC is:

- Safe and highly effective at preventing pregnancy.
- Delivered every 3 months.
- Prefilled and ready to inject.
- Simple to use.
- Small and light, with a short needle.



Subcutaneous DMPA compared with intramuscular DMPA

PATH/Patrick McKern



Subcutaneous DMPA (Sayana[®] Press)

- Comes in a prefilled, “all-in-one” injection system.
- Is injected underneath the skin.
- Has lower dose of DMPA (104 mg).
- Has 2.5-centimeter needle.



Intramuscular DMPA (Depo-Provera[®] and generic options)

- Comes in a vial with a separate syringe.
- Is injected into the muscle.
- Has higher dose of DMPA (150 mg).
- Has 3.8-centimeter needle.

Both products

- 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.

DMPA: depot medroxyprogesterone acetate.

Depo-Provera and Sayana Press are registered trademarks of Pfizer Inc. Uniject is a trademark of BD.



The current subcutaneous DMPA product: Sayana Press regulatory approval*

- Approved by regulatory authorities in the European Union and more than 25 countries worldwide.
- Registered for self-injection in the United Kingdom, several European countries, and an increasing number of FP2020 countries including Ghana, Myanmar, Niger, Nigeria, Uganda, and Zambia.

Availability*

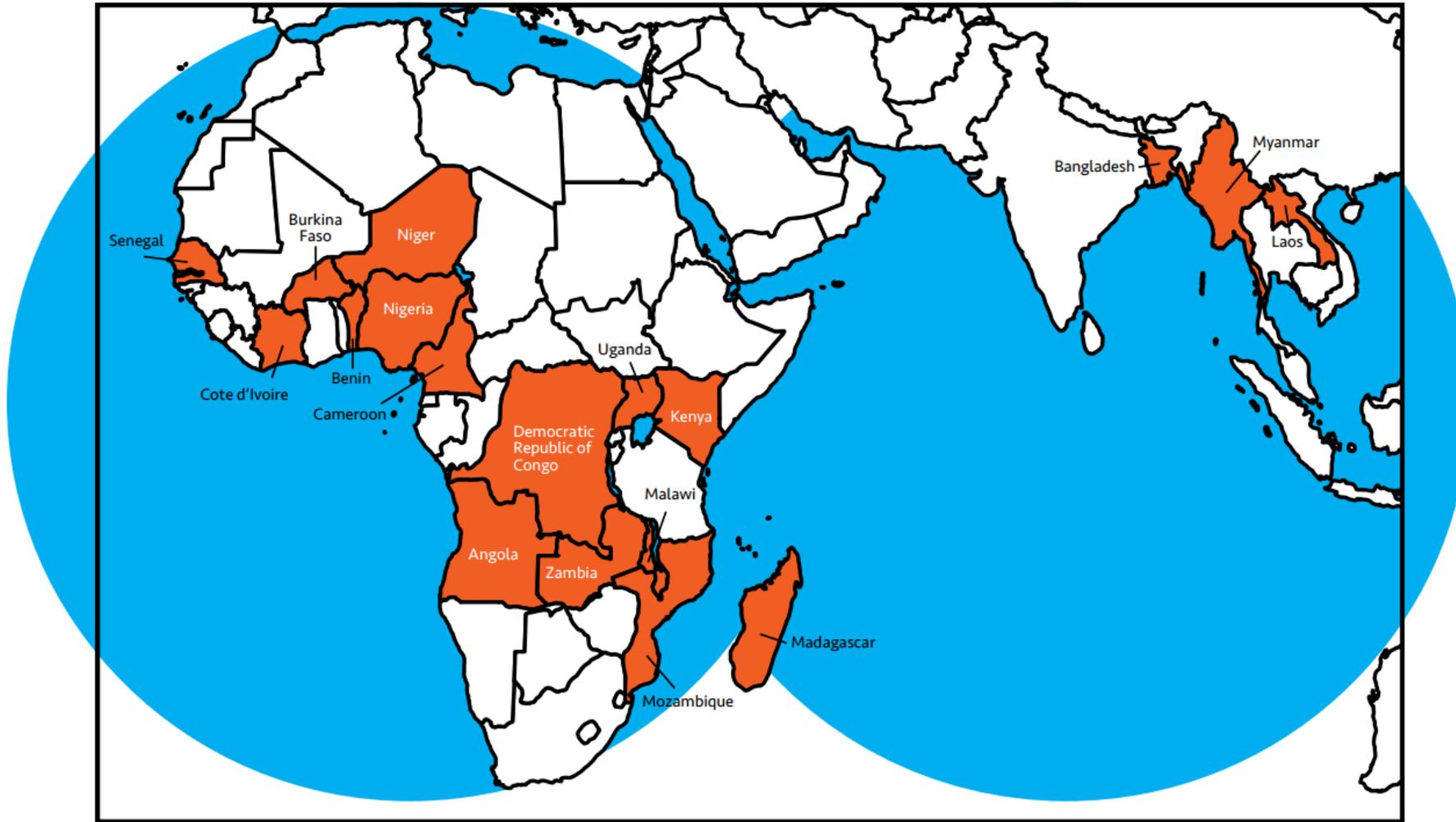
- Available in more than 15 FP2020 countries.

Pricing*

- Product can be procured by qualified, public-sector purchasers at US\$0.85 per dose.

*Information current as of May 2017.

DMPA-SC introduction ongoing in at least 15 countries



Select countries where DMPA-SC piloting or introduction is in process (as of May 2017)

- Angola
- Bangladesh
- Benin
- Burkina Faso
- Cameroon
- Cote d'Ivoire
- Democratic Republic of Congo
- Kenya
- Laos
- Madagascar
- Malawi
- Mozambique
- Myanmar
- Niger
- Nigeria
- Senegal
- Uganda
- Zambia

Evidence: What we know about DMPA-SC

- Is highly acceptable
- Expands access for women and adolescent girls through channels closer to where they live:



- Community



- Self-injection



- Pharmacies and accredited drug shops



PATH/Gabe Bienczycki

The Subcutaneous DMPA Access Collaborative

The Access Collaborative will increase women's and girls' contraceptive choices and empowerment by making a substantial contribution to ensuring the long-term, sustainable availability of subcutaneous DMPA as part of a broad contraceptive method mix.

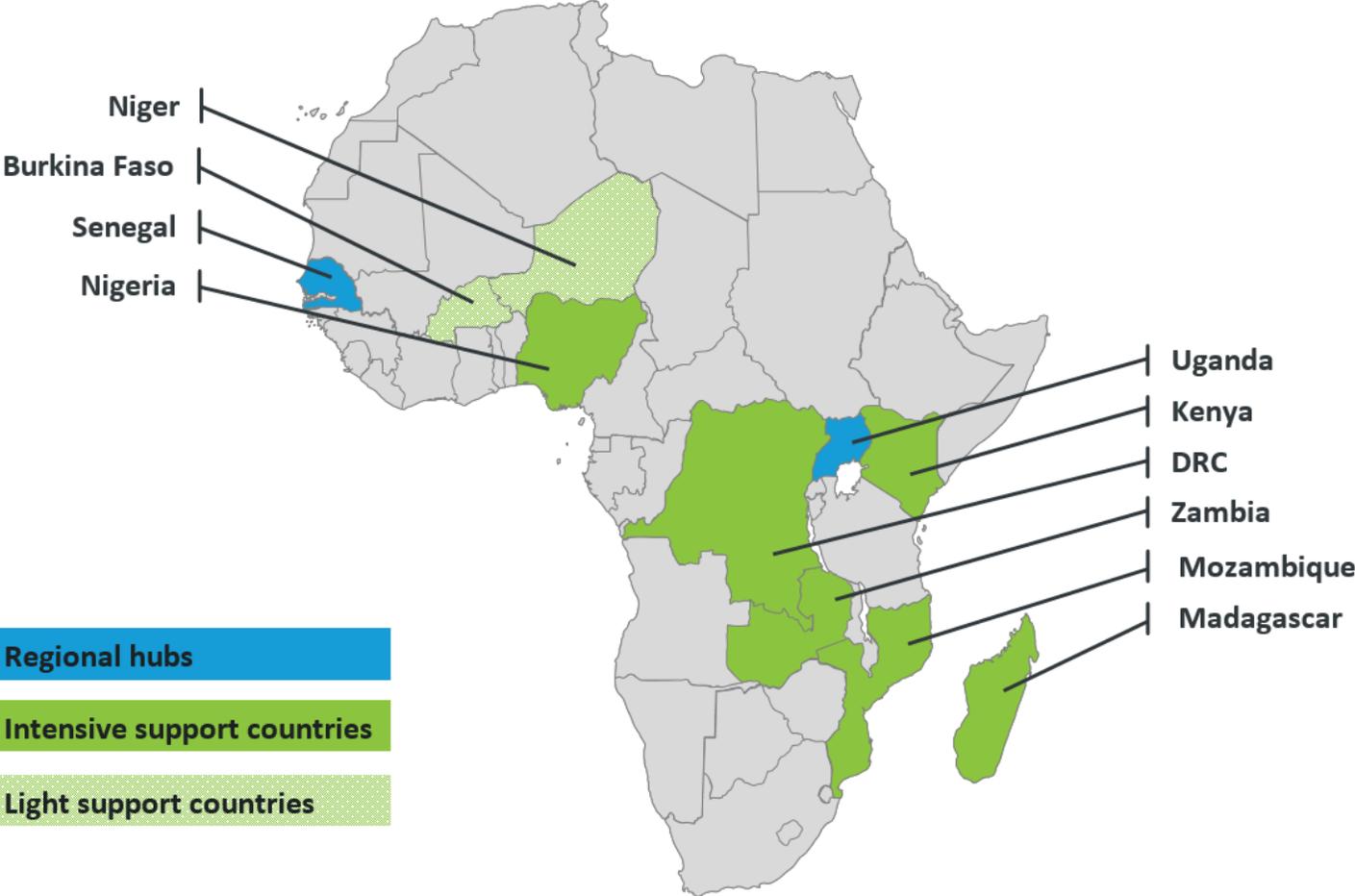
The Access Collaborative is a *coordination and technical assistance* effort which

- Works in support of ministries of health and in close collaboration with country partners to prepare MOH-led, total-market, costed introduction plans for subcutaneous DMPA and
- Assists in coordinating the implementation of national plans, track progress, support learning and information sharing, and provide technical assistance as needed.

Subcutaneous DMPA Access Collaborative: Year 1 priority countries

The Access Collaborative will support 8-12 priority countries in integrating DMPA-SC into their FP programs and systems.

Additional countries will be supported via regional technical assistance hubs and Learning and Action Networks



Points of contact for FAQs, procurement, etc.

- For registration questions: Eleanor Levine from Pfizer eleanor.j.levine@Pfizer.com
- For questions about product procurement:
 - National governments or country-based not-for-profit implementing partners should start by contacting local donor agencies (e.g., USAID, UNFPA, DFID)
 - For-profit partners can contact Pfizer directly.
- For all other questions:
 - Visit sites.path.org/rh/?p=292
 - Send your inquiry to sayanapress@path.org

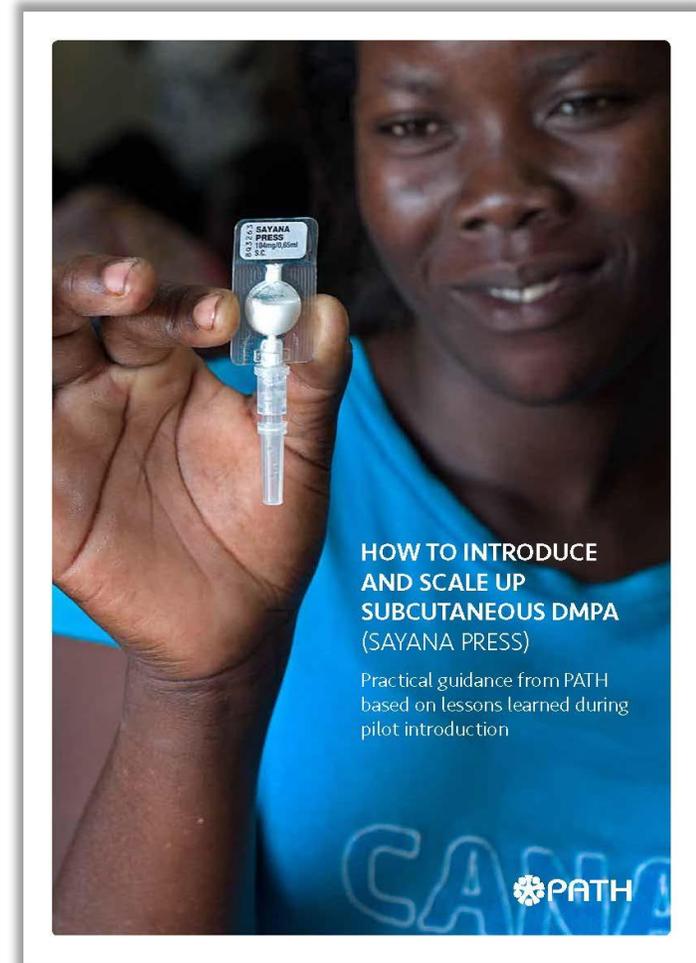
Tools and resources



How to Introduce and Scale Up Subcutaneous DMPA

- Modular sections describes experience during the pilot introductions and includes results, introduction tips and lessons learned, case studies, recommendations, and practical resources.
- Introduction planning resource most applicable to countries that have already decided to introduce DMPA-SC; does not cover the decision-making process itself.

Available at: <http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/introduction/>



Advocacy Pack for subcutaneous DMPA

- Tools for advocacy and communications to increase access to a new type of injectable contraception
- Evidence-based materials, in English and French, for advocates to use both for their own strategy development and for direct advocacy with decision-makers.
- Customizable and unbranded to be tailored to country context.

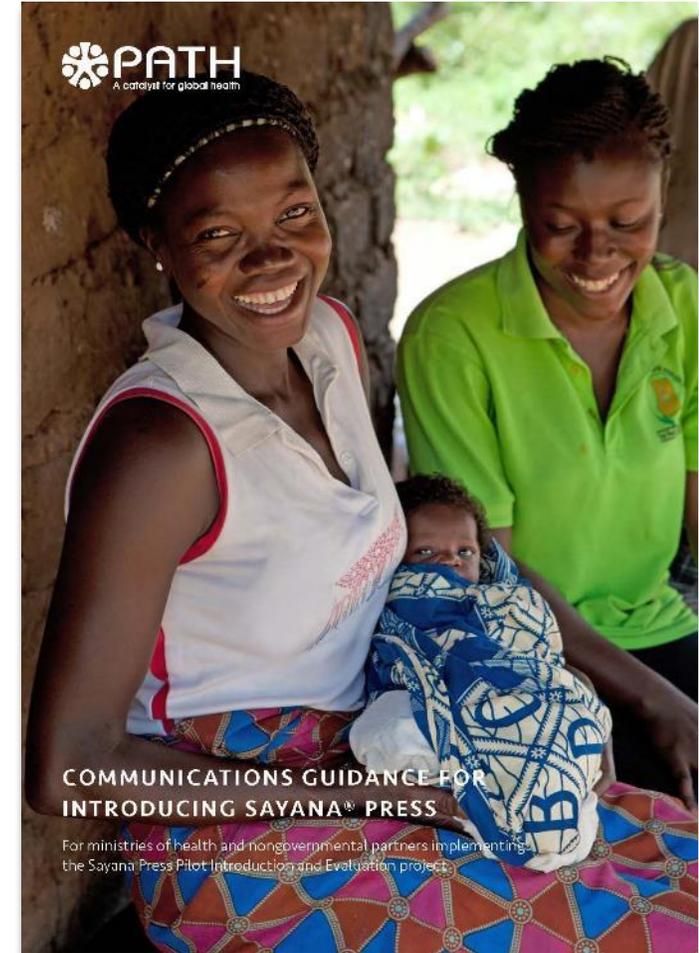
Available at: www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa/



Communications Guidance for Introduction

- Created to support ministries of health and NGO implementing partners as they develop communications strategies related to DMPA-SC introduction.
- Outlines communication strategies, audiences, key messages, and communications channels recommended for successful introduction of the product.

Available at: <http://sites.path.org/rh/?p=436>



Training materials for DMPA-SC Introduction

- Focused on the administration of DMPA-SC for facility- and community-based providers.
- Intended for customization.
- Include self-injection training materials for providers and clients.

Available in English and French at:

<http://sites.path.org/rh/?p=436#training>



Hormonal contraception and potential HIV risk

- The World Health Organization (WHO) states that women at high risk of HIV can use progestogen-only injectables, including those that contain DMPA.
- New WHO 2017 guidance emphasizes that any woman considering use of DMPA should be counseled on the uncertainty of an increased risk of HIV acquisition and how to protect herself from HIV.

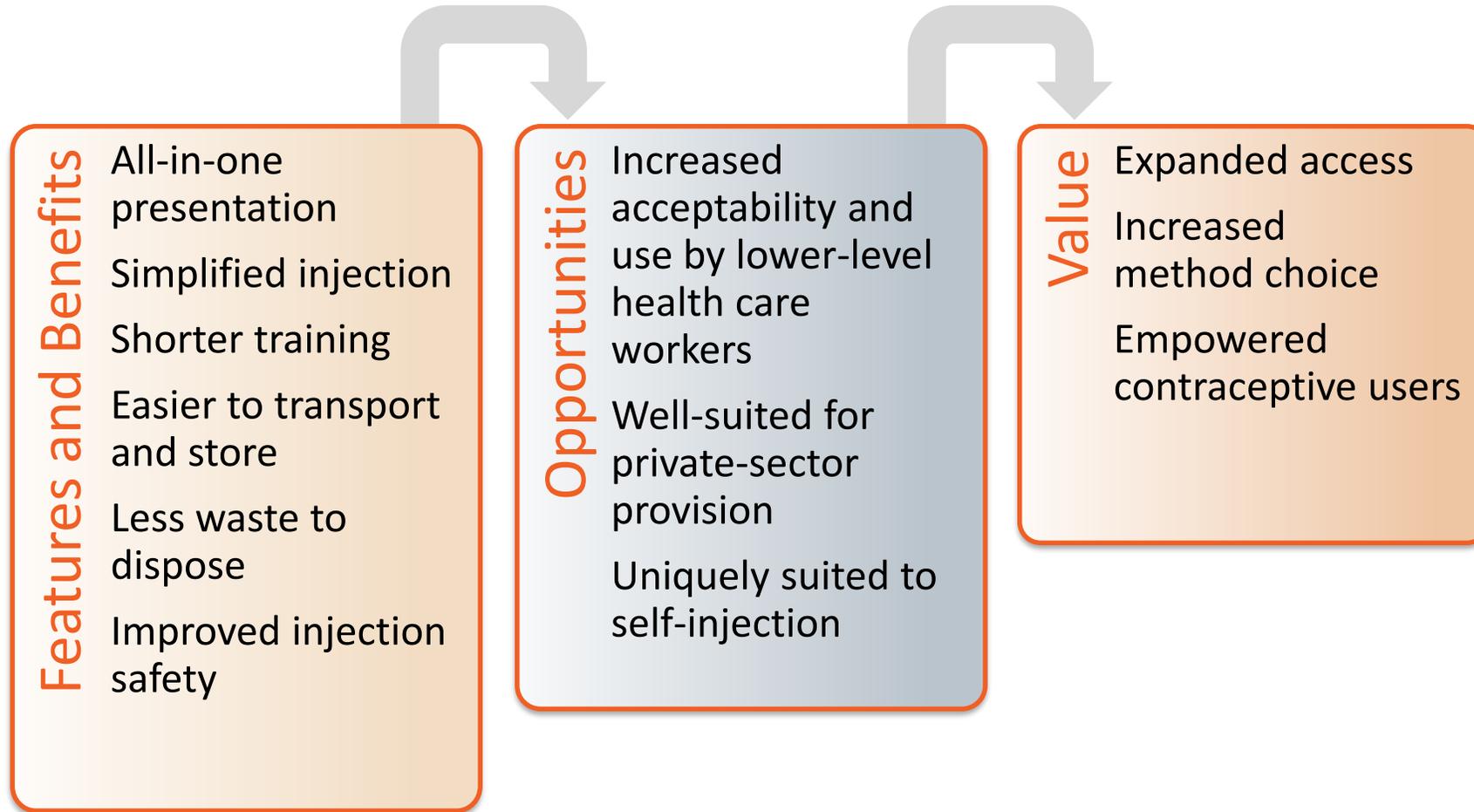
Key documents

- DMPA and HIV: What advocates need to know – has a list of resources at the end <https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA Kit/Files/Tools to inform advocacy and communications/DMPA-SC advocacy tools 5 HIV 2017.pdf>
- WHO's page & guidance: http://www.who.int/reproductivehealth/publications/family_planning/HC-and-HIV-2017/en/
- USAID Hormonal Contraception-HIV Technical brief (updated July 2017) <https://www.usaid.gov/sites/default/files/documents/1864/Hormonal-contraceptives-brief-508.pdf>

Self-Injection



The transformative power of DMPA-SC and self-injection



Status of self-injection in Uganda

- PATH-MOH feasibility study found that nearly 90% of participants could self-inject three months after one-on-one training; nearly all wanted to continue self-injection
- Based on these findings, self-injection was rolled out in late 2016 in public facilities through a “soft launch” in one district
- Self-injection was approved by the Uganda National Drug Authority (NDA) in early 2017
- Self-injection will roll out in additional districts later this year



DMPA-SC self-injection training resources

- Self-injection training materials for health care providers and clients are available as part of PATH's training curriculum on DMPA-SC.
- These include in-depth PowerPoint slides to orient providers on training and supporting their clients for successful self-injection. Also included is a client instruction sheet which serves as both a training and memory aid for use when clients self-inject.

Training materials and other resources at:

<http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/home-and-self-injection-with-sayana-press/>

Self-injection webinars: Slides and recordings

- **Designing a contraceptive self-injection program: Experience from Uganda** – held on June 1, 2017 . Presenters described how they are applying user-centered design principles to understand how self-injection delivery will work in diverse contexts and delivery channels at the program design process level and shared insights and lessons learned so far.
- **The promise of contraceptive self-injection: Evidence from Uganda** – held on January 19, 2017. Presenters provided background on contraceptive self-injection and shared the study results from Uganda, as well as program implications.

Webinars available at:

<http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/home-and-self-injection-with-sayana-press/#webinar2017june>

Quantification: Estimating commodity needs in the new product introduction setting



Quantification of Health Commodities

DMPA-SC Companion Guide

- Aims to help family planning program managers, supply chain/logistics managers, and procurement officers estimate and plan for commodity needs as programs introduce and integrate subcutaneous DMPA.

Available at:

www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=18364&thisSection=Resources

Other supply chain resources:

www.jsi.com/supplychain



Uncertainty
creates supply
chain challenges
for new products,
especially
aligning supply
and demand

- There may not be historical consumption or services data; the product may not have been asked about in prior demographic surveys
- LMIS and HMIS forms/systems may not yet capture the product
- Program(s) may have expansion plans but little real idea of future new product uptake
- Provider training can be costly
- Registration processes can be lengthy or unpredictable
- The effect of new product introduction on use of other contraceptive methods is expected but the magnitude and timing are unknown

What's in the Guide?



Key terms

Forecasting considerations

Types and sources of data for forecasting

Forecasting examples

Supply planning considerations

Monitoring and coordination

Develop a clear and realistic introduction plan as a prerequisite for quantification

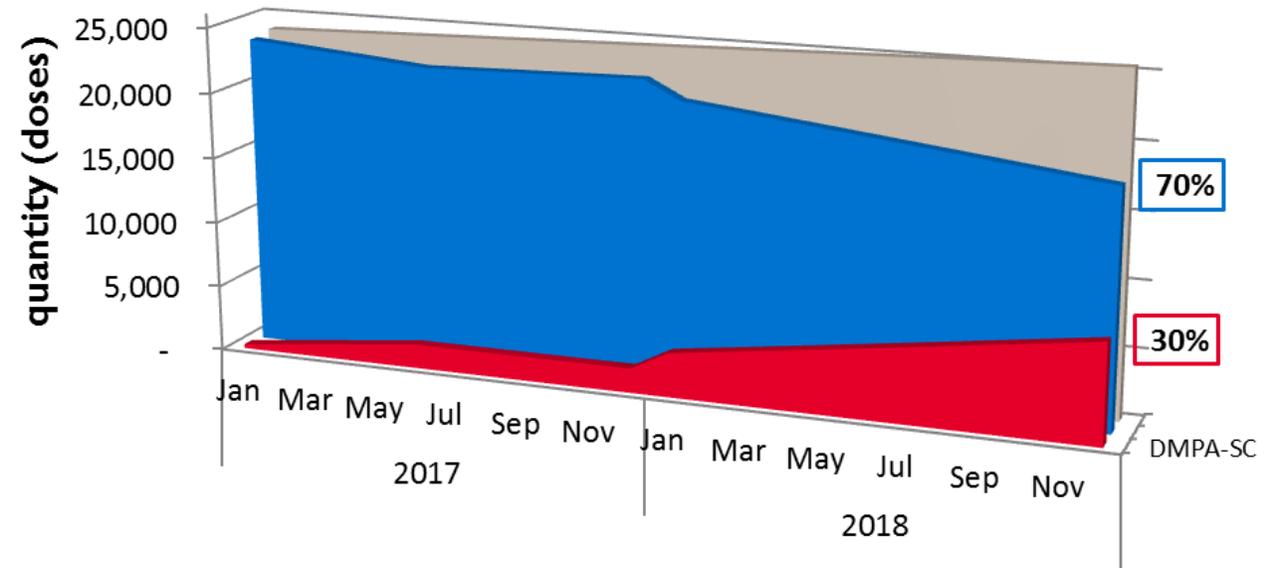
- Future consumption is highly dependent on the parameters defined in introduction plans:

 - ✓ Geographic area(s) covered
 - ✓ Program expansion plans and timelines
 - ✓ Health system levels and service provider cadres involved
 - ✓ Provider training needs and timing
 - ✓ Whether DMPA-SC is provided alongside other injectables (DMPA-IM) or is the only injectable offered

Integrate DMPA-SC into quantification for other FP products

Evidence indicates DMPA-SC will have an impact on the consumption of DMPA-IM and potentially other methods (such as pills and condoms) as women switch. Quantification teams will need to develop assumptions about method mix and product mix.

3-month injectables forecast breakdown by product



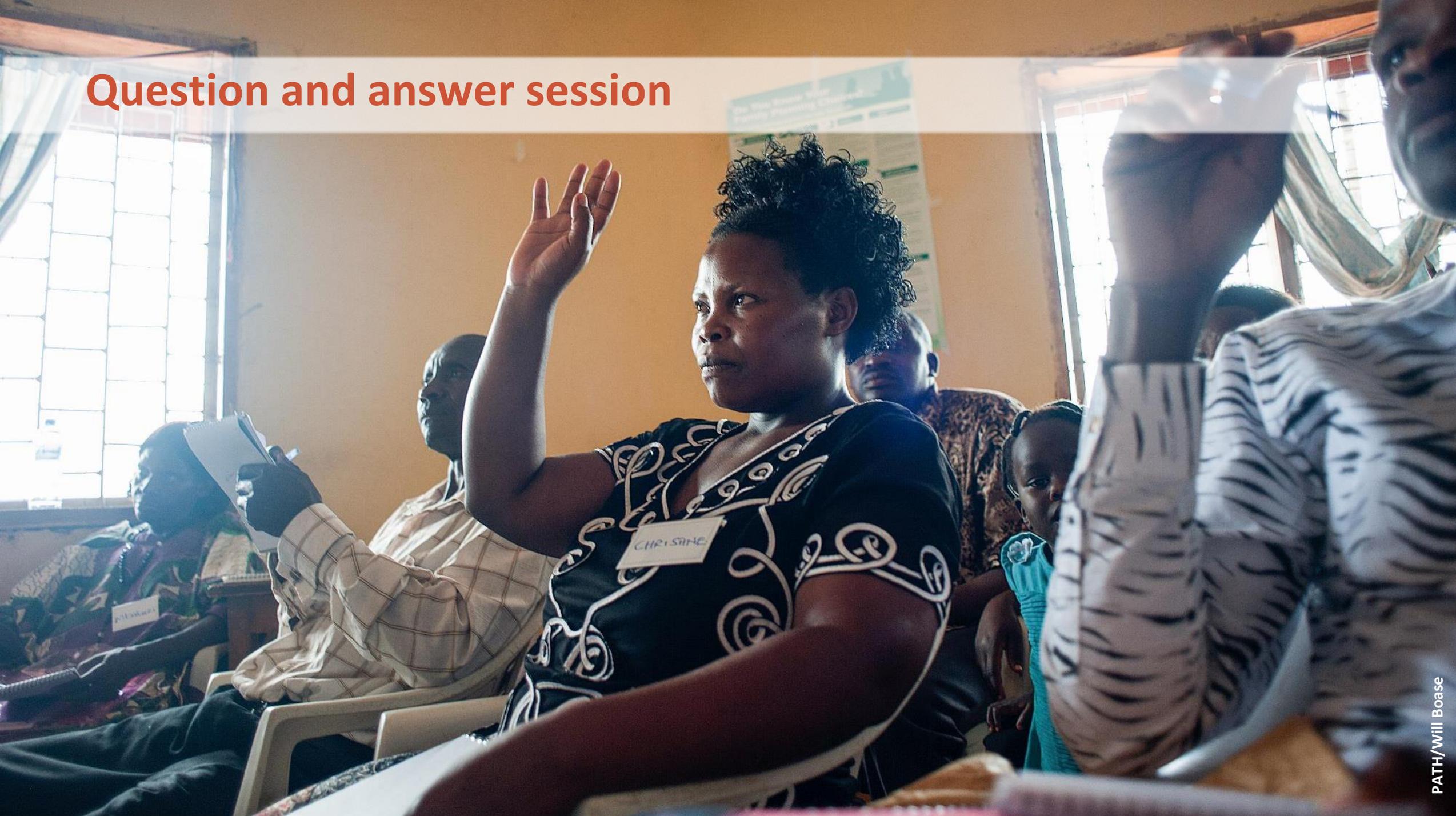
■ DMPA-SC ■ DMPA-IM ■ total 3-mo injectables

Monitor and update the forecast and supply plan routinely



- The many uncertainties introduce risk of over- or understock of commodities
- Adjust the forecast and supply plan based on introduction plan progress, any plan changes, new data on actual consumption and shipments, etc.
- Joint monitoring of DMPA-SC and DMPA-IM supply plans can reduce unwanted surprises
- Close collaboration between supply chain and program managers is even more essential for new products

Question and answer session



Thank you for joining us!
For more information on subcutaneous DMPA (Sayana Press):

sites.path.org/rh/?p=292

sayanapress@path.org

